

ORIGINAL ARTICLE

DOMESTIC VIOLENCE AMONG PREGNANT WOMEN

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Background: Domestic violence during pregnancy is an important social & health issue in all societies. In Muslim world and particularly underdeveloped countries, domestic violence is often under reported. It is the need of hour to encourage reporting of such events & implementation of research-based policies for prevention of women abuse & support of the victims of domestic violence (DV). The objective of this study was to highlight this neglected social problem of our society & to identify at risk population. **Methods:** This is a cross sectional study conducted at Ayub Teaching Hospital & Benazir Bhutto Shaheed Teaching Hospital, Abbottabad (January 2014 to December, 2016). Pregnant women were inquired regarding history of abuse by husband and sociodemographic characteristics were noted in a Performa to analyse the risk factors for domestic violence. **Results:** The overall prevalence was found to be 35%. Out of 1000 pregnant women, 270 (27%) suffered from simple violence and 60 (6%) were victims of grievous assault. Violence among pregnant women is found to be more prevalent among residents of urban areas, women of older age being uneducated & belonging to poor socioeconomic status. **Conclusion:** Domestic violence during pregnancy is a common & often neglected psychosocial health problem. High risk population needs to be identified so that preventive strategies can be planned & implemented.

Keywords: Domestic violence; Partner abuse; Pregnancy; Pregnant women

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INTRODUCTION

Domestic abuse while being pregnant is one of the neglected & underreported problem having grave consequences. The world health organization (WHO) defines domestic violence (DV) as “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners”.¹ Women are susceptible to different forms of abuse in developed countries, but domestic violence is found to be the most common form in industrialized countries. According to an estimate about 2 million women are a victim of physical assault every year and more than 50 million have lifetime risk of being assaulted.^{2,3}

Physical & verbal abuse during pregnancy is a frequent phenomenon encountered by women of both developed and underdeveloped world, belonging to all cultural communities, but some populations (for example, low income groups) are more vulnerable.³ As revealed by studies, about 10 – 69% of women are victims of domestic assault during their lifetime.⁴ WHO multi-countries study on women’s health and DV shows 15–71% of women being victims of domestic violence.^{1,2} According to another study done in postpartum women in a tertiary care hospital in Karachi, 44% of women had physical abuse and 80% were reported to be sufferers of verbal abuse during their married life.⁵

Majority of women (69.5%) suffered from more than one type of violence as reported by Haqqi

S.⁶ Domestic violence is frequently known as a significant health problem leading to major social & psychological health consequences. Control of domestic violence & facilitating women access appropriate support & health services can be expedited if there is timely identification & reporting of such victims.

In spite of being common & prevalent particularly in Muslim world, such incidents unfortunately are highly under reported.

This study was conducted to know the prevalence of violence against women attending antenatal clinics. The objective of this study is not only to identify prevalence of domestic violence during pregnancy but also to identify at risk population. This can provide vital information to develop public health interventions like their appropriate referral and identification of shelters for victims of violence, followed by continuous support to prevent such happenings in future.

It can also help sensitize health authorities to enforce laws related to this common but always a neglected problem of women in Muslim countries.

MATERIAL AND METHODS

There were 6231 pregnant ladies seen in the antenatal clinic of Ayub Teaching Hospital & Benazir Bhutto Shaheed Teaching Hospital, Abbottabad (January 2014 to December 2016), out of which 1000 women who consented, were interviewed for presence of domestic violence. The information on history of abuse and sociodemographic characteristics was

noted in a Performa and analysed using descriptive statistics and SPSS.

