

WOMEN VICTIMS OF VIOLENCE: A COMPARISON OF THEIR PERCEPTIONS OF PARENTING AND DESIRE TO AVOID PREGNANCY

Şiddet Mağduru Kadınlar: Ebeveynlik Algılarının ve Gebelikten Kaçınma Arzularının Karşılaştırılması

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ABSTRACT

This cross-sectional study was carried out between 10 October and 10 December 2022 to compare the perceptions of women who were exposed to violence about being a parent and their desire to avoid pregnancy. The data were collected from 657 participants using an online questionnaire. The participants exposed to verbal violence scored higher than those exposed to physical violence ($p<0.05$). It was also determined that those who experienced verbal, physical, psychological, and sexual violence had higher pregnancy avoidance scores and lower positive parenting perception scores, but the differences between the groups were not statistically significant ($p>0.05$). As a result of the study, it is recommended to increase the education levels of women, provide accurate and timely diagnosis and intervene in violence in the early period, to prevent negative situations that may pose a threat to women's health.

Keywords: Avoidance of pregnancy, Midwifery, Perceptions of parenting, Violence, Women's health.

ÖZ

Kesitsel tipte tasarlanan bu araştırma, şiddete maruz kalan kadınların ebeveyn olmaya ilişkin algıları ve gebelikten kaçınma arzularını karşılaştırmak amacıyla 10 Ekim-10 Aralık 2022 tarihleri arasında yapıldı. Araştırma, web tabanlı çevrimiçi anket kullanılarak 657 katılımcı ile gerçekleştirildi. Araştırmada sözel şiddete maruz kalan kadınların gebelikten kaçınma puanlarının fiziksel şiddete maruz kalanlardan daha fazla olduğu belirlendi ($p<0.05$). Bununla birlikte sözlü şiddet, fiziksel şiddet, psikolojik şiddet ve cinsel şiddete maruz kalanların gebelikten kaçınma puanlarının daha fazla, olumlu ebeveynlik algı puanlarının daha az olduğu ancak gruplar arasındaki farkın istatistiksel olarak önemli olmadığı belirlendi ($p>0.05$). Araştırma sonucunda kadınların eğitim düzeylerinin artırılması, doğru ve zamanında tespit etme ile şiddete maruz kalan kadına erken dönemde müdahale edilmesi sağlanarak kadın sağlığı için tehlide neden olabilecek olumsuz durumların önüne geçilmesi önerilmektedir.

Anahtar kelimeler: Ebelik, Ebeveynlik algıları, Gebelikten kaçınma, Kadın sağlığı, Şiddet.

INTRODUCTION

Violence is an important problem that is increasing worldwide and is experienced in every stage of women's lives. Violence is defined by the World Health Organization (WHO, 2016) as "the use of physical force or superiority to harm or kill another person with the intent of causing physical or psychological harm or even death." Violence against women is mostly perpetrated by women's male partners or men with whom they live. Around the world, one out of every three women and about four out of every ten women in Turkey are exposed to violence by the men they are with (WHO, 2019; Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü [HÜNEE] & T.C. Aile ve Sosyal Politikalar Bakanlığı Kadının Statüsü Genel Müdürlüğü [KSGM], 2015).

The woman who is subjected to violence is negatively affected in many ways, socially, emotionally, and physically. Additionally, violence negatively affects women's reproductive health. Violence causes an increase in unwanted pregnancies, sexually transmitted infections, and maternal deaths (Demir & Oskay, 2015). Furthermore, violence can negatively affect women's perceptions of parenting and pregnancy (Bagwell-Gray, Thaller, Messing & Durfee, 2021; Clark et al., 2008; Singh & Shukla, 2017).

