FREQUENCY OF DIFFERENT TYPES OF DOMESTIC VIOLENCE IN ANTENATAL PATIENTS

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ABSTRACT

Objectives: *To determine the frequency of different types of domestic violence in antenatal patients.*

Methodology: *A cross-sectional hospital-based study was done at Obstetrics and Gynaecology Department, Lady Reading Hospital from April 2010 to March 2011. Patients received in antenatal clinic were enrolled. Informed consent was taken from the participants meeting the inclusion criteria. The tool used to measure abuse was derived from the Abuse Assessment Screen.*

Results: *A total of 129 of pregnant women participated in this study. The respondents were young (average age 31 years). One hundred thirteen (87.6%) had length of marriage more than one year. Ninety six (74.4%) were multipara and Sixty six (51.2%) were in third trimester. Among them 53.5% were abused (any type) in marital lifetime and 39.5% experienced physical violence last year. Forty six (35.7%) respondents were abused physically during pregnancy. Verbal violence was 51.9%, followed by emotional violence 46.50%, economic violence 33.3%, and 20.40% had nonconsensual sex (sexual violence). Husband was involved directly in 38.0% cases, while in-laws in 20.2% cases. Violence during pregnancy was associated with marital life-time violence and physical violence during last year ($p < 0.05$).*

Conclusion: *Domestic violence during pregnancy is a common problem and highlights the need for interventions by health professionals.*

Key Words: *Domestic violence, Pregnancy, Physical abuse, Emotional abuse, Sexual abuse.*

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INTRODUCTION

Domestic violence is any behaviour within intimate relationship which causes physical psychological or sexual harm to these relations[1]. Domestic violence against women is a significant public health issue in both developed and developing countries of world. According to the world Health Organization (WHO) surveys from around the world indicate that approximately 10% to 69% of women report being physically assaulted by intimate partner at some point in their lives[2].

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Pregnancy does not protect women from violence. This is reflected by the alarming prevalence rates of physical abuse found in the pregnancy, antepartum and postpartum periods, demonstrating that all women of reproductive age are at risk for intimate partner violence[5].

Various factors leading to domestic violence were identified among the husbands of women subjected to violence during pregnancy. The factors associated with domestic violence included drug addiction in 32 (39%), allegedly aggressive nature of husband in 21 (25.6%), unemployment of husband in 6 (7.31%) cases[9].

Women whose mother or mother in law had experienced physical spousal abuse had increased odds of experiencing abuse during pregnancy (odds ratios, 2.1 – 3.4)[10].

The rationale of this study was to find out the frequency of domestic violence during pregnancy and to find common factors associated with domestic violence among pregnant women. Pregnancy pro-

vides a unique opportunity to routinely ask screening questions on domestic violence against women, as it's a period when women tend to take greater interest in and responsibility for their own health and have more contact with health professionals. Screening for violence in primary health care settings may help to detect and reduce violence against women and interventional programmes are also needed to provide support and medical services to women in abusive relationship.

METHODOLOGY

This study was conducted in department of Gynecology and Obstetrics, Postgraduate Medical Institute, Lady Reading Hospital Peshawar, after taking permission from the hospital ethical committee. Sample size was 129 using 14 % prevalence of domestic violence in our population, with 95% confidence interval and 6 % margin of error (WHO software for sample size determination). Sampling technique was consecutive (non probability) method, all married antenatal women approaching obstetrical OPD and willing to answer the questionnaire were included in the study and all the pregnant women who declined to be interviewed were excluded from the study. Informed consent was taken from participants, meeting the inclusion criteria. For ethical reasons, including potential retaliation from disclosure, women were interviewed in private. The instrument used to measure abuse was derived from the widely used Abuse Assessment Screen (AAS)11. The AAS is a well validated screening tool used to initially identify and continually assess for intimate partner violence. The AAS tool is a 5 item questionnaire with yes or no option; it took 45 seconds to complete if all the answers are negative. Any positive answer was considered women subjected to abuse.

The 5 items included questions on physical, emotion and sexual violence during three periods; marital lifetime (ever beaten), last year and current pregnancy. Possible factors associated with domestic violence during pregnancy included a variety of sociodemographic items, such as the respondent's education (non-educated, elementary level or less, intermediate and secondary level, university level) employment of husband and women (yes or no) husband addiction (yes or no), other variable of interest are reproductive health related factors, such as parity (primipara or multipara) duration of marriage (< 1year or > 1 year) gestational age at the time of screening classified as (first trimester, second trimester, third trimester). Data was entered and analyzed using SPSS version 10. Mean and standard deviation were calculated for numerical variable i.e. age while percentages and frequencies were computed for categorical variable respondent / husband education, respondent husband employment, husband addiction, parity, length of marriage, gestational age, verbal / physical/ Sexual abuse etc. Chi-square test was applied to see the association between violence in pregnancy and different risk factors. All the results are presented in the form of tables and charts.

