

Factors Effecting Intimate Partner Violence among Pregnant Women in a Tertiary Care Centre

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Aims: To determine the prevalence of intimate partner violence among pregnant women and to evaluate associated sociodemographic factors.

Methods: This is a prospective cohort study which was carried out in the outpatient department, antenatal and labour wards among 635 antenatal women above 34 weeks of gestation. A pretested questionnaire was used and women were divided into two groups based on presence or absence of intimate partner violence. The sociodemographic details of the women were taken in both groups and data were analyzed for statistical significance using SPSS version 16.

Results: The incidence of intimate partner violence was 52.8% out of which 30.7% were positive for physical violence, 23.4% for sexual violence and 46.3% for emotional violence. Sociodemographic factors like lower socioeconomic status, Hindu religion, economically not independent, unemployed husband, problems with in-laws, dowry at marriage, alcoholic and smoker spouse was associated with significantly more domestic violence ($p < 0.05$).

Conclusions: Intimate partner violence is not uncommon and under reported.

Keywords: antenatal care, intimate partner violence, pregnancy.

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INTRODUCTION

Intimate partner violence (IPV) has been defined as physical, sexual or emotional abuse by an adult perpetrator directed towards an adult victim in the context of a close relationship. IPV in India is endemic and widespread predominantly against women.¹ The prevalence of IPV worldwide against pregnant women varies widely in the literature, ranging from 1.2 to 66%.² Domestic violence in developing countries, such as India, has been acknowledged as a common health problem with a prevalence rate of 20-60%.³ Martin et al found that 5.4–13% of 1990 men from five districts in Uttar Pradesh (a northern state in India) had acknowledged physically assaulting their wives during pregnancy.⁴ In a study on women attending an antenatal clinic in Nagpur (Central India), physical violence was reported in the index pregnancy by 22%.⁵ All this occurs despite the fact that women in India are legally protected from domestic abuse under the 'Protection of Women

from Domestic Violence Act'.⁶ Several studies in developed countries have attempted to identify risk factors for physical violence during pregnancy. Some of the consistent findings are that women who are single, young, poor, of high parity, and who do not receive antenatal care are more likely to experience physical violence during pregnancy.^{7,8}

Thus the aim of this study is to determine the prevalence of IPV and to evaluate the sociodemographic factors contributing to it.

METHODS

This is a prospective cohort study which was carried out in the outpatient department, antenatal and labour wards of our hospital with 635 pregnant women of 34 weeks of gestation and above over a period of 1 year. The women below 34 weeks of gestation period, without any abortion, intra-uterine death or pre-term deliveries and those who were not willing to share the information were excluded from the study.

Counseling was done by experienced counselors. The pregnant women were interviewed in complete privacy. Verbal and written consent was obtained. Strict confidentiality was assured and the participants were clearly informed the purpose of the study before the counseling was begun. Adequate time was spent with each woman to make sure she was comfortable

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and not anxious about the enquiry. The interview was conducted based on a pretested questionnaire which was derived and modified from the abuse assessment screen.⁹ Those who had language barrier, the questionnaire was translated. Level of abuse was graded as (i) abuse involving shoving, throwing objects, emotional abuse including verbal abuse and restricted access to family and friends; (ii) any acts that included kicking, biting or sexual abuse; and (iii) includes choking or strangling, use of knife or a gun or a serious threat to the life of the woman or her child. After this screening was done, the women were divided into 2 groups, those who were positive for domestic violence and those who were negative.

Data was analyzed for statistical significance by Chi-square test, Student t-Test, Fisher's exact probability Test. Statistical significance was taken at $p < 0.05$. Statistical data was represented in graphical or tabular format. SPSS version 16 was used for statistical analysis.

RESULTS

A total of 635 women were screened for IPV out of which 335 women (52.8%) underwent domestic violence in one form or other. 195 (30.7%) were positive for physical violence, 151 (23.8%) women were sexually abused and 293 (46.1%) women were emotionally abused (Table-1).

Table 1: Incidence of IPV in the surveyed women

	No. of patients (n=635)	%
Physical Violence	195	30.7
Sexual violence	151	23.8
Emotional violence	293	46.1
Domestic violence score	335	52.8

Out of 635 women, 53.9% of unemployed women reported IPV and 49% of the employed women also reported IPV. The number of unemployed women who experienced IPV did not differ significantly between women who were employed. Thus patient occupation is not a significant factor associated in IPV according to our study (Table-2). But women experiencing IPV were more when husband was unemployed. Thus, husband's occupation is significantly associated with IPV (Table-3).

