

*Research Article***Prevalence and indicators of domestic violence against pregnant women in Minia governorat**

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Abstract

Objective: Domestic violence against women is a health problem. Research on domestic violence in order to clarify the relationship between the different forms of violence and health outcomes is needed. This study aimed to determine the frequency and risk factors of domestic violence in women. It also assessed the association between risk factors and psychological, physical, and sexual violence against women. **Materials and Methods:** This cross-sectional study was done on pregnant women 15–60 years of age living in Minia, Egypt between July 2018 and June 2019. This research was implemented through questionnaires including the demographic characteristic, types of violence and effect on pregnancy. The form of violence including emotional abuse, physical violence and sexual violence was assessed with a validated questionnaire. Odds ratios and 95% confidence intervals were calculated to measure the association between violence and factors. **Results:** The prevalence of physical, sexual and emotional domestic violence was respectively 30.2%, 20% and 43.4%.and was associated with old pregnant women above 35 years (OR=3.137) and refusal of husband to pregnancy (OR=1.721) low social level (OR=1.5)and current employed women (OR=1.149) were the most important risk factors for violence. **Conclusion:** Prevalence of physical, emotional,verbal or sexual violence was very high. Men’s violence against women in relationships is commonly occurring in Egypt. Considering the factors contributing to violence against women, raising the social level of men and women is one of the ways to prevent violence.

Keywords: domestic violence, women, risk factor, Egypt.

Introduction

Violence against women is a major public health issue. In 2000, WHO announced it as a top health priority (Fourozan, Dejman, et al., 2007). Violence is defined as frightening, threatening, or annoying behaviors that are used to impose one’s power on someone else, and include physical, sexual, economic, and verbal abuse (Roberts, 2005).

Today, violence against women is a major problem in most countries, especially the developing countries. The most common form of violence against women is domestic violence (Flury et al., 2010). Domestic abuse can be emotional (constant, an unrelenting verbal onslaught of insults and criticisms), sexual (includes sexual assault, demeaning behavior), physical (injuring, disabling or killing the victim), psychological (Humiliation, Controlling what the victim can and cannot do, Withholding information Diminishing or embarrassing the victim, Isolating the victim

from friends and family) Financial (Charles Montaldo2017).

There was triggering factors for violence against pregnant female. These risk factors were age, social level, employment, desire of pregnancy, multiparity, educational level, social isolation, history of violence, life styl instability.

Due to the privacy of the household affairs in most cultures, there are not many accurate and reliable statistics about the frequency of violence against women; however, it is estimated that more than half the families in the world are affected by it (Scobie, 2010; Price & Baird, 1999).

Methods

This study was performed on a representative sample of the population of married pregnant women 15–60 years of age living in Minia, Egypt between July2018 and June 2019. This is

a cross-sectional study with a research population of pregnant women referred to primary health women clinics. The sampling was performed using a convenience method.

Initially, a pilot study was conducted on 550 women referred to these clinics. It was applied via a convenience sampling according to inclusion and exclusion criteria by a valid and reliable questionnaire to assess violence against women. Collected data analyzed statistically. Results of this pilot study showed that firstly, data collection tool is a proper tool to investigate violence against women. Secondly, accessible and easy method of collecting samples (convenience method) is the best method. After this pilot study, the main research implemented. The study was approved by Research Ethic Committee of the Minia University of Medical Sciences. Pregnant women living with her husband who voluntarily gave the consent.

Questionnaire included two parts the first of which involving the participants' and their husbands' demographic characteristics, such as age, education level, marriage age, and number of pregnancies. The second section of the questionnaire included items related to the definition of violence in different cultures. An abused woman was defined as the one who provided at least one positive answer to the items of physical, sexual, or emotional violence questionnaire. In this questionnaire, physical, sexual, and emotional violence were evaluated by 10, 2, 2 questions respectively.

The questionnaire consists of four domains of violence: Physical, sexual, verbal and emotional. Physical domain of this questionnaire includes: slapping, kicking Scrabbling or cutting, strangulation, pushing, shaking, beating, burning, using sharp machines or weapons. Sexual domain of this questionnaire include: Violence or threats of physical violence to initiate or continue intimacy, Trying to continue intimacy with no desire or lack of understanding of the nature of the relationship or inability to communicate. Emotional domain includes: An unrelenting verbal onslaught of insults and criticisms, constant, rejecting, preventing from visiting family, financial restriction. Verbal domain include: making or

calling a name is not likable, verbal violence and the deliberate embarrassment of the patient in front of the public

Regarding the ethical considerations, the questionnaires were completed anonymously. Besides, after explaining the study objectives, informed consents were obtained from all the participants. The researchers tried to gain the participants' trust by creating good relationships, performing interviews at appropriate time and place, and providing the necessary information about the research objectives.

Statistical Analysis

Simple categorical analyses and logistic regression models using weighted survey data were conducted with SPSS software and descriptive statistics (including frequency, percent) were used to present the socio-demographic variables. We initially examined the prevalence distribution of physical, sexual, verbal and emotional violence.

We used logistic regression to calculate ORs and 95% CIs to estimate the association between violence, Age, Husband's Age, social level, Educational level, Employment status, Besides, P-value<0.05 was considered as statistically significant.

