



Perception and predictors of domestic violence among pregnant women attending antenatal clinic in federal medical centres in south east Nigeria

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Abstract

This study examined the perception, and predictors of domestic violence among pregnant women attending antenatal clinics in two selected Federal Medical Centres in South East Nigeria. Three research questions guided the study. The descriptive cross-sectional design was used for this study. The study population comprised of all pregnant women, who were visiting the antenatal clinics of the federal medical centers. Multi-stage sampling technique was used in selecting a sample of 350 pregnant women in the study. Data was collected using a self-structured questionnaire. Data were analyzed with the aid of frequencies and percentages. The results obtained showed that the Perception of domestic violence is adequate (45.88%), knowledge of domestic violence was adequate (61.76%), and majority of the respondents were emotionally abused during pregnancy (57.65%). The results further revealed that the pattern of domestic violence experienced include occasionally staying away from home during pregnancy (58.24%) and being verbally abused (45.88%) while 98.24% indicated that they had never been sexually abused, attacked with an object (94.12%) or threatened during pregnancy (76.47%). Factors associated with domestic violence includes occasionally being restricted from handling finance (49.4%), insulted by partner's relatives (45.35), denied participation in decision making (25.3%) and husband getting drunk (13.5%). It was concluded that there is domestic violence on pregnant women attending antenatal clinics in federal medical centers in south east can be avoided by addressing the socio-cultural gender stereotypes and addressing the potential risks that could cause frictions and misunderstanding in any relationship. The study recommended among others that the Federal Government should appropriately implement the National Gender policy in Nigeria, as this will help in preventing and controlling all forms of domestic violence in the society.

Keywords: Domestic violence, pregnant women, antenatal clinics, Nigeria, socio-cultural factors, emotional abuse

Introduction

Over the years, much has been said about domestic violence and possible ways to ameliorate its effects in the society. The recognition of domestic violence as a social and political issue contributed to the progressive identification in 2012 by the World Health Organization (WHO). Domestic violence was often referred to as a public health problem because of its devastating effect on the health of pregnant women thereby affecting the development of the child, family, community and society at large (Matos & Machado, 2011) [26]. Violence against women is perpetrated at all stages of life cycle, more especially during pregnancy as it is mostly the time pregnant women are vulnerable to emotional torture (Nasir & Hyder 2013) [27]. Several literatures showed that abuses of various forms were meted on pregnant women attending antenatal clinic at federal medical centres in South East Nigeria with little or nothing been done to salvage the situation (Envuladu *et al.*, 2012) [42]. Most of the information on abuses were not recorded because most doctors, nurses and midwives paid little or no

attention to the actual cause of the violence but rather paid attention mostly on managing their patients. The Society has been programmed to function in that way, where-by domestic violence against pregnant women is not recorded or noted. In order to reduce the rate of physical or verbal abuses, there is need to identify with pregnant women in order to ascertain if any of them were subjected to any form of physical or verbal abuses before child birth. This research will however proffer solutions on the best possible ways to ameliorate the situation. Violence against women, whether pregnant or not is a common occurrence all over the world it cuts across age, ethnicity, religion and educational barriers (Little, 2000) [20]. The term, 'violence against women' refers to any type of harmful behavior directed at women and girls because of their sex (Worku & Addisie, 2002) [40]. It is also known as gender-based violence. Violence can take various forms and could be physical, psychological or sexual. It can also be in form of threat such as acts, coercion or arbitrary deprivation of liberty, occurring in public or private life (Coker & Richter 1998) [18].

