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Research Article

FACTORS RELATED TO DOMESTIC VIOLENCE DURING PREGNANCY AMONG MARRIED WOMEN OF LAHORE, PAKISTAN

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Abstract:

Purpose: Domestic violence against females is an important societal issue and the researches shows that one out of every 5 women experiences it from the male partner. The purpose of study was to examine the factors related to domestic violence during pregnancy among married females of Lahore, Pakistan.

Methods: Descriptive cross sectional study was carried out. There were 140 females selected through multistage sampling technique from four different towns of Lahore. SPSS 19 has been used for data analysis which showed in the form of frequencies and percentages.

Results: The results showed that 77.1% women married at the age of 20 years or less. Just 14.3% women having secondary and tertiary education. More than half of the participants 69.3% had family history of violence, 63.6% had patriarchal dominance, 65% had smoking and abused verbally. It showed that 85.7% of pregnant women having domestic violence in their life time. Domestic violence may be in the form of psychological, physical, sexual, or verbal abuse which were 85.7%, 75%, 66% and 65% respectively.

Conclusion: Domestic violence is still very high in our country which is just not affect pregnant women but also their babies. Therefore, there is more chances of preterm labor in those women who experienced domestic violence like depression, harassment, scolding from her male partner which can further complicate the situation. So cautions must be taken in light of this research to place the female as well as the child at safer side as much as possible by mitigating the risk factors.

Keywords: Factors, domestic, violence, pregnancy, women, married, Pakistan, Lahore

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INTRODUCTION:

Pregnancy is a great gift of god in a woman's life but it is surely a time period of physical and emotional change in her life as well[1]. Most of the ladies turn out to be more depressed during pregnancy and some turn out to be more sensitive to even minor issues [2]. In pregnancy it becomes special concern because of the poor health effects on the woman and the unborn baby; it is known to be associated with adverse pregnancy outcome such as miscarriage, preterm delivery, prenatal death and low birth weight. Violence against women is causing increase burden of disease by badly affecting health status of women, their child bearing capacity and preterm deliveries, self-esteem and quality of life.

World health organization (WHO) defines domestic violence as "pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner [3]. WHO defined preterm as "babies born alive before 37 weeks of pregnancy are completed" [4].

According to one study which was conducted in 2016, the domestic violence ranges from 21% to 50% on an average which is alarming it means our half of pregnant women facing this issue and its negative effects on their newborn babies. It is also named as domestic abuse; battering or family violence is a pattern of behavior which involves violence or abuse by one person against another in a domestic setting, such as in marriage or cohabitation[5]. It could be physical abuse, emotional abuse, financial abuse, sexual abuse, spiritual abuse or technological abuse.

Worldwide, at least 1 in 5 female has been physically or sexually abused, many of that are young girls and pregnant women. It's found that mothers and fathers of pre-term babies are 10 times more likely to experience depression after birth than parents of full-term babies. The risk of preterm birth is rising day by day [6]. Babies who are born before the full gestation period are not fully developed and can often experience difficulty breathing and digesting food immediately after birth which can be extremely stressful for parents.

The National Crime Council found that 15% of women and 6% of men had experienced severe emotional and physical abuse by a partner at some point in their lives. Women were 7 times more likely to suffer sexual abuse by a partner, twice as likely to experience severe physical abuse and three times more likely to experience severe emotional abuse. Of those experiencing abuse, 93% of the women

reported being very frightened and distressed (compared to 62% of men) and 80% of women said the abuse had a lasting impact on their lives. As per the history the domestic violence is a menace that is affecting every second women as per the literature, is victim of this domestic violence [7].

In Asia 41 – 61% of women report experiencing physical and/or sexual violence by an intimate partner during their lifetime. An estimated 5000 women are killed per year from domestic violence, with thousands of others maimed or disabled as other developing countries, the cases reported were 4585 only in Islamabad and this showed 7% rise as compared to 2011 [8][9]. Now in 2016 it has shoot up even higher than this by 21% to 50% in Pakistan by the latest research data in The Muslim Times [7].

Pregnancy is crucial time for women as it relates to her life risk and birth of healthy baby as well. Violence against women at this time can result in fetal death either through direct injury, including: placental damage, premature contractions, and membrane rupture; or through indirect mechanisms, such as: stress, substance abuse, and abuse-related maternal health problems.

