

Experience of Domestic Violence among Infertile Women Attending a Clinic of a Tertiary Level Hospital, Kathmandu, Nepal

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Received February 02, 2022; Revised March 04, 2022; Accepted March 11, 2022

Abstract Violence against women is one of the growing public health issues. Domestic violence (DV) is an aggressive behavior against female partner in any family. Globally, many couples suffer from infertility. It is associated with emotional problems, marital distress and domestic violence. Therefore, the main purpose of this study is to accumulate and analyze the experience of domestic violence among infertile women. The study selected a descriptive cross-sectional research design with a purposive sampling technique to select 144 infertile women from Om hospital & Research Centre Private Limited in located Kathmandu district of Nepal. Data has been collected over one month 8th September to 4th October 2019. In-order to collect the primary data the study has used structured questionnaire; Infertile Women Exposure to Violence Determination Scale (IWEVDS). The study used descriptive and inferential statistical tests for the analysis of the collected data. The study found psychological violence (97.2%) as the most common type of reported violence against infertile women followed by sexual (12.5%) and physical (9.7%). The top three domains with highest mean score were exposure to social pressure, traditional practice and domestic violence respectively. Similarly, the study noticed that duration of marriage and treatment are associated with three different sub-dimensions of IWEVDS score. Based on the findings, the study concluded that the infertile women mostly experienced psychological violence. It could be cultural influences on gender violence in our society. There is need of counseling sessions for the infertile women attending the clinics and the health workers and the awareness program about women's violence should be conducted to prevent further mental health problems.

Keywords: domestic-violence, infertility, IWEVDS, Nepal

Cite This Article: Asha Rijal, Chandrakala Sharma, and Dr. Ram Thapa, "Experience of Domestic Violence among Infertile Women Attending a Clinic of a Tertiary Level Hospital, Kathmandu, Nepal." *American Journal of Nursing Research*, vol. 10, no. 2 (2022): 41-45. doi: 10.12691/ajnr-10-2-1.

1. Introduction

Infertility is the failure to have a clinical pregnancy following a period of 12 months or more of unprotected timely intercourse. The inability to have children affects a couple across the world. It is one of the sensitive subjects of reproductive health, and has often been isolated in these efforts [1]. The World Health Organization (WHO) predicts that globally 8-12% of couples are infertile [2]. The rate of infertility in one year is approximately 3.5% to 16.7% for couples worldwide [1].

Violence is one of causes of various consequences on physical, psychological, sexual and reproductive health [3]. It affects the millions of women's life globally irrespective of ethnicity, culture, religion, socioeconomic status and educational levels. In the majority of domestic violence (DV) cases the perpetrator is a life partner, but women

may also abuse frequently from their partner's family as well [4]. In a report including interviews of 42,000 women from 28 Member States of the European Union asking their experience about domestic violence, an average of 22% of participants reported physical and/or sexual violence. The prevalence were as 19%, 22%, 26% and 29% in Italy, Germany, France and in the United Kingdom, respectively [5].

In 2012, people died because of murders were 475,000 and that 2.5% of global deaths occurred due to violence [5]. Evidences showed that females are prone to develop psychological disturbances, especially in societies where females are mostly accused to be the reason for couple's inability to conceive and also cultural and social stigma and norms are one of the most important tributary factors in the development of these psychological issues [6]. For this reason, the violence faced by infertile women is a major issue in the society.

In Nepal, more than 1 in 5 women (22%) have ever experienced physical violence since age 15. The most common perpetrator of physical violence among ever married women is a current husband (84%). Seven percent of women have ever experienced sexual violence. The prevalence of Intimate Partner Violence (IPV) in women was 25% whereas that of non-partner sexual violence has not been reported yet [7]. Even though there has been numerous research done about domestic violence, there was a lack of evidence regarding the violence against infertile women. Therefore, considering the importance of the issue and its adverse effects among this vulnerable group, the researcher was interested to conduct the study on domestic violence among the infertile women.

