

Figure 5. The association between different types of violence and signs of depression during pregnancy (A) and after delivery (B)

Conclusions and recommendations

This PAVE project research demonstrates that intimate partner violence is widespread in northern Tanzania, posing serious public health problems: there are strong associations between intimate partner violence and maternal depression, low birth weight and preterm birth. To address the problems for both women and children, the following action must be adopted:

- At the national level: The Ministry of Health and Social Welfare should evaluate the current guidelines for antenatal and postnatal care with a view to revising them so that they address the risks and consequences of violence during pregnancy. The Ministry should consider the possibility of including questions on intimate partner violence in the guidelines as well as tools to assess depression in the antenatal cards and postnatal cards.
- At the district level: The district medical officer (DMO) and district nursing officer (DNO) should arrange for capacity building workshops for nurses on how to assess whether women in the clinics are exposed to intimate partner violence and depression. The training should include instructions on how to perform this assessment with due respect for the right to confidentiality of the women.

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Further contact details
 Rachel Manongi,
 Associate Professor
 P O Box 2240,
 Institute of Public Health
 Kilimanjaro Christian Medical University
 College
 Email: naeraheli@yahoo.com
 Moshi, Tanzania

Jane Januarius Rogathi
 Kilimanjaro Christian Medical University
 College,
 P O Box 2240
 Moshi, Tanzania.
 E-mail: janerogathi@gmail.com

Dr. Geoffrey Nimrod Sigalla,
 Kilimanjaro Christian Medical University
 College
 P O Box 2240,
 Moshi, Tanzania
 Email: gnimrody@yahoo.com

About the PAVE Project

The PAVE project, "The Impact of Violence on Reproductive Health in Tanzania and Vietnam," is funded by DANIDA (the Danish International Development Agency), with the overall aim of assessing the associations between intimate partner violence and women's reproductive health in semi-urban areas of Tanzania and Vietnam.



PAVE Project Policy Brief

Intimate Partner Violence and Women's Reproductive Health: Research Findings from Northern Tanzania

This policy brief summarizes findings from research updates produced within the Tanzanian part of the interdisciplinary project PAVE "The Impact of Violence on Reproductive Health in Tanzania and Vietnam" which explores the connections between intimate partner violence and women's reproductive health.

Key findings

- Pregnancy is not a protection against violence: one-third of pregnant women participating in the PAVE research had experienced physical, sexual or emotional violence by their partner during pregnancy.
- Violence during pregnancy has direct consequences for the newborn child: 6.7% of the interviewed women gave birth to a child of low birth weight and 7.9% of the women gave birth prematurely.
- Emotional violence is the most common type of violence (22%), followed by sexual violence (15%) and physical violence (6%).
- Younger women (aged 18 to 24), who are exposed to physical or sexual violence, are particularly vulnerable: they report signs of depression 3-4 times more often than women in the same age group who are not exposed to violence.

Five research updates from the Tanzanian side of the PAVE project

- PAVE Project Research Update 1 – Tanzania. Intimate Partner Violence Among Pregnant Women: Preliminary Findings from Interdisciplinary Research Conducted in Northern Tanzania. Available at <http://anthropology.ku.dk/research/research-projects/current-projects/pave/research/>
- PAVE Project Research Update 2 - Intimate Partner Violence and Adverse Pregnancy Outcomes: Preliminary Findings from Interdisciplinary Research Conducted in Northern Tanzania. Available at http://anthropology.ku.dk/research/research-projects/current-projects/pave/research/Research_Update_2_Tanzania.pdf
- PAVE Project Research Update 3 - Intimate Partner Violence and Depression During and After Pregnancy: Preliminary Findings from Interdisciplinary Research Conducted in Northern Tanzania. Available at http://anthropology.ku.dk/research/research-projects/current-projects/pave/research/Research_Update_3.pdf
- PAVE Project Research Update 4. Intimate Partner Violence During Pregnancy and the Role of Social Support: Research Findings from Tanzania.
- PAVE Project Research Update 5: A Safe Space for Sharing: Informal Support to Mothers Living with the Pressures of Everyday Violence and Distress.



Background

Violence against women is a global public health problem. According to a report from the World Health Organization (WHO), 35% of women worldwide have experienced either physical and/or sexual violence. Pregnant women constitute a particularly vulnerable sub-group, with prevalence rates of intimate partner violence during pregnancy ranging between 2.3% and 57.1% in sub-Saharan Africa. In Tanzania, research conducted by WHO has found that intimate partner violence is a common problem and that women who have experienced partner violence are more likely than other women to report health problems and suicidal thoughts. Based on this background, the PAVE project focuses on the intersections between intimate partner violence and women's reproductive health, investigating how violence affects the mental health of pregnant women and their babies.

