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Pave Project Research Update 2

Intimate Partner Violence and Adverse Pregnancy Outcomes: Preliminary Findings From Interdisciplinary Research Conducted In Northern Tanzania

Key Findings

- Intimate partner violence is common during pregnancy: in this study, one-third of pregnant women had experienced physical, sexual, or emotional violence during pregnancy,
- Low birthweight and preterm birth were common among women in this study: one in 15 women (6.7%) gave birth to a low birthweight infant and one in 13 women (7.9%) gave birth preterm,
- Women who were exposed to intimate partner violence were more likely to have a history of previous miscarriage, stillbirth or preterm delivery in comparison with women who were not exposed to violence,
- Women exposed to physical violence during pregnancy had a four times increased risk of delivering a low birthweight child and a close to four times increased risk of delivering a preterm baby in comparison with women who were not exposed to physical violence,
- Women with a history of obstetric complications who are exposed to violence in their present pregnancy have a more than six times increased risk of giving birth to a low birthweight child and an almost six times increased risk of giving birth preterm when compared to women with a history of obstetric complications who are not exposed to violence.

Case Story

Joyce is 28 years old. Two weeks ago she gave birth to a baby weighing only 2 kg. This was her fifth pregnancy. Two of her preceding pregnancies ended at 7 and 8 months; both babies died. Her husband is three years older than her. He works as a watchman at one of the shops in town. They are living in a two-bedroom house rented together with other tenants. Joyce described how she and her husband got along well during the initial three to four years of their marriage. Then everything changed. Her husband started drinking, getting drunk nearly three times a week. At present he spends a lot of money on alcohol and she suspects that he also spends money supporting extramarital affairs. She feels that he leaves it entirely to her to support their two children, and he seems insensitive to her needs and to the needs of their family. Joyce has tried to question his behavior, but: "...he would shout at me...while beating...telling me to mind my own business, saying 'I am here with you, what more do you want?' Then he would go away for weeks and leave me alone without anything to eat..."

Getting to start her business of selling second-hand clothes to support her and her family was not easy, and Joyce only succeeded when her mother-in-law intervened. But if her husband thinks she is late coming home from work, he may beat her. Several times, she has been thrown out of the house. "He always thinks that I am with other men", she says. She describes fights as normal events for her. She has attended a number of reconciliation meetings with her husband, in the company of her in-laws, but without positive results. During Joyce's most recent pregnancy, the beatings continued, and her husband accused her of infidelity, saying this child probably was not his. Joyce thinks that her hard work during pregnancy and the frequent beatings might have caused her to deliver preterm twice and might have caused her last child to be born with such a low birthweight.



Introduction

This research update presents preliminary findings from the Tanzanian 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 and women's reproductive health, investigating particularly how violence affects the birth outcomes and the mental health of pregnant women.

In Tanzania, preterm birth and low birth weight constitute significant public health problems. Preterm births and delivery of low birth weight infants are associated with an increased risk of neonatal death, which is responsible for one-third of all deaths among children under five in Tanzania. Up to 80% of all neonatal deaths are caused by low birthweight (less than 2,500 grams) and preterm delivery (below 37 weeks of gestation) or by complications of these conditions (Figure 1).¹

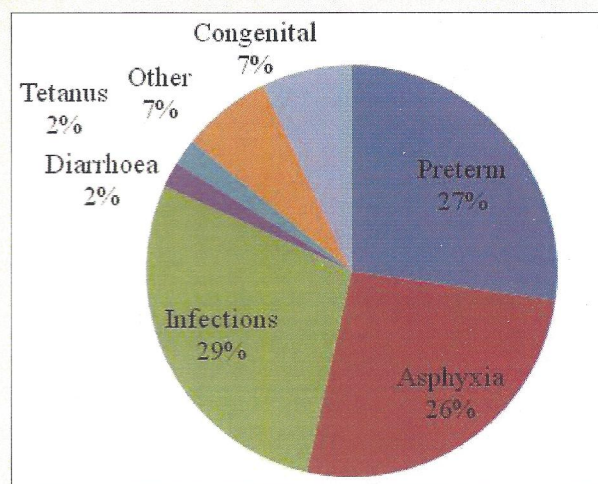


Figure 1. Estimated causes of neonatal deaths in Tanzania

Preterm birth and low birthweight are also associated with severe long-term morbidity and have significant health, economic, and emotional consequences for both the child and the family. Despite conflicting findings, intimate partner violence during pregnancy is increasingly recognized as a potential risk factor for low birth weight and preterm birth.^{2,3} The direct trauma to the woman's body, as well as the physiological effects of stress on fetal growth and development are believed to be the main causative factors for adverse birth outcomes. Although antenatal care programmes do acknowledge the effect maternal health has on child health, the role of violence as an underlying factor in women's ill-health during pregnancy and postpartum remains an area where robust evidence is lacking. The present study aims to help close this knowledge gap by providing information on the dynamics of violence against pregnant women and how it is associated with low birthweight and preterm births.

