FREQUENCY OF DOMESTIC VIOLENCE IN PREGNANT WOMEN

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ABSTRACT

BACKGROUND: Domestic violence refers to the physical, sexual, psychological, financial, or verbal abuse inflicted on a spouse or partner by the other. It is a major cause of maternal mortality and morbidity. It is now being recognized that the consequences of domestic violence are commonly seen in obstetrics and gynaecology. This study was conducted to determine the frequency of domestic violence in pregnant women attending OPD of Gynecology and Obstetrics, Khyber Teaching Hospital.

METHODS: The study was conducted in the department of Gynaecology and Obstetrics unit, Khyber Teaching hospital Peshawar. Through a Descriptive cross sectional study design, consecutive 260 patients were included in the study between mentioned study duration. All patients were worked up with detailed history taking and clinical examination. When given consent, detailed history was taken and thorough examination was done. Data were collected using a specially designed proforma, known as ASS (Abuse Assessment Screening).

RESULTS: In this study, 260 pregnant patients were observed. Most of the interviews were conducted within the outpatient department.

Patients age was divided in three categories, out of which most presented in lower age i.e. < 25 years of age. The study included age ranged from 14 up to 45 years. The frequency of domestic violence was 25.8% in index pregnancy. All the abused women were verbally abused. The frequency of sexual violence was lower as compared to verbal and physical violence. Violence is lower in pregnancy as compared to marital life domestic violence experience.

CONCLUSION: Our study concludes that women should be monitored for abuse not only during pregnancy but also before and after pregnancy, as our data suggest that these are periods of higher risk for abuse. Information on what to do if abuse is experienced needs to become more available to all women who are victims of violence.

KEY WORDS: Domestic violence, Physical Abuse, Intimate partner violence

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INTRODUCTION

Domestic violence refers to the physical, sexual, psychological, financial, or verbal abuse inflicted on a spouse or partner by the other. The majority of victims of domestic violence are women and the husband is the sole perpetrator in 83% of the cases.[1]

Domestic violence is a major cause of maternal mortality and morbidity. It is now being recognized that the consequences of domestic violence are commonly seen in obstetrics and gynaecology.[2] Domestic violence may begin or worsen during pregnancy and may be the reason for late booking or poor attendance, or conversely for repeated attendance with minor injuries or non-existent complaints. Other warning signs include drug or alcohol abuse or the constant presence of a partner at examinations.[3]

Abuse during pregnancy, whether physical, psychological, sexual, financial or verbal produces many adverse physical and psychological effects for both the mother and fetus. Physical, sexual and psychological intimate partner violence during pregnancy are associated with higher levels of depression, anxiety and stress, as well as suicide attempts, lack of attachment to the child and lower rates of breastfeeding.[4]

It is difficult to estimate the prevalence of domestic violence in pregnant women as women may be reluctant to disclose experiences of domestic violence. The World Health Organization reports that globally 29% to 62% of women have experienced physical or sexual violence by an intimate partner.[5] A percentage of 34% of the 120 pregnant women participating in the study of Mezey et al 2005 stated that they had experienced or watched manifestations of violence from another family member.

Furthermore, a percentage of 10.7% of the women with a history of Domestic Violence suffered from Postnatal Depression or another psychological disease after birth compared to the women that had not suffered from a similar incidence (28/94; 29.8% versus 19/106, 17.9% x2 = 3.3 df=1 p=0.07).[6]

The prevalence of domestic violence in pregnancy is reported to be between 3% and 33.7%, with the greatest risk occurring during the post-partum period. Higher rates of violence during pregnancy have been found among pregnant teenagers. Thus, domestic violence is more common than many obstetrics complications such as preeclampsia.[7] In a study conducted in Lima; the prevalence of DV among pregnant women is 21.5 percent. Older (≥ 30 years), unmarried, employed, and economically disadvantaged women and those with little education are more likely to experience lifetime and pregnancy Intimate Partner Violence. Efforts at universal ante partum Intimate Partner Violence screening and appropriate interventions are needed to reduce the burden of violence experienced by pregnant women.[8] In a study carried out in Hyderabad

Pakistan, 51% reported experiencing verbal, physical or sexual abuse. Twenty percent reported physical or sexual abuse alone.[9] Another study was conducted in Karachi Pakistan, according to which 52.43% of the women included in the study has been victims of domestic violence. Out of these, 50% had been emotionally abused, 26.82% had been physically abused, while 1.21% were sexually abused.[10]

Violence against women is widely recognized as an important public health problem. However, the magnitude of the problem among pregnant women is not well known in several parts of Pakistan. Hence, the prevalence and characteristics associated with various forms of domestic violence against women in pregnancy is studied in Peshawar, Pakistan. This study will help in screening the pregnant women suffering from domestic violence and to institute effective intervention strategies in order to decrease its prevalence.

