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DOMESTIC VIOLENCE AND INDUCED-ABORTION: REPORT OF THREE CASES

D. Kaye, MBChB.(Mak.), MMed (O/G)(Mak.), Lecturer in Obstetrics and Gynaecology, Makerere University Medical School, P. O. Box 7072, Kampala, Uganda

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D. KAYE

SUMMARY

Domestic violence not only violates women's rights, but is also associated with adverse consequences ranging from physical injury to psychological morbidity. Several studies have associated domestic violence with risk of having an induced-abortion. The following three cases indicate that domestic violence may not cause unwanted pregnancy, but may be the reason that leads victims to resort to abortion.

INTRODUCTION

Domestic violence forms a pattern of abusive behaviour and control, which takes a variety of forms. These include physical assault (hitting, slapping, kicking, beatings, cutting), psychological abuse (threats, controlling behaviour, isolation from family or friends, denial of freedom of movement, intimidation, degrading behaviour or humiliation); and sexual abuse (coercive sex)(1). Women are more likely to be victimised by a family member or intimate partner than by strangers(1). Physical acts more severe than slapping, shoving, pushing or throwing objects often constitute "severe" violence(1). In Africa, studies from Kenya, Zambia and Uganda showed that 42%, 40% and 46% respectively of women were physically abused by their partners(2).

Domestic violence affects women's ability to engage in safe sexual relations free from coercion or disease, to make choices regarding pregnancy or fertility regulation, or to go through pregnancy safely, or even to seek appropriate healthcare for self and family (2). Physical abuse associated with sexual abuse increases risk of getting a sexually transmitted disease and unwanted pregnancy. Victims are likely to get unwanted unplanned pregnancies(2) or resort to abortion(1,2). They are less likely to seek prenatal care or access health services for their children(3). The main predictor of abuse in pregnancy is abuse prior to pregnancy(4). Domestic violence tends to increase both in severity and frequency in pregnancy(4). A qualitative study from Zimbabwe found that violence ongoing before conception increases in pregnancy(5). Manifestations of high risk for domestic violence include late entry into prenatal care, poor self care, lack of preconception choices of whether to conceive and non-use of contraceptives.

A study was conducted in New Mulago hospital gynaecological emergency ward from 1st January to 30th April 2000. The objective was to determine whether women admitted with abortion have associated history of domestic violence. The women were interviewed to determine whether they had a history of domestic violence in the index pregnancy, whether they had interfered with

the pregnancy, and whether domestic violence could have been a reason for resorting to abortion. This paper presents three cases of women who presented with induced-abortion following domestic violence.

CASE REPORT

Case 1: Induced-abortion and maternal death following domestic violence: J.M. was a twenty two-year old para 1+0, who was admitted semiconscious and in shock following an induced-abortion of a three-month old pregnancy from home. Her attendant, who was her neighbour, reported that she had had a fight with her husband that day but gave no reason for the cause of the fight. On admission, the patient had vaginal bleeding. She was severely anaemic, was in shock, and had a fundal height of sixteen weeks. She had a 'twig' inserted in the cervix. The patient died one hour later despite the resuscitation.

Case 2: Domestic violence and its association with induced-abortion: J.N. was a twenty one-year old gravida 3 para 2 + 0 whose last born was two years old. She was admitted at twenty weeks with an inevitable abortion. She had induced the abortion using a local herb (*nnanda*). Her reason for inducing the abortion was that her spouse had persistently assaulted her and had disowned her second child. She had run away from school four years ago when she became pregnant. Her husband had stopped her from working in a hair salon. On the fateful day, she had been beaten and had sustained bruises on the face. She aborted one day later and had an uneventful recovery. She was aware that abortion was illegal and could lead to complications and even death, but said she was prepared for the consequences. "I want to remove this baby so as to hurt him", she said.

Case 3: Repeated induced-abortion due to persistent physical abuse: A.S. was a 27-year old para 6+3 who was admitted with a two-day history of severe abdominal pain, fainting, dizziness, vaginal bleeding and amenorrhoea for eight weeks. Further evaluation revealed an acute abdomen, intraperitoneal haemorrhage and haemorrhagic shock, associated with septic abortion. She knew that she was pregnant but initially denied any history of interfering with the pregnancy. After resuscitation, a laparotomy was done which revealed uterine perforation. Sub-total hysterectomy was done, after which she developed severe sepsis. Later counselling revealed that she had induced the abortion because she wanted to leave her husband after persistent assault. This was the third time she had procured abortion for the same reason.

DISCUSSION

None of these patients readily revealed that domestic violence and interpartner assault were related to their symptoms or their injuries. This is because victims do not readily reveal existence of domestic violence. Many women with induced-abortion have a history of physical abuse(2). Prior physical abuse is a major predictor of induced-abortion. Hillard in 1985(6) reported that women in abusive relationships are more likely to consider pregnancy termination. In a study of women seeking elective pregnancy termination, Evins *et al*(7), using a single screening interview, identified 31% of women with a history of physical abuse in the preceding calendar year. Glander *et al*(8), in their study of 486 women seeking outpatient abortion services, using a self-administered questionnaire found that 192 (39.5%) reported a history of physical abuse. They state that "the association between induced-abortion and domestic violence centres on issues of domination, fear and control, which are central in abusive relationships may influence the prevention of unwanted or unplanned pregnancies".

The high prevalence of prior abuse, the forced sex of abusive relationships and the restricted choices about fertility regulation may be the reasons why domestic violence in pregnancy is significantly associated with unplanned pregnancy. Stewart and Ceccuti(4) found that pregnancy associated with abusive relationships were almost three times more likely to be unplanned than in non-abusive relationships. Domestic violence impairs women's ability to make choices in reproductive health decision-making, including fertility regulation.

Unintended pregnancy may predispose domestic violence where the men do not want another child (or one very soon) and so blame the woman for having conceived

to trap them. Pregnancy un-intendedness is not only an indicator of lack of autonomy, it is also an indicator of contraceptive non-use and lack of choices in fertility regulation(2), both of which are features of abusive relationships. The abusive spouse may insist on non-use of contraceptives as a way of controlling the woman, who may eventually conceive even though she may not want the pregnancy at the particular period of time.

In conclusion, women with induced-abortion often have a history of domestic violence, which may be one of the factors as to why they get unwanted pregnancy or opt for abortion.

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