Intimate Partner Violence during Pregnancy and their Outcome

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ABSTRACT

Background: Intimate partner violence is a significant public health issue and the most common form of violence against women worldwide. Pregnancy does not protect against this phenomenon, which may cause adverse health outcomes for both the mother and the newborn. ***Aim*****:** To determinate the impact of Intimate Partner violence during pregnancy and adverse maternal and fetal outcomes. ***The research design*** was a descriptive study, carried out in out-patient clinics in governmental hospitals and health care center in Port Said city. ***Sample:*** A convenient sample of 250 pregnant women in the previously mentioned sitting. ***The tools*** that are used for data collection were(1) structured interview questionnaire included socio- demographic data, obstetric history and complication during pregnancy, (2)Violence against women scale asked about type and degree of violence that women exposed during pregnancy, and (3) Social support scale. ***Results*****:** showed that about one third of pregnant women exposed to all type of violence during pregnancy, including social, physical and psychological 28.0%, 24.8%, 19.2% respectively. Pregnant women had many complications during pregnancy. The majority of pregnant women who have been exposed to physical abuse were hospitalized due to many reasons as: threatened abortion, hypertension, premature rupture of membrane, premature labor, bleeding with pain. Statistically significant positive correlation between abused pregnant women exposed to violence, social support and their husband age and education.***Conclusion:***The study results concluded that, pregnant women exposed to all type of Intimate Partner Violence during the pregnancy period, caused adversematernal and fetal outcomes. ***Recommendations*****:**The study recommended that health professionals are working with pregnant women should be vigilant about detecting Intimate partner violence and helping victims to protect themselves and their fetal outcomes.

Key words: Violence, Intimate Partner violence, pregnancy, Social support, fetal outcomes.

INTRODUCTION

Violence against women at any time in their lives represents a serious social, legal and medical problem (1). Violence during pregnancy may be even more harmful, since it poses a significant additional threat to the fetus.Intimate partner violence (IPV) is a significant social and public health problem that has a high prevalence in most societies. IPV represents a major threat to the health and well-being of women worldwide (2-3).IPV has been defined as repeated physical, psychological, and sexual assault by an intimate partner within the context of coercive control (4).Total annual health care costs related to IPV run into the billions
in the United States(5-6), and IPV accounts for 20% of all violent crime(7). According to the Egypt Demographic and Health Survey (2005), reported one-third of Egyptian women have been physically abused by their husbands, and seven percent said they areoften beaten, however, these women mostly suffered silently and did not seek help. (8)

Pregnancy does not protect women from violence (9). This is reflected by the alarming prevalence rates of physical abuse found in the pre-pregnancy, ante-partum, and postpartum periods, demonstrating that all women of reproductive age are at risk for IPV (10). Violence during pregnancy poses a threat to health and at its extreme can result in the death of the mother and her unborn child (11). Violence tends to worsen during pregnancy and has been associated with miscarriage, premature labor, low birth weight, fetal injury and death (12-13)**.Faramarzi et al. 2005,**depictedthe prevalence of physical, emotional or sexual violence during pregnancy was high and was associated with adverse fetal and maternal conditions. Moreover, studies have indicated certain women may be at increased risk of IPV during pregnancy due to socioeconomic status (SES), age, marital status, or minority status. While IPV can be found at all SES levels, many studies identify increased risk of IPV among both pregnant and no pregnant lower SES women (15-16).

IPV during pregnancy may exacerbate chronic problems such as hypertension and gestational diabetes, both of which have implications for newborn outcomes (17-18.)Cervical and uterine infections, including HIV and other sexually transmitted diseases (STDs) occur at higher rates among abused pregnant women compared to those not abused(19-20), as well as placing them at increased risk for intrauterine

growth restriction and preterm birth(21).IPV has been associated with many negative health behaviors during pregnancy: inadequate prenatal care utilization, inadequate weight gain, smoking, drinking, substance, and depression or anxiety (22-23-24).

