Physical and Psychological Violence against Infertile Women

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Abstract

Objective: To investigate the prevalence of physical and psychological violence against women with female factor infertility.

Materials and methods: A total of 400 women with primary infertility attending the Vali–e–asr Reproductive Health Research Center in Tehran, Iran, were interviewed using the conflict tactics Scales (CTS₂) questionnaire to investigate their experiences of physical and psychological violence.

Results: The prevalence of psychological violence was 135 (33.8%), followed by physical 56 (14%). All women reported their husbands to be the perpetrators.

Conclusion: Clinicians should identify the abused women and provide them with medical care and supportive counseling.

Keywords: physical violence, psychological violence, women, infertility

Introduction

Infertility in a couple is usually defined as failure to become pregnant after 1 year of regular unprotected sexual intercourse (1). The WHO estimates that 8% to 12% of couples worldwide experience difficulty conceiving a child (2). In Iran, the lifetime prevalence of primary infertility was reported to be 24.9% in 2004 (3). The prevalence of female factor infertility is similar to that of male factor infertility, at 40% and 30–40% respectively (1) but it appears that the women is con-

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sistently held responsible for a couple's infertility, and she is often punished socially and economically as a consequence (4). Violence affects the lives of millions of women worldwide regardless of their socioeconomic or educational levels (5).

The 1993 United Nation's Declaration on Elimination of violence Against Women condemns any act of gender–based violence that results in physical, sexual or mental harm or suffering to women including threats of such acts, coercions or arbitrary deprivation of liberty, whether, occurring in public or private life (6). Women who experiences domestic violence because of infertility are generally twice as vulnerable as women with children (7).

Child bearing is considered highly desirable in Islamic countries, where an absence of children with a first wife may lead husbands to take a second wife

Table 1. Characteristics of infertile women and their husbands

	Mean ± SD
Age (year)	30.09 ± 6.22
Husband's age (year)	34.90 ± 7.74
Duration of infertility (year)	7.57 ± 4.68

with or without divorcing the first one (8). The aim of present study was to estimate the prevalence of physical and psychological violence in a sample of infertile women seeking infertility treatment at a referral center for reproductive health in Tehran, Iran.

Material and Methods

This study was a cross-sectional study carried out on 400 women referred to the Vali—e—Asr Reproduction Health Research Center in Tehran, Iran for primary infertility. In each case a female factor had been recognized.

We used the conflict tactics scales (CTS₂) questionnaire. This instrument has been used in many countries and therefore many different cultures, to measure the extent to which partners in adapting, cohabiting, or marital relationship engage in physical, psychological, and/or sexual violence and inflict or receive injuries (9).

The questionnaire was translated into Persian and the researchers are confident that its concepts were not lost in translation. After its validity was estimated, its reliability was measured by the test–retest method (10). The correlation coefficient was 0.9.

We also used a demographic questionnaire to obtain the age, occupation and education level of each participant and her husband as well as the duration of both infertility and physical and psychological violence.

The participants who declared having experienced violence formed the "abused" and the others formed the "none abused" or control group. The ethics committee of Tehran University of Medical Sciences, Faculty of Nursing and Midwifery approved the study.

The author of the revised conflict tactics scales questionnaire (CTS₂) gave written permission to sue the instrument. The data were analyzed sing SPSS software, version 11.5 (SPSS, Chicago, IL, USA).

The characteristics of the participants are presented as mean \pm SD or number and percentage. Differences between variables were determined by the "X² test", ANOVA or the *t*-test P<0/05 was considered significant.

Table 2. Prevalence of the physical & psychological violence against the abused women

Type of violence	Prevalence n (%)	
Physical	56 (14)	
Psychological	135 (33.8)	
Total	191 (47.8)	

Results

The characteristics data of the 400 women are summarized in Table 1. There were no significant associations between physical and psychological violence and women's age, husband's age and infertility duration or the education level and employment status of the women (P>0/05).

There were associations, however between the husbands being unemployed and physical and psychological violence; between husbands without a secondary education and physical; and between coercive marriages and physical and psychological violence (P<0/05). The prevalence of physical and psychological violence is shown in Table 2.

Psychological violence was the most common form of violence against infertile women (33.8%), followed by physical violence (14%).

