

Existing policy recommendations to promote screening of pregnant women for intimate partner violence have proven difficult to implement. In order to find new pathways to address this persistent health and rights problem in Vietnam, we therefore recommend the following actions:

1. Strengthen women's relations to their natal families

This research indicates that strengthening women's relations to their natal families can reduce their vulnerability to partner violence. This can be done, for instance, if health staff or counselors are trained in communication with women who experience partner violence, and if they place emphasis in such counseling on encouraging women to disclose the violence to their natal relatives with a view to attaining emotional and financial support.

2. Introduce screening for maternal depression in antenatal care

This research shows that perinatal depression is a prevalent but overlooked health problem among women in Vietnam. To address this problem, we recommend closer attention in maternal/child care to the mother's mental well-being. This can be attained if health staff is trained to screen women for depression during pregnancy and/or after birth, as a routine component of antenatal and newborn care.

3. Provide health care services for women experiencing depression during pregnancy and after birth

At present, hardly any health care services are available for Vietnamese women who experience mood problems during their pregnancies or after birth. We therefore recommend strengthening health care services addressing common mental disorders such as perinatal depression. This research shows that many of the women who report signs of perinatal depression are living with intimate partner violence. Mental health counseling for this group of women may therefore provide an alternative pathway to interpersonal

support for women who are exposed to partner violence.

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## Intimate partner violence, women's reproductive health and newborn health: Research findings from Northern Vietnam

### KEY FINDINGS

1. Violence against pregnant women by their partner is widespread: emotional violence is the most common type (reported by 32% of the women in this study) followed by sexual violence (9.8%) and physical violence (3.5%).
2. Intimate partner violence has negative effects on the newborn: Children born of women exposed to physical violence during pregnancy were three times more likely to be of low birth weight or prematurely born in comparison to those born of mothers who were not exposed to physical violence.
3. Intimate partner violence has negative effects on the mother: Women exposed to physical violence had a six times higher risk of depression during pregnancy and a three times higher risk of depression after delivery, as compared to women who were not exposed to physical partner violence during pregnancy.
4. Social support was associated with a lower risk of being exposed to intimate partner violence during pregnancy: pregnant women who lacked social support had significantly higher risk of being exposed to intimate partner violence compared to women with access to some level of social support.

## INTRODUCTION

This policy brief presents key findings from the Vietnamese part of the interdisciplinary research project PAVE (The Impact of Violence on Reproductive Health in Tanzania and Vietnam). The PAVE project focuses on the intersections between intimate partner violence (IPV) and women's reproductive health, investigating particularly how violence affects the birth outcomes and the mental health of pregnant women.

Intimate partner violence is associated with a diversity of adverse health outcomes. According to the World Health Organization (WHO), violence by an intimate partner is a common problem across countries and women who have experienced partner violence are more likely than other women to report health problems.

## METHODOLOGY

Combining epidemiological and ethnographic approaches, the PAVE project aims to generate insights into the prevalence, forms, and consequences of intimate partner violence. Data collection was conducted in Hanoi's Dong Anh district over a two-year period, from 2014 to 2016. The project included a cohort study of 1,337 women recruited from two antenatal care clinics and an ethnographic study involving 50 women, purposively selected among the women involved in the cohort study.

The women in the cohort study were interviewed four times: at enrolment (which took place no later than week 24 of the pregnancy); in the second trimester; at delivery; and 4-12 weeks after delivery. All women were screened for depression at 30 to 34 weeks of their pregnancies and between 4 and 12 weeks after delivery. Exposure to emotional, sexual and physical violence was assessed by modified questionnaires initially developed by the WHO. Signs of depression were measured by the Edinburgh Postpartum Depression Scale[1]. This scale is based on a 10-item questionnaire. The assessment of depression is based on a total score which is calculated by adding together the scores for each of

the 10 items. Higher total scores indicate more depressive symptoms, and the maximum total score is 30. In the present study, women with a total score above 9 were categorized as having signs of depression. Preterm birth is defined as newborn babies born in 32 to <37 weeks of gestation and was based on ultrasound. Low birth weight is classified as newborn babies with a birth weight of less than 2,500g according to the World Health Organization.

## MAIN RESULTS

### Pregnancy offers no immunity to violence

The research found that more than one third of the interviewed women (35.2%) reported being exposed to violence during their current pregnancy. The most common type was emotional violence (32.2%). Nearly 10% of the women had experienced sexual violence and 3.5% reported physical violence during their pregnancies (Figure 1).

