Letter to Editor

The Effect of Anxiety Caused by the COVID-19 Pandemic on Domestic Violence Against Pregnant Women

Faezeh Ramezani 1, *Forouzan Olfati 2

1. Student Research Committee, Qazvin University of Medical Sciences, Qazvin, Iran.
2. Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Qazvin, Iran.

Extended Abstract

In December 2019, cases of pneumonia were reported in China due to a new coronavirus. On March 11, 2020, the World Health Organization (WHO) announced this disease as a pandemic, provoked global anxiety [1]. This acute respiratory illness is called Coronavirus Disease 2019 (COVID-19) [2, 3]. It can cause a wide range of symptoms, from cold-like to acute respiratory symptoms, and lead to acute pneumonia and death [4]. Taking care of the vulnerable population is one of the important measures in management of infectious diseases [5]. There is no reliable statistics about the infected pregnant women, but they need special attention according to previous epidemics (Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)) [6-9]. During pregnancy, physiological changes occur that make mothers susceptible to infections, especially those that affect the cardiovascular and respiratory systems [5, 7]. Upward movement of the diaphragm and increased transverse thoracic diameter greatly reduce the maternal tolerance to hypoxia [10]. Pregnant women need frequent visits for prenatal care; hence, they are more at risk [1]. In a study, out of 12 pregnant women with COVID-19, three died, 50% of those who were infected in the first trimester had an abortion, and of those infected in the second or third trimester, 40% had intrauterine growth retardation and 80% had preterm labor [2]. Mothers have more worries and subsequently anxiety during the pregnancy period (pregnancy-related anxiety) and the COVID-19 pandemic can increase this anxiety [8]. Lack of information on transmission ways, risk factors, restrictions, access to health care and counseling services during pregnancy, delivery, and after delivery has increased mothers’ concerns [8]. False and exaggerated information about this disease have also increased their fear and anxiety [11, 12]. Anxiety is characterized by a concern about an impending and intolerable catastrophe. According to a survey in March 2020, more than half of women who were not previously concerned about their health, became anxious about it [13].

Anxiety in pregnant women during the COVID-19 pandemic can be due to the following cases: Rapid spread of the disease, unfavorable conditions of isolated patients, lack of effective medication, related high mortality, concerns about their elderly relatives, children and babies being born, breastfeeding and caring for their baby alone; and the risk of catching COVID-19 while on the way to the hospital [6, 8, 13]. Complications of maternal anxiety are preeclampsia, depression, increased nausea and vomiting in pregnancy, premature delivery, low APGAR score, and low infant weight [6, 8]. Low mental health is also in women who struggle with complicated life issues such as poverty, unemployment of husband due to quarantine, their financial...

* Corresponding Author:
Forouzan Olfati
Address: Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Qazvin, Iran.
Tel: +98 (912) 1826082
E-Mail: folfati@qums.ac.ir
problems, and domestic violence [11, 14]. In Iran, mental health screening and assessment of mental issues such as fear, depression and anxiety, should be performed during each prenatal visit. Due to the COVID-19 outbreak, pregnant women need more emotional and social support than before. Imposing restrictions and lockdown along with the reduction of these supports, have led to the increase of domestic violence [6, 15]. Domestic violence against women has increased by 300% since the onset of COVID-19 in China [11].