Methodology

Data collection for the PAVE project was performed in Moshi District, Northern Tanzania over a two-year period, from 2014 to 2016 by combining a cohort study and an ethnographic study. The women in the cohort study were interviewed four times: a) At enrollment (which took place no later than week 24 of the pregnancy); b) at 34 weeks of pregnancy; c) at delivery; and d) six weeks after delivery. Information from 1,116 women was used to analyze the association between intimate partner violence and depression during pregnancy. Information gathered from 1,112 women was then used to analyze the association between intimate partner violence and low birthweight or preterm birth. Similarly, information from 1,013 women was used to analyze the association between intimate partner violence and depression after pregnancy. Furthermore, to generate insights into the dynamics of intimate partner violence and how it affects pregnancy care and pregnancy outcomes repeated in-depth interviews were performed with 20 women who had been exposed to physical or emotional violence during pregnancy and who had either delivered a low birthweight child, had had a preterm birth or both. In the cohort study, information obtained on women exposure to emotional, sexual and physical violence was assessed at 34 weeks of pregnancy by using modified questionnaires initially developed by the WHO. Signs of depression were assessed at 34 weeks of pregnancy and six weeks after delivery, using the Edinburgh Postpartum Depression Scale (EPDS).

Main results

Consequences of intimate partner violence during pregnancy

Among the 1,112 women who were followed during pregnancy, 6.7% gave birth to a low birth weight child and 7.9% gave birth preterm.

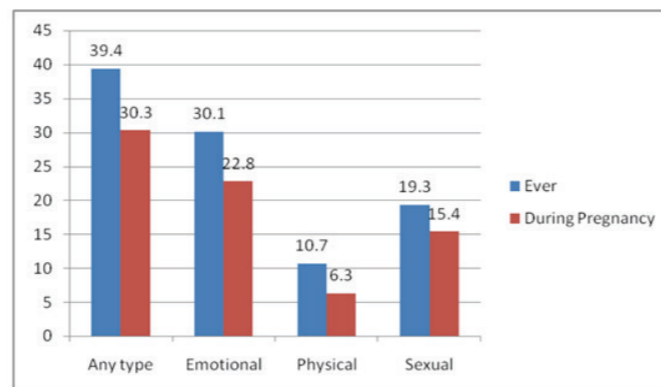


Figure 1: Prevalence of different types of violence before and during pregnancy (n = 1112)

Nearly 40% of the pregnant women had experienced physical, sexual and / or emotional violence and 30% of the pregnant women reported violence in relation to their present pregnancy (fig 1). 23% of the women reported emotional violence during pregnancy, followed by sexual violence (15%) and physical violence (6%).

Previous adverse pregnancy outcomes are common among women who experience intimate partner violence

Those women who were subject to violence by their husband or partner were more likely than other women to have a history of previous adverse pregnancy outcome (miscarriage, still birth or preterm delivery). Women who were exposed to violence in their present pregnancy are two times more likely to have an obstetric history which include either a previous miscarriage, 1.6 times more likely to have had a previous still birth and 2.4 times more likely to have had a previous preterm delivery when compared to women who were not exposed to physical violence (fig 2). These findings lend support to the assumption that some women carry a history of abuse with them, which may have negative implications for future pregnancies.

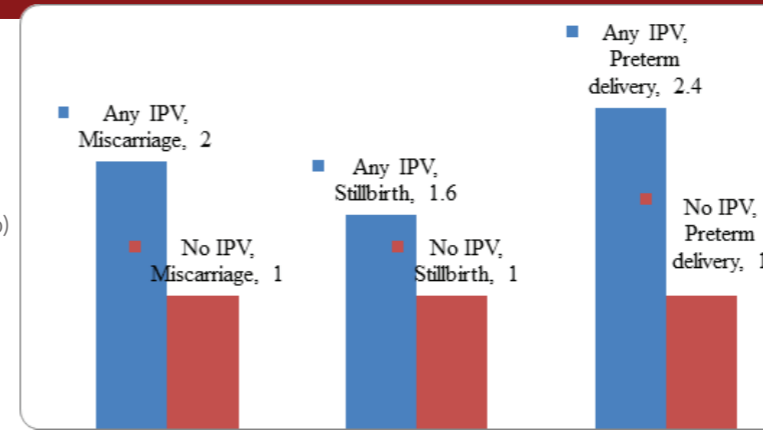


Figure 2. Risk of previous adverse pregnancy outcome among women exposed to partner violence (any IPV) and not exposed (no IPV)

The in-depth interviews revealed that the physical abuse was a constant risk that often had lasted for years. Some of the women had a previous history of poor birth outcome and pregnancy complications, which they in their own narratives related to the ongoing abuse. This was the case for this 28-year-old woman:

"I am even not going to my in-laws place anymore...I feel sad to see the two tombs of my babies who died after being born too early ...this is a result of his usual intimidation and beating. After I lost my last pregnancy, he forced me to have sex even before the three months as was advised by doctor...he wanted to have another child but I refused and further beating continued...He thinks of his wishes and never of my health! What future plan other than a boy child to him."

