

Original Article

Forms of Violence and Associated Factors Among Pregnant Women Attending Antenatal Clinic at Federal Teaching Hospital, Gombe, Northeast, Nigeria

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Abstract

Background: Domestic violence during pregnancy is a global public health problem due to its associated maternal and fetal outcomes. However, this problem is not well studied or reported in North-East Nigeria. This study aims to assess the prevalence and various forms of domestic violence and factors associated with domestic violence among pregnant women in a tertiary centre in North-East Nigeria.

Methodology: This was a hospital-based cross-sectional study from April to October 2022. A total of 165 pregnant women were recruited for the study. A systematic random sampling was used to select the participants and a pre-tested questionnaire, the WHO instrument on women's health and domestic violence against women was used to assess the violence against pregnant women. Descriptive statistics were computed. A chi-square test was carried out to identify factors and associations with domestic violence with.

Results: From the women surveyed, 40% of the pregnant women were victims of one form of domestic violence during pregnancy with psychological violence (40.90%) being the most common followed by physical violence (31.8%). Husbands are the commonest perpetrators (54.6%) of domestic violence in pregnancy while about 18.2% percent of the victims prefer not to disclose the perpetrators. The victims mostly seek help from the family (40.9%) while 24.2% of the victims keep it secret and do not seek any form of help. Women's unemployment and literacy status P value 0.66 and 0.61 respectively were not associated with domestic violence in pregnancy in the study population. About 21.5% of women in this study think that domestic violence in pregnancy can be excusable under certain circumstances.

Conclusion: A high proportion of women experience domestic violence during pregnancy in the study population. Husbands are the commonest perpetrators of domestic violence in pregnancy. Many of the victims are still not reporting the perpetrators or seeking help for domestic violence during pregnancy.

Keywords : Domestic violence ; Psychological ; Emotional violence ; Financial violence.

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How to cite this article: Egwu O, Laima CH, Yahya MS, Obiano VE, Yahaya UR. Forms of Violence and Associated Factors Among Pregnant Women Attending Antenatal Clinic at Federal Teaching Hospital, Gombe- Northeast –Nigeria. Niger Med J 2023;64(3):389-397

Quick Response Code:



Introduction

Domestic violence (DV) during pregnancy is associated with poor health outcomes for both the mother and newborn and in some cases has resulted in either or both foetal and maternal death. Violence against women is a common occurrence globally and cuts across ethnic, socio-economic and religious status^{1, 2}. It is estimated that a third of women undergo some form of Domestic violence throughout their lifetime^{3, 4}. Domestic violence refers to any type of harmful behaviour directed at women and girls because of their sex^{3, 5}. It includes physical, psychological, and sexual violence^{2, 3}. Violence against women is seen today in the form of Gender-Based Violence^{5, 6}. The magnitude and risk factors for domestic violence during pregnancy are not well documented in many countries, including Nigeria. Although the sheer magnitude of the problem of interpersonal violence has generated a great deal of interest on the part of public health advocates, human rights groups, and academic communities, it is only recently that significant attention has been paid to the intricacies of the relationship between interpersonal violence and pregnancy⁷.

A significant amount of this violence is carried out in the family setting, otherwise called intimate partner violence^{1, 6}. Even though domestic violence cuts across gender, in more than 90% of the cases, it is the women that are affected^{1, 8}. This violence can be perpetrated by the husband, in-laws or even friends of the husband or neighbours. It can range from verbal assault, physical battering, objects thrown at, slapped or flogged, or forced sex. Sometimes it can take the form of economic deprivation^{2, 8, 9}. Violence against pregnant women has been reported to significantly increase the risk for low-birth-weight infants, pre-term delivery, and neonatal death and also affected breastfeeding postpartum. Other complications may include Abortions, stillbirth, and even death^{6, 8, 10, 11}. Many studies in Nigeria have revealed that findings in Nigeria are similar to global trends^{3, 9, 11, 12}.

