

Domestic Violence during Pregnancy among Postnatal Women in Tertiary Hospital, Nepal

Laxmi Maiya Prajapati

Ph.D. Scholar, Mewar University, Rajasthan, India

lpawa@yahoo.com

Sarala Shrestha

Nepalese Army Institute of Health Sciences, Kathmandu, Nepal

Corresponding Author

Mrs. Laxmi Maiya Prajapati

Email: lpawa@yahoo.com

Received: December 12, 2021; Revised & Accepted: January 13, 2022

Copyright: Prajapati (2022)



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Abstract

Domestic violence is the most prevalent pregnancy-related health issue in developing country. The health of both mother and child is seriously jeopardized. This research was to assess the incidence of psychological, physical, economical and sexual violence during pregnancy among postnatal mothers at Dhulikhel Hospital - Kathmandu University's Hospital. A descriptive cross-sectional study was conducted on 804 postnatal women. The respondents were chosen using a systematic random sampling strategy. Findings of the study revealed that the majority of respondents stated that they had little experienced psychological violence such as meeting restrictions, work obstruction, unjustified blaming, or threats during pregnant. The minority of responders indicate they have sometimes been slapped, pushed, yanked hair, burnt, attacked, or strangled by a family member while pregnant. Very few Respondents state that they have experienced sexual violence, such as being pushed or coerced to have sex when they are physically and mentally exhausted or have no interest. In that 36. % respondents experience tension during pregnancy due to domestic fights, 54.7% have faced such issue. Study show that domestic violence to pregnant women was seems .

Keywords: Physical, Psychological, Economical & sexual, Pregnancy, violence

1. Introduction

Physical, sexual, verbal, emotional, and financial abuse of women by a partner or family member living in a joint household is what is meant by the term "domestic violence" (Kamath, Yadav, Baghel, & Mundle, 2022). Domestic violence is a hidden problem that happens in almost every society, no matter what race, religion, region, caste, or language they speak. DV is going up everywhere (Kouser, Jamil, Zarreen, & Begum, 2015).

The United Nations defines violence against women as "any act of violence against a woman, whether physical, sexual, psychological, or economic, whether committed in secret or in public". More than one third of all women in the world are victims of domestic abuse, which is a violation of their human rights and a public health hazard (Barez, Babazadeh, Roudsari, Bazaz, & Najmabadi, 2022). Southeast Asia is the area most adversely impacted, with a prevalence incidence of 37.7% (Pun, Infanti, Koju, Schei, & Darj, 2016).

The prevalence of domestic violence in Nepali culture is widespread. Traditional Nepalese households are very patriarchal, with men holding the position of head of the family and women expected to defer to their male counterparts and accept their choices with little to no protest (Tuladhar, Khanal, KC, Ghimire, & Onta, 2013). In 2016, the national demographic health survey found that almost 22% of Nepalese women between the ages of 15 and 49 have been physically abused since they were 15, and 7% have been sexually abused. Almost 6% of all women who have ever been pregnant have been hurt while they were pregnant. About 26% of women who have ever been married have experienced physical, sexual, or emotional violence from their partner. Physical violence is the most common type (23%), followed by emotional violence (12%). Also, it is still very rare for people to report violence or ask for help to stop it (MOF, 2016).

Domestic violence during pregnancy must be handled at several levels in Nepal, because women's access to health care is often reliant on others. Social norms were thought to be evolving toward a decreased acceptability of violence against women, but constraints on women's life choices, mobility, and decision-making power were still viewed as obstacles to the health of pregnant women. In spite of the traditional duties of housewives, an increasing number of women are entering the workforce in professional capacities in recent decades. Conventional gender boundaries have been broken through by women in a range of fields, including academics, the labor, public events, the business sector, and education (Mahat & Aithal, 2022). In this context, this research directed to examine domestic violence during pregnancy still exists.

1.1 Objective of the study

The main objective of this study was to assess the physical, Psychological, economical and sexual violence during pregnancy among postnatal mothers in Dhulikhel Hospital -Kathmandu university hospital,Kavre.