The experience of IPV during pregnancy is associated with numerous negative consequences, including decreased infant birth weight and increased rates of prematurity. Low birth weight (LBW) and preterm births are leading causes of neonatal morbidity and mortality. Furthermore research documents the long-term consequences are extremely premature and LBW infants. Such children commonly have cognitive deficits, motor delays including cerebral palsy, academic difficulties, language delays, and significantly increased rates of attention problems, behavioral difficulties, and psychological problems (13-25-26).

Researchers also point to the importance of social support for victims in minimizing these negative consequences (27).Literatures have documented the link between the general atmospheres of social support in victim's environment for buffering some of the negative effects of Intimate partner violence.

AIM OF STUDY:

To determinate the impact of Intimate Partner violence during pregnancy and adverse maternal and fetal outcomes.

Research questions:

Are the pregnant women who exposed to intimate partner violence during pregnancy had bad outcomes than women do not exposed?

SUBJECT AND METHODS:

Research design:

A descriptive cross sectional study used to determinate the effect of Intimate Partner violence during pregnancy and their outcome.

Setting:

This study was carried out in Out-patient Clinics in governmental hospitals (El-Tadamon Hospital , Port Fouad general Hospital, Port Said general Hospital and four primary health care centers (Othman Bin affan, , Omer Bin elkhatab Al-Manakh and Al- Arab Health Center in Port Said City.

Subjects:

A convenient sample collected from February 2013 to July 2013. The total sample was250 pregnant women available in the above mentioned settings at the time of data collection were included in this study.

Tools for data collection:

First Tool :

A structured interviewing questionnaire: Developed by the researchers and included two parts:

Part A: included socio- demographic data : women age, level of education, marriage duration **,** Job Status, income, and their husband's age, and level of education.

Part B: included history of pregnancy, obstetric profile such as gravida and Para as well as obstetrical complains during pregnancy.

Second tool :

Violence against women scale: it consists of (52 Items) designed in Arabic to determine the degree and forms of violence, which consists of three sub- scales of the types of violence (psychological, physical and verbal violence):

Psychological violence (It includes 22Item of the total phrases). It includes verbal abuse, emotional and mortification and the actions of insulation, Domination or control, coercion or threat)**Physical violence** (It includes 17 Item) of the total phrases and it refers to the use of physical force deliberately direction of other partner. **Verbal violence**(It includes 13 Item) of the total phrases and It refers to any word or phrase moral damage which occur expression insults and swearing and using bad words with others.

Women answer among five choices: always, Often, Sometimes, Little and Rarely. The women were given score five degrees if the answer was always. Four degrees was given if the answered was often and three degrees if answered was sometimes and two degrees if the answered was Little and one degree if the answered was Rarely. **(EL-harby, 2008). (29)**

Third tool:

Social support scale : consisted of25 items in Arabic and includes support by family and neighbors. had the following five alternatives: always- often- sometimes - little- rarely .In the case of the positive answer women the women given score fife degrees if the answer (always) and four degrees If the women answered (often) and three

degrees If the women answered (sometimes) and two degrees If the women answered (Little) and one degree If the women answered (rarely). While in the case of negative phrases, the opposite score given to women (**EL-sarsy and Abdelmaksod 1998**).(30)

Fourth tool :

The ATT-IPV Scale: Measuring Attitudes about Intimate Partner Violence against Women consists of (**16Items).** Women answers on each item of the scale among five choices as strongly agree, agree, neither agrees nor agrees, disagree, and strongly disagree**(Fincham, etal, 2008)**. **(31)**

Validity : The study tools were tested for validity by five experts; three from Maternity and Gynecological Nursing and two from the Community Health Nursing Departments, for clarity, relevance, comprehensiveness, and applicability. According to their suggestions, the modifications were applied.

Pilot study:

It was carried out on 10% of the study sample to test the tools for clarity, applicability, and the time required to complete the tools. Data obtained from the pilot study were analyzed and feedback was requested concerning the wording of questions, how long it took to complete and whether any of the questions were felt to be overly intrusive. Feedback was very positive and as a result the questionnaire remained unchanged. Those who participated in the pilot study were excluded from the main study sample.

