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Risk Factors Associated with Intimate Partner Violence during Pregnancy in Northern Cyprus

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BACKGROUND
To estimate the risk factors associated with intimate partner violence during pregnancy in Northern Cyprus.

MATERIALS and METHODS
This cross-sectional study was performed between February 2015 and April 2015. An approval from the ethics committee was obtained prior to the study. A self-structured face-to-face survey was conducted among pregnant women who were admitted to the Obstetrics Department of the university hospital. The first part of the survey was related to the sociodemographic characteristics of the participants and their partners. The second part comprised questions about the relationship type of the respondents and obstetric characteristics. The third part consisted of set of 5 groups and each group included questions specific to the type of the related violent behavior.

RESULTS
The questionnaire was offered to 231 pregnant women, and 219 of them agreed to participate, resulting in a response rate of 94.8%. The prevalence of overall violence before the pregnancy was 75.3%, and it decreased to 68% during pregnancy, which was statistically significant ($p<0.001$). The overall violence during pregnancy was significantly associated with multiparity, unplanned pregnancy and marriage type.

CONCLUSION
Although decreasing, violence against women continues during pregnancy.

Keywords: Pregnancy, violence, nursing

INTRODUCTION

Violence against women is an infringement of the fundamental human rights resulting from unequal power in the relationship between men and women. A World Health Organization report that was released in 2013 states that 15-71% of women are exposed to violence on a global scale. Violence is not restricted only by the physical type; verbal, sexual, emotional, and economic violence are also present and conducted against women. Physical violence is described as slapping, punching, kicking, arm twisting, strangling, choking, stabbing, threatening with an object or weapon, suppression, and beating. Verbal violence presents as insult, humiliation, and mocking; sexual violence is defined as sexual assault, rape, sexual harassment, and forced sexual intercourse. Emotional violence is referred to ignoring love, compassion and support, confinement to the home, and isolation. Economic violence includes restriction to financial access, seizure of incomes or savings, control over partner expenditures, refusal to contribute financially, and controlling the access to healthcare and employment (1,2). Unfortunately, intimate partner violence (IPV) is shown to be continuing during the pregnancy, with an estimated prevalence of 0.9-20.1% in literature (3). Physical violence during pregnancy may lead to prenatal bleeding, premature separation of placenta, premature birth, miscarriage, and other prenatal and postnatal morbidities (4-9). Moreover, exposure to violent behavior may lead to maternal psychological disturbances both in the perinatal and postnatal periods (10, 11).

Many studies have been conducted worldwide, but there is no study regarding IPV during pregnancy in Northern Cyprus. We aimed to estimate the types of violence and the risk factors associated with IPV against women in Northern Cyprus.

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MATERIALS and METHODS

This cross-sectional study was performed between February 2015 and April 2015. Approval from the ethics committee was obtained prior to the study. A self-structured face-to-face survey was conducted among pregnant women who were admitted to the Department of Obstetrics the university hospital. The confidentiality of the respondents was ensured and questionnaire was applied in a private interview room. Written consent was obtained from respondents before application. A questionnaire developed by researchers was used. The first part of the questionnaire was related to the sociodemographic characteristics of the participants and their partners (respondent's and their partners' age, education, employment status, family monthly income, living with partner's family, area of residence, and partner's substance abuse). The second part comprised questions about the relationship type of the respondents and the obstetric characteristics while attempting the questionnaire (number of pregnancies, pregnancy trimester, planning of the pregnancy, and partner's satisfaction with the child's gender, marriage type, marriage duration, and relationship score). The third part consisted of 5 groups sets and each group included questions specific to the type of the related violent behavior (physical, verbal, economic, sexual, and emotional). The variables in the first and second parts were accepted as independent, and the variables in the third part were accepted as dependent. The questions were designed to be straightforward, such as "Did your partner slap you before/during pregnancy?" or "Did your partner force you to have sexual intercourse against your will before/during pregnancy?" Overall violence is described as at least one attack of any type of violence throughout a described period.

