Original Article

Intimate Partner Violence before and during pregnancy: Experiences of postpartum women in Karachi, Pakistan

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Abstract

Objective: To assess the magnitude and determinants of intimate partner violence before and during pregnancy and attitude regarding domestic violence among a cohort of recently delivered women in Karachi, Pakistan.

Methods: A total of 300 women occupying every alternate bed in the postnatal wards of a public tertiary hospital were administered a structured questionnaire.

Results: Forty four percent (44%) of women reported lifetime marital physical abuse, 23% during the index pregnancy. Among the 132 women who were ever physically abused, all reported verbal abuse and 36% sexual coercion. The statistically significant risk factors, wife's education, consanguinity, and duration of marriage, were similar for lifetime marital abuse and during pregnancy. Over half (55%) of the women believed that antenatal care clinics were a good time to enquire about domestic violence.

Conclusion: Annually an estimated one million pregnant Pakistani women are physically abused at least once during pregnancy. Reproductive health stakeholders should be encouraged to advocate for domestic violence screening (JPMA 56:252;2006).

Introduction

The World Health Organization and various other professional medical organizations[1] have universally recognized wife battering as a major public health problem of significant importance in concert with the United Nation (UN) Declaration on the Elimination of Violence against women.[2] Research on the magnitude of lifetime marital abuse and its associated risk factors has resulted in a growing body of evidence that has raised public awareness regarding women's hidden burden of spousal abuse in developing countries. Between 10% and 69% of women

reported being physically assaulted by an intimate partner, as illustrated by 48 population-based surveys conducted in developed and developing countries.[3]

Factors such as household wealth, education of husband and wife, age, parity, duration of marriage, consumption of alcohol or drugs, HIV status, family history of abuse, and unplanned pregnancy have been shown to be associated with increased risk of physical abuse in developing countries.[4 - 6] Living with an abusive partner has an adverse impact on reproductive health outcomes like gynaecological disorders, unwanted pregnancy, unsafe abortions, pregnancy complications, and sexually transmitted infections including HIV.[3] However, the public health impact is particularly tragic when such events occur during pregnancy, as the health consequences are not limited to the pregnant woman but also affect her unborn child i.e., (abortion, stillbirth, maternal death, placental abruption, premature rupture of membranes, pre-term birth, and low birth weight).[4,7-9]

According to a recent review in the United States, the prevalence of domestic violence during pregnancy has been estimated between 0.9% to 20.1%,[7] comparatively similar to rates reported from developing countries, (4% to 25%).[8 - 13] Determinants of violence during pregnancy, such as socioeconomic status, maternal age, parity, education of wife, unplanned pregnancy, and consumption of alcohol or drugs, are similar to those outside of pregnancy.[9,11-14]

Pakistani obstetricians do not routinely screen pregnant women for any history of domestic violence unless there is strong clinical suspicion from injuries or depression.[15] Consequently, identifying domestic violence victims during antenatal care will sensitize Pakistani obstetricians to the enormous burden of violence in women's lives including during pregnancy and its potential role in pregnancy and newborn complications. This study was conducted to highlight the magnitude of wife battering during pregnancy among recently delivered women in a large public hospital in Karachi. The objectives of the paper were to assess the magnitude and determinants of domestic abuse in the marital lifetime and during pregnancy and attitude regarding domestic violence screening.

Subjects and Methods

A cross-sectional survey was conducted among women in the postnatal wards of a large public tertiary hospital in Karachi,during June 2002 to September 2002.

Our eligibility criteria included all recently delivered women (within three days post-delivery) irrespective of whether the pregnancy outcome was a live or still birth, and whether the delivery was normal vaginal, assisted, or Caesarean section. Women who were admitted for an abortion or with pregnancy complications and later discharged undelivered were excluded. Women occupying every alternate bed in the postnatal wards were assessed for eligibility. The subsequent occupied bed was selected if the woman in the identified bed was not eligible. (Less than 1% of women refused to participate in the study). The selected women were administered the questionnaire outside the visiting hours by the interviewer after obtaining verbal consent.

The pre-coded structured questionnaire was developed in collaboration with the local investigators, pre-tested and revised; translated into Urdu and back-translated into English. It elicited information on demographics, care-seeking behaviours for abuse related injuries, and attitudes to domestic violence screening during antenatal care clinics. Prevalence and severity were measured by a modified Conflict Tactics Scale that has been used extensively to measure physical spousal violence.[16-18] The final tool included 14 items, of which 11 enquired about physical violence, two about verbal abuse, and one about sexual coercion. For each item, women were asked whether they had experienced the event during the index pregnancy, during any previous pregnancy, and another time during marital life excluding pregnancy. Each interview lasted on an average for 40 minutes.

