

## Prevalence of Domestic Violence against Second Trimester Pregnant Women Admitted For Premature Uterine Contraction

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### Abstract.

**Background:** Violence against women during pregnancy in the Arab region is a complex problem that cannot be attributed to a single cause but to diverse set factors; including demographic, socioeconomic or cultural one..

**Objectives:** To evaluate the prevalence of domestic violence among second trimester pregnant women (13-26weeks gestation).

**Methodology:** A cross sectional study was conducted from June 2010 to June 2011, on pregnant women (13-26 weeks gestation) admitted to Elwiyah Maternity Teaching Hospital; for conservative management of premature uterine contractions. Eight hundred cases were included forty-five of them were excluded from the study; as they refused to participate.

**Results** The prevalence throughout the study period was 39.7%. There was statistical significance between domestic violence and variables related to socio demographic, reproductive characteristics and social habits of both the study sample and their husbands. The physical violence shows that the highest grade (223) at low level of relative sufficiency of physical domestic violence, which refers to throwing, objects. The lowest grade (228) at the low level of relative sufficiency, which refers to calling her with bad names in front of her children.

**Conclusions** It was concluded that physical, social, psychological and sexual form of domestic violence between all second trimester pregnant women who were admitted to Elwiyah Maternity Teaching Hospital was 39.7%.

**Key words:** - Domestic Violence, Pregnant Women and Premature Uterine Contractions

### I. INTRODUCTION

Domestic violence as an action taken by the husband against his wife , resulting in physical, psychological, socio-economic, sexual, and isolation injury<sup>(1)</sup>. During pregnancy, DV is associated could have an immediate and lasting effects , with adverse pregnancy outcome such as ; spontaneous abortion, , bleeding during pregnancy, preterm labor, preterm delivery , low birth weight and higher neonatal deaths <sup>(2)</sup>.

Women subjected to domestic violence usually continue their unhealthy habits due to continued stressful conditions; such as smoking habits, drug abuse or improper nutritional habits. The Immediate effects on pregnancy due to such violence include; blunt trauma to the abdomen, hemorrhage uterine rupture, miscarriage, still birth, preterm labor and premature rupture of the membranes <sup>(2)</sup>.

In 1981; the United Nation Committee on the Elimination of Discrimination against Women (CEDAW) affirmed a policy of eliminating any discrimination on basis of sex that would affect an individual's human rights and fundamental freedoms <sup>(3)</sup>. In 1993; the World Conference on Human Rights in Vienna declared that violence against women entails a severe violation of rights <sup>(3)</sup>.

#### 1.1. Prevalence of Domestic Violence in Arab Countries

Despite its increasing global importance; there have been little researches on D.V against women in the Arab region. Few studies investigated the prevalence of DV and its impacts on health and morbidity in refugee populations or in Arab families<sup>(4,5 & 6)</sup>. Studies conducted in neighboring settings (Egypt, Palestine, Tunisia) indicated that at least one of three women is beaten by her husband<sup>(7)</sup>.

Violence against women during pregnancy in the Arab region is a complex problem that cannot be attributed to a single cause but to diverse set of factors; including demographic, socioeconomic, or cultural one<sup>(8,9,10&11)</sup>.

### II. METHODOLOGY

A cross sectional study was conducted on second trimester pregnant women (13-26 weeks) who were admitted to Elwiyah Maternity Teaching Hospital –Baghdad; for conservative management of premature uterine contractions. Eight hundred cases were included, throughout the study period; from June 2010 until June 2011. The study protocol was approved by Obstetrics and Gynecology Committee of Arab Board for Medical Specialization and by hospital administration. An Arabic questionnaire form of four pages was designed. Patient's verbal consent and agreement to participate in the study was obtained, in the absence of her husband or

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any of her companion relatives. The questionnaire was then fulfilled by the investigator, through a quite private setting interview with each patient alone.

**2.1. Socio-demographic data:**

This included the socio-demographic data characteristics of both the wife and the husband as: age, residency, level of their education, occupation and consanguinity. The socio-economic status, according to WHO classification, includes ; the educational level , occupation of both partners , mode of living ( separate or with husband's family) , members of the family, residency (whether their own or rent) and their socioeconomic status ; being low, middle, high.

**2.2. Reproductive characteristics:**

Reproductive characteristics are related to; duration of marriage , being the only wife or not, gravidity, parity, number of live children, as well as abortions, desire towards the current pregnancy and previous infertility if any.

**2.3 Social habits:**

Social habits of the husbands included in the study were; smoking and alcohol consumption, husband's extramarital relationship(s) and harmony between the two families.

**2.4 -Items related to domestic violence:**

Included the duration of onset of domestic violence and the presence or absence of any previous hospitalization due to domestic violence exposure.

**2.5 Types of violence:**

Four types of violence were included in the study as follows ; the physical violence with (6 items), the psychological violence (with 4 items), the social violence (with 4 items as well) and the last type of violence; that is the sexual violence (with 2 items).

**2.6 Statistical analysis**

By June 2011; the whole data were collected then analyzed according to Statistical Package of Social Sciences (SPSS) version 17.and were arranged in nine subsequent tables.

