ORIGINAL ARTICLE

Prevalence of Domestic Violence among Antenatal Women Attending a Nigerian Hospital

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Abstract

Background: *Health is defined as a state of complete physical, mental, social and spiritual well being and not just the absence of disease. Domestic violence (synonyms: spouse abuse, partner or intimate violence, family violence) is a public health problem which is defined as any intentional abuse of a family member (mostly females but not exclusive) by his/her partner that causes pain or injury.*

There is paucity of data on domestic violence mainly because of under-reporting by the victims. However, domestic violence is said to be a more frequent occurrence than other recognized pregnancy complications such as pre-eclampsia, twin pregnancy or gestational diabetes for which women are routinely screened during the antenatal period. The aim of the study was to determine the prevalence of domestic violence in pregnant women attending the antenatal clinic of a local Nigerian mission hospital in Jos, Plateau state.

Methods: *This was a cross-sectional, descriptive study of women attending antenatal clinic at ECWA Evangel Hospital, Jos over a six month period using the Abuse Assessment Screen developed by McFarlane to detect the prevalence of domestic violence. The data were analysed using Epi Info Version 2002.*

Results: *Three hundred and forty pregnant women were studied. Majority of them were married and were mostly aged between 20 and 39 years. Domestic violence prevalence was 12.6% (43) in the current pregnancy and 63.2% (215) previously.*

Conclusion: *The study establishes that women in our environment experience domestic violence during pregnancy and majority of them also have a previous history of abuse. There is the need to routinely screen for domestic violence in pregnant women so as to prevent potential adverse pregnancy outcomes and to interrupt existing abuse.*

Key Words: *Domestic Violence, Pregnancy, Nigeria*

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Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental, social and spiritual well being and not just the absence of disease.[1] The International Conference on Primary Health Care in Alma Ata in 1978 reaffirmed this much in its declaration to which Nigeria is a signatory.[1,2] Domestic violence (synonyms: spouse abuse, partner or intimate violence, family violence) is a public health problem which is defined as any intentional abuse of a family member (mostly females but not exclusive) by his/her partner that causes pain or injury.[3,4,5] Domestic violence can manifest as verbal insults, beating or forced sexual relationships.[4,5]

There is paucity of data on domestic violence mainly because of under-reporting by the victims.[3] In the USA, 50% of homes experience domestic violence and about 20% of women reporting to the emergency room are battered.[5] Straus and Gelles reported in a survey a husband-to-wife violence rate of 11.3% per year.[3,4,5] In family practice settings generally, 22-28% of women have experienced domestic violence.[3,4] In South Africa, a prevalence of 21.5% of domestic violence was found in a family practice setting.[6] In Nigeria, the national prevalence is not known, however, in Jos and Lagos (both in Nigeria), community based studies reported prevalence rate of 77.2% and 81% respectively[7,8]

To our knowledge, no studies examining the problem of domestic violence in Nigerian pregnant women have been reported in the literature. However, domestic violence is said to be a more frequent occurrence than other recognized pregnancy complications such as pre-eclampsia, twin pregnancy or gestational diabetes for which women are routinely screened during the antenatal period.[6,8-10] In American studies, between 11-41% of pregnant women attending clinic have reported a history of domestic violence, with 4-17% reporting domestic violence in the current pregnancy.[11]

Domestic violence deserves special attention because it affects the physical and emotional well being of the mother and causes adverse pregnancy outcomes.[8,9,12,13]

By detecting domestic violence during pregnancy, there would be an opportunity to intervene and protect the mother and unborn foetus from danger. The use of structured questionnaires like the Abuse Assessment Screen, have been found to increase rates of detection of domestic violence during pregnancy.[14,15]

The Abuse Assessment Screen even though has been validated in studies elsewhere, this is not true for Nigeria. It was however used because to our knowledge, there is no such tool developed specifically for Nigeria or indeed the black Africans.

The aim of the study was to establish the presence of domestic violence and consequently as a first step towards raising awareness to the magnitude of the problem and its consequences.

Materials and Method

The study was conducted at the Antenatal Clinic of ECWA Evangel Hospital located in the scenic city of Jos in the highlands of central Nigeria. The Antenatal clinic is attached to the Maternity ward where the Labour room is also located. It has a waiting hall, consulting rooms, Ultrasound and Research room.

A written permission was obtained from the Hospital's Ethics committee. The subjects were women with established pregnancy attending antenatal clinic at the ECWA Evangel Hospital, Jos. Established pregnancy was considered a period of amenorrhoea with presence of an intrauterine foetus, confirmed by immunological test for pregnancy, ultrasonography or clinical examination.

