

Physical Violence and Affecting Factors During Pregnancy in Çanakkale

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Abstract

The research aims at studying the case of exposure of women to physical violence during pregnancy and determining the effect of pregnancy in favor or against the domestic physical violence against women, and the relation between the physical violence and the socio-demographic characteristics.

The average age of the pregnant women is found to be 27.37±5.01, the average age of marriage is 22.14±4.17 as the result of the research. It is found that the 18.5% of the pregnant women have been exposed to violence before their pregnancy, 16.6% of pregnant women with previous pregnancy experiences have been exposed to violence in their previous pregnancies and that 10.3% of them are being exposed to physical violence during their current pregnancies. The prevalence of being exposed to physical violence in any phase of the marriage is 19,9%. The 40.7% of the women with previous exposure to physical violence before their pregnancy are still exposed to violence during their pregnancy whereas 59.3% of them are not (p=0.01). It's observed that the pregnant women older than 35 and younger than 25, and the pregnant women with lower-income are exposed to higher level of violence (p=0.00), (p=0.02). A statistical correlation has been drawn between the education level and the family backgrounds of the couples, and the level of exposure to violence during pregnancy (p=0.00). In the study conducted, the tough economical conditions are stated as the primary cause of violence by the pregnant women.

In conclusion, the physical violence against women continues to be a woman's health problem also during their pregnancies.

Keywords: Pregnancy, violence, physical abuse, domestic violence.

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Özet

Çanakkale'de Gebelikte Aile İçi Fiziksel Şiddet ve Etkileyen Faktörler

Araştırma, kadınların gebeliklerinde fiziksel şiddete uğrama durumlarını ve gebeliğin aile içinde kadına yönelik fiziksel şiddeti artırıcı ya da azaltıcı bir özelliğinin olup olmadığını ve fiziksel şiddetin sosyo-demografik özelliklerle ilişkisini belirlemek amacıyla planlanmıştır.

Araştırma sonucunda, gebelerin yaş ortalamaları 27.37±5.01, evlenme yaş ortalaması 22.14±4.17 olarak bulunmuştur. Gebelerin %18.5'inin gebeliklerinden önce, birden fazla gebeliği olanların %16.6'sının daha önceki gebeliklerinde ve %10.3'ünün ise şu anki gebeliklerinde fiziksel şiddete uğradıkları saptanmıştır. Evliliklerinin herhangi bir zamanında fiziksel şiddet görme prevalansı %19.9'dur. Gebelik kalmadan önce fiziksel şiddet gören kadınların %40.7'si şu anki gebeliklerinde de şiddet görürken %59.3'ü şiddet görmemektedir(p=0.01). Araştırma sonucunda 35 yaştan büyük ve 25 yaştan küçük gebelerin ve düşük gelirli gebelerin daha çok şiddet gördükleri saptanmıştır (p=0.00), (p=0.02). Eğitim düzeyleri ve aile yapıları ile gebelerin fiziksel şiddet görmeleri arasında istatistiksel bir anlamlılık bulunmuştur(p=0.00). Araştırmada gebeler maddi güçlüğü şiddetin en büyük nedeni olarak ifade etmişlerdir.

Sonuç olarak; kadınlara yönelik fiziksel şiddet, kadınların gebeliklerinde de bir kadın sağlığı sorunu olarak devam etmektedir.

Anahtar Kelimeler: Gebelik, şiddet, fiziksel şiddet, aile içi şiddet.

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INTRODUCTION

Violence against women is considered to be the most prevalent yet the least defined human rights violation worldwide and leads to common health, social and legal problems for women (Valladares et al., 2005; Nüfus ve Sağlık Araştırması, 2003). Violence is a phenomenon observed in all areas of our lives. Although domestic violence against women only recently came to the attention of the public after women's movements, it has been a problem affecting women throughout history. The fact that this subject has not aroused attention until now is because of the lack of available data to state the prevalence of the problem, the common approach to violence between the couples as being usual, and the denial of the problem. The prevention of domestic violence, protection of the victim and actions to punish the violent became a matter of concern only after the 1970s, and have become one of the most studied social issues since then (Moroğlu, 2005; Şirin, 1998).