Methodology

Combining epidemiological and ethnographic approaches, the

- 1 United Republic of Tanzania, 2009. *Situation Analysis of Newborn Health in Tanzania*. Dar es Salaam: Ministry of Health and Social Welfare.
- 2 Alhusen JL, Ray E, Sharps P, Bullock L. Intimate Partner Violence During Pregnancy: Maternal and Neonatal Outcomes. *J Women's Health*. 2015;24(1):100-6.
- 3 Murphy CC, Schei B, Myhr TL, Du Mont J. Abuse: a risk factor for low birth weight? A systematic review and meta-analysis. *CMAJ*. 2001;164(11):1567-72.

PAVE project aims to generate insights into the prevalence, forms, and consequences of intimate partner violence. In Tanzania, PAVE project epidemiological data was collected among women attending antenatal care in Moshi Municipality from March 1, 2014 to May 31, 2015. The women were enrolled before 24 weeks gestation and their gestational age was determined by ultrasound scanning. Data was collected in three stages: at enrolment, where socio-demographic and reproductive health information was collected; at 34 weeks of pregnancy where detailed information on exposure to violence before and during pregnancy was collected; and at delivery where the birthweight and gestational age of the child were determined. Information from 1,112 women was used to analyze the association between intimate partner violence and low birthweight or preterm birth. In addition, 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 among 27 women who had been exposed to physical violence during pregnancy and had either delivered a low birthweight child, or had a preterm birth or both.

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

Main Findings

1. Prevalence of low birthweight and preterm birth in Moshi municipality

Among the 1,112 women followed during pregnancy, 6.7% gave birth to a low birthweight child and 7.9% gave birth preterm (Figure 2).

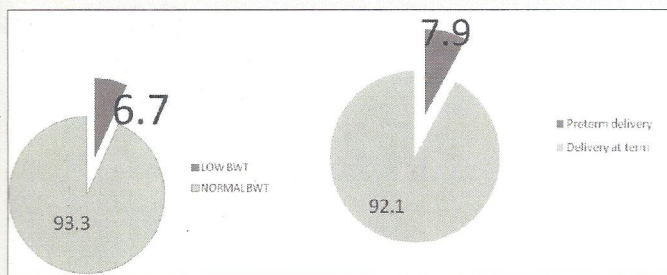


Figure 2 Prevalence of low birthweight and preterm birth in Moshi municipality (n = 1112)

2. Violence perpetrated by an intimate partner during pregnancy is common

Nearly 40% of the pregnant women had experienced physical, sexual, or emotional violence at some time, and 30% of the

pregnant women reported violence in relation to their present pregnancy (Figure 3). During pregnancy, 23% of the women reported emotional violence, which is the most common form of reported violence followed by sexual violence (15%), and physical violence (6%).

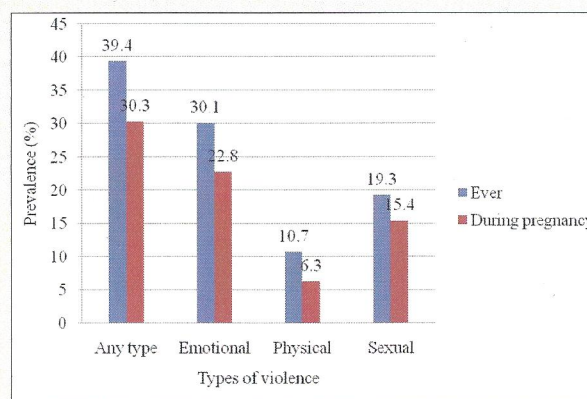


Figure 3: Prevalence of different types of violence before and during pregnancy (n = 1,112)

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

Women exposed to intimate partner violence are more likely than other women to have a history of previous adverse pregnancy outcome (miscarriage, stillbirth, or preterm delivery). More specifically, women who are exposed to violence in their present pregnancy are 2 times more likely to have an obstetric history which include a previous miscarriage, 1.6 times more like to have had a previous stillbirth, and 2.4 times more likely to have had a previous preterm delivery when compared to women who are not exposed to physical violence (Figure 4). These findings lend support to the assumption that some women have a history of abuse, which may have negative implications for future pregnancies.

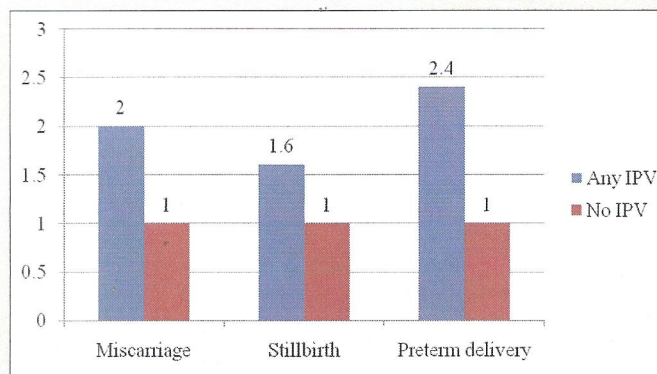


Figure 4. Risk of previous adverse pregnancy outcome among women exposed to partner violence (any IPV) and not exposed (no IPV) (n = 682)

The in-depth interviews with women who were exposed to intimate partner violence revealed that the physical abuse was an ongoing event that often had lasted for years. Some of the women had a previous history of poor birth outcome/

pregnancy complications, which they related to the ongoing abuse.