Physical abuse was defined as objects thrown, pushed, grabbed or shoved, hair pulled, slapped or hit, kicked or bitten, choked, tried to drown, used knife, gun or other weapon by their husbands. Verbal abuse was defined as cursed, yelled, insulted, humiliated or threatened with knife, gun or other weapon by their husbands. Sexual coercion was being forced to have sexual intercourse against her will.

Prevalence estimates were calculated to reflect the relative frequency of sexual coercion, verbal and physical abuse for marital lifetime and during the previous (index) pregnancy. Standard descriptive analysis was performed. To investigate associations between socio-demographic variables and physical abuse status (abused versus never abused), bivariate and multivariate logistic regression analysis were conducted; odds ratios and 95% confidence intervals were calculated. Dichotomous dependent variable was defined as 0 = never been physically abused and 1= one or more episodes of physical abuse during marital lifetime and index pregnancy. All analyses were carried out using the Statistical Package for the Social Sciences (Version 11).

Results

Interviews were completed on 300 women; most interviews were conducted within two days post-delivery. Women, on average, were 6.6 years younger than their

spouses; nearly half of the study sample was 25 years and the mean duration of marriage was 6.7 (±5.8) years. Consanguineous marriages were common (49%) with most marriages being among first cousins (22% maternal; 20% paternal). Slightly less than half of the women (48%) had not attended school, whereas most of their husbands (60%) had received some formal education. Although most husbands were employed (88%), women were rarely employed (8%).

The index pregnancy was the first pregnancy for nearly a quarter of the study women; for many women (37%) this was either their second or third pregnancy. Nearly all of the women (96%) attended at least one antenatal clinic for their index pregnancy. A substantial number of women (40%) were admitted for a pregnancy complication. Common pregnancy complications included decreased fetal movement (20%), antepartum haemorrhage (13%), pregnancy induced hypertension (18%), obstructed labor (9%), pre-term labor (4%), and postpartum haemorrhage (2%). Caesarean sections (44%) and normal vaginal (44%) were the main mode of delivery, whereas assisted vaginal delivery (breech and episiotomy) constituted the remaining 12%.

Domestic violence of any form was less frequently reported during pregnancy as compared to marital lifetime. For example, 44% of women reported ever experiencing any form of physical abuse during their marital lifetime, declining to 23% for the index pregnancy. Nearly all women who reported being physically abused during pregnancy (68/69 women) had a history of physical abuse. Verbal abuse and threats were common; 80% of women reported verbal abuse in their marital life whereas fewer such events occurred during pregnancy (66%). Generally, sexual coercion was less frequently reported as compared to physical or verbal abuse. Among the 132 ever physically abused women, 36% were also coerced to have sex and all 132 were verbally abused. Slapping, hitting, pushing, grabbing, shoving and pulling hair were the most common

Table 1. Unadjusted and adjusted odds ratios (95% confidence intervals) for selected characteristics possibly related to being ever physically abused and being physically abused during last pregnancy, Karachi, Pakistan, 2002.

Variables	Marital Lifetime Crude OR (95% CI)	Marital Lifetime AOR (95% CI)
Woman's age		
< 25		
25 - 34	1.7 (1.0 - 2.9)	0.8 (0.4 - 1.5)
> 35	2.7 (1.1 - 6.2)	0.7 (0.2 - 1.9)
Age Difference		
Spouse younger or same age	1.1 (0.4 - 3.0)	1.1 (0.4 - 2.9)
Spouse 1 - 9 years older		
Spouse ≥ 10 years older	1.7 (1.0 - 3.0)	1.1 (0.6 - 2.9)
Duration of Marriage		
< 5		
5 - 9	2.8 (1.5 - 5.0)	2.6 (1.2 - 5.5)
≥ 10	4.2 (2.2 - 7.9)	3.0 (1.1 - 7.8)
Religion		
Muslim	1.1 (0.4 - 3.4)	0.9(0.3 - 2.9)
Non-Muslim		
Education of woman		
No formal education	2.4 (1.4 - 4.0)	1.9 (1.0 - 3.4)
Primary Level	2.4 (1.0 - 5.8)	2.4 (0.9 -5.9)
Secondary or more		
Education of woman		
No formal education	1.9 (1.1 - 3.2)	1.3 (0.7 - 2.3)
Primary Level	1.7 (0.7 - 4.5)	0.9 (0.4 - 2.5)
Secondary or more		
Consanguineous relationship		
Close		
Distant	3.6 (1.2 - 11.2)	3.9 (1.3 - 11.7)
Not related	1.0 (0.9 - 1.6)	1.1 (0.6 - 1.9)
Parity[a]		
One		
Two to Three	1.3 (0.7 - 2.4)	0.9 (0.4 - 1.7)
Four or more	3.9 (2.0 - 7.5)	1.7 (0.7 - 4.3)

