



Domestic Violence among Pregnant Women Attending the Ante-Natal Clinic of Primary Health Care Centre, Itu, Akwa Ibom State, South-South Nigeria

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Abstract

Background: Violence against pregnant women continues to constitute topical issue of global public health concern. This is especially as a result of the double risk of the violence not only on the pregnant woman perse but also on the unborn fetus. The objective of this study was to determine the prevalence of domestic violence, describes the socio-demographic characteristics of the victims and identify the possible risk factors for domestic violence among pregnant women attending the ante natal clinic of primary health care centre, West Itam, sub-urban area in Itu local government area of Akwa Ibom State, South-south Nigeria. This was a cross-sectional descriptive study involving 200 pregnant women who attended the ante natal clinic of primary health-care centre, West Itam, Itu, between March and June, 2017, recruited through convenient sampling. A pretested semi structured interviewer administered questionnaire was used to obtain information on socio-demographic characteristics, occurrence of domestic violence, risk factors for domestic violence, reactions and views on domestic violence among the pregnant women. The data obtained were analysed using SPSS version 22.0. The mean age of the subjects were 27.08(\pm 7.32) years. Result obtained showed that 72 (36.0%) of the 200 pregnant women were abused in the current pregnancy, 73.6% of them suffered physical violence while husbands were the commonest culprits who inflicted the violence. While 31.1% of the abused respondents kept the violence secret, 44.4% of them viewed domestic violence as always excusable. Excessive alcohol use (27.8%) was the commonest risk factor for domestic violence among the male partners of the pregnant women. Only ethnicity had statistically significant association with domestic violence ($p=0.026$). Due to the high prevalence rate of domestic violence in the study, it is recommended that health care professionals attending to pregnant women in ante natal clinic should thoroughly screen them for domestic violence.

Keywords: Domestic violence, pregnant women, Itu, Southern Nigeria.

Introduction

Violence against pregnant women is defined by the Pan-American Health Organization (PAHO) as violence or threat of physical, sexual or psychological (emotional) violence against

pregnant woman.¹ It is a major global medical, public health and societal malady and phenomenon with no creed, class, educational, religious, regional and country differentiation.²⁻⁵ Violence against women has been found to

constitute violation of the human rights of the affected women.^{6,7} While violence against women generally carries lots of adverse health consequences on the victims, violence against pregnant women is associated with double burden of complications on the pregnant women and the fetus. Studies have shown that domestic violence could result in both short and long term several complications and severe morbidities that could jeopardize the health and life of both pregnant women and the fetus, leading to family dysfunction and cascade of several other problems to the society.^{2,8-11} In a study on violence against women during pregnancy, Messa, et al had shown that repercussion of violence against women during pregnancy may include abortion, preterm labour, chronic pelvic pain, headaches, depression, attempted suicide, post traumatic stress disorder (PSTD), anxiety, drug abuse for the mother; intrauterine fetal retardation, low birth weight, fetal loss, increased rate of prenatal morbidity for the fetus.¹

As appalling and deleterious as domestic violence against pregnant women is, it has been shown that its prevalence continues to be high globally especially in developing countries. For instance a multicentre study coordinated by the WHO found out that the prevalence of partner violence against women generally varies between 15% in Japan and 71% in Ethiopia.^{1,12} Among pregnant women, prevalence of domestic violence has been found to be as high as 21.3% (South Africa),¹³ 34% (Brasil),¹⁴ 78% (Ethiopia),¹⁵ 44.6% (south eastern Nigeria)¹⁶ and 34.3% (northern Nigeria).¹⁷ According to the Nigeria Demographic Health survey 2013, 5.1% of women experience violence during pregnancy.¹⁸ In an earlier study done in a tertiary hospital in Uyo, Akwa Ibom State, southern Nigeria, Umoh, et al found that 10.3% of pregnant women experienced domestic violence.¹⁹

While several risk factors including socio-demographic, socio-economic and socio-cultural, have been identified in connection with violence against pregnant women,^{1,20-24} none of the factors

is justifiable for its perpetuation. There has been no previous study on domestic violence among pregnancy women at a primary health care setting in Akwa Ibom State. The study therefore aimed at determining the prevalence of domestic violence, describing the socio-demographic characteristics and, identifying the possible risk factors, the reactions and views on domestic violence among pregnant women attending the ante-natal clinic of primary health care centre in Itu, Akwa Ibom, south south Nigeria.