Table 2: Sociodemographic factors associated with IPV

Variables	Frequency	Percentage
Patient occupation	Unemployed	286 85.4
	Employed	49 14.6
SES1	Class1	211 63
	Class2	87 26
	Class3	34 10.1
	Class4	3 0.9
Religion	Hindu	318 94.9
	Muslim	17 5.1
Husband occupation	Unemployed	6 1.8
	Employed	329 98.2
Joint family	No	174 51.9
	Yes	161 48.1
Problem in laws	No	277 82.7
	Yes	58 17.3
Hospital admission	No	329 98.2
	Yes	6 1.8
Dowry at marriage	No	152 45.4
	Yes	183 54.6
Husband treats mother	0	47 14
	1	23 6.9
	2	93 27.8
	3	172 51.3
Economically independent	No	274 81.8
	Yes	61 18.2
Husband alcoholic	No	218 65.1
	Yes	117 34.9
Husband smoker	No	228 68.1
	Yes	107 31.9
Who paid	Mothers side	156 46.6
	Husbands side	173 51.6
	Both	6 1.8
Male child seeking	No	252 75.2
	Yes	83 24.8

SES: Socio Economic Status

Women with Class 1 experienced significantly more IPV than with those belonging to Class 4. Economically independent women experienced less IPV of 43.9% in comparison to 55.2 % among economically dependent women and this difference was statistically significant ($p=0.018$) (Table-4).

Table 3: Patient (Pt) occupation vs. IPV score & Husband occupation and IPV

			IPV score		Total
			no	yes	
Pt occupation	Unemployed	Count	245	286	531
		% within Pt occup	46.1%	53.9%	100.0%
	Employed	Count	55	49	104
		% within Pt occup	52.9%	47.1%	100.0%
Total		Count	300	335	635
		% within Pt occup	47.2%	52.8%	100.0%

Chi-Square= 1.588 P=0.208 not significant

			IPV score		Total
			no	yes	
Hoccup2	unemployed	Count	0	6	6
		% within H occup ²	0.0%	100.0%	100.0%
	employed	Count	300	329	629
		% within H occup ²	47.7%	52.3%	100.0%
Total		Count	300	335	635
		% within H occup ²	47.2%	52.8%	100.0%

Chi-Square= 5.424 P=0.020 significant 2- Husband occupation

Table 4: SES * IPV score

			IPV score		Total
			no	yes	
SES ¹	Class1	Count	137	211	348
		% within SES ¹	39.4%	60.6%	100.0%
	Class2	Count	122	87	209
		% within SES ¹	58.4%	41.6%	100.0%
	Class3	Count	32	34	66
		% within SES ¹	48.5%	51.5%	100.0%
	Class4	Count	9	3	12
		% within SES ¹	75.0%	25.0%	100.0%
Total		Count	300	335	635
		% within SES ¹	47.2%	52.8%	100.0%

Chi-Square= 22.798 P<0.001 significant

The incidence of IPV is significantly high (95.1%) when there are problems at home with respect to the in-laws as compared to 48.4% where there are no in law issues at home (p=0.001). There was positive association between IPV and dowry taken at marriage with 61.4 % women suffering from IPV after giving dowry when compared to 45.1% who were not subjected to dowry at marriage with a (p=0.001). There is significant difference between IPV and religion with higher incidence of IPV among Hindus (53.9%) compared to other religions. Women who experienced IPV were higher in Hindus. No significant association was found between IPV and family background of the patient with a (p=0.201). There was significantly higher rates of IPV among pregnant women whose families had a male child seeking behaviour with a (p=0.005).

Certain addictive habits such as smoking and alcohol consumption in the husband had a significantly positive association with IPV among pregnant women. 67.6% of pregnant women with alcoholic husbands suffered IPV in comparison to 47.2% among the non alcoholic husbands. A similar picture was seen in 60.5% of women whose husbands were smokers when compared to 49.8% among the non smoking husbands. There was a positive association between the way the husbands treated their mothers and the incidence of IPV among pregnant women (Table-5). Husbands who mistreat their mothers also do the same with their wives thus increasing the incidence of IPV.

Table 5: Husband treats mother * IPV score

			IPV score		Total
			no	yes	
H ³ treats mother	0	Count	28	47	75
		% within H ³ treats mother	37.3%	62.7%	100.0%
	1	Count	3	23	26
		% within H ³ treats mother	11.5%	88.5%	100.0%
	2	Count	60	93	153
		% within H ³ treats mother	39.2%	60.8%	100.0%
	3	Count	209	172	381
		% within H ³ treats mother	54.9%	45.1%	100.0%
Total		Count	300	335	635
		% within H ³ treats mother	47.2%	52.8%	100.0%

Chi-Square= 29.068 P=0.001 significant 3-Husband

The factors which featured in women being subjected to domestic violence with significant difference (p<0.05) were the following - women from lower socioeconomic status, Hindu religion, unemployed husband, problems with in law, gave dowry at marriage, those who were not economically independent, had a alcoholic or a smoker husband with the delivery being paid by the wife’s family, in laws wanted male child. Variables such as patient age, socioeconomic status, problems with in laws, dowry, economic independence, husband being

alcoholic added significantly to the model. Increasing age was associated with an increased likelihood of experiencing domestic violence. Those who did not have problems with in laws, did not give dowry at time of marriage, husbands not being alcoholic and not seeking male child were less likely to experience domestic violence. Chances of experiencing IPV is 4.582 times more in socioeconomic status class 1 compared to class 4. Odd of experiencing IPV is 2.075 times more in women who are not economically independent (Table-6).