Domestic violence is aggravated when the woman is pregnant¹³. This can be attributed to hormonal changes that occur during pregnancy resulting in wild mood swings from depression to aggressiveness. These have reportedly led to the escalation of tension in the homes¹⁰. According to the World Health Organization's (WHO's) multi-country study on women's health and domestic violence, between 1% and 28% of women are subjected to physical violence during pregnancy¹⁴. Sometimes the woman may blame herself and hence not report or it may lead to serious consequences like abortions, stillbirth, or even death^{2, 10, 15}. Some women even find the abusive behaviour excusable, but some may report it to the police, clergy or their family members and friends¹⁶. Reported risk factors for domestic violence during pregnancy include marital status, age, and educational attainment. Other reported risk factors include substance, alcohol, and drug abuse¹⁷. In many settings, domestic violence is not perceived as a legal issue and is therefore often not reported to law enforcement agencies. These factors may modulate the experiences of pregnant women in this region compared to their counterparts elsewhere. This is likely to affect the level of reporting, assertiveness, and redress following the violation of rights.

This study was conducted to estimate the prevalence of different forms of violence among pregnant women attending the antenatal clinic (ANC) at the Federal Teaching Hospital (FTH) in Gombe Nigeria and to identify related social and demographic risk factors. From the established substantial health burden, previous studies have focused on the prevalence and factors associated with domestic violence against women, but not much about the extent of violence among pregnant women in North-East Nigeria as well in the study area. Moreso, evidence is lacking on what factors put pregnant women at increased risk of domestic violence during their pregnancy. Hence, this study aimed to assess the prevalence of domestic violence against women and associated factors among pregnant women visiting the Federal Teaching Hospital, Gombe, North-East Nigeria for Antenatal care services.

The findings from this study are expected to increase the awareness of healthcare providers working with pregnant women in screening, detecting and readily supporting pregnant women vulnerable to domestic violence. The information will also help health programs and health policy to design preventive and control policies to reduce the problem.

Methodology

Study design and period

A cross-sectional institutional-based study was conducted from May to October 2022 to determine the prevalence and various forms of domestic violence and associated factors among pregnant women receiving antenatal care services at the Federal Teaching Hospital Gombe North-East Nigeria.

Study population

All pregnant women who attended antenatal care services in the Federal Teaching Hospital Gombe North-East Nigeria were the source population. Such women aged 18 to 49 years who attended the antenatal care clinic in the hospital during the data collection period were included in the study. Pregnant women in labour and had danger signs of pregnancy were excluded.

Sample size determination and sampling procedures

To determine the sample size, we used the single population proportion formula and the assumption that the percentage of pregnant women facing domestic violence was 55% from a previous study¹², 95% confidence interval (CI), 5% of precision level, and non-response rate of 30%. Thus, the total sample was 165 pregnant women recruited from May to October 2022. First ANC service reports of the previous 6 months were reviewed, and the average number of pregnant women who visited the ANC Clinic per month was estimated at 1080. A systematic random sampling technique was used to select study participants. The first participant was selected using the lottery method, and every 5th pregnant woman was chosen based on their visiting order till the sample size was met within a period of six months.

Data collection tools and procedures

A structured interviewer-administered pretested questionnaire consisting of sociodemographic, economic characteristics and behavioural factors adapted from the WHO multi-country study on women's health and domestic violence against women was used to assess domestic violence against pregnant women¹⁸. The data instrument also assessed, the duration of pregnancy, marriage setting and husbands' occupation. It also assessed the occurrence of DV, the forms of DV, the perpetrators, and the response and support received.

Statistical Analysis

The data were checked for completeness, coded and entered into Excel and exported to STATA 15C for analysis. Means, frequencies, and percentages were used to summarize data and texts and tables to present data. A chi-square test was done to see the associations of each independent variable with domestic violence during pregnancy and the P value was set for significance at <0.05.

Operational definitions

Physical violence was presumed to have taken place when a woman/participant provided "Yes" answers to the questions including pushing, hitting, whether something was thrown at her, something that could hurt, hit with a fist or something else that could hurt, kicked, dragged, beaten up, choked or burned on purpose; if an object or any other weapon was used against her¹⁹.

Sexual violence was presumed to have taken place when a woman was physically forced to have sexual intercourse against one's will, or having sexual intercourse because of being afraid of what a partner might do or being forced to do something sexual one has found degrading or humiliating¹⁹.

Emotional violence was defined as being insulted or made to feel bad about oneself, humiliated or belittled in front of others, intimidated or scared on purpose (for example by a partner yelling and smashing things), or threatened with harm (directly or indirectly in the form of a threat to hurt someone the respondent cares about)¹⁹.

