

## Violence against women during pregnancy in some Asian countries: a review of the literature

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### Abstract

**Background:** Violence against women is a recognized violation of human rights and an important public health concern. Violence during pregnancy is a risk to both the woman and her baby.

**Aims:** The aim of this review was to identify what the literature reveals about violence during pregnancy in Asian countries.

**Methods:** A systematic, integrated review was conducted of peer-reviewed literature published 1995-2009. Four databases were searched using the terms 'intimate partner violence', 'domestic violence', 'pregnancy', 'Asia', and 'developing countries'. Reported results were compared within identified themes: prevalence, associated factors, interaction of violence and pregnancy, impact on women's health, and the cultural role of children.

**Results:** Twenty three eligible papers were found; 14 reported quantitative methods, 3 reported qualitative methods, and 6 reported both. Research was conducted in Bangladesh, Pakistan, India, China, Thailand, and Iran. The prevalence of violence during pregnancy ranged from 4.3% to 48%. Adverse effects of violence were evident on women's physical and mental health and on their babies. Variables found to interact with violence were unintended pregnancy, woman's age, partner's education, social support, previous history of family violence, and the cultural value of children. The existing pattern and intensity of violence in the relationship were not found to change consistently with the woman's pregnancy.

**Conclusions:** The limited literature suggests that violence during pregnancy is a problem in at least some Asian countries as throughout the world. Further research is needed to increase knowledge of this important matter of significance both to women's health and well-being and to social coherence.

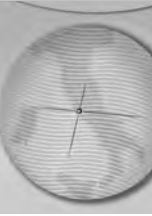
*Key words: violence, pregnancy, Asia, review*

### Introduction

Violence against women is widely recognized as a human rights violation. However, the definition of violence varies from setting to setting and culture to culture. In 1993, the United Nations *Declaration on the Elimination of Violence against Women* defined violence against women as "any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in private or public life" [1]. Violence is acknowledged to be one of the most severe threats to women's health, encompassing physical, mental, sexual, and reproductive health [2]. Although there is growing evidence on the magnitude, underlying factors, and adverse outcomes of the problem, most of the evidence

comes from the developed world [3]. A recent multi-country study initiated by the World Health Organization drew attention to widespread gender-based violence in developing countries [4].

The broad category of "women affected by violence" contains diverse sub-groups [5], of which pregnant women constitute a particularly vulnerable group. Violence during pregnancy is a health risk to the woman and to her baby; there is evidence that it is associated with late prenatal care, unhealthy maternal behaviours, premature labour, foetal trauma, and low birth weight [3]. The violence itself appears to change in magnitude and pattern when associated with pregnancy, although the direction of change has not been found to be consistent, with examples of an increase in the frequency of violence [6] and of significant decrease [7-9]. The diverse results



may reflect social and cultural variation.

This review explores violence during pregnancy in the social and cultural background of some Asian countries. In traditional Asian culture, violence during pregnancy may have different dimensions and implications for planning prevention strategies. The purpose of the review was to organize and synthesize empirical evidence derived from both quantitative and qualitative research methods used to investigate pregnancy-related violence in Asia. For the purpose of this review, violence is defined as physical, sexual, or psychological harm (or threats of such harm) and a violation of human rights that women experience from their intimate partners.

### Methods

The study design is an integrated literature review of peer-reviewed research using quantitative and qualitative methods to investigate violence during pregnancy in Asian countries, published in English since 1995. An initial search was conducted of four databases: Web of Science, Scopus (Elsevier), Cinahl plus (Ebsco), and PubMed. The search terms were 'intimate partner violence', 'domestic violence', 'pregnancy', 'Asia', and 'developing countries'. To ensure that relevant qualitative research papers were not missed, a further search was made of *Google Scholar* and the reference lists of eligible papers. Eligible papers were analyzed thematically.

### Results

The search strategy yielded 827 papers; perusal of titles or abstracts excluded 756 as ineligible. Full texts were retrieved or requested for 71 papers, of which 16 were not available and a further 32 found to be ineligible, leaving 23 papers for review.