RESULTS

A total of 129 of pregnant women participated in this study. Age of the respondents ranged from 15 to 50 years. They were relatively young, with an average age of 31.42+7.017SD years. Regarding education, 98 (76.0%) of the respondents were uneducated while only 3 (2.3%) were educated to the level university. Education level of the husbands were relatively high, 59 (45.7%) were educated while 70 (54.30%) of husband were uneducated. Only 6 (4.7 %) were educated to the level university.

Women were rarely employed 14 (10.9%), while only 25 (19.4%) husbands were employed. Also 47 (36.4%) of husbands were addicted to some form of tobacco including cigarette, naswar and hukka (table 1).

In 113 (87.6%) of the respondents the length of marriage was more than one year. Ninety six (74.4%) of the pregnant women were multipara and more than half 51.2% (66) of these were pregnant in their third trimester. While 19 (14.7%) respondents were pregnant in their first trimester.

In our study most of the affected respondents experienced more than one type of violence during the event. Respondents were interviewed for intimate partner violence during marital lifetime, last year and during current pregnancy. Overall 69 (53.5%) women were abused (any type) in marital lifetime. While 51 (39.5%) experienced physical violence last year (table 2).

35.7% (46) of the respondents experienced physical violence during their current pregnancy. Verbal violence was most common and 51.9 % of the respondents experienced verbal violence. 20.40% were subjected to nonconsensual sex (sexual violence). Similarly 33.3 % of the respondents experienced economic violence while 46.50 experienced emotional violence (Graph 1).

In our study 35.7% (46) of the respondents were abused physically. Of these slapping (43.4 %) and pushing, shaking (21.7%) was most common followed by beating (17.3%), hair pulling, (8.6%) and kicking (6.5%).

In 23 (17.8%) of the cases violence was increased

after disclosure of sex of the fetus on scan. Most the respondents 103 (79.8%) did not disclose the violence to anyone. History of domestic violence was positive in 28 (21.7%) of the respondents saying yes to the question "Did your father ever beat your mother?" Husband was involved directly in most of the events of violence 49 (38.0%), while in-laws were involved only in 26 (20.2%) of cases.

Chi-square test was applied to see the association between violence in pregnancy and different risk factors. We found that Violence during pregnancy was associated with other forms of abuse. 69 (53.5%) women who were subjected to marital life-time violence were also abused during pregnancy ($P < 0.00$); 51(39.5%) of the respondents who experienced, physical violence during last year were abused during pregnancy as compared with 51(39.5%) who were not physically abused last year ($P < 0.02$). Abuse during pregnancy was also associated with education level ($P < 0.03$) and addiction of husband ($P < 0.02$).

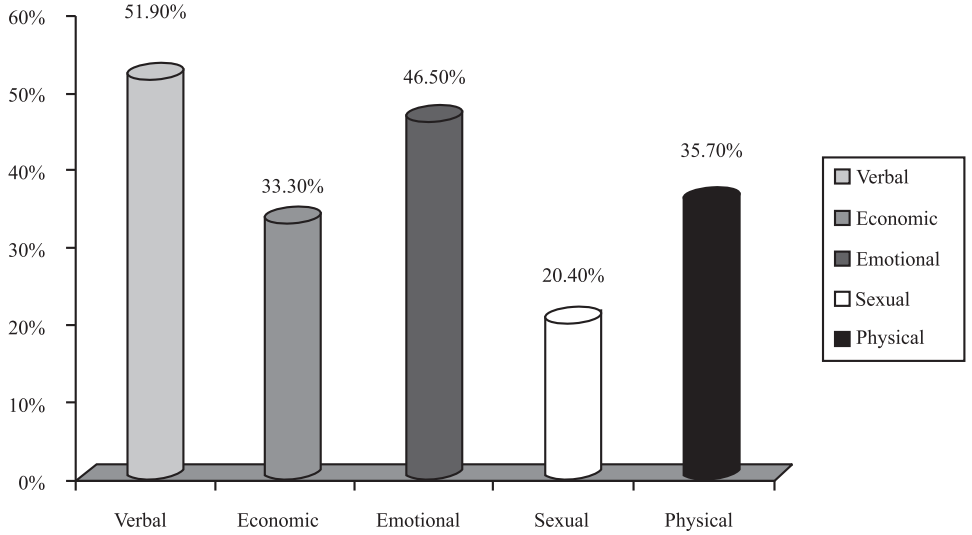
Table 1: Respondent and husband employment

Employment	Yes	No	Total
Respondent employment	14 (10.9%)	115 (89.1 %)	129 (100%)
Husband employment	25 (19.4%)	104 (80.6%)	129 (100%)
Husband addiction	47 (36.4%)	42 (63.6%)	129 (100%)

Table 2: Intimate partner violence (n=129)

	Yes	No
Is the respondent been abused Life time (any type)?	69 (53.5%)	60 (46.5%)
Is the respondent been Physically abused (Last year)?	51(39.5%)	78 (60.5 %)
Is the respondent been Abused physically in pregnancy?	46 (35.7%)	83 (64.3%)
Have you ever told anyone about this?	26 (20.2%)	103 (79.8%)
Did your father ever beat your mother?	28 (21.7%)	101 (78.3%)
Who hurt you most of time in this way, Husband ?	49 (38.0%)	80 (62.0%)
Who hurt you most of time in this way, In-laws ?	26 (20.2%)	103(79.8%)

Figure 1: Different forms of domestic voilence in pregnancy



DISCUSSION

Domestic violence is a significant problem all over the world which adversely affects the health and safety of millions of women throughout their lifespan. Such an assault is also termed as intimate partner violence. It occurs mainly in three forms: verbal, physical, mental.