RESULTS

This study was conducted on 1000 pregnant women. The overall prevalence of all forms of domestic violence during pregnancy was 35%. Some social & demographic factors were found to have significant relationship with domestic violence as shown in table-1. Age of these patients ranged between 16–40 years, with a mean of 25.95. There were 270 patients who suffered from simple violence while 60 were victims of grievous assault. About 150 out of 510 (29%) primigravida and 200 out of 490 (40.8%) multigravida were the victims of domestic violence. Among 700 females who were married for >2 years, about 280 (40%) were victims of assault while among those newly married <2 years, 23% (70) suffered violence. About 340 out of 800 (42.5%) of pregnant ladies who had arranged marriage suffered violence while among the group of women who had marriage by choice, only 10 out of 160 (6.6%) who suffered violence.

All the patients included in our study belonged to lower and middle socio-economic status. These were 170 out of 490 (34.6%) and 180 out of 510 (35.29%) victims of violence in lower and middle-income groups respectively. Among the pregnant women belonging to rural areas 120 out of 380 (31%), while those from urban areas 230 out of 620 (37%) suffered assault by husband. Among those women whose husband were uneducated 150 out of 210 (71%) were victims of violence while only 200 out of 790 (25%) educated husbands subjected their wives to any kind of physical assault, during our study. As far as education status of wife is concerned, 540 (54%) women were educated, 230 (42%) up to secondary level and only 60 (11%) had professional education. The proportion of uneducated female was 460 (46%). Among the educated pregnant women only 130 (24%) suffered assault at the hands of their partners, while 220 out of 460 (47%) females in uneducated group were victims of violence. Regarding family system, pregnant women were grouped into nuclear, 320 (32%) and joint family system, 680 (68%).

Among the nuclear family system 130 patients (41%) were victims of assault while 220 (32%) ladies among the joint family system suffered any kind of physical abuse. During this study, it was found that husbands of 480 women (48%) were non-addicts while 520 (52%) were using some form of addiction like snuff, smoking (51%) cannabis (1%). Among non-addicts, the victims of violence were 110 (23%) while among addicts, 240 (46%) women suffered assault by their husband.

Urban residence, women of older age, being uneducated & belonging to poor socioeconomic status were statistically significant risk factors for domestic violence among women as shown in table-1.

DISCUSSION

Domestic abuse of women is getting increased consideration due to its frequent occurrence and alarming health implications.

This study showed a 35% prevalence rate of domestic abuse of women during or before pregnancy. This is similar to 39.3% prevalence as reported by Afifi ZE 8 in Eastern Saudi Arabia.⁷

The prevalence reported by studies done in Pakistan is 51% by Karmolani⁸ and 57.6% reported by Tazeen S Ali and *et al* in urban Pakistan⁹. Research on domestic violence (DV) in developing & industrialized countries reveals that it occurs in all cultures & societies. A meta-analysis of 28 studies showed median prevalence of lifetime as 21%; while countries like Egypt, New Zealand and Colombia showed prevalence of 34%, 35% and 40% respectively. Simple assault was reported more frequently than gracious and fatal injuries.^{10,11}

This study showed that some demographic features were found to be correlating more with violent behaviour by husband. There was a significant relationship with DV and husband's addiction to either alcohol or cannabis. Similar association was found in a study by Abransky T, *et al*¹² in Geneva.

The result of WHO multi county study¹ conducted in almost 11 countries also showed significant correlation between alcohol abuse and domestic violence. The link between addiction of husband especially alcohol abuse and domestic violence has been highlighted by Heidistock *et al* in 2014 and scores of other studies, showing strong and consistent association between violence against women and abuse of alcohol by abusive husband.^{1,13}

As for as education status of both husband and wife was concerned, domestic violence was less prevalent in couples where either husband or wife were educated. Due to low literacy rate of Pakistan, couples who completed even primary education were categorised as educated.

