
Brief Report

The Prevalence of Domestic Violence Against Pregnant Women in Perak, Malaysia

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Domestic violence during pregnancy is a key issue in maternal and fetal mortality and morbidity. This cross-sectional study aimed at obtaining the prevalence of domestic violence amongst pregnant women who attended Ipoh General Hospital in Perak, Malaysia and to determine the risk factors associated with domestic violence during pregnancy. The prevalence of domestic violence was low (4.5%). Comparison between the two groups of subjects with or without domestic violence did not show any significant difference in terms of risk factors. The effect of domestic violence on pregnancy should be investigated comprehensively in a multicentral or community-based study using a culturally sensitive questionnaire. With the estimated low prevalence of domestic violence in this study, the need for screening it in health-care services in Malaysia is yet to be determined.

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Introduction

Domestic violence (DV) is referred to as spousal assault, intimate partner violence, wife abuse, wife assault, and battered wife syndrome.¹ Women may experience an increase in the extent and nature of physical abuse during pregnancy.² Studies show a difference in the outcomes of pregnancy and delivery between the abused and nonabused women.³⁻⁵ Violence during pregnancy is a risk factor and screening programs should be adopted to diagnose those at risk. No screening programs for DV are practiced in Malaysia, right now. This study aimed at providing preliminary data to justify the need for screening and programming. The specific objective of this study was to find the prevalence of DV and its effect on pregnancy outcomes.

Patients and Methods

A cross-sectional study design and simple random sampling method was used to collect data in prenatal clinic (n = 70) and postpartum ward (n = 64) of Ipoh General Hospital, Malaysia. Subjects with mental illness, language barrier, and severe pain were excluded. All pregnant women attending the prenatal clinic or postpartum ward were included in the study. A face to face interview in three various languages (Malay, Chinese, and Indian) was conducted using a standard questionnaire (including demographic data, a modified version of Abuse Assessment Screen [AAS] questionnaire).⁶ A checklist (containing obstetric history, complications during pregnancy such as preeclampsia, eclampsia, premature rupture of membrane, hypertension, and birth outcome) was filed up using medical records.

Results

The mean age of the participants was 28.84 ± 6.03 years ranging from 15 to 45. Fifty-nine percent of the participants were Malay, 19.4%

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Chinese, 15.4% Indian, and 6% were from other nationalities. Sixty-three percent of the subjects were Muslim, 8.2% were Christian, 13.4% Hindu, 14.2% Buddhist, and 0.7% others. In terms of educational level, most of the participants (48.51%) and their husbands (50%) had Sijil Pelajaran Malaysia (diploma). None of the subjects or their husbands were illiterate. Most of the subjects (61.94%) were housewives. Thirty-one percent of the husbands were labors, 24% officers, and 22% had business. Fifty-four percent of the subjects were living in rural areas surrounding Ipoh and other parts of Perak State.

The prevalence of DV among pregnant mothers referred to Ipoh General Hospital was 4.5%. The frequency of clinical symptoms among the subjects was as follows: preeclampsia 10.4%, eclampsia 4.5%, abruptio placentae 2.2%, placenta previa 8.2%, hypertension 17.2%, and premature rupture of membrane 2.2%. The frequency of delivery outcomes sought among women in postpartum ward was as follows: premature labor 14.1%, jaundice 18.3%, and postpartum hemorrhage 21.9%. There was neither significant correlation between any of the sociodemographic variables with DV nor with any of the pregnancy and delivery outcomes.

Pregnancy and delivery outcomes were compared between the two groups of subjects who had the history of DV (DV positive) and those who did not (DV negative). There was no significant difference between the two groups in terms of studied risk factors (eclampsia, preeclampsia, placenta previa, abruptio placentae, premature rupture of membrane, and hypertension).

Study of clinical symptoms in patients under violence showed that only 2 out of 6 cases had preeclampsia and one had hypertension. No history of hemorrhage, abruptio placentae, placenta previa, premature rupture of membrane, or eclampsia was reported in either of women. All the DV+ subjects had unplanned pregnancies.

Discussion

The prevalence of DV among pregnant women in our study was very low. Various studies about the prevalence of DV in pregnancy are available. Studies report a prevalence of 0.9 to 20%.⁷⁻¹⁰ This wide range implies several facts: various methods of sampling are adopted, different tools are used to screen DV, subjects do not disclose easily, social and cultural history of violence is not often

considered, researchers are not adequately trained to screen DV, national studies do not precisely screen because of time limit and smaller studies are not statistically significant, suitable structured questionnaires are not designed (a questionnaire which is compatible with the religious and cultural background of samples), inappropriate settings are used to collect the information (e.g., crowded clinics), and patients' privacy is not considered. For each study also there are some limitations, which may hinder the accurate prevalence rate including sensitivity of issue, fear of the batterer's reprisals, time-consuming court procedures, shame, blame, and probably uncertainties about the outcome, and choice of study field (hospital or general population). Studies done in hospitals or health-care centers tend to have a various but lower estimation as compared with community surveys.

Cultural and religious issues can play a major role in the perception of DV. The fact that Malaysians are overall very peaceful and tolerant in nature and Malaysian women are very obedient and patient from early on in their lives may be interpreted as the reason for low incidence of DV in this study. What is defined by WHO to be a psychologic violence may merely be considered as a punishment needed to be imposed by the women's guardian as a religious duty. Adopting the standard questionnaire for screening DV in Malay culture may not be appropriate. It is therefore recommended that a culturally sensitive tool will be used in future to detect DV.

Abuse during pregnancy is associated with higher rates of unintended and adolescent pregnancy and elective pregnancy termination.¹¹ In our study, all of the cases with DV had unplanned pregnancies. Health-care providers for women should be aware of the potentially high prevalence of past or present abuse in women seeking pregnancy termination. In most cases of DV, the husband may impose on important fertility decisions regarding the family size, interval between the children, and contraception. Gender perception in the society has an outstanding effect on the acceptance of violence from female side and on the other side of the coin, imposing violence from the male side. The effect of DV on pregnancy outcome was not found in this study, which may be the result of low prevalence.

In conclusion, the prevalence of DV during pregnancy was 4.5% in our study. All of these pregnancies were unplanned. No significant difference was found between DV+ and DV-

subjects in terms of pregnancy outcomes. There was no correlation between sociodemographic data and pregnancy and delivery outcomes either in the total sample size or in patients with positive DV. A multicentral or community-based study using a culturally sensitive tool is recommended to estimate the prevalence of DV among expectant mothers.

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