A recent research has shown that domestic physical violence against women is highly prevalent worldwide. Yet violence is a phenomenon observed in almost every country around the world, and the frequency of observance is in inverse proportion to the actual occurrence. It is usually the husband of the woman that is the perpetrator of the violence. It is known that violence is also common during pregnancy in situations where domestic violence is observed, and this poses a serious health problem for the pregnant women. The violence prevalence during pregnancy varies between 0.9% and 20.1% in the literature (Bacchus et al., 2004; Office of the Prime Minister, Family Research Institute Presidency, 2000; Gazmararian et al., 1996; Hedin et al., 2000; Johnson et al., 2003; Moraes et al., 2002; Peedicayil et al., 2004; Shadiglian et al., 2003). It has been observed that this prevalence ratio

increases up to 20-60%, especially in developing countries (Peedicayil et al., 2004). Studies show that 40-60% of physically abused women are also physically abused during their pregnancies (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Hedin et al., 2000; Moraes et al., 2002; Negggers et al., 2004). The risk of miscarriage among these women is four times higher than women not exposed to physical violence (Hedin et al., 2000). Violence against women is also a highly prevalent public health problem in Turkey. It has been observed, as a result of a series of studies conducted in various regions of our country, that pregnant women are widely exposed to physical violence, and the physical violence prevalence during pregnancy has been found to be between 4.8-55.1% (Deveci et al., 2003; Giray et al., 2005; Karaoğlu, et al., 2005; Kiray et al., 2005; Şahin et al., 2003; Taşpınar et al., 2005).

The big difference between the violence prevalence before and during pregnancy is probably due to the existing differences in the distribution of violence among society, and to the different research methods used (Martin et al., 2004; Valladares et al., 2005).

The violent attitudes that target women pose a risk for both the health of the mother and the child and have been an important public health concern in many countries. As a result of physical violence during pregnancy, complications such as bleeding in the first and second trimesters, damage to the fetus, pulmonary or splenic rupture, low birthweight births, miscarriage or premature birth, and stillbirth can occur, and the women exposed to violence can gain insufficient weight and receive prenatal care at a rather late stage. In addition, depression is observed among these women, which can cause harmful health habits like smoking, alcohol and drug addiction that can indirectly affect the status of the pregnancy (Bacchus et al., 2004; Başbakanlık

Aile Araştırma Kurumu Başkanlığı, 2000; Haggerty et al., 2001; Johnson et al., 2003; McFarlane et al., 1996; Shadiglan et al., 2003; Subaşı, 2004; Valladares et al., 2005; Ventura et al., 2001). The results of routine screening have shown that obstetric complications such as gestational diabetes and pre-eclampsia are more common among women exposed to violence during their pregnancies (Guo et al., 2004).

The aim of this research was to study the status of the women exposed to physical violence during pregnancy and to determine whether the effect of pregnancy is in favor of or against the domestic physical violence directed to women, and the relation between the physical violence and the socio-demographic characteristics.

METHOD

Sampling the Study and Collecting the Data

This research was a cross-sectional and definitive study conducted in all five of the central health clinics under the Local Health Authority in Çanakkale Provincial Center. The research data were collected between April 1 – August 15, 2004. The sample was composed of 146 (82.95%) pregnant women with pregnancies of 20 weeks or over who could be contacted and who agreed to participate among the 176 pregnant women registered in the pregnant monitoring-forms in the health clinics between these dates. The pregnant women were visited in their homes by a researcher or an interviewer trained by the researchers. During these visits, the routine physical inspections of the pregnant women were conducted and data were collected using the face-to-face interview method.

The interview was held in a separate room alone with the researcher, so that the woman could be away from the influences of other family members. The physical inspection of the

pregnant women took approximately 15-20 minutes and completing the survey form took approximately 20-25 minutes.

In addition to the written permission granted by the Çanakkale Provincial Health Office, a verbal permission from the women had also been received before the study was initiated.

