



■ Original Research Article

Domestic Violence in Antenatal Attendees at Alex Ekwueme Federal University Teaching Hospital Abakaliki, Ebonyi State, Nigeria: Prevalence, Pattern and Determinants

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ABSTRACT

Background: Domestic violence is a form of subjugation on women by their intimate partner. It is associated with adverse consequences particularly when it occurs during pregnancy. The aim of this study was to determine the prevalence, Pattern and determinants of domestic Violence in antenatal attendees in our facility. **Method:** A self-administered pretested questionnaire was used for this cross sectional survey of pregnant women who attended antenatal clinic between September to December 2016 at Alex Ekwueme Federal University Teaching Hospital Abakaliki. Data were inputted into Epi info software and analyzed. The level of significance was set at $p < 0.05$. **Results:** A total of 400 questionnaires were correctly filled out of 409 questionnaires that was administered. The questionnaires were then analyzed using the Epi info. Bivariate Analysis between sociodemographic variables and presence of domestic violence was done. The mean age of participants was 28.8 years. The prevalence of domestic violence was 61%. Half of responders (50.6%) suffered emotional violence, followed by physical violence (42%), then sexual violence (32%). The main determinants of domestic violence were early age of marriage, marital status and the socio-economic status of the partners. **Conclusion:** The prevalence of domestic violence was high and most of these cases were not reported. Public health enlightenment and incorporation of domestic violence management into the antenatal care models are critical and effective intervention to assist our client to have an optimal pregnancy outcome.

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INTRODUCTION

Over the last 25 years increasing attention has been devoted to domestic violence (DV), initially defined as abuse committed against a spouse, former spouse,

fiancée, boy- or girlfriend, or cohabitant¹. As time has passed, the definition has been broadened to include other family members--elders, children, and siblings¹. The Centers for Disease Control and Prevention (CDC) now uses the term intimate violence for intentional emotional

or physical abuse inflicted by a spouse, ex-spouse, a present or former boyfriend, girlfriend, or date¹. Domestic violence is the most common form of violence against women². It is predominant in patriarchal societies where such structures are endorsed and reinforced by legislations, customs and religious systems².

Domestic violence can be physical, sexual, emotional, economical or psychological actions or threats of action that influence another person²⁻⁴. These attitudes intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone². Domestic violence may take on different forms within specific communities and can include so-called 'honour killings' where members of the abuser's family including mothers and sisters may encourage or instigate the abuse^{5,6}.

Domestic violence does not only affect those who are abused, but also has substantial effects on family members, friends, co-workers, other witnesses, and the community at large⁷. Children who grow up witnessing domestic violence are amongst those who are seriously affected by this crime⁷. Frequent exposures to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life therefore increasing their risk of becoming society's next generation of victims and abusers.⁷

Pregnancy when coupled with domestic violence amplifies the health risks of the women^{8,9}. Abuse during pregnancy many have adverse physical and psychological effects for both the mother and fetus^{8,9}. Significant correlation observed between incidence of domestic violence and pregnancy^{8,9}. Although female-to-male partner violence occurs in these settings, the overwhelming form of domestic violence is perpetuated by men against women^{9,10}. Domestic violence during pregnancy has been associated with miscarriages, ante partum haemorrhages, Stillbirths, preterm birth, fetal injuries, and low birth weight^{13,14}. It also leads to additional risks for the mother such as increased mental health problems, suicidal attempts, worsening of chronic illness, substance abuse, anxiety, stress, chronic pain etc.^{13,14}

Because of the consequences of domestic violence to the individual and the society as a whole, various countries has adopted laws that prohibit and punish perpetrators thereby providing help for the at risk group³. In Nigeria since the year 2000, there have been debates aimed at enacting laws against domestic violence³. This has given way to domestic violence and other related bill in 2006, which is still pending at the national assembly³. However, in 2007, Lagos State Government passed a bill to provide protection against domestic violence and others matters related to it³. Subsequently, four other states followed thereafter³. These states include Cross

River, Ekiti, Ebonyi, and Jigawa³. The obstetrician in conjunction with other health workers are best suited to pilot the advocacy groups and implementation of these laws, hence the need for this study in our Centre to drive policies toward achieving this goal during clinical visit.

METHODOLOGY

Study Design: This was a cross-sectional study conducted by use of pretested semi-structured self-administered questionnaire. The questionnaires were pretested for clarity, assessment of length of time of administration, comprehension and other attributes at Mile Four Hospital Abakaliki. The questionnaire assessed the socio-demographic, determinants and the pattern of domestic violence in the participant. Informed consent was obtained from the respondents before the questionnaires are administered.