Unpublished internal data show that 1200 women attend antenatal clinic each year at Evangel Hospital, Jos giving a monthly average of 100 women. The study lasted six months during which approximately 500 women were seen out of which one hundred and thirty were excluded for various reasons. The remaining twenty declined consent for mostly personal reasons. All consenting antenatal women with pseudo-cyesis or unconfirmed pregnancy were excluded.

The Abuse Assessment Screen (AAS) developed by McFarlane was used to interview eligible women that gave consent. This questionnaire assesses for past and recent history of domestic violence (Table I). A woman was deemed to have experienced domestic violence in the past if she answered yes to question 1, while if she answered yes to question 2 or 3 she was assumed to be suffering abuse in the current pregnancy (recent violence). The sites of injury were identified using a body map in conjunction with the third question.

A pilot study was carried out at Our Lady of Apostles Hospital, Jos in Jos North LGA using the screening instrument (AAS) on 50 antenatal clinic attendees and a prevalence of 67% was found. The sample size of 340 is thus based on this prevalence rate and was calculated using EPI Info Statistical sofware with a 95% confidence interval and error margin of 5%. Every consecutive antenatal clinic attendee that gave consent was recruited into the study until the sample size was achieved. The questionnaire was administered by the same Investigator in appropriate language (mostly English and Hausa).

The data was analyzed using EPI Info Version 2002 (CDC Atlanta 2002).

Table I: Abuse Assessment Screen (Circle Yes or No)

1. Have you ever been emotionally or physically abused by your partner or someoneimportant to you? ---------- Yes/No

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt bysomeone? ----------Yes/ No

If yes, by whom? (Circle all that apply)
Husband Ex-husband Boyfriend Stranger Others (specify)
Number of times _____

3. Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?----------Yes/No

If yes, by whom? (Circle all that apply)

Husband Ex-husband Boyfriend Stranger Others (specify)
Number of times _____

Indicate the area of injury on a body map

_____

Score the most severe incident to the following scale:
1= Threats of abuse, including use of a weapon
2= Slapping, pushing; no injuries and/or lasting pain
3= Punching, kicking, bruises, cuts and/or continuing pain
4= Beaten up, severe contusions, burns, broken bones
5= Head, internal, and/or permanent injury
6= Use of weapon, wound from weapon

4. Have you sought medical attention as a result of injuries resulting from been hit, slapped, kicked or otherwise physically hurt by someone? ---- Yes / No

5. Within the past year, has anyone forced you to have sexual activities? Yes/No
If yes, by whom?
Husband Ex-husband Boyfriend Stranger
Others (specify)
No. of times _____

6. Are you afraid of your partner or anyone you listed above? Yes/No

7. Do you want us to reveal this information to: (for those who answered yes to questions 2,3, or 4)
Your Obstetrician Yes/No
Medical Social Worker Yes/No

Adapted and modified from J. Obstet. Gynaecol. Res 1999;25(3):165-171

Results

The results are as shown in Tables II - IV. Table II shows the demographic characteristics of study subjects with 54.7% in the 20-29 year age group and 39.4% in the 30-39 year age group. Most of the subjects were married (97.1%). Table III shows that about sixty three percent (63.2%) of the subjects studied had experienced violence in the past, while 12.6% of the subjects were abused in the index pregnancy and only 8.4% of those abused went to hospital for medical attention as a result of injuries from domestic violence. The complications resulting from domestic violence during previous pregnancy are shown in Table IV with 38.89% having abdominal pain, 22.20% vaginal bleeding, 16.67% had induced premature uterine contractions while 11.12 experienced foetal death. Premature rupture of membranes (PROM), and psychological problems accounted for 5.6% each of the complications of violence in the index pregnancy.

Table II: Subjects Demographic Information

Parameter	Frequency (n)	Percentage (%)
Age (years)		
<20	15	4.4
20 29	186	54.7
30 39	134	39.4
40 49	5	1.5
>49	0	0
Total	340	100
Marital Status		
Married	330	97.1
Single	9	2.6
Divorced/Separated	1	0.3
Total	340	100

Table III: Distribution of Abuse and Medical Seeking behaviour among Subjects

Parameter	Frequency (n)	Percentage (%)
Past Abuse		
Yes	215	63.2
No	124	36.8
Total	340	100
Abuse in Index Pregnancy		
Yes	43	12.6
No	297	87.4
Total	340	100
Sought Medical Attention*		
Yes	18	8.4
No	197	91.6
Total	215	100

*Only 215 subjects experienced violence.

