

+A Study on Domestic Violence Levels in Pregnant Women Who Visited Khorramabad Medical Centers in 2019-2020

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I. INTRODUCTION

Despite the fact that the pregnant women's safety and health in terms of maternal and fetal physical and mental health and other disorders have always been under the control and extensive care of family health centers(1), there are still many concerns about domestic violence or male violence against women in families(2) According to the World Health Organization, the violence against women is any form of gender-based violent behavior that causes harm or is likely to cause physical, sexual, and emotional harm in women. Such behavior can occur with threats, absolute deprivation of freedom or liberty, and may occur in public or in secret(3). According to the Centers for Disease Control and Prevention (CDC), the violence in pregnancy is more common than problems such as diabetes and preeclampsia and is characterized by high prevalence and dangerous nature(4). According to the World Health Organization, about one-third of the world's female population is victims of domestic violence(5). Furthermore, its prevalence is about 19% in developing countries(1). Its mean prevalence was about 65% among the Iranian pregnant women(5). On average, the prevalence rate indicated that 25.1% of pregnant women were under psychological violence, 22.7% under sexual violence, and 8.4% under physical violence in pregnancy(6). Despite the fact that all women are at risk, some groups are at higher risk, including adolescents, women with low socioeconomic status, and pregnant women(7). Studies indicate that pregnant women are more faced with domestic violence due to a number of reasons, including lower sexual desire, misconceptions about pregnancy, and husbands' abnormal feelings about pregnancy(8). Some predisposing factors of this phenomenon, which have been mentioned in various studies, are maternal age, socioeconomic status of family, education level, level of social support, and couple's mental and physical health(8). Therefore, it is vital to recognize factors that cause crisis for this sensitive period. Therefore, many countries have studied various dimensions of this issue, but there are few studies in Iran. Given the cultural and social differences of Iran with other countries and even among different cities, it is necessary to know about the breadth and severity of the issue to adopt appropriate strategies to prevent and deal with it and improve the physical and mental health in women during pregnancy.

II. MATERIALS AND METHODS

The present study was a descriptive-analytical study on 190 pregnant women in Khorramabad in 2019. 190 pregnant women were selected from the research population using the random systematic convenience sampling. The requirement criterion to enter the population under study were the contentment to participate, possessing an Iranian nationality, Originating from Khorramabadian Lor tribe, being pregnant and knowing how to read and write and lacking any side effect of pregnancy and the factors like being uninterested in cooperating with fulfillment of the research and not filling the questionnaire fully caused the person to be fired from the group under study. The Standard Domestic Violence Questionnaire, which was approved by the corresponding author, was the data collection tool of the present study to determine the validity. The questionnaire has been used in several studies. The domestic violence questionnaire included 40 questions that assess the 5 types of domestic violence. Emotional violence type included 7 questions (from 1-5, 16 and 33), Psychological violence type included 25 questions (from 8-18 and 21, 22, 24, 25, 27-34, 37-40), Physical violence type included 3 questions (20-35-36), Economical violence type included 2 questions (6 and 19) and Sexual violence type included 3 questions (7-23-26). Five-degree Likert spectrum was used to answer the questions in the questionnaire. The scores gained on each column are gathered together as well as that score to each type and finally according to minimum and maximum score, the average score is gained which indicates what type each person used. The validity of all measures in Iran

based on Cronbach's alpha was 0.8. The gain data were described and analyzed by 20- addition Statistical Package for the Social Sciences software (Chicago) and were analyzed by Pearson's and Spearman's coefficient.

