

Prevalence of Gender Based Violence among Pregnant Women: A Hospital Based Study

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Abstract

Aim : To Study prevalence of gender based violence (GBV) among pregnant women at Paropakar Maternity and Women's Hospital.

Methods: This study was a cross sectional descriptive study conducted at Paropakar Maternity and Women's Hospital, Kathmandu enrolling 950 pregnant women. Women were interviewed using structured questionnaire from mid March to the end of August 2007.

Results: 317 of the 950 (33%) women suffered from GBV. 150 (47%) women faced psychological violence, 72 (23%) faced physical violence and 42 (13%) women faced sexual violence and the remainder faced all types of violence. Violence was reported during the current pregnancy (41%). Husbands were perpetrator of violence for almost one third of women (34%), followed by mother in law (18%). Joint violence by family members was quite common (28%). A perpetrator outside the family was responsible for approximately 20% of cases. Among cases of sexual violence, 45% of women were victim of marital rape.

Joint and extended family systems are still prevalent in Nepal and often, verbal abuse is an excuse for imposing discipline in the family. Women's economic and emotional dependence on their husband and in laws probably accounts for their vulnerable status in the family. Health seeking behavior following violence was found to be extremely low in this study suggesting gender based violence is perceived as a private matter by women.

Conclusion: 33% of pregnant women attending Paropakar Maternity and Women's Hospital suffered GBV in form of psychological violence such as verbal abuse/torture /isolation while physical violence was less common followed by sexual violence. Domestic violence accounted four fifth of GBV, inclusive of violence by husband in one third of cases, alcohol addiction in intimate partner being contributory factor. Marital rape is common contributing to almost 50% of sexual violence. Family members, particularly in laws, victimize women jointly.

Key words: Prevalence, Gender Based Violence, Pregnancy, Nepal

Introduction

Gender Based Violence (GBV) is a public health issue and is recognized as serious violation of human rights worldwide. It is an ongoing social injustice to women, reflecting an imbalance of gender based power relationship. Extent of the problem is largely determined by local social norms and traditional cultural beliefs.

Worldwide, studies indicate that from 20% to over 50% of women have been beaten by an intimate male partner¹ or sexually abused by an intimate partner.² Bott et al (2005) reported a study done in ten countries and found that between 13 - 62% of women had experienced physical violence by a

partner over the course of their lifetime.³ An analysis of World Bank's development report (1994) concluded that between 5% and 16% of the healthy years of life lost among women of reproductive age could be linked to GBV. Health consequences of violence can extend from physical injuries, unwanted pregnancies, gynecological problems, Sexually Transmitted Diseases, miscarriage, chronic pelvic pain, pelvic inflammatory disease, self injurious behavior etc. to fatal outcomes such as suicide, maternal death, HIV/AIDS etc. In addition, psychological sequel could lead to depression, fear, anxiety, low self- esteem etc.¹

The effect of domestic violence during pregnancy reported by studies suggests that it can lead to

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miscarriage, insufficient weight gain, vaginal bleeding, abdominal trauma, low birth weight (LBW) etc. Valladares E et al (2002) reported the findings of a hospital based case control study in Leon, Nicaragua that suggested that 22% of mothers of Low Birth Weight (LBW) infants had experienced physical abuse during pregnancy by their intimate partners compared with 5% of control group. LBW was associated with partner abuse even after adjustment of age, parity, smoking and socio economic status (OR: 3.9; 95% CI: 1.7- 9.3).⁴.

The summary report of human rights in Nepal, 2003 by National Human Rights Commission revealed that ecological region, ethnicity, socio-cultural and economic factors were strong determinants of GBV.⁵ In Nepal, about 58% of women who were victim of domestic violence reported that they experienced physical abuse every day.⁶

This study was an endeavor to identify the magnitude of the problem of GBV in pregnant women who attended the Maternity Hospital Emergency. Moreover, we also tried to identify type of violence faced by these women and their health seeking behavior.

Methods

This study was a cross sectional descriptive study conducted at Paropkar Women's and Maternity Hospital, Kathmandu. The sample population was selected from pregnant women admitted in this hospital. Approximately 950 women admitted at or after 20 weeks of gestation who did not require urgent medical attention were enrolled in the study from the emergency admission room and interviewed in a pre specified room ensuring confidentiality and privacy. They were also given the choice to withdraw from the interview if they did not feel comfortable.

Data were entered into a structured questionnaire by research assistants. Variables recorded were - Demographic characteristics- Age, marital status, Area of residence, Education, Socio- Economic status, Caste and ethnicity, History of physical abuse, sexual abuse and psychological abuse together with the time of assault, frequency and perpetrator, Health care seeking attitude and attitude of health care providers if they seek help and support

Data were collected from mid March to end of August, 2007 (24 weeks) .Data entry and analysis was performed manually.

Results

Of 1490 women approached who met the inclusion criteria , only 950 women gave consent for the

interview. Of the total obstetric admissions, 12.2% of cases were enrolled in the study. Of the 950 women, 317 women suffered from gender based violence (33%). 460 women were aware or had heard about GBV (48%) whereas 490 had not heard the words "gender based violence" (52%).

