DOMESTIC VIOLENCE IN PREGNANCY IN NORTH INDIAN WOMEN
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ABSTRACT

BACKGROUND: Domestic violence against pregnant women in the Indian context, violence against women is frequently by family members other than the spouse/intimate partner/husband. AIMS: To study the incidence of domestic violence in pregnant North Indian women and the demographic features which put women at high risk for domestic violence. STUDY DESIGN: A prospective study at the Government Medical College and Hospital, Chandigarh from January 2004 to December 2004. PARTICIPANTS: Nine hundred and ninety-one pregnant women admitted to the pregnant women admitted to the antenatal ward were interviewed. STATISTICAL ANALYSIS: Test of significance used was Chi-square test. Odds ratio (OR) and 95% confidence interval (CI) was calculated. RESULTS: The incidence of domestic violence in this study was 28.4%. The violence was more when the husband was educated up to Class 10 level or lower (OR 2.07 (95%) CI 1.54 to 2.79), was habituated to alcohol (OR 2.31 (95%) CI 1 - 71 to 3.11) or to chewing tobacco (OR 2.77 (95%) CI 1.46 to 3.27) or to smoking cigarettes (OR 2.23 (95%) CI 1.59 to 3.11). The incidence of domestic violence was drastically high in women who were socially unsupported (OR 98.9 (95%) CI 43.65 to 235.68). The level of education and employment of the woman had no effect on the incidence of the abuse. The perpetrator of the abuse was the intimate partner (husband) in 48.2%, the husband’s mother in 61.3%, and the husband’s sister in 22.6%. Most often the abuse was by more than one person. CONCLUSIONS: The incidence of abuse was more when the male partner was less educated or in the habit of taking alcohol, opium or tobacco and in socially unsupported women. The level of education and employment of the woman had no effect on the incidence of abuse.

KEY WORDS: Domestic violence, Pregnant women

INTRODUCTION

Domestic violence has been defined as physical, sexual or emotional abuse by an adult perpetrator directed towards an adult victim in the context of a close relationship. The incidence of abuse during pregnancy in various countries is around 5%, whereas without pregnancy it is 25 to 30%. In most of the studies from the UK, USA, Australia and China, the husband or intimate partner was the perpetrator in almost 90% of the cases.[1-4] In a study from India, moderate to severe spousal physical violence during pregnancy was 13%.[5] Most of the studies have shown spousal or intimate partner violence as the main focus of domestic violence. However, in North India we expected a different pattern, i.e. family members other than intimate partner may also be the culprit. The present study was therefore carried out to see the incidence of domestic violence (physical, sexual, emotional) and to identify the perpetrator and the demographic features which predispose a woman to domestic violence.

MATERIALS AND METHODS

This was a prospective study carried out in the antenatal and labor ward of the Department of Obstetrics and Gynaec, Government Medical College and Hospital (GMCH), Chandigarh from January to December 2004. GMCH is a 500-bed teaching hospital with an annual intake of 50 MBBS students. The admitted pregnant women were interviewed by the medical social worker in complete privacy. Verbal consent was obtained and the interview was conducted based on a pretested questionnaire which was derived from the abuse assessment screen.[6,7] Level of abuse was graded as (i) Abuse involving shoving, throwing objects, emotional abuse including verbal abuse and restricted access to family and friends. (ii) Any acts that included kicking, biting or sexual abuse andiii) Included choking or strangling, use of knife or a gun or a serious threat to the life of the woman or her child.

Some more details were asked regarding the perpetrator of the abuse. The study was approved by the hospital Ethics Committee. Data was analyzed for statistical significance by the Chi-square test. Social support was assessed by asking whether the pregnant woman had any place where she could go and stay for at least one month (friends, natal family) if the conditions in the house became intolerable. The emotional effect of abuse was also ascertained.

