

Domestic Violence Against Pregnant Nigerian Women.

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Abstract

Context: Domestic violence against women is known to be common and violence against pregnant women can create an adverse outcome both for the mother and the fetus.

Objectives: To estimate the prevalence of domestic violence against pregnant women in Enugu, Nigeria and to identify the risk factors promoting such violence.

Study Design, Setting and Subjects: Trained personnel administered a self-reporting domestic-abuse questionnaire to 409 women attending antenatal clinics at the University of Nigeria Teaching Hospital between May and August 2000.

Results: A total of 424 women were attending antenatal clinics at the time of the study, of whom 409 agreed to participate in the study. One hundred and fifty two (37.2%) had a previous history of abuse. Fifty-three women (13.0%) had been abused in the preceding twelve months and 45 (11.0%) during the index pregnancy. Eleven women (2.7%) had been sexually abused in the preceding one year, while 3.4% reported being afraid of their husbands. The risk factors for being the victim of domestic abuse, in descending order of magnitude, were financial problems (17.7%), having only female children (11.1%), unplanned pregnancy (8.8%), unemployment (4.4%) and previous caesarean section (4.4%).

Conclusion: Prevalence of domestic violence was high among Nigerian pregnant women. Routine screening of prenatal women for domestic violence should be introduced during antenatal care.

Key Words: Domestic Violence, Pregnancy, Partners, Screening [Trop J Obstet Gynaecol, 2003, 20: 116-118]

Introduction

Domestic violence includes physical and/or psychological aggression, economic or sexual abuse and is a pattern of behaviour employed by one person in a relationship to control the other. Physical and emotional abuse usually leads to loss of bonds, reduction in self-esteem and determination in interpersonal relationships¹. It has been observed that pregnant women who are victims of domestic abuse suffer tremendous psychological trauma that adversely affects their health and that of the yet unborn child². In surveys of pregnant women in United States of America, up to 17.0% reported physical or sexual abuse during pregnancy³.

The objectives of this study are to determine the prevalence of domestic violence in Nigerian pregnant women and to verify the risk factors that promote the practice. The relevance of introducing domestic violence screening in obstetric practice in Nigeria is ascertained. This study hopes to provide baseline data for use in offering advice to the affected women and in instituting appropriate management.

Subjects and Methods

Trained personnel comprising four doctors and three nursing sisters distributed a self-administered domestic abuse questionnaire to 409 women who were attending the antenatal clinics at the University

of Nigeria Teaching Hospital, Enugu between May and August 2000. The questionnaire had such variables as demographic data (age, parity, and educational attainment) and other characteristics like financial deprivation. The instrument for assessing domestic abuse consisted of the following five questions:

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
3. Since your pregnancy began, have you been hit, slapped, kicked or otherwise physically hurt by someone?
4. Within the last year, has anyone forced you to have sexual activities?
5. Are you afraid of your partner or anyone else?

All the patients who responded 'yes' to Question 3 were considered to be victims of abuse during pregnancy. The questionnaires that were correctly filled and returned were analysed using the Epi-Info statistical package. Confidentiality was maintained in order to encourage honest answers.

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Results

A total of 424 women were attending the antenatal clinics at the time of the survey. Four hundred and nine of them agreed to participate in the study. Majority (96.5%) of the respondents were of the Ibo ethnic group. Other tribes were Yoruba (1.2%), Edo (1.0%), Idoma (0.5%). Nearly all of the subjects (99.5%) were married while the rest were single. Most were aged between 25 and 29 years and the women in this age range also constituted the most abused group (Table 1). A total of 208 women (50.9%) were in gainful employment while 201 (49.1%) were unemployed. Among those in gainful employment, businesswomen were found to be at highest risk of domestic violence (20.0%) as seen in Table 1. However, the type of occupation did not significantly affect physical abuse in pregnancy. Some 246 (60.1%) of the women had benefited from tertiary education, 150 (36.7%) from secondary education and 13 (3.2%) from primary education. The proportions of women that were victims of abuse were 7.7%, 10.0% and 11.8% among those with primary, secondary and tertiary education respectively. There was no statistically significant difference between the groups ($\chi^2 = 0.45$, df: 2; $p = 0.5$). One hundred and fifty two women (37.2%) had a previous history of abuse. Fifty-three (13.0%) of the women had been abused in the preceding 12 months and forty five (11.0%) during the index pregnancy. Eleven women 2.7% had been sexually abused in the preceding one-year period while 3.4% reported being afraid of their husband.