In 2012, Pakistan was registered fourth for preterm births as many as 750,000 preterm births were registered during 2010, due to domestic violence The mortality rate of pregnant women ranged from 300 to 700 out of 100,000 cases, worst in Pakistan [10]. The risk of preterm birth is rising day by day. This laid important emphasis on the research side to investigate the risk factors causing it, in order to save women and child life as much as possible [11].

There are only few studies found out in Lahore on factors related to domestic violence during pregnancy and its effects on preterm birth. Therefore, the purpose of this study is to determine prevalence of domestic violence against pregnant women to determine factors associated with domestic violence against pregnant women. These findings would bring this problem to the attention of the public and would help in planning interventions to reduce the factors affecting the domestic violence during pregnancy and the associated consequences of the violence.

MATERIAL AND METHODS:

The study was conducted in Lahore, Pakistan. The data is collected once in time so it is descriptive cross-sectional study. A total of 140 females with domestic violence were enrolled in this study. The sample size is estimated by using expected

prevalence of domestic violence as 10% (WHO, 2005). In this study 5% absolute precision and 95% confidence level used by using following formula.

The sampling technique of the current research is multistage sampling which is a type of non-probability sampling. It was used as a sampling method to do more targeted grouping for data collection. The data was collected from field within 3 months in 2017. As 4 towns were randomly selected then 3 Union councils (UCs) from each town selected and 2 villages from each UC for data collection. 36 respondents sampled from 3 towns and 32 from one town and total became 140.

The data is collected by self-administered questionnaires developed by adopting it from past researches. The response for risk factor is measured on two points Likert scale having yes and no options and it is adopted from Brownridge's study. Pilot study was done on 5% population then some questions were modified and some removed so that data can be valid and reliable.. The first part of the questionnaire included the demographic data and the second part has the items for analysis related to domestic violence which may be psychological, physical, sexual or verbal. All those women who are married and pregnant within 5 years of marriage and residents of Lahore were part of this study.

An informed consent was signed from participants before participation in study in order to protect the participant's right. SPSS 19 was used for data analysis. Firstly the descriptive statistics were calculated. The descriptive statistics portion includes the calculations of frequencies and percentages for each variable in the study.

RESULTS:

Sociodemographic data showed that more than half of the respondents of 15-25 years were 62.9% as compared to > 35 years who were just 14.2%. mostly women 77.1% were married in less than 20 years, only 22.9% got married in >20 years of age. 78.6% respondents had just 1-2 years of marriage, 11.4% had 3-4 years and 10% had >4 years of marriage. Data related to education of the respondents showed that 30% of women have no education and 55.7% had just primary education, whereas only 14.3% were secondary and tertiary education. These statistics showed huge similarity with education of husband with 33.6% no education, 46.4% primary and 20% secondary and tertiary education. Data showed that majority of respondents were unemployed 88.6% and just 11.4% were employed in comparison to husbands who had higher employment percent (50%)

than women. It also revealed that 69.3% partner had family history of violence, 63.6% had patriarchal dominance, 65% had smoking and abused verbally (see Table I).

To measure the prevalence of domestic violence in pregnant women, different questions of scale yes or no were asked. This helped to determine prevalence of domestic violence. Almost all respondents 120(85.7 said that they faced domestic violence %) which may be verbal, physical, sexual. (See Table II).

Domestic violence has many types i.e., physical, verbal, emotional and sexual. This study showed prevalence of domestic violence by its types psychological 85.7%, Injury 79%, physical 75%, sexual 66% and verbal 65% (see Figure I).

Those pregnant women who faced domestic violence having preterm birth history 65% which is very high and it's alarming sign. Those women who faced no domestic violence having very low preterm birth history (see Table III). The women who faced violence in the form of insulting and destruction were 23% and 17% (see Table IV).

Prevalence of physical violence in pregnant women in the form of kicking, slapping and grabbing were 81%, 78% and 88% respectively (see Table V). Almost 55% of pregnant women having threat of sex during their pregnancy period out of 66.1% of sexual violence (see Table VI). The prevalence of injury were 70% out of 79% of injury violence (see Table VII).

