

Domestic Violence and Related Factors During Pregnancy

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Abstract

Introduction: This study was aimed to reveal violence, the risk factors during pregnancy, and to compare it with pre-pregnancy period.

Method: This descriptive study was conducted in a maternity polyclinic in a Government Hospital during May 2012. We interviewed interviewed by face-to-face method with 109 volunteer women. The data was evaluated by using Chi-Square and Fisher's Exact Tests.

Results: The 62.4% of women stated that they were exposed to violence during this pregnancy. Verbal violence was the most frequent kind in pregnant women. Physical violence was found in 29.4% of the women. The factors affecting this violence during pregnancy have been found to be; the spouses' educational level, number of children, the presence of violence before pregnancy and the presence of violence in the spouses' past lives.

Conclusion: The results verified that violence was a quite common issue in pregnancy and pregnancy was not a barrier for domestic violence. Therefore, during antenatal follows counselling services should be given carefully to screen violence.

Keywords: Women, pregnancy, antenatal, domestic violence

Introduction

Brucellosis "Domestic violence" is a social and clinical issue. Recent studies showed that 70% of women were victims of violence in the worldwide (1). Also the prevalence of domestic violence was reported between the rate 1-28% in worldwide (2-6). Socio-economic status, social support level, family income and educational levels, marital status, age and number of children were reported as risk factors for domestic violence (1, 7, 8). Also violence in pregnancy is an important public health issue. During pregnancy it causes many

psychological, gynecological and obstetric complications in women and it is a grave danger on fetal well-being (7, 9-11). There were different reports in literature regarding domestic violence in pregnancy. While some studies showed an increased in violence during pregnancy (12-14), some of showed a decrease or not difference (7, 15). In our country the rate was between 5-72% (15-19).

Despite the increased importance and frequency it has been seen without distinction of cultures, educational and socio-economical levels, ethnicity and age (7, 9). According to

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“Domestic Violence against Women in Turkey” study; the 39.0% of women were exposed to physical, 15.0% of were exposed to sexual and 42.0% of were exposed to at least one of the two kinds violence (20). In rural regions of Turkey 43.0% of women exposed to violence in their life-cycle.

In Turkish society violence nourished from power relations such as gender-based labour division (woman’s place was home), poor socio-economic status, accessibility to education-health services inadequately and patriarchal cultural assumption such as precocious marriages, psychological violence for child gender, head money, traditional marriages, affair of honour. For reason of men willpower, violence could be secret commonly. By taking legitimate proceedings Turkish Government started to legal struggles to prevent violence against women. The last law in 2012 have brought important responsibilities to jugment and police about taking protective measures to prevent and monitor domestic violence (21). Within the Turkish Parliament many commissions were established for these social affairs since 2009. Also a 3 period of implementation National Action Plan (short period: 2012-2013, mid period: 2012-2014 and long period 2012-2015 and then) was put into practice. Although all these preventive interventions violence has continue increasingly. As a matter of fact that women homicide rised 1400% in last seven years (20, 22). Because of wrong belief and custom application of law might be difficult.

The aim of this study was to reveal violence and the risk factors during pregnancy and to compare with pre-pregnancy period.

Study Design

This study was performed between 1-31 May 2012. Pregnant women applied to maternity polyclinic in a Government Hospital

during this period were included to the study. We asked to 150 women for coming to interview room after taking the medical care. We explained to every women the structure and aim of the research, we gave assurance for individual interview and keeping informations secret. Among the 150 women, 109 (72.6%) who accepted to participate in the study, were interviewed by individual face-to-face method in a separate room. A-25 item questionnaire form was applied to investigate violence, types of violence, reactions to violence and coping methods. Data was analyzed by using Chi-square and Fisher’s Exact tests. $P < 0.05$ was accepted as statistically significant.

The study was planned regarding Helsinki principles and was confirmed by the Erciyes University Ethical Committee.