The 23 papers were published between 1997 and 2009. Six reported research conducted in Bangladesh, six in Pakistan, five in India, four in China, and one each in Thailand and Iran. Most investigations were conducted in urban settings. Five were conducted in rural areas and three recruited participants systematically from both urban and rural areas. Thirteen were population-based and 10 were hospital-based. Quantitative methods were used in 14 studies, qualitative methods in three studies, and both methods in six studies. Authors defined violence in only eight papers, limiting analysis of the forms and sources of violence. It is of concern that only 12 papers reported that they had obtained approval from a human research ethics committee before beginning their research. Characteristics of the 23

studies are summarized in Table 1.

Identified themes are discussed in the following sections: prevalence and magnitude of violence, associated factors, the interaction of violence and pregnancy, impact of violence on women's health, and the cultural role of children in the expression of violence.

### Prevalence and magnitude of violence

Prevalence of violence during pregnancy was reported in 14 papers [10-23]; it ranged from 4.3% to 48%. In five studies, women were specifically asked about the form of violence during pregnancy, distinguishing physical and emotional expression [10, 11, 17, 22, 23]. Emotional violence was found to be more prevalent than physical violence. One paper reported that physical abuse was always accompanied by emotional violence [11]. In both investigations in which the prevalence of physical violence during pregnancy was segregated by location [13, 19], it was found that physical violence was more common in rural areas (12%) than in urban areas (10%). No difference was found in the prevalence of violence according to study setting (population based or hospital based) nor according to duration of recall of violence (current pregnancy or any pregnancy).

### Factors associated with violence

Unintended pregnancy was found to be significantly associated with violence during pregnancy in five studies [14, 15, 17, 24, 25]. The association was complex: the financial stress accompanying unintended pregnancy can itself put women at increased risk of violence, and women in violent relationships were more likely to report unwanted pregnancy [26].

Women's risk of violence was found to increase in association with increasing numbers of living children. Three papers reported a significant association between number of children and risk of violence during pregnancy [11, 17, 25]; others reported a non-significant trend in the same direction [12, 15, 27]. Previous history of violence in the families of origin of either partner increased the risk of violence to the woman [11, 19]. No consistent association was reported between family income and violence during pregnancy, with three studies finding no significant association [14, 15, 22], two finding a negative association [19, 24] and one finding a positive association [16].

The complexity of violence against women is illustrated by the apparent contradiction of a significant association between women's increasing age (when they may be expected

Table 1. Characteristics of eligible papers.

