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Physical, emotional and sexual violence during pregnancy in Malatya, Turkey

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Background: In Turkey, violence against women was established as a critical area of concern related to women and various prevention strategies have been developed since 1980. There are limited numbers of studies on violence during pregnancy in the country. This study was performed to determine the prevalence of physical, emotional and sexual violence during pregnancy in Malatya province and the associated factors. **Methods:** A cross-sectional interview survey was conducted among pregnant women living in Malatya province between October 2003 and May 2004. Stratified probability-proportional-to-size sampling methodology was used for selecting the study population. A total of 824 pregnant women from 60 clusters were studied. Association between violence prevalences and womens' sociodemographic, fertility and behavioural characteristics were evaluated. **Results:** During pregnancy 31.7% of women were exposed to any form of violence. Emotional violence was the most frequently reported form (26.7%), followed by sexual (9.7%) and physical violence (8.1%). Regular smoking [odds ratio (OR) 1.6], unwanted pregnancy (OR 1.8), living in urban area (OR 1.5), low education level of husband (OR 1.7), low family income (OR 1.9) and being in second trimester (OR 1.4) were determined to be the main predictors of overall violence during pregnancy. **Conclusions:** Violence during pregnancy is a common public health problem in Malatya. Low education level in partners, low family income, husband's unemployment, urban settlement, unwanted pregnancy and smoking should alert health staff towards violence at pregnancy and training of health personnel on the subject is recommended.

Keywords: emotional violence, physical violence, sexual violence, pregnancy

Prevention of violence was declared as a public health priority by the 49th World Health Assembly in 1996, emphasizing the increase in intentional injuries affecting people of all ages and both sexes, especially women and children, and its negative future impacts on psychological and social health of individuals and community.[1,2] Violence against women is defined as any act of physical, emotional or sexual violence that results in, or is likely to result in, any suffering or harm to women, including threats and deprivation of liberty, occuring either in public or private life committed by acquaintances or strangers.[3] It was shown that husbands were the most frequent perpetrators of violence. Victims of violence experience physical injury, mental health problems and physical problems like suicide attempts, cardiovascular disease, unwanted pregnancy, miscarriage, gynaecologic disease and substance abuse, which can all lead to hospitalization, disability or death.[4–6]

The reason for violence has been explained by multiple social, economic, cultural, biological and environmental factors. Young age, low income, low education status, involvement in aggressive or delinquent behaviour as an adolescent, alcohol and drugs use, personality factors (low self-esteem, depression, antisocial personality disorders), having experienced violence as a child, gender differences in society, rigid gender roles and traditional norms that support a man's right to inflict violence on his wife and the acceptance of such behaviour by society are some of the known related factors.[1,6]

Pregnant women are at high risk of violence. Young women under 30 years of age with a child are defined as typical victims of violence. However, it was also emphasized that violence might be escalated during pregnancy if initiated at childhood or adolescence.[1] Prevalence of violence among pregnant women in developing countries ranges from 4% to 29%.[7] Many studies have reported an association between violence and worse outcomes in pregnancy. Abused women are more likely to register late for prenatal care, suffer preterm labour or miscarriage, or give birth to low birth weight infants than non-abused controls.[8]

In Turkey, a countrywide survey conducted by governmental Family Research Institution in 1997 reported that physical and verbal violence prevalences were 16.5% and 12.3%, respectively, in married women. A study on pregnant women showed that 33.3% of pregnant women had been exposed to physical or sexual violence since the beginning of their pregnancy.[9–11]

Violence against woman is the most striking visible face of the unequal relationship between man and women through the ages. With the establishment of Turkish Republic in 1923, Turkish women were granted the rights to participatate in education, employment and political life equally with men as part of modernization project, and got many of their civil liberties. Later, adverse economic, political and social conditions created obstacles for further advencements in women's life. In 1985 Turkey signed the Convention on the Elimination of All Forms of Discrimination against Women, and in 1995 signed the Beijing Declaration. Thereafter, elimination of discrimination against women has become an integral part of subsequent government programs. Establishment of the Directorate General on The Status and The Problems of Women in 1990, adoption of Protection of the Family in 1998, 8 year compulsory education laws and the Civil Code were the latest achievements in reducing the gender differences in the society and preventing violence against women.[12,13]

