

PREVALENCE AND PATTERNS OF DOMESTIC VIOLENCE AND ITS ASSOCIATION WITH DEMOGRAPHIC VARIABLES AMONG OBSTETRIC PATIENTS

Sonal Sahni¹, Roshani Tiwari², Kirti Patel³, Kavita N Singh⁴, O.P Raichandani⁵, Shivani Panwar⁶

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Corresponding Author:

Dr. Roshani Tiwari,

Email: roshanitiwari.rt@gmail.com

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¹Associate Professor, Department of Obstetrics and Gynecology, Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, India.

²Junior Resident, Department of Obstetrics and Gynecology, Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, India.

³Assistant Professor, Department of Obstetrics and Gynecology, NSCB MCH, Jabalpur, India

⁴Professor and Head, Department of Obstetrics and Gynaecology, NSCB MCH, Jabalpur, India.

⁵Professor and Head, Department of Psychiatry, NSCB MCH, Jabalpur, India.

⁶Ex Senior Resident, Department of Obstetrics and Gynaecology, Netaji Subhash Chandra Bose Medical College Jabalpur Madhya Pradesh India.

Abstract

Background: We aimed to assess the prevalence of violence against women during pregnancy-puerperal cycle, including the relationships between victims and aggressors, and to assess the maternal and perinatal outcome in women experiencing the domestic violence during the pregnancy. **Materials and Methods:** This study was conducted as cross sectional study at tertiary care centre, Jabalpur on 200 Antenatal and postnatal women. History regarding domestic violence and its characteristics were obtained and Maternal and Perinatal outcome were assessed. **Result:** Domestic violence during present pregnancy was documented in 120(60%) cases and Husband was involved in violence in majority i.e. 67.5% cases. The most common form of domestic violence was emotional (73.3%) and major underlying cause was poverty (32.5%). We reported a significantly higher rate of medical conditions, maternal complications, impact on mental health and NICU admissions of neonates born to women who faced domestic violence during pregnancy ($p < 0.05$). **Conclusion:** Domestic violence, an unreported phenomenon is commonly faced by women during pregnancy. It has adverse fetomaternal outcome in the form of increased medical complications during antenatal period, increased medical complications and higher NICU admissions of neonates. Domestic violence not only cause physical trauma, but also cause psychological harm to the mother. Addressing and preventing domestic violence during pregnancy may help in improving the fetomaternal outcome as well as improve the psychological health of the mothers. All health care providers should contribute by creating awareness to stop Violence Against Women and work synchronously to uplift them.

INTRODUCTION

Violence against women (VAW) is described as "any act of gender-based violence resulting in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary loss of liberty, whether occurring in public or private. "Domestic violence is described as "physical, sexual, verbal, emotional, and economic abuse against women by the partner or family member".^[1,2] VAW is documented as an important public health concern. Domestic violence is

common during pregnancy and its global prevalence in pregnant women range from 4 to 57%.^[3]

In India, several organizations have long worked to combat domestic abuse at the local level. Breakthrough is one such organization. Using the influence of popular culture, the media, and community mobilization, this international human rights organization with offices in India and the United States works to end violence against women and girls. It focuses mostly on educating and awakening young people to the issue.^[4]

In 2008, Breakthrough began the Bell Bajao! campaign to encourage men and boys, particularly

young people, throughout India to intervene in situations of domestic violence by ringing the doorbell when they see it happening.^[4] More such efforts and acts are needed to stop violence against women and also save pregnant women from going through something that is more disheartening and bothersome during their vulnerable phase of life.

