



THE EFFECTS OF VIOLENCE ON PREGNANT WOMEN IN BIRJAND

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ABSTRACT

Effects of violence on pregnant women is seen as a crisis of violence among serious physical and psychological consequences of the pregnant woman, the health of current and future children of her fetus is also affected.

The present study has been done with the aim of value determination and kind of domestic violence during pregnancy and its relation with demographic character pregnancy reverberations consist of abortion, Preterm birth, Intrauterine Fetal death, apgar, Low Birth Weight.

In this descriptive analytic study, we studied 400 women after delivery which have been confined in Shohada hospital of Qaen that depends on Birjand medical university. They have been chosen accidentally. These questionnaires were completed by interview and under research files. Analysing data has been done with SPSS software and statistical methods consist of Chi-square test, Pearson's exact test was performed multivariate logistic regression. $P < 0.005$ was considered significant.

The prevalence of violence in the population 67/8%, the amount of violence 67/7%, 32% physical and sexual violence 8/5%, respectively.

Significant relationship between the variables included maternal age, parity, occupation, education, marital duration, type of birth, place of birth and residence of the event, there was physical violence and psychological. ($p < 0.001$)

Variable-old wife, addiction, occupation, education and income were significantly associated with psychological and physical violence incident. ($P < 0.001$)

Abnormal Apgar violence chance event outcomes, premature birth, premature rupture of fetal and low birth weight was significantly increased. ($P < 0.05$)

Physical implications of event risk of miscarriage, abnormal Apgar score, fetal death, premature birth, prom, and had a low birth weight was significantly increased. ($P = 0.05$).

Event consequences of sexual violence chance of miscarriage, abnormal Apgar score, fetal death, premature birth, and low birth weight were significantly increased in the ($P < 0.05$).

Domestic violence can be of different aspects, it jeopardizes the mother and fetus; so pay attention and deal with this problem through prevention, education and screening Maternal and child health and overall health can be effective for future generations.

Keywords: Violence, domestic violence, Pregnant Women

INTRODUCTION

Domestic violence is a phenomenon as old as the history of the family. (Salarifar, 2010). Violence is a global problem that collapses body of society and life threatening to a healthy person (Hesami et al., 2010). Family violence is a serious social problem, in all geographic regions and among all religious and ethnic groups at all levels of education, employment, economic and social can be seen (Saberian et al., 2003). Women, girls and children victims of violence are first-class (Dolatian et al., 2008). The most common form of violence against women is domestic violence or domestic violence is a pattern of behavior through the use of intimidating, threatening and harassing behavior to exert power and control over the imposition of someone, and it includes three general categories: physical abuse, sexual and emotional - psychological problems (Jafarnejad et al., 2009). Also, domestic

violence is defined as violent behavior or deliberate control by a person who is in close contact with the victim. (Khadivzadian and Erfanian, 2011).

The World Health Organization, violence against women is defined as any act against women that can damage or suffering physical, emotional and sexual life, stripping her liberty (Dolatian et al., 2008).

Women to various reasons, including less ability have been the main victim of domestic violence (Salarifar, 2010). The patriarchal belief in more cultures considers and tries to justify violent as the nature of men and forces women that they have to bear everything their life (<http://www.tebyan-zn.ir/blest-family.html>).

Violence against women is not a new phenomenon not unique to a particular geography in the world, violence against women knows no boundaries. It is

not limited to Muslim and backward societies.

Women all over the world more or less exposed to the types of violence, physical, sexual and verbal and psychological. Family in our minds is known as a shelter and safe environment. In some cases, violence against women and children is focused (Balali Meybodi, 2006). Violence against women in human history, has been universal. Thus in the last decade of the twentieth century, the United Nations has sought actively to eliminate violence against women (Salarifar, 2010). Violence against women and girls is an acute social problems because their healthcare supplies the health of future generations (Tabatabaei, 2004). Pregnancy due to various reasons such as sex, misconceptions about pregnancy and abnormal feelings of wife about pregnancy affect the incidence of domestic violence and cause, exacerbate or reduce it (Saberian et al., 2003). The effects of violence in pregnant women is a critical issue among abused because in addition to serious physical and psychological consequences of pregnant women affect fetal and future child (Dolatian et al., 2008). According to the studies, adverse pregnancy outcomes associated with violence during pregnancy and physical or sexual trauma may directly or indirectly through stress lead to

miscarriage, premature delivery, birth of low weight baby, premature separation of the placenta, Coryo Aminotit, low Apgar score and the cesarean delivery (Babapour et al., 2008).

Violence against women in pregnancy may affects factors such as infection, bleeding, depression, suicide, alcohol and drugs, fetal distress and birth of low weight (McFarlane et al., 1998).

Also there was a significant relationship between domestic violence during pregnancy and miscarriage, low birth weight, preterm labor, preterm delivery, caesarean section, malnutrition and delayed onset of lactation (Kafaei, Atrian, et al., 2008). Women experience of violence during pregnancy is a mental health issue as well. For example, women who have experienced domestic violence during pregnancy were 5.2 times more likely to be diagnosed with depression.

