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RESEARCH ARTICLE

PREVALENCE AND HEALTH CONSEQUANCE OF INTIMATE PARTNER VIOLENCE AMONG EVER-MARRIED WOMEN ATTENDING PRIMARY HEALTH CARE CENTERS IN ADEN, YEMEN

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Abstract

Intimate Partner Violence is a public health issue that causes devastating consequences on women's physical, mental, and social well-being. This study sought to investigate the prevalence of intimate partner violence among ever-married and its consequences on women's health. A facility-based cross-sectional design was conducted from July to September 2023, the study targeted ever-married women aged 18 to 49 who attended Primary Health Care centers in four randomly selected districts in Aden governorate. Intimate Partner Violence and its health consequences on women were assessed using an anonymous self-administered questionnaire adapted from the Arabic-validated version of the World Health Organization (WHO) multi-country instrument on women's health and domestic violence. Data were entered and analyzed using SPSS 26.0. The study surveyed 404 ever-married women and reported that emotional violence was the most prevalent type, accounting for (67.1%) of participants, followed by physical violence (32.2%) and sexual violence (22.5%). The study found that women subjected to intimate partner physical violence faced significantly higher risks of various mental health problems, especially suicidal ideation (AOR=5.359), loss of self-esteem (AOR=4.220), and difficulty concentrating (AOR=3.107) while the least odd ratio is sadness (AOR= 2.660), along with physical symptoms like body aches, gastric pain, and high blood pressure (AOR=2.084), (AOR=1.689) and (AOR=1.944) respectively. While women exposed to intimate partner emotional violence faced significantly higher risks of mental health problems, with the highest risk being sadness (AOR=5.279), followed by loss of self-esteem (AOR = 4.694), sleeping difficulties (AOR=4.176), and difficulties concentrating (AOR=3.152), while the physical problems are gastric pain (AOR=4.922), general body aches (AOR=4.429) and elevated blood pressure (AOR=2.864). Moreover, the study found that women who experienced intimate partner sexual violence faced significantly increased risks of mental health, particularly suicidal ideations (AOR=5.046), sleeping difficulties (AOR=2.738), difficulties concentrating (AOR=2.145), and loss of self-esteem (AOR=2.040) along with physical problems which are elevated blood pressure (AOR=2.347), and general body ache (AOR = 2.174). In this study, the prevalence of Intimate Partner Violence was alarmingly high, with emotional violence being the most prevalent type. The results indicate significant physical and mental health consequences, underscoring the need for immediate action. Policymakers, healthcare providers, and community organizations must collaboratively strengthen preventive measures, awareness campaigns, and support services.

Keywords: Violence against women; Intimate partner violence; Consequences; Aden; Yemen.

Introduction

Violence against Women (VAW) is a major public health concern due to its profound physical, mental, and social impacts [1]. Defined by the United Nations as "any act of Gender-Based Violence that results in or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or

arbitrary deprivation of liberty, whether occurring in public or in private life [2]. Intimate partner violence (IPV), marital rape, and familial abuse, alongside broader societal issues like trafficking, forced labor, honor killings, and female genital mutilation are included as part of VAW [3]. The most common form of VAW is IPV which refers to the actual or threatened psychological, physical, or sexual harm, as well as rape, physical assault, and stalking perpetrated by a current or former partner or spouse [4].

Globally, 27% of ever-partnered women aged 15–49 years are estimated to have experienced physical or sexual, or both, in their lifetime, with 13% experiencing it in the past year before they were surveyed [5]. The prevalence of IPV in the Arab world mirrors global trends. In Jordan, 22.7% of women reported physical and emotional violence by their husbands [6]. Whilst in Saudi Arabia and Egypt 44.8% and 29.4% of women experienced IPV during their [7,8]. Evidence on IPV in Yemen remains limited, but available findings point to the possibility of underreporting, a 2002 study conducted in Sana'a of VAW found that 61.8% of perpetrators were husbands, with high rates of physical, sexual, and emotional violence affecting women [9].