Fieldwork

An official letter from the faculty of nursing Port Said University was address to the general director of hospital and health care centers. Data were collected from the selected settings by the researchers from February 2013 to July 2013. The research team members were present during completion of the questionnaires, and those took 20-30 minutes for each participant.

Ethical considerations

The purpose of the study was explained to each woman before caring out the study and her oral consent to participate in the study was obtained. Confidentiality of data was assured and the collection tools were anonymous.

Statistical design

The Statistical Package for the Social Sciences (SPSS, version16.0) was used for data analysis. Descriptive statistics were employed to summarize the demographic data, which was presented using frequency tables and expressed as percentages, means, and standard deviations. *Spearman rank correlation* test was used to Correlation matrix of

the scores of exposure to violence during pregnancy, attitude, and support and their socio-demographic characteristics,

RESUITS:

Table (1) shows the demographic characteristics of the sample, the mean age of pregnant womenis30.5±8.3**.** As regards education, basic and secondary education had the highest frequency (59.6%) the great majority of women are housewives (70.8%). About one half of the samples have monthly income ranged from 500 to 900 LE. **Table (2**) presents that more than one quarter of women (29.2%) are previously exposed to violence, while, one third of women (35.6%) are exposed to Violence from husband during pregnancy. Regarding type of violence during pregnancy are social, physical and psychological (28.0%) (24.8%), (19.2%) respectively .the majorities (80.0%) of abused pregnant women have family Support, while (12.4%), and have negative attitudes towards Violence.

Table (3) illustrates labor and pregnancy outcomes among women in the study, the most common causes of hospitalized are premature labor (6.4%), hypertension (3.6%), premature rupture of membrane (1.2%) and threatened abortion (1.2). The rates of cesarean delivery (46.8%), about (14.8%) of women have postpartum problems. The most common postpartum problems are physical (8.0%), psychological (2.4%) and social (1.6%), as well as Low birth weight newborn is **(**17.2%).

Table (4): As shown in statistical significant differences between the exposure and non-exposure women to violence during pregnancy related to husband age at marriage and husband job. More than half (52.9%) of husbands' job are manual worker related to women exposure to violence during pregnancy.Meanwhile husband are Smoker, Alcoholic and drug Addict represent **(**58.8%, 3.9%, 3.9%) respectively in relation to abused women during pregnancy.

Concerning presence or absence of support during pregnancy among women's obstetric history.

Table (5): points to statically significant differences, related to exposed to violence before pregnancy and used not prescribed medication. As the table indicates, one third of the absence support during pregnancy are exposed to violence before pregnancy compared to only 15.5% of the present support during pregnancy (P=0.004). Meanwhile (33.3%) of the absence support during pregnancy are exposed to violence have psychological problems.

As regard in the **table (6):** shows, statistically significant association is revealed between exposure to violence during pregnancy and women' attitude (P<0.00). It is evident that, nearly one third of the exposure to violence (33.3%) had negative attitude towards violence, compared to only 7.0% of the non-exposure to violence. However the majority of pregnant women exposure to violence has a total support.

Correlation coefficient between the scores of exposure to violence during pregnancy, attitude, and support and their socio-demographic characteristics display in **table (7**): depicts positive correlation between scores of exposure to violence during pregnancy with husband education with total support and attitude. Statistical significant relation between women exposure to violence during pregnancy and income .Conversely, statistically negative correlation between attitude of women exposure to violence during pregnancy and husband age at marriage.

