PREVALENCE OF DOMESTIC VIOLENCE AMONGST PREGNANT WOMEN IN ZARIA, NIGERIA

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Abstract
Objective: to document the prevalence, knowledge and perception of domestic violence (DV) amongst pregnant women attending the antenatal clinic of Ahmadu Bello University Teaching Hospital, Zaria.
Method: A Cross Sectional Study involving 178 pregnant women attending the antenatal clinic of Ahmadu Bello University Teaching Hospital Zaria, using pretested structural questionnaire.
Results: There were 178 respondents with a mean age of 26.7 ± 3.3 years (range 16-42 years). Seventy nine percent of the respondents received at least secondary school education. Twenty eight percent and 56% of the women had experienced and knowledge of DV respectively. Of the 50 respondents who experienced DV 36% were beaten up while 22% were forced to have sex. The spouse was the commonest culprit. Thirty-nine women felt DV was excusable under certain condition and 36% would keep DV secret.
Conclusion: DV is common in Zaria and there is need for public education to change the perception of our women towards DV. Further studies are needed to document the effects of DV on pregnancy outcome in our setting.

Key words: Domestic violence, pregnant women, awareness, perception

Introduction
Violence against women, whether pregnant or not is a common occurrence all over the world. It cuts across age, ethnicity, religion and educational barriers. The term, ‘violence against women’ refers to any type of harmful behavior directed at women and girls because of their sex. 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 threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. A new dimension has been added to violence in the form of use of acid baths by men to discipline women or girls.

The prevalence of violence against women ranged between 17-37% with considerable regional variation. 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 Heath Organization (WHO) and International Federation of Obstetricians and Gynaecologist (FIGO) recognize the scourge of violence against women and starting from the nineties has passed various declarations on the elimination of violence against women. Factors which lead to domestic violence (DV) are legion and range from no offence, minor to major offences.

Most countries and religions frown against domestic violence but because the cultures of the people of these countries do not frown on it, the problem has persisted. This explains the attitude of women to domestic violence, with some even justifying it.

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. It can lead to wide-ranging problems and also has important implications for the fetus. This study attempt to document the prevalence, knowledge and perception of domestic violence (DV) among pregnant women in Zaria northwestern Nigeria.

Materials and Methods
Two hundred and seventy Consecutive women attending the antenatal clinic of the Ahmadu Bello University Teaching hospital (ABUTH) Zaria, Nigeria, over the period of one week in September 2002 were serve with pretested structured questionnaire, by one of the authors (N. A.). The first five questions centered on biosocial variables.
including age, parity, educational level and social
class. The last seven enquires explore the knowledge
and perception about domestic violence among the
patients. Experience with domestic violence was also
sought. The data was analyzed using Epi- info version
6 statistical software.

Results

One hundred and seventy eight questionnaires were
returned duly completed. The mean age of the
respondents was 26.7±3.3 years (Range 16-42 years)
and most frequent age group was 26-30 years (38%).
93.9% of the women were married. Forty four percent
were of Hausa-Fulani extraction while the remaining
46% were other tribes. One Hundred and forty (79%)
were educated up to secondary school level. Ninety-
nine (55.6%) had knowledge of domestic violence
while 79 (44.4%) had no knowledge of it.

On their view about domestic violence (Table 1),
87 (48.9%) felt it was excusable under certain
circumstance while 26 (14.6%) felt it is always
excusable. A total of 50 (28%) of the respondents had
experienced domestic violence against them in the
index pregnancy or in previous pregnancies (Table 2);
18(36%) were beaten up, 11 (22%) were forced to
have sex, 10 (20%) had objects thrown at them, 9
(18%) were slapped, and 2 (4%) were flogged. The
culprits in the 50 women who experienced DV are
shown in Table 3. The spouse was the commonest
culprit.

On their reaction if they experienced domestic
violence against them (Table 4); 64 (35.9%) would
keep it secret, 49 (27.5%) would report to their family,
28 (15.7%) would report to the doctor, while others
would report to the in-laws, police, clergy or tell a
close friend.