One of the important steps in the life cycle of the family, which is the building block of society, is to become a parent. The decision of individuals to become parents is affected by factors such as the individual's personality traits, financial status, sociocultural environment, family values, and stressful life events (Feeney, Hohaus, Noller & Alexander, 2001; Pinquart, Stotzka & Silbereisen, 2008; Sévon, 2005). According to the results of a meta-analysis, women who are exposed to violence have higher abortion rates (Hawcroft et al., 2019). This shows that women avoid having children. Although the idea of becoming pregnant evokes excitement in most women, it is affected by negative experiences, and women who are exposed to violence avoid pregnancy (Bagwell-Gray et al., 2021; Kızıldağ & Duran, 2017; Rocca, Ralph, Wilson, Gould & Foster, 2019; Singh & Shukla, 2017). On the contrary, studies have shown that women who are exposed to violence have low rates of using family planning methods and high risk of pregnancy (Anand, Unisa & Singh, 2017; Olorunsaiye, Brunner Huber, Laditka, Kulkarni & Suzanne Boyd, 2017). In fact, violence against women increases during pregnancy and even if it is planned, violence experienced before and during pregnancy negatively affects the health of both the mother and the child (Cha & Masho, 2013; da Costa Marques, 2012; Donovan, Spracklen, Schweizer, Ryckman & Saftlas 2016). As a result, women exposed to violence are at high risk in terms of reproductive health. In the literature review, no study was found that compared the perceptions of women who were exposed to violence about being a parent and

their desire to avoid pregnancy were encountered. Based on these, it was aimed to determine the perceptions of women who were exposed to violence about being a parent and their desire to avoid pregnancy.

MATERIAL AND METHOD

This cross-sectional study was conducted in Turkey between 10 October and 10 December 2022. The study was carried out using an online survey shared via social media and messaging platforms (e.g., WhatsApp, Facebook Messenger, Instagram). The survey that was prepared on Google Forms was sent to married women. First, a consent form, which included short informative text about the purpose and content of the study and asked if they were willing to participate in the study, was sent to the women. The women who agreed to participate on the consent form and met the inclusion criteria were included in the study. The inclusion criteria of the study were being married, being literate, and being over the age of 18. 693 responses were obtained for the online survey. Incompletely filled or incorrectly coded survey forms were identified, and the response forms of 36 participants were excluded. The sample consisted of 657 married women.

Inclusion Criteria

- Being 18 years old or older,
- Being able to understand Turkish,
- Being married.

Exclusion Criteria

- Having lost a baby/child before,
- Being in the process of divorce,
- Being diagnosed with infertility.

Data Collection Tools

The data were collected using a Personal Information Form, the Perception of Parenting Inventory (PPI), and the Desire to Avoid Pregnancy (DAP) Scale.

Personal Information Form

Personal information form consists of two parts, and in the first part of the form, there are questions about some personal characteristics of the participants (e.g., age, education level, income and employment status, desire avoid pregnancy). In the second part, there were

questions on their experience of exposure to violence (Have you been exposed to any types of violence?) and the types of violence they had experienced (verbal violence, physical violence, psychological violence, sexual violence) (Alio, Daley, Nana, Duan & Salihu, 2009; Anand et al., 2017; Gipson, Bornstein, Berger & Rocca, 2021; Kızıldağ & Duran, 2017; Sharma, Vatsa, Kalaivani & Bhardwaj, 2019; Rocca et al., 2019).

Perception of Parenting Inventory (PPI)

PPI, developed by Lawson (2004) and adapted for Turkey by Kızıldağ and Duran (2017), consists of 28 items (Kızıldağ & Duran, 2017). The items are scored on a seven-point Likert-type scale, and the total scores of the scale vary between 28 and 196. A high score indicates a more positive perception of being a parent. The Cronbach's alpha reliability coefficient of the scale was reported to be 0.85. The Cronbach's alpha reliability coefficient of the scale in this study was found 0.80.

Desire to Avoid Pregnancy (DAP) Scale

DAP was developed by Rocca et al. (2019). The Turkish validity and reliability study of the scale was conducted by Okyay, Güney and Uçar (2021) (Okyay et al., 2021). The scale was developed to prospectively measure the preference range of sexually active women for a possible future pregnancy and aims to determine women's desire to avoid pregnancy. While the first 5 items of the fourteen-item scale are related to feelings and thoughts about the idea of becoming pregnant in the next 3 months, the remaining items are related to feelings and thoughts about having a baby in the next year. Items 3, 7, 9, 11, 12, 13, and 14 in the scale are inversely scored. After the inversely scored items are normalized, the scores of all items are summed up, and the result is divided by 14 to get an average score. A high score indicates a high level of desire to avoid pregnancy. The Cronbach's alpha reliability coefficient of the scale was reported as 0.94 (Okyay et al., 2021). The Cronbach's coefficient of the scale in this study was 0.95.