III. FINDINGS:

The findings showed that mean and standard deviation of units were $32/3 \pm 8/6$, spouse age was 36.7 ± 8.8 , marriage age was 22.8 ± 5.2 , marriage duration was $9.5 \pm 7/9$, number of children was 1.4 ± 1.3 and mean and standard deviation of multiple pregnancies was 2.5 ± 1.4 . 37/2% of units met each other through family ratio, 18.4% of them through family relationship and 12.8% of them through job-friendly communication. 95.9% of units had first marriage and 4.1% of them had their second marriage. 89% of wives had first marriage, 9.9% of them had second marriage and 0.5% of them had third marriage. 75.3% of units had wanted pregnancy and 24.7% of them had unwanted pregnancy. 0/5% of units were in the first month, 5.6% in the second month, 9.7% in the third month, 13.8% in the fourth month, 15.3% in the fifth month, 16.3% in the sixth month, 7.1% in the seventh month, 6.1% in the eighth month and 17.9% of them were in the ninth month of pregnancy. 57.7% of units had personal housing. 36.2% of the units were unemployed, 1.5% of them were retired and 46.7% of their spouses were employed. 53.8% of the units had university education and 4.1% had elementary education. 36.8% of units had good economic status, 56.5% had moderate economic condition and 0.5% had bad economic status. Psychological violence with mean and standard deviation of $41/2 \pm 19/7$, had the highest frequency in the studied units, Economic violence with mean and standard deviation of 1.8 ± 3 had the least frequency in the units. The mean \pm sd of Emotional violence was 11.5 ± 5.7 , the mean \pm sd of Physical violence was 4.1 ± 2.5 , the mean \pm sd of Sexual violence was 4.5 ± 2.5 and the mean \pm sd of Overall violence was 63.7 ± 29.9 .

IV. DISCUSSION:

Findings showed that the psychological violence with mean and standard deviation of $41/2 \pm 19/7$, had the highest frequency in the studied units (Table 1). These findings were congruent with the findings of Lima et al. (2019), Lewis (2016), Faisal (2013), Tokus (2010) in Brazil's hospitals, Hasan et al., Baheri et. Al that considered the psychological violence as the most prevalent violence in the women (9-14). To clarify this finding, we can say that violent behaviors will increase during pregnancy due to women's vulnerability (9). Some studies have mentioned the protective role of pregnancy in the reduction of violence against women (9, 15). On the hand, due to increased accessibility especially to mass and social media for women, today women are more than any time aware of their personal and social rights and failure to achieve these goals (16). According to Burch and Gallup's study, pregnant women who were geographically, culturally and socially excluded, considered these behaviors as normal and are more prone to violent behaviors, because they resist the violent behavior of their spouse (10, 17). According to some studies, the important reasons for which women are subjected to domestic violence include, men's desire to overpower the women, considering the violence as a way to solve problems, lack of due process in violence cases raised by women and the low level of women's education. This is perhaps because of the increased social and cultural acceptance of psychological violence rather than other forms of violence in society (18). According to Hajnasiri and et al., domestic violence rate vary across the regions of Iran. This difference in the prevalence rate is due to differences in cultural, social and economic levels. On the other hand, due to the cultural diversity in Iran, there are different attitudes, beliefs, traditions, beliefs and customs (19). However due to the cultural texture of the tribes of Khorramabad, and that its civilization is not old, people want to protect the traditional values and at the same time maintain the urban lifestyle. This dichotomy and contradiction cause many problems such as insults, isolation, screaming and humiliation (20). And it provides a situation that causes the prevalence of psychological violence to be higher than other types of violence in the region. Findings showed a meaningful relationship between age, husband's age, the age of marriage, the marriage's duration, the number of children with the psychological violence, physical violence, economical violence, sexual violence and the emotional violence (Table 2). Also, the findings about the duration of marriage showed that as the duration of marriage increases, the rate of domestic violence increases. To clarify this finding, we can say that on the results of the study by, Yaghobi (2013) factors such as couples' lack of knowledge about marriage, address, forced marriage, wife addiction, involvement of relatives and close couples, experience and observation of parental violence by couples in the family, couples behavior and personality that each in turn cause problems in the family pyramid, as they contribute to the phenomenon of domestic violence (21). Thus, for example in forced marriage, after the early nomination period that is usually associated with the transient emotional behaviors, causing psychological disruption and verbal violence begins in couples that is the prelude to other violence and also, the couples' inconsistency in education cause differences in their tastes and types of thinking. Occupation and Location have become a topic to compare with those around and cause disagreement (19). Therefore, there was not

observed a relationship between age, husband's age, the age of marriage, the marriage's duration and the number of children with the violence inflicted on the individual.

