infrastructure (both the medical profession and the health system) and clear political support should see dramatic drops in the perinatal mortality rate in South Africa in the near future.

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Domestic abuse — an antenatal survey at King Edward VIII Hospital, Durban

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Objectives. To determine exposure to domestic violence by a partner or spouse among pregnant women attending a public sector hospital in Durban, South Africa.

Design. Six hundred and four randomly chosen women from a low-income community were interviewed over a 6-month period using a standardised questionnaire.

Results. Thirty-eight per cent had experienced domestic violence at some point in their lives. Physical abuse (52%) was the most common, and 35% had been abused during the current pregnancy.

Conclusion. Domestic violence is common in pregnancy among women attending a public sector hospital.

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Domestic abuse is defined as any act occurring between two individuals who live or who have lived together that is intended or perceived to cause physical or psychological harm.[1] It describes a continuum of behaviour ranging from verbal abuse, through threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and even homicide.[2] Men, from all social classes and professions, perpetrate the vast majority of such violence against women and their children. Pregnant women are therefore vulnerable and it is estimated that domestic violence may affect up to 30% of pregnant women.[3] It is not surprising, therefore, that obstetric and gynaecological associations, including the American College and the Royal College (UK), have recommended universal screening for domestic violence during initial antenatal visits.[1,4] In addition, these colleges have suggested that all obstetricians and gynaecologists be taught basic information on violence against women and that all must be aware of the confidential status of such information.[4] Modern society has several other tools to treat domestic

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violence and assist battered wives. These include the police, legislation, courts, legal aid, shelters and social services. Pivotal to the proper identification of women in such distress is the specific training of nurses and medical personnel.

In poor countries there is an increasing awareness of domestic violence and its impact on the social, physical and psychiatric wellbeing of the individual and the community, but estimates of the prevalence of domestic violence are lacking. In South Africa there is also the political will to bring about change, as witnessed by the Domestic Violence Act 116 of 1998.[5] However, information on domestic violence is necessary if appropriate interventions are to be instituted. Furthermore, the specific training of nurses and medical personnel is pivotal to the proper identification of women in such distress. This article examines the prevalence of domestic violence among antenatal attendees in a low-income population attending an urban public hospital in South Africa.

Methods

This was a prospective descriptive study performed at King Edward VIII Hospital, Durban during the period January - July 2000. Following informed consent, Zulu-speaking women were interviewed individually in a private setting by one of the authors (MM). The interview was performed in the vernacular of the antenatal attendee to facilitate the discussion and to overcome any misinterpretations of translation into the English language. The questions used in the interview were standardised and vetted by a pilot study performed on 20 patients. This overcame any problems with interpretation.

All interviews were conducted at booking, at term and in the immediate postpartum period.

Domestic violence was defined as in the Domestic Violence Act 116 of 1998.[5] The following conduct constitutes abuse in terms of the Act: physical, sexual, emotional, verbal, psychological and economic abuse; intimidation, harassment, stalking, damage to property; entry to a woman's property without her consent where she is not staying with the abuser, and any other controlling behaviour against the woman where such conduct may cause imminent harm to her safety, health and wellbeing.

Statistics

Descriptive statistics were utilised and all results are presented as numbers, percentages and ranges.

Results

Six hundred and four women were interviewed; however, 34 were lost to follow-up (i.e. they had either one or two interviews only), resulting in analysis of the data on 570 women.

The mean age of the patients was 29 years (18 - 37 years). The demographic data are shown in Table I. Thirty-four per cent of the women were single, 25% were married and 26% were co-habiting. Most women (39%) lived in townships (suburbs), while 33.6% lived in informal settlements.

Table I. Demographic data (*N* = 570)

Subjects	%
Status	
Single	34
Married	25
Cohabiting	26
Divorced	15
Place of residence	
Township	39
Informal settlement	33.6
Domestic employee	18
Suburban	0.4
Rural village	9
Employment*	
Employed	26
Partner employed	42

*Average combined monthly income for woman and partner = R700.