Ethical Considerations

Ethical approval was obtained for the study from the Non-Invasive Clinical Research and Publication Ethics Committee of Inonu University (Decision No: 2022/3839). This study was conducted based on the Principles of the Declaration of Helsinki. Providing informed consent was the first step in the questionnaire.

Data Analysis

The statistical analyses of the data collected in the study were performed using the SPSS 25.0 (Statistical Package for the Social Sciences) program. We used mean and standard deviation values to analyze the numeric data and frequency and percentage values to analyze the nominal data (demographic data). For variables meeting the parametric test conditions, t-tests were used in the comparisons of two groups. Scale reliability was evaluated using the Cronbach's alpha internal consistency coefficient as a measure of reliability. The results were interpreted based on a statistical significance level of $p < 0.05$.

RESULTS

Table 1 presents the sociodemographic characteristics of the participants. Accordingly, 74.7% of the participants were aged 25 or older, 77.6% had a high school or lower education level, 79.6% were unemployed, and 58.1% had a medium-level income. The rate of the participants who responded to the question “Would you like to take responsibility for a baby (as its mother)?” as yes was 82.2%.

Table 1. Sociodemographic Characteristics of Participants (n=657)

Variables	n	%
Age (years)		
≤24	166	25.3
≥25	491	74.7
Education status		
High school and below	510	77.6
University and above	147	22.4
Employment status		
Employed	134	20.4
Unemployed	523	79.6
Income status		
Low	205	31.2
Medium	382	58.1
High	70	10.7
Would you like to take responsibility for a baby (as its mother)?		
Yes	540	82.2
No	117	17.8

The results of the comparisons of the sociodemographic characteristics of the participants, their perceptions of parenting, and their desire to avoid pregnancy based on their statuses of exposure to violence are presented in Table 2. Accordingly, there was no statistically significant difference in the rates of the participants who were and those who were not exposed to violence based on their age, employment status, income status, or willingness to take responsibility for a baby ($p > 0.05$). On the other hand, it was determined that the rate of exposure to any form of violence among those with high school or lower education levels was significantly higher than

those with a university or higher education ($p < 0.05$). In the comparisons of the mean scores of the participants regarding their desire to become pregnant in the future and the pain they rated regarding vaginal birth and cesarean section delivery, it was determined that the mean scores of the those who experienced violence was higher, but the difference between the groups was not statistically significant ($p > 0.05$).

Table 2. Comparison of Sociodemographic Characteristics, Perception of Parenting Inventory and Desire to Avoid Pregnancy According to Exposure to Violence (n=657)

Variables	Exposed to any form of violence				Test and p-value
	Yes		No		
	n	%	n	%	
Age (years)					
≤24	67	40.4	99	59.6	p=0.278 ^a
≥25	223	45.4	268	54.6	
Education status					p=0.030 ^a
High school and below	237	46.5	273	53.5	
University and above	53	36.1	94	63.9	
Employment status					p=0.395 ^a
Employed	61	45.5	73	54.5	
Unemployed	229	43.8	294	56.2	
Income status					$\chi^2=4.577$, p=0.101 ^b
Low	103	50.2	102	49.8	
Medium	157	41.1	225	58.9	
High	30	42.9	40	57.1	
Would you like to take responsibility for a baby (as its mother)?					p=0.054 ^a
Yes	230	42.3	310	57.4	
No	60	51.3	57	48.7	
	Mean ± SD		Mean ± SD		Test^c and p-value
Rate your desire to become pregnant in the future (0-10 points)					
Strongly disagree-Strongly agree	6.63±3.21		6.25±3.39		t=-1.476, p=0.141
Rate your perception of pain in vaginal childbirth (0-10 points)					
No pain-Unbearable pain	8.84±1.78		8.88±1.65		t=0.328, p=0.743
Rate your perception of pain in cesarean section delivery (0-10 points)					
No pain-Unbearable pain	6.13±2.76		5.94±2.76		t=-0.878, p=0.380

