

Domestic Violence Against Pregnant Women Attending a Hospital in Iran

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Abstract: Domestic violence is an important risk factor for pregnancy complications. The aim of this study is to determine the prevalence of domestic violence and its related factors in a population of pregnant women. A cross sectional study was done on 426 women who were attended to an obstetrics ward of a hospital in Iran. A 35 item questionnaire was completed by the respondents. The life time prevalence of domestic violence was 42% and it was 19.3% during pregnancy. There was no relation between socioeconomic status, women's education and employment and age of marriage with domestic violence. Unemployment, addiction and alcohol use among husbands were related to domestic violence. Slapping and punching were the most common kinds of violent behavior. The prevalence of domestic violence even during pregnancy is high in Iran, so there is a need to increase the awareness of the community and empower the health workers and professionals in order to prevent and control this problem.

Key words: Domestic violence, pregnant woman, risk factor, violent behaviour

INTRODUCTION

Domestic violence means the physical, sexual or emotional abuse inflicted on a spouse or partner by the other (Johnson *et al.*, 2003). It is the cause of one third of all intentional assaults against women and an important risk factor for suicide and somatic disorders, depression, adverse pregnancy outcome and marital conflicts (Alpert, 1995; Cambell, 2002).

The life time prevalence of physical domestic violence in developing countries is 20 to 60% and its prevalence among pregnant women is 0.9 to 20% (Peedicayil *et al.*, 2004).

There are different risk factors for physical violence against women such as low socioeconomic status (Peedicayil *et al.*, 2004) marital conflicts, dominant male control of wealth and family issues (Koss *et al.*, 1994) unemployed husband, addiction, alcohol use by husband, lower educational level of wives (Mchenzie *et al.*, 1998) women's attitude to male dominance (Faramarzi *et al.*, 2005). These risk factors are different in developed and developing countries and even among developing countries. Understanding the prevalence of domestic

violence in the Middle East has to be an important part of raising awareness of the clinical significance of these issues in care of women.

The aim of this study is to determine the prevalence of domestic or spousal violence among women attending an obstetrics and gynecology hospital for delivery in Iran and to compare the prevalence with other countries. Since the risk factors for domestic violence are different among countries, this study determines the most common risk factors in this area. Most of the health workers and professionals are unaware of the prevalence of domestic violence in Iran and they rarely ask about it during prenatal care in maternal clinics or during family planning counseling. This study will help the health workers and professionals to understand the importance of spousal violence during cares and it will give some information to policy makers for integrating the screening of domestic violence into the women's health care services.

MATERIALS AND METHODS

This study was conducted at an educational obstetrics and gynecology hospital among women

attended for delivery. The Alzahra hospital is located in the North West of Iran and it is a referral hospital for this area. The pregnant women in last month of the pregnancy eligible for the study were all the married seen during the study period from June 2005-January 2006. In this period 450 women were recruited to the study and 427 of them answered to a questionnaire completely. The questionnaire was made by the authors and sent to 6 experts to evaluate its face and content validity. Respondents completed the questionnaire alone in a private room. Four midwives, who had been trained in counseling and interview technics, assisted in completing the questionnaires and answering questions raised by respondents in regard to completion of the questionnaire.

For every woman the research assistants and main researchers presented a short explanation of the study and its objectives. In Islamic republic of Iran, sexual life is only approved with the husbands after a ceremonial marriage. Therefore we didn't ask about violence from boyfriends. The data gathering tool was an anonymous, self-administered 35 item questionnaire which was developed to evaluate the life time and during pregnancy prevalence and related factors of domestic violence. In this research, domestic violence refers to physical assault by the husband.

Proportions were compared using chi2 analysis, with 95% confidence intervals included. Comparison of means was done by student t-test.

RESULTS

During the study period, 427 women between 14 and 45 years of age completed the questionnaire.

The mean age of respondents was 26.3 year (SD = 5.4). Forty two percent of women stated that they had expected some form of physical violence by their

husbands, 19.3% of respondents had been under physical violence by their husbands even during pregnancy. The prevalence of violence was higher in the age group of 26-30 years old in women.

The women had been married on average 5.13 years. The average duration of marriage in abused and non-abused women was 5.08 and 5.1 years, respectively (mean difference = 0.08, 95% CI: -0.8_0.99) (p = 0.8).

The mean years of education were 1.5 and 9.4 in women and their husbands, respectively. The mean age gap between husband and wife was 3.8 years (-14 to 18 years). The mean age gap was 3.6 years among abused and 4.1 among non-abused groups (mean difference = 0.51 95% CI: -0.18_1.2) p = 0.2.

Table 1 shows the socio-demographic characteristics of the abused (212 women, 42%) and non-abused (214 women, 50.2%) groups and their husbands.

The proportions of unemployed husbands of abused and non-abused wives were 7.5 and 3.3%, respectively (p<0.05) 83% of women were housewives, 17% of them were employed. The proportion of employed women in abused and non-abused groups were 84 and 83.6%, respectively.

