Provisionally accepted for publication

Intimate partner violence onset during wanted and unwanted pregnancy in Iranian women

Fateme **Khajoei Nejad** [1], Katayoun **Alidousti** [2,*], Nahid **Bagheri** [3]

[1] Department of Midwifery, Sirjan School of Medical Sciences, Sirjan, Iran.

[2] Neuroscience Research Center, Institute of Neuropharmacology, Kerman University of Medical Sciences, Kerman, Iran.

[3] Department of Epidemiology and Biostatistics, School of Health, Kerman University of Medical Sciences, Kerman, Iran.

***Corresponding author:** Katayoun **Alidousti**, Neuroscience Research Center, Institute of Neuropharmacology, Kerman University of Medical Sciences, Kerman, Iran.

Email: alidoosti@kmu.ac.ir; kalidousti@gmail.com.

ORCID: 0000-0002-1206-4912

Doi: 10.36129/jog.2024.174

ABSTRACT

Objective. Violence during pregnancy may lead to pregnancy complications, adverse birth outcomes, or other serious reproductive events. Unwanted pregnancy can lead to a wide range of physical and psychological consequences for both the mother and child, impacting various aspects of social, economic, and cultural health. So, this study aimed to compare the onset of intimate partner violence during wanted and unwanted pregnancies.

Materials and Methods. Analytical cross-sectional research was conducted using convenience sampling on 300 eligible women (150 with unwanted pregnancies and 150 with wanted pregnancies) who sought care at health care centers in Kerman in 2022. The Iranian version of the Domestic Violence Questionnaire and SPSS-22 were utilized for data collection and analysis.

Results. The mean age was 29.77 ± 7.06 years. The majority of women (28%) had a diploma, while 69.65% were housewives. The average level of violence during unwanted pregnancy (60.64±30.51) was higher than before pregnancy (51.83±25.02). The mean score of domestic violence in unwanted pregnancies (60.64±30.51) was higher than in the group with wanted pregnancies (51.35 ± 26.99) ($p < 0.05$). The mean score of the psychological dimension in unwanted pregnancy (14.23±6.03) and the wanted pregnancy group (10.57±5.32) showed a statistically significant difference ($p < 0.05$). Also, the mean score of patriarchal beliefs in the

group with unwanted pregnancy (36.93 ± 20.58) during pregnancy was higher than in the group with wanted pregnancy (31.48 ± 18.43) ($p < 0.05$).

Conclusions. Unwanted pregnancies can trigger the onset of domestic violence. Careful attention should be given to the topic of unwanted pregnancies when making decisions about providing training and consultation services to parents in health centers.

Keywords. Unwanted pregnancy; Maternal health; Intimate Partner Violence

INTRODUCTION

Women, especially mothers, play pivotal roles in both pedagogical and familial management affairs, forming emotional and affective bonds among family members [1]. However, the intrusion of gender prototypes into these relations has led to patriarchal standards, indirectly contributing to domestic violence (DV) against women. The World Health Organization recognizes DV as a global public health issue due to its prevalence and the associated physical and psychological morbidity and mortality [2]. DV, also known as intimate partner violence (IPV), includes physical, sexual, psychological, and financial aspects, along with controlling or coercive behaviors. Statistically, one in three women experiences physical or sexual violence at some point in their lives [3,4].

Violence against women (VAW), particularly DV, has become a pervasive and challenging social issue that transcends regional and cultural boundaries in recent decades. The prevalence of physical or sexual violence against wives varies widely across countries [5]. In the United States alone, 2–4 million women face IPV each year [6]. Disturbingly, around seventeen percent of women experience DV for the first time during pregnancy [7]. DV during pregnancy is associated with various adverse outcomes, such as pregnancy complications, adverse birth outcomes, non-use of contraception, unwanted pregnancies, and increased mortality for both the mother and child [8, 9, 10]. A pregnancy accompanied by violence is considered a high-risk pregnancy. Studies have shown that in high-risk pregnancies, the likelihood of pregnancy complications and issues during the delivery process, such as induction and labor management, is higher [11,12].