When chi-square test applied many factors showed strong association with domestic violence. Age of respondent showed negative correlation with domestic violence that mean lower the age, higher the prevalence of domestic violence. Age of respondent at time of marriage had negative correlation with domestic violence. Lower the age at time of woman marriage, higher the prevalence of domestic violence. Years of marriage had negative correlation with domestic violence. Lower the number of years of marriage, higher the prevalence of domestic violence. Number of children had negative correlation with prevalence of domestic violence. Lower the number of children, higher the prevalence of domestic violence. Education of respondent had negative correlation with prevalence of domestic violence, lower the educational level, higher the prevalence domestic violence. Employment had negative correlation with prevalence of domestic violence, lower the employment, higher the prevalence

domestic violence. Education of husband had negative correlation with prevalence of domestic violence, lower the educational level, higher the prevalence domestic violence. Employment of husband had negative correlation with prevalence of domestic violence, lower the educational level, higher the prevalence domestic violence. Family history of violence had positive correlation with prevalence of domestic violence, higher the family history, higher the prevalence domestic violence.

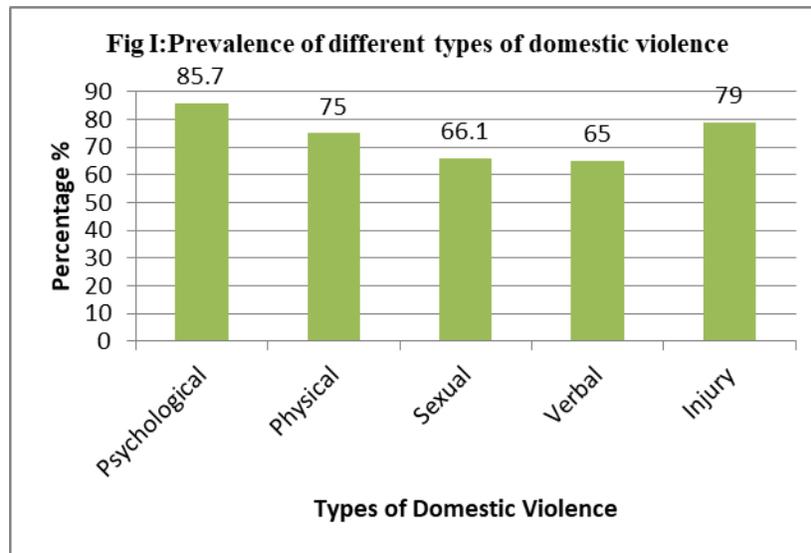
Patriarchal dominance of husband had positive correlation with prevalence of domestic violence, higher the patriarchal dominance of husband, higher the prevalence domestic violence. Verbal abuse had positive correlation with prevalence of domestic violence, higher the verbal abuse, higher the prevalence domestic violence. Smoking habit had positive correlation with prevalence of domestic violence, higher the smoking habit, higher the prevalence of domestic violence (see Table VIII).

Table I: Socio-demographic characteristics of women (N=140)

Variable	n	%
Age of respondent		
15-25 years	88	62.9
26-35 years	32	22.9
36-45 years	10	7.1
46-55 years	10	7.1
Age at the time of marriage		
<20 years	108	77.1
>20 years	32	22.9
Years of marriage		
1-2 years	110	78.6
3-4 years	16	11.4
>4 years	14	10
Number of children		
1-2	88	66.9
3-4	37	20
>4	73	7.9
Education of respondent		
None	42	30
Primary	78	55.7
Secondary and tertiary	20	14.3
Employment of respondent		
Unemployed	124	88.6
Employed	16	11.4
Education of husband		
None	47	33.6
Primary	65	46.4
Secondary	13	9.3
Tertiary	15	10.7
Employment of husband		
Unemployed	42	30
Employed	98	70
Family violence		
No	43	30.7
Yes	97	69.3
Patriarchal dominance		
No	51	36.4
Yes	89	63.6
Does partner do verbal abuse?		
No	49	35
Yes	91	65
Does partner smoke?		
No	49	35
Yes	91	65

Table II: Prevalence of domestic violence among pregnant women(n=140)

Variable	n	%
No	20	14.3
Yes	120	85.7

**Table III: Prevalence of preterm birth in domestic violence women (n=140)**

Variable	N	%
Preterm history among violence victims	78	65
Preterm history among non-violence victims	2	1