Table 6: Socio demographic factors leading to domestic violence - Binary logistic regression-

	B	S.E.	Wald	P	Odds ratio	95% C.I.	
						Lower	Lower
Pt ⁴ Age	.056	.025	5.249	.022	1.058	1.008	1.110
Pt ⁴ occup	-.405	.417	.945	.331	.667	.294	1.510
SES ¹			26.485	.001			
SES ¹ (1)	1.522	.743	4.199	.040	4.582	1.069	19.653
SES ¹ (2)	.511	.744	.471	.493	1.667	.388	7.167
SES ¹ (3)	1.204	.776	2.404	.121	3.333	.728	15.264
Problems in law	-3.188	.616	26.753	.001	.041	.012	.138
Dowry at marriage	-.803	.184	18.991	.001	.448	.312	.643
Economic independancy	.730	.373	3.825	.050	2.075	.998	4.312
Halco ⁵	-.894	.222	16.266	.001	.409	.265	.632
Hsmkr ⁶	.000	.215	.000	.999	1.000	.656	1.524
MCSB ⁷	-.234	.238	.962	.327	.792	.496	1.263
Constant	1.646	1.204	1.869	.172	5.186		

4-Patient 5- Husband alcoholic 6- Husband smoker 7-male child seeking behaviour

DISCUSSION

The UN Millennium Task Force on education and gender equality states that violence against women is a global public health concern and it ranges from 10% to 69%.¹⁰ Domestic violence against pregnant women is an important public health and human right problem that needs to be highlighted as it has devastating physical and emotional consequences.

In our study, we found a high prevalence rate of 52.8% pregnant women experiencing IPV out of which 30.7% women being physically abused, 23.8% being sexually and 46.1 % women being abused emotionally. A study by Lown and Vega¹¹ (2001) investigating the rate of exposure to physical violence to Mexican-American women perpetrated by their husbands found that it was 10.7%. Coker et al¹² also

reported that in the United States more than half of the women consulting at the primary health centers were exposed to different types of domestic violence in the current or past. In a study of the Igbo population in Nigeria¹³, 52.6% of women were exposed to partners' violence, and 21.3% of it was sexual violence.

Emotional or psychological violence is the least investigated and its associated factors have been studied very little. A study conducted in Brazil addressing only psychological violence in pregnant women found a similar incidence as our study (41.6%).¹⁴ This kind of violence tends to be a recurring occurrence in pregnancy with gender inequalities and inadequate social support playing a major role. An Indian cross sectional study¹⁵ conducted in the Mumbai slums which aimed on finding the cause and consequence of intimate partner violence on pregnant women discovered that IPV cut across all society norms, including class, creed, religion and country. Women attending antenatal clinics in Delhi reported experience of 26.9% physical, 29% mental and 6.2% sexual abuse, irrespective of their age. The spouse was the perpetrator of abuse in 47% cases and his family members were responsible for 31 %.

Certain risk factors like low socio-economic and educational status, early marriage, alcohol and substance abuse habits of the partner and unemployment are among the main risk factors for domestic violence as seen in our study. Fisher et al¹⁶ reported in 2003 that there was a relationship between poor socio-economical status and working status, and increased physical violence towards women. Okemgbo et al¹³ reported that the increase in physical violence was indirectly proportional to age at marriage, partners' educational level, and women's income. Deveci et al¹⁷ also reported similar figures of increased IPV and low socioeconomic status and abusive habits in the husband. Similar risk factors

have been reported to be significantly associated with domestic violence in other studies in India.¹⁸ Alcoholism in husband was identified to be an important risk factor for physical domestic violence in this study with a rate of 67.6%. Excessive drinking by one of the partners can exacerbate financial problems, childcare problems and other family stressors leading to an unhappy, stressful partnership that increases the risk of conflict and violence.²⁰ The husband should be asked to accompany the woman to antenatal visits as this can give rise to a sense of responsibility, importance, worth, positive attitude, hope, and a paternal instinct. Thus, health care providers should be trained and sensitized to identify these risk factors among the women and provide the necessary supportive services to them and respond to the existing violence during pregnancy.

CONCLUSIONS

Intimate partner violence in pregnancy is unacceptably high. Given the undeniable impact of intimate partner violence as a public health problem, understanding the relationship between experience of violence and negative health outcomes is critical for the development of preventive health strategies. Screening for intimate partner violence should be included in the curriculum of health care especially in the antenatal care. Well-designed protocols and referrals systems along with legal and counseling options should be put in place so that women get timely appropriate care, follow-up and support services. Going one step ahead, screening for predilection towards violence could be introduced as part of prenuptial routine before couples take the final step to tie the knot. Future work would benefit greatly from joint projects that unite researchers and practitioners with the ultimate goal of healthy mothers, healthy babies and violence free relationships.

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