Socio-demographic factors associated with violence during pregnancy. A study in an Italian city.

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Introduction:

Estimates of violence during pregnancy vary widely, from 1 to 20%, with most studies reporting estimates between 4 to 8% (Saltzman L, et al., 2003). These variations can be attributed to various factors: the study's methods and instruments; the overall prevalence of violence against women in a given community; and whether or not women have the opportunity to decide whether and when they will have a baby. This study aimed to estimate the prevalence of partner violence and of family violence against women just before and during pregnancy; to analyze the social and demographic characteristics associated with violence, and to explore the role of variables related to pregnancy intendedness. The results will be discussed in the light of the social and demographic characteristics of the community in which the study has taken place.

Procedure and methods:

The study was carried out in Trieste, a city of 210,000 inhabitants in Northeastern Italy and was based at the local University Maternity Hospital, where more than 90% of the births occurring in the city take place. From January to April 2004, all women who had given birth were approached in the postnatal ward at a time when they did not have visitors, and asked to participate. The study was presented as research on the health of women during pregnancy and confidentiality of the responses was assured. Women who refused to participate were asked to respond to a few questions (nationality, age, marital status and type of birth). Three women psychologists, knowledgeable about violence against women, carried out the interviews. They were informed of the resources available in the city and had at hand leaflets with the relevant information. Before beginning the study, contacts were established with the hospital social worker and with the local Women's Center and Women's Shelter, in case a woman requested a referral. The study was approved by the Ethics Committee of the Hospital.

Instrument and measures: In the questionnaire, we asked questions regarding the social and demographic characteristics of the woman and her partner, the woman's health and health behavior during and prior to the pregnancy, the type of birth, the health of the baby, social support, and recent life events. There were also 4 questions related to reproductive choices. Women were asked whether the pregnancy had been: 1) wanted, 2) planned and "assisted medically", 3) unplanned but well accepted, or 4) unplanned and not well accepted. The same question was asked concerning the partner's intentions. The first two answers were re-coded into one category, called: "pregnancy wanted at this time"; while the third and the fourth were re-coded and called "unwanted or mis-timed". Another question tapped the concurrence of the partners' intentions. Women were asked whether the pregnancy was: wanted in the same way by her and her partner; unwanted in the same way; she wanted it more; he wanted it more; she had almost forced the pregnancy on him; or he had almost forced the pregnancy on her. The question was re-coded in two categories: "both wanted to the same extent", including the first two answers; and "other", including all the other responses. There was also a

question on couple decision-making on contraception before the pregnancy. Answers were: contraception was 1) mostly decided by the woman, 2) mostly decided by the man, 3) decided together, 4) disagreed on, or 5) unnecessary because they wanted a baby. The question was re-coded into two categories. One category, called "decided together" included answers 3 and 5 and the category "other", included all the other answers.

Questions on violence were the same as those used in a previous study on violence among women patients (Romito & Gerin, 2002). Women were asked in a series of questions if, during the current pregnancy, someone had inflicted psychological, physical, sexual or economic violence on them. For each type of violence, examples were given. The list of possible perpetrators included a male partner or ex-partner (husband, live-in, boy friend, etc.), father, mother, other family members, other known persons, and unknown persons. Women were also asked to specify if the violence had occurred one or two times, or more often. The same questions were asked for the 12 months preceding the pregnancy. Then the women were asked one question about whether they had experienced other violence during their life, except in the two periods already considered and, if in the affirmative, which kind of violence and who was the perpetrator.

We constructed several categories according to the type of violence, the perpetrator, and the period in which violence occurred. The categories used in this analysis are:

- male partner violence: any violence by a male partner or ex-partner
- male and/or family violence: any violence by a partner/ex-partner and/or another family member
- a more synthetic category including any violence by any perpetrator.

The time periods used in the analysis were were: "during pregnancy", "in the 12 months before pregnancy", and "around pregnancy" (during and/or before). The open-ended responses to the questions about violence during the past were re-coded with the same logic.

Prevalence rates and 95% confidence intervals were calculated for the different violence categories. Comparisons between groups were conducted using Chi-Square tests (Fisher's Exact Test for 2X2 tables) and calculations of Odds Ratios (OR) and their 95% confidence intervals. A p value less than 0.05 was considered statistically significant. Tests for interactions between the pregnancy intendedness variables and socio-demographic variables were conducted using the Breslow-Day Test and Mantel-Haenszel Common Odds Ratios were calculated to adjust for socio-demographic variables.

Results:

Response rate: Among the 389 women who were approached in the maternity ward, 352 accepted (90%). Among the 37 non-participating women, more than half (57%) were not Italian, and did not speak Italian at all. Non-participating women were younger (mean age 28.9; participating women, mean age 32.4), and they were more likely to have undergone a cesarean section (30% vs 22%). There were no differences between the groups according to marital status. According to the judgment of the interviewers, three of the women who did not participate were likely to have been victims of partner violence.

Characteristics of the sample: Of the women who participated in the study (N=352), 90.6% were Italian. The mean age was 32.4 years and more than half of them were primiparous (56.5%); 13.9% reported ever having an induced abortion. Around 70 percent had a high school education or more. Seventy-seven percent were currently married, while 6.8% were

separated or divorced, and 16.5% had never been married. The majority (76%) had regular jobs in the 12 months previous to pregnancy and continued to work or were on maternity leave during pregnancy. Almost all of the women (97%) were living with the baby's father and only 8.2% reported current economic problems. All but two of the women reported having a current partner. Partners tended to be Italian (91.7%), have a high school or higher education (65.2%), and have a regular job during the pregnancy (95.4%). The mean age of partners was 35.2 years. Ninety-nine percent of women had their first antenatal visit during the first trimester of pregnancy and 48% participated in antenatal classes. Thirteen percent smoked during pregnancy, in most cases less than 10 cigarettes per day.