Descriptive statistics for all variables were calculated and are provided throughout the text. For categorical variables, frequency and percentage information were given while for the continuous variables arithmetic mean, standard deviation, median, minimum and maximum were calculated. The Kolmogorov-Smirnov test of normality was applied to understand the distribution characteristics. Since the data did not satisfy parametric assumptions, the Mann-Whitney U-test was used to compare the distribution of continuous variables between two independent groups. Either the Pearson Chi square or Fisher's exact test was applied for evaluating the association among categorical variables. For comparing pre- and post-pregnancy findings, the McNemar test was used. All statistical calculations were performed using the SPSS (Statistical Package for the Social Sciences) Demo Version 22.0 (IBM Corp.; Armonk, NY, USA) Statistics for Macintosh package. The level of significance was set at 0.05.

RESULTS

The questionnaire was offered to 231 pregnant women, and 219 of them agreed to participate, resulting in a response rate of 94.8%. The sociodemographic characteristics of the respondents are summarized in Table I. The mean age of the respondents was 28.3±4.3 years, and the mean age of their partners was 31.1±4.3 years. Most of the respondents and their partners had at least high school education (88.1% and 90%, respectively), and 52.1% of the women were unemployed. Majority of the respondents' partners were employed (99.1%). The family's monthly income-expenditure balance was equal in most families (62.6%). Among the respondents, 75.3% lived in urban area. Pregnancy was planned in 81.3% of the cases, and it was the first pregnancy in 53.4% of the respondents. The distribution of the pregnancy trimesters was even; 28.8% of the respondents were in the first, 31.9% were in the second, and 39.3% were in the third trimester (Table I). The partners had an addiction (drug, alcohol, or tobacco) in 35.2% of the cases. Only 2.7% of the partners were displeased with the child's gender.

TABLE I. Sociodemographic characteristics of pregnant women

Age	n (%)
Under 25 years	60 (27.4)
26–30 years	92 (42.0)
Over 31 years	67 (30.6)
Education	n (%)
Primary school	26 (11.9)
High school	64 (29.2)
Higher education	129 (58.9)
Employment	n (%)
Employed	105 (47.9)
Unemployed	104 (52.1)
Residence	n (%)
Urban	165 (75.3)
Rural	54 (24.7)
Monthly Income	n (%)
Negative balance	44 (20.1)
Neutral balance	137 (62.6)
Positive balance	38 (17.4)
Marriage Type	n (%)
Normal Marriage	202 (92.2)
Arranged Marriage	17 (7.8)
Trimester	n (%)
1	63 (28.8)
2	70 (32.0)
3	86 (39.3)
Pregnancy planning	n (%)
Planned	178 (81.3)
Unplanned	41 (18.7)

TABLE 2. Distribution between the types of intimate partner violence before and during the pregnancy (*p<0.05)

Violence Types n: 219	Before Pregnancy n (%)	During Pregnancy n (%)	*p
Emotional	34 (15.5)	28 (12.8)	0.210
Verbal	141 (64.4)	123 (56.2)	0.001*
Sexual	16 (7.3)	16 (7.3)	1.000
Physical	4 (1.8)	2 (0.9)	0.500
Economic	81 (37.0)	73 (33.3)	0.080
Overall violence*	165 (75.3)	149 (68.0)	0.001*

TABLE 3. Distribution of violence types before pregnancy according to the demographic characteristics of the respondents and their partners (*p<0.05)