Authors year [ref. #]	Country	Study design	Sample	Data collection	Definition of violence	Ethics approval
Bates ML, Schuler RS, Islam F, et al., 2004 [20]	Bangladesh	Quantitative & qualitative	Interviews: 76 women Group discussions: 4 among married women Survey: of 1,212 married women from 6 villages	Trained and experienced interviewer In private Pretested new questionnaire	No	No
Farid M, Saleem S, Karim MS, et al., 2008 [11]	Pakistan	Quantitative, survey	500 women aged 15-49 years coming for delivery to 4 public hospitals, urban area	Pretested questionnaire, used scales for magnitude of abuse, social support, prenatal care Female trained interviewers In private	Physical abuse defined as intentional physical force with potential for causing injury, harm, or death. Emotional abuse defined as any act that damages the individual's self-esteem or identity.	Yes
Fikree FF, Bhatti LI, 1999 [12]	Pakistan	Quantitative, survey	150 women, currently married, living with husband for previous 12 months, attending 3 outpatient clinics, urban area	Pretested newly-developed questionnaire, validated scale for anxiety and depression In private.	Physical abuse identified as woman's report of ever being subjected, during marriage, to any act of physical violence e.g. pushing, shoving, hitting, slapping, choking, pulling hair, kicking, grabbing, threatening or using weapon.	No
Hussain R, Khan A, 2008 [32]	Pakistan	Qualitative	Key informant interviews: 8 middle aged-older married women, long term residents, involved in social welfare activities Focus group discussions: 3 with married women, grouped by age In-depth interviews: 10 with women experiencing domestic violence; varied age, education, socioeconomic status	Unstructured interviews  Semi-structured discussion guide	No	No
Hyder AA, Noor Z, Tsui E, 2007 [28]	Pakistan	Qualitative	In-depth interviews: 20 women aged 18+ years, married, at least one child, living in refugee camp, 20 healthcare providers working with Afghan refugees, urban area	3 trained and experienced interviewers	No	Yes
Jain D, Sanon S, Sadowski L, et al., 2004 [21]	India	Quantitative, survey	500 married women having 1 child <18 years old; 5 villages	Pretested new questionnaire Female trained interviewers	Physical assault defined as force perceived by victim as threatening, harmful, controlling or fear-inducing, committed by husband or other family members. Psychological abuse defined as intentional use of power, including threats of physical force, that could result in harm to family life, livelihood, development (physical, mental, spiritual, moral, social)	Yes
Karmaliani R, Irfan F, Bann CM, et al., 2008 [10]	Pakistan	Quantitative, cohort	1,324 urban women, 20-26 weeks gestation	Lady Health Workers collected data using WHO screening instrument	Verbal abuse defined as threatening, yelling/ screaming, or demeaning language. Physical violence included hitting, kicking Sexual abuse included forced sex during pregnancy.	Yes
Lau Y, 2005 [22]	China	Quantitative, survey	1,200 mothers from 3 postnatal wards of a public hospital	Self administered Abuse Assessment Screen (AAS) questionnaire for abuse in pregnancy Conflict Tactics Scale (CTS-2) for type, frequency, severity of spousal violence	Intimate partner abuse defined as any intentional act/series of acts (physical, psychological, sexual) against female partner by married or cohabitating perpetrator	Yes

Cont.

to have more children) and a corresponding decrease in their risk of violence during pregnancy [16, 19, 24]. Women whose husband was well educated were less likely to experience violence [14, 19]. Another consistent factor that decreased women's risk of violence during pregnancy was perceived or actual social support for the woman [11, 19].

### Interaction of violence and pregnancy

Pregnancy did not change the pattern and intensity of violence reported by the majority of women in six studies [11, 13, 14, 16, 19, 20], although there were reports of both increases and decreases in violence during pregnancy among the samples.

In one qualitative study, women reported that, when a husband was annoyed and became violent, he did not care whether the woman was pregnant or not [28]. Another qualitative study revealed that the pattern of violence before pregnancy and the duration of the violent relationship shaped the violence women experienced during

pregnancy [29]. The researchers concluded that, even if violence was not present at the beginning of a relationship, once violence began it was not reduced by pregnancy and could even escalate when a woman was pregnant.

It was notable that a more benign view was expressed in group discussions than in individual interviews. Women in groups were more likely to say that men become more caring when their wives are pregnant. It is not possible to interpret this difference with any confidence; among other explanations are that women with different experiences may have been recruited into different data-gathering procedures, there may be constraints on what can be said in front of others, and that interpretations of violence may differ among the samples. It may also be associated with the high level of acceptability of violence against women in Asian cultures [28-30]. For example, researchers reported that, although they witnessed women being beaten by their husbands, the women did not refer to it themselves [30]. The researchers concluded



Table 1. Characteristics of eligible papers. (Cont).

