Domestic Violence: The Role of the Nigerian Obstetrician

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Abstract

Domestic violence is increasingly recognized as an important public health issue, resulting in significant physical, psychological and social impairment. It occurs everywhere and at anytime of the day but under-reported in Nigeria. Victims are at a higher risk of several common gynaecological disorders and complications in pregnancy where the health and safety of two potential victims are placed in jeopardy.
Objective: To assess the attitude and practice of Obstetricians towards the problem of domestic violence in Nigeria.
Methodology: A self-administered questionnaire survey of 138 residents and consultants practing Obstetrics and Gynaecology in Nigeria who attended either the National Postgraduate Medical College of Nigeria update course in Ibadan in September 2002 or the 6th International Congress of the Society of Gynaecology and Obstetrics of Nigeria (SOGON) held in Abuja in November 2002.
Results: Most (97.8%) of the respondents agreed that Obstetricians have a role to play in the management of domestic violence. The roles to play include counselling (68.9%) treatment of injuries and prevention of complications (57.8%), education and public awareness (28.3%) and advocacy and instituting policies (13.3%).
Conclusion: Obstetricians and Gynaecologists have a medical and ethical obligation to recognize and intervene on behalf of the abused patient. We cannot solve the problem alone, but sensitivity and commitment can begin to make a difference.

Key words: Domestic, Violence, Obstetricians, Nigeria.

Introduction

A widely accepted definition of domestic violence is the physical, sexual or emotional abuse of an adult woman by a man with whom she has or has had an intimate relationship, regardless of whether the couple are living together [1]. Although domestic violence can be perpetrated by other family members or occur within same-sex relationships, it is argued that male partners particularly use violence in order to maintain dominance and control over female partners [2]. It is one reflection of the unequal power relationship between men and women in societies [3]. In over 95% of domestic violence the man is the assailant[4]. This is not to shy away from the fact that there are rare cases where the woman batters a man, nevertheless, violence in the home are overwhelmingly by men against women[4].

Domestic violence is increasingly recognized as an important public health issue, resulting in significant physical, psychological and social impairment[1]. It often escalates within relationships. It occurs everywhere and at anytime of the day.
Every day, Obstetric providers treat patients experiencing domestic violence[5,6]. Health professionals frequently and often unknowingly come into contact with abused women. Timely identification and referral of women to the appropriate community services can interrupt the cycle of violence, prevent further injury and initiate the help-seeking process.
Victims of domestic violence are at a higher risk of several common gynaecological disorders and complications in pregnancy where the health and safety of two potential victims are placed in jeopardy [6]. Chronic pelvic pain, pelvic inflammatory diseases and sexually transmitted diseases may result from a woman trapped in an abusive relationship. Wife abuse has been shown to affect the health of its victims in many ways, causing injury, illness and death[7]. Studies have shown that children who witness violence between their parents are at increased risk of childhood behavioral problems and of violence in future relationships [7,8]. Abused women are likely to be exposed to psychological distress and more likely to engage in harmful practices such as substance and alcohol abuse that can also complicate pregnancy [9].
In a recent survey by the United Nations Children's Fund, it was found that one quarter of the world's women are violently abused in their homes [10]. In the United Kingdom the lifetime prevalence of domestic violence is 1 in 34 women and annual prevalence rates of 1 in 9-10 women[1]. In Nigeria, every woman can

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expect to be a victim of one form of violence at some point in her life[9].

The physician's response to domestic violence can contribute to a woman's understanding of the seriousness of the abuse and her determination to end the violence. Referring to domestic violence in 1992 as a "sickness to which no civilized country should be subjected", the President of the American College of Obstetricians and Gynaecologists (ACOG) announced his College's renewed commitment to address the needs of battered women[11]. The objective of this study was to assess the attitude and practice of Obstetricians towards the problem of domestic violence in Nigeria. This problem is grossly under-reported in our society as women are frightened to do so. Listening to their concerns could encourage the exploration of the options that contribute to their safety and failure to identify abuse may result in continuous strain and stress in the relationship and all its attendant complications.

Methods

This study was done by means of a self-administered pre-tested questionnaire. The questionnaires were administered to all residents and consultants practicing Obstetrics and Gynaecology in Nigeria who attended either the National Postgraduate Medical College of Nigeria update course held in Ibadan between the 9th and 14th of September 2002 or the 6th International Congress of the Society of Gynaecology and Obstetrics of Nigeria (SOGON) held in Abuja from the 19th to 23rd of November 2002.

SOGON is an affiliate of the International Federation of Gynaecology and Obstetrics (FIGO). Questions were asked on whether they felt Obstetricians had a role to play in domestic violence and if so what roles were they to play as well as how frequently they saw these patients in their practice. The responses were entered into the computer using the EPI INFO VERSION 6. Theses responses were analysed with descriptive statistics for continuous variables and percentages for categorical variables using the statistical package SPSS for MS windows.

