

Domestic violence against infertile women

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ABSTRACT

Objective: To identify the indicators of domestic violence (DV) aiming infertile women.

Patients and Methods: Cross sectional analytic study was conducted in infertility clinics of Maternity Hospital Minia University during the period from January 2014 to December 2014. Women asked to answer a validated questionnaire during the interview. Questions involved aiming to assess frequency, type and indicators of violence against infertile women.

Results: 201 women accepted participation in our study, mean age was 23.9 ± 6.2 years. Among women suffered from violence, 65.7% were housewives, 72% secondary education and 37.8% medium socioeconomic standard. Verbal violence was the most common. Violence often occurred. Most common women reaction was no response to violence, a part from ask for family support. Main indicators of violence are educational level of husband, the presence of second marriage and increase duration of infertility. Type of infertility is not a risk factor for violence.

Conclusion: Infertile women are susceptible to violence. All women attended infertility clinics must be screened for presence of violence and offered adequate support. Healthcare staff should consider husband attendance and good counseling about the drawback of all types of violence.

Key Words: Domestic violence, husband indicators, infertile women.

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INTRODUCTION

Infertility is defined as failure of conception for one year or more in spite of regular unprotected appropriately timed intercourse^[1]. The failure of a married couples to achieve pregnancy despite their desire to do so means inability to fully realize their aim to have a family. Having children especially in our locality and Upper Egypt in general is essential goal of marriage and a social responsibility for a family^[2,3].

Domestic violence (DV) may occur in all cultures, educational levels, socioeconomic groups, races, sexes, ages and has special concern in Middle East including Egypt.

Women are susceptible group especially infertile ones they affected by violence which add more psychological stress to the already present stress caused by infertility itself. In our locality, it is usually the female partner that will be blamed all the time.

Definition includes the three primary types of

DV recognized in the literature: physical, sexual, and emotional/psychological/verbal violence^[4].

In a study by Yıldızhan *et al.*^[5], they reported 33.6% of women subjected to domestic violence due to primary infertility. In the same study, verbal abuse was the most common type of violence (63.4%). A study by Ardabilly *et al.*^[6] determined the prevalence of violence against women with female factor infertility 61.8%.

A limited number of studies investigated the relations between infertility stress and violence. A study done by Akyüz, he investigates the stress caused by infertility on women, it is important to investigate the effect of violence on the relevant stress. The relationship between infertility and violence is an important issue for planning the screening and managing problems for all couples subjected to infertility treatment. Early intervention when necessary are required to minimize the potential damage caused by violence^[7].

The time has come to throw light on women exposure to violence, infertility itself threat the women mental and

psychological health and violence add more stress and may complicate the treatment plan, it must be screened. Offered assistance is considerable.

PATIENTS AND METHODS

This cross sectional hospital based study was conducted in infertility clinics of Maternity Hospital Minia University.

The aim of the study is to identify the indicators of DV aiming infertile women in a part of Upper Egypt.

Data collection

Took place from January 2014 to December 2014. All infertile women who accepted participation were asked to fill a special type of multidimensional structured questionnaire. Questionnaire was designed for this purpose, included modules to assess frequency, type of violence, factors associated with increased exposure and reaction of the women included in the study towards violence, with continuous follow up through the period of treatment. Six extensively trained and closely supervised residents were responsible for interview and data collection. Study details were explained to women and informed consent was taken before recruitment in the study. Confidentiality of all information obtained was guaranteed.

Ethical approval

The study was formally approved by the ethical committee of the Obstetrics and Gynecology department, submitted on November 2013 and approved on December 2013 and given ID number (MUH12/13) the principles embodied in the Declaration of Helsinki.

All the women received facilities for detailed and public information about the study.

Data analysis

Statistical analysis was done by using the SPSS 23 software package. The descriptive data was expressed as number and percentages. The t test, for correlation while a *p* value less than 0.05, was accepted as statistically significant. Univariate analysis and multivariate analysis were done to determine the effect of other variables on development of violence in the studied group.