In the words of one 28-year-old woman:

"I am even not going to my in-laws' place...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", and added..."After I lost my last pregnancy he forced me to have sex even before the three months as was advised by doctor...he wanted that we have another pregnancy but I refused and further beating continued...he thinks of his wishes and never of my health!"

4. Physical violence increases the risk of low birthweight and preterm birth

Exposure to physical violence by an intimate partner during pregnancy is associated with an increased risk of adverse birth outcomes in relation to the women's ongoing pregnancy (Figure 5). Women who were exposed to physical violence during pregnancy had a four times increased risk of giving birth to a low birthweight child and a close to four times increased risk of giving birth preterm when compared to women who were not exposed to physical violence, regardless of differences in age, education, BMI, and hemoglobin status.

In the words of a 26-year-old: *"He does not care that I am respected in the area because of my work. His behaviour 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 behaviour. He responded by beating me all over including my stomach...and the same week I was admitted in labour ...I don't think of any other reason than the beating, causing me to deliver a two kilo baby with all the hospital stays that followed after that."*

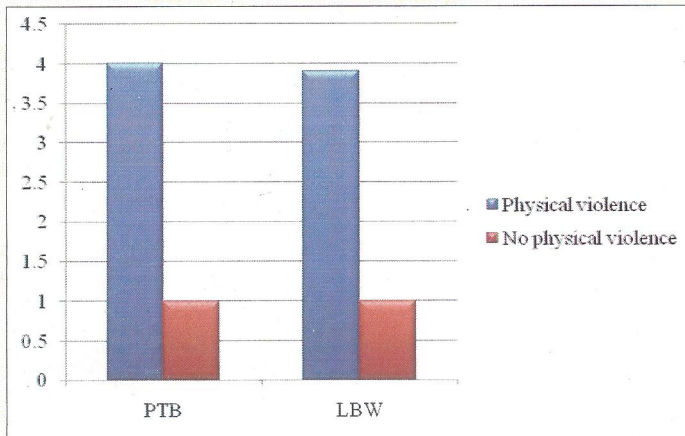
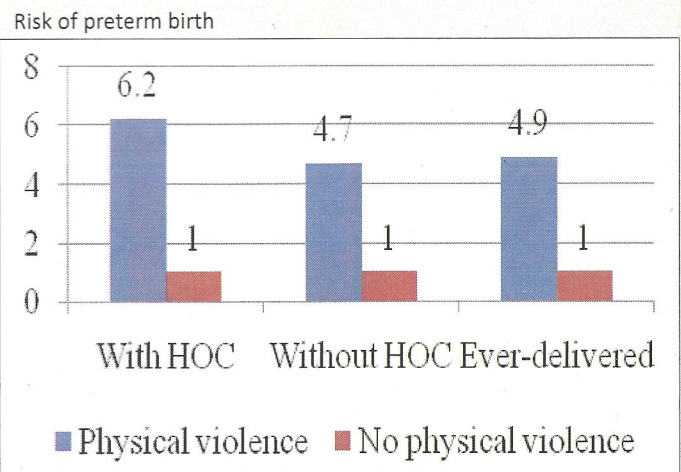
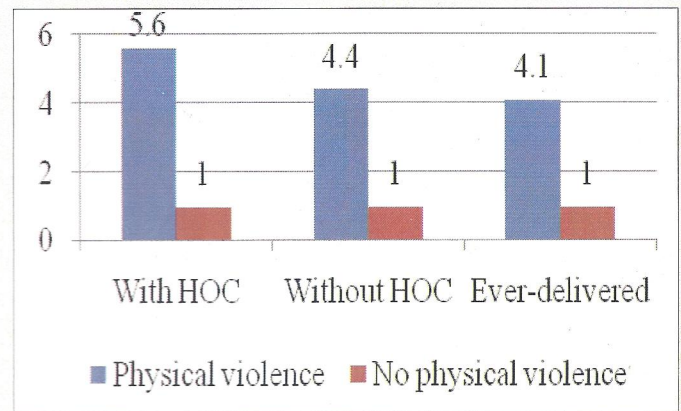


Figure 5 Association between physical violence and preterm birth (PTB) and low birthweight (LBW) (n = 1112)

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

Physical violence during pregnancy is more common among women with a previous history of obstetric complications, defined as women having previously experienced a miscarriage, a stillbirth, a low birthweight, 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 history of obstetric complications. 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 birthweight child and an almost six times increased risk of giving birth preterm (Figure 6).



Risk of low birthweight

Figure 6. Risk of preterm birth (PTB) and low birthweight (LBW) among women with a previous obstetric complication and women without history of obstetric complication (HOC) (n=682)

In the words of a 28-year-old mother of three: *"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 pregnancy."*

