

Violence Against Women in Vanuatu

A quantitative description of intimate partner violence against women who are pregnant in Sanma, Vanuatu



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Background and aim

More than 1 in 3 women worldwide have experienced intimate partner violence (IPV)¹. IPV can be classified into psychological, physical and sexual violence¹.

IPV occurs throughout women's adult life course, including during pregnancy².

All forms of IPV have extensive and deleterious health consequences, including perinatal mental health problems³.

Locally conducted, ethical and methodologically sound research is needed to inform public policies and services⁴.

Aim To describe the prevalence, patterns and determinants of psychological, physical and sexual IPV and association with mental health in women attending antenatal care in Sanma, Vanuatu.

Methods

Study design: Quantitative cross-sectional study using interviewer-delivered questionnaires.

Participants and recruitment: Population-based sampling of adult women who were pregnant and attending Northern Provincial Hospital antenatal clinic.

Data Sources: A modified, translated version of the World Health Organization Women's Health and Life Experiences questionnaire¹ was used.

Data Analysis: Descriptive analyses and logistic and linear regression models for associations.

Ethics: Approved by MUHREC and Vanuatu Ministry of Health. All participants were given information about local domestic violence services.



Left: Myself, Airine Manwo (interviewer) and Marie-Michel Manwo (Head of Antenatal Care). Right: Jeline Maltrey interviewing participant (consent for photo granted).