It was observed during the study that uneducated women were twice more prone to be victims of DV compared to educated women (55% Vs 24%). Similar association was found in studies by Iliyasu Z and *et al* in Nigeria which also showed higher education attainment & women empowerment was associated with decreased risk of DV.¹⁴

Women education and empowerment is correlated with vulnerability to domestic violence. In our study, it was found that there were three times

more chances of women being victimised by uneducated husband (75%) compared to 25% women being victims of violence by educated husband. Hamzeh *et al* (Iran) also conducted in their study about better husband education level does give protection against DV.¹⁵

The Iranian study by Faramarzi MES *et al* similarly reported that uneducated and non-empowered women were more vulnerable to domestic abuse.¹⁶ However some studies from other countries have reported that even educated and empowered women are more exposed to abusive partners from time to time but this may be of transient kind.⁹

DV was found to be more prevalent among women who had forced marriage (40%) than marriage by choice (6%). Similar findings were also reported by Gracio-Moreno in WHO multi country study which shows that women are less prone to be abused by husband if their choice was considered in decision making of marriage. Having forced to marry someone they don't want to, was associated with more chances of being abused.¹

Certain demographic factors did not influence the outcome of our study significantly. There was no statistically significant difference in prevalence of DV among low or middle socioeconomic group, primigravida & multigravida, urban & rural residence, duration of marriage or joint & nuclear family system. While in comparison with national studies, Karamalian and others reported urban Pakistani women of younger age more were more prone to domestic violence.⁸

Similarly, Tazeen S Ali¹¹ also reported larger family size, joint family system and low socioeconomic status were significant risk factors. Though socioeconomic status was not statically significant in our study but William L reported Chinese women were increased risk of violence if they belong to low socioeconomic status.¹⁷

Similarly, WHO multi country study also reported as women having better economic conditions were less vulnerable to abuse, both physical & sexual by husband.¹

Table-1: Demographic characteristics of victims & non-victims.

Demographic Factors	Total No.	Victims of violence No. & (%)	Non-Victims	p. value
Parity:				
PG	340	80 (23.5)	260 (76.5)	0.232
MG	660	250 (37.9)	410 (62.1)	
Duration of Marriage:				
<2 years	300	70 (23.3)	230 (76.6)	0.087
>2 years	700	280 (40)	420(60)	
Age of patients:				
< 35 years	900	260 (29)	640 (71)	0.05
> 35 years	100	70 (70)	30 (30)	
Socioeconomic status:				
Lower	470	180 (38.3)	290 (61.7)	0.950
Middle	530	150 (28.3)	380 (71.6)	
higher	none			
Residence:				
Urban	610	160 (26.2)	450 (73.4)	0.574
Rural	390	170 (43.5)	220 (56.4)	
Husband Education:				
Uneducated	210	150 (71.4)	60 (28.5)	0.001*
Educated-	790	200 (25.4)	590 (74.5)	
Primary	250			
Secondary	420			
higher	120			
Wife's Education:				
Uneducated	460	220 (48)	240 (52%)	0.013*
Educated	540	130 (24)	410 (76%)	
Addiction:				
Addicts	520	230 (44.2)	290 (55.8%)	0.015*
Non-Addicts	480	110 (22.9)	370 (77.1%)	
Family System				
Nuclear	320	130 (40.6)	190 (59.4%)	
Joint	680	200 (29.4)	480 (70.6%)	
Nature of marriage:				
Arranged	840	340 (40.5)	500 (59.5%)	.009*
Love	160	10 (6.3)	150 (93.7%)	

CONCLUSION

The widespread occurrence of domestic abuse of women emphasizes the need of routine antenatal screening during pregnancy followed by implementation of preventive & supportive strategies. Pregnancy can be utilized as an ideal opportunity to encourage women to express her if she is a victim of any kind of domestic violence, instead of considering it as normal part of daily life. As these women lack opportunities & access to social & health resources, policies need to be designed to screen & support this under reported problem of the society.

AUTHORS' CONTRIBUTION

SH: Conceived study, collected data and did literature review and data analysis. NA: Collected data and helped in literature review & data analysis. BK: Collected data and did literature review. ND: Helped in data collection & result. QN: Helped in data collection and preparation of results.

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