

## **Prevalence, Knowledge and Perception of Domestic Violence among Women Attending Antenatal Care at Baraudikko Specialist Hospital, Kaduna, Nigeria**

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### **Introduction**

In early Roman Society, a woman was deemed the property of the husband and was therefore subject to his control.

The Catholic Church's endorsement of "the Rules of marriage" in the 15<sup>th</sup> century exhorted the husband to stand as 'judge of his wife. He was, to beat her with a stick upon her commission of an offense. According to the rules, beating showed a concern for the wife's soul.

In 18<sup>th</sup> century France, if it became public that a wife had beaten the husband, he was forced to wear an outlandish costume and ride backwards around the village on a donkey.

It was not until the 1870s that the first states in the US banned a man's right to beat his family.

Violence against women, whether pregnant or not occurs commonly around the world especially the developing world. The act cuts across all ages, cultures, ethnicity religion and educational barriers.

Domestic violence refers to any harmful behaviour directed at women or girls because of their sex it is also known as gender based violence.

The violence can take various forms, and could be physical, psychological, (emotional) sexual, economic or a combination or even neglect. It can also be in the form of threats of such acts, coercion, or arbitrary deprivation of liberty whether occurring in public or private life. A new dimension has been added now in the form of acid baths used by men especially to discipline women, girls.

The prevalence of domestic violence against women ranged between 17-37% with considerable regional variation. Domestic violence can broadly be classified into domestic abuse, spousal abuse, child abuse, intimate partner violence (IPV), elder mistreatment.

Domestic violence or spousal Abuse in this content is 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. Both the world health organization WHO and international federation of obstetricians and gynecologists (FIGO) recognize the scourge of violence against women and starting from the nineties passed various declarations on the elimination of violence against women. The factors which lead to domestic violence are a legion and range from no offence, minor to major offences.

Most countries and various religions frown against domestic violence but because the cultures of the people of these countries do not frown at it, the problem has persisted it hence explains the attitude of the women to domestic violence with some even justifying it. Domestic violence may start or escalate with pregnancy.

Domestic violence is not caused by illness, genetics, or gender, alcohol or other drugs, anger, stress victim's behaviour or relationship problems, it is a learned behaviour by batterers, and it has enormous impact on pregnant women. It is a recognized public health issue that has serious consequences on physical and mental health. Domestic violence has been associated with psychiatric illnesses, depression, anxiety, posttraumatic stress disorder, attempted suicide and also important implications for the fetus as low birth weight, miscarriages, a bleeding, prematurity, abruption, or even death of either or both fetus and mother.

There is paucity of data on domestic evidence mainly because of under reporting by the victims, but quite sequent.

### **Background of the study area**

The study was conducted at the antenatal Clinic of the obstetrics and gynecology department of BarauDikko Specialist Hospital, Kaduna one of the twelve departments in the hospital. The department is headed by a head of department who is a consultant obstetrician and gynecologist. The department runs clinics on all five days of the week, Monday through Fridays. An average of 200 clients are seen on the obstetric clinic days while on the gynae clinic days about 100-150 clients are seen. The hospital is a 241 bedded hospital and it renders Primary secondary and tertiary health services to the citizenry, including specialist care. The hospital is a tertiary health institution strategically located in central Kaduna, the capital of Kaduna, the capital of Kaduna State North Central Nigeria. The State had a population of 6,113,503 as at March 2006. The State Capital is Industrial, Commercial and cosmopolitan. The residents are a mixed population of farmers, traders students, civil servants, retired and serving military personnel.

The main aim of the study was to determine the prevalence of domestic violence amongst pregnant women attending antenatal care at BarauDikko Specialist Hospital, Kaduna Other objectives of included finding out the response of the victims to the abuse.

- To determine the specific prevalence of domestic violence amongst the pregnant women who were respondents for the study.
- To determine which type of violence has the highest percentage of use by the perpetrators
- To propose that further study be carried out to determine the outcome of domestic violence on pregnancy
- To make recommendations on measures to curb the menace so as to reduce the morbidity or even mortality that could be associated with the horrible act.

### **Literature review**

Ameh et al in a study on the prevalence of anthatal domestic violence amongst pregnant women at Ahmadu Bello University teaching hospital Zaria, found that of the 50 respondents who experienced-domestic violence, 36% of them were beaten up while 22% were forced to have sex. The spouse was the commonest culprit, which was similar to the Kaduna study, Thirty-Nine women of the 178 respondents felt domestic violence was excusable under certain conditions and 36% of them would keep domestic violence secret.