In 2016, the Hyderabad Obstetric and Gynecological Society, in collaboration with the Federation of Obstetric Societies International (FOGSI) and the International Federation of Gynaecology and Obstetrics (FIGO), started a campaign named "Dheera—stop violence against women" to raise awareness about DV. They emphasized the significance of males as allies in the fight against domestic abuse. In 2021, the campaign was expanded to a national scale, and it became the FOGSI theme for the years 2021 and 2022.^[4]

Pregnancy is described as a unique period of vulnerability for domestic violence due to multiple factors such as reduced sexual relationship, increase in responsibility and moving to a parental role, change in communication pattern, imbalance of couples, misconceptions about pregnancy etc.^[5,6] Data from the National Family Health Survey 4 (NFHS-4) from the years 2015–2016 show that domestic abuse affected around 31.1% of women after marriage, with domestic violence against pregnant women accounting for about 3.9% of these cases.^[7]

Since domestic violence during pregnancy is linked to adverse maternal and perinatal outcomes, learning more about this silent pandemic is crucial for lowering rates of maternal and perinatal morbidity and death.^[8,9]

The purpose of this research was to determine the prevalence of violence against women throughout the pregnancy-puerperal cycle, including the connections between victims and perpetrators, as well as the maternal and perinatal outcomes in cases where the violence occurred while the mother was pregnant.

MATERIALS AND METHODS

This research took place out as a cross sectional study at the Department of Obstetrics and Gynaecology NSCB Medical College, Jabalpur, over the course of 18 months, from March 2021 to August 2022.

Female patients between the ages of 18 and 45 who were willing to engage in the research were included, while all other females who were not willing to take part were ruled out.

All women who met the inclusion criteria were recruited after receiving approval from the Institute's ethics committee, and their sociodemographic information, marital status, menstrual history, and obstetrical history were collected as a baseline. Patient was made comfortable and history regarding

domestic violence, its frequency, nature, reason and person was noted.

Sample size: A study by Ramalingappa et al,^[3] found that 52.8% of pregnant women experienced domestic abuse, and 8.4% of those women gave birth early as a result. Therefore, the Sample size was determined based on above reported 8.4% probability of preterm delivery due to domestic violence during pregnancy.

$$n = z^2 \cdot p(1-p) / l^2$$

where, n is sample size

$$z = 1.96$$

$$p = 0.084 (\text{assumed probability})$$

l = Precision (marginal error)-50% relative to the probability i.e. 0.042

Taking 15% loss due to any non-response error, the sample size was estimated to be 200.

Statistical Analysis

Data was assembled using Microsoft Excel, and IBM SPSS software version 20 was used for analysis. Categorical variables were represented as frequencies and percentages, whereas continuous variables were shown as means and standard deviations. Chi-square tests were used to examine the relationship between domestic violence and its relation with perpetrator and sociodemographic variables. A statistically significant P value was defined as less than 0.05.

RESULTS

A total of 200 women who delivered at our hospital and sought prenatal and postoperative care participated in this research. Mean age of females was 25.21 ± 4.486 years.

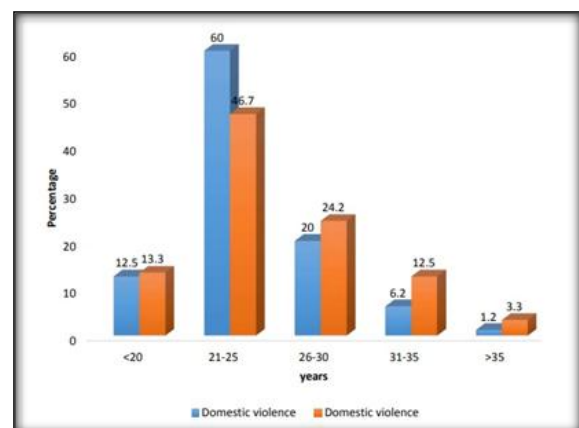


Figure 1: Association of Domestic violence with age.