Evaluation of the Physical Violence

The survey form used was composed of 56 questions that included the socio-demographic characteristics of the pregnant women and their husbands, their exposure to violence before the pregnancy, in previous pregnancies and during the current pregnancy, the active perpetrators of the violence, the reason and the frequency of the violence, and the opinions and responses of the pregnant women to the violence.

The women were asked questions about behaviors that are considered to be physically violent, such as husbands pushing the pregnant women, throttling, slapping, punching, kicking and beating, threatening with a weapon such as a gun or a knife, twisting their arms, feet and fingers, throwing things at them during a quarrel and damaging an important belonging of theirs, hitting with an object like a stick, pulling her hair, smothering her by covering her head with a cushion or similar object, and biting. All the behaviors were considered as individual items and the pregnant women were asked to select the behaviors they were exposed to. The pregnant women were questioned about whether they were exposed to these kinds of behaviors by their husbands or someone else, in their previous pregnancies, if they have children, and in periods other than pregnancy, and one 'yes' answer was considered sufficient to be categorized as "exposed to physical violence".

Statistical Analysis

The data was evaluated with the computer program SPSS 11.0. Chi-square test and Fisher's

Exact Test were used to examine the prevalence of the physical violence and the correlation between the independent variables. McNemar test was used to examine the correlation of violence prevalence between the pre-pregnancy period, previous pregnancy period and the current pregnancy period; $p < 0.05$ was considered statistically significant.

RESULTS

Socio-demographic findings

The age of the pregnant women varied between 17–42 years (mean = 27.37 ± 5.01), whereas the mean age of the husbands was 31.18 ± 5.21 years. The pregnant women were married at a mean age of 22.14 ± 4.17 years and had their first marriage between ages 13–40 years, the mean years of marriage was 4.85 ± 7.09 years. The mean number of pregnancies was 1.65 ± 0.91 , and 67.1% of the pregnancies were planned; the mean number of surviving children was 0.54 ± 0.60 , and 11% of the pregnant women had 2 or less children. While most of the pregnant women (97.3%) had elementary education or higher, all of their husbands were educated. Although 99.3% of the husbands were employed, 35.6% of the pregnant women worked at home or outside home to contribute to the family budget. The majority (86.3%) of the pregnant women came from a nuclear family structure and 80.1% of them had health insurance. The 76.0% of the pregnant women with monthly income varying between 50–5000 YTL stated that their income was equivalent to or higher than their expenses. While 30.8% of the pregnant women had married their spouses in an arranged marriage with or without meeting them, 69.2% of them had married after getting to know their husbands, and 95.2% of them had civil marriages. The place of residence for 69.9% of the pregnant women and 76% of their husbands was in urban areas until the age of 12. Most of

the pregnant women (95.2%) had benefited from health care services during their pregnancy. More than half (68.5%) of the husbands drank alcohol with varying frequencies and 16.4% gambled.

Findings related to physical violence

It was found that 18.5% of the women were exposed to physical violence before their pregnancy, 16.6% of the women with previous births were exposed to physical violence in their previous pregnancies, and 10.3% of them in their current pregnancy. The prevalence of exposure to physical violence in any stage of the marriage was 19.9% (Table 1). The active perpetrator of the violence was the husband in all cases. Only one of the women stated that she had been exposed to physical violence by someone else other than her husband, but she did not specify the identity of the person. In addition, 45.5% of the pregnant women stated that their husbands used cruel language following a quarrel and that there was a tense environment.

In addition, 37% of the pregnant women stated that they know other women around them who have been physically abused by their husbands.

In response to the question about complications that were caused by the violence, seven of the women had suffered bleeding and abdominal pain following physical violence during the current or previous pregnancies, and that they had miscarriages.

Thirteen pregnant women who were exposed to physical violence in their current pregnancy, nine pregnant women who were exposed to violence in their previous pregnancies and 24 pregnant women who were exposed to violence in periods other than pregnancy expressed the frequency of the violence as “rarely and occasionally”, and one pregnant woman stated that she was exposed to frequent violence all throughout her marriage.

