PREVALENCE OF DOMESTIC VIOLENCE DURING PREGNANCY IN OLEH, A SUBURBAN ISOKO COMMUNITY, DELTA STATE, NIGERIA

[*]V.O. Awusi, [**]V. O. Okeleke, B. E. [*]Ayanwu
[*]Department of Family Medicine, Faculty of Medical Sciences, Delta State University, Abraka, Delta State, Nigeria.
[**]Central Hospital, Oleh, Isoko South Local Government Area, Delta State, Nigeria.

Correspondence:
Dr. V.O. Awusi,
Department of Family Medicine, Faculty of Medical Sciences,
Delta State University, Abraka,
Delta State, Nigeria.
Email: alpha.medicalcentre@yahoo.com

ABSTRACT
Domestic violence against pregnant women exposes victims to higher risk of pregnancy complications.
The aim of this questionnaire-based, cross-sectional study was to determine the prevalence, knowledge and perception of domestic violence amongst 400 consecutive pregnant women attending the ante-natal clinic of Central Hospital, Oleh. The mean age of the respondents was 28 ± 4.3 years (Range 15 – 44years) and, 82% of them attained at least secondary school education. Three hundred and sixty eight (92%) showed complete knowledge of domestic violence. A total of 144 (36%) of the women had experienced domestic violence during pregnancy. Domestic violence experienced were in the forms of verbal (58%), physical (31%) and sexual (11%) abuses. The husband was the commonest offender (92%). Some of the women felt domestic violence in pregnancy was always (12%) or under certain conditions (25%) excusable; and 77% of them would keep domestic violence in pregnancy secret. It is recommended that public awareness, about the inherent dangers associated with this act should be improved.
Key words: Domestic violence, pregnant women; suburban community.

INTRODUCTION
Domestic violence (DV) against women refers to any type of harmful behaviour directed at women and girls by significant others such as the husband/spouse[1,2]. It can take various forms and could be physical, verbal or sexual[3,4]. It can also be in form of threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life[4]. DV against women cuts across ages, ethnicity, religion and educational barriers[1]; and its prevalence ranged between 17-37%, with considerable regional variation[4,5]. Low socio-economic and educational status, early marriage, alcohol and substance abuse by the partner and unemployment have been suggested as its risk factors[3,6]. Most countries and religions frown at DV against women, but because the cultures of the people of these countries condone it, the problem has persisted[4]. This explains the "acceptable" attitude of women and men to DV, and why some persons even justify it[4,5].

The Nigeria National Reproductive Health Policy[7] lists gender-based violence as one of the key issues of reproductive health concern and has as one of its aims the limiting of all forms of gender-based violence. When it involves pregnant women, it calls for a closer and urgent attention because of the greater danger it entails. DV against pregnant

women has been reported in Nigeria[8,11] and worldwide[4,9] . Studies[9,10,22] have shown that DV against pregnant women is more prevalent than pregnancy-related complications such as pre-eclampsia and gestational diabetes, that have detrimental effects on the physical, social, reproductive and psychological well-being of the mother as well as presenting risk for the unborn baby. The impact of DV on pregnant women is increasingly being recognized as an important public health issue. It is in this light this, the present study attempts to document the prevalence, knowledge and perception of DV amongst pregnant women in Oleh, a suburban community in Isoko South local government area of Delta State, Nigeria, with the aim of using such information to highlight the increasing presence of DV against pregnant women in our society and proffer solutions to the problem.

MATERIALS AND METHODS

Consecutive patient recruitment method was used in selecting the subjects. A minimum sample size of 310 was calculated using the formula[23]: $N = Z^2 (P) (1 – P)/ d^2$ where, N = minimum sample size at 95% confidence level; Z = 1.96; d = precision: the difference between the true population rate and your sample rate that you can tolerate; P = population prevalence. A study has shown that the prevalence of DV against pregnant women was 28%[14]; therefore $N = (1.96)^2 (0.28) (0.72) / (0.05)^2 = 310$.

