

The Relationship of Sexual Satisfaction and Marital Satisfaction with Domestic Violence against Pregnant Women

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Abstract

Introduction

Domestic violence is one of the most important public health priorities that directly or indirectly impact on pregnancy outcomes. Given the importance of sexuality in pregnancy and its effect on marital relations, this study aimed to investigate the relationship between sexual satisfaction and violence against pregnant women.

Materials and Methods

In this cross-sectional study, 430 pregnant women admitted to Fatemiyeh Hospital in Shahroud-Iran, during the first quarter of 2015, after obtaining informed consent, were selected to complete Larson Sexual Satisfaction Scale and ENRICH Marital Satisfaction Scale as well as Domestic Violence questionnaire. Relationships between variables were analyzed using structural equation modeling.

Results

The average age of mothers was 28 ± 5.2 years. Prevalence of domestic violence was reported 84.4% in this study. The 55.8% of participants reported physical violence, 81.2% reported emotional violence and 25.3% reported sexual violence. The mean score of marital satisfaction in women with domestic violence (162.5 ± 28.9) was significantly lower than that in pregnant women without domestic violence (188.7 ± 31.4). A significant negative relationship was observed between sexual satisfaction and marital satisfaction with the domestic violence was -0.42 and -0.61 , respectively.

Conclusion

Considering the high prevalence of domestic violence and its significant relationship with marital satisfaction and sexual satisfaction in this study, interventions and counseling are recommended to increase marital satisfaction and sexual satisfaction and to reduce domestic violence during pregnancy.

Key Words: Domestic violence, Marital satisfaction, Pregnant women, Sexual satisfaction.

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Introduction

Family is one of the important pillars of society which plays an important role in the development of children's personality. One of the major issues which have always been of interest to researchers and experts is the issue of domestic violence. Domestic violence occurs in the family's private environment and usually women and children are victims of violence (1). Because of the important role of the woman in family as a wife and mother of children, violence against her is of great importance (2). Domestic violence is a kind of violence against women which refers to any form of abuse against women by the spouse or sexual partner (3) and it is divided into three types of physical, emotional, and sexual violence. According to studies, about 28 percent of women in developed countries experience physical violence by their spouses at least once during the life, and in developing countries the figure is about 18 percent to 67 percent (4).

Results of a study in the United States indicate that annually over half a million visits to hospital emergency wards are caused by domestic violence (5). According to statistics announced by the Ministry of Health in Iran, the rate of violence was around 65 percent in 2008 (6, 7). According to Amnesty International, domestic violence leads to death or injury of women more than breast cancer and road accidents in the age group of 15-44 years old (8). Pregnant women regularly refer to their health care providers to get prenatal care and create a sense of trust and confidence in them; therefore, pregnancy is a good time to recognize domestic violence (9).

According to studies, domestic violence during pregnancy is a common problem in public health(7), because in additions to the injury to the mother, fetal health is also threatened (10) and it affects pregnancy

outcome such as low birth weight, miscarriage, preterm delivery, placental abruption, intrauterine growth restriction (11). Various factors are involved in the incidence of domestic violence, such as alcohol or drug addiction (10), low socioeconomic status (11), psychiatric disorders (12), low education, husband's unemployment and living in rented housing (13), infertility and having no child (14). Sexual satisfaction which is an important issue in the couples' relationships and strengthening the family plays an important role (15). Results of studies show an interaction between sexual satisfaction of the couples and their relationship (16). Sexual relationship of the couple during pregnancy change based on the physical and psychological changes, and in fact these changes occur in sexual behaviors, such as sexual desire, frequency of intercourse, emotions, and sexual satisfaction (17). Since the pregnant mother requires more emotional support, lack of adequate information and negative attitudes pose problems so that with the decrease in sexual relations, emotional relations and affection from the husband also decrease and women are prone to anxiety and lack of confidence. With the impairments in the sexual relationships during pregnancy, the physical and mental issues are also affected (18). Increase in domestic violence, smoking, alcohol, illicit drugs and narcotics abuse, anemia, and infection and more suicide attempts have been reported among women with domestic violence (19). Considering the importance of domestic violence during pregnancy and adverse outcomes, which have already been mentioned, and noticing the importance of sexuality during pregnancy and the effects of both variables on the marital relationships, the researchers decided to conduct a study to determine the level of relationship between marital and sexual satisfaction during pregnancy with domestic violence.

