

INTIMATE PARTNER VIOLENCE DURING PREGNANCY AND ITS OUTCOME

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ABSTRACT

Objective: To determine the predictive relationship of violence by intimate partner specifically during pregnancy with stress, anxiety, depression in postnatal period.

Study Design: Cross sectional study.

Place and Duration of Study: This study was conducted at Jinnah Medical and Dental College (JMDC) Karachi, from Jan 2016 to Jun 2016.

Material and Methods: Sample of present study consisted of 70 women between 18 to 40 years with mean age of 26.02 ± 5.5 years. Demographic information form, Karachi domestic violence scale, and depression, anxiety, stress scale were administered after 1 to 2 weeks of delivery.

Results: The study identified that violence against women prevailed was found 32.9%. Regression analysis showed that violence against women during pregnancy has 23.4% variation in scores of depression, 17.5% variations in scores of anxiety domain, and 5.8% variation in scores of stress.

Conclusion: Keeping in view the intimate partner violence prevalence against women during pregnancy and its adverse impact on the mental health of women, it is suggested to include screening program at perinatal clinics to identify at risk women to provide further clinical services to preclude negative outcomes.

Keywords: Intimate partner, Pregnancy, Violence.

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INTRODUCTION

Violence against women has been recognized as a global epidemic and is considered as one of the most important and pervasive violation of human rights, denying girls and women equality, dignity, security, self-worth, as well as rights of women to enjoy fundamental freedom^{1,2}. It comprises many forms including violence perpetrated by intimate partner. Intimate partner violence includes stalking, psychological aggression, sexual and physical violence by present or previous spouse³. World Health Organization estimated that 30% of women have reported sexual and/or physical violence by their intimate partner(s) across the world whereas in some regions it was reported by 38% of women⁴. A study conducted in Pakistan found that 57.6%, 54.5% and 83.6% of women reported that they have experienced

physical, sexual and psychological abuse perpetrated by husband in their life respectively⁵. Even pregnancy is not the protecting factor against violence. A US based study revealed that 81% of patients visited clinics reported intimate partner violence during pregnancy⁶. Intimate partner violence has number of repercussion in form of both mental and physical health problems. Depression is common outcome of IPV and found in 50% to 60% of women exposed to violence^{7,8}. Women and girls, facing and experiencing violence specifically during their pregnancy are more likely to develop symptoms of anxiety and depression as compared with the women, not reported violence by intimate partners⁹. Battered victim also found to suffer from stress related illness and from stress like panic attacks, post-traumatic stress syndrome, eating disorder, sleeping disorder, alcoholism, high/low blood pressure, low self esteem and drug abuse^{10,11}.

Hence, finding out the incidence of violence and its detrimental outcomes is an indis-

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pensable core for its prevention. Studies on intimate partner violence are scarce in our country. Therefore, this study was designed to determine the incidence of violence during pregnancy and its effect on mental health in postnatal period.

PATIENTS AND METHODS

This cross sectional study was conducted in Jinnah Medical and Dental College (JMDC) Karachi. Purposive sampling technique was used to recruit the subjects. Data were collected from, Jan 2016 to Jan 2017. Sample of present study consisted of 70 women from 18 to 40 years old. Mean age of respondents was 26.02 ± 5.53 years, mostly with primary educational level and were housewives. All women were in stable phase that being able to give information. There were no any organic disorders or medical illnesses in participants. Intimate partner violence was assessed by using Karachi domestic violence

severity of symptoms. For present research Urdu translation of DASS was used. to conduct this study, ethical guidelines given by World Health Organization¹⁴ regarding domestic violence were followed. Firstly, hospital staff was approached to talk with women who admitted in hospital for delivery of child to ensure that patient is in a phase to fill the questionnaires. After their permission, consent was also taken by the respondents who were willing to be the part of research. Confidentiality was assured to ensure the safety of respondents and researchers as well as to enhance quality of data. Respondents were also informed that their participation is voluntarily and right of withdrawing from research at any point in time. Then, demographic form, Karachi domestic violence scale and depression, anxiety and stress scale were administered. Data were analyzed by using SPSS 16.0. Mean and standard deviation was calculated for age, depression, anxiety and

Table-I: Descriptive statistics showing prevalence of Intimate Partner Violence (IPV), Depression, Anxiety and Stress among the Sample.

Variables	M	SD	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)
Violence	22.1	10.5				
Depression	9.3	5.9	22.9	25.7	0	1.4
Anxiety	9.0	4.9	17.1	31.4	8.6	2.9
Stress	10.9	6.2	15.7	5.7	0	1.4

scale to assess exposure to sexual abuse, psychological abuse, physical abuse, characteristics of victims and abusers in intimate relationships¹². This self-report scale has 35 items. Respondent rated each item on a 4-point likert scale (0=Never; 1=Rarely; 2=Sometimes; 3=Most of the time). Depression Anxiety Stress Scale refers to the self-report scale developed to assess the symptoms' severity including in anxiety, depression and stress over the preceding week¹³. This scale is rate from 0 to 3 where 0 representing "Did not apply to me at all over the last week" and 3 representing "Applied to me very much or most of the time over the past week". Total score is obtained by summing up the score on items of each domain and higher score indicated

stress. Frequency and percentages are reported for domestic violence, age, education levels, and income, Pearson chi square test was used to estimate the association of these factors with domestic violence, regression analysis was performed to estimate the predictive relationship of domestic violence with depression, anxiety, and stress. A *p*-value of <0.05 was considered as significant value.