^aFisher's Exact Test, ^bChi-Squared Test, ^cIndependent-Samples T-Test

Table 3 shows the results of the comparison of the mean PPI and DAP scores of the participants based on the forms of violence they had been exposed to. Accordingly, 44.1% (n=290) of the participants had experienced violence. It was determined that 17.5% of the participants who experienced violence experienced verbal violence, 9.4% experienced physical violence, 14.0% experienced psychological violence, and 3.2% experienced sexual violence. In the comparisons of their PPI scores according to the types of violence they had been exposed to, the participants not exposed to violence had a more positive perception of being a parent than those exposed to violence, though the difference was not statistically significant ($p > 0.05$). There was also no statistically significant difference between these two groups in terms of their DAP scores. The participants who had been exposed to physical, psychological, or sexual violence were more likely to want to avoid pregnancy than those who had not been exposed to

these forms of violence, but the difference between the groups was not statistically significant ($p>0.05$). It was determined, however, that the participants exposed to any type of violence and those exposed to verbal violence exhibited a significantly higher desire to avoid being pregnant ($p<0.05$).

Table 3. Comparison of the Mean PPI and DAP Scores of the Participants According to forms of Violence

	Total		PPI	Test and p-	DAP	Test ^a and p-
	n	%	Mean ± SD	value	Mean ± SD	value
Any violence						
Yes	290	44.1	140.49±17.95	$t=-1.448,$	2.40±1.09	$t=-2.627,$
No	367	55.9	142.46±16.58	$p=0.148$	2.17±1.11	$p=0.009$
Verbal violence						
Yes	115	17.5	141.12±17.16	$t=-0.722,$	2.46±1.09	$t=-1.987,$
No	542	82.5	142.42±18.37	$p=0.470$	2.24±1.109	$p=0.047$
Physical violence						
Yes	62	9.4	141.11±17.54	$t=-1.126,$	2.41±1.07	$t=-1.034,$
No	595	90.6	143.72±15.63	$p=0.261$	2.26±1.11	$p=0.302$
Psychological violence						
Yes	92	14.0	141.27±17.67	$t=-0.334,$	2.31±1.12	$t=-0.340,$
No	565	86.4	141.92±15.50	$p=0.738$	2.27±1.10	$p=0.734$
Sexual violence						
Yes	21	3.2	141.36±17.48	$t=0.008,$	2.44±0.97	$t=-0.711,$
No	636	96.8	141.33±14.27	$p=0.994$	2.27±1.11	$p=0.477$

^aIndependent-Samples *T*-Test, PPI: Perception of Parenting Inventory, DAP: Desire to Avoid Pregnancy Scale

The distributions of the mean PPI and DAP scores of the participants are presented in Table 4. Accordingly, the mean PPI and DAP scores of the participants were 141.36±17.37 and 2.27±1.10, respectively. The min-max PPI and DAP scores of the participants were found to be 64-182 and 0-4, respectively.

Table 4. Mean PPI and DAP Scores (N=657)

Scales	Mean±SD	Possible min-max scores	Min-max scores of the participants
PPI	141.36±17.37	28-196	64-182
DAP	2.27±1.10	0-4	0-4

PPI: Perception of Parenting Inventory, DAP: Desire to Avoid Pregnancy Scale

DISCUSSION

Although there are studies in the literature examining the causes and consequences of violence against women, no study comparing the perceptions of women who are victims of violence regarding parenting and the desire to avoid pregnancy could be found (Bramhankar & Reshmi, 2021; Ebrahimi & Mohamadlou, 2019; Nnaemeka, Anazodo & Okeke, 2015). In this study, which evaluated the perceptions of married and fertile women who were over the age of 18 regarding parenting and the desire to avoid pregnancy according to their status of having

been exposed to violence, nearly half of the participants (44.1%) stated that they had been subjected to violence. Additionally, it was determined that 17.5% of the participants who experienced violence experienced verbal violence, 9.4% experienced physical violence, 14.0% experienced psychological violence, and 3.2% experienced sexual violence. Our finding was similar to those in the relevant literature (Karaođlan & Sarandöl, 2020; KSGM, 2015; Sharma et al., 2019). A study conducted to determine depression, resilience, and self-esteem in women who had been victims of violence revealed that nearly half of the participants (46.6%) had been victims of violence, most commonly verbal and physical violence (Karaođlan & Sarandöl, 2020). Additionally, in a study conducted to determine domestic violence against women in Turkey, it was stated that approximately 4 out of 10 women were exposed to violence by their partners, and this result was similar to our findings (KSGM, 2015).