RESULTS

Table (1): Baseline characteristics of wives: Mean age was 23.9 among women exposed to violence house wives 65.7%, secondary education, 35.8% medium socioeconomic standard 37.8%.

Table 1: Baseline characteristics of the wives (n = 201)

Baseline characteristics	The study group N = 201
Age	
Range	16-42
Mean \pm SD	23.9 \pm 6.2
Education	
Primary	60 (29.9%)
Secondary	72 (35.8%)
Tertiary	69 (34.3%)
Occupation	
Yes	69 (34.3%)
No	132 (65.7%)
Socioeconomic standard	
Low	65 (32.3%)
medium	76 (37.8%)
high	60 (29.9%)

NB: Continuous data represented by mean \pm SD, while categorical data represented by number.

Mean age was 23.9. Among women exposed to violence house wives were 65.7%. 35.8% had secondary education. 37.8% with medium socioeconomic standard.

Table 2: Baseline characteristics of the husbands (n = 201)

Baseline characteristics	The study group N = 201
Age	
Range	18- 48
Mean \pm SD	28.8 \pm 6.7
Education	
Primary	47 (23.4%)
Secondary	73 (36.3%)
Tertiary	81 (40.3%)
Occupation	
Yes	181 (90%)
No	20 (10%)

NB: Continuous data represented by mean \pm SD, while categorical data represented by number and %.

As regards the socioeconomic character of husbands, mean age was 28.8 \pm 6.7. Tertiary education was the commonest with 40.3%. Only 10% had no occupation.

Table 3: Frequency of violence (n = 201)

Frequency of violence	The study group N = 201
Usually	39 (19.4%)
Often	117 (58.2%)
Sometimes	45 (22.4%)
Total	201 (100%)

Violence often occurred in 58.2% of exposed women.

Table 4: Type of violence (n = 201)

Type of violence	The study group N = 120
Physical	43 (21.4%)
Psychological stress	16 (8%)
Verbal	63 (31.3%)
Sexual	2 (1%)
Physical + Psychological stress	45 (22.4%)
Psychological stress + verbal	7 (3.5%)
Verbal + Sexual	6 (3%)
Physical + verbal	8 (4%)
Physical + sexual	5 (2.5%)
Physical + Psychological stress + Verbal + Sexual	6 (3%)
Total	201 (100%)

As regards type of DV, verbal was the most common 31.3% and least common was sexual violence and only 3% susceptible to all types of DV.

Table 5: Women action as a consequence of violence (n = 201)

Women action	The study group N = 201
Ask for family support	97 (48.3%)
Ask for friend support	60 (29.9%)
Ask for divorce	35 (17.4%)
Legal litigation	9 (4.5%)
Total	201 (100%)

As regards women response to DV, most of women keep the DV secret between her and family member or some of her friends.

Table 6: Univariate analysis and multivariate analysis to determine the effect of other variables on development of violence in the studied group (n= 201).

	Univariate analysis			Multivariate analysis		
	OR	<i>P value</i>	95% CI	OR	<i>P value</i>	95% CI
Age of wives	1.03	0.286	0.974 – 1.1	1	0.996	0.899- 1.112
Age of husbands	1.05	0.077	0.995 – 1.12	0.978	0.676	0.883 - 1.084
Education of husbands						
Primary	Ref	-	Ref	Ref	-	Ref
Secondary	6.98	0.001*	2.6 –18.4	19.24	0.001*	4.6 - 80.6
Tertiary	2.59	0.019*	1.2–5.6	10.8	0.001*	2.6 - 45.2
Socioeconomic standard						
Low	Ref	-	Ref	Ref	-	Ref
High	0.395	0.202	0.266 – 1.32	0.126	0.002*	0.033–0.474
Medium	0.906	0.827	0.372 – 2.21	0.150	0.008*	0.037–0.611
Other marriage						
no	Ref	-	Ref	Ref	-	Ref
yes	0.357	0.105	0.103 – 1.24	0.177	0.046*	0.032–0.972
Type of infertility						
Primary	Ref	-	Ref	Ref	-	Ref
Secondary	3.1	0.017*	1.2 – 7.72	2.34	0.151	0.733–7.45
Duration of infertility	1.16	0.015*	1.03 – 1.31	1.10	0.156	0.962 – 1.27