Table 1: View about domestic violence amongst the
pregnant women

<table>
<thead>
<tr>
<th>View</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reply</td>
<td>26 (14.6)</td>
</tr>
<tr>
<td>Excusable under certain conditions</td>
<td>39 (21.9)</td>
</tr>
<tr>
<td>Always excusable</td>
<td>26 (14.6)</td>
</tr>
<tr>
<td>Not excusable</td>
<td>87 (48.9)</td>
</tr>
<tr>
<td>Total</td>
<td>178 (100)</td>
</tr>
</tbody>
</table>

Table 2: Type of domestic violence experienced by 50
pregnant women

<table>
<thead>
<tr>
<th>Type of domestic violence</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaten up</td>
<td>18 (36)</td>
</tr>
<tr>
<td>Forced to have sex</td>
<td>11 (22)</td>
</tr>
<tr>
<td>Objects thrown at her</td>
<td>10 (20)</td>
</tr>
<tr>
<td>Slapped</td>
<td>9 (18)</td>
</tr>
<tr>
<td>Flogged</td>
<td>2 (4)</td>
</tr>
<tr>
<td>Total</td>
<td>50 (100)</td>
</tr>
</tbody>
</table>

Discussion

The family is usually seen as the primary unit in the
society, the first medium of socialization. Studies have
revealed that the family is for many a ‘saddle of
violence’, a place where much violence is directed at
its female members. 11 From the present study, 28% of
pregnant women attending our antenatal clinic had
experienced domestic violence, either in the index
pregnancy or in previous pregnancies and 56% of the
respondents had knowledge of domestic violence This
is similar to reports from Enugu (Nigeria) 9 and
Ghana. 7 Most of the pregnant women were aged 26 –
30 years, which is similar to findings from Ghana 7
and Enugu. 9 This is the most fertile age group for
women and so they are more likely to be victims of
domestic violence in pregnancy. Most of the
respondents where Hausa, which is the predominant
tribe in this part of the country.

Most of the victims of domestic violence in this
study were beaten up while others were forced to have
sex or had objects thrown at them. This is consistent
with established data in Africa. 3, 4, 7, 9 Though most
of the women felt that domestic violence is not
excusable; the fact that some felt it can be excused
under certain conditions or always is rather disturbing.
If pregnant women feel that domestic violence is
excusable if carried out against another pregnant
woman, then much work needs to be done to correct
this perception. This may not be unrelated to the
-cultural view that domestic violence is a means of
correcting an erring wife, just as an erring child is
corrected. 1,12 It’s important to note that the
constitution of the federal republic of Nigeria
allows for respect of human rights. However, section 55 of the penal code states that ‘nothing is an offence which does not amount to infliction of grievous hurt upon any person and which is done by a husband for the purpose of correcting his wife, such husband or wife being subject to native law or custom in which such correction is recognized as lawful.’ This section is grouped under correction of servant, child, pupil or wife. So where does the pregnant woman stand as far as this penal code is concerned? This may be the reason why most of the pregnant women in this report would want to keep any act of domestic violence against them secret, as in other reports.

The attitude by the women of wanting to keep any act of domestic violence against them secret may also not be unrelated to the fact that the spouse is the most likely culprit and the woman may want to protect him because she loves him. She may also be afraid of ridicule from the family and friends. She may not want to report to the police for fear of losing her source of economic subsistence if the spouse is apprehended. They may also fear the worse treatment from the spouse if a report is made to the police. It is possible that the police or judge may advice an out of court settlement to avoid dabbling into family matters.

Suggestion has been made to include screening for domestic violence in routine antenatal care, but this will involve the allocation of more time for interaction with the patient and training of health personnel in this regard. Involving men in the management of their pregnant wives may assist them to be understanding and be more patient with their pregnant wives. In-laws who carry out acts of domestic violence may be deterred if they are enlightened about the physiology of pregnancy. These in-laws may include other women, mother in-laws and sister in-laws. Women have a significant role to play by bringing up children in love, teaching their male children to grow up with consideration for women and a dislike for domestic violence. Women should not encourage domestic violence as mother or sister in-laws. The constitution of Nigeria should make domestic violence a punishable offence so as to discourage perpetrators. The formation of support groups may provide comfort for the pregnant woman who is a victim of domestic violence.

In conclusion, DV is common in Zaria and further studies are needed to determine the pregnancy outcome in patients with DV. Screening for DV should be included into our routine antenatal management protocol.

References