2. Materials & Methods

Descriptive cross-sectional research was undertaken among postnatal women in the maternity wards of Dhulikhel hospital- Kathmandu University hospital in the Kavre district of Nepal. The approach of systematic random sampling was used. Out of the 869 sample size, total 804 (93.6%) respondents were chosen from the list, which is recorded as the final sample size of quantitative data for this research. SPSS version 20 statistical software was used to examine the data. Nepal Health Research Council (NHRC) and director of Dhulikhel Hospital Kathmandu University Hospital in Kavre, Nepal, granted clearance. The study's goal was communicated to the participants, and their verbal & written informed permission was acquired. Respondents were guaranteed privacy and secrecy. To safeguard the participants' identities, pseudonyms were employed in compliance with ethical norms. The validity of questionnaires was determined by consulting with research advisers, other topic experts, and conducting a thorough literature study. The Delphi Technique was used to validate the tools by seeking check-rechecks from 4 to 12 experts in women's health, gender studies, public health, obstetric and/or gynecologists, officers of women's development commissions, and GIZ midwifery consultants, & psychiatric Doctor. The questionnaires' reliability was determined via pretesting.

3. Results & Discussion

3.1 Experience of psychological /emotional violence

Psychological abuse is defined as acts that scare or coerce victims in order to degrade their self-esteem. Verbal abuse, incarceration, monitoring, rejection threats, and mental anguish are examples of behaviors that constrain the victim's autonomy. It's a kind of domestic violence (Bhandari, 2018).

Table 1: Experience of Psychological /Emotional Violence

		Never	Very little	Sometimes	Most of the times	Always	Total
Tension during pregnancy due to domestic fights	Frequency	440	60	295	8	1	804
	Percent	54.7	7.5	36.7	1.0	.1	100.0
Afraid of family members during pregnancy	Frequency	771	8	23	2		804
	Percent	95.9	1.0	2.9	.2		100.0
Restriction on meeting relatives by family members and husband during pregnancy	Frequency	775	6	16	7		804
	Percent	96.4	.7	2.0	.9		100.0
Obstruction in your works by family members and husband	Frequency	785	7	9	3		804
	Percent	97.6	.9	1.1	.4		100.0
Blame you without any mistake.	Frequency	735	33	29	6	1	804
	Percent	91.4	4.1	3.6	.7	.1	100.0
Threaten you and doesn't respect by your family members or husband	Frequency	774	7	14	8	1	804
	Percent	96.3	.9	1.7	1.0	.1	100.0

Source: Field survey

The experience of psychological violence that the participants went through when they were pregnant is represented by the data in table 1. The findings of this research found that 54.7% of pregnant women did not suffer any kind of strain throughout their pregnancy as a result of flying on domestic routes.

Similarly, 95.9% of the women who were pregnant did not experience any worry throughout the pregnancy that was generated by any member of their family. Similarly, there were no restrictions placed on the participants' ability to visit relatives throughout their pregnancies by either their family members or their husbands. 97.6% of the respondents never had any problems with their husbands or family members interfering with their employment. The vast majority of the study's participants, 91.4%, were never held accountable for any mistake they made while they were pregnant. On the same point, 96.3% of participants said that they had never been intimidated and that neither their family members nor their spouse had treated them disrespectfully.

Different result was observed in 2005 and 2006, 1,120 pregnant women in Recife, Northeastern Brazil, enrolled with the Family Health Program. Self-Reporting Questionnaire examined mental illnesses (SRQ-20). Psychological, physical, and sexual abuse of women by partners is intimate partner violence. Logistic regression analysis provided crude and adjusted odds ratios for the examined connection. Psychological abuse was most frequent. 71% of women who

experienced pregnancy violence had common mental problems, compared to 33.8% of those who did not. Even without physical or sexual violence, mental problems were linked to psychological violence (OR 2.49, 95%CI 1.8; 3.5). Psychological violence mixed with physical or sexual violence increased the likelihood of mental illnesses (OR 3.45; 95%CI 2.3-5.2) (Ludermir, Valongueiro, & Araújo, 2014).

3.2 Experience of Physical violence

Findings of a meta-analysis, between four and eight percent of pregnant women are subjected to some form(s) of intimate partner violence (IPV), which may include physical, psychological, or sexual abuse. The average result was determined to be between four and eight percent (McMahon, Huang, Boxer, & Postmus, 2011). Against this backdrop, the goal of these studies is to investigate the phenomenon of physical violence in the context of Nepal.