The physical violence started within the first year of marriage for 37.9% of the women, but 31% of the women stated that it started with their first pregnancy and child. It was observed that half of the pregnant women (50%) had been beaten by their parents in their childhood and 63.3% of the pregnant women with children beat their children.

The pregnant women ranked the reasons for violence as “economical challenges” having the primary priority, and “the quick temper of their husband and their complaints about difficult housework,” and “the provocative influences of their husband’s relatives on him” as the second and third most influential reasons. When the violent behaviors that the pregnant women were exposed to during their current pregnancy by their husbands were examined, it was observed that the most common behavior was “walking aggressively towards the woman” (36.3%), followed by slapping, beating the woman, twisting her arms, fingers and feet”(22.7%), and as the third “pushing and forcing the woman out”(18.8%).

When the reactions of the pregnant women to the violence were examined it was seen that 60.6% had passive reactions, such as feeling sad, bad and passive, nervous breakdown and depression; 32.2% developed negative feelings towards their husbands, like anger, heart-broken, disgust, hate and regret for having married him, 3.2% considered the case as normal and tried to maintain their emotional integrity, and 3.8% reacted the same way in return.

It was seen that 40.7% of the women who were exposed to violence before the pregnancy were still exposed to violence in the current pregnancy and 59.3% of them were not, indicating that the violence decreases partially during pregnancy ($p=0.00$) yet it is still widely prevalent during pregnancy (Table 2). While 60%

of the women exposed to violence in their previous pregnancies were also exposed to violence in their current pregnancy, none of the women that had not been exposed to violence before were exposed to violence during the current pregnancy ($p>0.05$).

In response to the question asked the women exposed to violence about whether they had asked for help from somewhere or someone to escape from violence, 15 women stated that they had not asked for help, but 13 women stated that they had asked for help, and one had no comment. The two women who asked for help consulted their family and their husband’s family to find a solution to this situation, three of them consulted the police and eight of them expressed that they were considering divorce. The 15 women who had not asked for help stated that they did not trust anyone or any institution related to this subject, that they were afraid of their husbands and that they did not ask for help for the sake of their children, and that they believed this situation could change for better in time. It was observed that the education level of the husbands had an effect on the physical violence ($p=0.00$). The violence ratio increased as the educational level of the husbands decreased, and one in every four husbands with eight or less years of education used physical violence. Although there was an increase in the women’s exposure to violence with a decrease in their educational level it was not statistically significant ($p>0.05$) (Table 2).

The ratio of exposure to violence and use of violence in young and older age groups for both the pregnant women and the husbands was found to be high (13.8-33.3% in the pregnant women, 18.2-59.6% in the husbands), and a correlation was found between them ($p=0.01$, $p=0.00$), (Table 2).

Exposure to violence occurred in 16.7% of the women with gambler husbands and 9% of the women with non-gambler husbands, but this difference was not significant ($p>0.05$). Although the ratio of violence in women whose husbands drink alcohol was higher, the difference was not significant ($p>0.05$).

A statistical correlation between the family structure and domestic violence was observed ($p=0.00$), such that pregnant women with large families were exposed to higher ratios of violence (35%). This result supports the third reason as to the reason of violence, namely the provocative effect of the husband's relatives. In addition, the method of marriage and violence were statistically correlated. It was observed that the women in arranged marriages (20%) and the ones without a civil marriage (42.9%) are exposed to higher ratios of violence ($p=0.01$, $p=0.00$). It was also found that pregnant women who had not been exposed to violence from their parents in their childhood were exposed to higher ratios of violence during their pregnancies when compared to the ones with a history of violence ($p=0.02$), (Table 2).

It was determined that 25.7% of the lower-income pregnant women and 5.4% of the higher-level pregnant women were exposed to violence and this result was also statistically significant ($p=0.00$). It was also observed that women who needed more of health care and who were victims of domestic violence benefited less from health care services (42.9%) ($p=0.02$) (Table 2). Pregnant women raised in rural areas until the age of 12 were exposed to higher ratios of violence than the ones raised in urban areas (18.2% and 6.9% respectively), and this difference was statistically significant ($p=0.03$). Although 14.3% of men raised in rural areas and 9.0% of men raised in urban areas until the age of 12 were found to be using physical violence against their wives, this difference was not statistically significant ($p>0.05$).