A new dimension has been added to violence in the form of acid baths by men to discipline women or girls. The Perception of violence against women ranges between 17-37% with considerable regional variation (Ikeme *et al.*, 2011) [23]. Domestic violence is also a form of violence against women and when it involves pregnant women, it calls for a closer attention because of the greater danger it entails. The World Health Organization (WHO) and international Federation of Obstetricians and Gynecologists (FIGO) recognizes the scourge of violence against women. Factors which lead to domestic violence (DV) are legion and range from no offence, minor to major offences (Ikeme *et al.*, 2011) [23]. Most countries and religions are against domestic violence. The impact of domestic violence on pregnant women is increasingly recognized as an important public health issue that has serious consequences for their physical and mental health. Domestic violence has been associated with psychiatric illnesses like depression, anxiety, posttraumatic stress disorder and suicide (Bacchus *et al.* 2001) [6]. It can lead to wide-ranging problems and also has important implications for the fetus (Bacchus *et al.*, 2001) [6]. There have been few systematic studies on the Perception and predictors of domestic violence noticeable among pregnant women during antenatal periods. Violence against women generally hinders growth, progress and development of any nation. Arguably, violence against pregnant women attending antenatal clinic is a major public health and human rights problem in the world today (Chaudhary, 2017) [16]. The forms of violence include: intimate partner violence, physical abuse, spousal physical abuse, age, marital status, employment, sexual proprietaries, Patriarchal Dominance, Social isolation, Verbal Abuse, Rural/Urban Residence, and Heavy Drinking by Partner against pregnant women during antenatal (Umoh & Inyang-Etoh, 2017) [36]. However, this study covered women that were physically abused during pregnancy and also women that were not abused during pregnancy in order to further our understanding of the risk factors for experiencing violence during pregnancy. Several literatures showed that the Perception of violence to pregnant women in developing countries ranges from 4% to 29%. According to the National demographic and health survey carried out in 2008 in Nigeria, the Perception of domestic violence among pregnant women varied from region to region with south-south-Nigeria recording the highest i.e. 9% while North-central-Nigeria recorded the lowest i.e. 7%. (Envuladu *et al.*, 2012; Koete. *et al.* 2017; Fekadu *et al.*, 2018) [42, 43, 44]. Proof about any existing Involvements to fight the problem in the country also seems to be very Inadequate. Nigeria accounts for the highest degrees of maternal deaths worldwide. Therefore, eradicating high risk issues for maternal ill health such as domestic violence in pregnancy is vital in order to increase maternal health (Envuladu *et al.*, 2012) [42]. The aim of the study is to determine the Perception of domestic violence, the pattern of domestic violence and the

factors associated with domestic violence among pregnant women that attended antenatal clinic in federal medical centers in South East, Nigeria

Methodology

Study design

The descriptive design was used for this study. This is because it gives a clear view of events and situations as they occur. Descriptive design is therefore considered appropriate for the present study on Perception and Predictors of Domestic Violence among Pregnant Women Attending Antenatal Clinic in Federal Medical Centres in South East Nigeria.

Study Area

The area of study of this research are Federal Medical Centre Umuahia, Abia State and Federal Medical Centre Owerri, Imo state both located in the south eastern geopolitical region of Nigeria. Federal Medical Centre Umuahia is located along Aba road in Umuahia north local government area Abia state. The hospital covers an area of 77 acres of land bounded on the south by Abia State Health Management Board and Nigerian Prison Umuahia, East by Ibeku High School and Ndume Ibeku, North by World Bank Housing Estate and west by Afara clan. The hospital is one of the main tertiary health care facilities that provides specialist maternity services to women from Abia State and its environs. The hospital receives patients who normally present themselves voluntarily to the center and those who were referred by local hospitals. Federal Medical Centre Owerri Imo state is located along Owerri-orlu road in Owerri municipal area of the state. It shares boundary with the prestigious Alvan koku College of Education and it's directly opposite the Police Clinic in Owerri. The hospital is the main tertiary health care facility that provides specialist maternity services to women from Imo State and its environs. The hospital receives patients who normally present themselves voluntarily to the center and those who were referred by local hospitals.

Population for the Study

The study population comprised of all pregnant women, who are currently visiting the antenatal units of these federal medical centres in south east geopolitical zone of Nigeria. According to the health records made available in the individual health facilities, the estimated population is about 2802 pregnant women (FMC antenatal record of both hospitals April 2021).

