# Pattern of domestic violence among pregnant women in Jos, Nigeria

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## Abstract

**Background:** Domestic violence is a global concern. Domestic violence refers to violence inflicted on a partner (mostly females) within the context of the family or an intimate relationship. It is known to be responsible for numerous hospital visits undertaken by women, although they mostly fail to complain of abuse. There is paucity of data on domestic violence mainly due to underreporting and lack of investigation.

**Methods:** We set out to investigate the pattern of violence among pregnant women attending antenatal clinic at ECWA Evangel Hospital, Jos, Nigeria. In all 215 women who were screened using the modified Abuse Assessment Screen (AAS) survey instrument (developed by McFarlane) had experienced domestic violence.

**Results:** Results showed verbal, physical, sexual and emotional violence at prevalence rates of 38.0%, 26.5%, 10.7% and 1.4%, respectively. A total of 14.0% had experienced a combination of physical and verbal abuse while 7.0% had experienced a combination of physical and sexual violence. Fulltime housewives and self-employed women were most abused, of which 82.7% had no definite timing pattern.

**Conclusion:** The results suggest that the major forms of domestic violence are verbal, physical, sexual and emotional, and the violence has poor timing specificity.

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## Introduction

Domestic violence is a term that covers a range of violent or abusive behaviours perpetrated within the context of the family or intimate relationship. Spousal abuse is a form of domestic violence, and has synonyms like wife beating, and intimate partner abuse.[1–4] There is paucity of data on domestic violence, largely because it is generally underreported.[1–6]

Domestic violence in pregnancy is on the increase and may involve overlapping variables at group and personal levels.[1,2] Violence may begin or escalate in pregnancy, and is repetitive, giving rise to the concept of the 'Violence Cycle'.[2,3] This comprises the honeymoon, tension building, and violent phases. The cycle is vicious, and with each passing cycle the intensity of violence increases: the honeymoon and tension building phases become shorter, and eventually phase out.[1–3]

The World Bank estimates that rape and domestic violence account for 5% of healthy years of life lost by women in developing countries. In China alone it accounts for 16%.[1] In 1993 the Pan American Health Organization identified domestic violence as a high priority concern in their resolution CD39R8(2), and in 1996 the World Health Organization (WHO) declared domestic violence a public health priority.[1,7]

The Abuse Assessment Screen (AAS) developed by McFarlane[8] is a validated domestic violence survey instrument used in the study of the prevalence and pattern of domestic violence.

We undertook our study to determine the pattern of abuse among pregnant women in our environment using this AAS survey instrument.

## Subjects and methods

The study was carried out at the Antenatal Clinic of the Evangelical Church of West Africa (ECWA) Hospital, Jos (Nigeria) between November 2002 and April 2003. The ECWA Hospital is a 180-bed voluntary agency health institution owned by the ECWA. It is located in Jos, the Plateau State capital of Nigeria, in the highlands of central Nigeria. Jos is a scenic city with a good climate..

The hospital was founded by the Sudan Interior Mission (SIM) in the early 1940s as a nursing home. It was meant to cater for the missionary and expatriate community in Jos. The hospital later grew into a fully-fledged hospital and was handed over to the ECWA in 1976. It is the second largest health institution in Jos metropolis after the Jos University Teaching Hospital. The ECWA Hospital is an accredited training centre in Family Practice (General Medical Practice) of the National Post-Graduate Medical College of Nigeria and the West African Post-Graduate Medical College.

The hospital offers care to all groups of persons in all social strata of the Nigerian society and is open to patients of all religious inclinations. The hospital also offers primary, secondary and tertiary health care to patients from the Plateau State and other neighbouring states like

Nassarawa, Benue, Bauchi, Kaduna, Kano, Adamawa, Taraba, Niger and the Federal Capital Territory of Nigeria. Some patients even come from as far away as Sokoto, Katsina and Borno States of Nigeria. The hospital also has patients coming from neighbouring countries like Cameroon, Niger and Chad.

Ethical approval for this study was obtained from the hospital's Ethics Committee.

A pilot study was first conducted using a modified AAS survey instrument (modified prior to the commencement of the study). The results of the pilot study are not included in this presentation.

The target population was women with confirmed pregnancy. Pregnancy was confirmed by clinical examination, immunological testing or by ultrasonography. During the booking visit, the author had the opportunity to address all the pregnant women. This opportunity was used to introduce to them the study, and to explain the rationale for the study and its benefits. They were given opportunity to ask questions, and these were clarified. It was also stressed to them that all information obtained would be treated with confidentiality and that participation in the study was voluntary. The subjects were recruited into the study sequentially from the antenatal clinic after they gave their informed verbal consent. The modified AAS was then administered until the sample size was 340 women. These women were interviewed over the period of the study, the duration of which was six months. The sample size was calculated using EPI Info Version 6.04b (CDC Atlanta, 1993) with a 95% confidence interval and error margin of 5%.

Data were analysed using the Epi Info version 6.04b (CDC Atlanta, 1993).

## Results

The results revealed that of the 340 women studied, 215 (63.2%) had experienced abuse. The pattern of abuse in these 215 subjects is presented in Tables I–IV. Table I shows the pattern of domestic violence experienced by the respondents: 26.5% were physically abused, 38.0% had endured verbal insults, whereas sexual and emotional insults accounted for 10.7% and 1.4%, respectively. Some respondents indicated a combination of physical and sexual abuse (7%), while14% had a combination of physical and verbal abuse.

Table II shows the severity of abuse. About 8.4% of the cases of abuse resulted in the women seeking medical attention. The history of violence in this group of abused women is shown in Table III. Here, 11.6% experienced abuse during pregnancy, 3.8% in between pregnancies, and 1.9% had been abused continuously. The majority of respondents (82.7%) could not identify a timing pattern for the abuse.