Unwanted pregnancies, whether resulting in continuation or termination, have significant physical and psychological consequences for mothers and children, affecting various aspects of social, economic, and cultural health in the community [13,14]. Studies have shown that pregnant women exposed to DV may face traumatic outcomes, including abortion, preterm childbirth, placental separation, chorioamnionitis, abnormal bleeding of the genital system, pelvic inflammatory diseases, and increased maternal mortality [15]. In settings such as Vietnam, higher levels of DV exposure to domestic violence have been associated with reduced well-being for children [16]. Despite the recognized adverse physical and mental health consequences, DV during pregnancy remains an unresolved and neglected social problem [17].

This study aims to compare the onset of intimate partner violence during wanted and unwanted pregnancies, with the goal of contributing to the improvement of maternal and child health.

MATERIALS AND METHODS

This analytical cross-sectional research was conducted between April and October 2022, focusing on:

Comparing intimate partner violence among women with wanted and unwanted pregnancies.

Investigating whether unwanted pregnancies can lead to the initiation of intimate partner violence.

Sample and Population

The study population included all pregnant women receiving prenatal care at health centers in Kerman. The sample size, estimated at 300 women (150 with wanted pregnancies and 150 with unwanted pregnancies), was based on a 50% prevalence of unwanted pregnancies [18]. Random sampling was conducted across 19 clinics in Kerman, taking into account the rates of both wanted and unwanted pregnancies in each clinic.

Inclusion criteria included couples of Iranian nationality, women aged between 15 and 49 years, married, and gestational age over 20 weeks.

Exclusion criteria included drug abuse by either partner, neuropsychological disorders or diseases in either partner, experiencing stressful conditions during pregnancy (such as losing a job, moving to a new house, onset of a critical illness, loss of a friend or family member).

Instruments

Data were collected through questionnaires:

Demographic Questionnaire

Validated by ten members of the midwifery faculty from the current study institution, this questionnaire included information on the age of the mother and father, their education, occupation, number of children, income, and length of marriage.

Domestic Violence Questionnaire

Developed by Mohseni Tabrizi et al. (2012) for the Iranian population, this questionnaire measures domestic violence using demographic information and 60 items related to physical, sexual, economic, psychological violence, and patriarchal beliefs [19]. Scoring the questionnaire is in two sections and is based on Likert's 5-point scale as follows:

Some items are responded to based on a spectrum from “never” to “always” (e.g., never, seldom, sometimes, often, and always), while other items are responded to based on a different spectrum from completely disagree to completely agree (e.g., completely disagree, disagree, no idea, agree, completely agree). Subjects can select one of the options as their response to the item. The scoring ranges from 0 to 4, where 0 represents "never" or "completely disagree," 1 represents "seldom" or "disagree," 2 represents "sometimes" or "no idea," 3 represents "agree" or "often," and 4 represents "completely agree" or "always." The minimum score is 0, and the maximum score is 240. A score between 0 and 60 indicates low levels of domestic violence against women. Score between 60 and 120: The level of domestic violence against women is considered moderate. Above 120: The rate of domestic violence against women is high.

Inspection of Unwanted Pregnancy

Unintended pregnancy was assessed using the London Measure of Unplanned Pregnancy (LMUP) questionnaire. Six items (questions) constitute the self-administered retrospective LMUP, which assesses the level of pregnancy planning and intention for recent or ongoing pregnancies. The tool, which was initially created in the UK, has been validated in several countries and in various language versions. The topics covered include the use of contraceptives, timing of pregnancy, personal desire, influence from partners, and preparedness. For every item, a score of zero, one, or two can be obtained. An overall pregnancy intention score, which ranges from zero to twelve, is calculated by adding all of the scores together. Higher scores indicate greater levels of planning and intention. Scores should be categorized as planned if they are ≥10 and unplanned if they are 0–9 [20].

Procedure

After obtaining approval from the ethics committee and written informed consent, questionnaires were distributed privately to eligible participants. Women with wanted and unwanted pregnancies were interviewed and completed the violence questionnaire twice: once reflecting on their pre-pregnancy situation retrospectively, and once regarding their current condition during pregnancy.