a. excludes 5 women (4 stillbirths and 1 missing case)

types of physical abuse reported during the index pregnancy or lifetime marital experience. The use of a gun, knife, or other weapon was rarely reported. During the index pregnancy, the use of a gun or another weapon was not reported although threats of using a weapon still persisted. Using abusive language (cursing) was a common mode of verbal abuse either during marital life (67%) or during the last pregnancy (55%).

Common instigating factors for physical abuse stemmed from conflicts over the wife being disobedient to husband (63%), not looking after in-laws (35%), visiting her natal family, neighbours, or friends without permission (30%), or arguing over financial matters (25%). Less common, yet significant, were conflicts culminating in physical abuse as a result of contraceptive use without spousal permission (14%), suspected sexual infidelity (16%), neglect of household tasks (13%), arguments over child rearing (19%), spousal substance abuse (9%) and infertility (1.5%). The majority of abused women (81%) did not believe that physical abuse was justified. However, among the 24 abused women who did believe that violence was justified, the rationales frequently mentioned were that it was 'my fault' (46%), 'his right' (33%), and 'it is a social norm' (21%). At least one third of the women who had ever experienced physical abuse during marital life (130 women) or more recently during the index pregnancy (69 women) confided in someone about the abuse. Medical care was rarely sought despite nearly half of them reporting an abuse related injury: bruises (ever 61%; pregnancy 72%), black eye (ever 90%%; pregnancy 66%), and sore muscles (ever 44%; pregnancy 13%).

A little over half of the women (55%) believed that antenatal care clinics were a good time to enquire about domestic violence; doctors were preferred (90%), as opposed to nurses (10%) or midwives (0%).

Significant risk factors at the bivariate level for ever experiencing physical abuse included age (25 years), spousal age difference (10 years), and marriage duration (5

Table 2. Unadjusted and adjusted odds ratios (95% confidence intervals) for selected characteristics possibly related to being ever physically abused and being physically abused during last pregnancy, Karachi, Pakistan, 2002.

Variables	Marital Lifetime Crude OR (95% CI)	Marital Lifetime AOR (95% CI)
Woman's age		
< 25		
25 - 34	2.3 (1.1 - 4.6)	1.0 (0.4 - 2.3)
> 35	2.9 (1.0 - 8.5)	0.7 (0.2 - 2.4)
Age Difference		
Spouse younger or same age	0.7 (0.1 - 2.7)	0.7 (0.2 - 2.8)
Spouse 1 - 9 years older		
Spouse ≥ 10 years older	2.1 (1.1 - 4.0)	1.4 (0.7 - 2.9)
Duration of Marriage		
< 5		
5 - 9	3.2 (1.5 - 6.7)	3.8 (1.3 - 11.2)
≥ 10	4.5 (2.0 - 9.8)	3.7 (1.0 - 13.9)
Religion		
Muslim	4.3 (0.6 - 189.5)	5.5 (0.6 - 53.4)
Non-Muslim		
Education of woman		
No formal education	3.2 (1.6 - 6.3)	2.6 (1.2 - 5.6)
Primary Level	2.6 (0.9 - 8.0)	3.1 (0.9 -10.2)
Secondary or more		
Education of woman		
No formal education	2.1 (1.1 - 4.0)	1.2 (0.6 - 2.5)
Primary Level	2.8 (1.0 - 8.0)	1.1 (0.3 - 3.3)
Secondary or more		
Consanguineous relationship		
Close		
Distant	2.8 (0.7 - 10.9)	4.4 (1.1 - 17.1)
Not related	0.9 (0.5 - 1.6)	1.1 (0.6 - 2.3)
Parity[a]		
One		
Two to Three	0.9 (0.4 - 2.0)	0.4 (0.1 - 1.1)
Four or more	3.6 (1.7 - 8.1)	1.0 (0.3 - 3.4)