An important question to be addressed by future research is whether there is any relationship between the severe violence that afflicts women at shelters and the more moderate violence reported by larger portions of the population. Longitudinal studies following couples over time are needed to evaluate the likelihood that moderate violence will escalate into serious violence or that new violence will begin. Risk factors for worsening and new violence also need to be identified. Because of the relatively high prevalence of severe domestic violence and the associated risk of serious injury, patients in emergency rooms and other health care settings should be questioned routinely and explicitly about domestic violence and should have the full range of medical and social services offered to them.

MATERIAL & METHODS

This descriptive cross sectional was carried out in the Department of Gynecology and Obstetrics, Khyber Teaching Hospital, Peshawar between 1st April 2014 and 30th September 2014.The study was approved by hospital ethical committee.

All pregnant women, attending antenatal OPD of Khyber Teaching Hospital, Peshawar aged 14-45years were included in this study i.e. a sample size of 260 with 21% prevalence of domestic violence8, 95 % confidence interval and 5 % margin of error. Sampling Technique was Non probability consecutive sampling excluding Laboring patients and mentally ill patients, as these factors would act as confounders and introduce bias in the study results if not excluded.

An informed consent was taken. Women were initially informed that the research is to assess dangers to women's health during pregnancy. All information was confidential.

Women who agreed to participate were taken to a private room away from the wards and given a full explanation. Patients were worked up with detailed history taking and clinical examination. When given consent, detailed history was taken and all information was recorded into a proforma especially designed for this purpose. The instrument used to measure abuse was derived from the widely used Abuse Assessment Screen (AAS). The AAS was developed by Parker, Ulrich, and the Nursing Research Consortium on Violence and Abuse (1990).The AAS is a well-validated screening tool used to initially identify and continually assess for Intimate Partner Violence and has been used elsewhere as a confidential screening tool. It has been modified for the purpose of this study. The AAS tool is a 5-item questionnaire with Yes or No options; it takes 45 seconds to complete if all the answers are negative. Any positive answer was considered a woman subjected to abuse to assess domestic violence exposure, women were asked several questions on various behaviors related to violence. For each item, women were asked whether they had experienced the event during the index pregnancy, during any previous pregnancy, and another time during marital life excluding pregnancy.

The exclusion criteria were strictly followed to control the confounders and bias.

Data was stored and analyzed in SPSS version 20. Mean + SD was calculated for quantitative variables like age. Frequencies and percentages were calculated for categorical variables like age, type of domestic violence etc. Domestic violence was stratified among age, type of domestic violence, and other variables. All results were presented in the form of tables and graphs.

RESULTS

In this study, 260 pregnant women were observed. Most of the interviews were conducted within the outpatient department.

Patients age was divided in three categories, out of which most presented in lower age i.e. 138(53.1%) patients were in the age range of less than 25 years followed by 25-35 years which were 61 (23.5%), 61 (23.5%) were of more than 35 years. The study included age ranged from 14 up to 45 years.

Nearly half of the study sample was less than 25 years and domestic violence in index pregnancy was common in this category. 37 patients were <25 years of age who experienced domestic violence in index pregnancy. Older patients aged > 35 years were only 14 of the total who were inflicted upon by their husbands.

16 patients were between the age of 25 and 35 years, who experienced some type of domestic violence.

The mean duration of marriage was 7.03 years. Consanguineous marriages were common (52.3%). But most of the patients who were not married to their cousins suffered domestic violence in index pregnancy.

More than half of the women (54.2%) had not attended school, whereas most of their husbands (77.7%) had received some formal education.

The index pregnancy was the first pregnancy for nearly less than a quarter of the study women i.e. 101 women (38.8%); for many women i.e. 159 (61.2 %) this was either their second, third or fourth pregnancy.