Besides the legal amendments, other measures were taken to curb violence such as training health care personnel and security forces, opening counselling centers and shelters for abused women in colloboration with civil organizations, providing free psychological and legal aid to the sufferers and educating women and girls of their legal rights and support.[12–14]

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There are limited numbers of studies on violence during pregnancy in Turkey, and to our knowledge none in Malatya. The purpose of this study is therefore to determine the prevalence of physical, emotional and sexual violence experienced since the beginning of pregnancy amongst pregnant women living in Malatya province, and to investigate its association with sociodemographic, fertility and behavioural factors.

Methods

Study population

The studied population was pregnant women who were resident in Malatya province located in eastern Turkey. According to the 2000 census, the total population of Malatya was 853 658. About 15 000 live births were reported to Health Directorate from health institutions every year, and most of them (70%) were occured in urban areas.

Sampling

Stratified probability-proportional-to-size sampling methodology was used in selecting the study population. In Malatya, prenatal care is given by health units. Health units were divided into subpopulations of 2000–3000, called health houses. Health houses were selected as sampling units in the study. The list of all health houses and their populations was obtained from Malatya Health Directorate. Malatya was divided into two stratums, urban and rural. Settlements without a municipality and all villages were recruited as rural areas. A cumulative list of the health houses' (separately in urban and rural areas) populations was created and 30 clusters were selected by systematic sampling method from a random start in each stratum. The target sample size of 900 was allocated to urban and rural areas as 70% and 30%, respectively. Selecting nine women per cluster in rural (a total of 270 women) and 21 women in urban settlements (a total of 630) was planned. However, owing to absence at home, being reluctant to participate and access difficulties to two villages, 580 pregnant women in urban and 244 women in rural settlements were interviewed, giving a total of 824 women. Thus, the coverage rate was 91.6%. Completion of the first 3 months of pregnancy was determined as selection criteria. The pregnant women who complied with the criteria were selected randomly by using the list of pregnancy monitoring cards at health houses.

Data collection

Permission from the Rector of University, the Governor of Malatya and the Director of Malatya Health Directorate was given to conduct the field survey. Data collection was performed between October 2003 and May 2004 by two teams with three persons in each team. In rural areas, selected women were visited at their homes in association with midwives, while in urban areas they were invited to the health units. After giving voluntary and informed consent, women were administered a questionnaire including items about violence, and demographic, behavioural and fertility characteristics of women. Interviews were conducted at a room where the interviewer and the women were alone for privacy. The violence questionnaire was quoted from the Abuse Assessment Screen.[15] A questionnaire pretest was conducted on a different group of pregnant women before the survey.

Measuring violence

The form and prevalences of violence was defined as follows.
Overall violence. If the women had ever been exposed to any physical, emotional or sexual violence defined below since the begining of pregnancy.
Physical violence. If the women had ever been hit, pushed, slapped, kicked or physically hurt in some other way since the begining of pregnancy.
Emotional violence. If the women had ever been humiliated, scorned, insulted, threatened to hit, kill, left, felt frightened or parted from her children or shouted at loudly since the begining of pregnancy.
Sexual violence. If the women had ever had sex because of her husband's physical or verbal force since the begining of pregnancy.
To determine the level of violence before the pregnancy, the above definitions were used and women asked the ever-frequency of these events since the begining of marriage until the current pregnancy.

