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Domestic violence against women during pregnancy and the post-partum period: What are the solutions?

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Abstract

Background: Domestic abuse during pregnancy is a serious issue that affects communities all over the world. **Aim:**assess domestic violence against women during pregnancy and the post-partum period. **Design:** an exploratory research design was utilized to recruit 421 women conveniently from primary health care centers and outpatient clinics of antenatal care at Obstetrical and Gynecological Hospital in Port Said. **Tools of data collection**: three tools were used including a Structured Interview Schedule, SF-12 Health Survey, and barriers that inhibit women from seeking help. **Results:** psychological violence was the most prevalent type of domestic violence against women during the pre-and post-partum period (53.8% & 30.6%) respectively. The impaired social functioning mean 80.20+23.79 respectively was the most dimensions of the SF-12 health survey among women who were subjected to domestic abuse during their pregnancy and postpartum. **Conclusion:** During the pre- and post-partum time, women are subjected to many types of domestic abuse, with psychological violence being the most common, while physical and sexual violence are less common. Therefore, it is **Recommended:** that all pregnant women should be routinely assessed concerning domestic violence as part of their social history throughout pregnancy and the postpartum period.

Keywords: Pregnancy, Domestic violence & Post-partum

Introduction

Violence against women can be considered a complex global public health problem, as well as a violation of human rights. Domestic violence is when physical, sexual, or psychological violence, or threats of such violence, are inflicted on a pregnant woman by a family member, such as a current or former intimate partner (including a husband, married or cohabiting partner, or parent), parent, sibling, or close relative (e.g. best friend or boyfriend) **(WHO, 2016).**

According to WHO, 13% to 61% of women aged 1-49 had experienced physical abuse from an intimate partner at least once in their lives, with 1% to 28% having done so during pregnancy **(WHO, 2013).** Some statistics indicate that violence against women may rise during or after pregnancy. These statistics show that violence against women is a major worldwide health issue and a violation of human rights **(McCauley et al., 2017).**

Additionally, WHO (2013) multi-country research found that the prevalence of domestic abuse during pregnancy varies from 1% to 28%. There are few researches addressing domestic violence during pregnancy in Arab nations. The greatest incidence was found in Egypt (44.1%) and Saudi Arabia (21%) **(Ibrahim et al., 2015).**

Violence against women by spouses happens in every culture, although tolerance of it and its frequency varies by nation. Studies show that domestic violence during pregnancy occurs more often in poor nations than in developed ones and that the consequences include financial difficulties, less closeness, and high rates of maternal and newborn death. Violence during pregnancy was shown to be linked with preterm labour and intrauterine development retardation, as well as poor pregnancy outcomes such as low birth weight, spontaneous abortion, and bleeding during pregnancy **(McCauley, et al., 2017).**

Domestic violence is often associated with problems of power and control, gender, and patriarchy. Domestic violence against women is a concern in Egypt, yet it remains unaddressed. Domestic violence against pregnant women is not widely reported or studied. Very little is known regarding the prevalence and severity of domestic abuse among pregnant Egyptian women. Research is needed to determine the extent of domestic violence in Egypt **(El-Gendy et al., 2016)**

Significant

In a lot of ways, people think of the house as a safe haven. Abuse against women and girls and pregnancy are areas where family life may be especially threatening and girls and women face some of the most dramatic kinds of violence. Males are generally perpetrators of violence (including spouses, dads, fathers-in-law, stepfathers, siblings, uncles, and sons) (DHS) One-third of Egyptian women were beaten by their husbands. Due to a variety of reasons, many women are suffering in silence and do not seek assistance in order to avoid or stop the abuse. Women who have experienced violence are also more likely to be hospitalized during pregnancy due to health issues **(El-Nimr et al., 2020).** Thus, the research goal is to examine the incidence of domestic violence in pregnant women and postpartum.

Aim

The present study aimed to assess domestic violence against women during pregnancy and the post-partum period.

Research questions:

1. What is the prevalence of domestic violence against women during pregnancy and the post-partum period?
2. What are the women's needs and support to overcome the domestic violence?
3. What are the barriers that prevent women from disclosure violence and seeking help?