	Type of violence				
	Emotional n (%)	Verbal n (%)	Sexual n (%)	Physical n (%)	Economic n (%)
Age					
Under 25 years	8 (13.3)	34 (56.7)	4 (6.7)	2 (3.3)	28 (46.7)
26-30 years	12 (13)	56 (60.9)	6 (6.5)	2 (2.2)	28 (30.4)
Over 31 years	14 (20.9)	51 (76.1) * p (0.048)	6 (9)	0 (0)	25 (37.3)
Education					
Primary school	11 (42.3) * p (0.000)	16 (61.5)	5 (19.2)	2 (7.7)	15 (57.7) * p (0.018)
High school	13 (20.3)	49 (76.6)	6 (9.4)	2 (3.1)	27 (42.2)
Higher education	10 (7.8)	76 (58.9)	5 (3.9)	0 (0)	39 (30.2)
Partner's Education					
Primary school	12 (54.5) * p (0.000)	21 (95.5) * p (0.005)	10 (45.5)	0 (0)	15 (68.2) * p (0.001)
High school	9 (16.1)	36 (64.3)	2 (3.6)	3 (5.4)	25 (44.6)
Higher education	13 (9.2)	84 (59.6)	4 (2.8)	1 (0.7)	41 (29.1)
Employment					
Employed	18 (17.1)	67 (63.8)	8 (7.6)	2 (1.9)	34 (32.4)
Unemployed	16 (14)	74 (64.9)	8 (7)	2 (1.8)	47 (41.2)
Residence					
Urban	19 (11.5)	104 (63)	11 (6.7)	2 (1.2)	59 (35.8)
Rural	15 (27.8) * p (0.004)	37 (68.5)	5 (9.3)	2 (3.7)	22 (40.7)
Income					
Negative balance	11 (25)	29 (65.9)	9 (20.5)	2 (4.5)	23 (52.3)
Neutral balance	17 (12.4)	87 (63.5)	6 (4.4)	0 (0)	46 (33.6)
Positive balance	6 (15.8)	25 (65.8)	1 (2.6)	2 (5.3)	12 (31.6)
Marriage Type					
Normal Marriage	21 (10.4)	125 (61.9)	10 (5.0)	3 (1.5)	68 (33.7)
Arranged Marriage	13 (76.5) * p (0.000)	16 (94.1) * p (0.008)	6 (35.3) * p (0.000)	1 (5.9)	13 (76.5) * p (0.000)

The prevalence of overall violence before the pregnancy was 75.3%, and it decreased to 68% during pregnancy, which was statistically significant (p<0.001; Table 2). The overall violence before pregnancy was significantly associated with multiparity (p<0.001), marriage type (p=0.008), women's educational status (p=0.004), and their partners' educational status (p=0.002). The overall violence during pregnancy was significantly associated with multiparity (p=0.02), unplanned pregnancy (p=0.023), and marriage type (p=0.016).

The distribution of violence types before and during pregnancy is listed in Table 2. The most anticipated types of IPV before pregnancy were verbal (64.4%) and economic (37%). The same types of violence were encountered during pregnancy (verbal: 56.2% and economic: 33.3%). The decrease in the prevalence of the verbal violence during pregnancy was statistically significant (p<0.001). The other types of the violence also showed a decrease during pregnancy but the difference was statistically insignificant (p>0.05).

Emotional violence before pregnancy was significantly associated with the educational status, partner's education, rural residence, and type of the marriage. Verbal violence before pregnancy was related to the woman's age, partner's education, and marriage type. Sexual violence was significantly associated with marriage type. Economic violence was significantly associated with education, partner's education, and marriage type. There was no statistically significant association between sexual violence and demographic properties before pregnancy (p>0.05; Table 3).

During pregnancy, emotional violence was significantly associated with education, partner's education, rural residence, and income (p<0.05). Verbal violence was associated with educa-

TABLE 4. Distribution of violence types during the pregnancy according to the demographic characteristics of the respondents and their partners (*p<0.05)