Although the pregnant women in their first five years of marriage and in a marriage of 16 years and over (10.2 and 25%), and pregnant women married before the age of 18 and after the age of 26 (13.8% and 15.4%) were exposed to higher ratios of violence, these results were not statistically significant ($p >0.05$).

Pregnant women with unplanned pregnancies (16.7%) were exposed to higher ratios of violence, but the result was not statistically significant ($p>0.05$). It was determined that 13.5% of the working women and 8.5% of the housewives were exposed to violence, but the difference was not statistically significant ($p>0.05$). Although there was a direct proportion between the number of pregnancies and number of surviving children, and the ratio of exposure to physical violence, the result was not statistically significant ($p>0.05$).

When their opinions on violence against women was asked of the pregnant women, 85.6% of them stated that they believed "woman should not be beaten for whatever reason," 42.5% of them said that "beating as the fate of the woman," 34.9% of them believed that "the beaten woman might have provoked her husband and she must have been guilty in some way" and 34.2% of them believed that "there is no man that does not beat his wife" and in this way they preferred to legitimize violence and tried to accept it through rationalization (Table 3).

DISCUSSION

Although the prevalence of violence against women was observed to be lower during pregnancy, it still poses a serious problem. In our study, the physical violence prevalence (19.9%) during the marriage of the women is consistent with the results of similar studies conducted in different areas of Turkey (28.9% in Elazığ (Deveci et al., 2003), 27.7% in İzmir (Giray et al., 2005), 22.5% in Denizli (Kıray et al., 2005).

In these other studies conducted in our country higher physical violence prevalence rates were observed. In Van, the physical violence prevalence extracted from the study conducted among 475 pregnant women was 55.1% (Şahin et al., 2003), In Elazığ it was 4.8% in 249 pregnant women (Deveci et al., 2003), in Manisa it was 24.4% in 100 pregnant women (Taşpınar et al., 2005), in İzmir it was 20% (Giray et al., 2005), and in Denizli it was 32.4% (Kıray et al., 2005). In another study conducted in Malatya, it was found that 31.7% of 824 midwives had been exposed to domestic physical, emotional or sexual violence and 8.1% were exposed to physical violence (Karaoğlu et al., 2005). In a study conducted by Institute of Family Research throughout Turkey (1994), 41.1% of the 500 women with children stated that they had also been exposed to violence during their pregnancy (Başbakanlık Aile Araştırma Kurumu Başkanlığı 2000).

In studies conducted in different countries; the rate of physical violence during pregnancy was found to be 3% in London (Bacchus et al., 2004), 12.9% in India, 4.3% in China (in 631 pregnant women), 15% in Pakistan (Peedicayil et al., 2004), 1.5% in Malta (Ventura et al., 2001), and 13.4% in Nicaragua (Valladares et al., 2005).

In Northern UK, the domestic violence prevalence was found to be 17% and the physical violence in current pregnancy was found to be 14.7%, in a study conducted among 475 pregnant women (Johnson et al., 2003).

The physical violence prevalence among pregnant women in developing countries is stated to be between 20-60% (Peedicayil et al., 2004). These data support the results of our study.

As a result of physical violence during pregnancy, low birth weight births, miscarriage or premature birth, death at birth can occur, and the

women exposed to violence can gain insufficient weight and receive prenatal care rather late. In addition, depression is observed among these women, which can cause harmful health habits like smoking, alcohol and drug addiction that can indirectly affect the pregnancy status (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Haggerty et al., 2001; McFarlane et al., 1996; Shadiglan et al., 2003; Subaşı, 2004). It is troubling that one tenth of the women in this study was exposed to physical violence and is confronted with the risk of these kinds of complications.

In the study McFarlane et al. conducted in the US among 1203 women, they found that one in every six women is exposed to physical or sexual abuse during their pregnancies and that they had low birth weight infants (McFarlane et al., 1996). As a result of a meta-analysis of 14 systematically conducted studies in Canada, a significant correlation between abuse during pregnancy and miscarriage ratio was observed (Shadiglan et al., 2003). A research study in the US showed that 3103 women were exposed to physical violence in their pregnancy and that 10.9% of them had low birth weight infants and 10.2% of them had delivered a preterm infant (Neggert et al., 2004).