The impact of IPV creates both immediate and long-term threats to the physical and mental health of the women exposed to violence. In the short term, women affected by IPV may experience physical trauma, including bruises, fractures, and internal injuries, as well as acute mental consequences such as anxiety, depression, and post-traumatic stress disorder. Over time, exposure to IPV has been linked to a range of chronic health conditions, including cardiovascular diseases, gastrointestinal complications, reproductive health disorders, and enduring mental health challenges such as suicidal ideation, and persistent depression [10,11].

In Yemen, published studies on IPV are scarce. This study aims to explore the prevalence of IPV and its health consequences among ever-married women.

The researchers expect that it will contribute to a better understanding of IPV in developing countries and Yemen in particular.

Methodology

Study Design

To achieve the study objectives a facility-based cross-sectional design was conducted in PHCs providing reproductive health services in Aden governorate, Yemen from July 2023 to September 2023.

Study Population

The study targeted women aged 18 to 49 years who were ever married (currently or formerly) and had resided in Aden for at least 12 months prior to the study. The study population in the randomly selected four districts of women who attended the Reproductive health services, during the six-month proceeding of the study was 7944, as reported by the Ministry of Public Health and Population (MoPHP) [12].

Inclusion Criteria

- Ever married, formerly or currently married women for the last 12 months prior to the period of this study.
- Women aged 18 to 49 years residing in Aden for the last 12 months prior to the period of this study.
- Women aged 18 to 49 years attending the reproductive health clinic in the PHCs.

Exclusion Criteria

- Women refuse to participate in the study or refusal of their husband.
- Non-Yemeni nationality women.
- Women With impaired intellectual function.

Sample Size and Sampling Tanique

Due to the lack of data on IPV in Yemen, and for the sake of having the maximum sample size, an assumption of a prevalence rate of 50%, with a 95% confidence interval, and a 5% margin of error, a formula was used to calculate the sample size [13].

Sample Size= Z^2 (pq) /D^2

Confidence limit (Z) = the standard score (critical value), corresponding to 95%, Confidence level, (Z)=1.96; P= 0.5; q=1-p=0.5, Allowable error (d)= precision error 0.05

$$1.96^2(0.5*0.5)/0.05^2 = 384$$

Then 5% of the sample size will be to avoid the error of missing data, giving a final sample size of 404.

A multistage sampling method was employed for the study. In the first stage, four districts (Tawahi, Al Shaikh Outhman, Al Buraiqeh, and Dar Saad) were selected using simple random sampling from the eight districts comprising Aden governorate, with each district treated as a stratum. In the second stage, four PHCs providing reproductive health services were randomly selected from each of the districts. In the third stage, the total sample size of women was proportionally allocated across the selected PHCs based on the total number of the study population. In the final stage, participating women within each reproductive health clinic were selected through convenience sampling.

Data Collection

An anonymous self-administered questionnaire with closed-ended questions, comprising three parts, was used to fulfil the study objectives. The questionnaire was adapted from the validated Arabic version of the WHO's

Multi-Country Study Instrument on Women's Health and Domestic Violence questionnaire [14]. The first part of the questionnaire addressed the sociodemographic characteristics of both the woman and husband, including age, marital status age at marriage, duration of the marriage, number of times married, residency, number of children, polygamy, educational level, employment status, current pregnancy, source of income, family income, decision making, and substance use by the husband (Qat chewing and drug use). The second part consisted of three domains: physical violence (10 acts), emotional violence (7 acts), and sexual violence (3 acts), for each domain, participants responded using four points scale: "no," "once," "few," and "many." Avry ever- married women reported at least one act of each type of IPV is considered to suffer from IPV [14]. The third part related to the long-term consequences of physical and mental health, the physical consequences include general body aches, gastric pain, and elevated blood pressure while the mental health consequences include loss of self-esteem, difficulties concentrating, sadness, sleeping difficulties, suicidal ideation, participants responded by "Yes, or No".

The validity of the questionnaire was tested using the content validity method, where the questionnaire was judged by 3 experts to assess each item's readability, clarity, and comprehensiveness, and to find if it reflects the Yemeni culture contexts accordingly some items were rephrased.