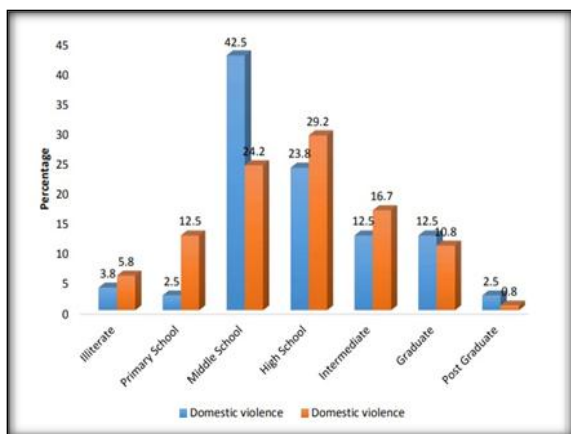


Figure 2: Association of Domestic violence with education.

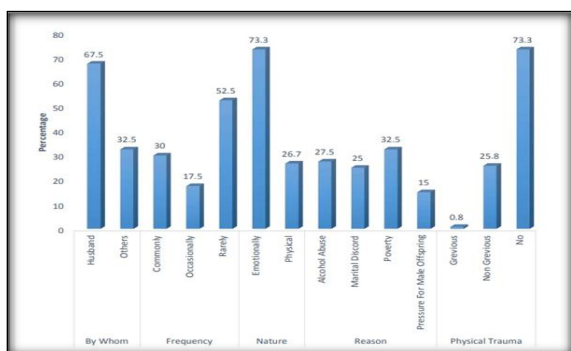


Figure 3: Patterns and Characteristics of Domestic violence in current pregnancy.

We reported that significantly higher proportion of females who achieved less than primary school of education and achieved education till intermediate/ diploma faced domestic violence ($p < 0.05$). Domestic violence and poverty were shown to significantly relate ($p < 0.05$). Women who experienced domestic violence throughout their pregnancies also reported considerably greater levels of family support ($p < 0.05$). Husband was involved in violence in majority i.e. 67.5% cases and the violence was common in 30% cases. Emotional abuse was the most frequent kind of domestic violence (73.3%). The major underlying cause of domestic violence was poverty (32.5%). The history of physical violence was noted in 32 cases and of them the trauma was grievous in 1 case [Table 2].

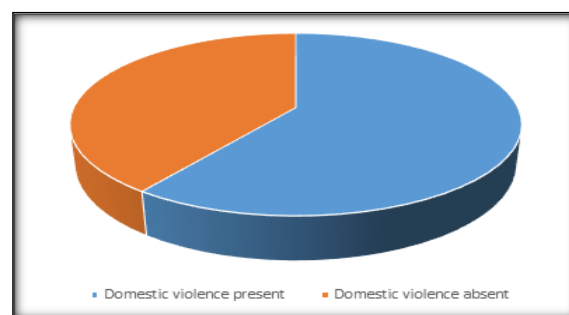


Figure 4: Prevalence of Domestic violence

Table 1: Association of domestic violence with Demographic variables

Baseline variables		Domestic violence				P value
		No		Yes		
		n	%	N	%	
Age	<20	10	12.5	16	13.3	0.314
	21-25	48	60.0	56	46.7	
	26-30	16	20.0	29	24.2	
	31-35	5	6.2	15	12.5	
	>35	1	1.2	4	3.3	
Education	Illiterate	3	3.8	7	5.8	0.04
	Primary School	2	2.5	15	12.5	
	Middle School	34	42.5	29	24.2	
	High School	19	23.8	35	29.2	
	Intermediate	10	12.5	20	16.7	
	Graduate	10	12.5	13	10.8	
Residence	Rural	55	68.8	86	71.7	0.66
	Urban	25	31.2	34	28.3	
Per capita income	BPL	63	78.7	75	62.5	0.012
	APL	17	21.3	45	37.5	
Family support	Maternal	44	36.7	68	85	0.001
	Social group	70	58.3	4	5	
	Husband's family	6	5	8	10	

Table 2: Distribution according to characteristic of domestic violence in current pregnancy

