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The physical and psychological effects of intimate partner violence during pregnancy on the mother and infant in Dar es Salaam, Tanzania

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Intimate partner violence (IPV) is a serious public health problem affecting millions of women globally. The high prevalence of IPV across the globe is of great concern as it is known that to affect the psychological and physical wellbeing of women. IPV during pregnancy is even more concerning as not only it affects the women but also the health of the unborn baby can also be endangered. The known effects of IPV during pregnancy are said to be maternal complications such as premature rupture of membranes, preterm labor, gestational diabetes, and hypertension and in terms of mental health women can suffer from anxiety, depression or posttraumatic stress disorder (PTSD). Also, there are perinatal complications such as low Apgar score, low birth weight and in other cases recurring infections.

A lot of research in sub-Saharan Africa is centered on IPV during pregnancy, mainly looking at physical and sexual IPV and ignoring the other forms of IPV. Little information is known on IPV postpartum and the link of IPV during pregnancy and postpartum. The objectives of this study were:

- To determine the prevalence of partner violence during pregnancy and postpartum.
- To assess the prevalence of perinatal and neonatal problems in newborns in relation to violence during pregnancy.

- To assess the prevalence of pregnancy complications and maternal morbidity with special reference to postpartum depression.
- To analyze the underlying factors of violence during pregnancy and women's perception of pregnancy outcomes (maternal complications and postpartum depression).

The study was cross-sectional by nature, which adopted both quantitative and qualitative approaches among 500 women in Dar es Salaam, Tanzania. The study was conducted in three districts namely Illala, Temeke and Kinondoni. Three health centers were intentionally selected in each district as they had high numbers of attendance for women attending the under-five clinics. Women who were one month to nine months postpartum were approached after their daily routine clinic by a research assistant who read the consent form to the women.

A total of 500 women completed the quantitative questionnaire. Among the 500 women, women who reported multiple forms of IPV were asked to participate in the qualitative in-depth interviews. A total of 6 women participated in the qualitative phase of the study.

The findings of the study were as follows:

The rate of physical and/or sexual IPV during pregnancy was 18.8% while that of IPV postpartum was 8.2%. Women experienced multiple forms of IPV during pregnancy and postpartum. There was a decline in IPV postpartum in the all forms of violence. There was a trend of continuity/maintenance of IPV post-pregnancy; some women experienced IPV during pregnancy and at postpartum. There were a number of women who did not experience violence after pregnancy and some who started to experience IPV postpartum.

The causes of IPV were said to be infidelity, reporting the abusive partner to the parent, anger or the male partner punishing/disciplining the partner for not doing things right. Factors which

maintained the IPV were lack of enough financial/economic resources, need to persevere and lack of family support. Women sought help from their families, neighbors but when the IPV got worse the ten cell leaders were involved.

Regarding the physical and the psychological implications of IPV during pregnancy for the mother and infant it was found out that IPV during pregnancy was not associated with LBW, but it was significantly associated with symptoms of postpartum depression.

The results call for attention of policy makers within the health, education and legal sector to implement interventions targeting women at risk for IPV during pregnancy and after pregnancy. It is necessary to create friendly and confidential spaces hospitals where women can seek help. Integrating the training of IPV in the curriculum of medical doctors, nurses and lawyers would be beneficial and lastly promote awareness of GBV and its adverse effects to both girls and boys.