Pretesting The Questionnaire

A pretest was conducted on 5% of the sample, which later wasn't included in the sample pretesting the questionnaire was perfumed to ensure its clarity, comprehensibility and time needed for the questionnaire, and detect any modification needed. From the pretesting questionnaire data, the reliability of the internal consistency of the questionnaire items was tested by Cronbach's alpha which was 0.76.

Data Procedures

The questionnaire was distributed to the women in the reproductive health services at the PHCs in a private and secure method, in which the participant was giving a secure space to fill the questionnaire within the health facility.

Statistical Analysis

Data was processed and analyzed by using SPSS 26. Mean and standard deviation were calculated for quantitative variables and percentage for qualitative ones. Bivariate analysis was carried out to identify the relation between IPV and women's health. Binary logistic regression was applied to calculate the significant odd ratio of health effects associated with types of IPV.

Ethical Considerations

The study proposal was approved by the Research Ethics Committee of the Faculty of Medicine and Health Sciences (Research Code: REC141-2023). Administrative permission for the study was obtained from the Governorate Health Office and subsequently from the District Health Office to facilitate access and coordination with the health facilities involved in the research. Prior to commencing the study, participants were provided with detailed information about the research objectives, along with the questionnaires and informed consent forms. The participants were asked to sign a written informed consent before starting to respond to the question, they were assured of complete privacy, and strict confidentiality was maintained for all information provided.

Results

Table 1, illustrates the socio-demographic characteristics of the study population, in which the age group of the women was mostly between 26-33years old while for the husbands it's between 34-41years old, according to the wife's residence, Al Shikh Othman showing the highest representation at (37%) among the districts surveyed, while for the marital duration, a significant proportion of participants (43.6%) reported being married for over than 10 years. Regarding the number of times wives got married the majority (93.3%) reported being married only once while for the husband it was reported at (83.9%). Furthermore, more than one-third of the participants (36%) have 3-4 children. Additionally, a substantial proportion of wives (80.7%) were unemployed while for the husbands unemployment only represented (5.9%), furthermore, (55.4%) of respondents reported that the income was enough. In decision-making, the egalitarian approach is most common, observed in (70.3%) of cases.

Table 2 shows that Intimate Partner emotional violence (IPEV) appeared to be the most common type of violence during the last year prior to the study, with 271 cases, accounting for (67.1%). This is followed by Intimate Partner physical violence (IPPV), reported in 130 cases, representing (32.2) %. Intimate Partner Sexual violence (IPSV) has the lowest prevalence, reported in 91 cases, making up (22.5%).

Table 3 illustrates that women who have experienced IPPV were significantly more likely to report general body aches (AOR = 2.084, 95% CI: 1.275 - 3.406), gastric pain (AOR = 1.689, 95% CI: 1.043 - 2.734), and elevated blood pressure (AOR = 1.944, 95% CI: 1.073 - 3.520). Furthermore, the highest odd ratio of adverse mental consequences was in developing suicidal ideation (AOR = 5.359, 95% CI: 1.963 - 14.62) followed by loss of self-esteem (AOR = 4.220, 95% CI: 2.521 - 7.068), difficulties concentrating (AOR = 3.107, 95% CI: 1.915

- 5.040), while the least odd ratio is sadness (AOR = 2.660 95% CI: 1.520 - 4.658).

Table 1: Socio-demographic characteristics of the women and husbands (n=404)