The fact that men can ignore to support their wives during pregnancy, which is a period of intense physiological and psychological variables, and that they can pose a risk to the pregnancy both for the woman and the baby by being violent towards their wives, may be based on the patriarchal family structure that puts women in the position of being the property of the man.

It was observed that 37.9% of the women exposed to violence had been beaten by their husbands within the first year of marriage, but the physical violence began for 31% of them with the

first pregnancy and child. In the study conducted by the Turkish government, 57.7% of women stated that violence started with the first days of their marriage, but 18.1% stated that it started after the first child's birth (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000). These data support our results. The reason behind the high physical violence prevalence in the first stages of marriage may be based on the influence of the first degree relatives on the couple during this period of adaptation.

In our study, half of the pregnant women stated that they had been beaten by their parents during their childhood, and more than half (63.3%) of the pregnant woman with children said that they beat their own children. These results are in parallel with the results of the other Turkish studies (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Özaydın et al., 1998). These results support the opinion that exposure to physical violence starts at an early age, from the parental family. The perception of violence as a method of discipline in our country leads to violence within the family and to keeping violence hidden. The result that the women who had not been exposed to violence by their parents in their childhood were exposed to higher ratios of violence by their husbands may be a result of their view of violence that led them to share their experiences with the researcher without the need to hide the violence they suffered.

The pregnant women ranked the reasons for violence as "economical challenges" being the primary priority, "the quick temper of their husband and their complaints about difficult housework," and "the provocative influences of the husband's relatives on him" as the other most influential reasons. These results show similarity with the results of the research conducted by the Institute of Family Research throughout Turkey and the studies of Taşpınar and colleagues (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Taşpınar et al., 2005).

More than half of the women exposed to physical violence before pregnancy were not exposed to violence in their current pregnancy, indicating that the violence during pregnancy decreases partially, yet it still continued during pregnancy. The partial decrease in the violence against women during pregnancy could be explained by the importance given to the child and pregnancy in the Anatolian culture. According to the Anatolian culture, hitting the waist or back of a pregnant woman is forbidden, one is not allowed to insult or beat a pregnant woman, since the child who can ensure the continuity of the generation could be affected. According to a study conducted in the villages of Erzurum, pregnant women, in addition to their normal situation, acquires a new status within the group's values and beliefs (Türkdoğan, 1991), because the pregnancy will result in the birth of the first seed that will link the family to the society and will ensure the continuation of the family. Also in the studies conducted by Guo et al. in China, it was found that the physical and sexual violence ratio observed before pregnancy (8.5%) decreased during pregnancy (3.6%). This result obtained in China can be based on the single child application in effect and its effect on the significance of the child and the sensitive attitude of men towards women during pregnancy, accordingly (Guo et al., 2004). In a comprehensive study conducted in 16 states in the US, the prevalence of violence observed during the 12 month period before pregnancy was found to decrease during pregnancy in all the states (Saltzman et al., 2003). Similar results were obtained in a study throughout the state of North Carolina. (Martin et al., 2001). Karaoğlu et al. also found in their study conducted in Malatya that there was a decrease in the prevalence of all types of violence in pregnancy, especially physical violence (Karaoğlu et al., 2005). The partial decrease also observed in our study is in parallel with these studies.

In our study, it was seen that the percentage of women who had been exposed to violence, who consulted official institutions was relatively small. There are challenges a woman that is a victim of violence has to face when consulting with official institutions. The woman that reports the violence first to the police is once more treated like a victim of violence due to the negative and non-compassionate attitude of the police. This in return prevents women from asking for help from official institutions. The studies conducted show that approximately 20% of women exposed to violence consult official agents (Moroğlu, 2005). In addition, women with no economical freedom and social support prefer not to complain since they do not have any other place to live other than this violent environment (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000).

