

patients. A complication in the form of colonic injury on the left side was occurred in one case which close spontaneously within 10 days. Residual fragments <4 mm, occurred in 2 cases. Leakage occurred in 3 patients which needed double J stent, fever in one case and secondary hemorrhage occurred in one case which responded to conservative treatment. No second look was needed and hospital stay was ranged between 2 and 4 days with an average of 2.6 days. No mortality was recorded.

Percutaneous nephrostomy was first described to relieve obstruction of an obstructed kidney by Goodwin and since then the procedure was performed with increase frequency to extract renal stones and proved to be safe and reliable. They placed the patients prone may be to avoid the colon. Some difficulties were faced in this position such as subject discomfort, circulatory and ventilatory difficulties and position changes. When the patient was prone the colon is pushed against the kidney and may get behind it while in the supine the colon remains away from the kidney from its anteromedial position.^{3,4} From our study, we got only one colon injury out of 36 cases which occurred in the beginning (third case) and it might be because the tract was more anteriorly; thus, the site of the puncture should be on the posterior axillary line or slightly anterior and also there was no colon injury reported by few researches,^{5,6} which needs more studies.

Success rate was approximately 89% in our study which is acceptable and we made our tract through the lower posterior calyx in all cases and we were more comfortable to tackle the calyx easily as we saw the needle comes from the periphery and how it deformed in front of it. Dilatation of the tract was easy especially as we use the fasciotomy knife over the guide wire so we jumped into the next step using Amplatz 30 over the central rods then to the sheath. Therefore, time was decreased in addition to that decreased by no change in the position in addition to the circulatory and ventilatory advantages. Others can be reached like easy intubation, shortage of time, and least radiation⁷ as the hands is away from the field, good observation of the needle, slope of the sheath which leads to spontaneous passage of fragments which can be seen all over the surgeon gown. Also, small stones in the anterior calyx can be dropped to the posterior calyx in front of the nephroscope. Less bleeding also occurred as we tackle the infundibula which is away from the vessels and we only need blood transfusion in 3 patients postoperatively and we did not abandoned the maneuver because of bleeding. Supine position is safe for doing PCNL with good success rate with many advantages such as shortening of time, better ventilation, less radiation and other

acceptable complications and non-colonic injury that was thought before.

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Psychosocial functioning and determinants of domestic violence among women. An epidemiological study

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Domestic violence is one of the most public health problems throughout the world. Between one quarter and one third of women from different countries reported having been physically abused within their families.¹ Although violence against women is widespread, efforts of its documentation and quantification are hindered by "cultural silence". In many countries, people became conditioned to accept violence against women as a legitimate means of settling conflicts. Of women who maintain silence, it is believed that their concerns for the honor of their husband and family is the primary reason for staying quiet. The isolation of women in violent situations deepens

Table 1 - Distribution of respondents according to exposure to violence and selected psychosocial characteristics.