Table (1): Socio demographic characteristics of women in the study sample (N=250)

Items	Frequency	Percent
Age (years):		
<25	61	24.4
25-	116	46.4
35+	73	29.2
Range	18.0 – 58.0	
Mean±SD	30.5±8.3	
Age at Marriage (years):		
<20	66	26.4
20-	130	52.0
25+	54	21.6
Range	11.0 – 36.0	
Mean±SD	21.7±3.6	
Marriage Duration (years):		
<1	92	36.8
1-	93	37.2
5+	65	26.0
Range	1.0 – 40.0	
Mean±SD	8.9±7.8	
Consanguinity:		
No	192	76.8
Yes	58	23.2
Education:		
Illiterate	31	12.4
Basic / secondary	149	59.6
University	70	28.0
Job Status:		
Housewife	177	70.8
Working	73	29.2
Monthly Income (LE):		
<500	55	22.0
500-	133	53.2
1000+	62	24.8

Table (2): Exposure to violence, support, and attitude towards violence among women in the study sample (N=250)

Items	Frequency	Percent
Previously Exposed to Violence	73	29.2
Perpetrator (n=73):		
Parents	31	42.5
Husband	30	41.1
Both	12	16.4
Exposed to Violence from Husband during Pregnancy	89	35.6
Type of Violence during Pregnancy:@		
Psychological	62	24.8
Physical	48	19.2
Social	70	28.0
Exposed to all Types of Violence:		
Yes / often	51	20.4
No / rare	199	79.6
Had Support from:		
Family	200	80.0
Friends	192	76.8
Self-support	159	63.6
Total Support:		
Present	196	78.4
Absent	54	21.6
Positive Attitudes towards Violence:		
Causes	156	62.4
Nature	215	86.0
Appropriate response	235	94.0
Total Attitude:		
Positive (correct)	219	87.6
Negative	31	12.4

Table (3): Labor and pregnancy outcomes among women in the study sample (N=250)

Items	Frequency	Percent
Labor Place:		
Home	17	6.8
Home hospital / center	233	93.2
Hospitalized:		
Indication (N=37):@	37	14.8
Premature labor	16	6.4
premature rupture of membrane	3	1.2
Bleeding with pain	5	2.0
Bleeding without pain	1	0.4
Severe genital infections	2	0.8
Hypertension	9	3.6
Threatened abortion	3	1.2
Hyperemesis	2	0.8
Mode of Delivery:		
NVD	131	52.4
Cesarean	117	46.8
Premature	2	0.8
Had Postpartum Problems	37	14.8
Problems (n=37)@		
Psychological	6	2.4
Physical	20	8.0
Social	4	1.6
Newborn Status:		
Normal	198	79.2
Ill	8	3.2
Low birth weight	43	17.2
Dead	1	0.4
Newborn Status:		
Normal	198	79.2
Abnormal / dead	52	20.8
Started Breast Feeding	215	86.0

Table (4): Relation between exposure to violence during pregnancy and husbands' socio-demographic characteristics

Items	Exposed to violence				X^2 test	P-Value
	Yes/often		No/rare			
	No	%	No	%		
Husband age (years):						
<30	5	9.8	44	22.1		
30-	27	52.9	100	50.3	4.46	0.11
35+	19	37.3	55	27.6		
Husband age at Marriage(years):						
<25	3	5.9	35	17.6		
25-	37	72.5	149	74.9	11.37	0.003*
35+	11	21.6	15	7.5		
Husband Education:						
Illiterate	4	7.8	24	12.1		
Basic / secondary	27	52.9	107	53.8	0.94	0.62
University	20	39.2	68	34.2		
Husband Job:						
Unemployed / retired	3	5.9	1	0.5		
Employee	21	41.2	99	49.7	8.05	0.02*
Manual worker	27	52.9	99	49.7		
Husband has any Disability:						
No	49	96.1	185	93	Fisher	0.54
Yes	2	3.9	14	7		
Husband Alcoholic:						
No	49	96.1	197	99	Fisher	0.19
Yes	2	3.9	2	1		
Husband Drug Addict:						
No	49	96.1	195	98	Fisher	0.60
Yes	2	3.9	4	2		
Husband Smoker:						
NO	21	41.2	109	54.8	3.01	0.08
Yes	30	58.8	90	45.2		