	Type of violence				
	Emotional n (%)	Verbal n (%)	Sexual n (%)	Physical n (%)	Economic n (%)
Age					
Under 25 years	6 (10)	30 (50)	4 (6.7)	1 (1.7)	22 (36.7)
26-30 years	9 (9.8)	51 (55.4)	5 (5.4)	1 (1.1)	27 (29.3)
Over 31 years	13 (19.4)	42 (62.7)	7 (10.4)	0 (0)	24 (35.8)
Education					
Primary school	9 (34.6) * p (0.001)	12 (46.2)	6 (23.1)	0 (0)	11 (42.3)
High school	9 (14.1)	45 (70.3) * p (0.023)	6 (9.4)	2 (3.1)	24 (37.5)
Higher education	10 (7.8)	66 (51.2)	4 (3.1)	0 (0)	38 (29.5)
Partner's education					
Primary school	10 (45.5) * p (0.000)	17 (77.3)	11 (50.0)	0 (0)	11 (50.0)
High school	5 (8.9)	32 (57.1)	1 (1.8)	1 (1.8)	21 (57.1)
Higher education	13 (9.2)	74 (52.5)	4 (2.8)	1 (0.7)	41 (29.1)
Employment					
Employed	14 (13.3)	58 (55.2)	8 (7.6)	1 (1)	32 (30.5)
Unemployed	14 (12.3)	65 (57)	8 (7)	1 (0.9)	41 (36)
Residence					
Urban	14 (8.5)	91 (55.2)	10 (6.1)	1 (0.6)	53 (32.1)
Rural	14 (25.9) * p (0.001)	32 (59.3)	6 (11.1)	1 (1.9)	20 (37)
Income					
Negative balance	12 (27.3) * p (0.002)	25 (56.8)	8 (18.2)	2 (4.5)	20 (45.5)
Neutral balance	15 (10.9)	78 (56.9)	7 (5.1)	0 (0)	42 (30.7)
Positive balance	1 (2.6)	20 (52.6)	1 (2.6)	0 (0)	11 (28.9)
Trimester					
1	9 (14.3)	31 (49.2)	4 (6.3)	1 (1.6)	20 (31.7)
2	12 (17.1)	43 (61.4)	8 (11.4)	1 (1.4)	23 (32.9)
3	7 (8.1)	49 (57)	4 (4.7)	0 (0)	30 (34.9)
Pregnancy planning					
Planned	23 (12.9)	93 (52.2)	13 (7.3)	1 (0.6)	56 (31.5)
Unplanned	5 (12.2)	30 (73.2) * p (0.015)	3 (7.3)	1 (2.4)	17 (41.5)
Marriage type					
Normal Marriage	19 (9.4)	109 (54.0)	10 (5.0)	1 (0.5)	63 (31.2)
Arranged Marriage	9 (52.9)	14 (82.4) * p (0.023)	6 (35.3) * p (0.000)	1 (5.9)	10 (58.8) * p (0.020)

tion, pregnancy planning, and marriage type. Both sexual and economic violence was found to be statistically significant with marriage type (p<0.05; Table 4).

Also, there were several significant correlations between verbal violence and multiparity both before and during pregnancy (p=0.02 and p=0.011, respectively). In addition, emotional violence during pregnancy was significantly related to living with the partner's family (p=0.011), living without an official marriage (p=0.044), and partner's dissatisfaction with the child's gender (p<0.001). These findings are not shown in the tables.

The respondents were also asked to score their relationship with their partner from 1 (very bad) to 10 (very good). The mean relationship score was 9.04±1.29. The overall violence and all the violence subtypes were significantly associated with lower relationship scores ($p<0.001$) both before and during pregnancy.

DISCUSSION

IPV against the women is a serious problem mostly arising from sexual inequality and discrimination. Pregnancy, one of the most emotional periods in a family's life, unfortunately fails to act as a protection against the violence.