Authors year [ref. #]	Country	Study design	Sample	Data collection	Definition of violence	Ethics approval
Lau Y, Wong DFK, Chan KS, et al., 2008 [23]	China	Quantitative, survey	1,200 mothers from 3 postnatal wards of a public hospital	Self administered AAS questionnaire for abuse in pregnancy CTS-2 for type, frequency, severity of spousal violence SF-36: health-related quality of life	No	Yes
Leung WC, Leung TW, Lam YYJ, et al., 1999 [15]	China	Quantitative, survey	631 women at first antenatal hospital visit	Research nurse In private AAS to assess abuse in pregnancy	No	Yes
Naved RT, Azam S, Bhuiya A, et al., 2006 [13]	Bangladesh	Quantitative & qualitative	Survey: 2,702 ever-married women living in 1 urban, 1 rural area In-depth interviews: 28 abused women from varied socioeconomic & relationship status rural and urban	Trained interviewer In private	Physical spousal violence against women defined as intentional physical force with potential to cause death, injury, harm.	Yes
Naved RT, Persson LA, 2008 [19]	Bangladesh	Quantitative	2,553 women aged 15-49 years; 1 urban, 1 rural area from population-based WHO survey	Trained interviewers In private Validated, reliable questionnaire for IPV in pregnancy	No	Yes
Rabbani F, Qureshi F, Rizvi N, 2008 [18]	Pakistan	Quantitative & qualitative	Key informant interviews: 8 (healthcare provider, opinion leader, social worker) Focus group discussions: 13 (8 with women, 5 with men, all ethnicities) 108 case studies (women reporting violence) using structured questionnaire All living in an urban area	No information on questionnaire	No	Yes
Rao V, 1997 [30]	India	Quantitative & qualitative	In-depth interviews: 70 women, 30 men from 3 villages Focus group discussions: 14 women & men Survey: 170 married women, 103 husbands	Gender-specific interviewers In private No information on questionnaire	No	No
Rashid FS, 2006 [31]	Bangladesh	Qualitative ethnographic study	Survey In-depth interviews Case studies Observations Informal interviews Urban slum location	Not linear	No	Yes
Rathore MA, Tripathi R, Arora R, 2002 [14]	India	Quantitative, survey	800 women delivered in urban hospital	Two doctors as interviewers AAS to assess abuse in pregnancy	No	No
Safari Z, Nakhaee N, 2008 [17]	Iran	Quantitative, survey	460 women in postnatal ward of 4 city hospitals	Trained interviewer In private Structured questionnaire, claimed content validity	No	No
Schuler RS, Islam F, 2008 [29]	Bangladesh	Quantitative & qualitative	Survey: 1,212 women from 6 villages, 239 married sons of respondents In-depth interviews: 107 women, 3 men from 3 villages Focus group discussions: 13 with women, 1 with women and men, from 3 villages.	Trained and experienced interviewer	No	Yes
Silverman JG, Gupta J, Decker MR, et al., 2007 [26]	Bangladesh	Quantitative, survey	2,677 married women aged 13-40 years, living with husbands included in BDHS 2004	No details given	Physical intimate partner violence defined as pushing, shaking, throwing object, slapping, twisting, punching, kicking, dragging, attempted strangulation or burning to death of wife. Sexual violence defined as forced sexual intercourse.	No
Srinivasan S, Bedi SA, 2007 [27]	India	Quantitative & qualitative	Survey: 137 married village women Focus group discussions: men & women, varied caste, class, generation	No details given	No	No
Thananowan N, Heidrich SM, 2008 [24]	Thailand	Quantitative, survey	487 women aged 18+ years attending city antenatal clinic, < 40 weeks gestation	Administered by nurse In private Validated tools	No	Yes
Tiwari A, Chan KL, Fong D, et al., 2008 [25]	China	Quantitative, survey	3,245 women aged 18+ years, 32-36 weeks gestation, registered with obstetrics hospitals.	Validated tools and scales Administered by research nurses In private	Intimate partner violence defined as physical violence, sexual assault, emotional abuse, threats, coercion against a woman by current or former intimate partner.	Yes
Varma D, Chandra SP, Thomas T, et al., 2007 [16]	India	Quantitative, survey	203 women aged 18-49 years attending urban antenatal clinic	Trained research assistant In private, Validated tools	No	No

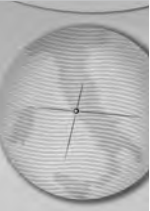
that the women considered only severe beating and physical injuries worthy of mention; violence that did not leave visible evidence appeared to be accepted as normal practice.