Results

The following were risk factors for violence against pregnant women .Fear of husband (OR=50.055) was the highest effect but low social level (OR=1.5)and current employed women (OR=1.149) were the least effect .Other factors were related to violence against pregnant women like old pregnant women above 35 years (OR=3.137) and refusal of husband to pregnancy (OR=1.721). Other factors like gestational age (OR=.743), educational level (OR=.533) and husband job (OR=.740) had no relation with violence against pregnant women. table (1)

This study reported that prevalence of violence during pregnancy is 50.8%in our sample. Prevalence of physical, sexual, verbal and emotional are 30.2%, 20%,41% and43.4% respectively for violence against pregnant female. table(2)

Simple logistic regression of associated factors with exposure to any type of abuse table (1)

		N (261)	% of abuse from each category	P-value	OR	C.I.95%	
						Lower	Upper
Age groups	25-34 (ref)	114	45.4	.288			
	15-24	109	59.2	.567	.766	.307	1.911
	35+	38	48.7	.190	3.137	.566	17.374
Gestational age	1st trimester (ref)	41	47.1	.853			
	2nd	110	53.7	.572	.683	.182	2.563
	3rd	110	49.8	.664	.743	.195	2.836
Social level	Average (ref)	119	48.6	.316			
	Low	120	61.2	.465	1.502	.505	4.466
	High	22	30.6	.188	.352	.075	1.665
Job	No(ref)	190	89.6				
	Yes	71	87.7	.820	1.149	.347	3.810
Husband job	No	84	87.5	.550	.740	.276	1.984
	Yes(ref)	177	89.8				
Education level	Secondary (ref)	119	52	.202			
	Primary	102	57	.085	.388	.132	1.141
	University	40	38.1	.348	.533	.143	1.986
Desire pregnancy	No	55	91.7	.872	.898	.245	3.298
	Yes(ref)	206	88.4				
Husband desire	No	42	93.3	.512	1.721	.340	8.707
	Yes(ref)	219	88.3				
First pregnancy	No(ref)	196	89.1				
	Yes	65	89	.602	1.331	.455	3.897
Communicate specialist	No	62	86.1	.275	.551	.189	1.606
	Yes(ref)	199	90				
Regular antenatal care	No	59	39.1	.895	.926	.298	2.883
	Yes(ref)	202	55.8				
Knowledge of specialized centre	No	171	90	.036	2.763	1.071	7.131
	Yes(ref)	90	87.4				
Afraid husband	No(ref)	129	80.6				
	Yes	132	99.2	.000	50.055	6.306	397.323

Table (2): Types of violence

		Frequency	Percent
Physical abused	No	138	26.9
	Yes	155	30.2
Sexual abused	No	190	37
	Yes	103	20
Verbal abused	No	79	15.3
	Yes	214	41.7
Emotional abused	No	70	13.6
	Yes	223	43.4

Discussion

Violence against women is a major social issue: women are abused in various forms. In Healthy People 2010, domestic violence is recognized as a universal epidemic and strategies are suggested to screen, treat, and prevent it (Schuiling et al., 2006). The results of the present study show that 50.8% of the surveyed women had experienced violence at least once, with emotional, sexual, verbal and physical violence being 43.4%, 20% , 41% and 30.2% respectively.

This study reported that prevalence of violence during pregnancy is 50.8% in our sample. Prevalence of physical, sexual, verbal and emotional are 30.2%, 20%, 41% and 43.4% respectively for violence against pregnant female. Table (2)

Emotional violence was found to be the most common form of violence. The results of the study of Narimani et al., in Ardebil, Iran, show that emotional violence has a prevalence of 44.4% (Narimani et al., 2004), which finding is similar to the results of the studies of Akyuz and Bagherzadeh (Akyuz, Sahiner et al., 2008; Bagherzadeh R et al., 2008).

In their study, Houry et al., estimated the prevalence of violence in the U.S. to be 36 percent, and the rate of physical, sexual, and emotional violence to be 22, 9, and 32 percent, respectively (Houry et al., 2006). However, Faramarzi's study and studies in New Zealand introduce sexual violence and physical violence as the most common form of violence (Faramarzi et al., 2005; Paterson et al., 2007).

Low educational attainment in women is not a factor in their ignorance about their social rights and experiencing violence. Other studies confirm that women with high educational attainment are less likely to be tormented by their husbands (Yang, Ho, Chou, Chang, & Ko, 2006). In their study, Sekhavat et al., conclude that there is a relationship between women's educational attainment and men's violence against women (Skhavat, 2006).

The results of the study also show that there is a statistically significant relationship between age and domestic violence, which finding is in agreement with the studies of Cohen and Macoli: they report that domestic violence is more common in the case of young women, and women aged >35 account for the majority of the victims of domestic violence against women (Cohen et al., 2002).

There is positive relationship between multi gravidity and domestic violence. Previous studies have also suggested that higher parity of women is a risk factor for violence (Babu and Kar, 2012b; Nasir and Hyder, 2003)

Lower socioeconomic status made women vulnerable to violence in the present study, probably due to illiteracy, poverty, ill health, lack of access to resources, and overwhelming traditional folklores and customs.

Conclusion

Violence was documented among pregnant women. With adverse effect on obstetric or neonatal outcomes was noted, but this might be because the pregnancies were supervised.

The exact prevalence and maternal-fetal implications of violence need to be fully revealed in population-based surveys.

A higher prevalence of domestic violence in pregnancy has public health implications. Hence, health-care providers should be trained to recognize and respond to violence during pregnancy and refer women for appropriate support and care, if required.

Acknowledgements

The present study was extracted from a proposal approved by Minia University of Medical Sciences. Hereby, the author would like to thank the Research Vice-chancellor of the University for supporting the study. They are also grateful for all the individuals who helped in conducting the research.

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