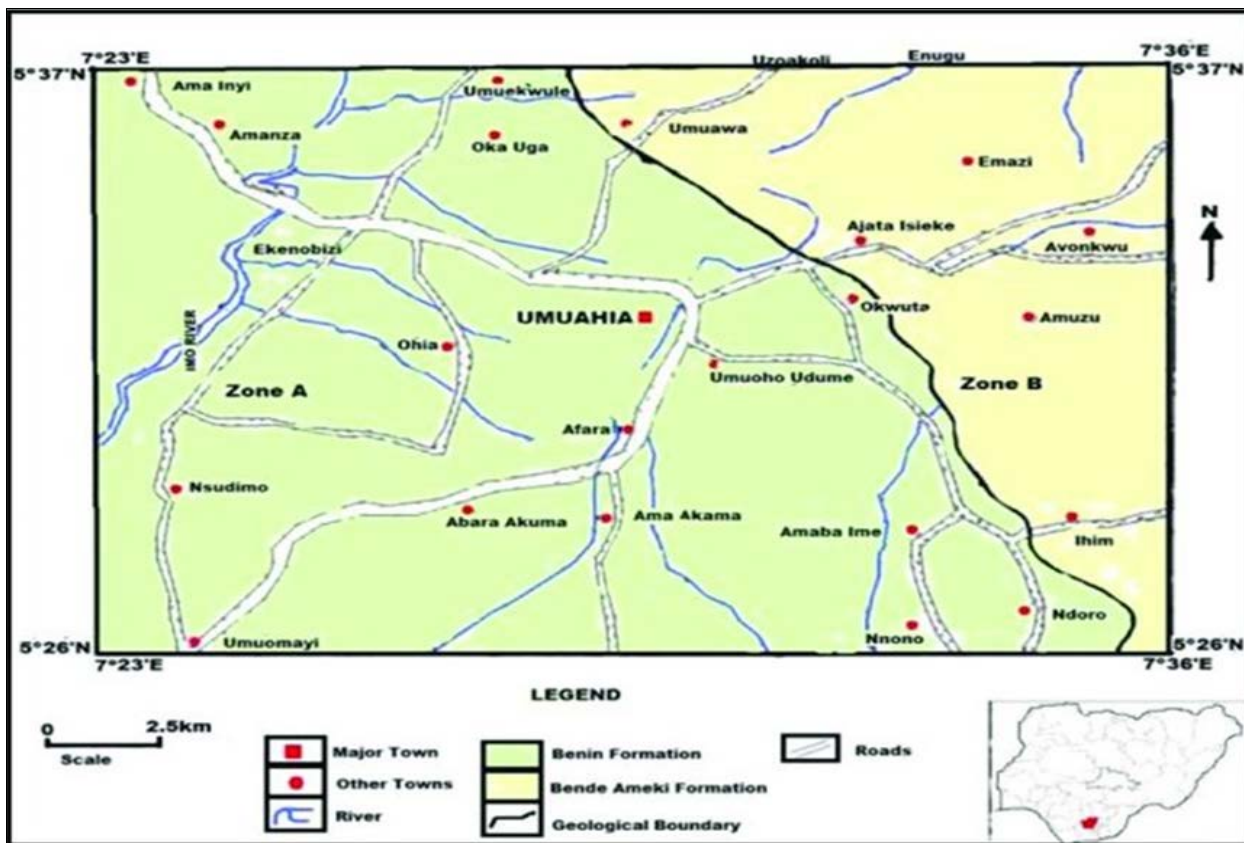


Fig 1: Map of Umuahia (Onyelowe et al 2019).

The populations from the two federal medical centres in south east are as:

Table 1: Estimated Population of Federal Medical Centres

S/N	Federal Medical Centre	Estimated population
1	Federal Medical Centre Umuahia, Abia State.	1300
2	Federal Medical Centre Owerri, Imo State.	1502
	Total	2802

Sample size determination

The Taro Yamane formula was used to determine the sample size of the study. Taro Yamane The formula:

$$n = \frac{N}{1 + N(e)^2} \tag{1}$$

Where: n = the sample size
 N = the finite population
 e = level of significance (or limit of tolerable error)
 1 = unit (a constant)

$$n = \frac{2802}{1 + 2802 (0.05)^2}$$

$$S = \frac{2802}{1 + 2802 (0.0025)}$$

$$S = \frac{2802}{1 + 2802 (0.0025)}$$

The sample population was estimated to be 350.

Sampling Method

The multi-stage sampling technique was used for this study. In the first stage, purposive sampling was used to select the two (2) federal medical centres (Federal medical centre Umuahia and Federal Medical Centre Owerri) in the south east geopolitical zone.

In the second stage a convenient sampling technique was used, and all eligible pregnant women were sampled till the required numbers for each cluster (175) was reached.

Study Instrument

Data was collected using a self-structured questionnaire entitled “Perception and Predictors of Domestic Violence among Pregnant Women Questionnaire” (PPDVPWQ). The questionnaire comprises of four sections A to D and 21 items. Section A had six (6) questions which sought to determine the personal characteristics of the respondents; section B had five (5) statements which would elicit responses on Perception of domestic violence. Section C had five (5) statements and was geared towards determining

the patterns of domestic violence, Section D had five (5) items which was geared towards identifying the Factors associated with domestic violence. The instrument was designed on a Likert Scale. The 4-point scale instrument was scored directly using 1, 2, 3 and 4

Method of Data Analysis
Descriptive Statistics

The data used in this research was obtained with help of a questionnaire. These are not part of statistical techniques. You are to state what statistical techniques you used to analyze the data.