Domestic violence of any form was less frequently reported during pregnancy as compared to marital

lifetime. For example, 49.6% of women reported ever experiencing any form of physical abuse during their marital lifetime, declining to 25.8% for the index pregnancy i.e. 67 patients.

Nearly all women who reported being physically abused during pregnancy (67/67 women) had a history of physical abuse.

TABLE 1: CROSSTABULATION OF AGE VS DOMESTIC VIOLENCE IN INDEX PREGNANCY

		Domestic violence in index pregnancy		Total
		Yes	No	
Age of the patient	>35	14	47	61
	<25	37	101	138
	25-35	16	45	61
Total		67	193	260

TABLE 1: DOMESTIC VIOLENCE IN INDEX PREGNANCY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	25.8	25.8	25.8
	No	193	74.2	74.2	100.0
	Total	260	100.0	100.0	

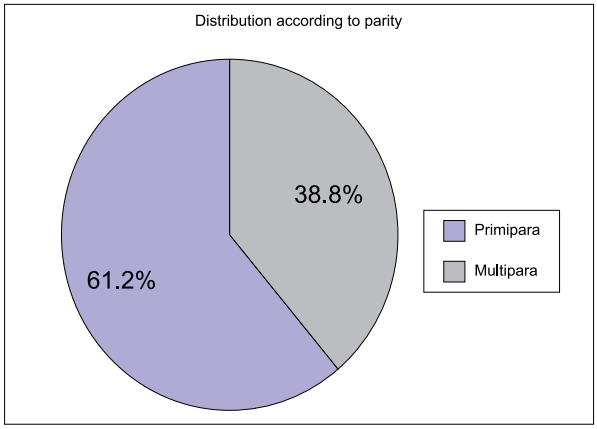

Figure 1:

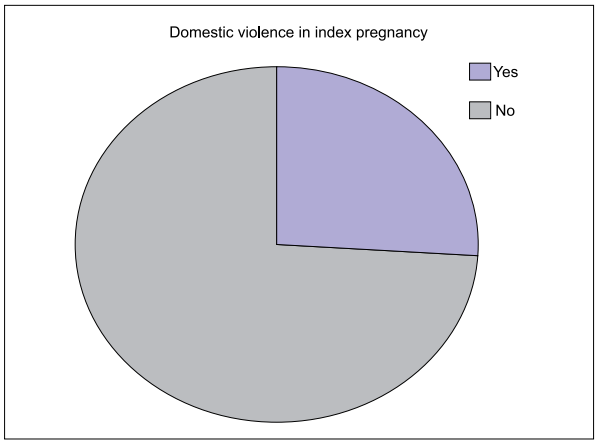

Figure 2:

DISCUSSION

A quarter of women (25.8%) reported physical abuse during their recent pregnancy suggesting a serious social and health problem that is particularly challenging for Pakistani obstetricians. The point prevalence estimates for physical abuse during pregnancy and marital lifetime reported from our study in Peshawar fall within the range quoted from developing and under-developed countries[11,12]. In this study, the rates of lifetime marital physical abuse at 49.6% was nearly double that during the recent pregnancy. The widespread belief that pregnancy either initiates or increases the risk of violence was not substantiated in our study, similar to findings from other studies in developed and developing countries.[13,14] and[15]

Women married to distant relatives had significantly higher risk of violence. Parity was a strong predictor of physical abuse. Women with four or more live births were nearly four times likely to experience physical abuse. The statistically significant risk factors in the multivariate logistic regression analysis were wife's education, consanguinity, and duration of marriage. Women's age, spousal age difference and parity lost their significance.

Potential risk factors for physical abuse during the index pregnancy were similar to those reported for lifetime marital physical abuse, though the magnitude of the odds ratio was higher. Women with no formal education were two and a half times more likely to be physically abused during pregnancy as compared to women with a high school education, after controlling for all other variables.

