



Intimate partner violence during pregnancy and maternal and child health outcomes in Harare, Zimbabwe

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Introduction

- **Intimate partner violence (IPV) during pregnancy negatively affects maternal and child health**
- **Generally, abused women are more likely to experience mental health effects than non abused women**
- **Evidence mainly comes from studies asking women about general lifetime violence and mental health (Beydoun et al 2012, Golding et al 2010)**

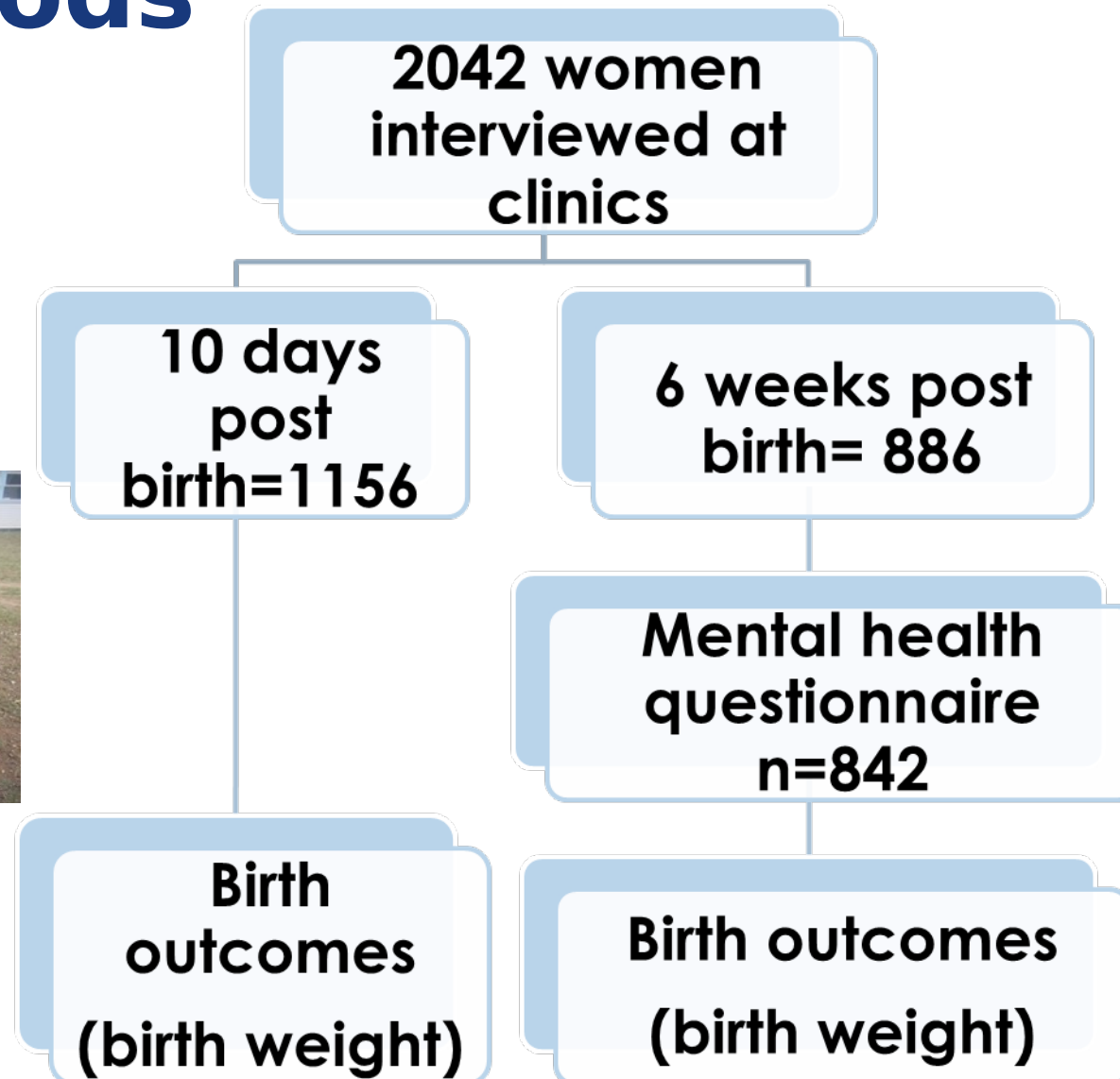


Introduction

- **Although South African studies show that multiple episodes of IPV rather than ever exposed predict health outcomes (Jewkes 2013), these studies have not specifically focussed on pregnancy**
- **Suicide has traditionally been regarded as a male domain, leaving assessment of suicide ideation in women unresearched**
- **This study assessed the relationship between multiple episodes of IPV during pregnancy and maternal and child health**