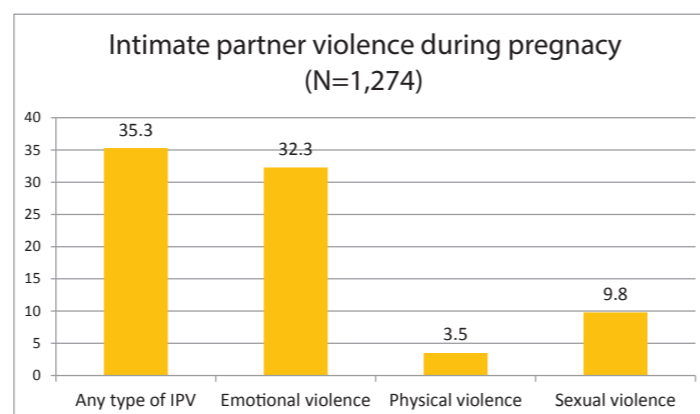


Figure 1: The prevalence of violence during pregnancy

There was a strong relationship between exposure to intimate partner violence and low birth weight or preterm birth. Women who were exposed to physical violence during pregnancy were almost three times as likely to give birth to a low birth weight child and over three times as likely to be giving birth prematurely.

### Intimate partner violence and depression

In Vietnam, perinatal depression and other common mental disorders are overlooked health problems

with hardly any health care services available. However, in this study, 5.0% of the interviewed women reported signs of depression during pregnancy; whereas 8.2% reported signs of depression after giving birth.

The results showed very strong and statistically significant associations between intimate partner violence and signs of depression: women exposed to physical violence had a six times higher risk of depression during pregnancy (Figure 2), and a three times higher risk of depression after delivery, as compared to women not exposed to physical partner violence during pregnancy (Figure 3).

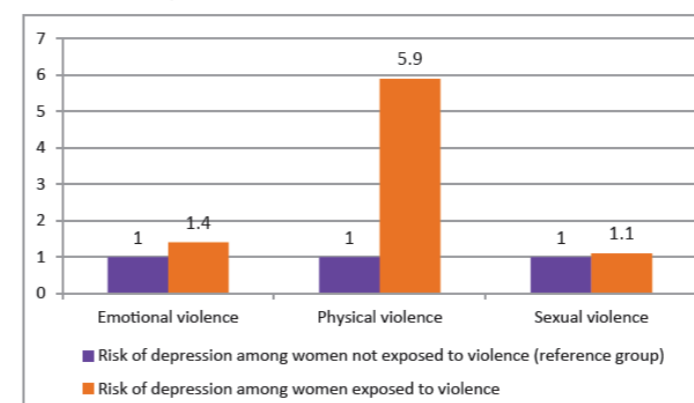


Figure 2: The association between different types of violence and signs of depression during pregnancy (N=1,274)

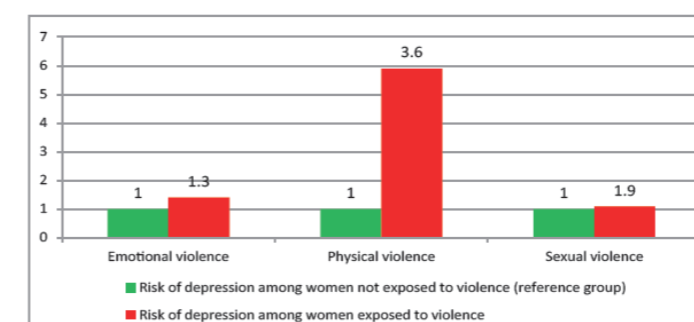


Figure 3: The association between different types of violence during pregnancy and signs of depression after giving birth (N=1,274)

Of the 63 women who reported signs of depression during pregnancy, many also reported intimate partner violence (47 women ever and 34 women during pregnancy). Likewise, of the 104 women who reported signs of depression after birth, a high

*The PAVE project is funded by DANIDA (the Danish International Development Agency) and conducted in collaboration between Vietnamese, Danish, and Tanzanian researchers from four universities: Hanoi Medical University, University of Copenhagen, University of Southern Denmark, and Kilimanjaro Christian Medical College. The research was approved by Research Ethics Committee.*

number also reported partner violence (64 women ever and 47 women during pregnancy). The ethnographic research showed that most of these women struggled on their own with the mood problems that they suffered from.

### Intimate partner violence and social support

Three out of four pregnant women (76.5%) who experience violence in their relationship tell their natal family about the violence. By contrast only one in four (23.1%) choose to tell their family-in law about the situation. Only 3.1% go to social organizations. Further, women who reported a lack of instrumental support (practical and financial help) had 2.5 times increased risk of being exposed to intimate partner violence compared to women who reported that they did have such support. The research also showed that support from natal relatives is essential when women decide to leave an abusive husband.

## CONCLUSION AND RECOMMENDATIONS

Even though Vietnam has a strong legislative framework promoting gender equality and prohibiting gender-based violence, intimate partner violence against women remains common: one out of three women in this study were exposed to either emotional, physical or sexual violence or a combination hereof. The results of this research show that violence is detrimental to the health of women and children: there are strong and statistically significant associations between partner violence and low birth weight, preterm birth and depression. The research also documents close associations between women's access to social support, particularly from their natal family, and their risk of exposure to intimate partner violence.