

Domestic Violence as a Cause of Prenatal Anxiety

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Abstract

Domestic violence is a pattern of behavior involving violence or abuse by one or more persons against another person in domestic setting. Globally the victims are mostly women. Pregnancy is a time when domestic abuse often starts or increases. Hormonal changes make pregnant women more abuse. In Pakistan 30% of women who die of domestic violence are pregnant. A study was carried out at Ghurki Trust Teaching Hospital/Lahore Medical and Dental College from January 2015 to December 2016. All pregnant women presenting to OBGYN OPD with complaints, symptoms and signs of anxiety and/or abuse were included. Patients on known antipsychotic treatment were excluded. A total of 23,455 pregnant patients came to the OPD for antenatal checkup. On detailed history and examination 12,197 (52%) were found to be victims of violence. Most victims 10,245 (84%) were anxious. Some causes of anxiety that were identified are having female children only, one son only, failing pregnancies, history of having had an abnormal baby and previous traumatic or operative delivery. In postpartum period, such patients are candidates for maternity blues, depression and puerperal psychosis. A total of 228 (2.22%) patients presented with a history of one or more miscarriages previously; while 332 (3.24%) patients came with preterm labour. Apart from close monitoring of the pregnancy, counselling and reassurance of the patient, husband and extended family was carried out. In addition to psychological support, selective non responsive patients were prescribed low doses of anti-anxiety drugs in consultation with the psychiatrist, Violence against women is much more common than perceived and gynecologists may be the first person to come across this problem. Medical personnel should be aware of the problems and provide education, awareness and intervention for prevention of this problem.

Keywords: Domestic Violence; Prenatal Anxiety

Introduction

Violence against women encompasses psychological and physical coercive acts used against women by intimate male partner [1-3].

Violence is cultural and contextual based [4]. It is estimated that 70 - 90% women in Pakistan experience domestic violence [5]. Common scenarios of violence include marital rape, acid attacks, burning, bursting of kitchen stove and honor killing [6].

Dynamics of violence are determined by patriarchal society, culture and religion where women are in a subservient role [7].

Pregnancy is a time when domestic abuse often starts or even increase. Hormonal changes makes women more vulnerable to anxiety/ depression particularly when they are victims of physical, emotional or mental abuse. About 28% of pregnant women in India and 23% in Pakistan are victims of violence [8].

This study was carried out to determine the frequency of violence in pregnant patients presenting to the prenatal Out Patient department at Ghurki Trust Teaching Hospital, Lahore.

Patient and Methods

The study was carried out at Ghurki Trust Teaching Hospital, Lahore affiliated with Lahore Medical and Dental College, Lahore Pakistan. Ghurki Trust Teaching Hospital is unique in its periurban setting and caters for both rural and urban population. Duration of the study from January 2015 to December 2016. The women were further interviewed to categorize the type of violence faced by them.

The inclusion criteria include all pregnant women presenting to OB/GYN OPD with complaints, symptoms and signs of anxiety and/or abuse. The exclusion criteria include established psychological problems, history of maternity blues in any previous pregnancy and patients on or with history of any antipsychotic treatment

A total of 23,455 pregnant patients came to the OPD for antenatal checkup. On detailed history and examination 12,197 (52%) were found to be victims of violence.

These women were included in the study after a detailed history followed by General Physical Examination.

Informed consent was taken from all patients and confidentiality was ensured.

Results

Most victims, 10,245 (84%) were anxious. 228 patients (2.22%) presented with a history of one or more miscarriages previously; while 332 patients (3.24%) came with preterm labour.

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|--|-------------------|
| Total No. of Patients in prenatal OPD | n = 23,455 |
| Victims of violence | 12,197 (52%) |
| Anxiety amongst victims of violence | 10,245 (84%) |

Table 1: Total no. patient in prenatal OPD 23,455.

| | |
|--------------------------------------|-------------------|
| Previous History and Violence | n = 12,197 |
| Previous/or 2 miscarriages | 228 (2.22%) |
| Anxiety amongst victims of violence | 332 (3.24%) |

Table 2: Previous history and violence 12,197.

Apart from close monitoring of the pregnancy, counseling/reassurance of the patient, husband and extended family was carried out.

Discussion

Domestic violence is amongst the most under reported crimes worldwide both for men and women. Domestic violence often occurs when the abuser believes that abuse is an entitlement, is acceptable, justified so it is unlikely to be reported. This is because in many cultures it is considered as a private matter [9]. Subservience of women and being subjected to nonconsensual sex is considered a norm in many societies including Pakistan [10]. The economic dependence of wives on their husbands is also a contributory factor in acceptance of violent behavior of men [6]. Globally victims of domestic violence are women. They usually experience covert forms of violence.

Research has established that there exists a direct and significant correlation between a country’s level of gender equality and rates of domestic violence.

Domestic violence can also involve violence against children, parents or the elderly. It includes physical, verbal, emotional, visual, economic, religious, reproductive and sexual abuse. This can range from subtle to violent physical abuse (such as choking, beating and acid throwing).

Battering as abusive behavior is never acceptable whether coming from men, women, teenager or an adult. It is a basic right to be valued and feel safe.

Conclusion

Violence is masked and patients can present with various physical problems. Violence against women is much more common than perceived. About 46% of women in rural setting are victims of this problem at the hands of their husbands, family and in-laws.

Violence is a major public health and social problem requiring considerable attention as it entails severe physical, psychological, social and emotional consequences.

Various factors are associated with domestic violence in Pakistan. Poverty, illiteracy and social and economic taboos are considered the main reasons for domestic violence in the country.

High index of suspicion should be there to identify the victims of violence. Abused women usually have low self-esteem and are under confident.

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