Table IV: Complications of Domestic Violence Presented as victims seeking Medical attention.

Complication	Number (n)	Percentage (%)
Abdominal Pain	7	38.89
Vaginal Bleeding	4	22.20
Premature Contractions	3	16.67
Premature Rupture of Membranes	1	5.56
Foetal Death	2	11.12
Others	1	5.56
Total	**18****	**100**

**Only 18 subjects sought medical attention as a consequence of abuse

Discussion

The study found a general prevalence of domestic violence of 63.2% among the respondents. This is higher than the USA figure of 50%[5] and much lower than reported by Straus & Gilles of 11.3%.[4] This finding when compared with the survey in Lagos[11] is still much less. India and China have prevalence rates of 25.33% and 15.7% repectively[8,9] while Australia have 29.7%[16] which are again comparatively much less. This disparity may be due to small sample size and also the restricted nature of the population studied (pregnant women). It is also possible that the responses were inconsistent as a much lower number said they were abused in the current pregnancy. There may also be cultural/social variation among the black Africans when compared to western and Asian populations.

In the current pregnancy studied, 12.6% had experienced domestic violence. The findings collaborates with the report in recent studies which found that between 4-17% of women attending antenatal were abused.[8] Similarly, another study in the USA found domestic violence prevalence of 8-15%[12] and 5.8% in Australia,[16] while in China a prevalence of 17.9% was found.[8] This similarity may not necessarily reflect the true prevalence in the African population because of cultural variation. For example, what constitute violence to a black African in Nigeria may not be the same with non-blacks, and thus their responses to the same questions may be different. Also the interview took place only once which may underestimate the magnitude of abuse in pregnancy as repeated questioning at different times is known to increase the yield.[6]

The number of women who reported injuries sustained from abuse were 18 out of the 43 abused in pregnancy. The complications resulting from violence in pregnancy further reveals the magnitude of the problem with as high as 22.2% having threatened abortion, 16.67%

premature contractions which could lead to premature delivery and 11.12% had intrauterine foetal death. This agrees with the literature review by Petersen et al in the USA which concluded that domestic violence is definitely associated with several pregnancy complications.[17] This may not be truly representative of the rate of complications because several women may not report their injuries to the doctor. Even those who report their injuries may refuse to associate them with the violence they are experiencing. All these are done in an attempt to protect their spouses and or to avoid repercussion from them.

It is to be noted that domestic violence may commence or escalate in pregnancy.[8,9] Some of the reasons suggested include ambivalence about pregnancy, growing financial dependency of the woman and her decreased sexual availability.[6,9,10] In pregnancy, it is thought that intimate partner violence in pregnancy may be a more significant risk factor for pregnancy complications than other conditions that are routinely screened for during antenatal care such as diabetes and hypertension.[6,8 - 10] Domestic violence during pregnancy has been linked with delays in obtaining prenatal care, poor maternal weight gain and depression.[10] It is known to cause adverse pregnancy outcomes like unsafe abortion, miscarriage, stillbirth, low birth weight and neonatal mortality.[6,8,9,18] Domestic violence in pregnancy may sometimes even be the reason for seeking a termination of the pregnancy which in many cases may be unsafe.[19,20] In a study by Glander et al, it was found that 39.5% of women seeking a termination of their pregnancy were doing so because of violence they were experiencing in the relationship.[19]

The study establishes that domestic violence in pregnancy with its attendant consequences on the health of the mother and the growing foetus is a major problem among the pregnant women in our community. We hope that medical staff and the general population will be sensitized to this important public health problem. The governments and communities on their part will mobilize resources to help victims by providing law enforcement, shelter homes and legal aid.

Routine screening for domestic violence with simple structured questions during antenatal visit should become part of routine prenatal care so as to identify cases of abuse in order to interrupt existing abusive cycle and prevent potential adverse pregnancy outcomes.

Limitation of the study

The authors acknowledge that Abuse Assessment Screen questionnaire used in the study has not be validated in Africans and there has been no separate definition of domestic violence taking into cognizance the African perspective on family violence. However, in the absence of the foregoing, one cannot but use what is available to explore and expose such a major public health problem like domestic violence. It is hoped that these short comings will stimulate the African medical research community to action while we take careful note that domestic violence and its attendant complications is here with us.

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