Methods





Measurements

- **We adapted the WHO questionnaire to measure physical, sexual and emotional IPV during pregnancy using six, three and four questions respectively**
 - those abused were asked about frequency: 1, 2, 3+ times
- **Postnatal mental distress was measured using the Self Reporting Questionnaire (SRQ-20) with alpha= 0.80**
- **Women were asked about experiences of suicidal thoughts both before and after pregnancy**
- **WHO ethics for researching violence against women**
- **Ethics approval was granted by the Medical**

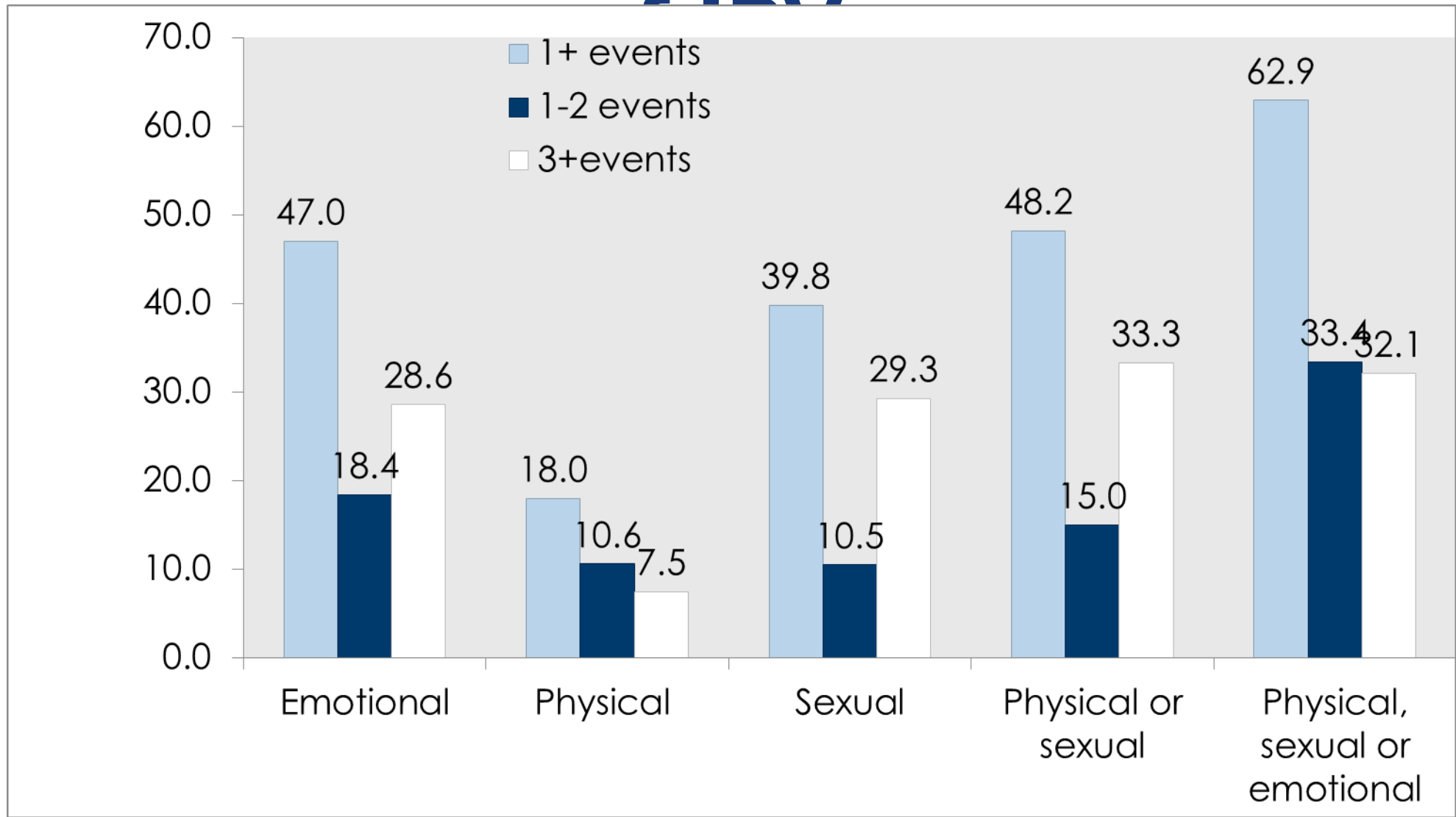


Data Analysis

- **Postnatal distress symptoms cut point of 8 was used following studies conducted in Zimbabwe (Patel et al 2001, Nhiwatiwa et al 1998) which used an adapted SRQ-20**
- **A 3 level violence severity measure was constructed from the violence frequency measures used in the study:**
 - **No violence; less severe IPV (1-2 events); severe IPV (3+events)**
- **Multiple Log regression models assessed relationship between each type violence and mental distress, suicide and baby weight controlling for demographic variables, past violence, past mental health, HIV status and**