RESULTS

Incidence of abuse: All the 991 women interviewed were married. A total of 282 (28.4%) reported abuse during current pregnancy. The level of abuse was similar in rural and urban women. The incidence of abuse variation with different demographic parameters is shown in Table 1. The education level and employment status of the woman made no statistically significant difference in the incidence of abuse. Living in a nuclear or joint family also made no difference in the incidence of abuse. Abuse was more where the husband's education was below tenth class level (38.8%) versus 23.5% where education was more than Class ten. Abuse was more where the husband was habituated to alcohol, cigarette smoking or tobacco chewing. However, the biggest difference was where the woman was seen to be without social support (i.e. she had no maternal family like parents or brothers and sisters who could support her economically in time of need).

Level I abuse was seen in 247 patients where there was verbal abuse, restricted access to family and friends in 85 and restricted access to money in 69; pushing, shoving and grabbing...
Domestic violence was reported by 32 women. Throwing objects to intimidate or damage to property and pets was reported by six women. In all 270 patients had Level I abuse. Level II abuse like kicking and biting was reported by 10 women. Level III abuse was reported by two women by weapon (knife) and choking and attempt to strangle.

The perpetrator of the abuse was husband and his mother in the majority of the cases [Table 2]. The total number is more as abuse was by more than one person in many women.

The emotional effect of abuse was also studied. Twelve women with Level I abuse thought that this was normal and said it did not affect them much. In 62 women there was mild depression and anxiety, 133 said they felt like running away from home and frequently did go away to their family and friends but came back after some time. In 61, there was constant depression and 14 women said they had thought of suicide as their only option. The incidence of abuse was greatly increased when there was lack of social support (OR 98.9).

**DISCUSSION**

In our study the incidence of domestic violence in pregnancy (28.8%) was much higher than reported from other states. It was about 13% in a study from Chennai, Delhi, Lucknow, Nagpur and Trivandrum which assessed only for physical violence. Martin, from a study in Uttar Pradesh, India reported 5.4-13% of men admitted to physical violence against their wives. This may be because we interviewed the women when they were admitted to the hospital and had more time to spend with the interviewer or it may be a cultural difference. The perpetrator of the abuse was the husband in 48.2% and other members of the husband’s family in 51.8%. Other factors which increased the incidence of abuse were similar to those observed in other studies i.e. low level of education in male partners, use of habituating drugs and alcohol by the partner.
REFERENCES


ABSTRACT

BACKGROUND: Streptokinase is the most widely used thrombolytic agent and can now be made using recombinant DNA technology. The present trial was initiated to assess an indigenous recombinant streptokinase (Shankinase, r-SK). AIM: To compare the efficacy and safety of indigenous recombinant streptokinase (Shankinase, r-SK) and natural streptokinase (Streptase, n-SK). SETTINGs AND DESIGN: Double blind, randomized, non-inferiority, multicentric, parallel study. MATERIALs AND METHODS: Patients of AMI < 6 hours of chest pain and 2 mm ST elevation in 2 contiguous chest leads V1-V6 or 1 mm in limb leads were randomized to receive 1.5 miu of either r-SK or n-SK. CK Peaking and decrease of ≥50% ST segment were used to assess reperfusion. STATISTICAL ANALYSIS: Difference in the groups was assessed by chi-square or paired t test as required. Probability value <0.05 was considered significant with 95% confidence interval. RESULTS: Overall 150 patients were recruited (96 r-SK group and 54 in n-SK group) and demographic and clinical profile of the groups was comparable. Reperfusion was seen in 68.2% (58) and 69.4% (34) patients in r-SK and n-SK groups respectively. Commonly seen adverse events were fever in 7 (8.5%), hypotension in 3 (3.6%), nausea in 2 (2.4%) patients. Minor bleeding were seen in 4 (4.8%) of patients. CONCLUSION: Indigenous recombinant Streptokinase (r-SK) is as efficacious as natural streptokinase (n-SK) in establishing reperfusion as assessed by non-invasive parameters with comparable side effect profile.

KEY WORDS: Streptokinase, Recombinant streptokinase, Myocardial infarction, Thrombolysis

INTRODUCTION

Over the last few years intravenous thrombolysis has become the standard therapeutic approach for patients with acute myocardial infarction (AMI). Intervention with thrombolytic agents in acute myocardial infarction is an effective means of limiting