Statistical analysis

Data entry and statistical analysis was performed using the SPSSWIN 9.0 program. χ^2-test was performed to detect any association between violence prevalences and independent variables. Differences in violence prevalences before and during pregnancy were tested using the McNemar test. A *P*-value of <0.05 was considered statistically significant. Backward logistic regression analysis was performed to evaluate the independent association existing between the potential risk factors and violence. Independent variables that were significant at the $P = 0.10$ level in univariate analysis were included in multivariate analysis to control for confounding in regression models. Family income, women's and husband's education level, husband's occupation, number of living children, unwanted pregnancy, cigarette smoking and residence were included in regression model as dichotomous variables; duration of marriage was included as continuous variable. The results were presented in odds ratios (ORs) and 95% confidence intervals. The violence prior to pregnancy showed a strong association with violence at pregnancy in McNemar test, so it was not included in the multivariate analysis.

Results

The average age of the pregnant women interviewed was 26.5 ± 0.2 years; 10.2% were illiterate, 55.1% completed 5 years of primary school education. The frequency of illiterate partners (2.5%) were significantly lower than the women. The average number of live births was 1.3 ± 0.05 and living children was 1.2 ± 0.05. The mean monthly income was 409 ± 11.7 million Turkish Liras (about $272). Prevalences of different forms of violence during and before pregnancy were presented in table 1.

Overall, physical, emotional and sexual violence prevalences before pregnancy were 36.3%, 16.3%, 30.8% and 8.5%, and during pregnancy were 31.7%, 8.1%, 26.7% and 9.7%, respectively, as shown in table 1. The decrease in prevalences at pregnancy were statistically significant except for sexual violence ($P < 0.05$). The prevalence of sexual violence increased during pregnancy ($P > 0.05$). When those who were exposed to overall violence during pregnancy were examined seperately, it was observed that the frequency of physical violence was decreased while the frequencies of emotional and sexual violence were increased ($P < 0.05$) (table 2).

The husband was the perpetrator in almost all physical violence cases (97.0%); the other two perpetrators (3.0%) were mother-in-law in one case and brother-in-law in the other. Both perpetrators were members of the extended families. The source of violence was again the husband in the majority of emotional violence cases (81.4%). The other emotional violence perpetrators were mother-in-law (16.4%), father-in-law (4.1%), sister-in-law (3.6%) and brother-in-law (3.2%). When evaluated according to family structure, it was observed that in extended families, 13.8% (47/341) of the perpetrators

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Table 1 Prevalences of different forms of violence during and before pregnancy

Before pregnancy	During pregnancy [*n* (%)]			McNemar test
	Yes	No	Total	
Overall violence				
Yes	225 (75.3)	74 (24.7)	299 (36.3)	$P = 0.000$
No	36 (6.9)	489 (93.1)	525 (63.7)	
Total	261 (31.7)	563 (68.3)	824 (100.0)	
Physical violence				
Yes	51 (38.1)	83 (61.9)	134 (16.3)	$P = 0.000$
No	16 (2.3)	674 (97.7)	690 (83.7)	
Total	67 (8.1)	757 (91.9)	824 (100.0)	
Emotional violence				
Yes	197 (77.6)	57 (22.4)	254 (30.8)	$P = 0.000$
No	23 (4.0)	547 (96.0)	570 (69.2)	
Total	220 (26.7)	604 (73.3)	824 (100.0)	
Sexual violence				
Yes	41 (58.6)	29 (41.4)	70 (8.5)	$P = 0.275$
No	39 (5.2)	715 (94.8)	754 (91.5)	
Total	80 (9.7)	744 (90.3)	824 (100.0)	

Table 2 Frequencies of exposure or not exposure to different form of violence before pregnancy among those who exposed to violence during pregnancy (total sample $n = 261$)

	Form of violence							
	Overall violence		Physical violence*		Emotional violence*		Sexual violence	
	n	%	*n*	%	*n*	%	*n*	%
During pregnancy	261	100.0	67	25.7	220	84.3	80	30.7
Before pregnancy	225	86.2	97	37.2	204	78.2	59	22.6

The denominator is the number of total sample (261) for all percentages
*$P < 0.05$ (McNemar test was performed to determine the differences in prevalences before and during pregnancies for each form of violence seperately)

were in-laws, whereas this value was 2.3% (11/483) in nuclear families.

