

4. The association between IPV and signs of depression during pregnancy in relation to son preference

The husband's preference regarding the sex of the unborn child strongly influenced the association between exposure to violence and depression during pregnancy (Figure 5). Among women whose husband expressed a preference for a son, exposure to violence increased the likelihood of depression by four times as compared to women who were not exposed to violence. In other words, living with a husband who expressed a preference for a son while also being abusive placed women at a four-fold risk of depression. If the husband expressed a preference for a daughter, this also slightly increased the woman's risk of depression, but this association was not statistically significant.

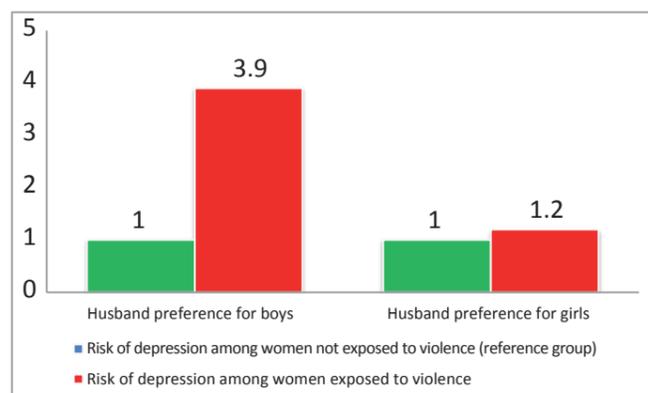


Figure 5. The association between IPV and signs of depression during pregnancy and its relationship with the husband's preference regarding the sex of the unborn child

When comparing women who gave birth to male and female children, there was a difference in the risk of depression during pregnancy: among women living with violence, those who gave birth to female children had a higher risk of depression than those who gave birth to male children (2.6 times and 2.2 times higher likelihood of depression, respectively) (Figure 6).

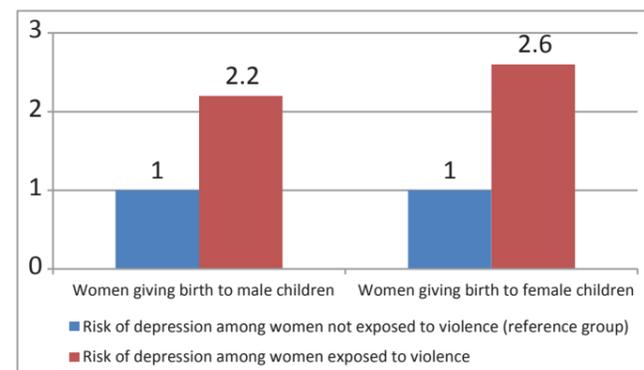


Figure 6. The association between IPV and signs of depression during pregnancy and its relationship with sex of newborn

REFERENCES

1. World Health Organization, 2005. Multi-country Study on Women's Health and Domestic Violence against Women.
2. Cox JL, Holden JM, Sagovsky R (1987). "Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale". Br J Psychiatry 150 (6): 782-6
3. The specific cut-off point of 9/10 has previously been validated and was found to generate a high level of sensitivity and specificity (100% and 68.5%, respectively) when measured against a detailed psychiatric assessment (The Edinburgh Depression Scale Translated into Languages other than English. Department of Health, Government of Western Australia, 2006).



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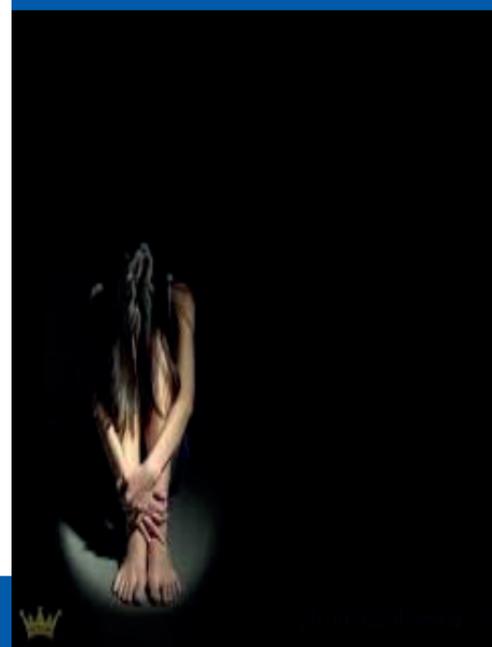


Project: "The Impact of Violence on Reproductive Health in Tanzania and Vietnam" (PAVE)