Results

The 52.3% of the women were in the age group of 24 years and under, 92.7% were housewives, 56.9% of the women were married for 1-5 years, and the total average period of staying married was 6.65 ± 4.17 years. The 84.4% of the women stated that their present pregnancy was a desired one. Socio-demographic features of women were shown in Table-1.

Among the 109 women, 79.8% reported that they were exposed to some kind of physical, emotional, economic and/or sexual violence at any times during their marriage. 62.4% of the women stated that they were exposed to violence during this pregnancy. A statistically significant difference was found between the presence of violence before pregnancy and the presence of violence during pregnancy ($p < 0.001$). When we evaluated violence types, we found that they exposed to more than one kind. Being shouted at, criticism, scolding, jealousy,

humiliation, insultation and loss of trust were the types of verbal violence. Economic violence was seen in the form of prohibition of work and not taking place in the management of family budget. Being forced for involuntary sexual intercourse was the most frequent sexual violence. The most frequent kind of violence exposed during pregnancy was verbal violence. Physical violence was determined in 29.4% of the women. The most frequently forms of physical violence were slapping, shaking and kicking (Table-2).

Reasons for violence were shown in Table-3. Between reasons. 50.0% of women showed their spouses' momentary temper, 44.1% of showed environmental influences. Exposed to violence during pregnancy according to the socio-economic features was shown in Table-4. There was'nt any statistical difference between the womens' socio-demographic features and exposed to violence during pregnancy except their husbands education. Violence was found to be statistically higher in whose husbands education was in primary level ($p:0.028$).

The differences between the women's marital relations and expose to violence during pregnancy were shown in Table 5. There was no significant difference between violence with the duration and the style of the marriage, desire for having the present baby ($p>0.05$). It was determined that violence was statistically lower in unigeniture women ($p=0.043$). However, violence was higher in women who had a previous violence history ($p<0.001$). The 83.9% of the women exposed to violence during pregnancy said that their spouse had a violence history in the past ($p=0.004$). When we considered the reactions to violence, we found that 53.4% of pregnant women showed reaction. Verbal response and crying were the most common reactions to

violence. Also 4.4% of the women have stated that they had intended to commit suicide. None of the women had referred to the police due to violence.

The reasons to accept violence and coping methods were various and were shown in Table 6. The main reasons for tolerating violence was only to please children (25.2 %) and for not divorce. 16.2% of the women defined violence as their inevitable fate. Also 75.0% of the pregnant stated that they received social support from the family members and friends, 16.2% of stated that they started smoking and 8.8% of they were taking medical/ psychological treatment.

Discussion

Keeping in mind that pregnancy comprise many risks in a woman's life. If violence accompanied this process risks increase further for both mother and baby. In our study the rate of women exposed to violence before pregnancy and during pregnancy was found to be high. 79.8% of the women stated that they were exposed to violence before their pregnancy, and 62.4% stated that they were exposed to violence during their pregnancy.

In studies performed in our country, the rates of women exposed to violence during pregnancy were reported between the rate 4.7% and 71.4% (15-20). The rates reported in studies around the world were quite different and lower (1.4%-40.0%) from our study (23-27). This difference is thought to be due to definition of violence, the scales used to measure violence, the interview method used in the study, and to the perception and culture differences in societies.

In our study, most, if not all pregnant women exposed to verbal violence, one-third exposed to economic and physical violence,

one-five of exposed to emotional violence. In studies from worldwide different rates were seen for the types of violence among pregnant. In Kenya the most common type of violence was emotional violence (29%), followed by sexual (12%), and physical violence (10%) (25). In a study performed in Nicaragua, the rate of women exposed to emotional violence during pregnancy was reported as 32.4%, and those exposed to physical violence as 13.4% (3).