According to Vandello and Cohen domestic violence may be implicitly or explicitly sanctioned and reinforced in cultures where honor is a salient organizing theme, and they gave three general predictions: a) female identity damages a man's reputation, particularly in honor cultures; b) this reputation can be partially restored through the use of violence; and c) women in honor cultures are expected to remain loyal in the face of jealousy-related violence.[11]

This study confirmed previous findings that the vast majority of women do not object to screening for domestic violence by health professionals.[12] Domestic violence against pregnant women, in its various forms, was rather common in this vulnerable population. Domestic violence is associated with factors like education and employment of respondent and husband, socioeconomic condition and addiction of the husband.

Our study showed that the education level of the both the respondents and husbands were very low (24.0% and 45.7% respectively), which correlate well with the overall literacy rate of Pakistan. In backward and uneducated communities there is a general misconception that females are responsible for husband's employment. If they are lucky,their husbands will earn more money and will get good jobs despite their low education. Another misconception is that the husband will become more responsible and will leave bad society and addiction, if the wife is good enough to counsel him. If the wife fails to fulfills these expectations, she becomes the victim of domestic violence in the form of verbal, physical and emotional abuse which persists during pregnancy because they foresee more economical crisis after delivery.

Our study revealed that the majority of women 53.5% experienced violence in life time in one or other form. This estimate is slightly lower than that reported by Nadwa and Marwan et al,[13] while quite high reported from Peru by Perales et al.[3] The reported prevalence of physical abuse during a woman's lifetime and last year are higher than those found in the Arab region.[14]

However in our study physical violence (35.7 %) was less common during pregnancy compared to marital lifetime or last year (39.5%). This finding is consistent with previous studies in developing countries, contradicting the common notion that pregnancy increases the risk of abuse.[6,7]

Our estimates of violence during pregnancy are relatively higher than the range of 4-29% reported in previous studies from developing countries,[8,9] and the 23 % reported from a previous study in Karachi.[7] This indicate that the events of violence experienced by women are rising and this finding is supported by the fact that in China the territory's police reported that acts of violence between couples had risen to 40% in a year.[15]. However our findings are in agreement with those reported from a study conducted in Nigeria, which showed that 78.8% of the women have been battered by their male counterparts, out of whom 58.9% reported battering during pregnancy.[16]

The higher estimates of different type of domestic violence in pregnancy in our study could be due to various factors and may be attributed to low literacy rate, low employment rate of husband and poor socioeconomic conditions.[9,17] Also according to our social and cultural theme of honor, husbands usually believe that they have an absolute right over the sexuality of their wives and domestic violence is a private matter and usually, a justifiable response to misbehavior on the part of the wife.

Like Pakistan in many Islamic and Arab countries, domestic violence is not yet considered a major concern, despite its increasing frequency and serious consequences. Surveys in Egypt, Palestine, Israel and Tunisia show that at least one out of three women is beaten by their husbands.[18]

Another Interesting finding of our study was that physical abuse during pregnancy was strongly associated to previous experiences, and forms, of domestic violence ($P < 0.05$) and history of abuse experienced by their mothers (odds ratios, 2.2). This suggests that screening for lifetime physical abuse before the onset of pregnancy can be a good predictor of, and a useful tool for prevention programmes concerning abuse during pregnancy.

LIMITATIONS

Our study had several methodological limitations, including its cross-sectional design, possible response bias and underreporting given the sensitive nature of the topic and recall bias that may lead to under-reporting of the true extent of the abuse, the use of non-validated screening instrument in local population, and the inclusion of women from only one antenatal clinic. The sample size was small, so the findings may not be generalizable. Screening for

violence in primary health care settings may help detect and reduce violence against pregnant women, but intervention programmes are also needed to provide support and medical services to women in abusive relationships.

CONCLUSION

Our study concluded that majority of the respondents were relatively young. Education level of both respondent and husband was low. Domestic violence as assessed by the Abuse Assessment Screen revealed that the majority (53.5%) of pregnant women were subjected to one or other form of physical, emotional or sexual violence. Physical violence was less common during pregnancy compared with marital lifetime violence or last year. Regarding violence husband was the main perpetrator as compared to in-laws. The authors suggest the need for routine screening by health professionals as an important component of any intervention programme to eradicate violence against pregnant mothers.

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CONTRIBUTORS

SG conceived the idea, planned and wrote the manuscript of the study. LZ helped in the write-up of the manuscript. NRF supervised the study. All the authors contributed significantly to the research that resulted in the submitted manuscript.