Time of Study: This study was conducted between 1st September 2016 and 30th December 2016.

Study Population: Pregnant women who came for antenatal clinic and who also gave consent for this study were selected for this study.

Sample Technique: Simple random sampling technique was used for this study. The sampling was done to accommodate all the antenatal days. From Monday to Friday.

Sample Size Determination: The sample size was obtained using Fishers 1998 Formula for sample size determination:

$$N = Z^2 Pq / d^2$$

Where N= desired sample size population

Z= set at 1.96 is the critical value that divides the central 95% of Z distribution from 5% in the tail

P= prevalence of domestic violence in my locality

q= 1-p

d= 0.05 (5% error margin)

Also adding the 10% attrition rate. Using prevalence of 44.6%

$$N = 1.96 \times 1.96 \times 0.44 \times 0.55 / 0.05 \times 0.05 = 371.86$$

10% attrition is 37%

$$\text{Thus } N = 371.9 + 37 = 409 \text{ antenatal attendees}$$

Analysis of Data: The data obtained was entered into the computer. EPI info version 7 was used for the analysis of the data. The test of significance was determined and the P-value of less than 0.05 was taken to be statistically significant.

RESULTS

Table 1 showed the age, marital status, parity, children sex distribution and religion among respondents.

Table 1. Distribution of the Demographic Characteristics of the Respondents

Characteristics	Frequency	Percentage
Age (yrs)		
15-20	50	12.22
21-26	113	27.63
27-32	122	20.83
33- 38	81	19.8
39- 44	43	10.51
Total	409	100.00
Marital status		
Single	33	8.1
Married	326	79.7
Separated	28	6.8
Divorced	22	5.4
Total	409	100.00
Number of children		
None	157	38.4
Primigravidae	148	36.2
2-4	72	17.6
5 and above	32	7.8
Total	409	100
Sex of children		
Only male	84	20.5
Only female	96	23.5
Both male and female	72	17.6
Total	409	100.00
Religion		
Christianity	338	82.6
Islam	31	7.6
African traditional religion	12	2.9
Others	28	6.8
Total	409	100

Table 2: Employment Status

Characteristics	Frequency	Percentage
Employment status (wife)		
House wife	81	19.8
Unskilled worker	88	21.5
Civil servants	190	46.5
Vocational services	50	12.2
Total	409	100
Employment status (Husband)		
Unemployed	81	19.8
Unskilled	88	21.5
Semiskilled	92	22.5
Senior public servants	98	24.0
Vocational services	50	12.2

Table 2 showed the employment status of the couples who participated in the study.

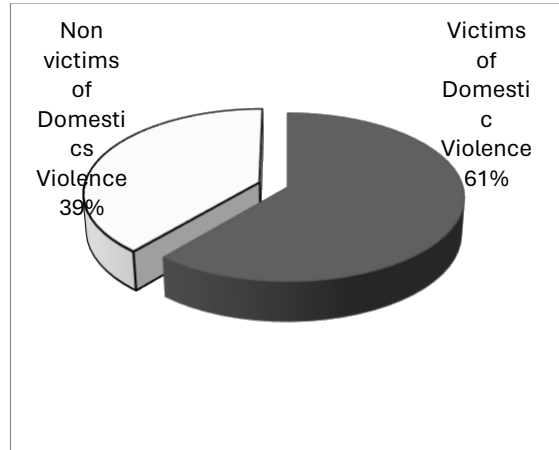


Figure 1: Prevalence of Domestic Violence

This showed that majority of the participant underwent and may still be undergoing domestic violence.

Table 3: Pattern Of Domestic Violence

Pattern of Domestic Violence	Frequency	Percentage
Physical violence		
Shouted or verbally abused you	125	30.6
Flogging	101	24.7
Kicked, dragged or beaten you up	40	9.8
Pushed or Shoved	96	23.5
used a weapon	6	1.5
Sexual Violence		
Having sexual intercourse with your spouse without Your due consent	116	28.4
Forced by your spouse for sex in a degrading or humiliating	31	7.6
Emotional Violence		
Not allowing you visit your family and friends	52	12.7
Ignored you and treated you indifferently	75	18.3
Deprives you of financial resources	61	14.9
Stopped you from going to church due to a little Misunderstanding with him	33	8.1
Insisted on knowing where you are at all times	48	11.7
Suspected that you are unfaithful	18	4.4

This table showed the pattern of domestic violence among the respondents.