Materials and Methods

Study Area: This was a facility based cross sectional study which was carried out at the ante natal clinic of primary health care centre, West Itam, Itu Local Government Area, Akwa Ibom State between March and May, 2017. The facility is located at latitude '7.90363, longitude 5°05'26, North 5°03'10.2503' and 7°05'41.1890' east in West Itam. It covers 10 settlements, with a population of 32,899, with an average of 1,645 pregnant women. It is one of the maternal and child health centres in the state. The ante natal clinic runs from Mondays to Fridays between 8am to 4pm except on public holidays.

Sample Selection

A total of 200 pregnant women aged 15-49 years who attended the ante-natal clinic of primary health centre, West Itam, were recruited into the study using the formula.²⁵

$$n = \frac{Z^2 P(1-P)}{m^2}, \text{ where}$$

Z = Confidence level at 95% (standard value of 1.96), at

M = 5% acceptable margin of error (standard value 0.05)

P = estimated prevalence of domestic violence against pregnant women in Nigeria (using average of national and local studies^{18,19}) = 15.5%. Substituting the values in the above formula gives 200% (to the nearest ten). A convenient sampling method was used and pregnant women were recruited conveniently as they came into the clinic. The inclusion criteria were pregnant

women who attended the clinic during the period of the study as well as those who consented while the exclusion criteria were subjects who did not consent to the study and those who were very ill or in onset of labour.

Data Collection

A pretested semi-structured questionnaire was used to collect data from the respondents by the author and trained assistance, after the contents and confidentiality of the study were explained to the respondents and verbal consent obtained from them. Pregnant women with no formal education were assisted by the trained assistants who read the contents of the questionnaire and explained same to them in the local dialect. Data contained in the questionnaire include socio-demographic characteristics of the respondents, occurrence of domestic violence, risk factor for domestic violence, respondents reactions and views on domestic violence.

Data Analysis

The data obtained from the study were analysed using statistical package for social sciences (SPSS) version 22.0. The percentage of the independent and primary outcome variables were determined. Tables were used to show data distribution as appropriate. The level of statistical significance was set at $P < 0.05$.

Ethical Clearance

Approval for the study was obtained from the administrative head of the facility and the research and ethical committee of Akwa Ibom State ministry of health.

Consent

A verbal consent was obtained from each respondent after careful explanation of the contents of the questionnaire and the purpose of the study. Participation in the study was voluntary.

Results

A total of 200 pregnant women who were recruited for the study participated thereby giving response rate of 100%. The results obtained from the respondents are presented below:

Table 1: Socio demographic characteristics of the pregnant women

Characteristic	Frequency (n=200)	Percentage (%)
Age (years):		
15-19	29	14.5
20-24	57	28.5
25-29	43	21.5
30-34	41	20.5
35-39	18	9.0
40-44	7	3.5
45-49	5	2.5
Educational level:		
No formal education	23	11.5
Primary education	32	16.0
Secondary education	63	31.5
Tertiary education	82	41.0
Employment Status:		
Unemployed	58	29.0
Employed	142	71.0
Average family Monthly income (₦):		
<50,000	88	44.0
50,000-99,000	62	31.0
>100,000	50	25.0
Currently married:		
Yes	162	81.0
No	38	19.0
Religion:		
Christianity	177	88.5
Islam	14	7.0
Traditional religion	9	4.5
Ethnic Group:		
Annang/Ibibio/Oron	131	65.5
Igbo	48	24.0
Hausa	12	6.0
Yoruba	7	3.5
Others	2	1.0
Parity:		
0	49	24.5
1-2	85	42.5
3-4	51	25.5
>5	15	7.5

Table 1 shows socio demographic characteristics of the respondents in the study. The respondents age ranged from 15 to 49 years with mean age of 27.07 ± 7.37 years. Greater percentage (64.5%) of the women were less than 30 years of age while lesser percentage (35.5%) were 30 years and above. Significance percentage (41.0%) of the respondents had tertiary education while 11.5% had no formal education. Most of the women (71.0%) were employed. One quarter (25.0%) of the respondents came from family with higher

family monthly income (N>100,000). Most of the respondents (88.5%) practiced Christianity while 7.0% practiced Islam. Greater percentage (65.5%) of the women were of Annang/Ibibio/Oron ethnic group. Majority of the respondents (81.0%) were currently married while 19.0% were not. Almost all (92.5%) of the pregnant women were of lower parity (para ≤ 4) while 7.5% were of higher parity (para ≥5).