2. Methods and Methodology

A descriptive cross-sectional research design was used to find out experience of domestic violence among infertile women attending in clinic of a tertiary level hospital. The study population was infertile women of reproductive age group 15-49 years diagnosed by the gynecologist attending OPD clinic in Om hospital & research centre. The purposive sampling technique was adopted for the selection of the sample who came to In Vitro fertilization (IVF) clinic for treatment and management of infertility. After confirming the diagnosis by checking OPD card, interview was carried out in a private room for the respondents those who willing to participate. The total 144 participants were included for final analysis. A study conducted at Hospital a family health survey 3, India found 21% of infertile women had violence [8]. Thus based on this prevalence, with 95% confidence interval with 7% allowable error, sample size estimation was done. Using the formula $n = z^2 pq/d^2$, we arrived at a sample size of 131 by adjusting additional 10% non-response rate. Hence, final sample was increased to 144.

The structured questionnaire was adopted by the researcher from the Infertile Women's Exposure to Violence Determination Scale (IWEVDS). This scale was developed by Onat, 2014 [9]. The content validity of the instrument was ascertained by consultation with peers, research advisors and subject matter experts. The instrument was pretested in 20 (10 % of 144) sample at Nidan Hospital, Pulchowk, Kathmandu. Reliability of the instrument was tested through SPSS-22 version, the cronbach's alpha score $r = 0.79$. The interview schedule had three parts consisting of socio-demographic characteristics, fertility specific characteristics and the IWEVDS structured interview questionnaire composed of 5 Domain subscale: (Domestic, social pressure, punishment, exposure to traditional practices and exclusion domain) (Statements 1-31). The questions appear in a 5-point Likert-type scale format with answer as follows: never (1), rarely (2), sometimes (3), mostly (4), and always (5). The minimum score that can be attained from the scale was 31, while the maximum was 155. A higher score on the scale means more exposure to violence. Furthermore, the researcher added types of violence

(Physical, Psychological, Sexual and Economic violence) were measured from 31 statements of this tool. Those who had responded of any below mentioned categorization statements belonged to such type of violence. If respondents answered "Never" to any physical, psychological, sexual and economic violence it considered as not having experience of domestic violence whereas, if respondents answered (rarely, sometimes, mostly and always) considered as having domestic violence. Afterward, total violence scores were calculated and further classified into high violence and low violence. Data were collected over one month from 8th September to 4th October 2019 after getting ethical approval (Ref 160/(6-11) E2 076/077 from the Institutional Review Committee (IRC) of Tribhuvan University, Institute of Medicine. Administrative approval for data collection was taken from Om hospital research centre (P) Ltd., by submitting the letter from Pokhara Nursing Campus. Written informed consent was taken from each participant before data collection by explaining the purpose of the study. Confidentiality and Anonymity were maintained throughout the study, using code number instead of respondent name and using the information only for the study purpose respectively. Respondent's dignity was maintained by giving the right to reject or discontinue the research study at any time without penalty.

Data were edited, coded and entered into the software EPI-DATA 3.1 and export to IBM SPSS-16 version. Data were summarized using descriptive statistics (as frequency, percentages, mean, standard deviation,) and inferential statistics (Pearson Chi-square test).

3. Results

The socio-demographic characteristics of the infertile women participating in this study and their spouses are given in Table 1. The mean age of participants was 29.7(± 5.09), while the mean age of their spouses was 33 (± 5.14). It was found that 27.4 % of the participants were completed high school level and 50 % were homemaker. When the spouses were evaluated, 22.5% were found to be Secondary school completes and postgraduates both, 25% were worked in non-government service and 25% smoked. The majority of the respondents (70.8%) were from joint family.

Table 2 exhibits that 52.8 percent of respondents had marriage duration less than 7 years and most of them (81.3%) had primary infertility. Among secondary infertility respondents, 51.8 percent had a daughter. Similarly, 66 percent of respondents had two years and above duration of infertility. Likewise, fifty nine percent of respondents stated the problem of fertility was female factor.

Treatment related information of Infertility is given in Table 3. Majority (83.3%) of women received treatment of infertility. Regarding the current medicine used, most of them (95%) used medicine for the treatment of infertility. In concern to reasons behind no treatment 33.3 percent of respondents had waited for spontaneous conception. Similarly, 64.2 percent of respondents had taken treatment more than 12 months.