According to our study every one in four lower-income women was exposed to physical violence. It is possible that dealing with the general problem of unemployment in our country and increasing the level of income may help to decrease the rate of violence against women.

It was found that women who were victims of domestic violence and needed more health care actually benefited less from health care services. These results are in parallel to the information that pregnant women obtain prenatal care quite late or do not even obtain any care as stated in the literature (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Haggerty et al., 2001; McFarlane et al., 1996; Subaşı, 2001).

It has been determined that abused pregnant women are less educated (Guo et al., 2004; Hedin et al., 2000; Karaoğlu et al., 2005; Saltzman et al., 2003; Şahin, 2003), have lower-income levels (Hedin et al., 2000; Karaoğlu et al., Şahin, 2003;), have more children, and the length of their marriage is longer (Karaoğlu et al., Şahin,

2003). Our results are in parallel with these studies.

When their opinions on violence against women was asked of the pregnant women, the fact that there are pregnant women who consider beating as the fate of the woman, who believe that the abused woman might have provoked her husband and she must have been guilty in some way and that there is no man that does not beat his wife, might be a result of our society's traditional structure which raises women to be passive, dependent, helpless, submissive and fatalistic. As a result of a study conducted throughout Turkey among 8075 women, it was determined that 39.2% of the women consider it as a right of the husband to beat his wife if the wife burns the meal, does not pay attention to the children's care, reacts to her husband, spends unnecessary money and rejects sexual intercourse (Nüfus ve Sağlık Araştırması, 2003). According to the study conducted by Esmer et al. among 116 couples, 55% of the couples thought that "there are cases when the woman deserves to be beaten," 28% of the couples thought that "the beaten women must have deserved it" (Subaşı et al., 2005). Again the study conducted by the Institution of Family Research (1994) shows that 19.36% of the women think that the cause of violence is the "disobedience of the woman" (Başbakanlık Aile Araştırma Kurumu Başkanlığı, 2000; Haggerty et al., 2001; McFarlane et al., 1996; Subaşı, 2001).

CONCLUSION

The physical violence against women continues today although it decreases in part during pregnancy. In the results of the study, the primary socio-demographic factor that increased the violence was economical challenges. Violence against women is a women's health and public health problem that requires a collaboration between sectors. The prevention of

the violence requires the collaboration of health, education, justice, social services and security units, and the contribution of society. Legal, social services and health services in collaboration under a powerful protection system bear the same level of importance.

An educated individual is more open to change and is active in solving the social problems. To change the traditional role of women within the society and family, the education of girls and the economical freedom of the woman are essential.

The basic family structure that would prevent this violence could be to assign equal duty, responsibility and rights both to the boys and girls in the family, and to give the same importance to both of them.

Of course the most important factor in the fight to stop violence against women is to prevent the formation of violence. An effort needs to be made to decrease new occurrences by preventing the behavioral and environmental factors which have deeply rooted cultural foundations.

Since public health is of concern in relation to the beating of women during pregnancy and the important results it causes, an interdisciplinary approach is needed to diagnose the violence and to break the loop of violence at the critical points, such as the midwife/nurse and the emergency services of the hospitals and forensic medicine personnel. To ensure the recognition of the violence against women and to understand the

reasons behind this, the health personnel, especially the midwives that provide the primary first hand service to pregnant women in our country should be educated.

In our country recent new regulations have been introduced in the Turkish Penal Code (New Turkish Penal Code 5237, accepted June 2005), and new legal articles were introduced that protect the family, women and children. The punishments for crimes against pregnant women and children have been intensified. Also domestic violence is defined and various punishments up to a year of imprisonment have been put into effect (<http://www.adalet.gov.tr>). It is recommended that supportive mechanisms that target women exposed to violence be established, that studies be conducted to increase the awareness in society, that rehabilitation and consulting services be offered for ongoing violence along with the legal regulations. To entirely prevent the violence against women, it would not be sufficient to restrict the precautions to the legal environment and only to introduce legal regulations. Everyone is responsible from lawyers who need to hold informative meetings on the new code, to visual and written media in the spreading of this information, forensic medicine, police officers and courts in the enforcement of this code.