In another study by LA Makayoto 2013 among women seeking antenatal care at Kisumu district hospital Kenya.

In another comparative study published in the British Journal of obstetrics and gynecology, by Tonye Telema et al, the study looked at the prevalence of domestic violence in women requesting a termination of pregnancy and those attending antenatal itself. It used self administered anonymous questionnaires among 219 women in an antenatal clinic and 274 in a clinic for termination of pregnancies in the Hull and East Riding areas of the United Kingdom. The study highlight that almost half of all adult women in England and Wales have experienced domestic violence of one form, whether psychological, physical, sexual, financial or emotional. It constitutes up to 1/3 of violent crimes and the direct and indirect cost of domestic violence alone in the United Kingdom is estimated to be 23 billion pound/Euro.

The results showed that among women attending clinics for termination of pregnancy, 5.8% were victims of physical abuse in the current relationship, whereas it was 0.9% amongst women attending antenatal clinics.

Women in the TOP group also suffered a higher rate of emotional abuse than those in the antenatal clinic population (9.9% compared to 1.8% furthermore, the study looked at reasons for requesting a termination of pregnancy. Of the 274 women requesting for a termination of pregnancy, 10 (2%) mentioned domestic violence as a contributing factor.

The most common reasons for requesting a TOP were financial worries and contraceptive failure.

The Authors conclude that through domestic violence was not given as a frequent reason for requesting a termination of pregnancy, women who request for an abortion are at a higher risk of domestic violence and this may be related to other life issues. They emphasize the importance of relevant training amongst healthcare professionals so that women are referred to appropriate support services in a timely and sensitive manner. They concluded by adding that the study just showed a small fraction of the true scale of the problem. Health professionals looking after pregnant women regardless of the pregnancy outcome are well placed to sensitively ask the questions which will lead to help and support.

The deputy editor of the Journal added by saying that domestic violence can be extremely damaging to a women's mental, emotional and physical health and in some cases has been linked to postnatal depression; he enjoins that more research is needed in the area to determine effective screening methods and interventions to help women suffering from any form of abuse.

It is only when this has been done, that sufficient measures can be initiated to address this growing problem that can pose a significant health risk to mother and baby.

In another study by Gyuse An et al, 2009 who wrote on the prevalence of domestic violence among antenatal women attending ECWA Evangel Hospital, Jos, over a six month period, 340 pregnant women were studied, majority of them were married and were mostly aged between 20-39 years. Domestic violence prevalence was 12.6% (43) in the current pregnancy and 63.2% (215) previously. In conclusion the study established that in our environment women experience domestic violence during pregnancy and majority of them also have a previous history of abuse. There was a need to routinely screen for domestic violence in pregnant women so as to prevent potential adverse pregnancy outcomes and to interrupt existing abuse.

The multicentre study concluded that violence against women especially in developing countries was directly related to Low socio economic level of the women and their intimate partner, it concluded that more effective social policies were needed for this vulnerable population. The area with the lowest rates were Japan (8%) and highest in Ethiopia 70% and Brazil 43%.

## **Methodology**

### **Study type**

We carried out a cross sectional study involving 170 pregnant women attending the antenatal clinic of BarauDikko Specialist Hospital Kaduna, over the period of 1 week in February 2016. They were served with pretested structured questionnaire.

### **Study setting**

The study was conducted at the obstetrics and gynecology department of BarauDikko Specialist Hospital, Kaduna.

### **Study population**

The study population was pregnant women attending the Antenatal Clinic of BDSH Kaduna.

### **Sample size calculation**

The sample size was calculated using epic info stat cal for descriptive studies in a known population size.

Other formulae are

Where n is the minimum sample size,

P is the prevalence of domestic violence among pregnant Women.

Q is 1-p

d is the sampling error

Attrition is about 10% which is added to the final figure.

### Sampling frame

We used the register at the antenatal clinic and the consecutive way in which they came was used.

### Sampling procedure

Proportionate Sampling

One hundred and seventy questionnaires were returned duly completed = after being served with pretested structured questionnaires

### Data collection and analysis

The 170 respondents were served with pretested structured questionnaires by me. The First few questions were centered on psychosocial variables including age, parity, educational level, social class and tribe. The remaining seven eqicuti explored the knowledge and perception about domestic violence among the respondents experience in the present pregnancy and even in the past was also sought. The data was analysed using epi-info version 6 statistical software.

Descriptive statistics was summarized using means, proportions and frequencies.

### Ethical considerations

Written informed consent was sought from the participants. Permission to carry out this study was sought from the ethical committee of BarauDikko Specialist Hospital Kaduna.