Variable	No.	%
Women's age group		
18-25	98	24.3
26-33	143	35.4
34-41	95	23.5
42-49	68	16.8
Mean (± SD)	32.1 (± 8.14)	
Husband's age group		
18-25	48	11.9
26-33	118	29.2
34-41	126	31.2
42-49	48	11.9
>50	64	15.8
Mean (± SD)	36.93 (± 9.99)	
Residence		
Dar Saad	92	22.8
Al Shikh Othman	150	37.1
At Tawahi	74	18.3
Al Buriqah	88	21.8
Duration of marriage (years)		
1-5 years	142	35.1
6-10 years	86	21.3
> 10 years	176	43.6
Mean (± SD)	8 (± 3.65)	
Number of times the women got married		
One time	377	93.3
2 - 3 times	26	6.4
> 3 times	1	0.2
Mean (± SD)	1.10(± 0.39)	
Number of times the husband got married		
One time	339	83.9
2 - 3 times	55	13.6
> 3 times	10	2.5
Mean (± SD)	1.28(± 0.67)	
Number of Children		
None	53	13.1
1-2 children	86	21.3
3-4 Children	146	36.1
≥ 5 children	119	29.5
Mean (± SD)	2(± 1.39)	
Women's employment status		
Unemployed	326	80.7
Employed	78	19.3
Husband's employment status		
Unemployed	24	5.9
Employed	380	94.1
Family income		
Enough	224	55.4
Not enough	180	44.6
Decision making		
Husband only	89	22.0
wife only	31	7.7
Egalitarian	284	70.3

Table 2: Prevalence of Intimate Partner Violence Against Women according to type of violence(n=404)

Type of violence	No	%	95% CI
Emotional Violence	271	67.1	62.3 - 71.6
Physical Violence	130	32.2	27.6 - 37.0
Sexual Violence	91	22.5	18.5 - 26.9

CI: Confidence Interval

Table 3: Consequences of Intimate Partner Physical Violence on Women 's physical and mental health

Women's health indicator	Intimate Partner Physical Violence		
	AOR	95% CI	*P*-Value
General body ach			
No*	1	-	0.003
Yes	2.084	1.275 - 3.406	
Gastric Pain			
No*	1	-	0.033
Yes	1.689	1.043 - 2.734	
Elevated Blood Pressure			
No*	1	-	0.028
Yes	1.944	1.073 - 3.520	
Mental Health Consequences.			
Loss of self-esteem			
No*			<0.001
Yes	4.220	2.521 - 7.068	
Difficulties concentrating			
No*	1	-	<0.001
Yes	3.107	1.915 - 5.040	
Sadness			
No*	1	-	<0.001
Yes	2.660	1.520 - 4.658	
Suicidal ideation			
No*	1	-	<0.001
Yes	5.359	1.963 - 14.62	

*Reference category, AOR (Adjusted Odds Ratio), CI (Confidence interval)

Table 4 shows that women experiencing IPEV are significantly four times more likely to report general body ache (AOR = 4.429, 95% CI: 2.695 - 7.278) and gastric pain (AOR = 4.922, 95% CI: 2.986 - 8.111), while elevated blood pressure with (AOR = 2.864,95% CI: 1.212-6.770), and for the mental health consequences loss of self-esteem (AOR = 4.694, 95% CI: 2.125 - 10.370), difficulties sleeping (AOR = 4.176, 95% CI:2.561 - 6.808) followed by difficulties concentrating (AOR = 3.152, 95% CI: 1.906 - 5.213), the high risk was five folds more likely of women reporting experiencing sadness with (AOR = 5.279, 95%: 3.248 - 8.580)

Table 4: Consequences of Emotional Intimate Partner Violence on Women 's physical and mental health

Women's health indicator	Intimate Partner Emotional Violence		
	AOR	95% CI	*P*-Value
General body ache			
No*	1	-	<0.001
Yes	4.429	2.695 - 7.278	
Gastric Pain			
No*	1	-	<0.001
Yes	4.922	2.986 - 8.111	
Elevated Blood pressure			
No	1		0.016
Yes	2.864	1.212-6.770	
Mental Health Consequences.			
Loss of self-esteem			
No*	1	-	<0.001
Yes	4.694	2.125 - 10.370	
Difficulties concentrating			
No	1	-	<0.001
Yes	3.152	1.906 - 5.213	
Sadness			
No*	1	-	<0.001
Yes	5.279	3.248 - 8.580	
Sleeping difficulties			
No*	1	-	<0.001
Yes	4.176	2.561 - 6.808	

*Reference category, AOR (Adjusted Odds Ratio), CI (Confidence interval)