This study was conducted in a city center with five public health clinics. It may be more useful to define the problem with extended participation and comprehensive studies that can represent the entire country.

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Table 1: The Distribution of Exposure to Violence in Pregnant Women before Their Pregnancy, During Their Current and in Previous Pregnancies

The Case of Exposure to Physical Violence	Number	%
Before Pregnancy (n=146)		
Exposed	27	18.5
Not Exposed	119	81.5
Previous Pregnancies (n=60)		
Exposed	10	16.6
Not Exposed	50	83.4
Current Pregnancy (n=146)		
Exposed	15	10.3
Not Exposed	131	89.7
In Any Stage of the Marriage (n=146)		
Exposed	29	19.9
Not Exposed	117	80.1

Table 2: The Comparison of the Case of Exposure to Violence During the Current Pregnancy with Various Variables

VARIABLES	Exposed	Not Exposed	p
The Case of Exposure to Violence before Pregnancy	%* (number)	% (number)	
Exposed	40.7 (11)	59.3 (16)	0.01 **
Not Exposed	3.4 (4)	96.6 (115)	
The Education Level of the Husband			
Elementary and Secondary	24.1 (13)	75.9 (41)	0.00***
High School and College	2.2 (2)	97.8 (90)	
Age Group			
17-22	13.8 (4)	86.2 (25)	0.01***
23-28	5.2 (3)	94.8 (55)	
29-34	6.8 (3)	93.2 (41)	
35 and older	33.3 (5)	66.7 (10)	
Husband's Age Group			
18-25	18.2 (4)	81.8 (18)	0.00***
26-32	2.8 (2)	97.2 (69)	
33-40	9.1 (4)	90.9 (40)	
41 and older	55.6 (5)	44.4 (4)	
Family Type			
Core Family	6.3 (8)	93.7 (118)	0.00****
Large family	35.0 (7)	65.0 (13)	
Method of Marriage			
By arranged marriage with or without meeting before the marriage	20.0 (9)	80.8 (36)	0.01****
Marriage by meeting and knowing each other	5.9 (6)	94.1 (95)	
Marriage Type			
Civil marriage	8.6 (12)	91.4 (127)	0.02****
Religious marriage	42.9 (3)	57.1 (4)	
Exposure to Violence During Childhood			
Exposed	4.1 (3)	95.9 (70)	0.02***
Not Exposed	16.4 (12)	83.6 (61)	
Income			
Income less than expenses	25.7 (9)	74.3 (26)	0.00****
Income equivalent to/higher than expenses	5.4 (6)	94.6 (105)	
Social Security			
Available	7.7 (9)	92.3 (108)	0.03***
Not Available	20.7 (6)	79.3 (23)	
The Place of Living until the age of 12			
Urban areas	6.9 (7)	93.1 (95)	0.03***
Rural areas	18.2 (8)	81.8 (36)	
Health Care			
Receives	8.6 (12)	91.4 (127)	0.02****
Does not receive	42.9 (3)	57.1 (4)	

* Line percentage, ** p<0.05 McNemar test, *** p<0.05 Chi-Square test, ****P< 0.05 Fisher's Exact Test

Table 3: The Distribution of the Answers that Pregnant Woman Gave in Reply to the Question: "What are Your Opinions on Violence Against Women?"

Answers that Pregnant Woman	RIGHT % (number)	WRONG % (number)
Any man loves and beats her wife, this is normal	18.5 (27)	81.5 (119)
Woman should not be beaten for whatever reason	85.6 (125)	14.4 (21)
I would beat if could	28.8 (42)	71.2 (104)
Violence (beating) is sometimes essential	19.9 (29)	80.1 (117)
I don't believe that there is a man that does not beat his wife	34.2 (50)	65.8 (96)
The beaten woman must have provoked her husband, she must be guilty	34.9 (51)	65.1 (95)
To be beaten is the faith of some women	42.5 (39)	57.5 (84)
The woman in love tolerates everything	7.5 (11)	92.5 (135)
Violence is a sign that the husband looks after his wife	12.5 (18)	87.5 (128)