

Domestic Violence Against Pregnant Women in Iran

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Abstract

Objective: To determine the relationship between preterm birth and domestic violence against pregnant women in Iran.

Materials and methods: This cross-sectional study was carried out on 600 women who were hospitalized for giving birth in one of hospitals affiliated to Tehran Medical Science University in Iran, between September 9, 2010 and December 30, 2010. This study was approved by the Research Ethics Committee affiliated with Tehran University, Iran. We applied Abuse Assessment Screen (AAS) Questionnaire.

Results: A total of 338 participants (56.3%) declared to experience domestic violence during pregnancy. Psychological violence was the most common form of violence against these women in postpartum (51.3%), and followed by physical violence (5%). Prevalence rate of premature labor was 37.7% among all women in this study which 63.3% of this rate belongs to abuse women.

Conclusion: It is noted that healthcare providers with screening violence during pregnancy and assessing the prevalence, consequences, and possible interventions may help to reduce domestic violence against pregnant women.

Keywords: Domestic violence, Intimate Partner violence, Pregnancy violence, Preterm labor

Introduction

Domestic violence is a common and distressing social event. (1). the prevalence of domestic violence is a different range, with approximately 15-71% in worldwide. Women experience the most violence by

their husbands (2). Domestic violence is an event in all races, sexes, cultures, ages, educational levels, and socioeconomic groups, when a pregnant woman is sufferer from violence, it is terrible issue. Pregnancy often is susceptible for women violence (3). Violence during pregnancy threat health and can result in the death of the mother and her fetus finally (4). Violence against pregnant women can result to fetal death either through direct injury, including: placental damage, premature contractions, and membrane

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rupture ; or through indirect mechanisms, such as: stress, substance abuse, and abuse-related maternal health problems (5). Adverse pregnancy outcomes could also be the result of associated factors such late initiation of antenatal care, a lack of social support, low socio-economic status, low birth weight infants (4) and preterm labor (3). The purpose of this study was to assess the relationship between the experiences of violence during pregnancy with preterm birth in a cross section study. Relevance between violence during pregnancy and this outcome will help potential route for prevention.

Materials and methods

This cross-sectional study was carried out on 600 women who were hospitalized for giving birth in one of hospitals affiliated to Tehran Medical Science University in Iran, between September 9, 2010 and December 30, 2010. This study was approved by the Research Ethics Committee affiliated with Tehran University, Iran. We applied Abuse Assessment Screen (AAS) Questionnaire because this tool increased prevalence of abuse from a self-reported rate of 8% to over 29% in the same population in a study; in addition, this questionnaire showed higher detection rates when the same questions are incorporated into standard interview (6).

Therefore, we consider the AAS questionnaire as a validated screening tool (7). The questionnaire was modified for Iranian cultural reasons; however, question number five was left out due to sexual abuse. Because the result of a pilot study with thirty Iranian pregnant women found out that they didn't report anything about sex abuse. Its reliability was measured by coefficient cronbach's alpha, so that obtained result showed the correlation coefficient of 0.8. The demographic questionnaire used to obtain the age, occupation and education level of each participant and her husband, as well as obstetric history. It was valid by the Research Scientific Committee of Tehran University. All participants were informed about the purposes and the methods of the study. They were then explained their participation was voluntary and they could refuse to participate or withdraw from the study at any time without penalty. Lastly, those who agreed to participate in the study were asked to sign written consent. The data were analyzed using SPSS software, version 16. The characteristics of the participants are presented as mean \pm SD, or number and percentage. Differences between variables were

determined by chi-square and test of t independence.

Results

A total of 338 participants (56.3%) declared to experience domestic violence during the pregnancy (Figure 1), while the rate of domestic violence done by their husbands was 17% before pregnancy. Psychological violence was the most common form of violence against these women in postpartum (51.3%), and followed by physical violence (5%). Prevalence rate of premature labor was 37.7% among all women in this study, while 63.3% of this rate belongs to abuse women. The characteristics and socio-demographic data of the 600 participants are summarized in table 1.

There were significant associations between domestic violence and premature labor ($p=0.008$). There are associations between the employment status and violence, the method of delivery and violence, and finally education level of the husbands and violence in the mothers who had premature baby ($p< 0/05$) (Table 1).

There were no significant associations between domestic violence and women's age, husband's age, marriage age, women's gravid and parity, children's number and number of prenatal cares.