Operational definitions

- **Domestic violence:** any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life **(WHO, 2021).**
- **Psychological violence**: Any intentional conduct that seriously impairs another person's psychological integrity through coercion or threats **(WHO, 2016).**
- **Physical violence:** the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation." **(Semahegn, Mengistie, 2015).**
- **Sexual violence**: refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts to traffic, that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work **(WHO, 2016).**

Subjects and Method:

Research Design: An exploratory descriptive study design was used in this study is often conducted to investigate a problem that is not clearly defined.

Setting:

The present study was carried out at twelve primary health care centers and outpatient clinics of antenatal care of Specialist Obstetrical and Gynecological Hospital. These settings affiliated to the Ministry of Health, chosen randomly and representing the six districts namely: ELManakh, El Dawahy, El-Zohar, El-Arab, El Gharb, and El- Ganoub of Port Said Governorate. Each of the previously mentioned centers has an antenatal clinic that providing non-profit health care services to women in the prenatal and postpartum period such as history taking, physical examination, vital signs examination, and lab investigations for blood sugar.

Sample:

Anon probability convenient sampling technique was used to recruit consisting of 421 women who received care at previously mentioned settings during the period of data collection under the eligible **inclusion criteria** aged between 18 and 45 years, in their third trimester of pregnancy and once again six weeks after giving birth, consenting to participate in the research

Data collection and Instrument:

Tool I: A Structured Interview Schedule was comprised of two parts:

Part I: Personal Information consists of women's age, marital status, length of relationship educational levels, occupation, and monthly income.

Part II: **Psychological Maltreatment of Women Inventory (PMWI)**, which was developed by (Tolman, 1999), and used to quantify/estimate frequency/prevalence of psychological, physical and sexual abuse among women during pregnancy and after birth.

Tool II: **12-Short Forum Health Survey (SF-12)** used in the present study to measure and interpret health status and outcomes in women during pregnancy and the postpartum period. It consists of 12 questions from the SF-36 Health Survey (Ware et al., 1995; Ware et al., 2002). The SF-12 measures eight domains as physical functioning, role physical, role emotional, bodily pain, general health, vitality, social functioning, and mental health.

Scoring system

The Physical (PCS) and Mental (MCS) Component Summary scores are calculated using the norm-based approach. A constant for both measurements is derived from the overall population. On the PCS-12 and Mcs-12 scales, mean is 50, and standard deviation is 10 in the general U.S. population. clearing out of range item answer options and reverse

rating four things to get a higher score, therefore indicating greater health 2) indicator variables (scored 1/0) are created for the items response choice categories, 3) indicator variables are weighted (using regression coefficient from the general U.S population are aggregated, 4) by adding a constant (regression intercept), standardized SF-36 PCS-12 and Mcs-12 scores are produced.

Tool III: This assessment instrument was created by the researcher based on a study of the literature and includes seven open-ended questions and used to assess barriers & needs and support of the women to overcome violence during pregnancy and after birth.

Cronbach Alpha coefficient was used to evaluate the internal consistency of the translated tools to establish the scale's dependability. It was 0.9.

Data Collection procedure

An official letter from the Dean of the Faculty of Nursing, Port Said University was sent to the directors of the above-mentioned settings requesting their permission and cooperation to conduct the present research after explaining the aim of the study, this step takes one week at the end of May. The data was gathered every two Sundays and Tuesdays. The face-to-face interview method was done on an individual basis in a secluded location in the centre to maintain privacy and confidentiality of the gathered data. The data have been collected over six months. The actual field of work was carried out from the beginning of August (2020) to the beginning of February (2021). Data collected from a number ranging from 12 to 15 study participants were interviewed, from 10.00 a.m. to 8.00 p.m. Each interview lasted from 30 to 40 minutes depending on their responses. Following completion, the researcher checked that all tools' assertions were complete. Those who cooperated were praised for their efforts.

Pilot study

It was carried out on 10 % (42) of the study sample, who were selected randomly. To make sure the data collecting tools are relevant, usable, and suitable, it was done. To maintain the results' statistical significance, pregnant women were removed from the study's sample. Based on the pilot research, no changes were made to the tools. It was conducted from the first of June to the end of July 2020.