It is estimated that 8-12 million women have been subjected to violence at times of their lives. (Person et al., 1992). Although many researches have been done in connection with domestic violence against pregnant women, considering the importance and impact on the overall health of future generations and society, there is not enough activity to reduce the effects of this problem. Given that traditional life style in South Khorasan is considerable

critical, and traditional attitudes and the atmosphere of the old ruling family and patriarchal authority enjoys a top priority; violence against children and women in this region can be seen and even some women in this region knows domination-seeking behavior of his wife as the good qualities, and so the violence with their lives tied up that never goes noticed. On the other hand, due to proximity to the border areas and the sensitivity of the area for trade and drug trafficking, and the desire of local people (especially young families) to the use of drugs, the risk of social harm domestic violence (physical violence against his wife and children) is very high. Due to lack of comprehensive and accurate information in this deprived area and due to the rapid diagnosis if domestic violence or the correlation between fetal and maternal outcomes to be understood Given that nurses are in contact with the mother during the nine months of pregnancy and to a possible intervention and preventive health education for pregnant mothers and therefore the health of the community, considering the effects on mothers and their children left by this problem, this research was carried out so that the results could be a small step in helping the mothers of this country.

Research Objectives

The Main Objective of the Project

Specifying the relationship between domestic violence and pregnancy outcomes.

Subsidiary Objectives

Specifying the prevalence of domestic violence among studied pregnant women

Specifying the relationship between domestic violence and pregnancy outcomes (maternal outcomes, including miscarriage, preterm labor, delivery and fetal outcomes including premature rupture of membranes, low birth weight, fetal death and Apgar score) in the studied women

Specifying the relationship between violence in pregnant women with demographic characteristics of the studied women

The type of Research

This study is a descriptive analysis of the main independent variable, domestic violence (violence against women wife during pregnancy) and pregnancy outcomes is the dependent variable.

Presuppositions of Research

-Scale questionnaire can be used to assess the prevalence of violence in pregnant women.

- Violence during pregnancy plays an important role in pregnancy outcomes.

Research Community

The population in this study includes all mothers who refer to Shohadaye Cain Hospital for abortion or giving birth. The

sample consisted of pregnant women with Iranian nationality, regardless of gestational age for childbirth or abortion in the hospital as well. Aged 16 to 40 years of age and lack of physical and mental disease and obstetric complications.

Sampling and Sample Size

Convenience sampling was done within two months of February and May of 2012. Inclusion criteria is pregnant women with Iranian nationality, regardless of gestational age for childbirth or abortion in the hospital as well. Aged 16 to 40 years of age and parity of 5 or less and a lack of physical and mental disease and obstetric complications is well known.

Data collection was done in this case

A researcher referred to the hospital with the University's letter of introduction, and in the postpartum after providing a confidential environment and their introduction and initial interview that includes permission of the people and the description on the purpose of the study

If the person eligible for the study population was determined and agreed he was chosen as an example. After recording demographic data, environmental abuse through private interviews were completed, and the outcome of the case was completed by the researcher.

$$n = \frac{z^2 pq}{d^2} = \frac{1.96^2 * (0.4 * 0.6)}{0.05^2} = 368$$

was used to calculate the sample size, and 400 women were studied for the possible loss and the confidence.

RESEARCH METHODOLOGY

In this study, the average central indexes, SD, as well as descriptive frequencies (absolute and the relative) were used.

Chi-square test (Chi square) and items needed (when two conditions of chi-square test were absent), Pearson test Fisher (Pearson Fisher's exact test) to compare subgroups of variables underlying the independent maternal and paternal (such as age, subgroups of education, employment, etc.) were used in terms of the frequency of psychological violence, physical and sexual abuse. Multivariate Logistic regression was used to determine the effect of the contextual variables on the psychological, physical, and sexual violence. Also, this test was used to determine the effect of violence on pregnancy outcomes such as LBW, fetal death, premature birth, and prom. SPSS software version 18 was used for statistical analysis. P value less than 0/05 was considered significant. The mean age of subjects was 5.5 ± 26.6 .

Frequency of people in the age groups of mothers and other explanatory variables are shown in Table 1. 40% (160) of them had only one previous deliveries, and 33% (132) of 3 or more had a history of childbirth. Approximately 80% (323) were

housewives. Approximately 25% (102 people) are illiterate, 26% (104 people) in the middle and high schools and 33% (133) of a diploma and the rest (15%) (62 patients) had a university degree.

Time marriages almost two-thirds (5/60%, 242) was between 1 and 5 years. 55% (213) of them had a normal vaginal delivery. The birthplace of most of them (5/54%, 218) in the village, but the lives of most of them (9/54%, 216 people) in the city. Close to 52% (199 people) babies born were boys.

More descriptive information are listed in Table 1.