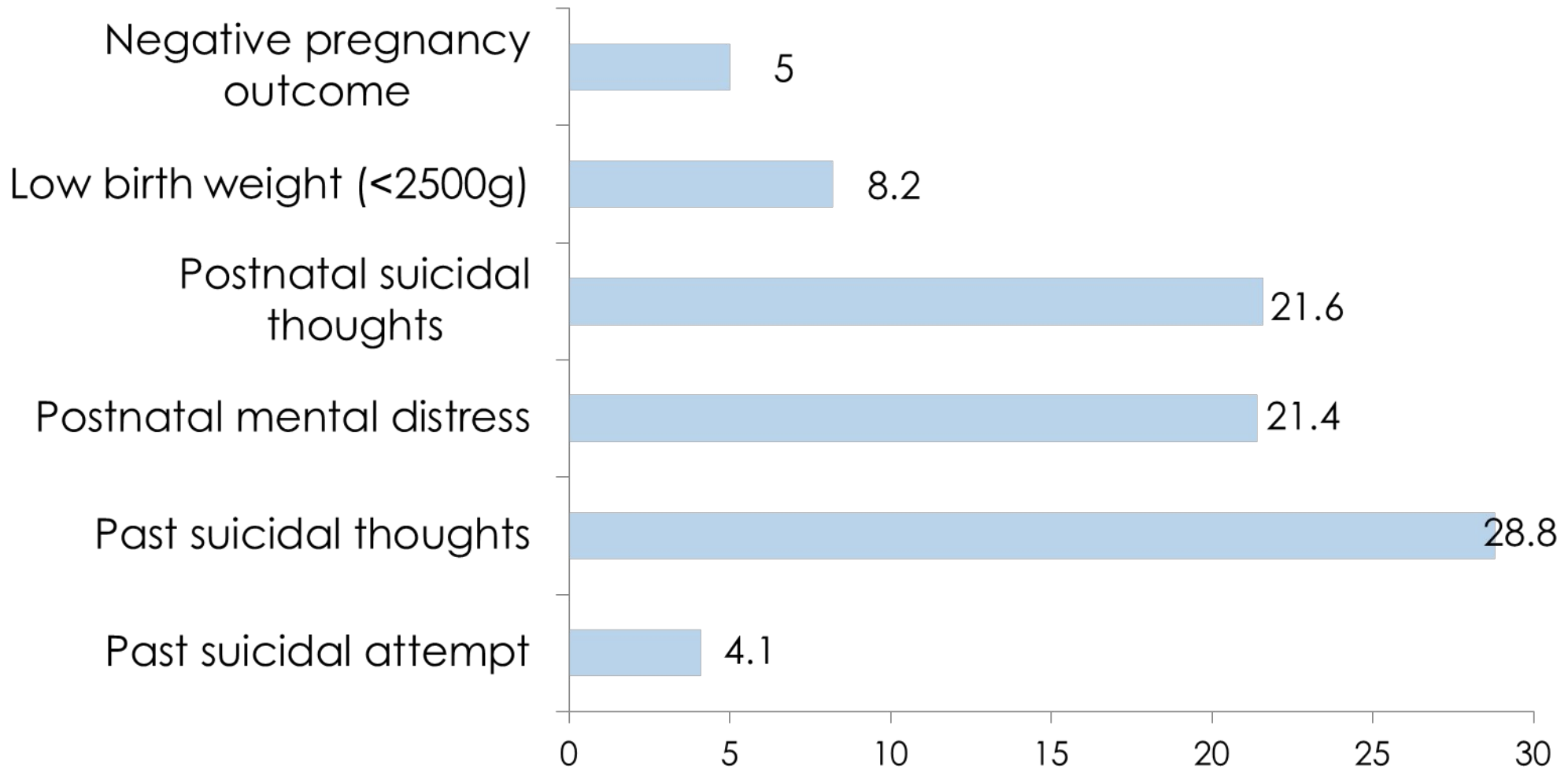
Prevalence (%) and frequency





Building health innovation through research

Prevalence (%) of maternal and child health outcomes





Prevalence of IPV by postnatal mental distress

IPV types and experiences	No distress n=662 (78.6%)	Distress n=180 (21.4%)	p-value
Emotional violence: No	404 (61.0)	42 (23.3)	
Low	120 (18.1)	35 (19.4)	
High	138 (20.9)	103 (57.2)	< 0.0001
Physical Violence: No	571 (86.3)	119 (66.1)	
Low	65 (9.8)	24 (13.3)	
High	26 (3.9)	37 (20.6)	< 0.0001
Sexual violence No:	427 (64.5)	80 (44.4)	
Low	65 (9.8)	23 (12.8)	
High	170 (25.7)	77 (42.8)	< 0.0001
Physical or Sexual No:	378 (57.1)	58 (32.2)	
Low	95 (14.4)	31 (17.2)	
High	189 (28.6)	91 (50.6)	< 0.0001
Physical, sexual or emotional: No	237 (35.8)	18 (10.0)	