Results

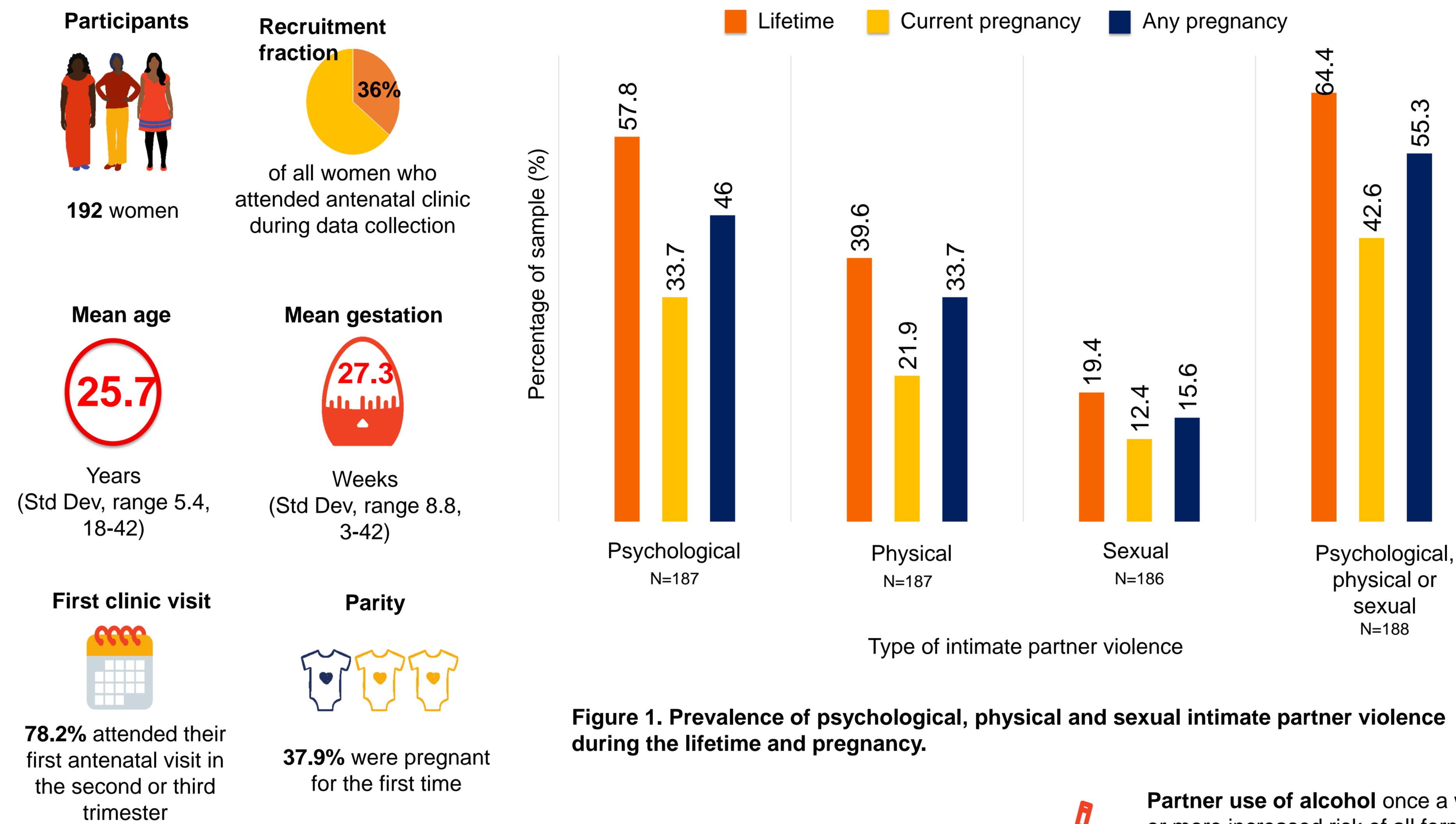


Figure 1. Prevalence of psychological, physical and sexual intimate partner violence during the lifetime and pregnancy.

Table 1. Pattern of intimate partner violence before and during pregnancy.

	Psychological Violence (N=108)		Physical Violence (N=74)		Sexual Violence (N=36)	
	n	%	n	%	n	%
Experienced at least one violent behaviour by current partner <i>before</i> current pregnancy but <i>not during</i>	35	32.4	30	40.5	11	30.6
Experienced at least one violent behaviour by current partner <i>during</i> current pregnancy but <i>not before</i>	15	13.9	10	13.5	5	13.9
Experienced at least one violent behaviour by current partner <i>both before and during</i> current pregnancy	55	50.9	34	45.9	19	54.3
Experienced at least one violent behaviour in lifetime but <i>not by current partner</i>	28	25.9	21	28.4	9	25.0

In this table N is the number of women who have experienced the type of violence by an intimate partner in their lifetime. n is the number of women who reported at least one violent behaviour within each violence type following each pattern. Many women experienced different patterns for different violent behaviours therefore the same woman may be represented in more than one row within the same column and the percentages of the four patterns do not sum to 100.

Partner use of alcohol once a week or more increased risk of all forms of IPV, including IPV during the current pregnancy (OR 3.5, 95% CI 1.4-8.7, p=0.006).

Women's employment increased risk of experiencing IPV and was strongly associated with physical IPV (OR 6.1, 95% CI 2.2-16.6, p<0.001).

IPV during the current pregnancy increased risk of **poor perinatal mental health** (Beta 0.39, p<0.001).

IPV during the current pregnancy increased risk of **late entry into antenatal care** (OR 3.0, 95% CI 1.1-8.1, p=0.031).

More than 97% of participants said they **felt better** at the end of the interview.

Conclusions

This study provides the most comprehensive description of intimate partner violence (IPV) during pregnancy in any low- or middle-income country in the South Pacific.

IPV against women who are pregnant is a significant public health concern in Vanuatu, with more than one in three women experiencing violence during their current pregnancy.

In Vanuatu, IPV during pregnancy most commonly represents a continuation of violence occurring before pregnancy.

IPV against women who are pregnant negatively impacts women's perinatal mental health and pregnancy care in Vanuatu.

Future Directions

Multi-sectoral action targeted at both men and women, aiming to reduce gender inequalities, is needed to address risk factors for IPV.

Strengthening of referral pathways and investment into services delivered by healthcare-providers is needed to prevent and manage IPV against women who are pregnant in Vanuatu.

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