### Results

A total of 170 respondents participated in the study: The demographic characteristics of the respondents is summarized in table I, / is as follows:-

The mean age of the respondents was 26 yrs + 3 yrs. Range 16-44 yrs; and most frequent age group was 26-30 years (38%).

93% of the women were married. Forty five percent were of Hausa Fulani extraction while the remaining respondents were other tribes. One hundred and forty (78%) were educated up to secondary school level.

(55% had knowledge of domestic violence while 70, (45%) had no knowledge of it. Concerning their view about domestic violence, (Table II, 85 (48%) felt it was excusable under certain circumstances while 25 (14%) felt it was always excusable.

A total of 50 respondents (28%) had experienced domestic violence against them in the index pregnancy or in previous pregnancies (table III) 17 (34%) were beaten up, II (22%) were forced to have sex, 10 (20%) had objects thrown at them 9 (18%) were slapped and 2 (4%) were flogged. The culprit in the 50 women who experienced domestic violence were shown in table 3. The spouse was the commonest culprit.

On their reaction to the domestic violence they experienced, table 5, 65 (36%) would keep it a secret, 50 (28%) would report to their family, 28 (16%) would report to the doctor, while others would report to in laws, polices clergy, or tell a close friend.

**Table 1:** View about Domestic violence amongst the Pregnant Women

View	No (%)
No reply	25
Excisable under certain circumstances	39
Always excusable	26
Not excusable	80
Total	170(100%)

**Table 2:** Type of Domestic violence experienced by pregnant women.

Type of Domestic Violence:	No %
Beaten	18 (36)
Forced to have sex	11 (22)
Objects thrown at them	10 (20)
Slapped	9 (18)
Flogged	2 (4)
<b>Total</b>	<b>50 (100)</b>

**Table 3:** The culprit responsible for the domestic violence among the 50 respondents.

Reaction to Domestic Violence	No %
Keep it a secret	60 (35)
Report to family	50 (27)
Report to doctor	28 (15)
Report to in-laws	14 (7)
Report to clergy	6 (3.4)
Report to a close friend	5 2.9
No reply	30 1.7
<b>Total</b>	<b>170(100%)</b>

## Discussion

A large percentage of the respondents about 50 of the 170 sampled had been involved in one form of abuse or the other which agrees with the local and international figure. It was appalling however to note that a huge number about 26 felt it was excusable at all; through 39 felt it could be excusable under certain circumstances.

Another distribution figure is the 50 (about 27%) who would rather keep the abuse as a secret, and only 10 of the respondents felt they should report the issue to the police, meaning the laws of the land must be very weak or silent on issues of domestic/spousal violence even on pregnant women and depicting the low level of confidence on the systems, About 6 of the respondents could report to the clergy meaning the religious institution have a role to play in the awareness campaign.

Why the figures are more disturbing more is because domestic violence is pregnancy complication that is highly under reported hence actual statistics would be far beyond the quoted figures of between 11-70% across regions.

Most of the women felt more comfortable reporting to a family member because the family is seen as the primary unit in the society and first medium of socialization. Our study showed that about 28% of the women had experienced one form of violence or the other either in a previous or in the index pregnancy; which is a huge percentage.

The Nigerian Law and penal codes need to be more explicit on their stance on issues of gender violence; but the figures from this study is consistent with that from other African countries with similar cultures.

## Conclusion

The fact that Domestic violence is a serious public health issue was highlighted and worse more in pregnancy because of its peculiar circumstance.

It was strange to find out that some women were still not aware of it or do not even know if they are in an abusive relationship.

The culture and predominant religion in the area of the study seemed to perpetuate the crime and foster it.

The major culprit was found in most cases to be the spouse and it was noticed that Low socioeconomic status and dependence on the culprits ensilaged the victim's vulnerability.

There were weak or non-existent laws to prosecute the crime and the need to create awareness and for health care professionals to do ongoing screening to help victims of abuse curb the act to reduce consequences

### **Recommendation**

There is a need to create awareness on the topic to let our people and especially women who are more at the receiving end know that it is a serious public health problem and should not be excusable under any circumstance, the slave trade era is over.

Screening for domestic violence can also be included in our routine antenatal screen/clinics; hence the need to train personnel in this regard.

The constitution of Nigeria upon review should make domestic violence a punishable offence so as to discourage perpetrators of the act.

Support groups could also be formed so that victims of the act will find solace/comfort with other women facing similar challenges.

Further studies are however needed to determine pregnancy outcomes in women faced with domestic violence.

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