(*) Statistically significant at P<0.05

Table (5): Relation between presence of supporting during pregnancy and women's obstetric history

Items	Supporting				X^2 test	P-Value
	present		Absent			
	No	%	No	%		
Parity:						
1	65	33.2	17	31.5		
2-4	114	58.2	35	64.8	--	--
5+	17	8.7	2	3.7		
No of Living Children:						
1	66	34.0	17	32.1	0.09	0.95
2 – 3	98	50.5	28	52.8		
4+	30	15.5	8	15.1		
Exposed to violence befor pregnancy:						
No	165	84.2	36	66.7	8.24	0.004*
Yes	31	15.8	18	33.3		
Pregnancy wanted by woman:						
No	22	11.2	6	11.1	0.00	0.98
Yes	174	88.8	48	88.9		
Pregnancy wanted by husband:						
No	22	11.2	6	11.1	0.00	0.98
Yes	174	88.8	48	88.9		
Had ANC:						
No	64	37.2	15	30.6	0.72	0.40
Yes	108	62.8	34	69.4		
Used not Prescribed Medication:						
No	152	77.6	33	61.1	5.95	0.01*
Yes	44	22.4	21	38.9		
Had psychological problems:						
No	131	66.8	36	66.7	0.00	0.98
Yes	65	33.2	18	33.3		
Had physical problems:						
No	187	95.4	52	96.3	Fisher	1.00
Yes	9	4.6	2	3.7		
Had social problems:						
No	15	7.7	2	3.7	Fisher	0.54
Yes	181	92.3	52	96.3		

(*) Statistically significant at P<0.05

(--) Test result not valid

Table (6): Relation between exposure to violence during pregnancy and women attitude and support

Items	Exposed to Violence				X^2 test	P-Value
	Yes/often		No/rare			
	No	%	No	%		
Total Attitude:						
Positive(correct)	34	66.7	185	93.0	25.85	<0.001*
Negative	17	33.3	14	7.0		
Total Support:						
Present	38	74.5	158	79.4	0.57	0.45
Absent	13	25.5	41	20.6		

(*) Statistically significant at P<0.05

Table(7):Correlation matrix of the scores of exposure to violence during pregnancy, attitude, and support and their socio-demographic characteristics

Scores of	Pearson correlation		
	Scores of		
	Violence	Support	Attitude
Age at marriage	-. 062	.020	.087
Duration of marriage	-.042	-.032	-.067
Education[@]	-.074	.048	.108
income[@]	-.208**	-.065	.016
Husband age	.024	-.008	-.142*
Husband age at marriage	.105	.032	-.154*
Husband education[@]	-.057	.098	0.039
Parity[@]	-.040	-.012	-.040

(*) Statistically significant at P<0.05
(**) Statistically significant at P<0.01
(@) Spearman rank correlation

DISCUSSION :

Intimate partner violence (IPV) is a serious international public health problem with devastating financial and health effects. Women who experience violence have not only physical, but also psychological and social problems.

The present study revealed that about one third of pregnant women exposed to all type of violence during pregnancy from husbanded. Most of pregnant women were exposed to psychological violence these congruent with Collado et al. (32) who reported that emotional abuse was the most common type of violence. Social violence represented the second type of violence of pregnant women in the form of refusing the husband to give money to the wife, these correlated with the total number of antenatal visits, also statistically significant relation between pregnant women exposed to violence and low monthly income . The current results were supported by study on Alexandria which reported that 14 % of the respondents said their husbands refused to spend money on them. (33). **Kathryn et al** (34) reported that IPV in lower-income settings suggest particular burden women.A population-based study conducted in Chile, Egypt, India, and the Philippines demonstrated that socioeconomic indicators were the most commonly and universally predictive factors of IPV (35). Finally Poor, illiterate, weak physical women are subject to more violence than others.