Table 2: Experience of Physical violence

		Never	Very Little	Sometimes	Total
Family_member_or_husband_	Frequency	797	5	2	804
	Percent	99.1	.6	.2	100.0
Slapped you by family members or husband during pregnancy	Frequency	799	2	3	804
	Percent	99.4	.2	.4	100.0
Pushed you or hit you in walls by family members or husband during pregnancy	Frequency	797	4	3	804
	Percent	99.1	.5	.4	100.0
Pulled your hair by family member or husband during pregnancy	Frequency	797	4	3	804
	Percent	99.1	.5	.4	100.0
Burn violence by family member or husband	Frequency	799	5		804
	Percent	99.4	.6		100.0
Hit_with_some_weapons_	Frequency	802	2		804
	Percent	99.8	.2		100.0
Choked you by the family member or husband during pregnancy	Frequency	803	1		804
	Percent	99.9	.1		100.0

Source: Field survey

The participants in the research all reported having experienced some kind of physical violence at some point in their lives, which is represented by the data in Table 2. 99.1% of the people who took part in the study had never been the victim of any kind of physical abuse at the hands of a family member, and 99.4% of them had never been slapped by a family member or their spouse while they were pregnant. 99.1% of the study's participants said that neither they nor their husbands had ever shoved them against walls or beat them when they were pregnant. Ninety-nine point one percent of pregnant women have never had their hair pulled by a family member or partner. 99.4 percent of the people who took part in the study did not experience any kind of burn violence at the hands of a family member or spouse. In a similar vein, 99.8% have never been struck by any kind of weapon or any other thing. In addition, 99.9% of pregnant women have never been forced to choke by a family member or spouse.

The finding was different from the previous study, where studies from a variety of countries estimate that between 1% and 28% of all pregnant women have suffered physical abuse from an intimate partner at some point throughout their pregnancies (Stöckl, Watts, & Mbwanbo, 2010). Researchers in Ghana contacted a total of 2563 women; 2442 of them ultimately finished the module. After adjusting for weight and eliminating missing information, 1745 females remained. To evaluate the association between physical violence during pregnancy and unfavorable birth outcomes while controlling for other possible factors, a logistic regression analysis was conducted. Perinatal and neonatal mortality were positively related with physical violence during pregnancy, although early pregnancy loss was not. Even after taking into account factors such as maternal age, parity, education, income, marital status, and place of residence, the differences remained statistically significant: the adjusted odds ratios for perinatal mortality were 2.32 (95% CI: 1.34-4.01), for neonatal mortality they were 1.86 (95% CI: 1.05-3.30), and for early pregnancy loss they were 1.16 (95% CI: 0.60-2.24) (Pool, Otupiri, Dabo, Jonge, & Agyemang, 2014).

3.3 Experience of Sexual violence

Table 31: Experience of Sexual violence

		Never	Very little	Sometimes	Most of time	Total
Forced to have sex by husband	Frequency	753	21	28	2	804
	Percent	93.7	2.6	3.5	.2	100.0
Husband pressured to continue to have sexual relation even when physically and mentally tired	Frequency	792	5	6	1	804
	Percent	98.5	.6	.7	.1	100.0
Husband force you to do sexual activities without your interest	Frequency	797	5	0	2	804
	Percent	99.1	.6	0	.2	100.0

Source: Field survey

The results of the research participants' reports of whether or not they were victims of sexual assault when they were pregnant are shown in table 3. The vast majority of the study's participants, or 93.7%, said that their husbands had never coerced them into having sexual relations. In a same vein, 98.5% of respondents never reported being coerced into continuing to have sexual relations despite feeling emotionally and physically exhausted. Similarly, 99.1% of the people who participated in the study were never coerced into engaging in sexual behaviors against their will.

The Norwegian Mother and Child Cohort study (MoBa) gathered data from pregnant mothers by mail at 17 and 32 weeks. Mild, moderate, and severe sexual violence were assessed (rape). Pearson's X² test and multiple logistic regression analysis compared women who reported and didn't disclose sexual violence. 12.0% (9 444) of 78,660 women experienced minor sexual violence, 2.8% (2 219) moderate, and 3.6% (2 805) severe. Sexual assault increased the frequency and duration/degree of pregnancy-related health problems. Compared to women not reporting sexual violence, the chance of suffering from 8 pregnancy-related symptoms was 1.49 (1.41–1.58) for mild sexual violence, 1.66(1.50–1.84) for moderate, and 1.78 (1.62–1.95) for severe. Severe sexual assault was the highest connection with 8 pregnancy-related symptoms, AOR 6.70. (2.34–19.14) (Lukasse, Henriksen, Vangen, & Schei, 2012). A prospective study of pregnant women with (n=336) and without (n=298) HIV in 4 US states investigated physical and sexual violence and risk variables throughout late pregnancy and 6 months postpartum. 10.6% of women reported violence during pregnancy, 8.9% after birth. 61.7% of these women were mistreated solely during pregnancy, 21.7% repeatedly, and 16.7% exclusively after birth. Physical violence usually preceded sexual violence.