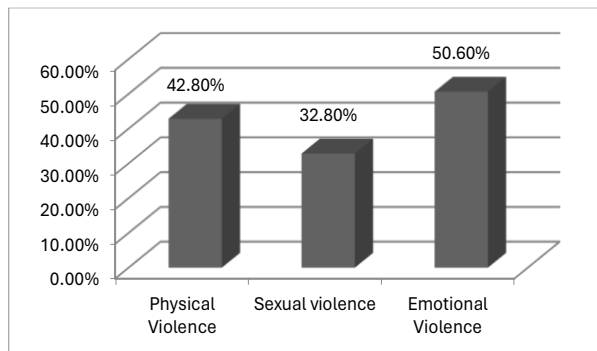


Figure 2: Prevalence of Different Types of Domestic Violence in the Study Area

This showed that emotional violence was the commonest type of violence among the respondents.

Table 4: Logistic Regression Model for Determinants of Domestic Violence

Predictors	B (regression Coefficient)	F test	P-value
Age	1.155	0.000	0.000
Marital status			
Married	1.808	151.51	0.006
Non-married			
Religion			
Christians	1.712	0.745	0.048
Other religions			
Occupational Status	1.408	79.00	0.002

This table 4 showed that all the predictors were associated with domestic violence.

DISCUSSION

Domestic violence is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner². The prevalence rate of domestic violence in this study was 61%. This is higher than 44.6% prevalence rate that was gotten by Onoh et al³ in their study on Prevalence, Pattern and Consequences of Intimate Partner Violence During Pregnancy at Abakaliki Southeast, Nigeria in 2013. This was the same locality for this study few years after. This clearly shows that there has been an increase in the prevalence of domestic violence. No factor in comparison of both results was able

to define the reason for rise in the prevalence of domestic violence.

Among respondents who had experienced domestic violence, Emotional violence accounted for the highest proportion and over four-fifths had suffered at least 3 forms of violence. Also, 8.5% had experienced physical violence even during pregnancy. This is at variance with the result of a study done in Nsuka, Nigeria, in 2013 which showed that verbal violence was more common than physical violence¹². Many victims of violence are less likely to associate insults and verbal abuse with domestic violence as they would with various forms of physical violence^{5,6,7}.

Prevalence of domestic violence was found to be closely associated to the demographic characteristics. Although the occupation of the husband is a major determinant in this study. Other determinants include not having both male and female children, educational status of both couples and occupational status of the wife, these other factors and not statistically significant. Several studies and articles have expounded on the fact that while Christianity and Islam do not promote or encourage domestic violence, the role required of women as taught by the religions is sometimes misinterpreted as men being superior and therefore justified in his attitude to have control on their wives regardless of how he gains such control⁹. Many women are forced under a false interpretation of the religion they practice to forebear bodily harm and forced sexual intercourse and count it all as being a form of submissiveness to their husbands⁹. The association between religion and prevalence of domestic violence was however not statistically significant. Domestic violence was most prevalent among families with low socio-economic status.

CONCLUSION

The prevalence of domestic violence obtained from this study is 61%, which is high. Occupation of the husband has a significant impact on the prevalence of domestic violence. Some women who experience domestic violence in pregnancy have been victims of domestic violence in the past. It was found from this study that higher socio-economic status was protective. Emotional violence is the predominant pattern of violence from this study. Most of the domestic violence experienced by women is not reported.

Recommendation

1. Screening tools for identification and care of victims of domestic violence in pregnancy should be incorporated to the antenatal care model.

2. Improvement in socio-economic status will lead to significant reduction in the prevalence of domestic violence.
3. Also creation of jobs for the unemployed and creation of avenues for diversification of sources of income.
4. Laws prohibiting violence against women should be enacted adopted and strengthened at various levels of government is essential in taming this unwholesome act.

Informed Consent: A signed consent was obtained by the researcher and research assistants before recruitment of the participants into the study after appropriate counseling.

Ethical Considerations: Ethical clearance was obtained from the Hospital and Research Committee (HREC) of the Alex Ekwueme Federal University Teaching Hospital. This study was conducted in compliance with the ethical standards of our institution on human subjects as well as with the Helsinki Declaration.

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Author Contributions: Emmanuel C UWAKWE conceptualized the topic. All the authors were involved in data collection and literature review. Emmanuel C UWAKWE and Darlington-Peter C UGOJI supervised the work. All the authors wrote the final draft and approved the final manuscript.

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