Non-Italians tended to be younger and have younger partners than Italians. Both the non-Italian women and their partners (61% of their partners were non-Italian) were less likely than Italians to have regular jobs during the pregnancy, and the women were more likely to report having current economic problems.

Prevalence of violence during pregnancy: A total of 16 women (4.5%, 95% CI: 2.4 – 6.7%) reported experiencing any type of violence by any perpetrator during pregnancy, 6 by a male partner or ex-partner, 4 by a family member, and 2 by another known person. These women reported psychological violence (15 women), economic violence (4 women), and physical violence (2 women).

Prevalence of violence before pregnancy: Fifteen women (4.3%, 95% CI: 2.1 – 6.4%) reported violence in the 12 months preceding the pregnancy (7 by male partner or ex, 3 by a family member, and 4 by another known person). Violence experienced during this period included psychological violence (13 women), economic violence (4 women), and physical violence (3 women).

Prevalence of violence around pregnancy: The total number experiencing violence by any perpetrator around pregnancy was 22 (6.3%, 95% CI: 3.7 – 8.8%). Twelve women (3.4%, 95% CI: 1.5 – 5.3%) reported male or family violence during this period. The prevalence of violence by any perpetrator is lower if we consider Italian nationals only (3.4% during pregnancy, 3.8% before pregnancy, and 5.3% around pregnancy).

Violence in the past: Fifty women (14.2%) reported experiencing violence in their lives, previous to the periods described above, from male partners or ex-partners (11 women), family members (19 women), and other known persons (11 women). Violence experienced in the past included sexual violence (11 women reporting), physical violence (15 women), psychological violence (24 women), and other types of violence (7 women).

Associations with socio-demographic characteristics: There were significant associations between the experience of male or family violence around pregnancy and several socio-demographic characteristics. Women who experienced violence around pregnancy were significantly more likely than women who did not experience violence to be less than 25 years of age (25.0% vs. 5.0%), to be non-Italian (33.3% vs. 8.5%), to be never-married (66.7% vs. 14.7%), to have a precarious job before pregnancy (41.7% vs. 12.4%), to be unemployed or have been fired during pregnancy (25.0% vs. 5.9%), and not to be living with the baby's father (25.0% vs. 1.8%). The partners of women who experienced male or family violence around pregnancy were more likely to be less than 30 years of age, non-Italian, and to not have a regular job. Neither educational level of the woman nor the partner was found to be related to the experience of violence during this period. Although there was a tendency

for women who experienced male or family violence during this period to have had three or more live births (25.0% vs. 8.5%), the relationship was not statistically significant. The associations with socio-demographic variables are very similar when we consider only male violence around pregnancy, with the exceptions that the association with number of live births is stronger (37.5% of those with violence had 3 or more live births, compared to 8.4% of those without violence), and the association with partner's age becomes non-significant.

Associations with measures of pregnancy intendedness: Both male or family violence and male violence around pregnancy were strongly associated with the four measures of pregnancy intendedness. Women who felt the pregnancy was unwanted or mistimed were 13.08 times more likely than women who wanted the pregnancy at this time to have experienced male or family violence (95% CI: 2.82 – 60.83). Women who said that their partners felt the pregnancy was unwanted or mistimed were 13.28 times more likely than women who said that their partners wanted the pregnancy at this time to have experienced male or family violence around pregnancy (95% CI: 2.86 – 61.74). Women who reported discordance between her and her partner's intentions regarding the pregnancy were 8.31 times more likely to have experienced male or family violence, compared to those who reported that they concurred with their partner (95% CI: 2.54 – 27.24). Women who did not decide together with their partner regarding contraception prior to the pregnancy were 3.60 times more likely to have experienced male or family violence around pregnancy, compared to those who reported that they decided together with their partner (95% CI: 1.10 – 11.74). The associations are very similar when we consider only male violence around pregnancy. Interactions between the pregnancy intendedness variables and socio-demographic variables (nationality, economic problems, employment before pregnancy, and partner's job during pregnancy) were not significant and common odds ratios adjusted for these variables remain large and significant.

Conclusions:

The reported prevalence of violence around pregnancy was found to be low in this sample, as compared to other European samples (for instance, Widding Hedin, et al., 1999). Examination of the characteristics of the Italian women participating in the study indicates that the majority are in relatively stable situations, in terms of work, marital status, living situation, and economic condition, and had good health behavior during pregnancy. The minority who did experience violence tended to be disadvantaged in several ways. In addition, those who experienced violence were significantly more likely to report that the pregnancy was unwanted or mis-timed. This relationship may be explained by the fact that women already in violent situations tend not to want a baby, or that an unwanted or mistimed pregnancy contributes to violence (Goodwin et al., 2000). In Italy, and more especially in Trieste, fertility is very low (Sass & Ashford, 2002). It is hypothesized that in this setting, where there is good access to contraception and abortion and where low fertility is socially acceptable, most women are able to control their fertility and have children only when they are in good situations. However, those who are disadvantaged in many ways may not have the resources to avoid pregnancy when they are in a bad situation, e.g., experiencing male or other family violence. To understand why the prevalence of violence against pregnant women varies so much even within industrialized countries, studies should be contextualized and consider whether and how much violence in the couple or in the family is tolerated or legitimized in a given community, the social value attached to having babies, and to what extent women in this community are free to chose whether and when to get pregnant.

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