Materials and Methods

In this cross-sectional study, 430 pregnant women admitted to Fatemiyeh Hospital in Shahroud- North eastern Iran, during a three month period, from January 2015 until March 2015, were studied. After obtaining verbal consent of the clients, a code was assigned to each questionnaire to ensure the confidentiality of information, and a registration form that included demographic characteristics of age, the age at marriage, husband's age, participant's and her husband's education, participant's and her husband's job, type of housing, number of children, and duration of marriage was completed. Then, ENRICH Marital Satisfaction Scale questionnaire; a valid research tool to measure marital satisfaction was completed by the mothers. This scale which has been used in various studies includes 47 items on a five point Likert scale. According to the obtained scores, each participant is assigned to one of three groups of total satisfaction (over 75%), partial satisfaction (between 25-75%) and low satisfaction (less than 25%). The aim of this measure is identification of problematic and strong areas in sustaining the marital relationship. Also Larson Sexual Satisfaction Scale was used in the study to measure sexual satisfaction in couples. This scale contains 25 items with never, rarely, sometimes, often and always options with receive scores from 1 to 5. According to this scale, respondents are classified in four groups of total satisfaction, partial satisfaction, low satisfaction and dissatisfaction. In a study, Rahmani and his colleagues examined the reliability of ENRICH and Larson scales and Cronbach's alpha coefficients for the two scales were 0.86 and 0.89, respectively (20). In this study, domestic violence means violence by a spouse or family member during pregnancy, which was measured through a questionnaire in three areas of physical, sexual and

emotional violence. The questionnaire consists of two parts. The first part consists of mothers' and their husbands' demographic features (age, age at marriage, history of a previous marriage, number of children, etc.), and the second part includes items on different types of domestic violence. Physical violence is measured through 13 items, sexual violence through 4 items and emotional violence through 15 items. The reliability and validity of the questionnaire has been examined by Iranian researchers and the Cronbach's alphas for different parts of the questionnaire have been over 0.85. Items on the questionnaire are reported based on a 6-point Likert scale (never, very low, low, in part, high, very high). A pregnant woman will be considered experiencing violence if she gives at least one positive answer to each question on physical, sexual or emotional parts of the questionnaire (21).

In order to analyze the data, SPSS software, version 13, was used and to test associations between variables, chi square and t-test were used. The relationship between domestic violence and sexual and marital satisfaction as hidden variables was investigated using structural equation modeling. In this method, unidirectional and bidirectional impacts of variables on each other are evaluated. In this model, the accuracy of measurement of domestic violence, sexual and marital satisfaction is measured based on the relevant questions and the relationships between the latent variables are also examined. The hidden variables in the model are sexual and marital satisfaction the effect of which as the independent variables was examined on domestic violence the as is hidden dependent variable. The relationship between the two independent variables of sexual satisfaction and marital satisfaction was investigated in the model.

