Violence and fertility control: results from the survey among 16–44-year-old women in Estonia.

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Introduction

Initimate partner violence (IPV) has a clear negative impact a woman sexual health and can influence her fertility control. In Estonia, according to one study, the incidence of violence is relatively high: 20% of women aged 15 to74 years had experienced violence during the previous year. However, IPV has received very little attention on public level and among health care providers. We hypothesized that contraceptive choices might be different between women who have experienced IPV and those who have not. Identifing relevant characteristics associated with IPV may assist medical providers in advancing their screening and offering contraceptive counselling.

Objective

This paper was designed to evaluate the relationship between self-reported IPV, socio-economic factors and contraceptive choice.

Methods

The data was taken from the population-based postal survey “Estonian Women's Health”. We analyzed nonpregnant 16–44 year-old women, who had experienced sexual intercourse and reported physical or sexual violence or both within the previous 12 months by their husband or sexual partner. According to the effectiveness of the contraceptive method used at the last intercourse , birth control was clssified as reliable (hormonal pills, patches, injectables, emergency contraception, condom, intrauterine devices, sterilisation) and unreliable (rhythm, withdrawal, spermicides and other). In the case of combined contraceptive method use, the most reliable method was taken into consideration. The associations between experiencing IPV and contraceptive method use was investigated by logistic regression analysis adjusted for age (16–24, 25–34, 35–44 years); marital status (married/cohabiting, divorced/widowed and single); education (basic, secondary and university level); economic status (based on a question about difficulties with paying bills: never/sometimes and often/always); and ethnicity (Estonian, non-Estonian).

Results

Of the respondents (n=2207), 27% had experienced some type of violence during the last 12 months. Specifically, 22% had been victims of physical, 2% of sexual and 4% reported both type of violence. Younger women had a higher risk to experience violence (Fig 1). The woman's partner or husband was the perpetrator in 59% of cases of physical violence, 59% of cases of sexual violence and 66% of both. Respondents who had experienced IPV, reported more contraceptive non-use and use of unreliable contraception at their last intercourse; more victims of IPV intended to become pregnant (plan B) compared to women who had not experienced violence (Fig 2). Contraception non-use and use of unreliable contraception was significantly associated with IPV experience. Other factors related to IPV experience were younger age, being married or cohabiting, lower education level, poor economic status and non-Estonian ethnicity.(Fig 3)

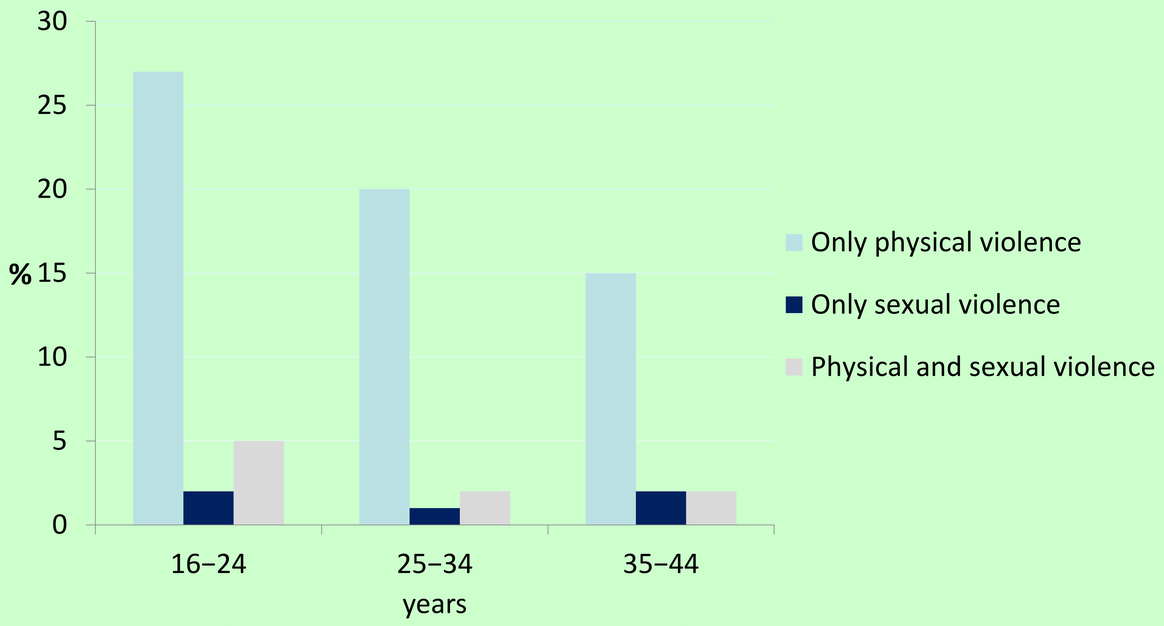

Figure 1. Self-reported violence among sexually experienced 16–44-year-old women by age in Estonia.