Table 1. Socio-demographic Characteristics of the Infertile women and their spouses (n=144)

Characteristics	Number	Percentage
Age in years		
Mean age	29.7(±5.09)	
Spouse Mean age	33.5 (± 5.14)	
Educational status		
Primary school level	27	18.7
Secondary school level	30	20.8
High school level	39	27.1
Bachelor level	26	18.1
Post graduate degree	22	15.2
Occupation		
Homemaker	72	50.0
Self employed	31	21.5
Non-government employee	22	15.3
Government employee	12	8.3
Others	7	4.8
Spouses' educational status		
Primary school level	22	15.3
Secondary school level	32	22.2
High school level	31	21.5
Bachelor level	27	18.8
Post graduate degree	32	22.2
Occupation		
Non-government employee	36	25.0
Self employed	33	22.9
Government employee	27	18.8
Abroad	21	14.6
Unemployment	15	10.4
Labour	12	8.3
Alcohol consumption by spouse		
No	108	75.0
Yes	36	25.0
Type of family		
Joint	102	70.8
Nuclear	42	29.2

Table 2. Fertility related Characteristics of the Infertile women (n=144)

Characteristics	Number	Percentage
Duration of marriage		
≤7 years	76	52.8
>7 years	68	47.2
Type of Infertility		
Primary	117	81.3
Secondary	27	18.8
Secondary infertility (n=27)		
Daughter	14	51.8
No live birth	9	33.3
Son	4	14.8
Duration of infertility		
≤2 years	49	34.0
>2 years	95	66.0
Problem of fertility		
Female factor	85	59.0
Both partner	26	18.1
Unknown	33	22.9

Table 3. Treatment related Information of Infertility

Characteristics	Number	Percentage
Received treatment of infertility (n=144)		
Yes	120	83.3
No	24	16.7
Current treatment (n=120)		
Medicine used	114	95
Non-medicine used	6	5
Reasons behind no treatment* (n=24)		
Waiting for spontaneous conception	11	45.8
Expensive medical procedure	6	25.0
Lack of fertility information	4	16.6
Family members lack of interest	4	16.6
Lack of support from family	1	4.1
History of failure in the treatment procedure	1	4.1
Duration of treatment (n=120)		
≤12 months	43	35.8
>12 months	77	64.2

*Multiple responses.

Table 4. Types of Domestic violence experienced by Infertile women (n=144)

Types*	Number	Percentage
Physical violence	14	9.7
Psychological violence	140	97.2
Sexual violence	18	12.5
Economic violence	9	6.2

*Multiple responses.

Table 5. Violence score of the Infertile women (n=144)

Scale	Mean	SD
Overall domestic violence	60.0	20.02
Domains		
Domestic violence	14.1	5.61
Social pressure	15.1	7.00
Punishment	10.7	3.99
Traditional practice	14.3	3.72
Exclusion	5.7	2.70

Table 4 reveals 9.7 percent of respondents had experienced physical violence; majority (97.2%) had psychological, 12.5 percent had sexual violence and 6.2 percent of respondents had economic violence.

Violence score of the infertile women is provided in Table 5. It shows that infertile women had overall domestic violence with (M=60, SD=20.02), while sub-domains included domestic violence (M=14.1, SD=5.61), social pressure (M=15.1, SD=7.00), punishment (M=10.7, SD=3.99), exposure to traditional practice (M=14.3, SD=3.72) and exclusion domain (M=5.7, SD=2.70) respectively.

Table 6 shows that social pressure domain was significant association with duration of marriage (p=.000), duration of treatment (p=.033). Exposure to traditional practice among infertile women was found to have significant association with duration of marriage (p=.036) and duration of treatment (p=.000). Similarly, exclusion domain was significant association between duration of marriage (p=.000) and duration of treatment (p=.023).

Table 6. Association between various domain and Fertility specific Characteristics of the Infertile women (n=144)

Characteristics	Domains		χ^2	p-value
	Low n (%)	High n (%)		
Duration of marriage	Social pressure			
≤ 7 years	73 (96.1)	3 (3.9)	27.824	.000*
> 7 years	41 (60.3)	27(39.7)		
Duration of treatment				
≤ 12months	38 (88.4)	5(11.6)	4.543	.033*
> 12 months	55 (71.4)	22 (28.6)		
Duration of marriage	Traditional practice			
≤ 7 years	43(61.8)	29 (38.2)	4.384	.036*
> 7 years	53(77.9)	15 (22.1)		
Duration of treatment				
≤ 12 months	22 (51.2)	21 (48.8)	13.874	.000*
> 12 months	64 (83.1)	13 (16.9)		
Duration of marriage	Exclusion			
≤ 7 years	71 (93.4)	5 (6.6)	13.041	.000*
> 7 years	48 (70.6)	20 (29.4)		
Duration of treatment				
≤ 12 months	40 (93.0)	3 (7.0)	5.140	.023*
> 12 months	59 (76.6)	18 (23.4)		

*p-value significant at <.05, χ^2 Pearson Chi-square Test.