			Minimum	Maximum	Mean±SD
Emotional V	165	7	11/5 ± 5/7		
Psychological V	169	5	41/2 ± 19/7		
Physical V	173	6	4/1 ± 2/5		
Economical V	170	9	3 ± 1/8		
Sextual V	168	4	4/5 ± 2/5		

Table2: : Descriptive statistics of quantitative demographic variables and Pearson's correlation coefficient between quantitative demographic variables with domestic violence types in pregnant women referring to Khorramabad health centers

Types Of DV	Age		Husband's age		Marriage age		Marriage duration		Number of children	
	Mean±SD: 32.3±8.6		Mean±SD: 36.7±8.8		Mean±SD: 22.8±5.2		Mean±SD: 9.5±7.9		Mean±SD : 1.4±1.3	
	R	P value	R	P value						
Emotional V	-0/132	0/068	-0/152	0/035	-0/061	0/402	-0/103	0/154	-0/115	0/114
Psychological V	-0/106	0/138	-0/113	0/115	-0/072	0/16	-0/068	0/345	-0/097	0/174
Physical V	-0/032	0/659	-0/043	0/553	0/052	0/464	-0/069	0/345	-0/066	0/361
Economical V	-0/111	0/122	-0/135	0/058	0/011	0/874	-0/128	0/074	-0/128	0/074
Sextual V	-0/098	0/169	-0/126	0/077	-0/046	0/523	-0/078	0/271	-0/054	0/452

Table 3: The correlation coefficient of Spearman between demographic orderly variables with the Domestic violence types score.

Domestic violence types score	Education level		Husband's education level		Economic level	
	R	P	R	P	R	P
	Emotional V score	-0/148	0/040	-0/292	<0/001	-0/388
Psychological V score	-0/145	0/042	-0/172	0/105	-0/286	0<001
Physical V score	-0/116	0/105	-0/226	0/001	-0/220	0/002
Economical V score	-0/047	0/515	-0/135	0/060	-0/182	0/011
Sextual V score	-0/143	0/045	-0/183	0/010	-0/220	0/002

V. CONCLUSION:

This study showed that some demographic characteristics, such as age, were more associated with the phenomenon of domestic violence. The results of the present study also showed that the phenomenon of psychological violence was more prevalent in the pregnant women for all the aforementioned reasons and because its reporting is less taboo. Couples' awareness of violence, especially psychological violence and solutions to problems related to psychological violence attending the pre-marriage life skills classes, can

play an important role in reducing the prevalence of domestic violence, especially the psychological violence. On the other hand, due to the variety of methods used to investigate, the size of different samples, respondents' willingness to disclose, experiences of domestic violence and cultural differences in different communities, the present study is not a complete overview of the psychological violence that is prevalent in this region. Therefore, it is recommended to other aspects of violence be also investigated in future studies(20).

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REFERENCES:

