

Domestic Violence during Pregnancy, Its Prevalence, Contributing Risk Factors and Consequences: A Review Article

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Abstract: The aims of this study were to determine the Prevalence, Contributing Risk Factors and Consequences of domestic violence in pregnancy. Medline, Cochrane, EMBASE, Google Scholar and Elsevier databases were searched. Along with a detailed list of terms related to domestic violence were used. Reference lists of relevant studies were hand searched. Fifteen published, English language trials were identified. To sum up the above studies showed that, violence against women could be physical, sexual or psychological. Domestic violence in more developed countries it seems to be lower than underdeveloped ones. The contributing factors to this phenomenon that is being in a bad relationship with the partner, consumption of alcohol and drugs, men or women's being unemployed or uneducated, low-income families, having been exposed to violence before pregnancy, being teenagers, being single and having experienced depression before pregnancy. The outcomes of domestic violence during pregnancy, according to these studies are: low-birth weight, post-partum depression, more prenatal and neonatal mortality, miscarriage, harm to psychological health of women and pre-term labor we compare the results. Due to high prevalence of domestic violence during pregnancy and its negative effects on the mother-child health, it is recommended that congruent screening and intervention programs be included in prenatal care.

Keywords: Violence, domestic, pregnancy, Review Article.

INTRODUCTION

Violence against women has always been a great concern in health care. Violence against women during pregnancy causes great stress on mother and harms the infant [1].

Pregnancy is regarded as a time span in the lives of women when violence is more likely to occur [1, 2]. The prevalence of pregnancy and post-partum depression in women who are exposed to violence is four times as great comparing to normal women. Being exposed to violence during pregnancy leads to high risk behavior in women such as increased amount of alcohol consumption, drugs consumption, delay in prenatal care and even low birth rate as well as pre-term labour, unintended pregnancy as well as future behavioural problems for children [3]. Violence is also closely related to less weight during pregnancy, malnutrition and anemia [4-7]. Different studies show that negative effects of domestic violence on women have negative consequences regarding their health and well-being [4, 5]. The existing body evidence shows that pregnancy is by no means a preventive factor for domestic violence against women. There is also evidence of harmfulness

of such violence on the health and survival of the newborn baby. %8-%20 of women is affected by postpartum depression. Apparently, The reason of depression during postpartum could be having a vulnerable relationship with an intimate partner [8]. The Pregnancy violence is reported as something between %1 and %20.

In this article attempts will be made to address the following concerns regarding violence against pregnant women throughout the world: What is the present status of domestic violence against pregnant women regarding its prevalence? What are the intensifying factors of domestic violence against pregnant women? What are the effects of domestic violence on a pregnant woman and the fetus?

METHODS

Medline, Cochrane, EMBASE, Google Scholar and Elsevier databases were searched. Along with a detailed list of terms related to domestic violence were used. Reference lists of relevant studies were hand searched. Inclusion criteria: Papers Included in this study were chosen if they that elicited the status of

domestic violence against women around the world with focus on the frequency of violence, factors that intensify it, and the effects of domestic violence on pregnant women and the fetus.

RESULTS

Fifteen published, English language trials were identified. To sum up the above studies showed that, violence against women could be physical, sexual or psychological.

Prevalence

In a cross-sectional study carried out on 300 women to designate the frequency of occurrence for domestic violence against women in Jahrom, Iran before, during and after pregnancy it was revealed that the frequency was %51.7, %42, and %53.5 respectively.

Physical abuse, sexual abuse, and emotional abuse turned out to occur %53, %26.7 and %34.7 respectively [9].

In a study carried out aimed at estimating the prevalence of violence during pregnancy in 652 women attending primary care clinics in southern Brazil, some kind of violence during pregnancy was reported by %18.3 out of these cases %15 had experienced psychological and %6 physical and %3 sexual violence [10].

In rural areas of India a study which took advantage of prospective data on 3909 birth cases during a 4-year period, it was reported that in %9-%12 of women that they have experienced one type or more of different types of violence during the last 12 months [5].

In another study, carried out in Canada focusing on 6421 of women in their 5th-9th months of pregnancy, %11 of them reported to have faced violence in this period. The prevalence rate of violence on the part of partners turned out to be %5.7 [8].

In order to explain the prevalence of IPV which ranged from %2-%13.5 as revealed in a meta-analysis in 2010, the IPV during pregnancy across 19 countries was investigated between the years 1998-2007 [11].

In still another study carried on national Canadian women aimed at assessing domestic violence during pregnancy it was reported that %3.3 of them had experienced violence during pregnancy [12].