Table IV: Prevalence of psychological violence among pregnant women(n=120)

Variable	N	%
Insulting	28	23
Shouting	16	13
Stomping	4	3
Threatening to throw something at	9	7
Destruction	21	17
Wrong acted	17	14
Call ugly	15	12
Accuse loosy lover	10	8

Table V: Prevalence of physical violence among pregnant women (n=105)

Variable	N	%
Kicking, pushing	85	81
Slapping	82	78
Beating	82	78
Hitting	40	38
Choking	25	23
Grabbing	93	88
Throwing something at	31	29
Using knife	51	48
Twisting hair	76	72
Burning	21	20

Table VI: Prevalence of sexual violence among pregnant women(n=93)

Variable	N	%
Making sex	42	45
Threatening to have sex	51	55

Table VII: Prevalence of injury among pregnant women (n=111)

Variable	N	%
Cut	78	70
Pain due to hit	70	63
Bruising, sprain	45	41

Table VIII-Association of domestic violence with risk factors

Variables	Correlation
Prevalence of domestic violence in pregnant women With Age of respondent	-.866
Prevalence of domestic violence in pregnant women With Age at time of marriage	-.750
Prevalence of domestic violence in pregnant women With Years of marriage	-.878
Prevalence of domestic violence in pregnant women With Number of children	-.716
Prevalence of domestic violence in pregnant women With Education of respondent	-.850
Prevalence of domestic violence in pregnant women With Employment of respondent	-.367
Prevalence of domestic violence in pregnant women With Education of husband	-.785
Prevalence of domestic violence in pregnant women With Occupation of husband	-.327
Prevalence of domestic violence in pregnant women With Family violence history of husband	.613
Prevalence of domestic violence in pregnant women With Patriarchal dominance of husband	.539
Prevalence of domestic violence in pregnant women With Verbal abuse	.556
Prevalence of domestic violence in pregnant women With Smoking	.556

DISCUSSION:

Overall prevalence of domestic violence regardless of its types was 85.7%. Results highly match with findings of Taillieu, which report 60-90% and Silverman report 75.6% prevalence of violence before pregnancy also continue same in pregnancy [12][13].

Domestic violence is of different types as different ways and acts of torture categorized in different types. Our study showed high prevalence of psychological violence is 85.7%. The study finding relates with Tinker et al, who reported 90% prevalence of psychological violence in his study conducted in Pakistan [14]. Our study showed 79% prevalence of injuries due to domestic violence that agree with findings of Ali et al (2008) who reported 65% died due to injuries [15]. Our study found 75% prevalence of physical abuse. This finding relates with some studies as reported 58.6% by Iliyasu [14][16]. But majority of studies reported prevalence of physical abuse low as 9.4% by Heaman, 13% by Farid, 21% by Ohon, 25% by Fikree and 32.8% reported slapped by Shaikh [17][18][19][20]. Our study results showed 66% prevalence of sexual abuse. Findings from other studies like 77% partner engaging non-consensual sex with their wives

matches with our finding. But findings from a study conducted in Pakistan by Niaz, he reported 21% reported that is contradictory to our finding [21]. Reason behind this can be presence of many protective factors in study areas that helped in lowering the prevalence of domestic violence. Verbal abuse prevalence in our study was 65% and this finding highly agree with Onoh, who reported it 60.1% [19]. Some studies reported it in comparatively low figures as 43% [18]. Shumway et, al reported that preterm birth strongly correlates with increasing act of violence with 4.1 times greater than to those who experience no abuse [22]. Neggers et al, reported 10.2% preterm birth in victims of DV [23].

REFERENCES:

1. Khan, A. R. (2015). Consequences of Domestic Violence against Women: Some Reflections from Rural Bangladesh. *Asian Social Work and Policy Review*, 9 (3), 210-223.
2. Zakar, R., Nasrullah, M., Zakar, M. Z., & Ali, H. (2016). The association of intimate partner violence with unintended pregnancy and pregnancy loss in Pakistan. *International Journal of Gynecology & Obstetrics*, 133 (1), 26-31.
3. WHO (2016) Retrieved on november, 14, 2016 http://www.justice.gov/ovw/domestic_violence