a. excludes 5 women (4 stillbirths and 1 missing case)

years). Women with no education or primary level education were at a significantly higher risk of physical violence, compared to women with secondary level education. Women married to distant relatives had significantly higher risk of violence (OR=3.6; 95% CI=1.2-11.2). Parity was a strong predictor of physical abuse. Women with four or more live births were nearly four times likely to experience physical abuse (OR=3.9; 95% CI=2.0-7.5). The statistically significant risk factors in the multivariate logistic regression analysis were wife's education, consanguinity, and duration of marriage. Women's age, spousal age difference and parity lost their significance (Table 1).

Potential risk factors for physical abuse during the index pregnancy were similar to those reported for lifetime marital physical abuse, though the magnitude of the odds ratio was higher. Women with no formal education were two and a half times more likely to be physically abused during pregnancy (OR=2.6; 95% CI=1.2-5.6) as compared to women with a high school education, after controlling for all other variables. Women who were married for five to nine years (OR=3.8; 95% CI=1.3-11.2) or ten or more years (OR=3.7; 95% CI=1.0-13.9) were at higher risk of being abused than women who were married for less than five years (Table 2).

Discussion

A quarter of women (23%) reported physical abuse during their recent pregnancy suggesting a serious social and health problem that is particularly challenging for Pakistani obstetricians. The point prevalence estimates for physical abuse during pregnancy and marital lifetime reported from our study fall within the range quoted from developing [3,13] and developed countries. [3,7] In this study, the rates of lifetime marital physical abuse at 44% was nearly double that during the recent pregnancy. The widespread belief that pregnancy either initiates or increases the risk of violence was not substantiated in our study, similar to findings from other studies in developed[7] and developing[13] countries.

The results of this study also highlighted the burden of verbal and sexual coercion on married women living in a conservative patriarchal and patrilocal family structure like Pakistan. A majority of women experienced verbal abuse during their marital life or during their preceding pregnancy; significantly higher than reported from China [9] or the United States.[7] Physical assault is not an isolated event in a woman's marital life but rather part of a perpetual pattern of spousal abusive behavior. Results of our study as well as those conducted elsewhere[19,20] highlight the inter-relationship between verbal abuse, sexual coercion and physical abuse. Furthermore, our findings substantiate results of other studies[14,21] that identify past abuse as a significant predictor of abuse during pregnancy.

Factors provoking physical abuse identified in our study are similar to those reported elsewhere.[5] The fact that nearly 14% of the respondents specifically mentioned using contraception without spousal permission highlights the inter-spousal conflict associated with contraceptive use as has also been reported from India.[6]

In this study, strong significant associations were found between abuse (lifetime marital or during last pregnancy) and duration of marriage, education and consanguineous marriages. Significant relationships between abuse and age, spousal age difference, husband's education and parity lost their significance at the multivariate stage perhaps emphasizing the co-linearity between these time-dependent factors that was best explained by duration of marriage. On the other hand, the retention of duration of marriage might also signify the unique explanatory role of marriage duration over and above the time element.

Pre-marital family relationship appears to play a significant protective role in an abusive relationship. Women whose spouses were distantly related were nearly four times as likely to be in an abusive relationship as compared to women married to their first cousins. Maintaining spousal and family harmony is perhaps another reason for the continued high prevalence of first cousin marriages in Pakistan in addition to maintaining wealth within the family.

Assessments of domestic violence, either lifetime or during pregnancy, generally highlight the need for the involvement of health services[4,6,12,22] as an intervention strategy to break the chain of family violence. Sharing information about physical abuse is rare due to perceptions of shame, fear of blame, or reluctance to be disloyal to spouse or marital family. Few women profess to seek medical or health care for injuries sustained consequent to physical abuse. Our study results also corroborate these findings. However, our results also strategically highlight that women are amenable to screening during an antenatal visit.