Table 3 shows the frequency of each type of violence in 3 areas of mental, physical and sexual displays. Among the psychological violence, the question of "Has your husband shouted at you?" had 67% of frequency, the question "Has your

wife threatened to beat or kill?" had 8/6% and "Has your husband imprisoned at home?" had 5% of the lowest frequencies. Among the questions related to the field of physical violence, questions like "Has your husband thrown an object at you?" with 3/28%, "Has your husband slapped you?" with 1/25% and "Has your husband kicked you?" with 23% had the most frequency, the questions like "Has your husband grabbed or pushed you?" with 8/9% and "Has your husband shut up or put a hand on your mouth?" with 3/7% had the lowest frequency. Almost 5/8% reported they had experienced sexual violence. The frequency of all types of violence listed in Table 3.

Table 1-4. Descriptive characteristics of pregnant women

Variables related to mother	
(14/8) 59 (30/5) 122 (29) 116 (25/8) 103	Younger than 20 years 25-20years 30-26years Older than 30 years
(40) 160 (27) 108 (33) 132	Parity once two times Thrice and more
(80/8) 323 (11/5) 46 (7/8) 31	Occupation Housewife Employee Workers and other
(25/5) 102 (26) 104 (33) 132 (15/5) 62	Educated or illiterate to read and write basic Middle and high schools Diploma Degree
(60/5) 242 (30/3) 121 (9/3) 37	Married for 1-5 years 10-5years Above 10 years
(55/8) 213 (44/2) 169	Normal delivery Caesarean
(45/5) 182 (54/5) 218	Place of Birth City Village
(54/1) 216 (45/9) 183	Living place City Village
(47/9) 183 (52/1) 199	Baby gender Girl Boy

The average age of fathers was 5.9 ± 30.5 . Approximately 33% (125) 25 to 30 years and 30% (n = 121) were 30 to 35 years. Nearly 10% (41) were addicted spouse. Most of them (42%, 171) is a free and almost 30% (117) had blue-collar jobs. 28%(n = 115) were illiterate, 21% (86) in the middle and high schools, 31% (124) diploma and the only 18% (75) women had a university degree. Income more than half of them (51%, 204) was more than £ 2,500,000. Table 2 shows detailed information about the husbands of pregnant women.

The prevalence of violence against women are a combination of emotional, physical and sexual, is summarized in Table 4. Based on this information, approximately 32% (129) patients did not experience any mention psychological violence. While

close to 7/67% (271) of six types of violence they experienced at least one type of psychological violence were asked in the questionnaire. (92) 23% had Only one type of psychological violence, 12% (48), only two types of violence, and 5/3% (14) had six of violence. Nearly two-thirds (68%, 272) did not have any experience of physical violence, however, 32% (128) of the nearly one-third of patients experienced at least one of the seven questions in the questionnaire were provided. (30) %7/5 of only one type, 8/6% (27) All seven had experienced violence. As mentioned above, only 5/8% (34) who had experienced sexual violence. Table 4, Figures 1 to 3 have shown the information about the frequency of this type of violence.

Table 4-2: Descriptive information of pregnant mothers' husband

	Variables related to man (husband)
(20/8) 83 (33/8) 135 (30/3) 121 (15/3) 61	Younger than 25 years 30-25years 35-30years Older than 35 years
(10/3) 41 (89/7) 358	Addiction Yes No
(8/8) 35 (29/3) 117 (19/3) 77 (42/8) 171	Unemployed Working Employee Self-employment
(28/8) 115 (21/5) 86 (31) 124 (18/8) 75	Educated or illiterate to read and write basic Middle and high schools Diploma University degree
(19/5) 78 (29/5) 118 (51) 204	Less than 1500000 Rials 1500000to 2500000 Rials More than 2500000 Rials

Table 4-3: The frequency of each type of violence in 3 areas of mental, physical and sexual

Yes		
	Psychological Violence	
(67) 268	Has your husband shouted at you?	1
(25/8) 103	Have you ever been in a poor situation by your husband?	2
(5) 20	Has your husband imprisoned at home?	3

(41) 164	Has your husband criticized you?	4
(31) 124	Has your husband laughed at you?	5
(6/8) 27	Has your wife threatened to beat or kill?	6
	Physical violence	
(25/1) 100	Has your husband slapped you?	1
(7/3) 29	Has your husband shut up or put a hand on your mouth?	2
(9/8) 39	Has your husband grabbed or pushed you?	3
(11/5) 46	Has your husband punched your body?	4
(10/3) 41	Has your husband beaten you with belt?	5
(28/3) 113	Has your husband thrown an object at you?	6
(23) 92	Has your husband kicked you?	7
	Sexual Violence	
(8/5) 34	Has your husband forced you for sexual relationship?	1

Table (4-4) combined frequency in the three areas of psychological, physical and sexual violence

	Psychological violence
(32/3) 129	There is no psychological violence
(67/7) 271	Had at least one mental violence
	The combination of psychological violence:
(23) 92	Only one type
(12) 48	Two types
(11/5) 46	Three
(14/8) 59	Four
(3) 12	Five
(3/5) 14	Six types
	Physical violence
(68) 272	There is no physical violence
(32) 128	Had at least one physical violence
	The combination of physical violence:
(7/5) 30	Only one type
(3/8) 15	Two types
(9/3) 37	Three
(1) 4	Four
(1/5) 6	Five
(2/3) 9	Six types
(6/8) 27	Seven types
	Sexual violence
(91/5) 366	They didn't have sexual violence.
(8/5) 34	They had sexual violence.