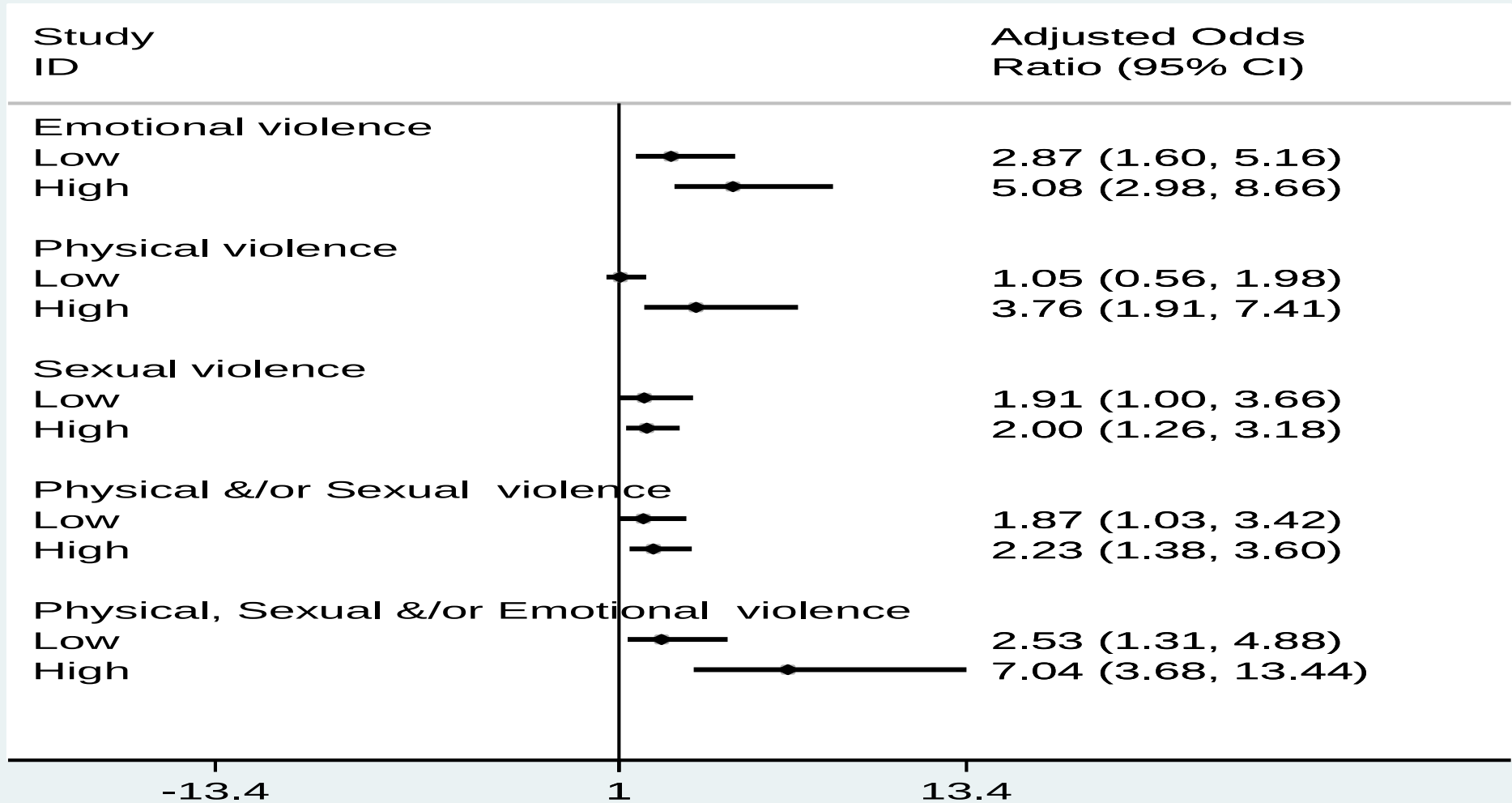


Prevalence of violence by postnatal suicidal thoughts

IPV types and experiences	No Suicide n=595 (81.5%)	Suicide n=241 (28.8%)	p-value
Emotional violence: No	398 (60.3)	48 (26.4)	
Low	122 (18.5)	33 (18.1)	
High	140 (21.2)	101(55.5)	< 0.0001
Physical Violence: No	576 (87.3)	114 (62.6)	
Low	55 (8.3)	34(18.7)	
High	29 (4.4)	34(18.7)	< 0.0001
Sexual Violence No:	407(61.7)	100(55.0)	
Low	68 (10.3)	20 (11.0)	
High	185 (28.0)	62 (34.1)	0.234
Physical or sexual No:	369 (55.9)	67(36.8)	
Low	90(13.6)	36 (19.8)	
High	201(30.5)	79(43.4)	< 0.0001
Physical, sexual or emotional : No	263 (39.9)	28(15.4)	