Discussion

The results revealed that domestic violence was reported more during pre-pregnancy in this study. Women may experience violence at any point in their lives. Although there is no evidence based that the risk of domestic violence aggravate during pregnancy, the result of this study clearly showed the different kind of violence against women during this vulnerable time. Pregnancy is seen as a high-risk period for domestic violence and may motivate the first event or an increase of a pre-existing abusive relationship (8). Approximately, 80% of the Brazilian women reported household psychological aggression toward them; 30% experienced physical violence, and 16% were involved in conspicuous incidents in Rio de Janeiro (9). The prevalence of domestic violence against pregnant women is 56.3% in Iran, including: 51.3 % psychological aggression and 5 % physical violence, which it is much higher than African-American women (10).

Although, there is another study from Bangladesh to reveal 67.7% prevalence rates of violence against women by their husbands, which it is much higher rate in comparison to that in Iran (11).

Table 1: Characteristics of the abused and non-abused women and their husbands

Characteristics	Abused women	Non abused	p value
Employment of women			
Employed	35(10.4)	14(5.3)	<0.05
Unemployed	303(89.6)	248(94.7)	
Education level of the husband			
Less than secondary education	219(64.7)	178(67.9)	<0.05
secondary school education	102(30.3)	67(25.6)	
University	17(5)	17(6.5)	
Method of delivery			
Vaginal	227(67.2)	201(76.7)	<0.05
Woman's age (year)	26.35±5.753	25.47±6.007	>0.05
Woman's age of marriage (year)	20.28±4.482	19.58±3.916	>0.05
Husband's age (year)	30.83±5.985	30.10±6.001	>0.05
Gravid	1.89±.986	1.89±1.079	>0.05
Parity	1.66±.801	1.69±.905	>0.05
Number of children	1.65±.809	1.70 ±.928	>0.05

African-American women reported 26.6% emotional abuse, 18.7% reported physical abuse in the past year and 10.3% women reported being beaten, wounded, intimidated with a weapon or being constantly injured (10). In present study, the obtained result showed 63.3% of mothers with preterm newborns experienced violence during pregnancy in comparison with 36.7% of mothers with full-term newborns, so there is high correlation between violence and preterm infant ($p=0.008$).

Another survey from Portugal, conducted at the Department of Obstetrics of Hospital de São João, Porto, reported that 24% of mother faced preterm birth due to physical and emotional abuse during pregnancy (12).

Fried, et al (2008) didn't find any statistically significant differences between the exposure groups for preterm births(13). They expressed different ways to ask the questions about the experience of violence, like: time of asking questions, person who asks questions, and the type of study (cohort or case control), then they concluded that a lower proportion of preterm births with victims of violence may influence their results.

The mechanisms connect between violence with preterm birth are yet unknown. Women with physical or emotional abuse during pregnancy are more likely to experience higher levels of stressful life events than non-abused women. There is a great deal evidence that psychosocial stress may be associated with preterm delivery by way of behavioral and neuroendocrine. Emotional stress

may activate the neuroendocrines, causing the release of catecholamine and predispose to produced preterm or stimulation the release of prostaglandins contributing to preterm labor (12).

In contrast to our finding, age and number of children was positively associated with physical, sexual and emotional domestic violence ($p < 0.001$) (11); in addition, there are correlation between physical violence and unintended pregnancies compared with women with planned pregnancies in Peru (14). In our study, there are associations between the employment status and violence, the method of delivery and violence, and finally education level of the husbands and violence in the mothers who had premature baby ($p < 0/05$). 67.9% husbands with education level of secondary and less belonged to domestic violence groups; whereas, men with higher education seems to have more tendencies to provide safer household for their families (11). Pregnancy may be viewed as a time of vulnerability and for some women it marks the loss of financial or emotional independence. These changes associated with pregnancy can be seen as an opportunity for an abusive partner to establish power and control over woman (3). The studies have found that women who experience domestic violence are more likely to begin their antenatal care late or describe their pregnancy as unwanted or unplanned (4); however, we didn't find any similar result in this study. Fortunately, in present study, 68% ($n=230$) women experienced violence, described their pregnancy as planned. In

conclusion, the study explored the different causes of premature labor which is more prevalent in domestic violence against pregnant women in Iran. Prematurity is one of the leading causes of infant morbidity and mortality (15), also preterm labour among domestic violence against pregnant women had relative risks for prenatal and neonatal mortality 2.6 and 2.4 times higher than the women hadn't experienced violence(6). It is noted that healthcare providers with screening violence during pregnancy and assessing the prevalence, consequences, and possible interventions may help to reduce domestic violence against pregnant women.

The present study also had some limitations as follows: (i) sample size was for small group of Iranian setting, so it was not the representative of the general female population in Iran (ii) the study was carried out four hours after childbirth when mothers were very tired (iii) some reports of household violence were exaggerated.

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