Four hundred consecutive pregnant women attending the ante-natal clinic of Central Hospital, Oleh, from February 1st 2008 – January 31st 2009 were served with pre-tested structured questionnaire by two of the authors (A.V.O. and O.V.) after obtaining their informed consent. The questionnaire included questions on the socio-demographical status of the women; and also about their knowledge, perception and the types of DV, how long ago the DV occurred. DV that occurred more than 3years before the study were excluded to minimize recall bias[23] and also 3years falls roughly on a probable last pregnancy taking the reported[20] median birth interval of 31months among Nigerian women into consideration.

Physical abuse was defined as beating/flogging/slapping etc. Verbal abuse was defined as exposure to partner's insults and sexual abuse as experience of any form of forced sex.

The data was analyzed using Epi-info Version 6 Statistical software. The level of significance was set at 5% ($P < 0.05$)

RESULTS

The mean age of the respondents was 28 ± 4.3 years (Range=15 – 43 years); and majority were in age group 26 – 30 years (48%), educated up to secondary school level (82%), married (92.8%), of Isoko extraction (91%) and had knowledge of DV (92%).

Table I shows the Age – DV status distribution of the women. One hundred and forty-four (36%) of them had experienced DV during pregnancy, while 256 (64%) did not. DV was highest in the 21-25 years (41%) and 26-30 years (40%) age groups.

Table II shows the forms of DV experienced by the 144 respondents; 83 (58%) was verbal, 45 (31%) physical and 16 (11%) were forced to have sex.

The commonest offender was the husband (92%) **(Table III)**.

On the women' view about DV against pregnant women **(Table IV)**, some felt it was always (12%) or under certain conditions (25%) excusable; however, majority (60%) felt it was not excusable.

On what their reaction will be if they experience DV against them **(Table V)**, 77% would keep it secret; 8% would report to family, 4% to In-laws, 2% each to close friend and doctor, and 3% to clergy. Only 3% will report to the authority while 2% were undecided.

Table I: AGE – DV STATUS DISTRIBUTION OF THE RESPONDENTS (N = 400)

Age (Years)	Experienced DV (%)	Did not experience DV (%)	Total
< 16	3 (21)	11 (79)	14
16 – 20	4 (14)	24 (86)	28
21 – 25	32 (41)	47 (59)	79
26 – 30	78 (40)	115 (60)	193
31 – 35	19 (39)	30 (61)	49
36 – 40	6 (22)	21 (78)	27
>40	2 (20)	8 (80)	10
Total	**144 (36)**	**256 (64)**	**400**

Table II: TYPE OF DV EXPERIENCED BY RESPONDENTS (N = 144)

Type	**No.**	**%**
Physical	45	31
Verbal	83	58
Sexual	16	11
Total	**144**	**100**

Table III: THE CULPRIT RESPONSIBLE FOR DV (N = 144)

CULPRIT	**FREQUENCY**	**%**
Husband	132	92
Boyfriend	7	5
In-laws	3	2
Others	2	1
Total	**144**	**100**

Table IV: VIEW ABOUT DV AMONGST THE RESPONDENTS (N = 400)

VIEW	**FREQUENCY**	**%**
Always Excusable	46	11.5
Excusable sometimes	98	24.5
Not Excusable	240	60
Undecided	16	4
Total	**400**	**100**

Table V: REACTION OF THE RESPONDENTS TO DV (N = 400)

REACTION TO DV	FREQUENCY	%
Report to Authority	10	3
Keep it secret	308	77
Report to family	30	8
Report to in-laws	17	4
Tell a close friend	8	2
Report to doctor	6	1
Report to clergy	12	3
Undecided	9	2
Total	**400**	**100**

DISCUSSION

Most of the pregnant women (victims) were aged 21 – 30years (76 %) which is comparable to findings from Enugu[17], Zaria[14] and Ghana[5]. This is the most fertile age period for women and so they are more likely to be victims of DV in pregnancy. Most of our respondents were Isoko-speaking, which is the predominant tribe in this part of Delta State, Nigeria.