Conclusion

Domestic violence during pregnancy among postnatal moms at a Dhulikhel hospital-Kathmandu University was split into four domains in this research. First, determine the level of psychological violence during pregnancy. Based on the report, the minority of respondents had faced restrictions on meeting by family members, interference at work, blaming without any error, or threats from family members. However, respondents report that there is considerable stress during pregnancy as a result of household disagreements. The second component assesses physical violence during pregnancy. The minority of respondents say they have been slapped, shoved, pulled hair, burned, assaulted, or strangled by a family member while pregnant. The next question assesses sexual assault. The majority of respondents say that they have sometime faced sexual violence such as being forced or pressured to have sex when they are physically and psychologically worry or have no desire. This demonstrates that there is some degree psychological , physical ,sexual assault against pregnant women.

Acknowledgements

I would want to express my gratitude to everyone who took part in the questionnaire as well as to my supervisor for providing me with help when I was writing this article.

References

- Barez, M. A., Babazadeh, R., Roudsari, R. L., Bazaz, M. M., & Najmabadi, K. M. (2022). Women's strategies for managing domestic violence during pregnancy: a qualitative study in Iran. *Reproductive Health*(58), 2-13.
- Bhandari, B. (2018). Domestic Violence During Pregnancy and Its Effects on Birth Weight: Perspective from Nepal. In B. Bhandari, *Handbook of Nutrition and Pregnancy*. Springer International Publishing AG, part of Springer Nature 2018.
- Kamath, A., Yadav, A., Baghel, J., & Mundle, S. (2022). Locked Down: Experiences of Domestic Violence in Central India. *Global Health Science Practice*, 10(4), 1-9.
- Kouser, S., Jamil, A., Zarreen, A., & Begum, A. (2015). Domestic Violence and Pregnant Women, Impact and Outcome. *Journal of the Society of Obstetricians and Gynaecologists of Pakistan*, 5(4), 204-207.
- Ludermir, A. B., Valongueiro, S., & Araújo, T. V. (2014). Common mental disorders and intimate partner violence in pregnancy. *RSP*, 48(1), 29-35.
- Lukasse, M., Henriksen, L., Vangen, S., & Schei, B. (2012). Sexual violence and pregnancy-related physical symptoms. *BMC Pregnancy and Childbirth*, 12(83), 2-10.
- Mahat, D., & Aithal, P. S. (2022). Women's Articulates towards Career Advancement. *International Journal of Management, Technology, and Social*, 7(1), 417-424.
- McMahon, S., Huang, C. C., Boxer, P., & Postmus, p. L. (2011). The impact of emotional and physical violence during pregnancy on maternal and child health at one year post-partum. *Children and Youth Services Review*, 2103-2111.
- MOF. (2016). *Nepal Demographic and Health Survey 2016*. Kathmandu: Ministry of Health, Nepal.
- Pool, M. S., Otupiri, E., Dabo, E. O., Jonge, A. d., & Agyemang, C. (2014). Physical violence during pregnancy and pregnancy outcomes in Ghana. *BMC Pregnancy and Childbirth*, 14(71), 2-8.
- Pun, K. D., Infanti, J. J., Koju, R., Schei, B., & Darj, E. (2016). Community perceptions on domestic violence against pregnant women in Nepal: a qualitative study. *Global Health Action*, 9(1), 1-13.

Nepal Journal of Multidisciplinary Research (NJMR)

Vol. 5, No.3 , Special Issue 2022. Pages: 61-69

ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)

DOI: <https://doi.org/10.3126/njmr.v5i3.47798>

Stöckl, H., Watts, C., & Mbwambo, J. K. (2010). Physical violence by a partner during pregnancy in Tanzania: prevalence and risk factors. *Reproductive Health Matters*, 171-180.

Tuladhar, S., Khanal, K. R., KC, L., Ghimire, P. K., & Onta, K. (2013). *Women's Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal: Further analysis of the 2011 Nepal Demographic and Health Survey*. Kathmandu: Nepal Ministry of Health and Population.