The results of our study should be interpreted in the light of methodological constraints. First and foremost is the sensitive nature of the topic and its proneness to response bias that may lead to under-reporting of the true extent of the abuse. Methodological limitations regarding the definitions of abuse used , the uniformity m aintained when inquiring about abuse , language barriers and privacy concerns are additional constraints . Second , information about violence was self-reported , which may have led to recall bias. Third, the point prevalence for physical abuse

during pregnancy in our study may be over-estimated compared to other studies. This perhaps is affected by the timing of the interview. Most studies have collected data during prenatal care, thereby restricting the reference period to that prior to the interview, whereas our study included the entire gestation period. Alternatively, the exclusion criteria of women admitted for an abortion or pregnancy complication and later discharged undelivered fails to capture cases of violence during pregnancy that may have led to abortions or pregnancy complications, thus underestimating the total burden of violence during pregnancy.

Despite these study limitations, these findings should alert Pakistani health professionals to the enormous burden of physical abuse especially during pregnancy, which places the health of both mother and foetus in jeopardy. Pakistani health care professionals can play a major role in ensuring that women are routinely screened for domestic violence by including a few simple questions during routine antenatal care for identification of abused women.

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References

1. World Health Organization. Violence Against Women. Geneva: WHO, 1998, WHO/FRH/WHD.
2. United Nations. Declaration on the Elimination of Violence Against Women. New York: United Nations General Assembly Resolution 48/104, December 20, 1993.
3. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World Report on Violence and Health. Geneva: World Health Organization, 2002.
4. Ellsberg MC, Pena R, Herrera A, Liljestrand J, Winkvist A. Wife abuse among women of childbearing age in Nicaragua. Am J Pub Health 1999;89:241-4.
5. Koenig MA, Lutalo T, Zhao F, Nalugoda F, Wawir-Mangen F, Kiwanuka N, et al. Domestic violence in rural Uganda: Evidence from a community-based study. Bulletin of the World Health Organization 2003;81:53-60.
6. Martin SL, Kilgallen B, Tsui AO, Maitra K, Singh KK, Kupper LL. Sexual behaviors and reproductive health outcomes. Associations with wife abuse in India. JAMA. 1999;282:1967-72.
7. Gazmararian JA, Lazorick S, Spitz AM, Ballard TJ, Saltzman LE, Marks JS. Prevalence of violence against pregnant women. JAMA. 1996;275:1915-20.
8. Muthal-Rathore A, Tripathi R, Arora R. Domestic violence against pregnant women interviewed at a hospital in New Delhi. Internat J Gynecol Obstet 2002;76:83-5.
9. Leung WC, Leung TW, Lam YYJ, Ho PC. The prevalence of domestic violence against pregnant women in a Chinese community. Internat J Gynecol Obstet 1999;66:23-30.
10. Fikree FF, Bhatti LI. Domestic violence and health of Pakistani women. Internat J Gynecol Obstet 1999;65:197-203.
11. Moraes CL, Reichenheim ME. Domestic violence during pregnancy in Rio de Janeiro, Brazil. Intern J Gynecol Obstet 2002;79:269-77.
12. Castro R, Peek-Asa C, Ruiz A. Violence against women in Mexico: A study of abuse before and during pregnancy. Am J Pub Health 2003;93:1110-16.
13. Nasir K, Hyder AA. Violence against pregnant women in developing countries. Review of evidence. Euro J Pub Health 2003;13:105-7.
14. Stewart DE, Cecutti A. Physical abuse in pregnancy. Can Med Assoc J 1993;149:1257-63.
15. Fikree FF, Jafarey SN, Korejo R, Khan A, Afshan A, Durocher JM. Obstetricians and Women's Perspectives: A Case Study of Domestic Violence from Pakistan. New York and Karachi, Pakistan: Population Council and Ziauddin Medical University, 2003.
16. Straus MA. Measuring intra-family conflict and violence. The Conflict Tactics (CT) scales. J Marriage Family 1979;41:75-88.
17. Smith MD. Enhancing the quality of survey data on violence against women: A feminist approach. Gender and Society 1994;8:109-27.
18. Barling J, O'Leary KD, Jouriles EN, Vivian D, MacEwen KE. Factor similarity of the Conflict Tactics Scales across samples, spouses, and sites: Issues and implications. J Fam Viol 1987;2:37-54.
19. Ellsberg MC. Candies in hell: Women's experience of violence in Nicaragua. Soc Sci Med 2000;51:1595-1610.
20. Yoshihama M, Sorenson SB. Physical, sexual and emotional abuse by male intimates: Experiences of women in Japan. Violence and Victims 1994;9:63-77.
21. Martin SL, Mackie L, Kupper LL, Buescher PA, Moracco KE. Physical abuse of women before, during and after pregnancy. JAMA. 2001; 285:1581-4.