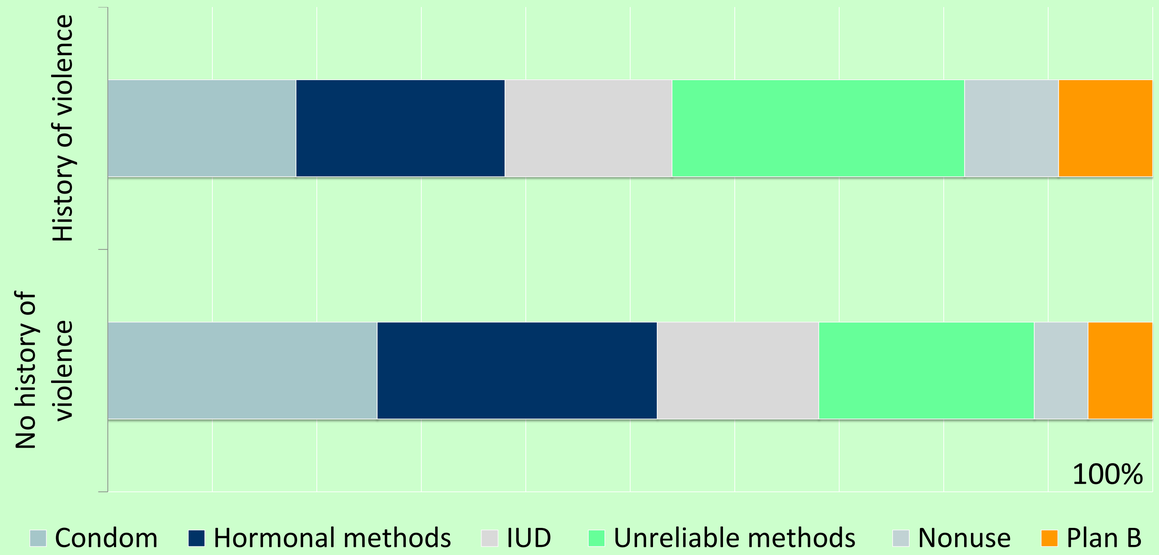

Figure 2. Contraceptive methods used at the last sexual intercourse according to IPV experience among 16–44-year-old women in Estonia.

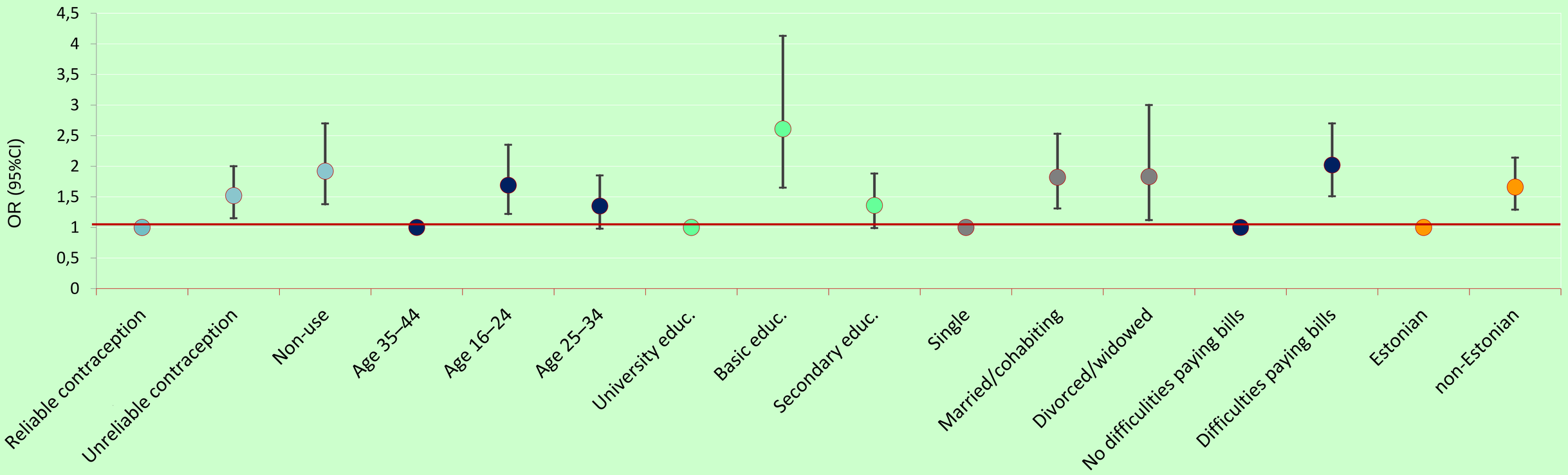

Figure 3. Prevalence odds ratios and 95% confidence intervals (CI) for the experience of violence among 16–44-year-old women in Estonia.

Conclusion

The experience of intimate partner violence is associated with risky contraceptive behaviour and should be adressed by health care professionals providing contraceptive counselling.