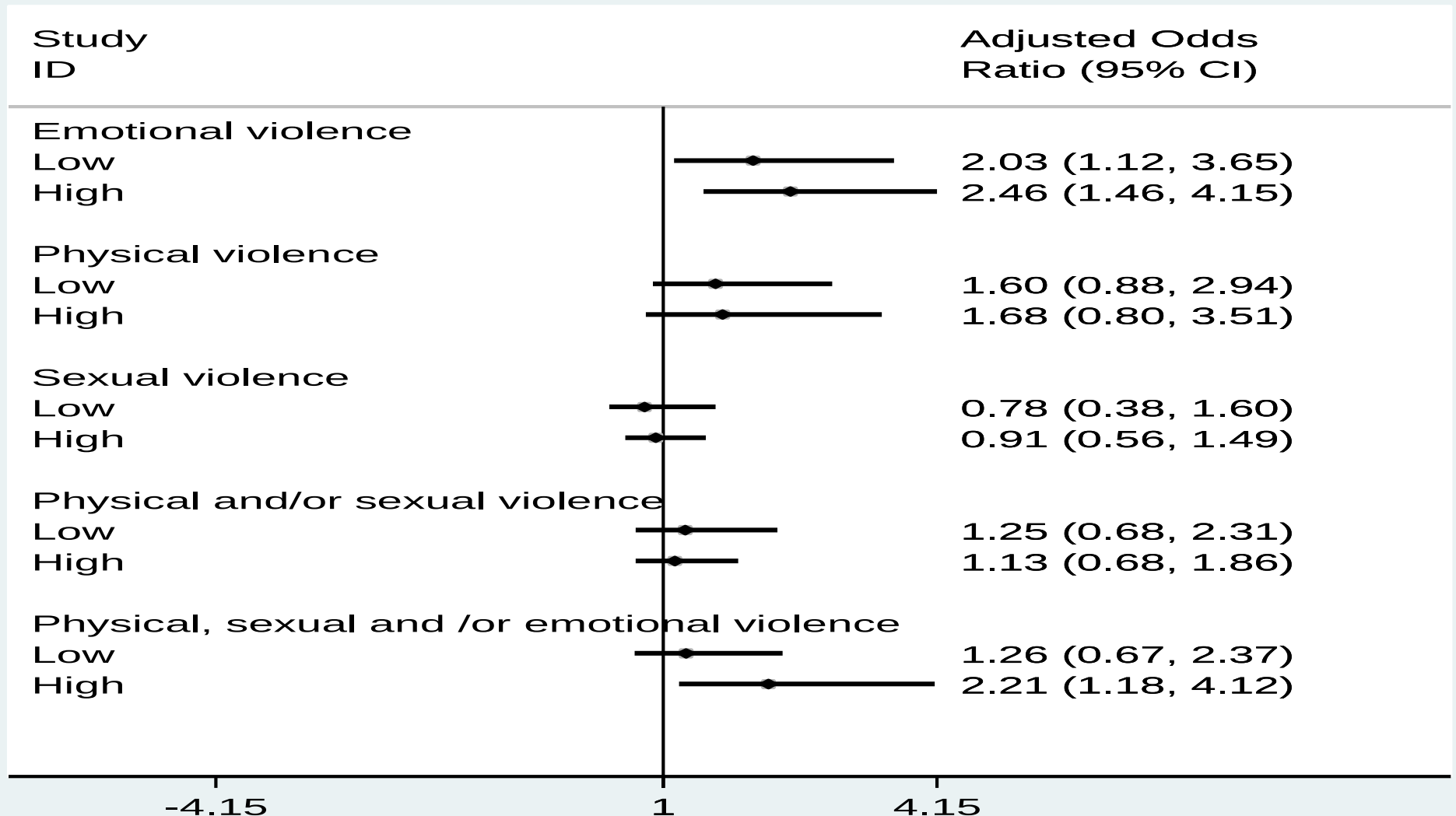
Associations between IPV & postnatal mental distress





Associations between IPV and

Emotional, physical, sexual and /or combined violence through research





Relationship between IPV and birth weight

Type of violence	AOR 95% CI	P-value
Emotional	1.58 (1.09-2.28)	0.003
Physical	1.18 (0.72-1.93)	0.502
Sexual	1.26 (0.86, 1.86)	0.227
Physical and sexual	1.57 (0.84-2.90)	0.153
Physical, sexual and emotional	1.64 (1.13-2.38)	0.011



Conclusions

- **The levels of mental distress (21.4%) are comparable to those reported in systematic reviews conducted in Africa (19%) (Sawyer et al (2010))**
- **The cross sectional nature of the study limits causal inferences as IPV and mental health problems tend to develop at the same time (Jewkes 2013)**
- **Pattern of associations are similar to those found in prospective studies and population based studies in low & middle income countries (Gomez-Beloz et al 2009, Ludermir et al 2010, Deyries & Sequin 2013, Jewkes 2013)**



- **All types of IPV during pregnancy were associated with postnatal mental distress while severe IPV is strongly associated with postnatal mental distress**
- **Only emotional IPV was, individually and in combination with other types, associated with suicidal thoughts and birth outcomes**
- **Addressing gender equity and IPV in antenatal care is imperative to improve pregnancy outcomes**



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