A- Frequencies and Percentage

B- Rating and scoring of the scale

**III. RESULTS**

**Table 1:** Distribution of the study sample according to socio-demographic characteristic:-

Variable	women with domestic violence				women with no domestic violence			
	wife	%	husband	%	wife	%	husband	%
age								
≤18	37	12.3%	3	1.0%	20	4.39%	5	1.0%
19-35	200	66.6%	153	51.0%	300	65.9%	230	50.5%
35≤	63	21%	144	48%	135	29.6%	220	48.3%
Level of education	wife	%	husband	%	wife	%	husband	%
Illiterate	98	32.7%	64	21.3	50	10.9%	50	10.9%
Read and write	127	42.3%	132	44.0	250	54.9%	100	21.9%
Secondary school	47	15.7%	69	23.0	75	16.4%	180	39.5%
graduate								
Collage	28	9.3%	35	11.7	80	17.5%	120	26.3%
Residency	No	%			No	%		
Urban	252	84.0%			400	86.9%		
Rural	48	16.0%			55	12.08%		
Occupation:	wife	%	husband	%	wife	%	husband	%
Housing /employed	282	94%	24	8%	120	26.3%	30	6.5%
Government	18	6%	69	23%	335	73.6%	200	43.9%
employed								
Self-employed	0	0%	207	69%	0	0	225	49.4%
Consanguinity	No	%			No	%		
Yes	153	51%			230	50.05%		
No	147	49%			225	49.4%		
Socioeconomic status	No	%			No	%		

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Low	261	87.0%	50	10.9%
Middle	39	13.0%	221	48.5%
High	0	0	184	40.4%
Total	300	100%	455	100%

**Table 2:** Distribution study sample according to physical domestic violence

Physical domestic violence	Never		Sometimes		Always		RS
	No.	%	No.	%	No.	%	
1.Punching	150	50%	36	12%	114	38%	188
2.Spitting	144	48%	48	16%	108	36%	188
3.Throwing objects in anger	102	34%	27	9%	171	57%	*223
4.Threatening with weapons	189	63%	21	7%	90	30%	164
5.Shoving	192	64%	27	9%	81	27%	163
6.Burning with cigarette	288	96%	3	1%	9	3%	107

Cut-off point=2 \*Low=200.01-233.34 \*\* Moderate=233.34-266.67 \*\*\* High=266.67-300

**Table 3:** Distribution of sample according to social domestic violence.

Social domestic violence	Never		Sometime		always		RS
	No.	%	No.	%	No.	%	
1.Full control on her income	120	40%	15	5%	165	55%	*215
2.Neglect her needs	204	68%	27	9%	69	23%	155
3.Restricting her contact with family & friends	195	65%	30	10%	75	25%	160
4.Provoke children to insult her	195	65%	24	8%	81	27%	162

Cut-off point=2 \*Low=200.01-233.34 \*\*\*Moderate=233.34-266.67 \*\*\*High=266.67-300

The prevalence of domestic violence among admitted second trimester pregnant women to Elwiyah Maternity Teaching Hospital Baghdad, throughout the study period was; 39.7%. There was statistical significance between domestic violence and variables related to socio demographic, reproductive characteristics and social habits of both the study sample and their husbands. Three quarter were below 34 years of age, half of their husbands were relatives, and the majority were house wives (84%) lived in urban areas. Most of study sample and their husbands were illiterate with low education. More than two third of husbands were self-employed. The majority (87%) of families lived in low socioeconomic status. The majority (90%) of study sample were first wives and more than two third were married since ten years and most of them had two to five children. There was a statistically significant association between all types of domestic violence, age and socioeconomic status of study sample. The desire towards having the current pregnancy was found in two third of cases. More than half of husbands were smokers, (19.6%) were alcoholic. There was statistically significant association in regards to extra-marital relationship and harmony between the wife's family and the husband's family. More than two third suffered from onset of domestic violence during pregnancy, while one third immediately after marriage

## IV. DISCUSSION

### 4.1 Socioeconomic status

Studies conducted by Castro et al. interviewed 914 pregnant women in health clinic and stated that low socioeconomic status is one of strongest predictors of abuse<sup>(12)</sup>. It was considered unemployment as a social and community factor influencing violence with the pregnant victims typically hold a low socioeconomic status<sup>(13)</sup>. Women with fewer resourced or greater perceived vulnerability-girls and those experiencing physical or psychiatric disabilities or living below the poverty line-are at even greater risk of domestic violence and lifetime abuse (International Day for the Elimination of Violence against Women, 2011)<sup>(14)</sup>.

The present study revealed a statistically significant association between all types of domestic violence and the socioeconomic status; the majority of families (87%) were of low socioeconomic level, while only 13% were of moderate socioeconomic level.

#### **4.2 Social violence**

The findings of the study revealed that the highest relative sufficiency (RS) which was considered as a low level of social violence refers to item 1 (full control on her income), while lowest RS refer to item 2 (neglect her needs).

A study conducted by Mazza who stated that among respondents (2181) women in current relationship twenty per cent of those had experienced emotional abuse in the previous year; 4% had their partner threaten or try to kill them; 8% had money withheld; 7% prevented from leaving their home. 6% were stopped from seeing their friends and family or speaking to them on phone; and 17% were constantly called names or humiliated<sup>(15)</sup>.

### **V. CONCLUSIONS**

Our study revealed that the prevalence of domestic violence between all second trimester pregnant women who were admitted to Elwiyah Maternity Teaching Hospital was 39.7%. This include physical, social, psychological and sexual form of domestic violence.

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