Table 1. Type of violence faced by clients

Type of violence faced by clients	n	%
Physical	72	23
Sexual	42	13
Psychological	150	47
Physical and Psychological	35	11
Physical and sexual	7	2
Sexual and Psychological	6	2
All kinds	5	2
Total	317	100

Type of violence faced by clients is outlined in table 1. The major form of GBV is psychological violence.

Time and Frequency of violence

131 women reported that they were facing violence as ongoing day to day problem i.e. during the current pregnancy (41%), 141 women faced within last year (44%), whereas 45 women had experience of violence more than a year ago (14%).125 women said that facing violence was occasional or one off problem (39%), whereas 192 women faced it regularly (61%).

Perpetrator of violence (table 2)

108 women revealed that their husbands were perpetrator of violence (34%), mother in law was perpetrator for 58 women (18%), and 4 were victims of violence by their father in law (1%), whereas others such as neighbors / relatives / school teachers etc. were perpetrators for 62 (20%). 28 were victims of violence by the husband and mother in law jointly (9%). 23 were victimized by both mothers in law and father in law (7%). The rest suffered domestic violence by other family members.

Perpetrators of physical violence were husbands for forty three women (54%) or other members of family. For twenty women, perpetrators were others such as neighbors, villagers, school teachers, employers etc. (25%).

Among women who faced psychological violence, perpetrators were mostly husbands for 45 women (23%), mother in law for 37 (19%), husband and mother in law were joint perpetrator for 20 women (10%), and others were tortured jointly by family members. For 39 women, the perpetrator was others

such as neighbors, villagers, employers at office etc. (20%).

Regarding sexual violence, perpetrators were husbands for 20 (45.%) who were forced to sexual relationship against their wishes and others were victims of sexual assault including rape by employer/ neighbors/ boyfriends/school teachers etc (55%). Marital rape was not uncommon during menstruation, pregnancy or immediate postpartum. Social factors of clients who faced gender based violence is demonstrated in table 3.

Table 2. Perpetrator of Violence

Perpetrator of Violence	No.	%
Husband	108	34
Mother in law	58	18
father in law	4	1
Husband and mother in law	28	9
mother and father in law	23	7
Husband and other family members	26	8
Husband and father in law	8	3
others	62	20
Total	317	100

Table 3. Socioeconomic factors

	Women reporting GBV n (%)
Illiterate	88(28)
Primary education	107 (34)
Secondary education	87(27)
Graduate and above	35(11)
Upper income	none
Middle income	170 (54)
Lower income	147(46)
	Women reporting GBV n (%)
Total	317

Place of violence

258 women faced violence exclusively at home (81%), whereas 59 were victims at work place or other places (19 %).

Health seeking behavior following violence

Among 317 victims of violence, only 28 women visited a health facility (9%) usually following serious physical injuries, but only 5 disclosed the type and cause of violence to health care providers (18%). None of the victims who visited health facility said that

doctors/health care providers asked them the detail of the incident and they were not satisfied with the health care providers in addressing their needs.

Discussion

Out of 950 interviews, 317 participants suffered from GBV (33%) i.e. approximately one third of pregnant women who were enrolled in the study. This could be underestimation of the magnitude of problem as approximately 540 women who met the inclusion criteria declined to participate in the study.

Violence during pregnancy is so common that warrants screening during prenatal care though prevalence varies widely in different part of the world.^{7,8} Mbokata and Moodley (2003) reported prevalence of abuse around 35% during current pregnancy among pregnant women attending a public sector hospital in Durban, South Africa and physical abuse being most common (52%).⁹ This figure is quite comparable to the prevalence rate in our study, so as the other figure reported by Sahin and Sahin (2003) who found a prevalence of domestic violence (physical and sexual abuse) of around 33.3% among pregnant women in Turkey.¹⁰ Studies in South Asia suggests that a significant proportion of women are physically abused during pregnancy.^{5,11,12}

Majority of women (58%) belonged to 20-29 years of age group (n=183). This group reflects young married population subjected to marital rape as well as non partner sexual assault at work place. Studies have shown that demographic factors such as age, number of living male children, and extended family residence are inversely associated with risk of domestic violence.

Low socioeconomic status as one of the strongest predictors of violence prior to pregnancy was reported by Castro et al (2003).¹³ The strongest predictors of abuse were violence prior to pregnancy, low socioeconomic status, parental violence witnessed by women in childhood, and violence in the abusive partner's childhood in this study. The probability of violence during pregnancy for women experiencing all of these factors was 61%.¹³

Higher socioeconomic status and higher levels of education among women have generally been found to be protective factors against women's risk of domestic violence.¹⁴ Jewkes et al (2002) reported findings of South African cross sectional study enrolling 1306 women and concluded that domestic violence is most strongly related to the status of women in a society.¹⁵ It seems that widespread poverty and illiteracy with a patriarchal South Asian society is related to the lower status of women putting them at risk of domestic violence.