Physical violence increases the risk of low birth weight and preterm birth

Exposure to physical violence by an intimate partner is associated with an increased risk of adverse birth outcomes in relation to the ongoing pregnancy (fig 3). Women who were exposed to physical violence during pregnancy had a four times increased risk of giving birth to a low birth weight child and a close to four times increased risk of giving birth preterm when compared to women who were not exposed to physical violence.

A 26 year old woman said:

He does not mind that I am respected in the area because of my work. His behavior of having women all around and frequent quarrels make me feel like I am living in hell! One day during this pregnancy, I decided to tell him the truth about his behavior. He responded by beating me all over including my stomach...and the same week I was admitted in labor ...I don't think of any other reason than the beating, causing me to deliver a two kilos baby with all the hospital stays that followed after that.

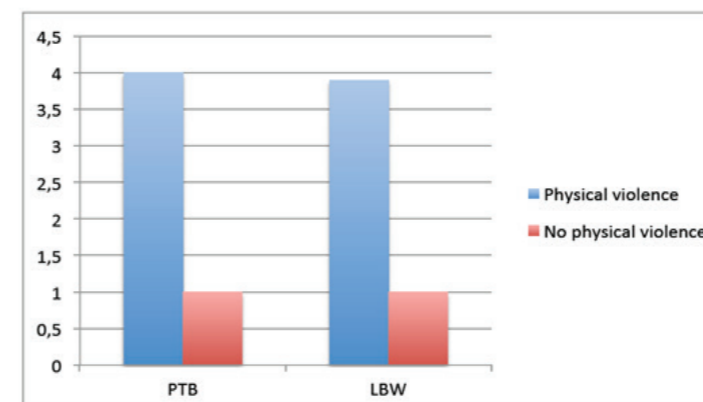


Figure 3. Association between physical violence and preterm birth (PTB) and low birth weight (LBW)

Physical violence increases the risk of low birth weight and preterm birth among women with previous history of obstetric complications

Physical violence during pregnancy is more common among women with a previous history of obstetric complication, defined as women having previously experienced a miscarriage, a stillbirth, a low birth weight or a preterm birth. Among these women, 10.4% reported to have been physically abused in relation to their present pregnancy whereas the same applied for 6.9% of the women without a previous bad obstetric history. Women with previous obstetric problems who were exposed to violence in their present pregnancy had a more than six times increased risk of giving birth to a low birth weight child and an almost six times increased risk of giving birth preterm (fig 4).

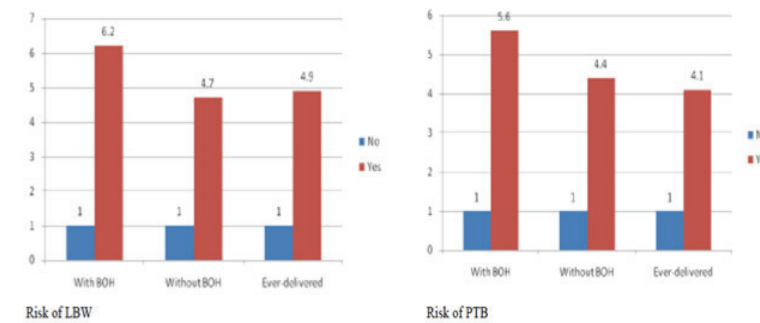


Figure 4. Risk of low birthweight (LBW) and preterm birth (PTB) among women with a previous bad obstetric history (BOH) and women without bad obstetric history (BOH).

A woman of 32 years said:

During my pregnancy he frequently beat me. This happened even after my first pregnancy was lost. He then continued through my next pregnancy and it even got worse after I had lost the second baby.

Intimate partner violence is strongly associated with depression during pregnancy and after delivery

The results from this study clearly demonstrate that women who experience violence during pregnancy are at much higher risk of presenting with signs of depression during pregnancy or to develop depression after delivery as compared to women who are not exposed to IPV during their pregnancies (Figure 5A and Figure 5B).

Pregnant women who experienced either emotional violence, sexual violence or physical violence were two to four times more likely to present with signs of depression during pregnancy as compared to those who were not victims to these specific types of violence. For the three types of partner violence, physical violence was the strongest predictor of signs of depression during pregnancy followed by sexual and emotional violence. Those women who were exposed to at least one type of violence (irrespective of the type) were five times more likely to present with signs of depression during their pregnancy.