Results and Discussion

The findings of this study on Perception and Predictors of Domestic Violence among Pregnant Women Attending Antenatal Clinic in Federal Medical Centres in South East, Nigeria are presented in the tables below according to their Research questions that guided the study.

Socio Demographic Characteristics

Discussions

The results showed that the Perception of domestic violence is adequate (45.88%), knowledge of domestic violence was adequate (61.76%), and have been abuse emotionally during pregnancy (57.65%). Findings revealed that this study is in line with the submission of Kalkidan, *et al.*, (2019) [45] who opined that a remarkable proportion of pregnant women had experienced domestic violence in their lifetime Being illiterate, husband’s alcohol consumption, occupation and

history of arrest were significantly associated with domestic violence among pregnant women. n their study they found out that the Perception of domestic violence was 64.6% (CI: 58.5, 69.9%). Physical violence was reported as the commonest type of violence (44.1%) followed by psychological and sexual violence. This is also supported by the work of Elfalet *et al.* (2018) [20] who reported that a high proportion of pregnant women experienced domestic violence during pregnancy and this relates to the woman being a house wife, poor income status and the partner’s use of alcohol. In another similar work conducted by Poudel *et al.* (2021) [47], it was observed that the Perception of domestic violence among pregnant women differ significantly with age, educational level, occupation and family income. In the study of Ikeako *et al.*, (2017) [46], the finding showed that the Perception of intimate partner violence during pregnancy is 36.1% and verbal abuse ranked highest in their study. The researcher is of the view that there is Perception of domestic violence when the pregnant women is of a lower age range, lower educational level and poor family income.

This is supported by previously cited studies and the work of Kalkidan *et al* (2019) [45] who opined that the Perception of domestic violence was 64.6% (CI: 58.5, 69.9%). Physical violence was reported as the commonest type of violence followed by psychological and sexual violence.

Table 1: Frequency and percentage of respondents Socio-demographic data (N=340)

S/N	Variables	Options	Frequency	Percentage (%)
1	Age	18-24	60	17.65
		25-31	134	39.41
		32-38	72	21.18
		39 and above	74	21.76
2	Parity	01	128	37.65
		2-3	163	47.94
		4-5	38	11.18
		6 and above	11	3.24
3	Educational level	No formal education	4	1.18
		Primary education	45	13.24
		Secondary education	198	58.24
		Tertiary education	93	27.35
4	Religion	Christianity	322	94.71
		Islam	16	4.71
		Traditionalist	2	0.59
5	Marital status	Single	8	2.35
		Married	330	97.06
		Divorced/separated	2	0.59
6	Ethnicity	Igbo	334	98.24
		Hausa	3	0.88
		Yoruba	2	0.59
		Efik	1	0.29

Table 2: Responses on the Perception of Domestic Violence (N=340)

S/N	Statements	Options	Frequency	Percentage (%)
1	How would you rate your Perception of domestic violence?	Grossly inadequate	56	16.47
		Inadequate	100	29.11
		Adequate	156	45.88
		Very adequate	28	8.24
2	Do you agree that domestic violence happens in your home	Strongly agree	7	2.06
		Agree	15	4.41
		Disagree	289	85.0
		Strongly disagree	29	8.53
3	How would you describe your knowledge of domestic violence	Grossly inadequate	21	6.18
		Inadequate	58	17.06
		Adequate	210	61.76
		Very adequate	51	15.0
4	Have you ever experienced domestic violence	Never	318	93.53
		Occasionally	9	2.65
		Frequently	12	3.53
		Always	1	0.29
5	Do you agree that your partner emotionally abuse you during the course pregnancy	Strongly agree	65	19.12
		Agree	196	57.65
		Disagree	53	15.59
		Strongly disagree	26	7.65

Table 3: Responses on the pattern of domestic violence (N=340)

S/N	Statements	Options	Frequency	Percentage (%)
1	Does your partner keep away from home during your period of pregnancy	Never	63	18.53
		Occasionally	198	58.24
		Frequently	59	17.35
		Always	20	5.88
2	Have your partner sexually abused you during the course of pregnancy	Never	334	98.24
		Occasionally	4	1.18
		Frequently	2	0.59
		Always	0	0.00
3	Have you ever been attacked with an object	Never	320	94.12
		Occasionally	12	3.53
		Frequently	8	2.35
		Always	0	0.00
4	Have you been threatened during the course of your pregnancy	Never	260	76.47
		Occasionally	48	14.12
		Frequently	29	8.53
		Always	3	0.88
5	Have you ever been verbally abused	Never	98	28.82
		Occasionally	156	45.88
		Frequently	68	20
		Always	18	5.29