*: Significant difference ($p \text{ value} \leq 0.05$)

Age of husband and wife does not affect the prevalence of violence, educational status of the husband is an important indicator. The presence of second marriage and increase duration of infertility increase risk of violence. Type of infertility not affect the prevalence.

DISCUSSION

The current study is the first one to discuss this important issue, DV against women had no children has a special importance in Upper Egypt, as forming family is an important aim even the main aim for marriage. Wife is the most claimed one for delayed conception regardless the cause of infertility. Culture factor has important impact in the subsequent stress and reaction to the infertile wife. In current study, DV occurred in different ages and education levels of the women. same was noticed by Akyüz *et al*^[8]. DV was common in housewives even in high socioeconomic standard. This was in accordance with Ozkan *et al*^[9] who found level of distress was lower in employed women, being productive gave her some psychological relief of marital life stress and compensate to a certain degree for the effect of losing a fertility-related role^[10].

Among those who exposed to violence, most common type was verbal and psychological distress, our results are parallel to results from other literature^[11,12]. Physical violence was less common with prevalence 21.4%. Our

results were not in accordance with studies done in some African countries, where physical type was the most common (61.6%) of the studied case^[13]. In other study comparing violence in different areas of urban Bangladesh, the yearly prevalence of physical violence was 35% in slums being higher than in non-slums (20%)^[14].

With multivariate analysis of different factors that act as main indicators of violence, increase duration of infertility increase prevalence of violence these results are parallel to other results from the literature^[7, 15, 16, 17]. An increase in the duration of infertility is thought to cause gradual increase in stress by reduction of women's hopes to have children. However, by contrast, some studies reported no significant relationships between domestic violence and infertility duration^[11, 18, 19].

Studies have shown that repeated unsuccessful infertility treatments deteriorated the marital relationship^[20,21,22].

Limitation of the study

-Few number of women accepted participation in the study, this may be due to cultural background. Some wives considered this violence is a family issue no one is allowed to know.

-Wives refused participation due to fear that husband can access our data and level of violence may increase.

The study is hospital-based. For this type of research community based is better for confidentiality of data collection.

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CONFLICT OF INTEREST

There are no conflicts of interest.