- [1]. Biaggi A, Conroy S, Pawlby S, Pariante CM. (2016). Identifying the women at risk of antenatal anxiety and depression: a systematic review. *Journal of affective disorders*, 191:62-77.
- [2]. Eillsberg M, Arango DJ, Morton M, Gennari F, Kiplesund S, Contreras M, et al. Prevention of violence against women and girls: what does the evidence say? *The Lancet*. 2015;385(9977):1555-66.
- [3]. Kalani Z, Pourmohamed Z, Dehghani K. Control of Risky behavior in marital relationship: Assessment and Intervention. *Toloo-E-Behdasht*. 2009;8:3-4.
- [4]. Bullock L, Bloom T, Davis J, Kilburn E, Curry MA. Abuse disclosure in privately and Medicaid-funded pregnant women. *Journal of midwifery & women's health*. 2006;51(5):361-9.
- [5]. Hajnasiri H, Gheshlagh RG, Sayehmiri K, Moafi F, Farajzadeh M. Domestic violence among Iranian women: a systematic review and meta-analysis. *Iranian Red Crescent Medical Journal*. 2016;18(6).
- [6]. Nejatizade AA, Roozbeh N, Yabandeh AP, Dabiri F, Kamjoo A, Shahi A. Prevalence of domestic violence on pregnant women and maternal and neonatal outcomes in Bandar Abbas, Iran. *Electronic physician*. 2017;9(8):5166.
- [7]. Gunter J. Intimate Partner Violence. *Onset Gynecol Clin N Am* 2007.
- [8]. Sagrestano LM, Carroll D, Rodriguez AC, Nuwayhid B. Demographic, psychological, and relationship factors in domestic violence during pregnancy in a sample of low-income women of color. *Psychology of Women Quarterly*. 2004;28(4):309-22.
- [9]. Lima LHMd, Mattar R, Abrahão AR. Domestic violence in pregnant women: a study conducted in the postpartum period of adolescents and adults. *Journal of interpersonal violence*. 2019;34(6):1183-97.
- [10]. Hasan M KM HM, Rohi M, Yosefi M. The relationship between domestic violence during pregnancy and Neonatal outcomes. *Iranian Journal of Obstetrics, Gynecology and Infertility*. 2013;16(43):21-9.
- [11]. Baheri B, Ziaie M, Sh ZM. Effect of domestic violence on pregnancy outcomes among pregnant women referring to Karaj Medical Centers. *Hakim Research Journal*. 2012;15(2):140-6.
- [12]. Lewis A, Austin E, Galbally M. Prenatal maternal mental health and fetal growth restriction: a systematic review. *Journal of developmental origins of health and disease*. 2016;7(4):416-28.
- [13]. Faisal-Cury A, Menezes PR, d'Oliveira AFPL, Schraiber LB, Lopes CS. Temporal relationship between intimate partner violence and postpartum depression in a sample of low income women. *Maternal and child health journal*. 2013;17(7):1297-303.
- [14]. Tokuç B, Ekuklu G, Avcioglu S. Domestic violence against married women in Edirne. *Journal of Interpersonal Violence*. 2010;25(5):832-47.
- [15]. Gupta J, Willie TC, Harris C, Campos PA, Falb KL, Moreno CG, et al. Intimate partner violence against low-income women in Mexico City and associations with work-related disruptions: a latent class analysis using cross-sectional data. *J Epidemiol Community Health*. 2018;72(7):605-10.
- [16]. Azizpour Y, Sayehmiri K, Asadollahi K, Kaikhavani S, Bagheri M. Epidemiological study of suicide by physical methods between 1993 and 2013 in Ilam province, Iran. *BMC psychiatry*. 2017;17(1):304.
- [17]. Burch RL, Gallup GG. Pregnancy as a stimulus for domestic violence. *Journal of family violence*. 2004;19(4):243-7.
- [18]. Özçakar N, Yeşiltepe G, Karaman G, Ergözen AT. Domestic violence survivors and their experiences during legal process. *Journal of forensic and legal medicine*. 2016;40:1-7.
- [19]. Hajnasiri H, Ghanei Gheshlagh R, Karami M, Taherpour M, Khatooni M, Sayehmiri K. Physical, sexual and emotional violence among Iranian women: a systematic review and meta-analysis study. *Scientific Journal of Kurdistan University of Medical Sciences*. 2017;21(6):110-21.
- [20]. Shamu S, Abrahams N, Temmerman M, Musekiwa A, Zarowsky C. A systematic review of African studies on intimate partner violence against pregnant women: prevalence and risk factors. *PloS one*. 2011;6(3).
- [21]. RL. YA. Investigating the Social Factors Affecting Violence Against Women (Case Study of Women Married in Khalkhal City). *Iranian Journal of Social Science Studies*. 2013;10(39):121-40.

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