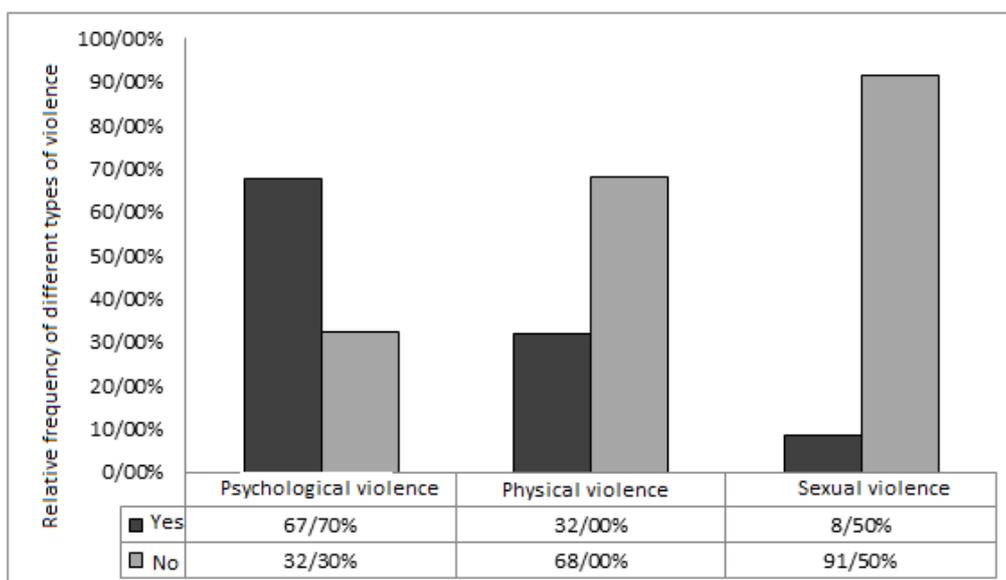


Chart (4-1), frequency (prevalence) of psychological violence, physical and sexual listed on the pregnant mothers (to psychological and physical violence, yes option is as at least a subset of violence in the questionnaire).

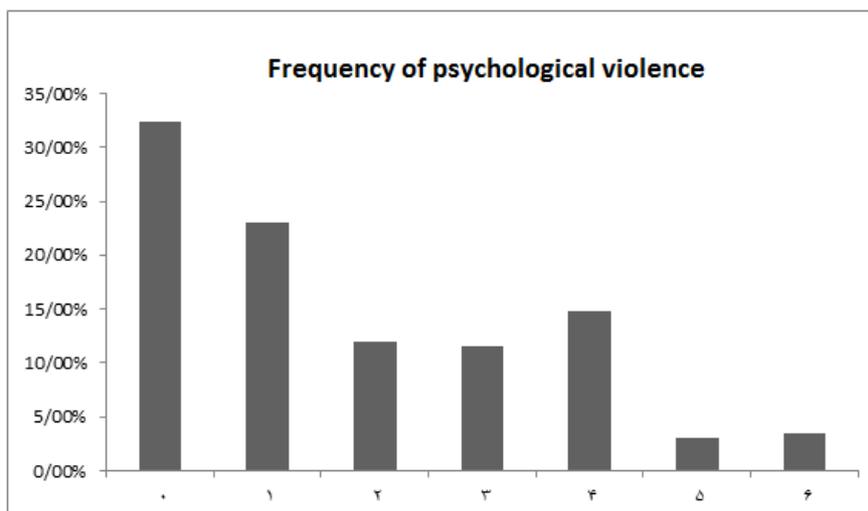


Chart (4-2) Frequency of psychological violence among the studied pregnant women (0: no violence, 1: Only one type of violence, 2: only two types of violence, 6: all six have experienced violence)