Results

One hundred and eighty-seven questionnaires were administered and 144 (77.0%) returned. Out of these 6 were excluded because 4 were filled by nurses and 1 each by a medical student and a consultant chemical pathologist. One hundred and thirty-eight questionnaires (73.8%) were correctly filled and these were finally analysed. Eighty-seven (63.0%) were from the revision course and the rest from the SOGON conference.

The ages of the respondents ranged between 29 and 72 years with a mean age of 38.78 ± 7.86 years. One hundred and thirteen (81.9%) were male. One hundred and nine (79%) were married and the rest single. Christians constituted 121 (87.7%), while, 15 (10.9%) were Muslims, one (0.7%) was Hindu with one (0.7%) having no religion.

The number of years of practice following the obtainment of the first medical degree among the respondents varied between 4 and 43 years with a mean of 13.93±7.33years. Fourty-two (30.4%) were consultants and the rest resident doctors. Fifty (36.2%) of the Obstetricians practiced in the south -western part of Nigeria with 45 (32.6%) and 40(29%) in the south-eastern and northern parts of the country respectively. Three (2.2%) did not state their towns of practice. The respondents practiced in 25 of the 36 states including the Federal Capital Territory (FCT). These were situated in all the six Geo Political zones in the country.

One hundred and thirty five (97.8%) believed Obstetricians had a role to play in the management of domestic violence with the rest not in support of this. The estimate of cases of abused women seen yearly varied between none to 50 with a mean of 7.07 ± 8.58 women per year **(Table1)** and a variation in which a case was last seen being the day prior to filling the questionnaire and ten years.

Table 1: Estimates of abused women seen yearly by 138 Obstetricians practicing in Nigeria.

NUMBER OF PATIENTS	NUMBER OF OBSTETRICIANS	PERCENTAGE
1-10	117	84.8
11-20	14	10.1
21-30	4	2.9
31-40	0	0
41-50	3	2.2
TOTAL	**138**	**100**

The role for Nigeria Obstetricians in the management of domestic violence is shown on **Table 2.**Out of the135 respondents who believed Nigerian Obstetricians had a role to play in the management of domestic violence, 93 (68.9%) believed the major role was counselling. Seventy-eight (57.8%) believed that treatment of injuries and prevention of complications was another role and 38 (28.2%) proposed education and public awareness. Advocacy and instituting of policies was recommended by 18 (13.3%) Obstetricians. Other roles such as identification of cases, reporting to the police and referring cases to other specialists was suggested by 5(3.7%) Obstetricians.

Table 2: Role of Nigerian Obstetricians in Domestic Violence.

ROLE	NUMBER	PERCENTAGE
Counselling	93	68.9
Treatment	78	57.8
Education	38	28.2
Advocacy and Instituting Policies	18	13.3
Others	5	3.7

Discussion

The limitations of this study were that only a portion of Obstetricians practing in Nigeria were sampled and they were self-selected and included those that attended an update course and a conference and they may represent Obstetricians that chose to update their knowledge on issues in our practice.
Domestic violence has been discussed all over the world for many years but is generally under reported in Africa. There is very little information on the occurrence and severity of the problem in Nigeria, which is a country of different cultures. The influence of social, demographic and economic characteristics as well as socio-cultural beliefs and male dominance ideology on violence against women can be enormous [9]. Patients are seen in all parts of the country.
From this study almost all obstetricians agree we have a role to play in domestic violence in our country. Some of the complications of the problem have been earlier mentioned. Obstetricians should consider the possibility of an ongoing violence when confronted with a female patient who has no obvious reasons for frequent hospital visits. This will no doubt go a long way in halting the problem and its resultant complications. Most respondents believed counselling, treatment, education and instituting polices are the roles to play.
Counselling is very important so as to make couples understand themselves, to reconcile them and to prevent further assault on the woman. Abused women are more likely to be exposed to other hazards such as psychological distress and more.
Treatment goals for victims include the attainment of physical health, mental health, and safety from further harm [11]. Routine screening of these patients will make us take an active role in finding solutions to the effects of violence on our patients and also prevent it occurring.

Conclusion

Domestic violence is a problem in our society. The Obstetrician and Gynaecologist as a doctor who treats women exclusively has a medical and ethical obligation to recognize as well as intervene on behalf of the abused patient. The special nature of the patient-physician relationship provides the Obstetrician-Gynaecologist with a unique opportunity to offer such assistance. We cannot solve the problem alone, but sensitivity and commitment can begin to make a difference.

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