Original Article

Domestic violence against pregnant women and its effects on their reproductive health

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Objective: To explore the causes of domestic violence against pregnant women and its effects on their reproductive health in gynecological situates of Nishtar hospital Multan, Pakistan.

Methodology: This qualitative study was conducted at Nishtar Hospital Multan, Pakistan from March to June 2019 and included 16 physically battered pregnant women who were interviewed through sequential sampling technique.

Results: The major causes were their younger age at time of marriage, rural residence, non-occupational and low socio-economic status and low education level. The other reported causes were previously giving birth to daughters, usual quarrels with mother-in-law on matters of contraceptive usage, lack of women subordination towards husband on fertility decisions, financial issues during pregnancy and neglected household chores in antenatal period. The frequently stated effects of domestic violence were pregnancy complications (15), future infertility (13) and sexual disorders (12).

Conclusion: Various causes of domestic violence against pregnant women affected their reproductive health. The role of social media, government, health professionals and sociologists can mitigate this phenomenon against pregnant women. (Rawal Med J 202;46:180-184).

Key words: Domestic violence, pregnant, reproductive health.

INTRODUCTION

Domestic Violence (DV) is the socio-medical issue that became high spot in the recent decade.[1] It is alternatively known as Intimate Partner Violence (IPV) or spousal corporal abuse towards their wives through various typologies such as psychological, physical, emotional, verbal and sexual. Pregnant women are at the greater risk of DV by their intimate partners.[2,3] The global context authenticated that approximately 70% women becomes the victim of one or another type of violence by their intimate partners while every third women becomes the victim of IPV in domestic context.[4,5] The prevalence of DV is reported as Vietnam (31%), India (40%) and Iran (15%).[6,7] In Pakistan, 16-76% women becomes the victim of physical violence in their lifetime.[8]

DV is attributed to many causes such as financial problems due to poverty, unemployment, lack of women involvement in decision making for family planning and previous sex order of the children.[9] These causes produce various upshots on women reproductive health such as sexual disorders, gynecological disarrays, antenatal disruptions, vaginal blood loss, pelvic pains and urinary tract infections.[10,11] The major objectives of the present study were to explore the causes of DV against pregnant women and to determine its effects on their reproductive health.

METHODOLOGY

This exploratory study was carried out in gynecological situates of Nishtar Hospital Multan, Pakistan from March to June, 2019. Females who were physically battered and admitted in the hospital were included. The victimized sampled women had no concept of psychological, emotional, verbal and sexual violence in the demarcated context and even the debate on sexual matters of wedlock was considered to be a severe sin in religion. Therefore, physical violence was selected as it was the only evident form of DV in the study milieu.

We interviewed 16 registered victimized females through sequential sampling technique. Those women were included i) that were severely battered with scars on their body and ii) that were currently pregnant/previously pregnant and undergone miscarriage due to DV acts. Those women were excluded i) who encountered DV acts such as slaps and pushing which did not affect the reproductive health of pregnant women and ii) who were emotionally abused, psychologically ill-treated and

verbally mishandled but do not undergone through severe physiological abuse.

An in-depth interview guide was used to conduct face to face interviews from the respondents. Demographics, causes of DV and its effects on reproductive health were recorded. An informed consent was taken from each respondent and ethical approval was taken from Bahauddin Zakariya University, Multan.

Statistical Analysis: For data analysis, firstly the data were translated through formation of various codes. The identified codes were segregated into inductive and deductive codes which were further grouped together to form code clusters.

RESULTS

Out of 16 women, 14 belonged to 16-20 years age group. 13 were illiterate while 12 had undergone through severe financial problems during pregnancy due to their low socioeconomic status. 14 participants were rural residents having 2-3 daughters in prior birth order of their children.

Table 1. Code formation, type of codes, agreed participants and contextualization of the coding constructs for causes of domestic violence (N=16).

Causes of DV	Codes formation	Type of code	Agreed participants	Contextualization of the coding constructs for causes of DV
Previously gave birth to daughters	Son preference	Deductive	12	Birth of son was the highest fertility expectation from married women. Conversely, the birth of girl was considered to be societal weakening sign of a women and whole family.
	Daughters devaluation	Deductive	13	
Usual quarrels with mothers in-law for contraceptive usage	Acquiescent nature for orders of mother-in-law	Inductive	15	Married women were expected to obey her husband and mother-in-law for contraception usage either for child spacing, immediate pregnancy or fertility stoppage. The negation towards this obedience was the major prerequisite of DV in the contextual locale.
	Comply with every order of mother-in-law	Deductive	12	
	Do not argue with mother-in-law	Inductive	14	
Lack of subordination towards husband on fertility decisions	Arguing with husband	Inductive	13	Women were expected to obey her husband in every household matter. In this regard, women were expected to be subordinated in their fertility issues and decisions.
	Quarrelling with husband	Inductive	11	
	Contravening husband	Inductive	14	
	Non-submissiveness towards husband	Deductive	10	
Financial issues during pregnancy	Low-socio-economic status to cope with pre-natal, neonatal and delivery charges	Deductive	13	When financial status was low, then pregnancy became a financial burden on family. These financial issues became the major source of household conflicts in marital relations which lead towards DV.
	Inability to provide dowry by wife at the time of marriage	Inductive	15	
	Arguments on money with husband during antepartum period	Inductive	13	
Neglected household chores during pregnancy	Concentrates on social life	Inductive	14	The household chores were considered to be primary duty of wife. In this regard, the women who concentrated on social life (such as visiting neighbors, friends etc.) frequent visits to natal family and neglecting the daily life routine of household (such as cooking food, taking care of previous children) during pregnancy become the major target of DV.
	Frequent visits of natal family	Inductive	15	
	Neglected the daily life routine of household	Inductive	13	