REFERENCES

- Klock SC. Psychological adjustment to twins after infertility. *Best Pract Res Clin Obstet Gynaecol*.2004;18(4): 645–656. [PubMed].
- Monga M, Alexandrescu B, Katz SE, Stein M, Ganiats T. Impact of infertility on quality of life, marital adjustment, and sexual function. *Urology*. 2004;63(1): 126–130. [PubMed].
- Drosdzol A, Skrzypulec V. Quality of life and sexual functioning of Polish infertile couples. *Eur J Contracept Reprod Health Care*. 2008;13(3): 271–281. [PubMed]
- Walton-Moss BJ, Campbell J. Intimate partner violence: implications for nursing. *Online J Issues Nurs*.2002;7(1): 5. [PubMed].
- Yildizhan R, Adali E, Kolusari A, Kurdoglu M, Yildizhan B, Sahin G. Domestic violence against infertile women in a Turkish setting. *Int J Gynaecol Obstet*. 2009; 104(2):110–112. [PubMed].
- Ardabil HE, Moghadam ZB, Salsali M, Ramezanzadeh F, Nedjat S. Prevalence and risk factors for domestic violence against infertile women in an Iranian setting. *Int J Gynaecol Obstet*. 2011; 112(1):15–17. [PubMed].
- Akyüz A, Gürhan N, Bakır B. Development and validation of an infertility distress scale for Turkish women. *TAF Prev Med Bull*. 2008;7(6): 469–476.
- Aygül Akyüz, Gönül Şahiner, Memnun Seven, and Bilal Bakır: The Effect of Marital Violence on Infertility Distress among A Sample of Turkish Women *Int J Fertil Steril*. 2014 Apr-Jun; 8(1): 67–76.
- Ozkan M, Baysal B. Emotional distress of infertile women in Turkey. *Clin Exp Obstet Gynecol*.2006;33(1):44–46. [PubMed]
- Karlıdere T, Bozkurt A, Yetkin S, Doruk A, Sütçigil L, Nahit Ozmenler K, et al. Is there gender difference in infertile couples with no axis one psychiatric disorder in context of emotional symptoms, social support and sexual function? *Turk Psikiyatri Derg*. 2007;18(4): 311–322. [PubMed].
- Ardabil HE, Moghadam ZB, Salsali M, Ramezanzadeh F, Nedjat S. Prevalence and risk factors for domestic violence against infertile women in an Iranian setting *Int J Gynaecol Obstet* 2011; 112: 115-7. <http://dx.doi.org/10.1016/j.ijgo.2010.07.030>
- Laya Farzadi, Aliye Ghasemzade, Zahra Bahrami Asl, Minoo Mahinia, Hossein Shirdel,; Intimate Partner Violence against Infertile Women *Journal of Clinical Research & Governance* Vol 3, No 2 (2014)
- Feseha G, mariam A, Gerbaba M, Intimate partner physical violence among women in Shimelba refugee camp, northern Ethiopia *BMC Public Health* 2012; 12: 125- <http://dx.doi.org/10.1186/1471-2458-12-125>.
- Sambisa W, Angeles G, Lance PM, Naved RT, Thornton J, Prevalence and correlates of physical spousal violence against women in slum and non-slum areas of urban Bangladesh *J Interpers Violence* 2011; 26: 132592-618. <http://dx.doi.org/10.1177/0886260510388282>.
- Ünal S, Kargın M, Akyuz A. Psychological factors affecting infertile women. *TAF Prev Med Bull*.2010;9(5):481–486.
- Guz H, Ozkan A, Sarisoy G, Yanik F, Yanik A. Psychiatric symptoms in Turkish infertile women. *J Psychosom Obstet Gynaecol*. 2003; 24(4):267–271. [PubMed].
- Upkong D, Orji E. Mental health of infertile women in Nigeria. *Turk Psikiyatri Derg*. 2006;17(4): 259–265. [PubMed].
- Kocacık F, Dogan O. Domestic violence against women in Sivas, Turkey: Survey study. *Croat Med J*. 2006;47(5):742–749. [PMC free article] [PubMed].
- Ameh N, Kene TS, Onuh SO, Okohue JE, Umeora DU, Anozie OB. Burden of domestic violence amongst infertile women attending infertility clinics in Nigeria. *Niger J Med*. 2007;16(4): 375–377. [PubMed].
- Peterson BD, Newton CR, Rosen KH. Examining congruence between partners' perceived infertility-related stress and its relationship to marital adjustment and depression in infertile couples. *Fam Process*. 2003;42(1): 59–70. [PubMed]
- Wang K, Li J, Zhang JX, Zhang L, Yu J, Jiang P.

Psychological characteristics and marital quality of infertile women registered for in vitro fertilization intracytoplasmic sperm injection in China. *Fertil Steril.* 2007;87(4):792–798. [PubMed]

22. Benyamini Y, Gozlan M, Kokia E. Variability in the difficulties experienced by women undergoing infertility treatments. *Fertil Steril.* 2005;83(2):275–283. [PubMed]