WHO multi center study reported wide variation in prevalence and different types of violence across the different countries. The proportion of ever-partnered women who had ever experienced physical and sexual violence, or both, by an intimate partner in their life time, ranged from 15% to 71%, with most sites falling between 29% to 62%. Women in Japan were the least likely to have ever experienced physical or sexual violence, or both, by an intimate partner, whilst the greatest amount of violence was reported from Bangladesh, Ethiopia, Peru and Tanzania.¹⁶ Similarly other studies also reported wide variation in different populations.^{17,20}

Intimate partner violence particularly sexual coercion has been consistently reported by various studies. Bradley et al reported findings of Cross Sectional Survey of Women attending General Practice showing that 39% (95% CI 36% to 41%) had experienced violent behavior by a partner.²¹ Romito and Gerin (2002) reported a high prevalence of different kinds of violence among 510 women, mostly perpetrated by men well known to the victim. 10.2% had experienced physical/sexual violence in the last 12 months, regardless of perpetrator.²²

Physical and sexual abuse by family members other than partner contributes to significant number of cases. Torture and beating by husband and in laws particularly mother in law was found to be very common. In Nepal, joint family system is still prevalent and daughter in law plays a subordinate role expected to maintain every norm and standard of the family. Often, verbal abuse is an excuse for imposing discipline in the family. Amaju (husband's elder sister) is very powerful member of the family and verbal abuse/torture by Amaju is quite common in Nepalese families. Women's economic dependence on her husband and emotional insecurity for herself and her children could be responsible for the vulnerable status of wives putting them at risk to abuse by husband and his family.

Sexual violence within marriage is also common as shown in this study. A significant percentage of husbands reported having committed one or more episodes of physical violence (25%) or sexual violence (30%) against their wives during the preceding year.¹⁴ Significantly higher risks of recent physical violence were also evident among the subgroup of husbands who reported having had an extramarital relationship in this study. This may reflect the widely held view across much of Indian society that it remains the husband's right to physically compel his wife to engage in sexual relations when desired.

Health seeking behavior following violence was found to be extremely low in this study as women thought that abuse is a private matter and there is no need to discuss

with others. These findings reflect that awareness about gender based violence among health care providers is poor and they failed to address this hidden problem among women who visited their health facility. Similar findings were also reported by other studies.^{23, 18}

Alcoholism as one of the common factor responsible for wife battering was observed in this study. Male alcoholism as a risk factor for wife battering was also reported by Koenig et al from Uganda.²⁴ There were only 6 women who said that they are tortured by husband and in laws as the dowry was not adequate at the time of marriage (3%). Women role as subordinate to men put her at risk of not only wife-battering and sexual assault but also dowry crimes such as bride burning.²⁵ Dowry system is not very common in Nepalese community but quite common among Tarai people from border close to India. Victimization due to insufficient dowry is very common in Nepal's neighboring country, India.¹⁴ In South Asian countries, low social status of women, rigid cultures and patriarchal attitudes which devalue the role of women, result in the wide spread occurrence of violence against women

Summary of Main Findings

1. 33% of pregnant women attending Paropkar Maternity and Women's Hospital suffered GBV.
2. Awareness about GBV is low
3. Psychological violence in form of verbal abuse/torture /isolation is the commonest type of violence faced by these women. Physical violence was less common followed by sexual violence
4. Violence by husband accounted for approximately one third of cases. Family members, particularly in laws, victimize women jointly
5. Violence at home accounted for almost four fifth of GBV.
6. Many women are facing violence regularly even during pregnancy
7. Alcohol addiction in intimate partner accounts for physical as well as psychological violence
8. Marital rape is common contributing to almost 50% of sexual violence
9. Health seeking behavior following violence is very low unless there is significant physical injury

Conclusion

Thirty three percent of pregnant women attending Paropkar Maternity and Women's Hospital suffered GBV in form of psychological violence such as verbal abuse/torture /isolation while physical violence was

less common followed by sexual violence. Domestic violence accounted for four fifth of GBV, inclusive of violence by husband in one third of cases, alcohol addiction in intimate partner being contributory factor. Marital rape is common contributing to almost 50% of sexual violence. Family members, particularly in laws, victimize women jointly.

Recommendations

1. Screen for GBV at the booking visit preferably using a check list during ANC
2. Sensitize health care providers of various cadre to identify and manage GBV as health issue and not just as social issue
3. Use reproductive health services as entry points for identifying and supporting women affected by GBV.
4. Develop a protocol for care and support of women detected to have suffered from GBV.
5. Ensure privacy and confidentiality for clients based on human rights approach who are affected by GBV.
6. Develop mechanism for clear documentation and record keeping
7. Establish a social support unit at hospital to help and provide necessary counseling and support for these women and their families.
8. Establish linkage with legal systems and community based organizations to address the need of these women.
9. Ensure follow up mechanisms for care and support to women affected by GBV.
10. Encourage more research on areas such as causes of violence, health consequences on mother and newborn and cost of care of these women

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