Ethical considerations:

The research was authorized by the faculty of Nursing's Scientific Research Ethics Committee. A verbal agreement was acquired from pregnant women following a detailed explanation of the study's objectives and methods. The confidentiality of each pregnant lady was ensured, and they were told that the gathered data was solely utilized for study. Informed participants were told that their participation was voluntary and they had the choice to leave the research at any time.

Data analysis:

The computer used in this project was IBM-compatible, and SPSS version 24 was used to gather, tabulate, and statistically analyze the data. Means and standard deviation, frequencies, and percentages were used to quantify data and tabulate it to display information. Statistical methods such as a T-test or ANOVA (for more than 2 groups). The outcome variable was predicted using a logistic regression model, which used the exposure factors. Lastly, odds ratios with 95% confidence intervals and p-values less than 0.05 were used to identify the factors associated with domestic violence during pregnancy.

Results

Table (1): Distribution of demographic characteristic of the study sample (421).

Items	No	%
Age		
20 < 25	178	42.2
25 < 30	136	32.3
30 < 35	72	17.2
35 < 40	31	7.4
40 – 44	4	0.9
Marital status		
Married	396	94.1
Divorced	22	5.2
Widow	3	0.7
Length of relationship (years)		
Less than 5 years	243	57.7
5-10 years	144	34.2
More than 10 years	34	8.1

Items	No	%
Education of women		
Primary school	134	31.8
High school	186	44.2
Diploma	72	17.1
Bachelor	27	6.4
Postgraduate	2	0.5
Occupation of women		
House wife	166	39.4
Employees	183	43.7
Private business	60	14.3
Student	12	2.6
Income of women		
Enough	243	57.7
Not enough	178	42.3

Table (2): Distribution of prevalence of domestic violence against women during pregnancy and the post-partum period (n=421)

Types of domestic violence	During pregnancy		Post-partum	
	No	%	No	%
Psychological violence	226	53.8	97	30.6
Physical violence	112	26.7	26	9.5
Sexual violence	81	19.3	31	11.3

Table (3): Mean differences survey among women during pregnancy and the post-partum period with SF-12 health survey (n=421).

SF-12health survey	During pregnancy	After birth	F-value
	Mean± SD	Mean± SD	
General health Perceptions	48.54±19.65	44.07±17.75	10.98*
Physical functioning	68.43±21.98	86.50±19.73	111.3*
Role physical Limitations	65.10±22.86	78.42±20.19	68.58*
Role emotional Limitations	78.33±21.97	92.70±15.33	103.54*
Bodily pain	68.43±22.09	75.64±22.69	17.56*
Vitality	43.52±23.86	57.76±19.65	66.40*
Mental health	67.61±18.03	77.01±11.65	62.81*
Social functioning	80.20±23.79	86.59±20.86	13.63*

Table (4): Regression of domestic violence during the post-partum period on women's postpartum health

Psychological violence						
	B	Beta	T	Sig t	R	R^2
Physical functioning	-.735	-.167	-2.226	.027*	.154	.024
Social functioning	-.788	-.169	-2.296	.022*	.238	.056
Role emotional Limitations	-.521	-.152	-2.133	.034*	.339	.115
Physical violence						
Role emotional Limitations	-.370	-.201	-2.762	.006*	.339	.115
Mental health	-.225	-.161	-2.138	.033*	.229	.052

Table (5): Distribution of women's needs and support against domestic violence (n=421)

Needs and support required	During pregnant		Post-partum	
	No	%	No	%
Women's needs: (n=108)				
Needed to solve the problem by themselves	98	23.3	26	6.2
Family counseling	3	0.7	6	1.4
Telephone counseling	2	0.5	1	0.2
Sex education	1	0.2	1	0.2
Strict law on women's rights	2	0.5	1	0.2
Domestic violence education to change public perception	2	0.5	47	11.2
Types of support:(n=128)				
Support from families, friends, and relatives	100	23.8	2	0.8
Support from health care professionals	8	1.9	2	0.8
Alcohol and gambling cessation programs	6	1.4	6	1.4
Mediator	5	1.2	3	0.7
Shelter, crisis homes, or domestic violence support services	5	1.2	2	0.5
Village headman and police involvement	2	0.5	4	0.9
Anger management program	2	0.5	4	0.9