4. Discussion

This study was designed to assess the status of DV among infertile women and association between different domains of selected variables among 144 infertile women who participated in the study.

The socio-demographic characteristics of the infertile women revealed average age of the respondent was 29.7 years. This is similar with other authors, where the mean age of women was 31.6 years [10]. In this study, less than two thirds (65.3%) were within the age group 26-35 years. Similarly, more than one fourth (27.1%) of the infertile women completed higher school level. In the present study, it was found that infertility was 50 percent among homemaker. In contrary to this finding National Family Health Survey (NFHS) data showed that working women are 20 percent more likely to be infertile compared to non-working women [11].

In the present study, 66 percent of respondents had above two years duration of infertility however, different result was obtained in Turkish study that more common in women who have been infertile for two years and below [12]. The findings of this study showed in the reason behind not taking treatment, 45.8 percent of the respondents were waited for spontaneous conception. Consistence with this common type finding, a study conducted in India the common reason for not taking treatment among infertile women was economic hardship as well as waited for spontaneous contraception [11].

The present study findings revealed that the infertile women's reported domestic violence resulted in mean score on IWEVDS of 60. In contrary to this study finding, higher IWEVDS score was observed in infertile women of Turkey (120.04) [4]. Another study conducted in Iran among the infertile women showed score on IWEVDS of (87.47) [13], Egypt (73) [14]. However, a study conducted in Turkish women showed minimum score as of 38.74 [15]. Similarly, IWEVDS score was obtained in infertile women in Istanbul, Turkey (55.90) [13]. Such type of

variation among different population might be due to difference in false beliefs, values and cultural norms, as these factors play an important role in violence among infertile women.

According to present study, psychological violence (97.22%) was found to be the most common type of reported violence against infertile women followed by sexual (12.5%) and physical (9.7%). A similar pattern was observed in infertile Iranian women where psychological violence was reported in 85.5 percent followed by sexual (28.2%) and physical (25.9%) [16]. Apart from this, various authors also have reported psychological violence as most common type in Turkish [17] (62%) and Pakistani [2] (60.8%) infertile women. In this study, most of the respondents were not working and belong to joint family. This study also revealed that most of the respondents (93.7%) were exposed to curious question such as "when will you give a birth?" It is believed that infertile women may have psychological stress by people around them when they are frequently asked about the time of childbearing. This might be a major factor for obtaining higher incidence of psychological violence among infertile women. In the present study, 6.25 percent of infertile women were exposed to economic violence, which was considered as least common type. Whereas, in Turkish study economic violence was comparatively higher (19%) and showed sexual violence (6%) as least common [17].

5. Conclusion

Based on the study findings, it concludes that the respondents mostly experience psychological violence. According to the IWEVDS mean score top three domains with highest scales are exposure to social pressure, traditional practice and domestic violence domains. Likewise, study shows that infertile women with longer duration of marriage forced in exposure to traditional practices, exclusion and social pressure at higher rates.

Social pressure provokes the negative consequences towards women's quality of life. Therefore, early reproductive health screening interventions, educational programs and counseling regarding infertility as well as psychological aspects of the infertile women are crucial steps to minimize violence.

6. Limitation of the Study

The study was limited to only one setting i.e., Om hospital and research centre P. Ltd., Chabahil, Kathmandu which is urban based setting. So, it cannot be generalized to other setting. The scale was used only for infertile women not for male infertile couple. Although the information was collected from respondents having violence within one year only, the results may be affected by recall bias.

Acknowledgements

I would like to acknowledge Ms. Kalpana Poudel Matron of Om Hospital and research centre private limited for arranging data collection and Prof. Dr. Guliz Onat for granting permission to use the tool. Similarly, researcher also expresses heartfelt gratitude to all the respondents for their valuable information, time and co-operation.

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