INTIMATE PARTNER VIOLENCE AND DEPRESSION DURING AND AFTER PREGNANCY

KEY FINDINGS

1. Among the women in this study, 35.3% experienced at least one type of intimate partner violence (IPV) during their pregnancy. Emotional violence was the most common type of violence (reported by 32.3% of the women) followed by sexual violence (9.8%) and physical violence (3.5%).
2. During pregnancy, one in 18 women (5.4%) reported signs of depression.
3. After delivery, one in 12 women (8.2%) reported signs of depression.
4. Intimate partner violence dramatically increased the likelihood of depression: women exposed to physical violence had a six times higher risk of depression during pregnancy and a more three times higher risk of depression after delivery, as compared to women who did not experience physical partner violence during their pregnancies.
5. Exposure to emotional partner violence increased the likelihood of depression during pregnancy and after delivery by 1.4 times and 1.3 times, respectively. Whereas sexual violence increased the risk of depression during and after pregnancy by 1.1 times and 1.9 times, respectively.
6. Son preference strongly influenced the association between partner violence and depression during pregnancy: living with a husband who expressed a preference for a son while also being abusive placed women at a four-fold risk of depression.



INTRODUCTION

This research update presents preliminary findings from the Vietnamese part of the interdisciplinary research project PAVE (The Impact of Violence on Reproductive Health in Tanzania and Vietnam). Intimate partner violence (IPV) is associated with a diversity of adverse health outcomes. Results from a multi-country research project performed by the World Health Organization (WHO) indicate that IPV 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 [1]. On this background, the PAVE project focuses on the influence of intimate partner violence on women's reproductive health. In this specific sub-component of the PAVE project, the aim was to assess the influence of IPV on women's mental health with a specific focus on depression during pregnancy and after delivery.

METHODOLOGY

Combining epidemiological and ethnographic approaches, the PAVE project aims to generate insights into the prevalence, forms, and consequences of intimate partner violence. In Vietnam, data collection for the PAVE project 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.

The women in the cohort study were interviewed four times: a) At enrolment (which took place no later than week 24 of the pregnancy); b) In the second trimester (week 30-34); c) At delivery; and d) 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. Specially trained female research assistants carried out the interviews. Information was obtained on the socio-economic status of the women, preferences regarding the sex of the child, and other factors. Information on exposure to emotional, sexual, and physical violence was assessed by modified questionnaires initially developed by the WHO and signs of depression were measured by the Edinburgh Postpartum Depression Scale (EPDS) [2]. The EPDS is based on a 10-item questionnaire in which the items

correspond to various symptoms of clinical depression, such as low energy, feelings of guilt, sleep disturbance, and suicidal thoughts. 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 [3].

MAIN RESULTS

The original sample comprised 1,350 pregnant women, of whom 1,337 women met the inclusion criteria and accepted to participate in the study. Some women were subsequently lost to follow-up due to changes in place of residence, miscarriage, or refusal. Hence, a total of 1,311 women were interviewed in the second trimester; a total of 1,285 women were interviewed briefly after birth; and 1,274 women were interviewed 4-12 weeks after delivery and were included in the analyses on which this update is based. The mean age of participants was 26 years (range: 16–46 years). Most women were married and lived with their husband (99.5%); more than half had completed basic education (56.3%), and 73.2% of the women had a job.

1. The occurrence of intimate partner violence during pregnancy

The pregnant women were frequently exposed to IPV. Among the 1,274 women, 35.3% experienced at least one type of violence during their pregnancy (Figure 1). Emotional violence was the most common type of violence, reported by 32.3% of the women. Nearly ten percent (9.8%) of the women reported sexual violence, whereas 3.5% reported physical violence.

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 (KCMC), Hanoi Medical University, University of Copenhagen, and University of Southern Denmark. In Viet Nam, ethical approval of the research was obtained from Hanoi Medical University's Research Ethics Committee.

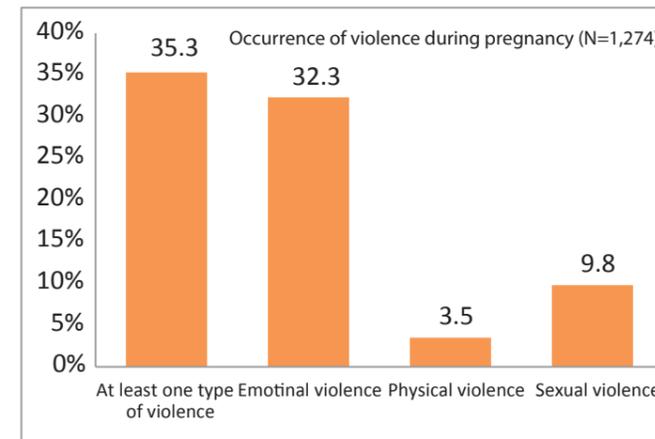


Figure 1. The proportion of women who experienced different types of IPV during their pregnancy

2. Signs of depression during pregnancy and after giving birth

A total of 63 women (5.4%) reported signs of depression (i.e., they had EPDS scores of 10 or more) during pregnancy, whereas 104 women (8.2%) reported signs of depression after giving birth (Figure 2).