Patient and Public Involvement

Before the study materials were created, three informal scoping groups were organized, each consisting of 20 pregnant women. These groups engaged in discussions regarding unwanted pregnancy and partner violence, focusing on the issues that pregnant women considered significant to include. The proposed materials were then presented to these groups, fostering collaboration and enabling the pregnant women to actively contribute to the survey's content and wording. The findings of the study will be shared with the study participants and local stakeholders through educational and public health institutions.

Statistical Analysis

Data analysis was conducted using SPSS version 22, utilizing descriptive statistical tests to present measurement values such as mean, standard deviation, and frequency. A comparison was conducted between the average violence scores before and during pregnancy, as well as between the groups with wanted and unwanted pregnancies.

RESULTS

Demographic data analysis showed that the mean age and age difference with spouse were 29.77 ± 7.06 years and 4.31 ± 3.03 years, respectively. 56.33% had been married for more than 6 years. 14.68% had more than 2 children. More than one third of the sample, 37.3%, had more than one child. The majority of women (28%) had a diploma, were housewives (69.65%), and had no personal income (68.31%). 40.98% of husbands had education below a diploma. 4.33% of men were unemployed, and 35.01% of men had an average income. (**Table 1**).

Comparing domestic violence in the unwanted pregnancy group revealed that the overall level of violence during pregnancy (60.64 ± 30.51) was higher than before pregnancy (51.83 ± 25.02), and this difference was statistically significant ($p < 0.05$). The comparison of various

dimensions of violence revealed that the average score for psychological dimensions during pregnancy (14.23±6.03) was higher than before pregnancy (11.08±3.22), and this difference was statistically significant ($p < 0.05$). The mean score of patriarchal beliefs increased from 31.46 ± 18.74 before pregnancy to 36.93 ± 20.58 during pregnancy, showing a significant difference ($p < 0.05$). Other dimensions of domestic violence did not show significant differences between the two time points (**Table 2**).

The overall mean score of domestic violence in the group with unwanted pregnancy (60.64±30.51) was higher than in the group with wanted pregnancy (51.35±26.99) ($p < 0.05$). By comparing the dimensions of domestic violence, we observed a statistically significant difference in the mean score of the psychological dimension between unwanted pregnancy (14.23±6.03) and wanted pregnancy groups (10.57±5.32) ($p < 0.05$). Also, the mean score of patriarchal beliefs in the group with unwanted pregnancy (36.93 ± 20.58) during pregnancy was higher than the group with wanted pregnancy (31.48 ± 18.43) ($p < 0.05$) (**Table 3**).

DISCUSSION

The results of this study imply that the mean DV score among women with unwanted pregnancies is at the borderline of moderate violence. Based on Ranji's research, unwanted pregnant women experienced DV more frequently than others [21]. Other studies have also indicated that violence during pregnancy is more common when the pregnancy is unwanted [15]. Sarayloo also concluded that unwanted pregnancy is a factor in a high level of DV [22].

Given that the majority of Iranians are Muslims, based on their religious beliefs, some people consider the challenges they encounter in life as divine tests, aiming to enhance their tolerance and acceptance. In this study, we observed a shift in violent behaviors from physical actions to mental states. Men attempted to perceive unwanted pregnancy as a test from God and refrained from physically abusing women.

Investigating the dimensions of domestic violence, it was found that the majority of the subjects experienced a low level of DV. However, some researchers' results disagreed with ours and suggested that pregnant women with unwanted pregnancies were highly influenced by psychological DV followed by physical and sexual types [23]. In the current study, the psychological DV observed most frequently includes enforced isolation from friends, family, or work, swearing and cursing, verbal aggression, insults, humiliation, defamation, and threats of physical harm to oneself, partner, or children.

In a study in Uganda, it was implied that women with unwanted pregnancies were 4.1 times more likely to experience physical violence from their spouse or partner compared to women with wanted pregnancies [24]. A meta-analysis showed that the prevalence of violence among pregnant women was 17% for physical violence, 41% for psychological violence, and 21% for sexual violence. This suggests a lower level of physical violence compared to other types [25]. The transition from a traditional to a modern society involves a shift in the behavioral and discourse models that govern the society. This may justify the low level of physical violence in the current study.