Home is a safe and quiet place, but for those who are victims of violence it is a place of physical, sexual and psychological abuses [3]. According to WHO, "violence is the intentional use of physical force or threats against oneself, another person, or a group or community, each of which is likely to cause physical, psychological damages or death" [16]. One of the most common type of violence against women is committed by their husbands, which is called “domestic violence” [17]. Domestic violence has many types. The first type is physical abuse which is an act causing injury to the body by beating, hitting, etc. The second type is psychological abuse caused by insulting, threatening, and humiliation. The third type is social abuse caused by restricting, isolating and loneliness, and forbidding communication with acquaintances. The other type is sexual abuse [16]. Signs of physical violence are myalgia, headache and migraine, chill and hot flashes, digestive disorders, and high blood pressure, and the signs of psychological abuse are insomnia, nightmare, sadness and distrust, low self-esteem and difficulty in memorization [18]. Adverse effects of domestic violence on pregnant women include: Increase in sexually transmitted diseases, abortion, low birth weight, intrauterine growth disorder, alcohol use, unwanted pregnancy, gastrointestinal problems, death, disability, abnormal genital bleeding, stillbirth, preterm delivery, pelvic inflammatory diseases, post-traumatic stress, and anxiety [16, 17, 19]. Due to these effects, the pregnant woman's immune system becomes very weak and makes her susceptible to viral diseases such as COVID-19 [19]. Mothers exposed to domestic violence are also at risk for mental disorders such as anxiety [20]; hence, it can be said that they enter a vicious cycle of anxiety and domestic violence. That is, anxiety increases violence and violence causes anxiety which must be stopped.

In addition to individual effects, domestic violence has adverse social effects including increased treatment cost due to the above-mentioned complications, reduced capability to work, divorce, polygamy, and increase in the number of children [16]. Violence against women has always been condemned, but against pregnant women has received more attention to due to the mentioned adverse effects [18]. In a study conducted in Tehran, Iran, the prevalence of physical abuse during pregnancy was estimated to be 10.7% [17]. A 150% increase in visiting the refugee website, a 25% increase in phone calls for reporting the domestic violence in England, a 40-50% increase in Brazil and a 20% increase in a region of Spain indicate that the prevalence of domestic violence due to COVID-19 is increasing rapidly [3]. According to the World Bank document, about 19% of women's physical and mental illnesses are due to domestic violence [17]. Domestic violence is not a minor issue that is limited to specific regions; it is a global health problem that has become an epidemic and requires immediate actions [19]. Some women who are victims of domestic violence, are reluctant to report the acts of violence against them, because they do not recognize these acts as violence [18]. Since women have frequent visits to health care providers during pregnancy and a kind of trust is formed between them. It is a good time to diagnose the domestic violence [21].

Although many studies have been conducted on this disease in a short period of time, many questions have remained unanswered [1]. Despite many unknown in the treatment of Couvade -19 seem more promising compared to past epidemics (MERS And SARS), it is necessary to include mental health and counseling interventions in future management programs [7, 11, 12, 22]. Lack of knowledge about the mental health status of pregnant women and factors affecting it and the short-term and long-term psychological problems of mothers during epidemics are serious issues in the field of proper care for pregnant mothers [11]. Despite many studies on the prevalence of domestic violence in recent years, less studies have been conducted on the health effects of violence [19]. Unfortunately, less attention has been paid to the victims of domestic violence, while national and local authorities can support them [3]. In the conducted studies, no answer has yet been found to the question of how mothers and their families can be supported [1, 8, 9]. The Commission on the Status of Women (CSW) has approved that a life free of violence is a fundamental human right of every man, woman and child, and it is time for immediate action [19]. The present paper was written to attract the attention of experts and politicians to this field.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Research Ethics Committee of Qazvin University of Medical Science (Code:IR. QUMS.REC.1399.069)
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Authors’ contributions

Conceptualization, methodology, investigation, resource, writing original draft: Forouzan Olfati and Faezeh Ramezani; Supervision and editing: Forouzan Olfati.

Conflicts of interest

The authors declared no conflict of interest.

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نقش اضطراب در خشونت خانگی زمان بارداری در دوران پاندمی کووید-۱۹

فاصله رمضانی

۱. كمیته تحصیلات فکری، مدرک علمی-پژوهشی دانشگاه علوم پزشکی قزوین، ایران.
۲. مرکز تحقیقات مولفه اجتماعی، مورتسلاند، دانشگاه علوم پزشکی قزوین، ایران.