The results of this study also highlighted the burden of verbal and sexual coercion on married women living in a conservative patriarchal and patrilocal family structure like Pakistan. A majority of women experienced verbal abuse during their marital life or during their preceding pregnancy; significantly higher than reported from China[16] or the United States[17]. Physical assault is not an isolated event in a woman's marital

life but rather part of a perpetual pattern of spousal abusive behavior. Results of our study as well as those conducted elsewhere highlight the inter-relationship between verbal abuse, sexual coercion and physical abuse[18]. Furthermore, our findings substantiate results of other studies that identify past abuse as a significant predictor of abuse during pregnancy.[19] The lower rates of abuse during pregnancy are consistent with previous evidence suggesting that pregnancy could be a period when violence against women is reduced compared with the prepregnancy and postpartum periods[20].

Verbal abuse and threats were common. Generally, sexual coercion was less frequently reported as compared to physical or verbal abuse. Among the 129 women ever abused, 48.8% (63 patients) were also coerced to have sex and all 129 were verbally abused. Slapping, hitting, pushing, grabbing, shoving and pulling hair were the most common. The use of a gun, knife, or other weapon was rarely reported. During the index pregnancy, the use of a gun or another weapon was not reported although threats of using a weapon still persisted. Using abusive language (cursing) was a common mode of verbal abuse during marital life.

Women with no education or primary level education were at a significantly higher risk of physical violence, compared to women with secondary level education.

In this study, strong significant associations were found between abuse (lifetime marital or during index pregnancy) and duration of marriage, education and consanguineous marriages. Significant relationships between abuse and age, husband's education and parity lost their significance at the multivariate stage perhaps emphasizing the co-linearity between these time dependent factors that was best explained by duration of marriage.

Maintaining spousal and family harmony is perhaps another reason for the continued high prevalence of first cousin marriages in Pakistan in addition to maintaining wealth within the family.

Assessments of domestic violence, either lifetime or during pregnancy generally highlight the need for the involvement of health services as an intervention strategy to break the chain of family violence[21]. Sharing information about physical abuse is rare due to perceptions of shame, fear of blame, or reluctance to be disloyal to spouse or marital family[22]. Few women profess to seek medical or health care for injuries sustained consequent to physical abuse. Our study results also corroborate these findings. Previous studies have found that psychosocial stress and stressful life events are linked with LBW[23,24]. If IPV increases stress, these episodes may exacerbate the risk of poor pregnancy outcomes. Victims may have been unable to marshal the resourcefulness needed to fight back when abused and may have internalized the stress caused by the abuse. Future studies should include the necessary measures to understand this phenomenon.

However, our results also strategically highlight that women are amenable to screening during an antenatal visit. The results of our study should be interpreted in the light of methodological constraints. First and foremost is the sensitive nature of the topic and its proneness to response bias that may lead to under-reporting of the true extent of the abuse. Researching violence is inherently associated with numerous ethical and safety issues, making it very difficult to produce strong evidence. Methodological limitations regarding the definitions of abuse used, the uniformity maintained when inquiring about abuse, language barriers and privacy concerns are additional constraints. Second, information about violence was self-reported, which may have led to recall bias. Third, the point prevalence for physical abuse during pregnancy in our study may be under-estimated compared to other studies, perhaps because of the reason that the interviews were taken during early pregnancy period as well which might have led to missing those abused after the interview was conducted. Alternatively, the exclusion criteria of women admitted for labor management or other complications and later discharged fails to capture cases of violence during pregnancy that may have led to preterm labor or other pregnancy complications, thus underestimating the total burden of violence during pregnancy. Moreover, Antenatal clinic-based samples, which was used for this type of research, may not be representative of the general population, leading to variations in estimates if, for example, women were predominantly from urban clinic samples.

CONCLUSION

Despite these study limitations, these findings should alert Pakistani health professionals to the enormous burden of physical abuse especially during pregnancy, which places the health of both mother and fetus in jeopardy. Pakistani health care professionals can play a major role in ensuring that women are routinely screened for domestic violence by including a few simple questions during routine antenatal care for identification of abused women. More in-depth studies with women who have experienced violence during pregnancy and men who abused women during pregnancy are needed to develop these insights further and to provide abused, pregnant women with the services they need. Our findings suggest that women should be monitored for abuse not only during pregnancy but also before and after pregnancy, as our data suggest that these are periods of higher risk for abuse. Information on what to do if abuse is experienced needs to become more available to all women who are victims of violence.

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CONFLICT OF INTEREST

None declared.

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NIL

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.