Majority agreed that son preference and alternative daughters devaluation became the major causes of DV. The other cause was usual quarrels of women with mother in-law about contraceptive usage. This cause was further bifurcated in acquiescent nature for orders of mother-in-law (N=15), comply with every order of mother-in-law (N=12) and do not argue with mother-in-law (N=14) on various methods of contraceptive usage such as child spacing, birth stoppage or undergone through immediate pregnancy. Lack of subordination towards husband on fertility decisions such as arguing with husbands, quarrelling with husband, contravening husband and non-submissiveness towards husband became the major factors behind DV.

Table 2. Code formation, type of codes, agreed participants and contextualization of the coding constructs for effects of domestic violence (N=16).

Effects of DV on pregnant women	Code formation	Type of code	Agreed participants	Contextualization of the coding constructs for effects of DV on pregnant women
Excessive vaginal blood loss	Vaginal ailments	Inductive	09	Due to violent acts during pregnancy, various vaginal problems prevailed especially blood loss from vagina due to physical injuries.
Genital sore	Genital ailments	Inductive	07	Due to violent acts during pregnancy, usually genital soreness occurred which was very severe and directly affected the fecundity of married females.
Chronic pelvic pain	Chronic ailments	Inductive	10	DV acts also became the major source of acute or chronic pelvic pain which directly affected the reproductive health of pregnant women.
Ovarian and urinary tract infection	Ovarian and urinary ailments	Inductive	11	Due to DV acts, the fertility of women was affected due to severe injuries on ovarian and urinary tract.
Pregnancy complications	Pregnancy ailments	Inductive	15	During DV acts, women got various acute and chronic pregnancy complications such as placental separations, fetal damage, fetal death, internal bleeding, etc. which ultimately affected the normal fecundity and sexuality regimes.
Future infertility	Fecundity ailments	Inductive	13	DV acts damages the ovaries, genital areas, vaginal tract etc. which became the major cause of infertility among married women.
Early menopause	Early stoppage ailments	Inductive	11	The DV acts during pregnancy could affect the ovaries, hormonal imbalance and uterus which causes early menopause.
Sexual disorders	Sexual ailments	Inductive	12	DV during pregnancy was directly related with sexual disorders such as loss of libido, infertility, menopause and ovarian infections.
Miscarriages	Aborting ailments	Inductive	08	The violent acts became prerequisite of pregnancy complications, various sexual infections, reproductive tract sores and ultimately miscarriages.

The other causes were low-socio-economic status to cope with pre-natal, neonatal and delivery charges (N=13), inability to provide dowry by wife at the time of marriage (N=15) and arguments over money with husband during antepartum period (N=13). The last reported reason was women neglection of household chores such as concentration on social life, frequent visits of natal family and neglecting the daily life of household (Table 1). Nine women stated the major effect of DV as excessive vaginal blood loss during pregnancy while seven had genital sore during DV. The respondents declared chronic pelvic pain (N=10), ovarian and urinary tract infections (N=11) and pregnancy complications (N=15) as the salient hazardous effects of DV on reproductive health of pregnant women (Table 2).

DISCUSSION

We found that younger age of female marriage, their non-occupational and low socio-economic status and rural residence were the demographic causes of DV against pregnant women, as reported by several studies.[12-14] Previous studies also endorsed that prior sex order of children, fertility decisions and contraceptive usage became the major contextual factors behind DV.[15,16]

Aforementioned studies from Pakistan spot light that disobedience towards husbands' orders, ignoring the in-laws (especially mother-in-law), frequent visits to natal family and financial pressures during antepartum period and after delivery become the provoking factors for DV against the pregnant women.[17,18]

Previous studies from the global context authenticated these said effects of DV on reproductive health of pregnant females such as injuries, chronic pains, premature births, sexuality disorders and gynecological complications.[19,20] Evidences from Pakistan also endorsed these findings and reported that pelvic pains, fetal disorders, neonatal deaths and even abortions are the major outcomes of DV on reproductive health of the pregnant women.[21,22]

CONCLUSION

Various causes of DV during pregnancy affected the reproductive health of females in gynecological situates of said vicinity. Role of social media, government, health professionals and Sociologists is imperative in spreading awareness about mitigating the phenomenon of DV against pregnant women.

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