Increased risk of intimate partner violence associated with infertility or subfertility: a systematic review

S. van der Poel1, C.S. Carmen Stellar1
1World Health Organisation, HRP/RHR, Geneva, Switzerland

Study question: The purpose of this systematic review was to assess the available evidence on the effect that a diagnosis of infertility or an inability to become pregnant (subfertility) in women of reproductive age results in an increased risk for experiencing intimate partner violence (IPV).

Summary answer: The diagnosis of infertility/subfertility has been identified as a risk factor for intimate partner violence in specific settings and countries. The potential drivers for risk of intimate partner violence associated with this disease/disability appear to be distinct from other forms of violence against women, including physical and sexual violence.

What is known already: The United Nations report on global and regional estimates of violence against women, documented "not only how widespread this problem is, but also how deeply women's health is affected when they experience violence." Consequences of violence against women can result in serious injury and death, as well as emotional, verbal, psychological, and economic negative outcomes. Additionally, having fewer children than desired or expected is not only a medical concern but a socially constructed problem.

Study design, size, duration: A systematic review of literature following PRISMA guidelines was conducted on articles published between and inclusive of years 2000 and 2013. Multiple preliminary searches prior to 2000 did not identify quantitative studies meeting the criteria. Seven electronic global databases and experts were contacted and criteria applied independently by two investigators.

Participants/materials, setting, methods: Studies were searched and assessed to address the following question: The effect that a diagnosis of infertility or subfertility (intervention exposure) in comparison to those without a fertility problem (comparator) women of reproductive age (population) that results in an increased risk for experiencing intimate partner violence (IPV) - outcome.

Main results and the role of chance: Out of 409 studies initially identified, 314 abstracts and 63 articles were assessed. Eighteen studies analysing the relationship between infertility/subfertility (as the exposure) and intimate partner violence (as the outcome) in a quantitative manner met the final inclusion criteria. However, qualitative studies mentioning a correlation without providing quantitative data were excluded, as were three studies which investigated the outcome indicator and exposure in the reverse. All of the studies evaluated various forms of violence against women, including physical and sexual violence.

Ten studies indicate that the infertility/subfertility is a risk factor for intimate partner violence; and three high-quality studies find a significant correlation between measures of exposure and outcomes of physical and sexual violence.

Limitations, reason for caution: Terminology for both infertility/subfertility - describing violence against women; Few quantitative prospective studies identified; Most studies cross-sectional; and, "Selection bias" from fertility clinic-based versus poor capture in population-based studies, all present limitations/caution. Proving causality of infertility/subfertility as a definitive risk factor and lack of direct comparisons between studies present limitations.

Wider implications of the findings: Gender-based violence is intrinsically linked to women's lower status in many societies as compared to men. In these same settings, Infertility/subfertility can often be inappropriately assigned as fault of the woman, since fertility manifests itself through pregnancy. Assessment tools addressing risk of harm are needed when diagnosis of infertility/subfertility occurs within settings identified through this review. Quantitative prospective studies are needed in diverse global settings, in order to assess differing effects of male/female infertility/subfertility diagnosis.

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significant protective factors against distress. Active-avoidance coping was also found to be a risk factor for marital adjustment, while meaning based coping was found to be a protective factor.

Limitations, reason for caution: The number of follow-up studies testing significant differences or predictors was limited. Because most samples were from Europe and the United States, there is a high risk of cultural and demographic bias. Although these studies constitute the best available evidence, a cautious approach to data interpretation is required.

Wider implications of the findings: This is the first systematic review on male psychological adaptation to infertility overtime. Our findings suggest that counseling infertile men should include interventions with coping skills training in order to promote adaptive coping strategies to deal with the challenge of infertility. Further prospective large studies with good quality design and power are warranted to perform a subsequent meta-analysis and compare results concerning diagnosis and treatment options.

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