Table (6): Distribution of barriers that prevent women from seeking help and disclosure against domestic violence (n=421)

Barriers	During pregnant		Post-partum	
	No	%	No	%
Barriers to violence disclosure				
Not serious enough	63	15	45	10.7
Shame	5	1.2	1	0.2
Lack of support person	3	0.7	1	0.2
Barriers to women's help-seeking				
Private issue	98	23.3	57	13.5
Shame	10	2.4	5	1.2
Feeling that no one could help	9	2.1	6	1.4
Lack of support network	5	1.2	2	0.5
Lack of knowledge on domestic violence services	5	1.2	2	0.5
Negative experiences with local and legal authorities	4	0.9	3	0.7
Believing that husbands/partners would change	4	0.9	2	0.5

Table (1): As illustrated in the 42.2% of the women aged between 20-24 years and 94.1 % of them are married. Regarding length of relation, the results revealed that, 57.7% had less than 5 years. In the same line, the table showed that, 44.2 % of the women had high school, 43.7% of the women are employees, and 57.7% of the women reported enough income.

Table (2): As shown in the the prevalence of domestic violence forms among women during pregnancy were psychological, physical, and sexual violence (53.8%, 26.7%, & 19.3%) respectively. While during the post-partum period the prevalence of domestic violence forms was psychological, physical, and sexual violence (30.6%. 9.5 % &11.3%) respectively.

Table (3): Adduces that the most dimension of SF-12 health survey among women experienced domestic violence forms during pregnancy and postpartum period was impaired social functioning with mean±SD 80.20±23.79, while during the post-partum period role emotional limitations were the exceedingly reported by the studied women mean±SD 92.70±15.33 with highly statistically significant differences between all dimension of SF-12 health survey among women experienced domestic violence during pregnancy and the post-partum period with p-value <001.

Table (4): Elaborated multiple linear regression models of domestic violence forms among women during pregnancy and the postpartum period on their postpartum health. As obvious in the table, Physical functioning, social functioning and role emotional limitations were the most indicators for psychological

violence during pregnancy. Besides, the result found out that Role emotional limitations and mental health were the most predictors for physical violence during a pre-natal period where p <0.00.

Table (5): Shows that the highest percentage (23.8%) of the studied women reported that support from families, friends, and relatives are needed to overcome the domestic violence during pregnancy. In the same vein, (11.2%) of the studied women emphasized that they need the education to change public perception about domestic violence during the post-partum period.

Table (6): Clarifies that 10.2% of the studied women stated that family affair/private matter was the obvious barrier to violence disclosure during pregnancy. While during the post-partum period, 5.7% of the studied women reported that violence was not serious enough so they did not disclose it. Regarding barriers to prevent women from seeking help due to violence exposure, 23.3% and 13.5% of the studied women during pregnancy and the post-partum period respectively told that violence is a private issue so they do not seek help.

Discussion

Violence is an ongoing hidden pandemic that puts the health and well-being of the women impacted at risk. Because of this, women's health is considered a significant public health concern. According to a World Bank report, rape and domestic violence are more prevalent than diseases such as breast and cervical cancer and accident causes loss of 44–15-year-old women's health. Due to this, approximately 40%–50% of women have experienced domestic violence at some time in their life. Thus, they are likely to have a significantly compromised bodily and mental health, which in turn may lead to suicide **(WHO, 2021).**

Violence against women is increasing global problems, which require actions and rules to alleviate its psychosocial consequences. This study aimed to investigate the prevalence of domestic violence among women during pregnancy and the postpartum period. The study showed that more than half of the studied women reported having psychological violence, while less than twenty percent of them were exposed to sexual violence. From the researcher's point of view, the effect of pregnancy on women with the hormonal changes, in addition to the pressures of life and constraints because of raising children and taking care of the husband and family could be reasons for the prevalence of psychological violence among the pregnant women.