Discussion

Infertility is present among 15% of the population attempting to become parents (11). Infertile women frequently express fears that their husbands are losing interest in them (12) and those who experience domestic violence are even more likely to be affected by depression anxiety, psychosomatic symptoms, eating disorders and sexual dysfunction (13).

As in our study, there were no significant relationships between physical and psychological violence and women's age or infertility duration in a report by Yildizhan et al (1).

Kocacik and Doghan (14) found a significant relationship between domestic violence against women and a low level of education in the husbands. We report the same and also we found a significant relationship between physical and psychological against infertile women and for them to be in a coercive marriage or have an unemployed husband.

In the present study psychological violence was exerted on 135 (33.8%) of the participants and it was the most common type of violence.

There are several limitations to our study. First, the participants were recruited at the Vali-e-Asr Repro-

ductive Health Center of Tehran University of Medical Sciences and therefore were not representative of general female population of Iran. Second, the study does not address the situation among couples with the male factor infertility.

Women with infertility, should be considered an important group of often vulnerable patients with poor reproductive health who deserve attention and care in their own right (15).

In conclusion, although infrequently reported, domestic violence against infertile women is a problem that should not be ignored. Clinicians ought to identify abused women and provide them with supportive counseling as well as appropriate care.

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References

- Yildizhan R, Adali E, Kolusari A, Kurdoglu M, Yildizhan B, Sahin G. Domestic violence against infertile women in a Turkish setting. Int J Gynecol Obstet 2009; 104: 110–2.
- 2. World Health Organization. Infertility: a tabulation of available data on prevalence of primary and secondary infertility. Geneva, Switzerland: WHO Programme on Maternal and Child Health.
 - http://whqlibdoc.who.int/hq/1991/WHO_MCH_91.9.
- 3. Vahidi S, Ardalan A, Mohammad K. Prevalence of primary infertility in the Islamic Republic of Iran in 2004–2005. Asia-Pac J Public Health 2009; 21: 287–93.
- Dyer SJ, Abrahams N, Mokoena NE, Lombard CJ, van der Spuy ZM. Psychological distress among women suffering from couple infertility in South Africa: a quantitative assessment. Hum Reprod 2005; 20: 1938–43.
- 5. Ardabily HE, Moghadam ZB, Salsali M, Ramezanzadeh

- F, Nedjat S. Prevalence and risk factors for domestic violence against infertile women in an Iranian setting. Int J Gynecol Obstet 2011; 112: 15–7.
- United National General Assembly. Declaration on the Elimination of Violence against Women. 85th plenary meeting. A/RES/48/104. http://www.un.org/documents/ga/res/48/a48r104.htm. 1993 Accessed 13, 2010.
- 7. Okonofoua F. New reproductive technologies and infertility treatment in Africa. Afr J Reprod Health 2003; 7: 7–11.
- 8. Ramezanzadeh F, Aghssa MM, Abedinia N, Zayeri F, Khanafshar N, Shariat M, et al. A survey of relationship between anxiety, depression and duration of infertility. BMC Women's Health 2004; 4: 9–15.
- Straus MA, Hamby SL, Boney–McCoy S, Sugarman DB. The Revised Conflict Tactics Scales (CTS2) Development and Preliminary Psychometric data. J Fam Issues 1996; 17: 283–316.
- Rousson V, Gasser T, Seifert B. Assessing intrarater, interrater and test-retest reliability of continuous measurements. Stat Med 2002; 21: 3431–46.
- 11. Thonneau P, Marchand S, Tallec A, Ferial ML, Ducot B, Lansac J, et al. Incidence and main causes of infertility in a resident population (1,850,000) of three French region (1988–1989). Hum Reprod 1991; 6: 811–6.
- 12. Papreen N, Sharma A, Sabin K, Begum L, Ahsan SK, Baqui AH. Living with infertility: experiences among urban slum populations in Bangladesh. Reprod Health Matters 2000; 8: 33–44.
- World Health Organization. Violence against Women. Fact sheet No. 239. http://who.int/mediacentre/factsheets/fs239/en/. 2009 Accessed 13, 2010.
- 14. Kocacik F, Dogan O. Domestic violence against women in Sivas, Turkey: survey study. Croat Med J 2006; 47: 742–9.
- 15. Orij EO, Kuti O, Fasubba OB. Impact of infertility on marital life in Nigeria. Int J Gynecol Obstet 2002; 79: 61–2.