Type of violence	Psychosocial statements	Response	Exposure to violence				p value
			Yes		No		
			N	(%)	N	(%)	
Physical violence	I always feel tense	Yes No		(92.3) (7.7)		(73.1) (26.9)	0.001
	Total		52	(100)	937	(100)	
	My future is hopeless	Yes No		(51.9) (48.1)		(31) (69)	0.002
	Total		52	(100)	935	(100)	
	I do not get the love and care I need	Yes No		(71.2) (28.8)		(47.7) (52.3)	0.001
	Total		52	(100)	937	(100)	
	In the way I live there is neither happiness nor relaxation	Yes No		(67.3) (32.7)		(48.8) (51.2)	0.007
	Total		52	(100)	934	(100)	
	I feel secure	Yes No		(86.5) (13.5)		(92.6) (7.4)	0.1
	Total		52	(100)	931	(100)	
There is little that I can enjoy in my community and surrounding	Yes No		(86) (14)		(87.5) (12.5)	0.22	
Total		50	(100)	930	(100)		
I look optimistically to the future	Yes No		(88.2) (11.8)		(92) (8)	0.24	
Total		51	(100)	933	(100)		
I believe that my life has a purpose	Yes No		(80.8) (19.2)		(90.9) (9.1)	0.02	
Total		52	(100)	930	(100)		
Verbal violence	I always feel tense	Yes No		(86.9) (13.1)		(72.7) (27.3)	0.001
	Total		99	(100)	890	(100)	
	My future is hopeless	Yes No		(45.5) (54.5)		(30.6) (69.4)	0.002
	Total		99	(100)	888	(100)	
	I do not get the love and care I need	Yes No		(63.6) (36.4)		(47.3) (52.7)	0.001
	Total		99	(100)	890	(100)	
	In the way I live there is neither happiness nor relaxation	Yes No		(66.7) (33.3)		(47.9) (52.1)	0.000
	Total		99	(100)	887	(100)	
	I feel secure (socially, economically and psychologically)	Yes No		(81.6) (18.4)		(93.4) (6.6)	0.000
	Total		98	(100)	885	(100)	
There is little that I can enjoy in my community and surrounding	Yes No		(84.5) (15.5)		(87.8) (12.2)	0.22	
Total		97	(100)	883	(100)		
I look optimistically to the future	Yes No		(88.8) (11.2)		(92.1) (7.9)	0.17	
Total		98	(100)	886	(100)		
I believe that my life has a purpose	Yes No		(84.7) (15.3)		(91) (9)	0.041	
Total		98	(100)	884	(100)		

when social pressures and other constraints prevent them from going back to their parent home or to the police or health clinics.

In Jordan there is a lack of basic information on this issue and most responses to violence against women focus on provision of care to those exposed to violence "tip of the iceberg". Identification of the size and determinants of the problem, outcomes of exposure especially the psychosocial outcomes are often neglected. In this study, an attempt was made to find out the size of the problem of domestic violence (physical and verbal) and its distribution according to age, marital status (married and singles), level of education and monthly income of the family and to provide information on some variables related to the psychosocial functioning of women exposed to violence. For achieving these objectives, a sample of women (number=1007) was selected using a multistage sampling procedure to represent women in the age group 15-49 years in South Jordan. Data were collected by means of a face-to-face interview using a questionnaire. Data was analyzed using the Statistical Package for Social Sciences. Statistical tests (Chi-square and Fisher's Exact Probability Test) were used to test the significance of associations. *P* value of <0.05 indicates a significant association.

Domestic violence is recognized as a developmental issue and a violation of human rights. It can affect a woman's reproductive, physical and mental health. Violence against pregnant women makes the first stage of motherhood unsafe, and prevents women from using family planning services.² Victims of violence reported more anxiety and depression than non victims³ and were much more likely to report decreased quality of life indices, suicidal ideation and attempts and decreased of life satisfaction.⁴ This study was the first of its kind in South Jordan in terms of the study population and study variables. Approximately 5% of women in Southern Jordan reportedly being physically abused and 10% were verbally abused. The results of this study showed that rates of exposure to physical and verbal violence were not significantly associated with age of the woman, marital status (if ever married, single), and her educational level. On the other hand, poor women are more likely to experience violence than women of higher status. It is unclear whether this is due to low income itself or to other factors that accompany poverty such as stress, frustration, and marital disagreements. The study also showed that victims of domestic violence were more likely to have psychosocial problems when compared to non victims. Victims of domestic violence were more likely to answer "yes" to the following psychosocial statements: I always feel tense, my future is depressed and hopeless, I do not get love and care I need, in the way I live there is

neither happiness nor relaxation. However, they were less likely to respond "yes" to the following statements: I feel secure, there is little that I can enjoy in my community and surrounding, I look optimistically to the future, I believe that my life has a purpose (Table 1). Domestic violence against women must be perceived as a national problem rather than a private issue within family and should receive more attention from all concerned parties. Emphasis should be given to this problem as having multiple effects, including psychosocial and to health care providers as the first professional contacts to identify victims and provide them with the support and counseling they need at the right time and place.

The results of this study suggest a strong relationship between poor psychosocial functioning and violence among females in Southern Jordan. Further studies are needed to assess the generalized results to other parts of the country. Formal psychiatric interviews and qualitative methods and research may be useful in clarifying these issues. Programs directed at abuse prevention and women's mental health associated with abuse should be emphasized.

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