Results of the present study were supported by a study conducted by **Cardoza (2015)**, who reported that the prevalence of emotional and psychological violence was the most widespread while only less than one-tenth suffered from sexual assault. Furthermore, a study conducted in Palestine by **Murtaja & Thabet (2017)** and revealed that the highest percentages of women during pregnancy were exposed to psychological violence and the lowest percentages of them were suffered from sexual assault. On the other hand, the results of the present study was in disagreement with **Nejatizade et al., (2017)** in Bandar Abbas, Iran, concluded that sexual violence was the most prevalent among the studied women.

Results of the current study showed that about thirty percent of the studied women reported exposure to psychological violence after birth and while nine and half percent of them were suffered from physical violence. From the researcher point of view, the rapid shift in the hormonal environment, marital dissatisfaction, unwanted pregnancy, inadequate social supports, unwanted sex of the child, and stressful life events occurring either during pregnancy or near the time of delivery appears to increase the likelihood of postpartum psychological violence among women.

This finding was matched with **Sánchez et al (2020)** revealed that psychological violence was the most common type of violence among women in the postpartum period while the minority had physical abuse. Besides, **Groves et al., (2015)** who carried out a study named Prevalence, Rates and Correlates of Intimate Partner Violence among South African Women during Pregnancy and the Postpartum Period showed that psychological violence was significantly prevalent among the women after birth until nine months of the postpartum period.

Findings of the current study elaborated physical functioning, social functioning, and role emotional limitations were the most predictors for psychological violence during pregnancy and the postpartum period. Besides, the result found out that role emotional limitations and mental health were the most predictors for physical violence during pregnancy and after birth. These findings were confirmed by **Caprara et al., (2020)** demonstrated that impaired physical and social functioning besides emotional imbalance and mental deterioration was the most recognizable indicators for both psychological and physical violence among women during pregnancy and after birth.

In the same vein, results of the current study adduced that the highest percentage of the studied women reported that support from families, friends, and relatives is needed to overcome domestic violence during pregnancy. In the same vein, the highest percentage of the studied women emphasized the need for education to change public perception about domestic violence after birth. This result was

supported by **Sánchez et al (2020)** told that emotional and psychological support from friends and relatives had a great role in managing and overcoming violence among women during pregnancy. Besides, **Agrawal et al., (2014)** concluded that education has a remarkable significance and great importance to change attitude and perception of the intimate partner against women during the postpartum period.

Findings of the current study informed that one-tenth of the studied women reported that family affair/private matter was the obvious barrier to violence disclosure during pregnancy. Also, the table showed that the minority of the studied women reported that violence was not serious enough, so they did not disclose violence after birth. Regarding barriers to women's help-seeking due to violence exposure, more than two-fifths and more than one-tenth of the studied women during pregnancy and after birth respectively told that violence is a private issue, so they don't seek help.

These findings were supported by **Jahanfar et al., (2014)** in the study about Interventions for preventing or reducing domestic violence against pregnant women and **Finnbogadóttir et al., (2020)** who concluded that privacy and the intent to keep family attached without disintegration of the family was the obvious cause of women not to disclose or seek even for help regarding violence exposure during both pregnancy and the postpartum period.

Conclusion

Based on the findings of the current study, it was concluded that the women are exposed to domestic violence in several forms during pregnancy and the postpartum period and reported that they are exposed to psychological violence more than a physical and sexual one. Social functioning and role emotional limitations were the most predictors for psychological violence during pregnancy and the postpartum period. Support from families, friends, and relatives are needed to overcome domestic violence during pregnancy. Family affair/private matter was the obvious barrier to violence disclosure during pregnancy. Besides, violence was not serious enough so they did not disclose violence after birth; also, violence is a private issue so they do not seek help.

Recommendations

Based on the findings of the present study, the following recommendations are suggested:

1. All pregnant women should be routinely assessed about domestic violence as part of their social history at booking and other concurrent appointments throughout pregnancy and the postpartum period.
2. Establish women- provider relationship is the first step in addressing the problem of domestic violence in all pregnant and postpartum women.
3. Provision of appropriate guide, support and direction to women affected by violence through social media, radio and television.
4. Further research to determine appropriate interventions that could be implemented to address domestic abuse in healthcare settings throughout pregnancy and the postpartum period in Egypt is highly recommended as the solutions.

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