Results

Socio-demographic Characteristics

From Table 1, the highest proportion of respondents was aged between 20-29 years 81(49.09%) followed by those aged 30-39 years 68 (41.21%). The distribution of respondents based on ethnicity showed that Fulani's 52 (31.52%) were the majority in the study population. Hausa's constituted 29 (46.1%), Tangale 24 (14.5%), and others (Ibibio, Idoma, Igala etc) 40 (24.24%) of the study population. The majority of the respondents 160 (96.97%) were married, and the majority 76(63.16%) were not employed while 44(26.7%) were civil servants. Fifty-eight percent 95 (57.58%) of the respondent's partners were civil servants while 3 (1.82%) of the respondent's partners were unemployed and 38 (23.03%) were in petty business. The educational distribution of the respondents showed that 77 (46.67%) had tertiary education followed by secondary education 61 (36.97%) while 11(6.67%) have no form of formal education.

Domestic Violence against Pregnant Women

The prevalence of domestic violence among pregnant women in the study population was 66(40%) Table 2. The distribution of the various types of domestic violence shows that verbal/psychological was the most common 27(40.90%) followed by physical 21(31.82%) and financial 12(18.18%). Pregnant women who were housewives had the highest prevalence of domestic violence 29 (43.94%) followed by those who were petty traders/farmers 14(21.21%).

Factors associated with domestic violence during pregnancy.

The analysis of women's occupation, education and partner's occupation showed that women who were not employed were not significantly associated with domestic violence in pregnancy X^2 0.20 P value 0.66. Also not being literate among the pregnant women was also not statistically significant in this population X 0.27 P value 0.61 and partners' unemployment was also found not to have a statistically significant association with domestic violence in pregnancy P value 1.0 Table 3.

Help seeking patterns after experiencing violence and coping strategies.

From those who experienced one form of violence or another Table 5, their family 27 (41.91%) was the commonest source of help and this was followed by seeking help from friends 14 (21.21%), domestic violence organisation/social service 1 (1.52%) while about a quarter 16 (24.62%) kept their experience secret.

Respondents' Views on domestic violence

Most of the respondents 38(48.1%) said domestic violence was not excusable Table 6 while 17 (21.52%) think it is excusable under some circumstances. Twenty-four respondents (30.38%) of the respondents have no view on domestic violence.

Perpetrators of domestic violence in pregnancy

The main perpetrators of domestic violence in this population are the husbands 36(54.55%), followed by mothers-in-law 7(10.61%). About twelve (18.18%) of those who experienced violence during pregnancy still do not disclose the perpetrators of the violence Table 4.

Table 1: Sociodemographic characteristics of respondents

Sociodemographic characteristics	Frequency (%)
Age in years	
Less than 19 years	5 (3.03)
20-29	81 (49.09)
30-39	68 (41.21)
40 and above	11 (6.67)
Marital Status	
Married	160 (96.97)
Single	5 (3.03)
Ethnic group	
Hausa	29 (17.6)
Fulani	52 (31.5)
Tangale	24 (14.6)
Waja	4(2.4)
Igbo	4 (2.4)
Yoruba	10(6.1)
Terra	2(1.2)
others	40 (24.2)
Education	
None	11 (6.67)
Primary	16 (9.70)
Secondary	61(36.97)
Tertiary	77(46.67)
Occupation	
Not employed	76 (46.1)
Petty business/farming	27 (16.4)
Civil servant	44(26.7)
Self-employed	18 (10.9)
Partners occupation	
Not employed	3 (1.82)
Petty business	38 (23.03)
Civil servant	95 (57.58)
Self-employed	29 (17.58)

Table 2: Type of violence reportedly experienced by Respondents.

Ever experienced violence	Frequency (%)
Yes	66 (40.0)
No	99 (60.0)
Psychological/verbal	27(40.9)
physical	21 (31.8)
Sexual	6 (9.1)
Financial	12 (18.2)

Table 3: Respondents' Reported Experience of Violence Based on Selected Possible Risk Factors

Characteristics	Ever experienced violence		X ²	P value
	Yes	No		
Mothers' occupation				
Not employed	29	47	0.20	0.66
Employed	37	52		
Total	66	99		
Education				
Illiterate	12	15	0.27	0.61
literate	54	84		
Total	66	99		
Partners Occupation				
Not Employed	1	2	Fishers exact	1.0
Employed	65	97		
Total	66	99		

Table 4: Perpetrator of domestic violence in pregnancy

Perpetrator	No (%)
Husband	36 (54.55)
Mother in-law	7 (10.61)
Sister in-law	4(6.06)
Brother in-law	2(3.03)
boyfriend	4 (6.06)
No reply	12 (18.18)
Neighbors	1 (1.52)

Table 5: Help seeking Patterns and coping strategies following Experience of violence.