From this study, the husband was the main person perpetrating the abuse. Risk factors for the abuse in the index pregnancy were as follows in descending order of magnitude: financial problems 17.7%; woman has only female children (11.1%), unplanned pregnancy (8.8%), previous caesarean section 4.4%, unemployment 4.4% and others.

Discussion

Violence against women has been reported to be serious public health problem in United States of America⁴. Domestic violence adds significantly to the cost of health care delivery during pregnancy and is associated with poor maternal and fetal outcome⁵. In spite of these, little or no attention has been paid to the issue of domestic violence against pregnant women in Nigeria. This study provides a baseline clinical data on domestic violence in the southeastern part of the country. In the past, the cultural environment did not overtly discourage domestic violence and it was not considered to be a

Table 1

Age and Occupation of the Pregnant Women

Variable	Number of Women in Group	Number of Victims of Abuse (%)*
Age		
< 20	36	4 (11.1)
20 – 24	99	10 (10.1)
25 – 29	171	20 (11.7)
30 – 34	83	9 (10.8)
≥ 35	20	2 (10.0)
Total	409	45 (11.0)
$\chi^2 = 0.002$, df: 4; $p = 0.96$ (Not Statistically Significant).		
Occupation		
Teacher	52	5 (9.6)
Civil Servant	65	4 (6.2)
Business	15	3 (20.0)
Petty Trading	19	2 (10.5)
Student	35	2 (5.7)
Health worker	15	2 (13.3)
Catering/ Seamstress	7	1 (14.4)
Unemployed	201	26 (12.9)
Total	409	45 (11.0)
$\chi^2 = 1.54$, df: 7; $p = 0.22$ (Not Statistically Significant)		

*The Proportions Affected in Each Group are in parentheses

public health problem in the country, but views are now changing concerning the issue.

Most of the study subjects were of the Ibo ethnic group because overwhelming majority of the people in southeastern Nigeria where this study took place belonged to this ethnic group. The women who were unemployed were more likely to be the victims of abuse, in keeping with the earlier finding in other places that more abused women were unemployed or receiving some form of welfare benefit⁶. This also suggests that they were among the most economically disadvantaged. Among the employed, businesswomen were the most abused. This may not be unconnected with the poverty of the Nigerian businesswomen because there had been a prolonged downturn in economic activities in the country. The fact that they travel out of their places of domicile in search of wares may also be contributory to domestic tension. It is interesting to note that the level of the woman's educational attainment did not seem to be protective against domestic violence in this environment.

In this study, 37.2% of women had a previous history of being a victim of abuse, a proportion higher than the 17.9% reported from a Chinese community⁷. The proportion of Nigerian women that had been abused in the current pregnancy was also higher than the 4.3% reported from the Chinese study. Other studies conducted in prenatal clinics demonstrated that between 4.0% and 8.0% of women are hit at least once during pregnancy⁸. This is lower than our figure of 11%. This suggests that domestic violence against pregnant women is much commoner here than it is in other parts of the world. Also, many of the women at prenatal clinics are afraid of their husband or partner, a factor that discourages pregnant women from making urgent and independent decisions about domestic needs and their welfare.

The risk factor most commonly found in association with domestic violence is financial problem in the home. From this finding, an important fact emerges. It seems that if a man is unable to fulfill his financial responsibilities to his household, he resorts to physical abuse of his partner. Increased financial demands on the partners may be employed to

explain why pregnant women with caesarean section and unplanned pregnancy suffer domestic abuse. Having only female children is another factor that seems to promote abuse in this population. This may be due to the fact that in Ibo culture, women lose the right to inherit their fathers' wealth once they get married, leaving the field clear for other male relatives. Most men are uncomfortable with this.

In conclusion, this study revealed that Nigerian pregnant women suffer domestic violence at a rate that may be higher than what obtains among their counterparts in other countries of the world. Routine screening of prenatal women for domestic violence in Nigeria should be introduced during antenatal visits is a step that requires urgent consideration by health care providers and policy makers. When identified, victims should have the opportunity for counseling and other forms of assistance and community support services. Further more, government should pass and enforce laws that ensure women's legal rights and appropriate sanctions for abusers.

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