The level of sexual domestic violence among the participants in this study was low. It included having sex without the wife's consent or desire, requesting anal sex against the wife's wishes, and having sex without foreplay. In a study, it was also indicated that 47.5% of women who experienced domestic violence from their spouses reported 34.2% of physical DV and 2.7% of

sexual DV [26]. In contrast to the present study, a systematic study implied that sexual DV in Iranian women is moderate and more prevalent than physical violence [27].

Sexual violence consequences are multifaceted and varied, including vaginal problems, recurrent urinary tract infections, widespread and chronic pain, sleeping problems, chronic back problems, fibromyalgia, eating disorders, social anxiety, severe depression, and chronic fatigue. In conclusion, sexual violence has extremely negative and long-term consequences due to the interconnectedness of the body, mind, and soul [28].

The level of economic violence experienced by pregnant women was low. Aghakhani found that 88% of women experience economic violence, in contrast to this study [29]. TalebPour also reported that the highest level of violence is associated with the financial dimension [30]. The geographical and age differences, along with customs and traditions of a society and ethnicity, can be the reasons for different results.

The results found that the level of violence was moderate in the dimension of patriarchal beliefs. One of the sources of marital conflict is patriarchal attitudes. Patriarchy refers to a system that socially, politically, and economically dominated women. The patriarchal orientations and attitudes directly influence violence against women. A study in India reported that among various reasons for high prevalence of domestic violence, the patriarchal roles and long-term cultural norms that subordinate women are the most profound forms of violence [31]. Zare concluded that patriarchy is directly related to psychological, physical, and financial DV [32]. A sociological study revealed that the intervention of the husband's family and friends in their family's issues, making decisions on their behalf, the patriarchal behavior of the husband (influenced by his upbringing environment), the presence of violence within the husband's family, and the woman's secondary role in the husband's life were identified as factors contributing to violent behavior. [33].

However, Iranian society is progressing towards modernity, and physical violence is becoming less prevalent. Nevertheless, patriarchal beliefs still persist in society, and this mindset can be altered through long-term training and cultural interventions.

In Iran, the Civil Code, Islamic Penal Code, Development Program Laws, Regulations, Legal Bills, and Charters of Citizens' Rights have prioritized the protection of women and the fight against violence targeting women. However, most of these laws have not specified their implementation method and scope after approval [34]. It is necessary to amend the previous laws and establish new laws in accordance with the current needs of the society and international standards, as seen in some countries [35].

CONCLUSIONS

The study indicates a higher rate of intimate partner violence against women with unwanted pregnancies and suggests that such pregnancies can trigger the onset of domestic violence. Given the unique mental and physical conditions of pregnancy, unwanted pregnancies exacerbate these conditions, leading to additional stress. Interventions aimed at supporting women with unwanted pregnancies can contribute to reducing maternal and neonatal mortality and morbidity, promoting overall health.

Limitations

The study had limitations, including data availability only for women with a gestational age over 20 weeks. This limited the assessment of the impact of intimate partner violence (IPV) on unwanted pregnancy for those who experienced miscarriage or induced abortion. Additionally, reliance on self-reported data may lead to underreporting of domestic violence due to societal or personal reasons.

COMPLIANCE WITH ETHICAL STANDARDS

Authors contribution

FKH, KA and NB contributed to conceiving and designing the research. The data were collected, analyzed, and interpreted by FKH, NB and KA. KA contributed equally to writing and revising the manuscript and approved the final manuscript.

Funding

The study did not receive specific funding from any community funding organization, commercial, or non-profit sectors.

Disclosure of interests

The authors declare no conflict of interest.

Ethical approval

The study was approved by the Ethics Committee of Kerman University of Medical Sciences, Iran (Ethics code: IR.KMU.REC.1399.125), and adhered to the Declaration of Helsinki and COPE guidelines.

Informed consent

Written informed consent was obtained, and participants had the option to withdraw from the study at any time.

Data sharing

Data are available under reasonable request to the corresponding author.

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