

Domestic Violence and Pregnant Women, Impact and Outcome

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Abstract

Objective: To assess the frequency, causes and types of violence among antenatal women.

Study Design: Non interventional descriptive study.

Place and Duration: Gynaecological OPD of Jinnah Hospital for a period of 3 months.

Methodology: All pregnant patients who agreed to participate in this study after informed consent were included. They were interviewed maintaining confidentiality and anonymity. The information was recorded on predesigned proforma.

Results: Total 450 women attending (presenting for first time) gynecological clinic of Jinnah hospital Lahore were included in the study. Majority of them (240-53.4%) had an arranged marriage. Most of the participants (256- 56.9%) were living in a joint family system.

Two hundred and fifty cases (55.6%) experienced some sort of violence (physical/ verbal). Among the patients who were affected with violence, husband was the perpetrator in 127 (50.8%) cases, while other in laws' family members was responsible in 49.2% cases (table- 5). Out of 450 cases, only 6 (1.4%) patients gave history of first trimester abortion. Out of these 6, one patient had consecutive 3 abortions due to physical hurt and one patient had 2 induced abortions due to husband pressure. One patient had fracture humerus after being beaten by sister in law and brother in law.

Conclusion: Domestic violence is a reproductive health issue which needs to be recognized and addressed.

Key Words: Domestic violence, Frequency, Perpetrator.

Introduction

Violence against women is a sensitive social and public health issue that has been neglected for many decades. The United Nations defines violence against women 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 private life. A recent analysis by World Health Organization (WHO) found that globally 35% of women experience either physical and/ or sexual intimate partner violence (IPV) or non-

partner sexual violence. In some regions this incidence is much higher.^{1,2}

The situation is alarming in some developed countries like USA, where each year approximately, 1.5 million women report some sort of violence.³ This number includes as many as 324000 women who are pregnant when violence occurred.⁴ In a CDC review, researchers found that that depending on the population, setting or frequency of inquiry, between 0.9% and 20.1% of women reported experiencing violence during pregnancy.⁵ However researchers are not yet able to

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determine definitively, whether violence actually begins, ends or increases during pregnancy.

So as a matter of fact pregnancy does not protect women from violence. The women are rather more vulnerable to violence by their partners during pregnancy. This is reflected by the alarming prevalence rates of physical abuse found in the pregnancy and postpartum periods. In a study from UK, pregnancy was identified as one of the six risk factors for homicide in 56 domestic murders that occurred in London from 2001-2002.⁶

Out of the many underlying reasons of violence against women in Pakistan, poverty is one major factor. Moreover domestic violence may be due to daily conflicts, family related problems, unwanted pregnancy and drug addiction of husbands.⁷ Physical violence can result in maternal physical and mental health complications. Domestic violence during pregnancy may have direct effect on the fetus due to trauma to the mother. Fetal health can also be indirectly affected due to maternal stress, drug abuse and neglected prenatal care.⁸

Reproductive health care services provide an important point of their contact with health care providers, during which screening for intimate partner violence (IPV) and appropriate intervention or referral can occur. However in many more cases, this remains unrecognized and unreported.

The domestic violence is an underreported and unrecognized women health issue. Women are rather more prone to violence by intimate partner and family. The data on this important women health issue is scarce.

Methodology

Inclusion Criteria: All the antenatal patients who agreed to participate were included in the study after taking informed consent.

Exclusion criteria: The patients who did not agree to participate in study were excluded from study. Moreover the patients below 16 years and above 46 years were also not enrolled in the study.

Pre-designed questionnaire Performa was filled. Anonymity and confidentiality was maintained. The participants were clearly told that the purpose of the study was to explore the health outcomes associated with partners' violence.

The demographic data included age, nature of marriage, marital conditions and the behavior of husband and in laws during current pregnancy. The characteristics of violence were measured by questions

on all dimensions of violence (physical, emotional) among the women who experienced it. At the same time family support to the patients was assessed. The data was tabulated and percentages were calculated.

Results

A total of 450 antenatal patients were interviewed. Out of these, 85% were between 20-40 years (table-I). Majority of the patients (n= 240 i.e., 53.4%) had an arranged marriage, 36.6% had marriage by joint decision while only 45 couples (10%) married by their own decision and choice (table-I). Almost 96% of the participants were living with their husbands. Most of these cases (256- 56.9%) had a joint family system (table-I).

Table I. Demographic Data

Data	Number	Percentage
Age		
16- 20 years	46	10.2 %
20- 40 years	382	84.9%
40-45 years	22	4.9%
Nature of marriage		
Own choice	45	10%
Decided by parents	240	53.4%
Joint decision	165	36.6%
Marital conditions		
Living with husband	432	96%
Divorced	8	1.8%
Separated	10	2.2%
Type of family		
Nuclear	123	27.4
Joint	256	56.9%
Extended	68	15.1
Polygamous	3	0.6%

Behavior of husband and other family members towards these pregnant women is shown in table-II. Husband was a source of support (both financial (63.1%) and to accompany her to hospital (52.7%). Among these pregnant women 58.2% wished to have a male baby, 10% desired to have daughter, while it was not a matter of concern in remaining 31.8% women. On the other hand only 6% of husbands wanted to have a female child, and almost 63% wished to have a boy.