Tables 3 and 4 show the distribution of violence prevalences by sociodemographic characteristics and by fertility/behavioural characteristics, respectively.

Regarding the sociodemographic characteristics, it was observed that the frequency of overall violence was strongly associated with both partners' education level, husbands' occupation and family income ($P < 0.05$). Being exposed to violence was least frequent among women whose husbands were officers. Violence was decreased significantly by the increase in monthly family income. Violence was more common in women who lived in urban settlements and who were housewives, but these differences were not statistically significant ($P > 0.05$). Overall violence was not associated with the age of the women and family structure (table 3). Trimester, unwanted pregnancy, number of living children and duration of marriage were the fertility factors that were associated with overall violence ($P < 0.05$). Overall violence was more frequent among the women in the second trimester, who did not want the pregnancy at that time or anytime later, who had three or more living children and whose duration of marriage was four or more years. Overall violence was significantly higher among women who were smoking regularly during pregnancy (table 4).

The interaction of physical, emotional and sexual violence with the above-mentioned independent variables were evaluated seperately. Husband's education level and occupation, family income, unwanted pregnancy and smoking were associated with all forms of violence. Additionally, women's education level was associated with sexual violence, and duration of marriage was associated with physical violence. Women's education level, residence, number of living children, duration of marriage and trimester were the additional factors associated with emotional violence ($P < 0.05$). None of the employed women and women with a university degree reported any sexual or physical violence (tables 3 and 4).

Of the women who were exposed to violence, 37.9% had shared their experience with somebody before the survey. They mostly shared these problems with their first (40.4%) and second (34.3%) degree relatives. Friends and neighbours were constitued 24.2% of the shared people. Only 2.0% of the women had shared their problems with health personnel.

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Table 3 Distribution of violence prevalences by the sociodemographic characteristics of the pregnant women

Sociodemographic characteristics	Violence prevalence during pregnancy				Total No.
	Overall	Emotional	Physical	Sexual	
Age					
15–19 years	35.7	30.0	10.0	11.4	70
20–24 years	31.5	24.7	10.0	10.4	279
25–29 years	29.5	25.2	6.8	8.5	234
30–34 years	30.0	25.6	6.9	9.4	160
35–39 years	37.9	36.4	7.6	9.1	66
≥40 years	40.0	40.0	0.0	13.3	15
Education level	*	*		*	
Illiterate	44.0	38.1	8.3	11.9	84
Primary incomplete	41.0	35.9	12.8	17.9	39
Primary complete	31.7	26.0	9.3	10.6	454
Secondary complete	33.7	27.6	8.2	9.2	98
High school complete	23.1	21.4	4.3	5.1	117
University or college education complete	12.5	12.5	0.0	0.0	32
Occupation					
Housewife	32.2	27.1	8.4	10.0	802
Employed	13.6	13.6	0.0	0.0	22
Husband's education level	*	*	*	*	
Illiterate	52.4	42.9	4.8	14.3	21
Primary incomplete	63.6	54.5	9.1	27.3	11
Primary complete	39.8	34.1	12.6	12.0	334
Secondary complete	29.2	24.7	5.6	10.1	178
High school complete	22.1	17.8	4.2	6.6	213
University or college education complete	16.4	13.4	6.0	3.0	67
Husband's occupation	*	*	*	*	
Worker	35.5	30.3	8.2	13.2	304
Farmer	31.8	23.6	8.2	9.1	110
Trades	27.7	23.8	6.1	6.1	231
Official duty	14.6	11.2	4.5	5.6	89
Unemployed	45.6	41.1	16.7	12.2	90
Family income (Turkish Lira)	*	*	*	*	
≤250 million	44.8	39.2	12.5	15.3	288
251–500 million	26.8	21.5	6.1	7.5	358
501–750 million	24.0	20.0	4.0	6.7	75
751–1000 million	18.7	14.7	6.7	4.0	75
≥1000 million	14.3	14.3	3.6	3.6	28
Family structure					
Nucleer	32.7	27.7	8.7	11.4	483
Extended	30.2	25.2	7.3	7.3	341
Residence		*			
Urban	33.6	29.3	8.4	10.5	580
Rural	27.0	20.5	7.4	7.8	244
Total	31.7	26.7	8.1	9.7	824