Domestic Violence		Frequency(n=120)	Percentage
By Whom	Husband	81	67.5
	Others	39	32.5
Frequency	Commonly	36	30
	Occasionally	21	17.5
	Rarely	63	52.5
Nature	Emotionally	88	73.3
	Physical	32	26.7
Reason	Alcohol Abuse	33	27.5
	Marital Discord	30	25

	Poverty	39	32.5
	Pressure For Male Offspring	18	15
Physical Trauma	Grievous	1	0.8
	Non Grievous	31	25.8
	No	88	73.3

DISCUSSION

Domestic abuse during pregnancy may be harmful to both the mother and her unborn child since pregnancy is already a stressful time for both the mother and the unborn child. A total of 200 pregnant women were included in the research,^[10,11] and 60% of them had experienced domestic violence during their current pregnancy. Similarly, Ramalingappa et al found the prevalence as 52.8%. In their third research, Kumari et al,^[3] found that domestic violence was present in 38% of the cases they examined.^[12] Physical, sexual, and verbal domestic abuse were all reported to be prevalent among pregnant women by Jamali et al., with 16.4%, 18.6%, and 44.4%, respectively.^[13]

In our study, the aggressor in majority of the cases (67.5%) were husband and though the frequency was rare in majority of cases (52.5%), the consequences could be grave in terms of fetomaternal outcome. Both Taylor et al,^[8] and Silverman et al,^[9] found that intimate partner violence, in which the husband is the aggressor, is one of the most prevalent types of domestic violence, lending credence to our study's results. During pregnancy, women were more likely to witness verbal abuse (73.3%), rather than physical abuse (26.7%), with one occurrence of severe physical abuse. Similarly, out of 60 instances of Domestic Violence, 25% included sexual violence and 5% involved physical violence. Psychological domestic violence was the most prevalent kind of domestic violence in this research.^[6] The most prevalent kind of domestic violence seen by Jamali et al. was emotional abuse (44.4%), followed by sexual (18.6%) and physical (16.0%).^[13]

The most common reason as perceived by the victims of domestic violence in our study was poverty (32.5%), followed by alcohol addiction of the husband (27.5%), marital discord (25%) and pressure for male child (15%). Nunes et al also documented low monthly income and alcohol abuse as factors significantly associated with domestic violence with 7% of domestic violence associated with low monthly income and 3.5% of domestic violence was associated with alcohol abuse by partners during pregnancy supporting our study.^[14] Additionally, Thompson et al. found a strong correlation between a high risk of domestic violence during pregnancy and a partner's alcohol usage (OR 5.04, p0.05). According to research by Al Khushayban et al,^[15] in Saudi Arabia, pregnant women experience different types of violence during their pregnancies, yet they seldom seek medical attention after being assaulted.^[16]

Our study reported domestic violence in significantly higher proportion of females that is 29.2% with poor education (less than high school level of education) and belonging to below poverty line socioeconomic group (p<0.05). The results of our research were consistent with those of James et al., who similarly discovered a strong correlation between poor maternal education and socioeconomic position and an increased risk of domestic violence.^[17]

Limitations

The study required a lot of persuasion of the patient to confide to the doctor regarding the sensitive issue of domestic violence she has suffered. Many patients tried to conceal their history and some tried to internalize and rationalize the domestic violence they suffered and were unaware of the stringent laws which could protect them from violence. Patients perceived only Physical violence as violence thus leading to under reporting of verbal violence. Patients are emotionally labile in pregnancy so it was difficult to interpret that the Psychological outcome of the patients were the results of the violence suffered by them or the emotional lability due to pregnancy.

CONCLUSION

Domestic violence, an unreported phenomenon is commonly faced by women during pregnancy. While physical assaults are less prevalent than emotional ones, both are unfortunately common in abusive relationships at home. All health care providers should contribute by creating awareness to stop Violence Against Women and work synchronously to uplift them.

Womb is where the world begins! and lets take care of the womb and the being that carries the future of human kind.

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