Table 5 shows that women who have experienced IPSV are about twice as likely to report general body ache (AOR = 2.174, 95%CI: 1.237 - 3.820) and have a significantly increased likelihood of elevated blood pressure (AOR = 2.347, 95%CI: 1.281 - 4.298). In terms of mental health consequences, sexual violence is associated with a notable increase in loss of self-esteem (AOR = 2.040, 95% CI: 1.173 - 3.544), difficulties in concentrating (AOR = 2.145, 95% CI:1.242 - 3.705), and difficulties sleeping (AOR = 2.738, 95% CI: 1.537 - 4.880). Moreover, there is a significantly heightened risk of suicidal ideation among wives exposed to sexual violence (AOR= 5.046, 95% CI 2.045 - 12.450).

Table 5: Consequences of Intimate Partner Sexual Violence on Women 's physical and mental health

Women's health indicator	Intimate Partner Sexual Violence		
	AOR	95% CI	*P*-Value
General body ache			
No *	1	-	0.007
Yes	2.174	1.237 - 3.820	
Elevated Blood Pressure			
No *	1	-	0.006
Yes	2.347	1.281 - 4.298	
Mental health consequences.			
Loss of self-esteem			
No *	1	-	0.012
Yes	2.040	1.173 - 3.544	
Difficulties concentrating			
No	1	-	0.006
Yes	2.145	1.242 - 3.705	
Sleeping difficulties			
No*	1	-	<0.001
Yes	2.738	1.537 - 4.880	
Suicidal ideation			
No *	1	-	<0.001
Yes	5.046	2.045 - 12.450	

*Reference category, AOR (Adjusted Odds Ratio), CI (Confidence interval)

Discussion

This study was conducted among 404 ever-married women, visiting the PHCs in 4 districts in Aden governorate, the finding of the current study has found that IPEV is the most prevalent form accounting for 67.1%. This finding was lower than that found in Saudi Arabia (92.6%) [15]. However, it is higher than those reported in Turkey (48.7%), Iraq (43.0%) and Jordan (17.0%) [16-18]. The variation in reporting IPEV could be explained by the definitions of IPEV, which were the most varied, and have a more complex definition, and its perception may vary among cultures, rendering comparisons across studies impossible without careful examination of the acts measured. This diversity persisted even across studies that adapted the WHO Multi-Country Instrument on Violence against Women. Diverse definitions of emotional IPV are not unique to Arab countries but have been noted by global reviews [19].

The high prevalence of women reporting IPEV in Aden could be explained by the fact that it's frequently the most reported form of IPV, as it is often perceived as more socially acceptable to disclose compared to IPPV or IPSV, which may be associated with greater stigma or the fear of retaliation. Furthermore, unlike IPPV, which typically necessitates visible injuries as evidence, IPEV

does not require physical proof. Additionally, in contrast to physical and sexual violence, which may occur as isolated incidents, IPEV, such as verbal violence, humiliation, intimidation, and controlling behavior, tends to be ongoing in nature and easy to recall [20].

For IPPV, the study findings showed that 32.2% of women in Aden experienced IPPV which is lower than that reported in the Eastern Mediterranean region at 40·0% [21]. However, the study findings are slightly higher than those found in Iran and Jordan (30%), (10.5%) respectively [22,18]. The prevalence of IPPV in Aden could be explained by the common apprehensions regarding social isolation and social stigma, perceived as threats to family stability, which may rationalize this behavior [23]. Moreover, IPPV was primarily underreported due to fear of further violence or revenge from the husband, followed by embarrassment and shame [24]. Another explanation for the prevalence of IPPV is the condoning and encouragement of this behavior in some communities as a form of male control, which is perceived as normal [25].

In the current study, the reported prevalence of IPSV was 22.5%, which is lower than the findings in Saudi Arabia (44.3) [15]. However, it is notably higher than that found in Egypt, Jordan, and Iran at 4.6%, 5.7%, and 11.0 % respectively [8,18,22]. The reported prevalence of IPSV in Aden can be considered as underreported, due to a combination of societal stigma, fear of retaliation, and feelings of shame or guilt experienced by women. In many cultures, there is a deep-seated social taboo surrounding the discussion of IPSV, women may fear being blamed, judged, or not believed, which leads to reluctance to come forward. Additionally, the intimate and invasive nature of sexual IPV can cause women to experience intense emotional trauma, making it difficult for them to disclose their experiences. Furthermore, given the conservative and religious background of the women, the combination of these factors often leads to IPSV being significantly underreported compared to other forms of IPV [26].