Education level is one of the factors affecting violence against women (Arabacı & Uygun, 2022). In this study, it was also determined that education level was among the determinants of violence, and the participants with low education levels were more likely to experience violence ($p < 0.05$; Table 2). Similar to the findings of this study, in a study conducted to examine the relationship between education level and violence, it was determined that women who were exposed to violence had low levels of education (Almiş, Kütük, Gümüştas & Çelik, 2018). A similar result was obtained in a study conducted to examine the relationships between exposure to violence, quality of life, and psychological distress, it was determined that the education levels of women who were exposed to violence were lower (Hisasue, Kruse, Raitanen, Paavilainen & Rissanen, 2020). It can be thought that this result is related to the likelihood that higher education levels make women aware of their rights, increase their awareness of violence, and improve their communication skills and self-confidence (Alsawalqa, 2021).

In our study, although there was no significant relationship between exposure to violence and perceptions of being a parent, it was found that the participants who were exposed to violence had more negative perceptions of being a parent ($p > 0.05$; Table 3). To the best of our knowledge, there are no studies in the literature investigating the parenting perceptions of women who are victims of violence. However, women who are victims of violence cannot cope with the violence they experience and often experience negative conditions such as anxiety, depression, and post-traumatic stress disorder (Sharma, 2021; Ünal, 2005). Perceptions of being a parent are also affected by the person's psychological state and experiences (Kızıldağ & Duran, 2017; Şahin & Çetin, 2022). Therefore, it is thought that women have negative perceptions of being a parent due to the negative mental health consequences of being subjected to violence. In this study, it was determined that the participants who were exposed to violence

avoided pregnancy at a higher rate ($p<0.05$; Table 3). To the best of our knowledge, there are no studies in the literature investigating the desire of women who are victims of violence to avoid pregnancy. However, it has been determined that the rate of contraceptive use is high in women who have an attitude of avoiding pregnancy, and women who have been subjected to violence use contraceptive methods at higher rates (Gipson et al., 2021; Miller, Jordan, Levenson & Silverman, 2010; Reed et al., 2016). According to previous studies, women who have been subjected to violence are more likely to use contraceptives, such as pills and injectables, without the knowledge of their partners, to prevent unwanted pregnancies (Alio et al., 2009; Miller et al., 2010; Raj, McDougal, Reed & Silverman, 2015; Reed et al., 2016). A similar result was obtained in the study conducted by Mundhra et al. (2016) to determine the contraceptive method usage status of women who were exposed to violence and who were not, and it was determined that women who were exposed to violence had higher rates of using contraceptive methods (Mundhra et al., 2016). Based on these results, it can be thought that women who are victims of violence avoid becoming pregnant and therefore use contraceptive methods at a higher rate than women who are not exposed to violence.

Limitations of the Study

In this study, there were some limitations. First, only married participants were included in the study. Therefore, the findings cannot be generalized to all women. Additionally, the 'exposure of the participants to violence was evaluated based on their self-reports, and this may have caused under-reporting as it may lead to stigma. A retrospective approach was appropriate for this study, but prospective or longitudinal approaches may be used in the future. Despite these limitations, this study provides solid evidence for the assessment of women's perceptions of parenting and their desire to avoid pregnancy.

CONCLUSIONS AND RECOMMENDATIONS

The results of this study revealed that women exposed to violence had negative perceptions of being parents and had a significantly higher desire to avoid pregnancy. Additionally, it was determined that the rate of exposure to violence was higher among women with low education levels. According to the results of this study, it is recommended to increase the education level of women and increase their awareness of violence by midwives, to identify women who are exposed to violence, who avoid pregnancy or who do not want to become pregnant, and to recognize women who need contraceptive care. It is also recommended to provide contraceptive counseling in line with their needs. Finally, it is recommended that

women who have been subjected to violence be identified accurately and in a timely manner, intervened with early, and referred to the relevant units.

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