Results

A total of 430 pregnant women with an average age of 28.0 ± 5.2 years old, and with the age range of 15 to 43 years participated in this study. The prevalence of domestic violence in the population under study is equal to 84.4% with 95% confidence interval between 80.1 and 87.7. The relationship between age, education, husband's education, job, husband's job, economic status and kinship with husband with the prevalence of family violence is presented in (Table.1). The table shows that there is no significant relationship between the aforementioned variables with domestic violence. Different types of domestic violence against women in the study are presented in (Table.2). The results in Table 2 show that the commonest violence has been emotional violence which has been reported in 349 people (81.2%). Sexual satisfaction mean

score of women with domestic violence was 98.2 ± 13.5 and in those who were not subject to violence it was 103.9 ± 11.1 and the comparison of the two mean scores through t-test showed that the sexual satisfaction mean score of women who were subject to violence was significantly less than those without violence. The mean score of marital satisfaction in the abused group was 162.5 ± 28.9 and in those without violence it was 188.7 ± 31.4 , and there was a significant difference between the two groups ($P < 0.001$). The total mean score of marital satisfaction was equal to 166.6 ± 30.9 . Figure 1, shows that the higher the prevalence of domestic violence, the lower marital satisfaction and sexual satisfaction become, and higher marital satisfaction leads to higher sexual satisfaction.

Table 1: Distribution of demographic variables and their relationship with domestic violence

Variables	Domestic violence		Total(%)	Significance level
	Yes (%)	No (%)		
Age				P=0.4
Less than 18 years	7 (77.8%)	2(22.2%)	9(100.0%)	
18-35 years	305(84.7%)	55(15.3%)	360(100.0%)	
Over 35 years	23(76.7%)	7(23.3%)	30(100.0%)	
Education				P=0.45
Less than 8 years	76(88.4%)	10(11.6%)	86(100.0%)	
9-12 years	149(82.8%)	31(17.2%)	180(100.0%)	
Over 12 years	99(86.1%)	16(13.9%)	115(100.0%)	
Husband's Education				P=0.009
< 8 years	96(91.4%)	9(8.6%)	105(100.0%)	
9-12 years	163(82.7%)	34(17.3%)	197(100.0%)	
> 12 years	65(82.3%)	14(17.7%)	79(100.0%)	
Job				P=0.2
Housewife	317(83.6%)	82(16.4%)	399(100.0)	
Working	46(90.2%)	5(9.8%)	51(100.0%)	
Husband's Job				P=0.9
Unemployed	6(85.7%)	1(14.3%)	7(100.0%)	
Working	356(14.3%)	66(85.7%)	422(100.0%)	
Economic status				P=0.13
Poor	185(85.6%)	31(14.4%)	216(100.0%)	
Moderate	93(87.7%)	13(12.3%)	106(100.0%)	
Good	84(78.5%)	23(21.5%)	107(100.0%)	
Cousin marriage				P=0.4
Yes	81(81.8%)	18(18.2%)	99(100.0%)	
No	281(85.2%)	49(14.8%)	330(100.0%)	

Violence type	Violence	
	Yes (%)	No (%)
Emotional	349 (81.2)	81 (18.8)
Sexual	109 (25.3)	321 (74.7)
Physical	240 (55.8)	190 (44.2)

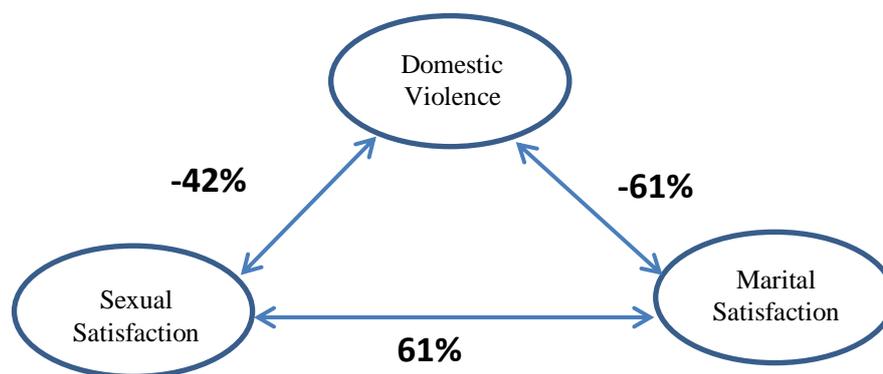


Fig. 1: The relationship between sexual satisfaction and marital satisfaction with domestic violence

Conclusion

The prevalence of domestic violence in pregnancy in this study is 84.4%. The statistics reported for domestic violence in this period in other countries, such as US is 55.8% (22), UK, 17% (23), Switzerland (18%) (24), China (34%)(25), Turkey 36.3% (26), India (41%) (27), and in Pakistan it is 49.4% (28) respectively.