4. WHO (2016) Retrieved on november, 14, 2016 http://en.wikipedia.org/wiki/economic_abuse
5. Wikipedia Retrieved on july, 11, 2016, https://en.wikipedia.org/wiki/domestic_violence_and_pregnancy.
6. Khatlani, K., Azam, I., Baqir, M., Mehmood, A., Duke, C., & Pasha, O. (2016). Assessing the Link Between Intimate Partner Violence in Pregnancy and Stillbirths. *Obstetrics & Gynecology, 12* (7) , 501-523.
7. Rahmatollahi, N., Khodabakhshi-koolae, A., Mansoor, L., & Pour-Ebrahim, T. (2016). The relationship between experiencing physical and emotional-verbal violence and perceived social support with postpartum depression among women. *Community Health, 2* (2) , 139-148.
8. Shah, (2016). Women have little relief from harassment. *International THE NEWS*.
9. Dolatian, M., Mirabzadeh, A., Forouzan, A. S., Sajjadi, H., Majd, H. A., & Moafi, F. (2013). Preterm Delivery and Psycho-Social Determinants of Health Based on World Health Organization Model in Iran: A Narrative Review. *Global Journal of Health Science, 5* (1) , 52-77.
10. Stephenson, R., Koenig, M. A., Acharya, R., & Roy, T. K. (2008). Domestic violence, contraceptive use, and unwanted pregnancy in rural India. *Studies in Family Planning, 39* (3), 177-186.
11. Kataoka, Y., Imazeki, M., & Shinohara, E. (2016). Survey of intimate partner violence before and during pregnancy among Japanese women. *Japan Journal of Nursing Science, 13* (1) , 189-195.
12. Taillieu, T. L., & Brownridge, D. A. (2010). Violence against pregnant women: Prevalence, patterns, risk factors, theories, and directions for future research. *Aggression and Violent Behavior, 15* (1) , 14-35.
13. Silverman, J. G., Gupta, J., Decker, M. R., Kapur, N., & Raj, A. (2007). Intimate partner violence and unwanted pregnancy, miscarriage, induced abortion, and stillbirth among a national sample of Bangladeshi women. *BJOG: An International Journal of Obstetrics & Gynaecology, 114* (10) , 1246-1252.
14. Tinker, A. G., (1999). Improving Women's Health in Pakistan. Karachi: *World Bank*
15. Ali, P. A., Gavino, M. I. B., (2008). Violence against women in Pakistan: A framework for analysis. *Journal of Pakistan medical association*.
16. Iliyasu, Z., Abubakar, I. S., Galadanci, H. S., Hayatu, Z., & Aliyu, M. H. (2012b). Prevalence and risk factors for domestic violence among pregnant women in northern Nigeria. *Journal of interpersonal violence, 28*, 5.
17. Heaman, M. I. (2005). Relationships between physical abuse during pregnancy and risk factors for preterm birth among women in Manitoba. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 34* (6) , 721-731.
18. Farid, M., Saleem, S., Karim, M. S., & Hatcher, J. (2008). Spousal abuse during pregnancy in Karachi, Pakistan. *International Journal of Gynecology & Obstetrics, 101* (2) , 141-145.
19. Onoh, R., Umeora, O., Ezeonu, P., Onyebuchi, A., Lawani, O., & Agwu, U. (2013). Prevalence, pattern and consequences of intimate partner violence during pregnancy at abakaliki southeast Nigeria. *Annals of Medical and Health Sciences Research, 3* (4) , 484-491.
20. Shaikh, M. A. (2000). Domestic violence against women-perspective from Pakistan. *J Pak Med Assoc, 50* (9) , 312-314.
21. Niaz, U., (2003). Violence against women in South Asian countries. *Arch women's Ment Health; 6*: 173-84
22. Neggers, Y., Goldenberg, R., Cliver, S., & Hauth, J. (2004). Effects of domestic violence on preterm birth and low birth weight. *Acta obstetrica et gynecologica Scandinavica, 83* (5) , 455-460.
23. Shumway, J., O'campo, P., Gielen, A., Witter, F. R., Khouzami, A. N., & Blakemore, K. J. (1999). Preterm labor, placental abruption, and premature rupture of membranes in relation to maternal violence or verbal abuse. *Journal of Maternal-Fetal Medicine, 8* (3) , 76-8