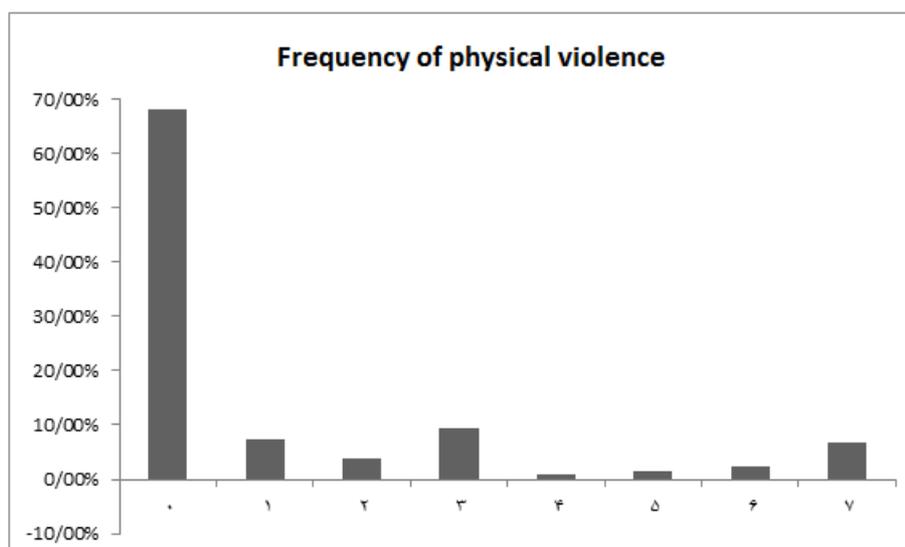


Chart (4-3) shows the prevalence of physical violence in the studied pregnant women (0: no violence, 1: Only one type of violence, 2: only two types of violence, 7: The seven types of violence experienced).

Table 5 shows the frequency of data on frequency of fetal death, prematurity, low outcomes for pregnant women. birth weight prom (LBW) was 2/5%, Approximately 5% of them had suffered a 15/5%, 6/3% and 25/5. More information is miscarriage. Apgar score of almost 10% given in Table 5. (37) was non-natural (under 7). The

Table 4-5. Frequency of events for the mothers

(5/3) 21 (94/8) 379	Abortion Yes No
(90/8) 363 (9/3) 37	Apgar score Natural(10-7) Abnormal (less than 7)
(2/5) 10 (97/5) 390	Fetal death Yes No

(15/5) 62 (84/5) 338	Premature infants Yes No
(6/3) 25 (93/8) 375	Prom Yes No
(25/5) 97 (74/5) 284	Low birth weight (LBW) Yes (less than 2500 grams) No (up to 2500 g)

Determining the Relationship between Maternal Variables Underlying Psychological Violence Event in Mothers

Frequency of psychological violence in any of the native underlying variables (age, education, occupation, etc.) is presented in Table 6. There is a significant correlation between maternal variables such as age, parity, employment, education, length of marriage, type of birth, place of birth and the psychological violence. The greatest event of psychological violence in subgroups of older age 25-30 years (68%) and older than 30 years (4/85%) was found to be statistically higher prevalence of violence in age subgroups, which was lower than the prevalence in the age subgroups show a significant effect of age on the event was psychological violence ($P < 0.001$). Frequency of psychological violence in the number of pregnant women were three times or more, significantly more than other groups, the number of delivery. In other words, parity had a significant impact on the event of psychological violence ($P < 0.001$). Psychological violence in subgroups of workers and other occupations (9/83%) and in the subgroup of home owners (9/70%) are significantly higher than the incidence of employee occupational subgroup (8/34). There was an inverse linear relationship between education and mental violence event, the highest frequency of illiterate people (1/97%) and least frequent in individuals with a college degree (9/33%), there was a statistically significant difference ($P < 0.001$). Marital term psychological violence was significantly associated with the event, this means that 100% of those married for more than 10 years they had experienced at least one type of psychological violence, while many in groups of 5 to 10 years of marital 3/84% and in the subgroup of less than 5 years, 5/54%, which is statistically the frequencies in the sub-long marriage with significantly different ($P < 0.001$). People who had cesarean delivery (2/72%), significantly more than those who had normal vaginal delivery (4/62%) had experienced psychological violence reported ($P < 0.001$). Psychological violence as well as event and place of birth of people who live in rural areas; significantly more than those who were in the city ($P < 0.001$). There was no significant effect of gender on mental events, although the violence in mothers with newborn girls was higher than boys ($P = 0.08$). (Table 6).

Table (4-6) maternal underlying variables associated with mental violence in mothers

P value	He has psychological violence.	He doesn't have psychological violence.	Variables related to mother
< 0/001	(62/7) 37 (54/9) 67 (68/1) 79 (85/4) 88	(37/3) 22 (45/1) 55 (31/9) 37 (14/6) 15	Younger than 20 years 25-20years 30-26years Older than 30 years
< 0/001	(43/1) 69 (70/4) 76 (95/5) 126	(56/9) 91 (29/6) 32 (4/5) 6	Parity once two times Thrice and more
< 0/001	(70/9) 229 (34/8) 16 (83/9) 26	(29/1) 94 (65/2) 30 (16/1) 5	Occupation Housewife Employee Workers and other
< 0/001	(97/1) 99 (76/9) 80 (53/8) 71 (33/9) 21	(2/9) 3 (23/1) 24 (46/2) 61 (66/1) 41	Educated or illiterate to read and write basic Middle and high schools Diploma Degree
< 0/001	(54/5) 132 (84/3) 102 (100) 37	(45/5) 110 (15/7) 19 (0) 0	Married for 1-5 years 10-5years Above 10 years
0/045	(62/4) 133 (72/2) 122	(37/6) 80 (27/8) 47	Normal delivery Caesarean
< 0/001	(51/6) 94 (81/2) 177	(48/4) 88 (18/8) 41	Place of Birth City Village
< 0/001	(56/5) 122 (80/9) 148	(43/5) 94 (19/1) 35	Living place City Village
0/088	(71) 130 (62/8) 125	(29) 53 (37/2) 74	Baby gender Girl Boy

Determining the Relationship between Maternal Variables Underlying Physical Violence Event in Mothers

Table 7 shows the prevalence of physical violence in any of the subgroups showed maternal variables. The frequency of this event in the subgroups of age, parity, employment, education, length of marriage, place of residence and place of birth were significant differences.

