

Burden Of Domestic Violence Amongst Infertile Women Attending Infertility Clinics In Nigeria

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Abstract

Background: Infertility affects about 20% or more of the population. Infertility can lead to domestic violence and any woman who experiences domestic violence because of infertility, has a double jeopardy.

Methods: This was a cross-sectional study involving 233 infertile women attending infertility clinics in 3 hospitals in Nigeria over a period of 12 months.

Results: Ninety seven (41.6%) of the women had experienced domestic violence because of their infertility state. The forms of domestic violence experienced were psychological torture 50 (51.5%), verbal abuse 38 (39.2%), ridicule 27 (27.8%), physical abuse 17 (17.5%) and deprivation 6 (6.2%). The main culprits were the husband 47 (48.5%) and female in-laws 31 (32%). Yoruba women were more likely to experience domestic violence than other tribes, although this difference did not reach statistical significance ($p > 0.05$). Educational level, parity, type of marriage and duration of infertility were not statistically significant ($p > 0.05$)

Conclusion: In this setting, infertile women are prone to domestic violence. Prompt evaluation, counselling of the couple, as well as early treatment and prevention of infertility is necessary to avoid the problem and domestic violence. This should form part of efforts to meet the millennium development goals.

Key words: Infertility, domestic violence

INTRODUCTION

Violence against women refers to physical acts of violence toward a female, sexual coercion, physical threats, psychological abuse and controlling actions such as physical isolation or restricting access to health care or financial resources.¹ Evidence from developing countries suggests that anywhere from 10% to 60% of married women of reproductive age report having experienced some form of domestic violence.² For women, the consequences associated with domestic violence include

physical injury, chronic pain, gastrointestinal symptoms and adverse mental health outcomes.³

Infertility is the inability of a couple to achieve conception despite regular unprotected coitus for a duration of 12 months or more.⁴ Assisted conception has been introduced into medical practice with the aim of reducing the pressure on the infertile couple from friends, relations and the society.^{4,5} This burden is mostly on the woman because in most cultures she is assumed to be the cause of the problem.⁶ Infertility may lead to domestic violence and any infertile woman who experiences domestic violence has a double jeopardy.⁷ This is a study of domestic violence amongst women presenting with infertility.

MATERIALS AND METHODS

Setting

Infertility clinics of Ahmadu Bello University Teaching Hospital, Zaria, (northern Nigeria), Ebonyi State University Teaching Hospital, Abakaliki (eastern Nigeria) and Nordica Fertility Centre at Nisa Premier Hospital, Abuja (central Nigeria), Nigeria.

Method

A cross-sectional questionnaire study involving infertile women attending the 3 infertility clinics. Of 333 women attending the 3 clinics, 233 (70%) consented to participate in the study (Abuja 88, Zaria 78 and bakaliki 67) and form the basis of this report.

Questions asked in the questionnaire included demographic information, experience of domestic violence and associated factors, as well as cause and duration of infertility. The data was collated and analysed using Statistical Package for Social Sciences (SPSS version 11.5).

RESULTS

Dermographics

One hundred and twenty six (54%) of the 233 women were within the 26-35 year age group (Table 1) and included women from various ethnic groups (Table 2).

Table 1: Age distribution and experience of domestic violence amongst 233 infertile women attending 3 infertility clinics

| Age (years) | Experienced domestic violence | | Total (%) |
|---------------|-------------------------------|------------|-----------|
| | Yes | No | |
| <20 | 3 | 6 | 9 (3.9) |
| 21-25 | 11 | 19 | 30 (12.9) |
| 26-30 | 26 | 36 | 62 (26.6) |
| 31-35 | 25 | 39 | 64 (27.5) |
| 36-40 | 24 | 18 | 42 (18.0) |
| 40+ | 8 | 15 | 23 (9.9) |
| Not specified | - | 3 | 3 (1.3) |
| Total (%) | 97 (41.6) | 136 (58.4) | 233 (100) |

Table 2: Ethnicity and experience of domestic violence amongst 233 infertile women attending 3 infertility clinics

| Tribe | Experienced domestic violence | | Total (%) |
|-----------|-------------------------------|------------|-----------|
| | Yes | No | |
| Ibo | 43 | 56 | 99 (42.5) |
| Hausa | 20 | 36 | 56 (24.0) |
| Yoruba | 12 | 6 | 18 (7.7) |
| Others | 22 | 38 | 60 (25.8) |
| Total (%) | 97 (41.6) | 136 (58.4) | 233 (100) |

One hundred eighty eight (80.7%) of the women were in a monogamous marriage, 42 (18%) polygamous while 3 (1.3%) did not answer that question. The literacy level of the women were primary education 21 (9%), secondary education 53 (22.7%), tertiary education 134 (57.5%), and in 7 (3%) the level of education was not provided.

