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REVIEW ARTICLE

A systematic review and narrative report of the relationship between infertility, subfertility, and intimate partner violence

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ABSTRACT

Background: Infertility/subfertility could be a formerly unrecognized risk factor for intimate partner violence (IPV). **Objectives:** To review the evidence on the association between infertility/subfertility in women and the risk of IPV. **Search strategy:** Seven databases were searched for articles published in English or Spanish between January 2000 and July 2015. **Selection criteria:** Studies were included if they analyzed the relationship between infertility/subfertility and IPV in a quantitative manner. **Data collection and analysis:** A systematic search was completed by one author, and articles meeting the inclusion/exclusion criteria were chosen by two authors. It was not possible to pool the data because of heterogeneity in the study design, the methods, and the definitions of IPV and infertility/subfertility found across the studies. Instead, a narrative report was completed. **Main results:** Twenty-one papers met the inclusion/exclusion criteria. The available evidence indicated that infertility/subfertility is associated with IPV in low- and middle-income countries (LMICs). **Conclusions:** Infertility/subfertility is associated with an increased risk of experiencing IPV in LMICs. Future research should focus on studies with a homogenous design, rigorous methodology, and appropriately selected study and control groups. Qualitative research would also be invaluable to assess the impact of relevant social variables on outcomes.

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1. Introduction

In May 2014, the 67th World Health Assembly endorsed a resolution to strengthen the role of health systems in addressing violence, in particular violence that is directed against women and children [1]. This resolution is the result of high-level efforts across the United Nations (UN) system to document and address the challenges presented by gender-based violence on a global level. In 2008, UN Secretary-General Ban Ki-moon declared “violence against women” a key global issue. Although many factors have a negative influence on women’s health, the importance of violence cannot be overstated because it constitutes a fundamental violation of women’s rights, and is grounded in an adherence to socially circumscribed notions of appropriate gender roles and an acceptance of the unequal power dynamics between men and women.

In 2013, the UN agency WHO released a report [2] providing global and regional estimates of violence against women, which documented the broad and invasive global prevalence of this problem and its impact on many aspects of women’s health. The report recommended that additional systematic research activities be undertaken to generate evidence for identifying not only the prevalence of the problem, but

also the risk factors that predispose men to perpetrate violence and women to become exposed to violence. Previously unidentified risk factors for intimate partner violence (IPV) must be identified in order for appropriate interventions to be designed and implemented, especially within health systems. Evidence in the literature is beginning to indicate that an inability to become pregnant (infertility) or to maintain a pregnancy (subfertility) could be risk factors for IPV [3–23].

Although interpersonal violence undoubtedly affects both men and women, gender differences exist in the pattern of violence perpetration and exposure. Violence against men is primarily committed by male strangers and injury or death tends to occur in the context of gang violence or street violence, whereas women’s main risk of homicide is at the hands of an intimate partner. Globally, it is estimated that current or former intimate partners are responsible for more than one-third to one-half of all homicides of women [24]. Although serious injury and death can be considered its most dramatic negative consequences, IPV can also affect women’s health in more subtle respects.

IPV can include emotional/psychological and economic elements in addition to physical and sexual components. In the most recent WHO report on IPV and its consequences for health [25], the analysis was limited to physical and/or sexual violence because these are the most widely documented manifestations of IPV across studies. The WHO definitions of physical and sexual violence were used to generate a global prevalence of physical and/or sexual IPV among all ever-partnered women, which was estimated at approximately 30%, with variation by

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region from 23% to 37% [25]. Women who are exposed to physical and/or sexual IPV are at significantly higher risks of contracting HIV and other sexually transmitted infections, having an abortion, and experiencing depression and other mental health disorders. Moreover, women exposed to IPV are four-and-a-half times more likely to commit suicide than are women who have never experienced IPV.

Certain demographic characteristics and life events have consistently been associated with IPV across geographic regions. Such risk factors for both the perpetration of and the exposure to violence can include low levels of formal education, abuse during childhood, marital discord or dissatisfaction, separated/divorced marital status, male partner having multiple sexual partners, harmful use of alcohol, traditional gender norms and social norms that are accepting of violence, and previous experience with IPV [25].

Infertility/subfertility has been linked to high levels of marital discord, separation/divorce, and multiple sexual partners [26]. On the basis of these data, infertility/subfertility could well be a confounder for the relationship between multiple factors and IPV, and could function independently as a causal risk factor for violence.

Infertility has been recognized as a disease of the reproductive system and as a global public health issue [26]. WHO and the World Bank have additionally defined infertility as a disease that generates disability (i.e. as an impairment of function). Infertility has been ranked the fifth highest source of disability among the global population of women younger than 60 years [27]. Infertility or subfertility has many causes, and is estimated to affect one in four couples in low-income countries [28]. Worldwide, infertility is crudely estimated (because of a lack of national level indicator reporting) to affect between 120 million and 180 million women aged 18–49 years [26,29].