One of the important predictor factors of violence in pregnancy is violence against women before pregnancy. Some studies have shown that, women who experienced violence before pregnancy reported physical violence in pregnancy more than others (36-37) these in the same line with the current study results that the participant reported that previously exposed to violence before pregnancy from parent, husbanded or both. From the researcher point of view most victims suffer silently and don't seek help to prevent or stop the violence because they considered it as normal issues in their life or they are embarrassed by reporting the abuse.

In current study results revealed that one third of the pregnant women exposed to physical violence had hospitalized for the many reason such as Premature labor, Premature rupture of membrane, bleeding with pain, severe genital infections , hyperemesis ,hypertension, and threated abortion these is supported by Moreira et al (**38)** who stressed that physical abuse during pregnancy increases the risk of miscarriage, abruption placenta, preterm labour and delivery, fetal fractures and low birth weight Other adverse consequences for the woman may include rupture of the uterus, liver or spleen, ante partum hemorrhage and pelvic fractures .

The study results showed that about half of the abused pregnant women had cesarean section delivery and post-partum problem, these congruent with**. Sarkar**(**11) Curry et al,(20)** who reported that abused women were more likely than non-abused to deliver by cesarean section and is similar to other studies who reported that abused women

significantly had increased risk for pre-term delivery and high percentage of cesarean section (**36, 37**) .The result of the current study revealed that, infants born to abused mothers are more likely to be low birth weight ,ill and dead than non- abused. the result was similar to the study carried out by **Valladares et al**. (**39)** who indicated to an association between abuse during pregnancy and low birth weight. In addition, indirect mechanisms found in the abusive environment could be associated with low birth weight, even at term, or alcohol, low socio-economic status, poor maternal weight gain, stress and lack of social support.(**40**).

Gender-based violence has also been linked to increased risk of gynecological disorders and pregnancy complications, and violence during pregnancy can cause serious harm to both the mother and fetus. (**23**)Parity and length of marriage were found to be positively linked with violence in the literature (**41-42**) these in contrast with the study results, no statistically significant relation between exposure to violence during pregnancy and women age and duration of marriage or parity. From the researcher point of view may explain younger women are more vulnerable, dependent, lacking agency or autonomy, and more economically dependent on man..

Concerning husband age at marriage and husband job in relation to exposure to violence during pregnant, statistically significant differences were revealed ,these finding in agreement with **Kin &Motsei (43**)Who has stressed that man education and occupation had no significant role in the prevalence of violence, while the culture factors are much more effect than demographic ones. Furthermore the study results revealed no statistically significant relation between husband alcoholic, addict or smoker and pregnant women exposure to violence these in contrast with **Nestor (44** who has indicated that psychological disorder in men have been accompanied by increase prevalence of domestic violence.

The present study indicated that the majority of abused pregnant women had support from family, friend and self-support these are contrast with **Kateryna et al(45**) who have reported that the majority of victims of IPV disclose to at least one informal support (e.g., friend, family member, classmate, coworker, and neighbor). As well finding on meta-analysis reported that friends and female family members are the most utilized informal support and generally considered the most helpful/supportive. Also Victims report that the most helpful reaction following disclosure is emotional support, the least helpful reactions are expressing disbelief and blaming the victim. On

the other hand the present study finding a statistically significant relation between presences of support and exposed to violence before and during pregnancy P 0.004.

The present study revealed that about two third of pregnant women exposed to violence during pregnancy have a positive attitude, these in the same line with(**Yountetal, (34**) who reported that ethnicity, religion, and exposure to the media have been associated variously with women's attitudes about such violence. **The Egyptian Center for Women's Rights) (46)** reported, current Egyptian media treats violence against women as acceptable and legitimate. This has a strong effect on millions of Egyptians, men and women alike, and contributes to cultural barriers that seriously impede actions. SO the media is a cultural, social, and political force capable of achieving important change in the community, especially those related to social roles, including relationships between men and women.