The most frequent physical violence in people older than 30 years and the lowest was observed in the age group below 20 years. In other words, a direct and significant linear trend between increasing

age and increasing the frequency of the event, there was at least one type of physical violence ($P < 0.001$). The frequency of physical violence in the number of pregnant women who had three or more, compared to those with higher birth As well as learning that they were two pregnant women giving birth than those with only a one-time event enjoyed more physical violence. In other words, the event of physical violence is also a significant correlation with maternal deliveries story ($P < 0.001$). Job was also one of the variables that had a significant impact on the prevalence of physical violence.

Workers with jobs and other jobs (48/4%). As well as housekeeping jobs (7/33%) were more than those employees experience physical violence (P <0.001).

There is a linear relationship between the significant and varied education and event there was at least one physical violence, this means that the frequency of this type of violence, uneducated, middle-high school education, the diploma and those with a university degree equal to 7/62%, 7/33%, 4/17% and 7/9 (P < 0.001). Long marital

physical violence was a linear relationship with the event. Most types of violence in individuals older than 10 years of marriage (5/59%) and the least of which was seen in less than 5 years of marriage (24%) had a statistically significant difference (P <0.001). Location and place of birth in the village were among the variables that had a significant impact on physical violence (P <0.001). Sex baby had no significant effect on physical violence. (Table 7)

Table 4-7. The relationship between maternal variables underlying Physical violence event in mothers

P value	He has physical violence.	He doesn't have physical violence.	Variables related to mother
0/027	(27/1) 16 (26/2) 32 (30/2) 35 (43/7) 45	(72/9) 43 (73/8) 90 (69/8) 81 (59/3) 58	Younger than 20 years 25-20years 30-26years Older than 30 years
< 0/001	(16/3) 26 (30/6) 33 (52/3) 69	(83/8) 134 (69/4) 75 (47/7) 63	Parity once two times Thrice and more
< 0/001	(33/7) 109 (8/7) 4 (48/4) 15	(66/3) 214 (91/3) 42 (51/6) 16	Occupation Housewife Employee Workers and other
< 0/001	(62/7) 64 (33/7) 35 (17/4) 23 (9/7) 6	(37/3) 38 (66/3) 69 (82/6) 109 (90/3) 56	Educated or illiterate to read and write basic Middle and high schools Diploma Degree
< 0/001	(24) 58 (39/7) 48 (59/5) 22	(76) 184 (60/3) 73 (40/5) 15	Married for 1-5 years 10-5years Above 10 years
0/48	(28/6) 61 (32) 54	(71/4) 152 (68) 115	Normal delivery Caesarean
< 0/001	(19/8) 36 (42/2) 92	(80/2) 146 (57/8) 126	Place of Birth City Village
< 0/001	(23/1) 50 (42/6) 78	(76/9) 166 (57/4) 105	Living place City Village
0/12	(33/9) 62 (26/6) 53	(66/1) 121 (73/4) 146	Baby gender Girl Boy

Determining the Relationship between Maternal Variables Underlying Sexual Violence Event in Mothers

Table 8, the prevalence of sexual violence in any of the subgroups showed maternal variables. Variables occupation, education,

place of residence and place of birth were the only variables that had a significant effect on sexual violence. Other variables such as age, parity, duration of marriage, type of birth, and baby's gender had no significant impact on sexual violence.

People with jobs Home Occupation (each with a frequency of approximately 10%) were the most frequent, while those with employee abundance of this type of violence were reported zero percent (P = 0.04).

There is a significant inverse relationship between education and the occurrence of

sexual violence. The most frequent in illiterate (21%) and lowest in those with a university education with a lot of 0% that had a statistically significant difference (P <0.001). People who live in rural areas and place of birth, the higher frequency compared to the frequency of sexual violence were urban residents (P <0.05).