Table 2: Domestic violence among the pregnant women

Characteristic	Frequency	Percentage (%)
Domestic violence in the current pregnancy (n=200)		
Yes	72	36.0
No	128	64.0
Types of violence (n=22*)		
Physical	53	73.6
Verbal	38	52.8
Sexual	8	11.1
Culprits responsible for the violence (n=72)**		
Husbands	28	38.9
In-laws	22	30.5
Neighbours	20	27.7
Boy friends	11	15.3

*some pregnant women reported multiple abuses

**some pregnant women were abused by more than one culprit

Table 2 shows cases of domestic violence among the pregnant women. Seventy two pregnant women representing 36.0% suffered domestic

violence in the current pregnancy. Greater percentage of the women (73.6%) suffered physical violence while 52.8% and 11.1% had verbal and sexual abuses respectively. Husbands were the commonest culprits (38.9%) while boyfriends (15.3%) were the least of the culprits who assaulted the women.

Table 3: Reasons given by the respondents on why their males partners abused them.

Reason	Frequency (n=72)	Percentage (%)
He takes much alcohol:		
Yes	29	22.8
No	52	72.2
He has multiple sexual partners:		
Yes	19	26.4
No	53	73.6
He has low income:		
Yes	16	22.2
No	56	77.8
He has no job:		
Yes	9	12.5
No	63	87.5

Table 3 shows reasons given by the pregnant women on why their partner abused them. Some pregnant women mentioned alcohol (27.8%), multiple sexual partners (26.4%), low income (22.2%) and lack of job (12.5%) among their male partners as reasons for the violence against them.

Table 4: Respondents’ reactions and views on domestic violence

Characteristic	Frequency	Percentage (%)
Reactions to Domestic Violence (n=72):***		
Kept secret	26	36.1
Report to relations	23	31.9
Report to pastor	12	16.6
Report to police	9	12.5
Report to in-laws	8	11.1
Report to friends/neighbours	5	6.9
Views on domestic violence (n=72):		
It is always excusable	32	44.4
It is not excusable at all	30	30.9
Undecided	10	13.9

*** some women reported the abuse to more than one source

Table 4 show respondents reactions and views on domestic violence. Significant percentage (36.1%) of the women kept the abuse secret, 31.9% reported to their relations while almost half (47.1%) of them reported to other sources. On

views on domestic violence, 44.4% of the pregnant viewed domestic violence as always excusable while 13.9% of them were undecided.

Table 5 Association between socio-demographic factors and domestic violence

Socio demographic Factors	domestic violence		statistical tests and values
	Yes n(%)	No n (%)	
Age (years):			
<29 years	49(68.1)	80(62.5)	$\chi^2 = 0.621$
≥ 30	23(31.9)	48(37.4)	Df 1 P = 0.431
Educational Level:			
Lower level	44(61.1)	74(57.8)	$\chi^2 = 0.201$
Higher level	28(38.9)	54(42.2)	Df 1 P = 0.649
Employment status:			
Unemployed	16(22.2)	42(32.8)	$\chi^2 = 2.510$
Employed	56(77.8)	86(62.2)	Df 1 P = 0.113
Average family Monthly Income (₦):			
<50,000	33(45.8)	55(43.0)	$\chi^2 = 1.095$
$\geq 50,000$	39(54.2)	73(53.0)	Df 1 P = 0.295
Religion:			
Christianity	62(86.1)	115(89.8)	$\chi^2 = 0.631$
Other religion	10(13.9)	13(10.2)	Df 1 P = 0.427
Currently Married			
Yes	60(83.3)	102(79.7)	$\chi^2 = 0.398$
No	12(16.7)	26(20.3)	Df 1 P = 0.528
Ethnic Group:			
Annang/Ibibio/Oron	40(55.6)	91(71.1)	$\chi^2 = 4.923$
Other ethnic group	32(44.4)	37(28.9)	Df 1 P = 0.026
Parity:			
0-4	64(88.9)	121(94.5)	$\chi^2 = 2.115$
≥ 5	8(11.1)	7(5.5)	Df 1 P = 0.146