When the relation between exposure to violence during pregnancy, social support and attitude was examined in the present study statistically significant positive strong correlation were revealed between abused pregnant women attitude and husband age at marriage education and income. These finding congruent with **Finnbogadóttir et al study (47)**who claimed that the prevalence of physical abuse, psychosocial during pregnancy, socio-demographic, and partner characteristics that were significant factors related to the abuse. **Yount et al. (34**) reported that attitudes develop from gendered life course experiences as well as from the gendered influences of family, peers, social norms, and institutions.

CONCLUSION:

Based on study findings,it can concluded that:

The pregnant women who were exposed to all type of violence during pregnancy from Intimate Partner Violence caused adverse maternal and fetal outcomes. Poor educational level, undesired pregnancy, and low income fear of husband were possible factors associated with Intimate Partner Violence**.** This study confirmed that pregnant women who had been exposed to violence were more likely to do not complete a pregnancy to full term. This finding confirmed that the social support affecting on maternal health and positive attitude among violence exposed pregnant women.

RECOMMENDATIONS:

- Raising the awareness of pregnant women regarding immediate reporting the

Intimate Partner Violence to the local authority.

- Academic preparation of nurses should be regularly updated through incorporation of prevention of violence against women within their curricula
- Advocacy for victims, better awareness of violence and its consequences among health workers, and wider knowledge of available resources for abused women (including legal assistance, housing and child care), can lessen the consequences of violence.
- Counseling programs should be available for men and women for guidance about their psychosocial affairs.
- Married couples should learn skills required to solve conflicts in reasonable manner.

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عنف الشريك الحميم (الزوج) أثناء الحمل ونتائجه

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الخلاصة

عنف الشريك الحميم هو مشكلة صحية عامة والشكل الأكثر شيوعا للعنف ضد المرأة في جميع أنحاء العالم . الحمل لا يحمي ضد هذه الظاهرة، والتي قد تسبب نتائج صحية سلبية على لكل من الأم والمولود. الهدف: تحديد تأثير عنف الشريك الحميم أثناء الحمل ونتائجه على إلام والجنين .و أجريت هذه الدراسة الوصفية في العيادات الخارجية للمستشفيات الحكومية ومراكز الرعاية الصحية في مدينة بورسعيد . وتكونت العينة الممثلة من 250 امرأة حامل. تم جمع البيانات باستخدام استمارة الاستبيان لجمع البيانات الديموغرافية مثل البيانات الشخصية للمرأة وزوجها ، تاريخ الولادة و المضاعفات أثناء الحمل.تم استخدام مقياس العنف ضد المرأة لمعرفة نوع ودرجة العنف التي تتعرض له المرأة إثناء الحمل وأيضا استخدام مقياس الدعم الاجتماعي لمعرفة مدى المساندة الاجتماعية للمرأة الحامل عند تعرضها للعنف . وكدالك استخدام مقياس ا اتجاهات المرأة ضد عنف الزوج. أظهرت النتائج أن حوالي ثلث النساء الحوامل تتعرض للعنف بكل انواعة أثناء الحمل.وكانت النسب كالتالي ،الاجتماعية والبدنية والنفسية (28.0٪ 24.8٪، 19.2٪) على التوالي، كان معظم النساء الحوامل اللاتي تتعرض للإيذاء البدني دخلن المستشفى لأسبابعديدة مثل، الإجهاض المنذر ارتفاع ضغط الدم، الولادة المبكرة، ونزيف مع ألم. (80 ٪) من السيدات الاتى تعرضن للعنف حصلن على دعم اجتماعي من الأسرة. كانت العلاقة إيجابية وذات دلالة إحصائية بين النساء الحوامل اللائي تعرضن للعنف، وعمر ودرجة تعليم الزوج والدعم الاجتماعي. التوصيات: أوصت الدراسة بان أعضاء الفريق الصحي كالطبيب والممرضات اللائي يتعاملن مع النساء الحوامل يجب ملاحظة مظاهر العنف البدنية التى تتعرض لها النساء كدالك عمل برامج توعيه للسيدات عن العنف ومظاهرة ومساعدتهم لتعلم كيفية حماية أنفسهم.