Table II. Features of domestic abuse

	%
Type of abuse	
Ever abused	38
Physical abuse	52
Sexual abuse	11
Emotional / verbal abuse	36
Abuser	
Spouse	56
In-law	24
Boyfriend	13
Substance abuse by abuser during incident	
Alcohol influence	49
Other drugs	20
Sober	31

Table II shows the overall prevalence of domestic violence. Thirty-eight per cent of the women had been subjected to domestic violence at some point in their lives. Physical abuse (52%) was the most common form of abuse. Thirty-five per cent of the women stated that they were abused during their current pregnancy. The type of abuse and the perpetrators were the same as when the women were in a non-pregnant state (Table III). There were no differences in the type of abuse between single and married women and between women in their first pregnancies, compared with those with more than

Table III. Abuse during pregnancy

Type of abuse	%
Physical	40
Sexual	19
Emotional / verbal	41

one child. Seventy-eight per cent experienced psychological problems during pregnancy and 7% had a preterm delivery. Thirteen per cent had medical and 9% obstetric problems. Most women (63%) were reconciled with their spouses; 92% for financial reasons and 6% for emotional reasons, while 2% were forced to reconcile. Some women (41.6%) sought social support, 19.4% did not seek support, while the rest (39%) did not have access to support. The sources of support included government services (14.3%), non-governmental organisations (12.6%), a relative (16.5%) and friends (56.6%).

Discussion

Estimates vary for the prevalence of domestic abuse during the current pregnancy and antenatal care; a range of 4 - 17% has been reported in the USA.[6] Much of this information is from affluent societies, with little or no information from sub-Saharan Africa. In the present study, conducted in a lower socioeconomic population, the prevalence of domestic abuse in the current pregnancy was 35%. This is an extremely high figure and has implications for clinical practice in poor countries. Clinical practice recommendations in the USAand UK highlight the importance of enquiring about domestic abuse as a routine component of antenatal care as domestic abuse is associated with significant social, medical and psychiatric consequences.[1,4] Screening in poorly resourced environments, however, may add to the workload of health care professionals already burdened by dealing with high prevalence rates of HIV. In addition, more support services in the form of appropriate counsellors, social workers and interactions with specially trained police officers will be necessary to attend to both victims and perpetrators of domestic abuse.

Although there are clinical practice recommendations on domestic abuse in the USA, only 27% of obstetrician-gynaecologists perform domestic abuse screening during initial prenatal visits.[7] Therefore, not only is universal screening required, but universal education for all health care professionals (doctors and midwives) is essential. This necessitates changes in undergraduate and postgraduate curricula, and a change in the way antenatal care services are provided in poorly resourced settings, i.e. a change from dealing with large groups of women to individualised care, so that privacy and confidentiality are ensured. Furthermore, in a recent editorial Jewkes[8] states that medical graduates need to be equipped with an understanding of gender issues in society and the dynamics of the impact of domestic violence on health.

In our study, information was obtained by directed interview. This may have underestimated the frequency of domestic abuse. Standard domestic abuse questionnaires have been shown to be superior to directed interviews in identifying domestic abuse in pregnancy.[9] Further investigation is necessary in settings such as ours, because of a low literacy rate.

We studied a lower socioeconomic population and evaluated various demographic characteristics. The evidence of differences in the prevalence of domestic abuse according to class, educational level, urban or non-urban residence, marital status or race is highly contentious in the published literature, and all studies show that levels of domestic abuse are high in all categories.[10,11] In South Africa, the incidence of spouse abuse is high and has been estimated to be in the region of 25%.[12] These acts of violence and abuse are rarely isolated events and tend to escalate in frequency and severity over time.[10]

A surprise finding in our study was the fact that among married women living in extended families the mother-in-law was perceived to be the abuser in 24% of cases. This type of domestic violence may be more prevalent in resource-poor countries where it is common for people to live in extended families, and the mother-in-law is the matriarch of the extended family. This needs more in-depth research.

In this study we set out to establish the prevalence of domestic abuse in a low-income community. Many cases of domestic abuse are unreported for various reasons. Hence it is necessary for all health professionals to be aware of the factors to be considered in suspected cases and to familiarise themselves with steps to be taken in such situations. There is no doubt that domestic abuse is common. More in-depth studies are required so that the relevant authorities can be presented with valid information.

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