### Impact of violence on women's health

Violence against women during pregnancy affects their physical and mental health and the safe progress of their pregnancy.

The impact of violence during pregnancy on women's mental health was measured in two investigations using the Edinburgh Postnatal

Depression Scale (EPDS) [24, 25]. Both concluded that pregnant women experiencing violence are more at risk of postnatal depression. A third study found that physical violence and sexual coercion were significantly associated with depressive symptoms among women [16]. Physically abused women were also at risk of post traumatic stress disorder [16]. Using the Medical Outcome Study Short Form 36 Survey (SF-36) to assess the impact of violence during pregnancy on health-related quality of life, a significantly greater impairment in overall physical and mental health was found



in abused women than non-abused women [23].

Pregnant women in abusive relationships were found to be at greater risk of miscarriage than women in non-abusive relationships [12, 26] and experience more frequent pregnancy complications [14]. However, mode of delivery and gestational age at delivery were not influenced significantly by violence during pregnancy [25]. The association between violence during pregnancy and low birth weight was found to be statistically significant in one study [14] but not in another [25]. The latter study did not control statistically for confounding variables.

### Cultural role of children in the expression of violence

The value of children in Asian culture is not unidirectional or easy to understand. Ethnographic investigation [30] revealed that women could want or were forced to have children soon after marriage because their social acceptability and position in the marital home was dependent on bearing children. Women reported that children ensured marital security and established and strengthened the emotional bond between husband and wife. Many women spoke of their children as evidence of an obligation fulfilled. It was also claimed that motherhood brought women a measure of domestic power and authority.

This authority was, however, circumscribed. In the same study, women reported being forced to have abortions, usually because of financial concerns and family dynamics [31]. Another baby not only represented a financial burden but also loss of the woman's economic productivity. Furthermore, because of the authority and status associated with childbearing, women could be forced to have an abortion in order to remain subordinate and inferior. The value accorded to children in some traditional Asian cultures can thus be used to women's disadvantage in association with violent relationships.

The cultural role of children intersects with the reason for violence, the acceptance of violence, and the perpetuation of violent relationships. It underscores both the complexity of violence during pregnancy and the vulnerability of women to violence no matter what their circumstances. For example, women reported in one study that

childlessness is a major cause of violence against women [30] and in another that management of children (including children's rough play and disagreements) can provoke violence against women in extended families [28]. Women reported profound concern for the impact of violence on their children [18] but also stated that they remained in violent relationships to protect their children's future [13]. In a patriarchal culture, children of separated or divorced women can be at a severe social disadvantage [32]. Women may also be discouraged from leaving a violent husband because local authorities award custody of her children to their fathers [20].

### Conclusions

The small body of literature reviewed provides evidence of violence against women in Asia during pregnancy and of the adverse effects of such violence on women's physical and mental health. No evidence was presented that aspects of Asian culture, including the role of children, is protective of women during child-bearing. On the contrary, the literature suggests that violence against women is embedded in cultures around the world, including Asian cultures. There is also evidence of direct and indirect long-term effects on children of violence against their mothers, including the perpetuation of violence down the generations.

It is inappropriate to generalize beyond stating that this body of research is consistent with what is found in the West. Participants in the included studies were predominantly classifiable as economically disadvantaged, recruited from public hospitals, rural areas, and urban slums. They may not be representative of the urban middle class. Most data were gathered in Pakistan, India, and Bangladesh, and may not be generalizable to other Asian countries.

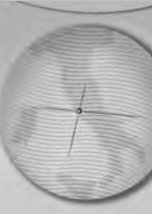
The limited literature available for review indicates the pressing need for further research in the area, including epidemiological surveys and qualitative investigations of meaning. Ideally, future research will identify risk and protective factors associated with violence during pregnancy from which health and human service providers may develop and implement evidence-based interventions.

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