RESULTS

The prevalence of the intimate partner violence and closely linked factors were estimated in targeted samples, illustrated in table-I & II. Prevalence of intimate partner violence is 32.9% for overall sample, where as 67% denied of any violence. With respect to other

variables, symptoms of depression and anxiety from mild to extremely severe level are more prevalent than stress. Table-I shows that total mean score on KDVS was measured as 22.1 ± 10.5 . With respect to other variables, symptoms of depression and anxiety from mild to extremely severe level are more prevalent than stress with

Majority of participants monthly income (80%) was less or equal to 15000. Eight participants did not tell about their income. However, these factors are not significantly associated with violence using chi square test, with *p*-value more than 0.05. Table-III is showing that a one unit increase in KDVS Scores gives 28 unit increased

Table-II: Chi-Square showing association among demographic Variables and Intimate Partner Violence (IPV).

Variables	IPV				Chi-square <i>p</i> -value
	Yes		No		
	n	%	n	%	
Violence Age	23	32.9	47	67.1	0.55
≤26 years	28	59.6	12	52.4	
>26 years	19	40.4	11	47.8	
Education					
Primary (5th grade)	23	48.9	7	30.4	0.34
Middle (8th grade)	3	6.4	2	8.7	
Matriculation (10th grade)	13	27.7	11	47.8	
Intermediate or above	8	17.0	3	13.0	
Husband Education					
Illiterate	12	25.5	5	21.7	0.22
Primary (5th grade)	5	10.6	1	4.3	
Middle (8th grade)	2	4.3	4	17.4	
Matriculation (10th grade)	19	40.4	6	26.1	
Intermediate or above	9	19.1	7	30.4	
Monthly Income					
≤15000	28	66.7	16	80.0	0.28
>15000	14	33.3	4	20.0	

Table-III: Regression analysis showing Intimate Partner Violence as predictor of depression, Anxiety and Stress.

Dependent Variable(S)	KDVS Scores beta Coefficient (95% C.I) , <i>p</i> -value	Model R-square
Depression	0.28 (0.15, 0.39), 0.00	23.4%
Anxiety	0.20 (0.09, 0.30), 0.00	17.5%
Stress	0.140.004, 0.28), 0.04	5.8%

*Odds Ratio Considered Significant with $p < 0.05$

mean score for depression as 9.3 ± 5.9 , for anxiety 9.0 ± 4.9 , and for stress 10.9 ± 6.2 . As illustrated in table-II, it was found that 52.2% of participants below age of 26 years are enduring more violence than participants above age of 26 years, 47.8% of participants passed matriculation level education, and 30.4% of respondents' husband had intermediate or above level of education.

in depression scores, there was 23.4% variation explained in depression scores by adding KDVS scores. It was also observed that anxiety scores got increased 0.20 unit on average with one unit increased in KDVS Scores, and about 17.5% variation was explained in anxiety scores by KDVS scores. Regarding stress, there is 5.8% variation of score is explained by KDVS score.

DISCUSSION

This study aimed to investigate the impact of intimate partner's violence on the mental health of pregnant women by investigating its predictive relationship with stress, depression, and anxiety. The prevalence of violence against women was also estimated among the targeted sample. Obtained results showed that 32.9% of women were enduring intimate partner violence during pregnancy. Similarly, previous studies also highlighted that violence is a great challenge experiencing by huge number of women even during pregnancy^{15,16}.

These results findings corroborate previous studies conducted on pregnant women indicated that violence during pregnancy negatively impact the mental health of women^{17,18}. Culturally, it is also taught and reinforced to remain silent regarding marital experiences particularly about abusive relationships. These pent-up emotions perpetuate towards more serious mental health issues including anxiety and depression¹⁹ as well as low health quality of life in abused women²⁰. A comprehensive review of studies conducted between 1994 and 2013 also revealed that intimate partner violence during pregnancy is associated with number of complications including mental health issues²¹. Abused women are more likely to experience postnatal depression as well as having thoughts to harm themselves compared to non-exposed women²². Battered women have also found to experience symptoms of PTSD²³. Findings of this study are also consistent with previous studies that women experiencing IPV are more likely to experience relatively greater symptoms of depression as compared to PTSD as well as to experience depression comorbid with PTSD⁸.

This study has certain limitation. Firstly, the design of study is based on cross-sectional correlational, therefore, causal factors cannot be drawn from findings. Sample is limited and recruited from one hospital which can limit the generalizability of findings.

CONCLUSION

In conclusion, the violence of intimate partners against women specifically during pregnancy is prevailed commonly and is associated with symptoms of anxiety, depression and stress. These findings highlighted that identification of violence is an important phenomenon that need to be further explored to reduce the adverse outcomes. Continuous research will help to raise awareness regarding IPV and its detrimental impact on women consequently boosts action plans aimed to prevent its occurrence in society.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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