Table II. Family Behavior during pregnancy

	Number	Percentage
Husband		
Caring	305	67.8%
Ignoring	112	24.8%
Frustrating	33	7.4%
In Laws'		
Caring	250	55.6%
Ignoring	176	39.1%
Frustrating	24	5.3%

More than half (55.6%) of the participants volunteered that they had ever experienced some sort of violence (physical/ verbal) (table-III). Husband was the perpetrator in 127 (50.8%) cases, while other in laws' family members were responsible in 49.2% cases (table-III).

and socioeconomic issues. An Indian survey, based on interview by 600 pregnant women, reported physical abuse in just 132 (22%) participants.¹³ Another study from the same region reflects almost the same situation in India, where 26% of women attending antenatal clinics, reported physical abuse mostly by their

Table III. Patients' Experience about Violence and perpetrator (n=450)

Experience	Number	Percentage	Perpetrator	Number	Percentage
Yes	250	55.6%	Husband	127	50.8%
Verbal	224 (N=250)	89.6%	In laws' family members	123	49.2%
Physical	26 (N= 250)	10.4%			
No experience	200	44.4%			

Six women (1.4%) gave history of first trimester abortion. Out of these, one lady had three consecutive abortions due to physical hurt and one woman had 2 induced abortions due to husband pressure. One participant had suffered fracture humerus after being beaten by sister in law and brother in law (table- IV).

husbands.¹⁴ On the other hand a study reported a significantly high incidence of DV (70 %) among Pakistani women.¹⁵ So the prevalence rate may vary according to type of study population.

Table IV. Physical Impact of violence (n=250)

Complication	Number	Percentage
First trimester abortions	6	2.4%
Fracture arm	1	0.4%

The prevalence rate of DV in our study is much less than that shown by a study conducted in Rawalpindi and Islamabad. In their survey almost 97% of participants admitted that they had been subjected to some form of violence from verbal abuse to physical violence. Many of them were pregnant.¹⁶

Discussion

Domestic violence is a social issue, hidden but prevalent in almost every society irrespective of race, religion, region, caste and language. DV is rising globally. In Pakistan, there is paucity of literature reports on prevalence of DV, and its associated problems.⁹ Many Pakistani women accept DV as a part of their lives. Domestic violence is prevalent not only in rural areas but also in big cities like Karachi and Lahore. Pregnant women are no less vulnerable to violence than those who are not pregnant. Our study, has revealed a significant number of women suffer from violence even during pregnancy (55.6%). This finding is consistent with the results of study conducted at Aga Khan University Hospital where 51% participants reported some sort of abuse, 20% reported physical or sexual abuse alone.¹⁰

Poverty and illiteracy has been claimed to be important reasons for DV.¹⁷ In our study, in majority of cases husband was violence perpetrator as reported by some other studies.^{11,14,16} The reassuring fact is that husbands were reported to support and escort their wives to hospital. This reflects their sense of responsibility irrespective of their physical or verbal arrogance and the credit goes to integrated family system and the socio-cultural background in Pakistan.

Another study from Karachi showed that 34% of the interviewed women reported physical abuse by their husbands. Among them 50% were pregnant.¹¹ Main reasons were financial constraints in 60% and problems with in laws in 15%. Another study has quoted the percentage of DV in Pakistan as 65% (physical abuse) and almost 1/3rd (30.4%) reported sexual violence.¹² However prevalence varies from region to region depending upon education, cultural

The miscarriage occurred in 2.4% of patients in our study. This miscarriage risk is much lower than that reported in a cross sectional study carried on 1897 women, in which the violence was experienced by 29% of study population. Miscarriage as a result of violence was experienced by 10% of women and it was concluded in the study that partner violence should be recognized as a potential cause of miscarriage.¹⁸

Pregnant women have a frequent access to health services, so the doctors need to be aware of the indicators of DV like poor obstetrical history, unexplained admissions, non-compliance with the follow up visits, recurrent STD and constant presence of partner during consultation.¹⁹ One of the simple and cost effective measures for identification of the problem is incorporating violence history into routine history taking and this should be taken in an empathic, nonjudgmental way because rate of disclosure and help seeking behavior remains minimal among the victims of violence.²⁰

Care providers usually do not screen for DV due to time constraint, discomfort with the topic, fear of offending the woman or her partner and perceived powerlessness to change the situation.²¹ Health care providers' training in screening and evaluating women for DV can help overcome these barriers.

Conclusion

Domestic violence is a reproductive health issue which needs to be recognized and addressed. It is common even among urban Pakistani women of reproductive age, suggesting a need for universal screening during antenatal care and for support and referral.

Further research is needed to determine factors that place women at risk, and to assess the impact of domestic violence on pregnancy outcome.

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