Table IV shows the distribution of violence according to the occupation of respondents (victims). Self-employed women were the most abused (43.3%), followed by full-time housewives (35.3%). The respondents who were civil servants represented 19.5% of the burden.

**TableI: Pattern of abuse in domestic violence**

| Type of abuse | n | % |
|---|---|---|
| Verbal | 82 | 38.0 |
| Physical | 57 | 26.5 |
| Sexual | 23 | 10.7 |
| Emotional | 3 | 1.4 |
| All of the above | 1 | 0.5 |
| Physical and sexual | 15 | 7.0 |
| Physical and verbal | 30 | 14.0 |
| Physical and emotional | 4 | 1.9 |
| **Total** | **215** | **100** |

**TableII: Distribution of abuse requiring medical attention in domestic violence**

| Parameter | n | % |
|---|---|---|
| Medical attention required | 18 | 8.4 |
| Medical attention not required | 197 | 91.6 |
| **Total** | **215** | **100** |

**Table III: Historical timing frame of abuse in abused subjects**

| Timing of abuse | n | % |
|---|---|---|
| During pregnancy | 25 | 11.6 |
| In-between pregnancies | 8 | 3.8 |
| No specific timing pattern | 178 | 82.7 |
| **Total** | **215** | **100** |

**Table IV: Distribution of abuse according to occupation of victims**

| Occupation | Abused (%) |
|---|---|
| Civil servants | 42 (19.5) |
| Full-time housewives | 76 (35.3) |
| Self-employed | 93 (43.3) |
| Students | 4 (1.9) |
| **Total** | **215 (100)** |

## Discussion

There is much variation both in the groups and on personal levels of clients experiencing domestic violence.[1,2] The repetitiveness of the violence, with its increasing intensity, makes domestic violence an emerging global concern. The definable patterns of abuse in our study are verbal, physical, sexual and emotional. Verbal abuse has the highest prevalence of 38.0%. This is collaborated by other researchers: results of a study in China revealed verbal abuse to be the highest form of domestic violence (96.3%) and results of a similar study in Lagos revealed this to be 68.6%.[7,9] The reason for this could be the changing socio-cultural environment and the decreasing gap between the age of the husband and his wife, which in the past was wide, in which case the husband was then also looked upon as a father figure. These factors may have increased the sensitivity of the woman towards verbal reprimand by the husband.

A significant percentage of the study population had experienced physical abuse (26.5%). These results are similar to those of a study carried out by Odujurin in Lagos, who found that 31.4% of women experienced physical violence.[9] Results of other studies are similar.[1,10]

It is to be noted that pregnancy is not protective against violence – as would have been thought/wished. This was clearly evident in this study – as many as 11.6% of the women experienced violence during pregnancy. In India, a study by Manorama et al revealed that 8.33% of the abused women experienced an increase in abuse as a result of the pregnancy, while 22% reported physical abuse.[8] The severity of violence revealed in our study is so high that up to 8.4% of those experiencing abuse had reason to seek medical attention due to injuries or medical conditions directly resulting from the abuse. Leung et al found that in China 3.7% sought medical attention as a result of injuries from domestic violence,[7] while Manorama et al found that in India 4.54% of the women abused needed hospitalisation and 3.83% needed other medical assistance from injuries due to domestic violence.[8] What we did not fully assess in our study was who initiated the search for medical attention – the spouse or the victim. This, we hope, will be determined in the next phase of the study so as to fully explore motive and remorse of the violent partners.

Our study population is not all uniformly educated. This might have been responsible for 82.7% not being able to precisely time the occurrence of the violence. It is also possible that this was actually a tactical evasion, which further reduces the rather high frequency data and confuses the prevalence picture. Because of the perceived suspicion of some of the clients about the possible outcome of the study (despite the pre-study briefing and confidentiality assurances), some women would have preferred to be non-specific in their description of the abuse so that it would be impossible to trace the incident to their families. This is agreed on by several authorities.[1,7,9,10] There is obviously no doubt about the magnitude of the violence, either in frequency or severity, irrespective of the motive for non-disclosure by the victim. This was confirmed after repeated questioning at different visits by the caregiver resulted in an increase in the number of clients volunteering information on their abusive relationships.[8,11]

Full-time housewives and the self-employed were the ones mostly abused (35.3% and 43.3%, respectively). It is to be noted that the so-called self-employed are mostly petty traders and hawkers who do not really differ much from the full-time housewives in terms of their economic power. Thus the rather high prevalence of abuse in the group could be due to low economic contribution, with increasing strain on the family purse and pressure on the husbands to meet their financial demands. The incidence is significantly lower in the case of the civil servants, who constituted 19.5% of those abused. The results of a study of civil servants in Ibadan revealed that 23.5% of female respondents had suffered domestic violence,[12] which is comparable to our findings. It could thus be suggested that a regular period of absence from the home to be at work could be an impediment to violence. The number of hours applicable here is however unknown at this stage. Several studies have revealed that education and occupation influence abusive behaviour, and thus who the victims might be.[7–10]

## Conclusions

The domestic violence pattern is varied: the commonest forms are verbal, physical, sexual and emotional, and combinations thereof. It can have both emotional and medical consequences.

## Recommendations

It is recommended that screening for domestic violence should form part of routine medical consultations. Clinicians should be educated on the subject and the patterns of abusive behavior that may present to them.

There is need for further studies into domestic violence, for example, the effect of pregnancy on the frequency and pattern of violence and also the effect of extended absence from home for work by spouses.

## Limitations of the study

Pregnancy affects the mood of women and may have influenced the outcome of this study.

Primiparae women would not have an in-between pregnancy period to appropriately respond to this question, thus affecting the results. The results may therefore not be generalised to this group of pregnant women.

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