Table (4-8) maternal underlying variables associated with sexual violence in mothers

P value	He has sexual violence.	He doesn't have sexual violence.	Variables related to mother
0/93	(10/2) 6 (9) 11 (7/8) 9 (7/8) 8	(89/8) 53 (91) 111 (92/2) 107 (92/2) 95	Younger than 20 years 25-20years 30-26years Older than 30 years
0/20	(5/6) 9 (9/3) 10 (11/4) 15	(94/4) 151 (90/7) 98 (88/6) 117	Parity once two times Thrice and more
0/048	(9/6) 31 (0) 0 (9/7) 3	(90/4) 292 (100) 46 (90/3) 28	Occupation Housewife Employee Workers and other
< 0/001	(21/6) 22 (6/7) 7 (3/8) 5 (0) 0	(78/4) 80 (93/3) 97 (96/2) 127 (100) 62	Educated or illiterate to read and write basic Middle and high schools Diploma Degree
0/86	(8/3) 20 (8/3) 10 (10/8) 4	(91/7) 222 (91/7) 111 (89/2) 33	Married for 1-5 years 10-5years Above 10 years
0/10	(6/1) 13 (10/7) 18	(93/9) 200 (89/3) 151	Normal delivery Caesarean
0/02	(4/9) 9 (11/5) 25	(95/1) 173 (88/5) 193	Place of Birth City Village
0/008	(5/1) 11 (12/6) 23	(94/9) 205 (87/4) 160	Living place City Village
0/42	(9/3) 17 (7) 14	(90/7) 166 (93) 185	Baby gender Girl Boy

Determining the Relationship between Maternal Variables Underlying Psychological Violence Event in Mothers

Table 9, the relationship between underlying variables father shows event of psychological violence in pregnant women. All five variables age Wife, addiction, job, education and income of psychological violence were significantly associated with the violence.

The frequency of psychological violence occurring in people aged 25 to 30 years, while most of the subgroup was older than 35 years had a statistically significant difference (P <0.001). All women that their husbands were drug addicts (100%) had experienced psychological violence reported, while close to 65% of patients with non-addicted wives had experienced this type of violence that statistically there

was a significant difference ($P < 0.001$). The frequency of this type of violence in which their spouses are unemployed or working, the highest and lowest of the employee that this variable was also statistically significant ($P < 0.001$). Psychological violence related events and significant inverse linear relationship with education partners. This means that with increasing

levels of education, the prevalence of psychological violence was significantly reduced ($P < 0.001$). Moreover, the income with the frequency of this type of violence had a significant inverse relationship. In other words, with increasing levels of household income are given significant amount of psychological violence decreases ($P < 0.001$).

Table (4-6) Husband underlying variables associated with psychological violence in mothers

P value	He has sexual violence	He doesn't have sexual violence	Variables related to a man (husband)
< 0/001	(71/1) 59 (54/1) 73 (71/9) 87 (85/2) 52	(28/9) 24 (45/9) 62 (28/1) 34 (14/8) 9	Younger than 25 years 30-25years 35-30years Older than 35 years
< 0/001	(100) 41 (64) 229	(0) 0 (36) 129	Addiction Yes No
< 0/001	(100) 35 (93/2) 109 (36/4) 28 (57/9) 99	(0) 0 (6/8) 8 (63/6) 49 (42/1) 72	Unemployed Working Employee Self-employment
< 0/001	(99/1) 114 (77/9) 67 (51/6) 64 (34/7) 26	(0/9) 1 (22/1) 19 (48/4) 60 (65/3) 49	Educated or illiterate to read and write basic Middle and high schools Diploma University degree
< 0/001	(96/2) 75 (89/8) 106 (44/1) 90	(3/8) 3 (10/2) 12 (55/9) 114	Less than 1500000 Rials 1500000to 2500000 Rials More than 2500000 Rials

Determining the Relationship between Maternal Variables Underlying Physical Violence Event in Mothers

Table 10 shows paternal of underlying variables associated with physical violence in pregnant women event. All five variables age Wife, addiction, job, education and income were significantly associated with incident of physical violence.

The least frequency is the prevalence of physical violence in the age group 25 to 30 years (5/21%), while the most frequent age group above 35 years, which reflects the impact of age on the event of physical

violence against pregnant women was the wife of statistically significant effect was observed ($P = 0.002$). Nearly 90% of women who were the wives of addicts experience physical violence were reported While a lot of women who their husbands were not addicted only a quarter (25%), which was statistically significant impact of this variable on the event of physical violence ($P < 0.001$). Mothers who had their wives employee were least (2/5%), physical violence and women that their husbands were unemployed. The most frequent (94%) were physical violence ($p < 0.001$). Spouse's

education and household income, a significant inverse relationship between pregnant women were physically event (P <0.001). This means that the more

education and the more income was also significantly reduced the frequency of the event was physical violence.