در سال ۲۰۲۰ میلادی نیروی پزشکی به مبارزه با کووید-۱۹ ودیده شد که بیماری موجب افزایش اضطراب در جمعیت به طور سراسری شده است. این اضطراب همراه با افزایش خشونت خانگی است. در این مقاله، در مورد این اضطراب در دوران پاندمی کووید-۱۹ اطلاعات و بررسی‌هایی ارائه می‌گردد.

اکثریت زنان باردار در دوران پاندمی کرونا در خطر اضطراب هستند. زنان باردار در دوران بارداری، زایمان و پس از زایمان نیاز به توجه ویژه دارند. دچار اضطراب این بابت شده‌اند و از بین کسانی که در ماه دوم و سوم مبتلا شدند، سه نفر از آن‌ها فوت کردند. این بیماری تنفسی حاد به نام کووید-۱۹ نام گذاری شد و در کشور چین مشاهده شد که همه آن یک کرونا ویروس جدید بوده است. این بیماری به سرعت در جهان گسترش یافت و از ۱۱ مارس تا ۲۰ مارس ماه مجموعا ۲۰۰۰ نفر در این بیماری درگذشتند.

از جمله عواملی که به افزایش اضطراب در زنان بارداری انجامیده‌اند، می‌توان به عوامل زیر اشاره کرد:

۱. اضطراب خاص بارداری: زنان باردار در دوران بارداری و زایمان در معرض خطر بیماری‌های تنفسی هستند که به نام کرونا ویروس به نام کووید-۱۹ شناخته می‌شود.

۲. خشونت خانگی: خشونت خانگی در زنان بارداری بیشتر اتفاق می‌افتد و می‌تواند باعث آسیب‌های جسمی و روانی شود.

۳. فقر و بیکاری: بیکاری و فقر در دوران پاندمی کرونا، باعث افزایش استرس و اضطراب می‌شود.

کنار گذاشتن این عوامل، انجام بهترین بهداشتی و سلامتی در زنان بارداری باید تا این اضطراب حذف شود. به‌طور کلی، نیاز به توجه ویژه و بهداشت مناسبی است. در مقاله، انتخاب و بررسی یک بازیابی تعادلی و بهترین بازیابی از عوامل بالا برای افزایش سلامتی زنان بارداری ارائه می‌گردد.
با توجه به آمار و ارقام، در تاریخ ۱۹ خرداد ۱۳۹۹ در جراحی‌های زنان، در پایان‌نامه کارشناسی ارشد فائزه رمضانی، که توسط کمیته جنایی کمیسیون وضعیت زنان، به اشتراک گذاری شده است، به منظور اجرای مطلب این پایان‌نامه، به کلیه مراکز بهداشتی و بهره‌برداری در استان‌های مختلف کشور و سیاست‌گذاران به این حوزه نگاشته شده است.

در مورد آمار شیوع خشونت خانگی در کشور، دریافت‌ها و مصاحبه‌های متعددی با زنان در بارداری و بعد از کودک‌تنهایی نشان داد که هر سه درصد زنان باردار و چند درصد زنان باردار و بعد از کودک‌تنهایی، در طول این مدت کوتاه به شدت خشونت خانگی، وابستگی و مشکلات جسمی و روانی نزدیک به یک درصد به شدت خشونت خانگی، وابستگی و مشکلات جسمی و روانی نزدیک به یک درصد توانسته‌اند.

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در این پایان‌نامه، به منظور اجرای مطلب این پایان‌نامه، به کلیه مراکز بهداشتی و بهره‌برداری در استان‌های مختلف کشور و سیاست‌گذاران به این حوزه نگاشته شده است.
در دانشکده پرستاری و مامایی دانشگاه علوم پزشکی قزوین
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مشارکت‌نویسندگان
مفهوم سازی، روش‌گشایی، جستجوی منابع، تکارش
پیش‌نویس اصلی: فروزان الفتی و فائزه رمضانی؛ نظارت و ویرایش:
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تعارض منافع

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