The family unit which is seen as a medium of socialization has been reported[12] to be a place where much violence is directed at its female members. It was, therefore, not surprising that 92% of our respondents have either witnessed or heard about DV against pregnant women. This is similar to findings from Abuja – 92.9%[13] and Zaria –56%[14] which reported that majority of their respondents had knowledge of DV in pregnancy. Thirty-six percent (36%) of pregnant women, in this study, had experienced DV either in index pregnancy or in a previous pregnancy. It was higher than findings from other studies – 14%[3], 25.7%[6] and 28%[14], but comparable to a study from Abuja- 37.4%[13]. It was however; lower than others – 52.6%[15], 52%[16] and 47.1%[11].

As in other studies – 66.4%[13], 52.3%[11] and 49.8%[6], majority (58%) of our victims of DV were verbally abused. This was followed by physical abuse (31%), which is comparable to other studies – 29.6%[6] and 28.9%[11]; higher than others – 25%[11,] 23.4%[13] and 10.7%[18] but lower than that from Zaria – 36%[14]. Sexual abuse was the least form of DV experienced by pregnant women in this study (11%). This was the same in other studies – 5.6%[3,] 9.1%[19], 10.2%[13], 10.8%[6], 14.2%[11] and 22%[14]. Although majority (60%) of our respondents felt DV against pregnant women was not excusable, as in other studies – 81.9%[13] and 48.9%[14], some of them (25%) felt it was excusable under certain conditions as also reported in other studies – 49%[20], 21.9%[14] and 18%[13]. This attitude of these women is capable of truncating efforts geared towards eliminating this act; as women are known to be closer and emotionally attached to cultural-associated events, such as pregnancy, in our communities[21]. This become more worrisome when it is realized that some of the women (12%) felt DV in pregnancy was always excusable as also reported in a study from Zaria- 14.6%[14] . Although the women who experienced DV, in this study, did not report any DV-associated injury (not in our result), it has been reported[3,19]. Obstetric complications that may follow DV in pregnancy include

inevitable abortion, abruptio-placenta and intra-uterine death[22].

It is important to note that, although, the constitution of the Federal Republic of Nigeria allows respect of human right[12], section 55 of the penal code permits a husband to physically abuse to correct his wife as long as they are married according to the native/custom law in which such correction is recognized as lawful; although pregnant wife/women was not mentioned among the groups (servants/child/pupil/wife) to be so disciplined in the penal code. This may be one of the reasons why majority of the victims (77%), in this study, would rather keep DV against them secret; as also reported in other studies – 99%[11] and 36%[14] and 29.7%[3] which reported that majority of the respondents would keep DV against them secret. One of the reasons given for this attitude was the fact that the commonest offender of the act was the husband[13], whom she still loves; others are fear of ridicule from family members and friends, dependence economically on her husband, reprisal from husband if apprehended by law enforcement agents and also the probability that the authorities may advise out of court settlement to avoid dabbling into family matters[4]. In this study, the husband was the commonest offender, responsible for 92% of the cases; as in other studies – 78.7%[11], 74.2%[13] and 56%[14].

CONCLUSION

This study showed that DV against pregnant women is common in Oleh, a suburban community of Delta State, Increasing public awareness, through enlightenment and education campaigns, emphasizing the inherent dangers associated with the act will go a long way in discouraging the perpetrators. The suggested[14] screening for DV in routine ante-natal clinic should only be to the extent of treating the woman or counselling/health educating both parties. Also women should not encourage DV against women as sometimes done by mothers or sister-in-laws. Shelter houses should be established to provide comfort for the pregnant woman who is a victim of DV. Making DV against pregnant women a punishable offence so as to discourage perpetrators (mostly intimate partners), should be taken with caution as it may be counterproductive. And finally, there is need for further study in order to identify and ultimately eliminate the risk factors.

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