# COVID-19 Impact on Intimate Partner Violence during Pregnancy in Ethiopia

## MIXED-METHODS RESULTS FROM PMA ETHIOPIA

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PMA ETHIOPIA
PERFORMANCE MONITORING FOR ACTION

## Key Points

- The prevalence of intimate partner violence (IPV) during pregnancy has increased during the COVID-19 pandemic in Ethiopia.
- IPV prevalence during pregnancy was higher in rural regions both before and during the COVID-19 pandemic.
- COVID-19 has impacted women's access to both formal and informal IPV support systems, highlighting needs for adaptable and remote violence response.

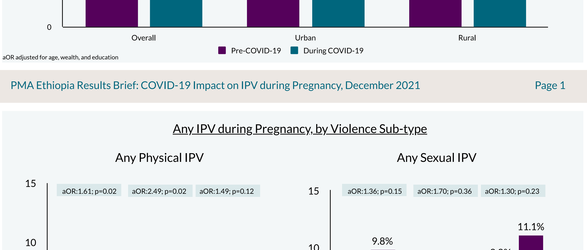
## IPV during Pregnancy

- Globally, one in three women experience IPV over the course of their lifetime and 2-14% experience IPV during pregnancy.[1,2]
- Recent DHS Ethiopia data indicate that 27% of women of reproductive age who have ever been married have experienced IPV within the past year and 4% have ever experienced IPV during pregnancy; moreover, more than two-thirds of IPV survivors never disclosed nor sought help.[3,4]
- COVID-19 infection control measures such as social distancing and stay at home orders may contribute to increased IPV.[5] Indirect effects of the pandemic, such as loss of income and strained social support, may further increase IPV while decreasing women's ability to seek help.[6]

## The PMA Ethiopia Study

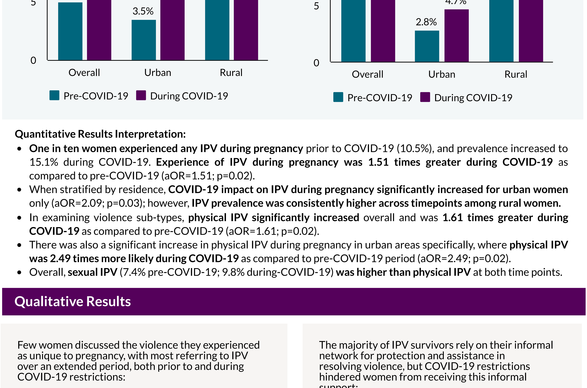
Performance Monitoring for Action (PMA)- Ethiopia collects data on a cohort of 2,879 pregnant women at pregnancy, 6-weeks, 6-months, and 1-year postpartum in Addis Ababa, Amhara, Afar, Oromiya, SNNP, and Tigray, and this sample covers 91% of pregnant women in Ethiopia. Enrollment into the cohort began in October 2019. A State of Emergency in Ethiopia was declared in response to COVID-19 approximately halfway through fielding the 6-week postpartum interview (April 8, 2020), enabling a natural experiment to examine the impact of COVID-19 restrictions on IPV during pregnancy (n=1,405 pre-COVID-19; n=983 during-COVID). To understand the needs and unmet needs of IPV survivors amid the COVID-19 pandemic, we also conducted in-depth qualitative interviews from October-November 2020 in Oromiya and SSNP with 24 women who experienced IPV during recent pregnancy. Further information on PMA-Ethiopia study and sampling design can be found in *Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health* by Zimmerman et al.[7] Additional information about PMA-Ethiopia can be found at https://www.pmadata.org.

## Quantitative Results




aOR adjusted for age, wealth, and education






**Quantitative Results Interpretation:**

- **One in ten women experienced any IPV during pregnancy** prior to COVID-19 (10.5%), and prevalence increased to 15.1% during COVID-19. **Experience of IPV during pregnancy was 1.51 times greater during COVID-19** as compared to pre-COVID-19 (aOR=1.51; p=0.02).
- When stratified by residence, **COVID-19 impact on IPV during pregnancy significantly increased for urban women** only (aOR=2.09; p=0.03); however, **IPV prevalence was consistently higher across timepoints among rural women.**
- In examining violence sub-types, **physical IPV significantly increased** overall and was **1.61 times greater during COVID-19** as compared to pre-COVID-19 (aOR=1.61; p=0.02).
- There was also a significant increase in physical IPV during pregnancy in urban areas specifically, where **physical IPV was 2.49 times more likely during COVID-19** as compared to pre-COVID-19 period (aOR=2.49; p=0.02).
- Overall, **sexual IPV** (7.4% pre-COVID-19; 9.8% during-COVID-19) **was higher than physical IPV** at both time points.

## Qualitative Results

Few women discussed the violence they experienced as unique to pregnancy, with most referring to IPV over an extended period, both prior to and during COVID-19 restrictions:

> "When I became pregnant, the part of my body he hits was changed but not the frequency. He used to beat every part of my body, but when I became pregnant, he especially didn't hit me around the belly. Because he cares for the baby. He slaps my face with my own hand."

The majority of IPV survivors rely on their informal network for protection and assistance in resolving violence, but COVID-19 restrictions hindered women from receiving this informal support:

> "Before coronavirus I used to tell the mosque Imam and village elders when we have disagreements. But after coronavirus, there were movement restrictions, and I could not meet anyone."



## Qualitative Results (cont.)

Though formal IPV services remained open throughout the pandemic, restrictions resulted in the perception that services were not available:

> "COVID has an impact on the availability of the service. People were talking a lot about its effect, and I heard that the police station was closed. I also wanted to go to the police twice but changed my mind assuming there might not be service during this time."

IPV survivors described a need to better understand the types of services offered at each facility in order to help them make the best choices for their situation and navigate these services:

> "Some women don't have awareness on this. The other women didn't believe in its benefit. Women might think, I don't get any solution from getting this service… People's understanding levels are not equal. If they are educated, they say, it is useful and they seek the service but if they are not educated, they say it is not that much important and they don't seek the service."

## Recommendations

While IPV during pregnancy increased overall during COVID-19, results also indicate that violence was high prior to the onset of the pandemic—accordingly, IPV prevention and response efforts in Ethiopia must be sustained in the post-COVID-19 era. COVID-19 impacted access to both formal and informal support systems, highlighting needs for adaptable, remote service delivery and violence prevention programs, including programs to shift social norms. Public health interventions must strengthen linkages between formal and informal resources to fill the unmet needs of IPV survivors.

Future public health interventions and policies should:

- Continue to expand trauma-informed trainings for kebele-level healthcare providers, including health extension workers, to enhance screening and care for survivors of physical, sexual, psychological, and financial violence.
- Arrange for emergency IPV support services, such as drop-in clinics and mobile outreach teams, to counteract disruptions to formal support services during emergencies when mobile connectivity is unreliable.
- Strengthen linkages between formal and informal resources to fill the unmet needs of IPV survivors in receiving medical, psychosocial, and legal support in their home communities.
- Equip informal sources--such as family, friends and community members--with trauma-informed bystander tools that provide helpful strategies for listening and responding to IPV survivors, while minimizing shame and blame.

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