This is the first study regarding IPV during pregnancy in Northern Cyprus. The overall prevalence of IPV was 75.3% before pregnancy and 68.0% during pregnancy. The most frequent types of violence during pregnancy were verbal (56.2%) and economic (33.3%), followed by emotional (12.8%), sexual (7.3%), and physical (0.9%). A study performed by Çakıcı et al. (12) in Northern Cyprus in 2007 showed that the overall emotional violence against women was 86.3%, sexual violence was 29.6%, and physical violence was 9.6%. A higher prevalence of verbal, emotional, and economic violence than of other types can be related to women's more comfortable expression of these types of violence. However, it is also known that these types of violence are more common. In our study, factors, such as low educational status of the women and their spouses, living in the rural areas, arranged marriage, living without an official marriage, low income, multiparity, unplanned pregnancies, and dissatisfaction with the sex of the baby had significant association with different types of violence both before and during pregnancy. Cripe et al. (13) conducted a study among 2167 women and showed that unplanned pregnancies increased the prevalence of physical violence. Another study performed in Peru by Perales et al. (14) showed that living without an official marriage and being economically dependent and uneducated increased the exposure to both gestational and lifelong violence. Farrokh-Eslamlou et al. (15) found that 55.9% of the pregnant women were exposed to violence; low education level, unemployment of partners, and multiparity increased the prevalence.

It is believed that the low level of education of women, their marital status, and the lack of certain income render them weak and dependent on men, thus increasing violence. The cause of ongoing violence in pregnancy may be because of the negative thoughts and behaviors of the male partner against the child to be born in unwanted pregnancies. Moreover, male-dominated societies may have less value for women and have gender-oriented discrimination in favor of boys, which may also increase violence.

Perhaps, one of the most interesting findings of our work was the unexpectedly high relationship scores despite high prevalence of IPV. The high mean relationship scores with exposure to violence suggest that our respondents did not perceive emotional, verbal, or economic violence as violence, or probably, they just ignored the violence. Women should not be only perceptive to physical violence, it may cause them not to take precautions to reduce the other types of violence. This is also the basis for the development of physical violence (16).

Some studies show that contrary to contemplation, pregnancy increases the violence. Finnbogadottir et al. (17) showed that violence increased with the progression of pregnancy and the postpartum period. In 2012, Arslantas et al. (18) found that women who had a primary school or lower education level and had an unwanted marriage were exposed to more violence during pregnancy. In addition, in a study among 500 women, Mahenge et al. (19) showed that women were exposed to more violence during pregnancy than in the postpartum period.

In our study, pregnancy was found to be a factor reducing the overall rate of violence. Kataoka et al. (20) reported that physical violence in pregnancy significantly decreased, although women who had experienced pre-pregnancy violence continued to experience violence in pregnancy. Bagcioglu et al. (21) showed that 47.3% of women were exposed to violence before pregnancy, and this rate decreased to 10.3% during pregnancy. Considering the aforementioned studies, it is noted that the ongoing violence in pregnancy decreased significantly but not completely. The variability between studies regarding increase or decrease of violence during the pregnancy may be because of the value given to pregnancy and the pregnant woman in different societies.

While the study data was being collected, 12 of the participants did not agree to participate in the study. A few of those who agreed to participate were reluctant and asked where and how we would attempt the questionnaire. They agreed to participate in the work with an assurance of secrecy. We think that shame, fear, unwillingness to talk about violence, and the worry that the partner and family will be aware contributed to the rejection of participation.

Although being a reference center in the region, the fact that our study was performed in the university hospital setting may be considered a limitation compared to the population-based study.

In conclusion, our study showed that the most common types of violence pregnant women were subjected to included verbal and economic violence and that pregnancy was a violence-reducing factor. Although being statistically insignificant in our study, we believe that the other types of violence continue to be a risk during pregnancy. The most significant factors associated with different types of violence were the low educational status of the women and their spouses, living in the rural areas, arranged marriage, living without an official marriage, low income, multiparity, unplanned pregnancies, and dissatisfaction with the sex of the baby.

Health professionals are advised to take a detailed history to diagnose violence, particularly in sensitive periods, such as pregnancy, to conduct interviews confidentially, to define women's violence, and to raise awareness of violent situations through training and counseling services.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Near East University Ethics Review Board (YDU 2015/27-173).

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

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