Among all women the mean number of life time unintended and intended pregnancies were 0.33 and 1.4, respectively. The mean number of unintended pregnancies was higher among physically abused women (mean difference = 0.15, 95% CI: 0.06-0.31) (p = 0.02).

Among all respondents 51.8% of the husbands were smokers, 3% used alcohol and 2% were opiate addicts. Table 2 shows the proportion of husband in two groups which were smoker, alcohol drinker or addicted.

The pattern of violence revealed that slapping and punching were reported by the majority of women: 2.1% reported curse and abusive language (Table 3). Seven percent of the women experiencing prohibition of visiting their parents and relatives by their husbands.

Table 1: Sociodemographic characteristics of abused and Non-abused groups and their husbands

Characteristic	Abused (n = 212)		Non-abused (n = 214)		p-value	Mean difference (95% CI)
	Mean	(SD)	Mean	(SD)		
Age (years)	26.40	5.3	26.2	5.5	0.70	-0.19 (-1.2_0.8)
Duration of marriage (years)	5.08	2.6	5.1	2.5	0.80	0.08 (-0.8_0.99)
Husband's age (years)a	30.00	5.7	30.4	6.3	0.50	0.32 (-0.83_1.4)
Years of education						
Wife	8.20	4.3	8.9	4.6	0.10	-0.60 (-1.5_1.5)
Husband	9.11	4.2	9.8	4.1	0.06	0.76 (-0.03_1.5)
Annual income (US\$)	1495.00	1328.0	1574.0	1254.0	0.50	-84.00 (-339_171)

Table 2: The percentage of addiction, alcohol use and smoking among husbands in two groups of abused and non-abused women

	Abused		Non-abused		p-value
	Lifetime (%)	Pregnancy (%)	Lifetime (%)	Pregnancy (%)	
Smoking	57.5	52.9	45.3	51.8	p = 0.1
Alcohol and opiate	8.0	13.2	1.9	1.8	p<0.05

Table 3: The prevalence of different kind of violent behavior, values are expressed as percent

Type of violence	Overall	Even during pregnancy
Slap	36.3	30.7
Beat	10.1	8.9
Kick	12.2	9.8
Punch	21.1	18.7
Pinch	3.7	2.8
Hair pulling	5.4	4.2
Prohibition of parent visit	7.7	7.0
Pushing	6.3	5.9
Curse	2.1	2.1
Threaten	1.4	1.4

DISCUSSION

In this study a sample of 426 consecutive pregnant women who were admitted to a teaching hospital in North West of Iran was selected. Our study group were not representative of the female population of Iran.

The prevalence of physical violence by husband during pregnancy and life time is similar and in sometimes higher than the other studies.

In India a study among 9938 pregnant women demonstrated that the life time prevalence of domestic violence was 41% and it was 13% even during pregnancy (Peedicayil *et al.*, 2004).

In Sudan, domestic violence prevalence was 49.6% (Ahmed and Almardi, 2005).

In a study in North England among women attended to a hospital for antenatal care, the domestic violence prevalence was 17 and 3.4% had experienced violence during pregnancy (Johnson *et al.*, 2003).

In most of the studies from western countries, the prevalence had been less than 25% and violence during pregnancy was less than 10% (McFarlan *et al.*, 1992; Helton and Snodgrass, 1987; Amaro *et al.*, 1990).

In one UK study the prevalence of domestic violence was 25% among 286 working class women in London (Andrews and Brown, 1998).

In China, 4.3% of 631 pregnant women had the history of domestic violence during their pregnancy (Leung *et al.*, 1999). The prevalence of domestic violence in Pakistan was 34% and during pregnancy it was 15% (Fikree and Bhatti, 1999).

In this study there was no significant relation between domestic violence and duration of marriage, years of education and employment of wives. However, unemployment of the husband, unintended pregnancy, using alcohol and opiate by husband had significant relation with domestic violence; these results are similar to the study on domestic violence in Sudan (Ahmed and Almardi, 2005).

Unlike other studies (Ahmed and Almardi, 2005; Abbot *et al.*, 1995; Rodriguez *et al.*, 2001) most of the abused women were young and this may be for the younger age of marriage in this region.

Since most of the admitted women to this hospital were from the same socioeconomic status, there was no difference between abused and non-abused women in annual income. Kornblit suggested that the increase in female employment may cause tension that increase the marital conflict (Kornblit, 1994). The proportion of employed women was slightly higher in abused group but the difference was not significant.

Different figures for domestic violence between countries are partly due to different definitions. In this study because of some cultural issues, prohibition of visiting parents and cursing were added to domestic violence.

Because of the limitation of the sample size, most of the variables were not statistically significant and we suggest a multi-centric study with a large sample size to determine the risk factors of domestic violence in Iran.

CONCLUSION

Domestic violence is a common problem in Iran which should raise concern. Since the prevalence of domestic violence during pregnancy is more than some other complications of pregnancy, there is a need to raise the awareness of the community, health workers, professionals, NGOs and policy makers toward this issue. Screening programs for domestic violence in family planning clinics and maternal health care services will be helpful.

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