*$P < 0.05$, χ^2-test

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Table 4 Distribution of violence prevalences by fertility/behavioural characteristics of the pregnant women

Fertility/behavioural characteristics	Violence prevalence during pregnancy				Total No.
	Overall	Emotional	Physical	Sexual	
Trimester	*	*			
Second (4–6 months)	34.7	29.4	7.8	11.1	524
Third (7–9 months)	26.3	22.0	8.7	7.3	300
Unwanted pregnancy	*	*	*	*	
Yes	46.3	39.0	11.9	15.8	177
No	27.7	23.3	7.1	8.0	647
Number of living children	*	*			
0	25.3	21.5	7.1	6.2	340
1	36.6	29.5	10.1	12.3	227
2	28.3	23.2	6.5	11.6	138
3	40.7	39.0	6.8	10.2	59
4+	48.3	41.7	11.7	15.0	60
Duration of marriage	*	*	*		
≤1 year	22.3	17.5	5.3	5.3	206
2–3 years	27.7	22.6	10.2	8.0	137
4–5 years	45.0	40.0	13.0	14.0	100
6–7 years	37.4	27.1	12.1	13.1	107
8–9 years	29.3	28.0	0.0	10.7	75
≥10 years	35.2	31.7	8.0	11.1	199
Regular smoking during pregnancy	*	*	*	*	
Yes	43.0	38.7	13.4	14.8	142
No	29.3	24.2	7.0	8.7	682
Total	31.7	26.7	8.1	9.7	824

*$P < 0.05$, χ^2-test

After logistic regression analysis, the independent predictors of overall violence during pregnancy were found to be cigarette smoking (OR 1.6), unwanted pregnancy (OR 1.8), residence (OR 1.5), education of husband (OR 1.7), family income (OR 1.9) and trimester (OR 1.4). Independent predictors of emotional violence were the same as overall violence with the exception of trimester. For physical violence the predictors were smoking, and education and occupation of the husband. Smoking and unwanted pregnancy remained the two risk factors for sexual violence (table 5).

Discussion

The overall violence prevalence during pregnancy was 31.7%, which indicates that exposure to violence is common among pregnant women in Malatya. A study carried in another eastern province, Van, showed a similar result, reporting a 33.3% prevalence of physical or psychological violence among pregnant women in 2002.[11] Violence prevalence during pregnancy has been reported to be between 4–29% in developing countries.[7,16] Prevalence as low as 0.9% was reported in Sampselle's study in the US.[17] In our study, emotional violence was the most common (26.7%), followed by sexual (9.7%) and physical violence (8.1%). The prevalence of physical abuse during pregnancy was found to be between 4–8% by various investigators.[18] However, physical violence prevalences of 15% and 20% have also been reported in USA and Pakistan, respectively.[19,20] In this study, the sexual violence prevalence was between those reported from UK (10%) and Israel (5.6%).[21,22] A prevalence of 3.3% was reported from Sweden.[23]

It could be expected that pregnancy imparts protection from violence. However, some studies have reported that violence appears or escalates during pregnancy.[1,24] The results of our study showed that 86% of abused pregnant women were also exposed to violence prior to pregnancy. During pregnancy there was a significant decrease in overall violence, especially in physical violence, whereas emotional and sexual violence were increased. Meanwhile, 4% (36/824) of the women experienced violence for the the first time at pregnancy (table 1).