The second focus of this study, and in terms of consequences of IPV, some commonly several long-term physical and mental health problems were included, concerning the long-term physical health outcomes of IPV, the study findings show that women experiencing IPPV were at risk of general body aches, gastric pain, and elevated blood pressure similarly to that found in previous studies. [27-29]. Exposure to any lifetime IPV was correlated with poorer self-reported quality of life and general physical health·[30] A study demonstrated that women with both recent IPV and IPV experience over 12 months ago had the poorest health.[31]Another study found that all women who experienced IPV had the highest risk of reporting limited everyday activities because of long-term illnesses, health problems and higher levels of general body pain are daily problems that may turn a functional woman into a dysfunctional member of the community[32].

Regarding the long-term consequences of IPV on women's mental health, the study findings showed that women subjected to different types of IPV were at high risk of experiencing loss of self-esteem, concentration difficulties, sadness, sleep disturbances, and suicidal ideation. These findings are consistent with existing literature that underscores the extensive health consequences of IPV [27-29]. A systematic review study conducted in the Arab world revealed that women exposed to emotional IPV had significantly higher odds of experiencing depression, and sleep disturbances among affected women [29]· Similarly, research in Thailand and Colombia indicated that emotional violence was significantly associated with depression and lower self-esteem [33,34].

The study findings show that IPSV and IPPV are associated with suicidal ideation similar to a population-based study conducted in Karachi, Pakistan, which demonstrated the strongest associations were observed between physical violence and suicidal ideation, sexual violence, and suicidal ideation [35].

IPV takes a serious toll on the general mental health and well-being of women. Various behaviours that contribute to poor psycho-organic health can worsen, thus additionally affecting how one functions and feels, furthermore the consequences of IPV extend beyond women’s health, with long-term consequences observed in children of IPV victims, who are at risk of behavioral and emotional disturbances, and broader harm to communities, including loss of productivity and increased homelessness [30].

Conclusion and Recommendation

From the findings of this study, we can conclude that:

Intimate Partner Violence (IPV) is highly prevalent among ever-married women attending Primary Health Care Centers in Aden, with emotional violence emerging as the most common type. All forms of IPV emotional, physical, and sexual were significantly associated with adverse physical and mental health consequences.

The study highlights an urgent need for multi-sectoral intervention.

It is recommended that policymakers, healthcare providers, and civil society institutions adopt a coordinated response that includes:

- Routine IPV screening within PHC settings.
- Services provided to the women should be integrated along with other services particularly Infant and Young Child Feeding (IYCF) Consoling corner and

Reproductive health and psychosocial services within the PHC centers.

- Mental health and psychosocial support services for IPV survivors.
- Comprehensive awareness campaigns aimed at changing sociocultural norms that normalize IPV.
- Qualitative research is recommended to explore underreported dimension of IPV, especially IPSV.

Strengths and Limitations

- This is one of the first studies in Yemen to use the Arabic-validated WHO Multi-Country instrument on women's health and domestic violence, which was used cross culturally, that increased the validity of the current study.
- A relatively large sample size (n=404) and multistage sampling design enhance representativeness across Aden governorate.
- The cross-sectional nature of the study limits the causal inferences between IPV and health outcomes.
- Use of self-reported data may introduce recall and desirability biases
- Cultural stigma may have contributed to underreporting, particularly of sexual IPV.