In USA the rate of women exposed to physical violence during this period was found to be 28.3%, and those exposed to sexual violence was 14.7% (28). In another study it was showed that 72.2% of the women within the first 18 weeks of pregnancy were exposed to psychologic violence, 21.1% to minor physical violence, and 9.4% to serious physical violence (29). In studies performed in different provinces in our country, the rates of exposure to violence during pregnancy were reported as 8.1%- 36%. (15, 19, 30). All these studies show that in spite of all the preventive measures, there had been no improvement in the rate of violence within years according to regional levels.

In present study it was found that 32.0% of the women who exposed to violence before pregnancy didn't see violence during their pregnancies. The study from Kenya reported similar results and expressed that pregnancy could a protection from violence (25). In a study performed in our country, reported that violence decreased during pregnancy, especially physical violence, but there was an increase in emotional and sexual violence (19). Pregnancy is defined as an "two life" in Turkish culture. This mentality may protect some pregnant women from the violence or converts the types of violence.

The reasons of domestic violence depend on many factors. In a study performed in countrywide, showed the main reasons as the parent-in-law, men's angry temperament, economic hardships, and jealousy (20). In our study, according to the women the most frequent reasons of violence were a moment anger of man, and the influence of the environment (Table-3). Studies performed in other province, report similar results to our study (30,31). Social pressure and traditional norms could be the reasons of violence in Turkish community.

In our study lower education levels of husbands, had more than one children, violence before pregnancy and violence in history of husbands were effective features on violence during pregnancy. In different studies had shown that there was a relationship between violence during pregnancy and exposed to violence throughout the marriage (30, 32, 33). As reported in studies worldwide and countrywide, when the rate of exposed to violence decreased, the educational level of the spouse increased (19, 25, 34). The number of children were found as a raising factor for violence (19, 25). Results were similar with our study. In Turkish society it was a widespread belief that a baby born it's share. This idea may cause to take care of more children. When the number of children increased in the family, responsibility and financial hardship also increases, and this was a burden for the men mostly. Increase in responsibility and the financial hardship creates an extra stress upon the men, with the consequence of violence in pregnancy. It was known that, if children faced with domestic violence in a family, could experience emotional and behavioural problems which could be related to becoming a violent person in their future lives (9).

According to social learning theories, violence is a learned behaviour, and parents teach their children violent behaviour by becoming a bad role model (35). In our study too, violence in the past life of the spouse, was a important factor affecting violence in pregnancy.

The reactions to domestic violence can be different among women. Seclusion, emotional introversion, anger towards the person executing violence, decrease in self esteem, depression, and suicide were some of the reactions shown by women against to domestic violence (9,20). In our study pregnant women responded verbal reactions and crying. Depending on the intensity of the violence, reactions can be as severe as committing suicide. In fact, 4.4% of the women stated that they tried to commit suicide. This reactions can result from patriarchal family structure and repressive parenting attitudes. Because in patriarchal family structure girls and women can't take part against man-authority.

In spite of the violence, women were obliged to live with their husbands, due to children, efforts to not exaggerate the violence, promises from spouse to change, religious beliefs, economic conditions, and lack of social support in our country. Women also aren't choose any react because of their fears about experiencing economic difficulties such as being a housewife, being stigmatized by the society or impairing children's social order (9,20). In present study, the reasons were similar.

It was reported that violence during pregnancy was highly associated with smoking, alcohol and substance abuse, attempts of suicide, severe stress, and depression (2,36). In our study, 75.0% of the women received psychological support from close family members and friends, 16.2%

of started smoking, and 8.8% of were under medical/psychological treatment. Although "Family Protection Law" since 1998 in Turkey (9), in this study none of women had referred to the police due to violence in this study.

Conclusion

The results from our study verified that violence was a quite common issue in pregnancy and pregnancy wasn't a barrier for domestic violence. Therefore, during antenatal period counselling services should be given carefully to screen violence. Also, it is important to building public awareness efforts about domestic violence. In pregnant schools within public hospitals instructive educations about domestic violence should be given and spouses with women should also be included in this process.

Limitations

This study reflects the results from a small pregnant group in a province of Turkey. Further researches should be conducted in large groups to reveal domestic violence in pregnancy.

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