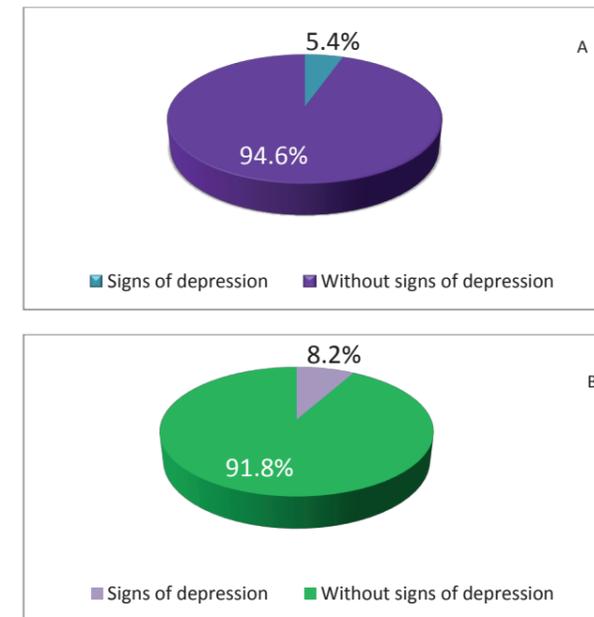


Figure 2. The proportion of women who presented with signs of depression during pregnancy (A) and after giving birth (B) (n = 1,274)

3. The association between IPV and depression during and after giving birth

The results showed very strong and statistically significant associations between intimate partner

violence and signs of depression. Physical violence was the strongest predictor for depression during pregnancy. Women who experienced physical violence were almost six times more likely to present with signs of depression during pregnancy as compared to those who were not exposed to physical violence (Figure 3). In comparison, emotional and sexual violence resulted in a lesser but still significant likelihood of depression during pregnancy (1.4 and 1.1 times increased risk, respectively).

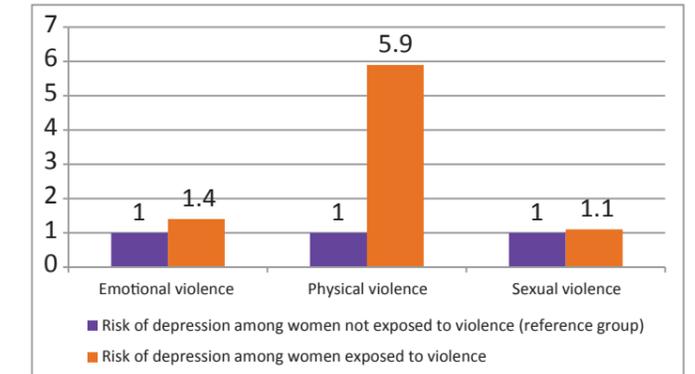


Figure 3. The association between different types of violence and signs of depression during pregnancy (n = 1,274)

When the women were interviewed after delivery, the results still demonstrated a very strong and statistically significant association between exposure to partner violence and signs of depression. For the three types of partner violence, physical violence remained the strongest predictor for signs of depression, followed by sexual violence and emotional violence. Women who experienced sexual or physical violence were almost 2 and 4 times more likely to present with signs of depression as compared to those who were not exposed to these types of violence (Figure 4).

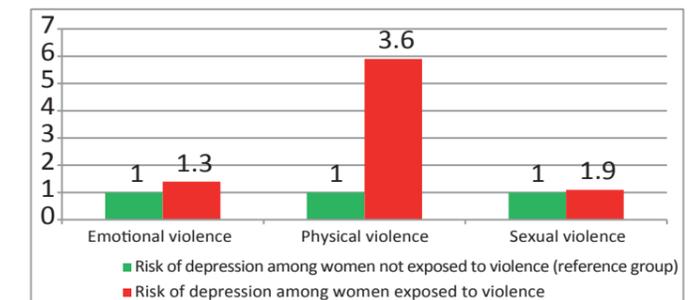


Figure 4. The association between different types of violence during pregnancy and signs of depression after giving birth (n=1,274)