Studies have shown that emotional abuse increases over the course of pregnancy, whereas physical and sexual violence decrease. This may be due to the concern about stigma against physically injuring a pregnant woman. Thus, partners might reduce their level of physical and sexual violence, but increase emotional abuse such as insults, threats and humiliation.[25] Contrary to the literature, we found an increase in sexual violence during pregnancy, which may arise from insufficient sexual knowledge or from the aggressive personal characters of partners. Sahin *et al.* reported that only 43.7% of abused women

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Table 5 Risk of being exposed to violence during pregnancy (logistic regression model)

	B	SEM	*P*-value	OR	95% CI
Independent variables					
Overall					
Cigarette smoking (regular smoker)	0.4959	0.1985	0.0125	1.6420	1.1128–2.4229
Unwanted pregnancy (Unwanted)	0.5754	0.1845	0.0018	1.7779	1.2383–2.5526
Residence (urban)	0.3748	0.1789	0.0362	1.4546	1.0245–2.0655
Education of husband (illiterate or less than 8 years)	0.5145	0.1675	0.0021	1.6727	1.2045–2.3230
Income (≤minimum wage)	0.6483	0.1680	0.0001	1.9124	1.3759–2.6581
Trimester (4–6 months)	0.3522	0.1665	0.0344	1.4222	1.0262–1.9710
Physical					
Cigarette smoking (regular smoker)	0.6269	0.2943	0.0332	1.8718	1.0513–1.3324
Education of husband (illiterate or <8 years)	0.8722	0.2706	0.0013	2.3922	1.4076–4.0654
Occupation of husband (unemployed)	0.8618	0.3238	0.0078	2.3675	1.2550–4.4662
Emotional					
Cigarette smoking (regular smoker)	0.5709	0.2033	0.0050	1.7699	1.1882–2.6365
Unwanted pregnancy (Unwanted)	0.4817	0.1913	0.0118	1.6188	1.1127–2.3550
Residence (urban)	0.5493	0.1928	0.0044	1.7321	1.1871–2.5273
Education of husband (illiterate or <8 years)	0.5140	0.1768	0.0036	1.6720	1.1824–2.3643
Income (≤minimum wage)	0.7029	0.1788	0.0001	2.0196	1.4227–2.8670
Sexual					
Cigarette smoking (regular smoker)	0.5875	0.2761	0.0333	1.7996	1.0476–3.0914
Unwanted pregnancy (unwanted)	0.6550	0.2563	0.0106	1.9252	1.1649–3.1815

were satisfied with their sexual life.[11] These findings necessitate sexual education for spouses, especially during pregnancy.

The perpetrator was the husband in majority of cases, in accordance with the literature. Husband's first degree relatives constitued almost one-fifth of the perpetrators in emotional violence. In-laws committed violence more frequently in extended families. The sociocultural structure that approves the dominance of family elders in family affairs might be the reason for such violence in our society. A study among the pregnant women in Karachi showed that presence of in-laws was the most common reason for marital conflicts in the household.[20] A study carried out in the US on immigrants from Bangladesh demonstrated that abuse was most frequently commited by the husband and in-laws.[26] A study conducted on women from different sociocultural groups and regions of Turkey showed that intervention of the mother in-law in family affairs was a sufficient reason for divorce, with a frequency of 7–22%.[27] Despite the increase in urbanization and living as nuclear families, some families still carry out their business relations with their relatives. In-laws may intervene in child care, dressing, cooking and social life, and the custom of obeying and respecting in-laws may lead to conflict.[28,29] Taking into account the above factors, socioculturally appropiate intervention strategies were recommended to prevent the domestic violence.[20]

Our study showed that regular smoking (OR 1.6), unwanted pregnancy (OR 1.8), living in an urban area (OR 1.5), low education level of husband (OR 1.7), low family income (OR 1.9) and being in second trimester (OR 1.4) were all the main predictors for emergence of overall violence during pregnancy. Predictors were the same for emotional violence with the exception of trimester factor, which means that emotional violence may occur irrespective of stage of pregnancy. Regularly smoking women (OR 1.9), and women having unemployed (OR 2.4) and low educated partners (OR 2.4) were at higher risk for physical violence. Cigarette smoking (OR 1.8) and unwanted pregnancy (OR 1.9) were also the main risk factors for sexual violence. As a result of this analysis, it cannot be concluded that smoking and unwanted pregnancy were the direct reasons for being exposed to violence during pregnancy, since the questionnaire did not involve related questions. However, we know from our observations that smoking pregnant women are scolded by their husbands or other family members. Therefore, these two factors may be the potential risks for violence. Similar to our result, women subjected to violence were found to be statisticaly more likely to smoke among a central Mediterranean pregnant population.[30]