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مقالة بحثية

تأثير أشكال العنف ضد المرأة من قبل الشريك الحميم على الصحة العامة للمرأة في عدن، اليمن

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المُلخّص

يُعدّ العنف من الشريك الحميم قضيةً من قضايا الصحة العامة، وله عواقب وخيمة على الصحة الجسدية والنفسية والاجتماعية للنساء. وقد هدفت هذه الدراسة إلى التحقيق في مدى انتشار العنف من الشريك الحميم بين النساء اللاتي سبق لهن الزواج، وآثاره على صحتهن. تم إجراء دراسة مقطعية قائمة على المرافق الصحية في الفترة من يوليو إلى سبتمبر 2023، واستهدفت الدراسة النساء اللاتي سبق لهن الزواج وتتراوح أعمارهن بين 18 و49 عامًا، واللاتي ارتدن مراكز الرعاية الصحية الأولية في أربع مديريات تم اختيارها عشوائيًا في محافظة عدن. وقد تم تقييم العنف من الشريك الحميم وعواقبه الصحية على النساء باستخدام استبيان مجهول يُعبأ ذاتيًا، تم تكييفه من النسخة العربية المعتمدة من أداة منظمة الصحة العالمية متعددة الدول حول صحة النساء والعنف الأسري. وتم إدخال البيانات وتحليلها باستخدام برنامج SPSS الإصدار 26.0. شملت الدراسة 404 امرأة من النساء اللاتي سبق لهن الزواج، وأفادت بأن العنف العاطفي كان أكثر أنواع العنف شيوعًا، حيث شكّل نسبة (67.1%) من المشاركات، تلاه العنف الجسدي بنسبة (32.2%)، ثم العنف الجنسي بنسبة (22.5%). وكشفت الدراسة أن النساء اللواتي تعرضن للعنف الجسدي من الشريك الحميم واجهن مخاطر أعلى بشكل ملحوظ للإصابة بمشكلات نفسية متعددة، لا سيما التفكير في الانتحار (AOR=5.359)، وفقدان احترام الذات (AOR=4.220)، وصعوبة التركيز (AOR=3.107)، بينما كان أقل معدل ترجيحي يتعلق بالحزن (AOR=2.660)، إلى جانب أعراض جسدية مثل آلام الجسم (AOR=2.084)، وآلام المعدة (AOR=1.689)، وارتفاع ضغط الدم (AOR=1.944). أما النساء اللواتي تعرضن للعنف العاطفي من الشريك الحميم فقد واجهن أيضًا مخاطر أعلى بشكل ملحوظ للإصابة بمشكلات نفسية، حيث كان أعلى خطر يتمثل في الحزن (AOR=5.279)، يليه فقدان احترام الذات (AOR=4.694)، وصعوبات النوم (AOR=4.176)، وصعوبة التركيز (AOR=3.152)، بينما تمثلت المشكلات الجسدية في آلام المعدة (AOR=4.922)، وآلام عامة في الجسم (AOR=4.429)، وارتفاع ضغط الدم (AOR=2.864). وعلاوة على ذلك، وجدت الدراسة أن النساء اللواتي تعرضن للعنف الجنسي من الشريك الحميم واجهن زيادات كبيرة في مخاطر المشكلات النفسية، خاصة التفكير في الانتحار (AOR=5.046)، وصعوبات النوم (AOR=2.738)، وصعوبة التركيز (AOR=2.145)، وفقدان احترام الذات (AOR=2.040)، إلى جانب مشكلات جسدية تمثلت في ارتفاع ضغط الدم (AOR=2.347)، وآلام عامة في الجسم (AOR=2.174) في هذه الدراسة، كان انتشار العنف من الشريك الحميم مرتفعًا بشكل مقلق، حيث كان العنف العاطفي هو النوع الأكثر شيوعًا. وتشير النتائج إلى وجود عواقب صحية جسدية ونفسية كبيرة، مما يبرز الحاجة إلى اتخاذ إجراءات عاجلة. ويتعين على صُنّاع السياسات ومقدمي الرعاية الصحية والمنظمات المجتمعية العمل بشكل مشترك لتعزيز التدابير الوقائية، وحملات التوعية، وخدمات الدعم والمساندة.

الكلمات المفتاحية: العنف ضد المرأة، العنف من قبل الشريك الحميم، آثار العنف، عدن، اليمن.

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