Seventy three (31.3%) of the women were civil servants, 67 (28.8%) full time housewives, 51 (21.9%) business women and 40 (18%) belonged to other professions.

Information on infertility

Ninety four (40.3%) women had been infertile for 1-4 years and 139 (59.7%) for ≥5 years; 36 (15.5%) had a

parity of 0, 94 (40.3%) parity of 1-4, 2 (0.9%) parity of 5+, while 101 (43.3%) did not provide information on their parity. In 158 (67.8%) women the cause of infertility was unknown, due to male factor 41 (17.6%) and female factor 34 (14.6%).

Prevalence of domestic violence

Ninety seven (41.6%) women had experienced domestic violence. The nature of domestic violence included psychological torture 50 (51.5%), frequent verbal abuse 38 (39.2%), deprivation of basic needs 6 (6.2%), ridicule 27 (27.8%), physical beating 10 (10.3%) and slapping 7, (7.2%).

The culprits who inflicted violence in the 97 respondents were husband 47 (48.5%), female in-laws 31 (32%), neighbours 31 (32%), male in-laws 21 (21.6%), friends 9 (9.3%) while 16 (16.5%) did not respond to this question.

Majority 75 (77.3%) of the respondents who experienced domestic violence were in the age group 26-40 years (Table 1). Although Yoruba women were more likely to experience domestic violence compared to other tribes, this difference did not reach statistical significance ($p > 0.05$, Table 2).

Women in monogamous marriages were more likely to experience domestic violence (43.1%) than those in polygamous marriages (28%) but the difference was not statistically significant ($p > 0.05$). Experience of domestic violence was not related to parity.

Overall, experience of domestic violence was not significantly related to occupation and level of education of the women or husbands or duration of infertility ($p > 0.05$).

DISCUSSION

In present times, many millions of couples are confronted with the problem of childlessness. Though childlessness profoundly influences the quality of life and the life course of the couples concerned, relatively little attention is given to this problem. This may be attributed to the huge political interest in reducing the number of childbirths especially in developing countries. Attempts to raise the chances of having a child are perceived as contradictory to this policy.⁶

The prevalence of domestic violence amongst the women attending the infertility clinics from the 3 centres

was 41.6%. This is high compared to the prevalence rate of 11% found in the general population⁸. This finding is not surprising because infertility had been found by earlier studies to be a pre-disposing factor to domestic violence.⁹ The commonest type of domestic violence experienced by women in this study were frequent verbal abuse and psychological torture as well as deprivation of basic needs and physical violence; this is different from findings in the general population where the commonest type of domestic violence is being forced to have sex.^{8,10} The culprits of domestic violence in our study is the husbands and female in-laws and is similar to findings from other studies.¹¹

Male factor infertility accounted for 17.6% and is higher than female factor of 14.6%. This is remarkable because the general view amongst the populace is that infertility is usually or always caused by the female. As such the woman is often blamed and abused, however the involvement of semen analysis in the investigations for the infertile couple has helped in revealing that men may also be the cause of infertility.¹²

Yoruba women were more likely to experience domestic violence (not statistically significant). This may be related to the Yoruba tradition where the ability to conceive and bear children is of utmost importance.¹³ Women in monogamous marriages are more likely to experience domestic violence than those in polygamous marriages. This may be because ownership of children from other wives in polygamous homes reduces the pressure on the man and this may well reduce the chances of transferring the pressure and stress to the infertile wife.

At the present time, violence against women is a universally devastating and often unpunished crime. It transcends all boundaries, and its exorbitant human and economic costs have yet to be calculated.¹⁴ If domestic violence is to be reduced as indicated in the millennium development goals then infertility prevention and treatment needs to be seriously looked at.¹⁵ Infertility treatment including assisted conception has to be subsidized, just like malaria, HIV and other diseases which are seen a threat to global health.

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