



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

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Mental illness and economic factors linked to violence against pregnant women in low-income settings - UCT study

Intimate Partner Violence (IPV) in South Africa is a silent public health epidemic and is often referred to as the 'second highest burden of disease after HIV/AIDS'. South Africa also has the highest reported intimate femicide rate in the world, with half of the women murdered in South Africa being killed by their intimate partner.

A recently published study by the University of Cape Town's (UCT) Perinatal Mental Health Project (PMHP), in the Department of Psychiatry and Mental Health, explored the contextual elements concerning violence against pregnant women in a low-resource setting in Cape Town. The study explored the link between mental illness, demographics, psychosocial and economic factors and IPV.

Sally Field, lead author of the study, states: "Violence against pregnant women in its most severe form has been reported as a contributing cause of maternal deaths. Most cases of domestic violence are not being reported to police or healthcare providers. Therefore, existing studies are likely to underestimate the prevalence of intimate partner violence."

The researchers found a strong association between mental health problems, a history of mental illness and IPV. An analysis of 95 counselling case notes revealed that a third of these women reported domestic violence, with 55% indicating that the abuse was perpetrated by someone in the household who was not an intimate partner.

The study defined domestic violence as "any physical, sexual, psychological or economic abuse that takes place between people who are sharing, or have recently shared a residence". Domestic violence is usually perpetrated by intimate partners. However, the researchers emphasised that in the context of low-resource settings, such violence is not limited to intimate partners, but can extend to family members who reside within the same household.

The devastating physical, mental and social consequences of abuse are mostly hidden. Women who experience abuse are twice as likely also to experience physical and mental health problems compared to non-abused women.

IPV has far-reaching consequences, sometimes lasting for several generations. There is strong evidence that intimate partner violence coincides with high HIV infection rates, mental illness, poor child development and chronic disease in a vicious cycle. The cost to the economy and the burden on health services are considerable, since women in abusive relationships have greater need for these services.

This study found that 15% of the sample of women reported intimate partner violence during their pregnancy. It also revealed that abuse in the past, and poverty-related factors such as food insecurity, unemployment and unwanted pregnancies were significantly associated with violence during pregnancy.

The main themes emerging from the qualitative analysis of the case notes were that alcohol and substance abuse by members of the family were a contributing factor to violence; having previously experienced abuse affected current interpersonal relationships in the home; and violence was perceived as “normal behaviour” for many of the participants.

The research team hopes to contribute towards a greater understanding of the risk profile for domestic violence among pregnant women in low-income settings and to consider that violence in the home may be perpetrated by non-intimate partners and may be enabled by a pervasive belief in the acceptability of the violence.

Notes to editors

The study “Domestic and intimate partner violence among pregnant women in a low resource setting in South Africa” was published in BMC Women’s Health [online as an open source publication](#).

The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town, located within the Alan J Flisher Centre for Public Mental Health, at the Department of Psychiatry and Mental Health. They have been operating since 2002, and partner with state agencies and other non-profit organisations to achieve health and social development objectives for mothers living in adversity.

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Issued by: UCT Communication and Marketing Department

Nombuso Shabalala

Head Media Liaison
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 4190
Cell: (076) 473 5882
Email: nombuso.shabalala@uct.ac.za
Website: www.uct.ac.za