It can be inferred that illiteracy or low education level, unemployment, poverty, unwanted pregnancy, unhealthy behaviours like smoking, urban life and violence are altogether part of a vicious circle. Violence should be questioned particularly at prenatal care in the presence of risk factors. Violence seems to be a hidden problem, since 62% of the women shared their violence problem for the first time with the researchers, and only 2% had shared their problem with a health care personnel before this questionnaire. Women might feel they have to hide their violence problems, or they might be unaware of the problem or degree of its seriousness.[31]

Pregnancy is accepted as a respectful period and caring for pregnant women is a cultural value in Turkey. Despite the achievements with laws, support services and special programs, the magnitude of the violence problem during pregnancy observed in our study reminds a social insensitivity or alineation

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that might be related to low living standards arising from unemployment and low family income. The Turkish Demography and Health Survey in 2003 showed that 39% of reproductive age women accepted violence as the right of their husband if they did not obey him.[31] Such high percentages and findings of our survey showed that violence is a social problem that might be accepted as normal in some environments (the poor and the illiterate) or internalized by some women since the level of reporting is too low.[32] With the Protection of the Family law,[13] the offenders were subjected to various punitive measures including imprisonment. Within 3 years of adoption of the law, a total of 7613 domestic violence cases reached the courts, of which 7449 have been finalized.[12] However, Taşdöven reported that 57% of the cases applying to police were dissuaded by the officials before reaching the court.[33] It seems that the problem cannot be solved only by legislations and special programs, unless socioeconomic problems resolve.

There are a few studies on violence against women in Turkey and the struggle against violence is still at an early stage. This is the first study, to our knowledge, in Malatya province, even the first province-wide survey in Turkey, addressing women's experiences of violence during pregnancy. The study had some limitations. Although the survey was conducted face-to-face and all efforts were made to create a comfortable environment and to assure participants that their responses would be confidential, women might be reluctant to report violence against them due to stigmatization or externalization doubt. The frequency and nature of violence, violence history at childhood or adolescence, alcohol use of husband, duration of living in urban area and detailed marriage history like bride price and custom-made marriage were not questioned. However, the study presented important information about violence during pregnancy and our findings illustrate the importance of conducting future research on causal interactions and pregnancy outcomes.

In conclusion, our study showed that about one-third of pregnant women in Malatya are exposed to violence. The golden opportunity of antenatal care should be used to diagnose, assess and prevent domestic violence throughout the province and country, and education of health personnel on the subject should be started urgently. We suggest that, owing to the ease of access, diagnostic and preventive services related to violence should be started at the time of pregnancy, delivery or abortion, and this might be a starting point in handling and in determining the magnitude of violence problem in the society. Structured questionnaires that are being used in some countries for this purpose should be also used in Turkey.[10,34] Violence cases should be monitored not only in consultation of different medical specialists, but also in cooperation with social service suppliers. Previously mentioned special programs on community awereness and community support should be continued countrywide, as well as at the provincial level.

Key points

- There is lack of research on violence and causal factors during pregnancy in Turkey.
- One-third of pregnant women in Malatya are exposed to any form of violence, indicating that violence is common.
- Emotinal violence was the most frequent form of violence in pregnacy, followed by sexual and physical violence.
- Urban residence, smoking, unwanted pregnancy, unemployed and low educated husbands, and low family income were the main risk factors.
- In-service training of health personnel and assessing and preventing violence at antenatal care was recommended.

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