In Iran, the Health Ministry reported 60% prevalence of domestic violence during pregnancy (6), which reflects the high level of violence in this study compared to studies inside and outside the country, a point which can reflect cultural differences, different scales and research methods or show different understandings of violence. Moreover, in a study by Baheri and colleagues, the prevalence of emotional violence was 50%, of sexual violence was 45.2% and of physical violence was 16.7% (29, 30) and in a

review study by James, the mean score of emotional violence was reported 28.4%, of physical violence 13.8% and of sexual violence 8% (31), while in the present study emotional violence was 81.2%, sexual violence was 25.3% and physical violence was 55.8%, which compared to other studies where the most common type of reported violence was emotional violence, in this study the prevalence of emotional violence was much higher. In a study by Jahanfar, the prevalence of physical violence was 60% (32) and in a study by Hammoury and Khawajain, the prevalence of physical violence was 68.8%, of sexual violence was 26.2% and of emotional violence was 16% (33).

The findings of this study show that no significant relationship exists between age, economic status, education, and cousin marriage with domestic violence, while

Grisso and colleagues reported a significant relationship between age and domestic violence (34) and Shamsi and colleagues, reported a significant relationship between economic situation and domestic violence against pregnant women (29). In a study by Hasan also the relationship between economic status and domestic violence was significant (35). In researchs by Amaro and MCFarlane, economic situation showed a significant relationship with domestic violence (36, 37). In a study by Mirzaii and colleagues, there was no significant correlation between woman's education and her husband's education with domestic violence (38). But in a study by Thompson and colleagues in 2006(39) and the World Health Organization's report in 2005, violence was higher in lower educational levels (40). In studies by Petersen, Hillard and Coleman (41-43) there was a significant relationship between education and domestic violence. Hashemi showed that women with higher education had experienced less violence (21). In contrast, in a study by Behnamin, a direct relationship existed between violence and women's education (1).

In the present study, to assess domestic violence more precisely, and to see whether the tool used was appropriate to the culture, marital satisfaction was assessed simultaneously to seek a tool assessment for domestic violence. The findings show a significant negative relationship between domestic violence and marital satisfaction. The significant relationship between violence and marital satisfaction indicate that the tool is appropriate for measuring violence. However, considering the various statistics of the prevalence of domestic violence in our country and other countries, it can be concluded that the culture of a community is very important in understanding violence. For example, some items of this study, refer to issues such as the

prohibition of meeting woman's friends, paying no alimony, hiding income from wife or permanent control which may not be considered as violence by Iranian women such issues as violence, while in another country it may be regarded violence. If such items are reduced from the scale, the prevalence of violence will be reduced.

Studies by Brezsnyak and colleagues (42) and Rashel (43) showed that during pregnancy, sexual function and frequency of sexual activity decreased and sexual behaviors varied. In a study by Raisi, one of the factors contributing to violence against women was sexual satisfaction (44).

Conclusion

Due to the high rate of domestic violence in our country and with regard to the special attention paid to the prevention of violence in recent decades noticing women's identification and management of violence as a health priority, this study suggests that in order to reduce the prevalence of domestic violence, a variety of strategies and interventions be designed to deal with this problem. Therefore, due to the strong relationship between marital satisfaction and sexual satisfaction and their significant relationships with domestic violence, sexual counseling during pregnancy are suggested so that a step towards improving the health of women and the reduction of violence in the midwifery domain.

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