Report/ Help sought from	No (%)
Family	27(40.91)
Friends	14(21.21)
DV organisation	1(1.52)
Police	0
Religious leader	4 (6.06)
Social services	2 (3.03)
Doctor	2 (3.03)
Keep it secret	16 (24.24)

Table 6: View of respondents on domestic violence

View on violence	No (%)
No reply	24 (30.38)
Excusable in some circumstances	17 (21.52)
Not excusable	38 (48.10)

Discussion

This study is one of the first studies reporting the prevalence and forms of domestic violence in pregnancy in the study population. The study found that as much as 40% suffer domestic violence during pregnancy. Psychological abuse was the most common (40.90%) followed by physical violence (31.82%). This prevalence is less than 52.1% reported in the South-South but lower than 31% reported in the North Central and 28.9% reported in the South East from a study by the National population commission²⁰. It is also higher than that from a systematic review of African studies (2-57%) with an average prevalence of 15.23% found in studies between 2000 and 2010. This difference may be in the size of the study sample and sampling techniques. Outcome assessment tools can also be a reason for the differences in domestic violence prevalence. For instance, studies that use the convenience method may report lower prevalence's because volunteers are different from non-volunteers. This study used the WHO women abuse screening tool commonly used in many studies to assess the experience of domestic violence. The main perpetrators of domestic violence in this population are the husbands 36(54.55%), followed by mother in-laws 7(10.61%). About twenty percent of those who experienced domestic violence still do not disclose the perpetrators of the violence. The finding of victims not disclosing has been reported in several studies and the reasons include culture, fear of intimidation, not wanting to be embarrassed and believing that they have to protect their marriage^{21, 22}. The partner being the common perpetrator of domestic violence in pregnancy was also reported by Lencha et al²³.

Factors like being unemployed among pregnant women, not being educated and partners being unemployed were found not to be associated with domestic violence in pregnancy. The African population with male dominant culture has been reported to influence domestic violence during and outside pregnancy and not necessarily factors such as education, or employment status. Other factors like alcohol intake and substance abuse by male partners have also been reported as factors associated with domestic violence in pregnancy^{7, 9} however, these were not assessed in this study.

Responses on coping strategies of pregnant women to domestic violence showed that the family (41.5%) was the commonplace the report was made as a way of seeking help followed by the women's close friends (21.54%). The finding that a reasonable proportion (24.62%) do not report domestic violence in pregnancy suggests that more women suffer from the problem and still not seeking help anywhere. Only a small proportion (3.03%) brought the issue to the attention of social agencies that are better trained to handle domestic violence and reduce its recurrence. This suggests that more women may not be aware of the role of this organisation and so more publicity will be needed in this aspect. Women's views on domestic violence from this study show their understanding of the problem. The proportion that thinks it is excusable under certain conditions (21.52%) shows that more needs to be done on educating women and the general society on the dangers of domestic violence in pregnancy.

The strength of this work is the use of the WHO multicenter-validated instrument on women's health and domestic violence. The fact that the data collection was not qualitative has limited the richness of the findings.

Conclusion

The prevalence of domestic violence is high and psychological abuse is the commonest form of domestic violence among pregnant women attending ANC in Federal Teaching Hospital Gombe North-East Nigeria. Being unemployed, and uneducated were not associated with increased domestic violence in pregnancy. The large proportion of women not reporting perpetrators of domestic violence and the small proportion who sought help from social and domestic violence agencies suggests that the problem can be more than reported. Also, women's understanding of the implication and the right place to seek help for domestic violence is inadequate.

Educating women and society on the dangers of domestic violence in pregnancy and the need to report perpetrators of domestic violence, especially in pregnancy is important to avoid or reduce the complications related to domestic violence in pregnancy.

Acknowledgements

The authors would like to thank the Federal Teaching Hospital Gombe for giving the authors the chance to carry out this research work. We would also like to thank data collectors and supervisors for their commitment, work and the study participants for their sensitive valuable information.

Funding

The authors had no funding support for this research work.

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