Table 4: Responses on factors associated with domestic violence

S/N	Statements	Options	Frequency	Percentage (%)
1	Have you been restricted from handling finance	Never	86	25.94
		Occasionally	168	49.41
		Frequently	52	15.29
		Always	34	10
2	Does your partner get drunk often during the course of your pregnancy	Never	289	85.00
		Occasionally	46	13.53
		Frequently	5	1.47
		Always	0	0.00
3	Have you been isolated from visiting your family	Never	124	36.47
		Occasionally	98	28.82
		Frequently	86	25.29
		Always	32	9.41
4	Have you been denied from partaking in decision making during the course of this pregnancy	Never	109	32.09
		Occasionally	86	25.29
		Frequently	142	41.76
		Always	3	0.88
5	Have you been insulted by your partner's relative	Never	52	15.29
		Occasionally	154	45.29
		Frequently	96	28.24
		Always	38	11.18

The results also revealed that the pattern of domestic abuse includes occasionally keep away from home during pregnancy and verbal abuse. It was also identified that most of the respondents indicated that they had never been sexually abused, attacked with an object or threatened during pregnancy. The findings of this study are in line with the submission of Ashimi and Amole (2015) who reported that 108 (34.3%) had experienced at least one form of DV or the other and the types observed were Verbal violence (68.5%); psychological violence (66.7%) and physical violence (50.9%). The perpetrators were the current husband co-wives and in-laws. This is also supported by the submission of Ikeako et al (2017) [46] who reported that the most common intimate partner violence during pregnancy is verbal abuse and that 23.8% of the respondents affirmed that they would seek legal redress in cases of physical violence. There was no report of sexual violence in their study. The main perpetrators of intimate Partner Violence were current husbands, and this was also supported by the submission of Kalkidan, et al (2019) [45] who stated that the patterns to domestic violence are Physical violence which was reported as the commonest type of violence (44.1%) followed by psychological (39.1%) and sexual (23.7%) violence. The researcher is of the view that the patterns of domestic violence are physical, emotional, psychological and financial violence to the pregnant women. The results revealed that Factors associated with domestic violence include occasionally been restricted from handling finance (49.4%), insulted by partner's relative (45.35), denied from decision making (25.3%) and husband getting drunk (13.5%). Data obtained revealed that this study is in line with the submission of Ogbondah & Okoye (2021) who opined that associated risk factors to domestic violence are low income, religion, poor educational background and unemployment. It is also supported by the submission of

Pereira and Gaspar (2021) who ere reported use of body strength and that over 50% were perpetrated by a partner or boyfriend. Report rates were higher for women, black individuals and those with children under four. Another study that listed the associated factors with domestic violence was the study of Elfalet *et al.*, (2018) [20] who reported activities of housewife, poor income status, partners' use of alcohol, unwanted pregnancy, and women disobedience to their partners as associated factors to domestic violence. Also, Poudel *et al.*, (2021) [47] described the factors associated with domestic violence to nclude age, educational level of the pregnant woman, family ncome, husband drinking alcohol habit and interest of the pregnancy among couple. The researcher is of the view that the associated factors that could lead to domestic violence are increased alcohol consumption by partners, disobedience by the women, lack of trust by partner and not involving the women in decision making in the family. This is in line with the study of Agumasie and Bezatu (2014) who found out that Domestic violence against women is significantly associated with alcohol consumption, chat chewing, family history of violence, occupation, religion, educational status, residence and decision making power.

Conclusions

Violence against pregnant women attending antenatal clinic is a major public health and human rights problem in the world today. The forms of violence nclude intimate partner violence, physical abuse, spousal physical abuse, sexual proprietaries, Patriarchal Dominance, Social Isolation and verbal abuse. This research found that violence among pregnant women is common in our environment today and majority of these violent acts are associated with partner's with low educational background, males from abusive home, and the predictors being multiple sexual partners, and

alcohol consumption. This study concludes that domestic violence on pregnant women attending antenatal clinic in federal medical centres in south east can be avoided by addressing socio-cultural gender stereotypes and addressing the potential risks that can cause friction and misunderstanding in any relationship. There is need to establish appropriate preventive and protective legislations to effectively prevent and control domestic violence taking into cognizance gender equality and sustained behavioural change communications in order to usher in the desired norm of mutual respect and love in any relationship.

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