Intimacy partner violence was experienced by %18 of the 1897 women in Guatemala whose age range was between 15-47 years where verbal violence was the most common (%16), next was physical abuse (%10) and sexual abuse (%3) [13].

The prevalence of domestic violence in a sample of 256 pregnant women in a district in saint Diego was reported as having %5.9 physical violence and %30.9 experienced emotional violence during pregnancy [14].

In a cohort study which was prospective carried out on 1305 pregnant women in Melbourne, Australia, %16.6 of women reported IPV in 12 month after giving birth to their child. %54.2 of them reported emotional violence, %32.4 physical and emotional and %13.4 physical violence [3].

In a meta-analysis by Simukia *et al.* done on 19 articles in African journals published between 2000-2010, the frequency of occurrence for IPV was reported to be %15.23 [15].

Contributing risk factors

Abuse during any past period was a strong resulting in subsequent abuses. Others appeared to be women who had witnessed domestic violence, women's education of less than 12 years, age of marriage less than 18 years, husband education less than 12 years, women's economic dependency and living with extended family $p < 0.05$ [9].

In another study it was revealed that %84 of women exposed to domestic violence during pregnancy had experienced violence before pregnancy. Also, IPV was revealed to have a relationship with husband having a low income and mothers' being less than 20 years of age [8].

In another study in Brazil women exposed to violence were more often low income, didn't work or study, and used alcohol [10].

Still in another study it turned out that women who had been subject to physical violence by their partner were more probable to experience unwanted pregnancy [4].

In a meta-analysis in 2010 in most of the settings prevalence was revealed to be somehow consistent when it came to younger age group (13-35 years of age).

In a study in 2011, abused women were more probably to experience depression, post partum period, be single, teenager, low-income, household and have a history of depression before pregnancy compared to non-abused women [12].

In Guatemalan women, as revealed in a study in 2011, IPV was shown to be accompanied by low-income and being uneducated [13].

In a study carried out on women from an area in Saint Diego, the main risk factor for IPV during

pregnancy was having experienced violence during life time and physical violence during the year prior to pregnancy [14].

In a study in Melbourne, Australia, the women who suffered abuse or violence during pregnancy were revealed to be more probably singles who reported relationship problems, younger than 25 or older than 35, they had low level of education and depression before pregnancy [3].

In meta-analysis by Simukai *et al.* the history of violence, using alcohol by the partner, increased the chance for women to be abused during pregnancy. Other risk factors consist of high-risk sexual factors, low-income family, low social status and being too young [15].

Consequences of IPV

In a study carried out aimed at investigating domestic violence and prenatal, neonatal and infant mortality in rural India [9] the women who had experienced violence twice or more, suffered more prenatal and neonatal mortality compared to women who hadn't experienced violence [5].

Among Guatemalan women who were victims of IPV miscarriage turned out to have been experienced by %40 of women suffered from violence [13].

Another study showed that the psychological health of women is badly affected by domestic violence [14].

In a similar vein, a study on Canadian women shows that post-partum depression is a close ally to domestic violence [15].

In another study in Melbourne, Australia, it was turned out that IPV is more common in women reporting to have suffered post-partum depression [3]. The results of a review study on domestic violence during pregnancy, carried out in 2011 is in line with this study [12] in which no significant difference was found between domestic violence and pre-term labour although in this study it is reported that there was no low-birth rate affecting from domestic violence, observed [12].

CONCLUSION

To sum up the above studies it should be said that first of all, violence against women could be physical, sexual or psychological. Although domestic violence seems to be different depending on demographic situation and in different parts of the world, it is unfortunately present everywhere. In more developed countries it seems to be lower than underdeveloped ones. The contributing factors to this phenomenon that is being in a bad relationship with the partner, consumption of alcohol and drugs, men or

women's being unemployed or uneducated, economy of the family *i.e.* low-income families, having been exposed to violence before pregnancy, being teenagers, being single and having experienced depression before pregnancy seem to be common in most parts of the world where the reviewed studies have been carried out.

The outcomes of domestic violence during pregnancy, according to these studies are as follows: low-birth rate, post-partum depression, more prenatal and neonatal mortality, miscarriage, harm to psychological health of women and pre-term labour.

In order to minimize domestic violence and its effects, it is recommended that women be informed on the frequency, contributing factors and outcomes of domestic violence, in early ages and during primary or secondary education, in mass-media and before marriage consultations so that they are informed and get a better, deep insight into the issue. Men should also be warned against the types, frequency and consequences of domestic violence and the bad effects it exerts on their families. Measures should be taken to make the social status of women better by helping them having better education and job opportunities.

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