Infertility can be devastating for couples who are unable to become pregnant, and has a particularly detrimental effect on women. Childlessness or having fewer children than what is desired and expected is not only a medical concern; it is also a socially constructed problem with real social consequences. Although WHO has recognized that male reproductive capacity is deficient in no less than 50% of infertile couples [30], infertility/subfertility is generally conceptualized as a female problem, and women often bear the brunt of social sanctions against small family size in communities that place a high premium on childbearing [3,26].

Perhaps unsurprisingly, therefore, qualitative studies investigating the social consequences of infertility/subfertility for women have widely documented an association between infertility/subfertility and domestic abuse at the hands of intimate partners as well as in-laws [31–33]. What is lacking in the literature, however, is a systematic review of quantitative studies assessing whether infertility/subfertility can be considered a risk factor for IPV. The purpose of the present study was to conduct a systematic review of the quantitative literature researching the relationship between infertility/subfertility and IPV.

2. Materials and methods

A systematic search of the literature following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines was conducted on 16–17 July 2015. The Cochrane Library, PubMed, Embase, Web of Science, Cumulative Index to Nursing and Allied Health Literature, Literature in the Health Sciences in Latin America and the Caribbean, and Global Index Medicus were searched for articles published between January 1, 2000, and July 15, 2015, and written in English or Spanish.

The search strategies are provided in Supplementary Material S1. In addition, the keywords “infertility,” “subfertility,” “violence,” and “abuse” were used to search the WHO website, references from selected papers were searched, and experts in the field were contacted.

Studies were included if they analyzed the relationship between infertility/subfertility and IPV in a quantitative manner. On the basis of several pilot searches, the study authors anticipated that there would

be limited data in the literature addressing the specific research question; for this reason, inclusive definitions of IPV and infertility/subfertility were used.

Qualitative studies and other articles that mentioned a correlation between infertility/subfertility and IPV but did not support their analysis with quantitative data were excluded. Studies that did not specifically assess infertility/subfertility as a potential risk factor for IPV, articles assessing or investigating the effect of violence on subsequent fertility, conference abstracts, poster presentations, and case reports were also excluded.

The systematic search was completed by one author (C.S.); on the basis of this search, articles meeting the inclusion/exclusion criteria were chosen independently by two authors (C.S. and S.v.d.P.). Together with an informationist (i.e. a reference librarian with specific training in the information technology needed to comprehensively search the literature), the two lists were cross-checked, and disagreements were resolved and consensus was reached for the inclusion or exclusion of any articles that were not doubly identified. It was determined that it would not be possible to pool the existing data because of the extreme heterogeneity in study design, methods, and working definitions of IPV and infertility/subfertility found across the studies that met the inclusion criteria. A narrative report, as opposed to a meta-analysis, of the included studies was recommended, and the WHO regional estimates of IPV against ever-partnered women were used as a comparison for quantitative studies that provided a prevalence estimate of IPV in infertile women but lacked a control group.

3. Results

Twenty-one studies from 11 countries, representing one high-income country and 10 low- and middle-income countries (LMICs) as defined by the World Bank, were included in the present review (Fig. 1, Table 1) [3–23]. By necessity, the inclusion criteria were initially broad; therefore, studies included in the present review used varying outcomes and varying methods to present their data. Most studies assessed one or more of the following types of IPV in the context of either childlessness, primary infertility, or secondary infertility: physical violence, sexual violence, emotional violence, verbal violence, psychological torture/violence, and economic deprivation. Several studies analyzed each of these components separately, whereas others analyzed the general prevalence of domestic violence, IPV, or abuse among infertile women, using varying definitions of these terms. The range in the quality of evidence provided in the included studies is demonstrated by the relative strengths and weaknesses of the respective study designs. The 21 studies were cross-sectional: 17 used clinic-based participant samples [3–19] and four were population-based studies [20–23]. Supplementary Material S2 provides a detailed analysis of the findings from each study meeting the inclusion criteria.

Evidence from 10 of the 21 studies [4–10,20–22] indicates that infertility/subfertility is a risk factor for at least one type of IPV in certain settings (Table 2). Five studies [11–15] found lower rates of violence among infertile women when compared with the prevalence rates for all women; however, these studies did not include controls, and the prevalence rates from these studies were therefore compared with WHO regional estimates for the prevalence of violence, which do not include consideration of infertility. The quality of evidence from these five studies is probably lower than that from the 10 studies mentioned above, because the five studies used methods for calculating the prevalence of IPV that varied considerably from the methods used by WHO [2]. Another study [23] found no relationship between infertility and IPV. The remaining five studies [3,16–19] that met the inclusion criteria did not provide conclusive evidence regarding a relationship between infertility and IPV: four of these studies [3,15–18] lacked a control group, and the fifth study [19] found a relationship between infertility and IPV but it lacked statistical significance.

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