Table 5 shown association between socio-demographic characteristics and occurrence of domestic violence among the respondents. Only ethnic group had statistically significant association with domestic violence ($p = 0.026$)

Discussion

The study has shown high prevalence rate, 36.0%, of domestic violence among pregnant woman attending the ante natal clinic of primary health care centre, West Itam, Itu, Akwa Ibom State,

South-South Nigeria. This high rate is similar to findings by Awusi, etal²⁰ in Oleh, Delta State (south-south Nigeria), Ashimi, etal¹⁷ in rural community in Northern Nigeria, Grooves, etal¹³ in South Africa, Okada, etal¹⁴ in Brazil and Sakar³ in India. The finding here is however contradictorily higher than the findings by Umoh, etal¹⁹ in Uyo (south-south Nigeria), Iliyasu, etal²⁶ in Maiduguri (North eastern Nigeria), Gyuse, etal²⁷ in Jos (North Central Nigeria) and Chu, etal²⁹ in United

States of America. These contradictory lower findings could possibly be due to the background of the studies which were mostly at the tertiary health care facilities.

The study has also identified the type of violence inflicted on the women in the centre namely physical, verbal and sexual abuses in descending order. This is similar to findings in other studies.^{8,26-28} This finding is however in disagreement with findings from other workers which showed reversal of the order of the violence.^{14,15,17,20} The preponderance of physical violence in the study could be due to culture of the people here with predilection to physical violence. Husbands were the commonest culprits in the violence against the pregnant women in the study. This is similar to findings from several other studies on domestic violence against pregnant women.^{6,8,15,18,20,30} This is possibly due to the fact that husbands are the closest persons to the women. This underscores the need to involve husbands in the management of their wives pregnancies by counselling them together with the wives at the ante-natal clinics against risky deeds to their wives including domestic violence. On reaction to the abuse, the study found that significant percentage of the abused women kept the assault secret while others reported to some persons. This is similar to finding from other studies,¹⁹⁻²⁹ and again underscores the need to screen pregnant women for domestic violence during ante natal care and encourage them to open up on any abuse perpetrated against them. The study also showed that significant percentage of the abused pregnant women viewed domestic violence as excusable. This is similar to findings by Awusi, et al,²⁰ and Ameh, et al.²⁸ This is surprising considering the fact that more than one third of the abused women had higher education. This calls for greater enlightenment and education to pregnant women that domestic violence is not excusable at all. Some identified risk factors, in this study, inherent in the women's male partners, responsible for the assault include alcohol, multiple sexual partners, low income and lack of job. This is similar to

findings from studies in (Nigeria)²¹, (Ethiopia)¹³ and (USA).²³

Finally, the study shows that socio-demographically most of the abused pregnant women were less than 29 years, had lower education, were employed, had higher family monthly income, were Christians, were married, were of Annang/Ibibio/Oron (indigenous) ethnic groups and were of lower parity (para 0-4). Even though only ethnicity was statistically significantly associated with domestic violence, these socio-demographic variables were similar in other studies,^{3,17,31-33} and further corroborate the fact that domestic violence against pregnant women cuts across age, educational, social class, religious and ethnic barriers. This calls for a closer look at the issue with the aim of ensuring that all pregnant women presenting for ante-natal care are thoroughly screened for domestic violence. Moreover the need to prohibit domestic violence against women, as done in Morocco, North African Islamic nation, based on the United Nation Commission on Human Right recommendation,³⁴ cannot be over emphasized.

Conclusion

This study has shown a high prevalence rate of domestic violence among pregnant women attending the ante natal clinic of the primary health care centre, West Itam, Itu, Akwa Ibom State, South –South Nigeria. It also shows that the aberration of domestic violence affects pregnant women of all walks of life irrespective of age group, religious, educational, social class and ethnic inclination. The need therefore for health care professionals to thoroughly screen pregnant women for domestic violence as part of ante-natal care is recommended.

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