Table (4-6) maternal underlying variables associated with physical violence in mothers

P value	He has sexual violence	He doesn't have sexual violence	Variables related to a man (husband)
0/002	(37/3) 31 (21/5) 29 (32/2) 39 (47/5) 29	(62/7) 52 (78/5) 106 (67/8) 82 (52/5) 32	Younger than 25 years 30-25years 35-30years Older than 35 years
< 0/001	(90/2) 37 (25/1) 90	(9/8) 4 (74/9) 268	Addiction Yes No
< 0/001	(94/3) 33 (49/6) 58 (5/2) 4 (19/3) 33	(5/7) 2 (50/4) 59 (94/8) 73 (80/7) 138	Unemployed Working Employee Self-employment
< 0/001	(67/8) 78 (31/4) 27 (16/1) 20 (4) 3	(32/2) 37 (68/6) 59 (83/9) 104 (96) 72	Educated or illiterate to read and write basic Middle and high schools Diploma University degree
< 0/001	(73/1) 57 (42/4) 50 (10/3) 21	(26/9) 21 (57/6) 68 (89/7) 183	Less than 1500000 Rials 1500000to 2500000 Rials More than 2500000 Rials

Determining the Relationship between Maternal Variables Underlying Sexual Violence Event in Mothers

Table 11 shows paternal of underlying variables associated with sexual violence in pregnant women. Addiction variables husbands and wife's education and income were significantly associated with the event of sexual violence (P <0.001). The age of spouse was not related to the sexual violence (P = 0.17).

Almost two-thirds (66%) were women with their husbands addicted, and experience sexual violence were mentioned, while only 2% of women who were not their husbands addicted, sexual violence, which was

statistically significant (P < 0.001). Women that their husbands were unemployed, the highest rate of sexual violence, while many other occupational groups were less than 10%, which reflects the impact of unemployment on women's event of sexual violence (P <0.001). There is also a significant inverse relationship between education and household income spouse with sexual violence was seen event. In other words, the higher the education level and income also increased the frequency of sexual violence event in pregnant women was significantly lower (P <0.001) which reflects the impact of education and income levels of sexual violence.

Table (4-11) underlying variables associated with sexual violence in mothers

P value	He has sexual violence	He doesn't have sexual violence	Variables related to a man (husband)
0/17	(14/5) 12 (6/7) 9 (6/6) 8 (8/2) 5	(85/5) 71 (93/3) 126 (93/4) 113 (91/8) 56	Younger than 25 years 30-25years 35-30years Older than 35 years
< 0/001	(65/9) 27 (2) 7	(34/1) 14 (98) 351	Addiction Yes No
< 0/001	(57/1) 20 (7/7) 9 (1/3) 1 (2/3) 4	(42/9) 15 (92/3) 108 (98/7) 76 (97/7) 167	Unemployed Working Employee Self-employment
< 0/001	(21/7) 25 (7) 6 (1/6) 2 (1/3) 1	(78/3) 90 (93) 80 (98/4) 122 (98/7) 74	Educated or illiterate to read and write basic Middle and high schools Diploma University degree
< 0/001	(34/6) 27 (4/2) 5 (1) 2	(65/4) 51 (95/8) 113 (99) 202	Less than 1500000 Rials 1500000to 2500000 Rials More than 2500000 Rials

CONCLUSION

According to the results of domestic violence in the area of high prevalence. The results of this study showed that levels of violence are significantly associated with education and career of the couples. This means that as education increases people's awareness of the rights of individuals rises, and the level of violence is reduced. The prevalence of violence was significantly inversely associated with family income, and this means that the economic situation of poor families and due to psychological pressures families, their adaptability reduces, and the violence increases. The important results of this study showed that domestic violence on pregnancy outcomes is very effective. The mothers who were subjected to violence, they have low weight infants, and Apgar score was lower. There is also violence, the chance of miscarriage, fetal death, preterm delivery, and premature rupture of membranes increases. The

effects of violence against women in the family is not only women but also seriously affected the entire family system and especially on their children and future generations and thus affect the entire community. It is clear that the high risk groups are pregnant women, because it is the neglect of this group increases risks and not only the current generation, the baby's mother, but also future generations. Thus the special attention of officials, especially health officials to takes a closer look and more compassionate and developing programs in this regard is a step, however small, in order to ease the pain of the mothers of the land and the subsequent health of their future generations.

Given that domestic violence takes place in private households, and because of shame and fear women tell it, some of the samples were not honest in answering the questions in the questionnaire that this case was out of control the researcher.

The results of the project and situation of domestic violence against pregnant women in the region and to minimize the consequences on women and children, the issue of domestic violence is assigned, and sensitivity of health care workers is revoked, and by screening on pregnant women, women at risk are identified, and interventions reduce the harmful effects of this problem. Given the importance of health care providers in the areas of primary prevention, diagnosis and management of domestic violence cases, training staff to recognize the signs of domestic violence against women in these sectors and how to deal properly with the victims and supporting them reduces the victims of this problem. Lack of awareness and the lack of adequate training to doctors and the staff healthcare system to deal properly with women victims of violence are considered as the main weaknesses of the health system. Therefore, it is recommended that all health care workers who are somehow involved with pregnant women for dealing with such situations on training to enable them to carry out necessary consultations of the pregnant women. Also, pregnancy care clinics routinely screen all doing violence to identify the cases and the consultation would be done.

Through the classes at the beginning of marriage counseling to young couples and notifying them of the harmful effects of violence on children, especially the knowledge of men and their families, young couples sensitive to the problem of effects to be reduced. It is also possible with the empowerment of women faced with the difficulties of life and healthy life skills and communication skills and adaptability to deal with problems in part of the problem can be prevented.

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