

Intimate Partner Violence among Obstetric Population at University of Abuja Teaching Hospital, Abuja, Nigeria

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Abstract

Background: Perpetrators of intimate partner violence (IPV) did not spare pregnant women despite their physiological and anatomical changes in pregnancy. The epidemiology and outcomes of IPV change with time in the society. **Study Objectives:** The objective of the study was to determine the prevalence of and risk factors associated with IPV among pregnant women attending antenatal clinic. **Settings and Design:** This was a cross-sectional, hospital-based study conducted at the Antenatal Clinic of the Department of Obstetrics and Gynaecology, University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria. **Subjects and Methods:** This study involved 403 pregnant women. The Hurt, Insult, Threaten and Scream (HITS) questionnaire was used to collect information and data recorded and analysed using SPSS version 23. Descriptive and inferential statistics (Chi-squared, Fisher's test and logistic regression) were used. Level of significance was set at $P < 0.05$. **Results:** The prevalence of IPV in pregnancy was 56.3% and the modal score was 4. About 11.9% of the women had a positive (severe) HITS score while 38.4% of the women experienced insult as the most common form of violence. There was a statistically significant association between the level of the score and marriage settings ($P < 0.001$), education of the woman ($P < 0.001$), education status of the husband ($P < 0.001$), occupation of the woman ($P < 0.001$), occupation of the husband ($P < 0.001$) and social habit of the husband ($P < 0.001$). **Conclusion:** The prevalence of IPV was high from this study. Improvement in education status of the husband and employment status of both the wife and the husband can significantly affect violence against women positively in our society.

Keywords: Partner, pregnancy, urban, violence

INTRODUCTION

Partner violence against women is a ravaging global burden often underreported, especially in developing countries. Violence against women is a term used to collectively refer to violent acts that are primarily or exclusively committed against women.^[1,2] In its 2010 report, the World Health Organisation defined intimate partner violence (IPV) as behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.^[1]

IPV affects both women and men, with more women being affected than men.^[2,3] It has been estimated globally that one in every three women experience violence at least once in her life.^[3-5] There is growing evidence that partner violence cut across all age groups, however, women of reproductive age group are

more affected.^[3] The highest incidence of IPV was found in Ethiopia (71%).^[3] Systematic review also indicated that there is high incidence of IPV in Africa.^[6] Variable prevalence had been reported in Nigeria. Cross-sectional studies in the southern part of Nigeria reported a prevalence of 28.2% while in the north 42%.^[3,4] Some studies were, however, conducted among pregnant women in Nigeria. More than a decade ago, a prevalence of 37.4% was reported among pregnant women in Abuja.^[7]

IPV can be in different forms, which include: physical abuse (beating, kicking, knocking, female genital mutilation, confinement and choking), sexual abuse (marital rape, sexual assault, harassment or exploitation), neglect, spiritual abuse, economic abuse and emotional or psychological abuse.^[2,8]

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IPV has been associated with increased morbidity and mortality in women.^[9,10] Pregnant women have increased risk of consequences from IPV probably because of the robust physiological and anatomical changes associated with pregnancy.^[11] The aim of this work is to determine the pattern of and risk factors for IPV among pregnant women.

SUBJECTS AND METHODS

This was a hospital-based cross-sectional study among women attending antenatal care at University of Abuja Teaching Hospital, Gwagwalada, Abuja, conducted between November 06, 2018, and August 27, 2019. The study protocol was reviewed and approved on the October 24, 2018 by the Health Research and Ethics Committee of the University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria. The protocol number for the study is UATH/HREC/PR/2018/010/1190. Eligible participants were women that were confirmed to be pregnant and consented for the study while women that did not consent for the study were excluded from the study.

A self-administered Hurt, Insult, Threaten and Scream (HITS) questionnaire was used to collect data from the women. This self-administered questionnaire is simple and has the advantage of giving the respondent anonymity. This makes the women feel less threatened and improves compliance with response. Confidentiality of data was emphasised and ensured.

The HITS Questionnaire on IPV comprises questions that examine IPV on a scale of 1–5. It is a simple and brief questionnaire that can be self-administered, which was originally developed and validated by Sherin *et al.* in 1998.^[11] It is made up of four questions that ask respondents how often their partners physically hurt, insult, threaten with harm and screamed at them. These four items make the acronym HITS. The total score is obtained by adding the scores from each scored item. The lowest score is 4 and the highest is 20. A score >10 is considered positive. Its validity, reliability and responsiveness have been established in several data sets.^[12,13]

The minimum sample size was determined using the formula:

$$n = \frac{Z^2_{1-\alpha/2} P(1-P)}{d^2}$$

Where P is the estimated proportion and d is the desired precision. Using a prevalence rate of 37.4%^[7] and adjusted for 10% attrition rate, the calculated sample size was 411 women. Data obtained was recorded and analysed using the Statistical product and service solution (IBM SPSS® Statistics version 23), Armonk (N.Y., USA). Background variables were presented as frequencies and percentages or as means with standard deviations. Pearson Chi-squared or Fisher's exact test was used for inferential statistics. A $P < 0.05$ was considered statistically significant.

RESULTS

A total 411 women were selected, and 403 (98.1%) returned the questionnaire with complete response. The mean age of

the women studied was 33 ± 4.9 years and most of the women were within the age range of 31–35 years (37.5%). Majority of the women were in the para 1–4 group, 270 (67%). While majority of the women 376 (93.3%) were from a monogamous family setting, only 12 (3.0%) of them were uneducated and 107 (26.6%) were not employed.

Only 5 (1.2%) of the husbands were uneducated while most 201 (49.9%) were civil servants. Most of the husbands, 186 (46.2%) consume alcohol only [Table 1].

Majority of the women (277) had experienced at least one form of violence during the index pregnancy. This gave

Table 1: Biodemographic data

Variable	Frequency (%)
Age	
15-20	9 (2.2)
21-25	43 (10.7)
26-30	134 (33.3)
31-35	151 (37.5)
36-40	60 (14.9)
>40	6 (1.5)
Parity	
0	112 (27.8)
1-4	270 (67.0)
≥5	21 (5.2)
Setting of marriage	
Monogamy	376 (93.3)
Polygamy	27 (6.7)
Education status of women	
None	12 (3.0)
Primary	22 (5.5)
Secondary	102 (25.3)
Tertiary	267 (66.3)
Education status of husbands	
None	5 (1.2)
Primary	3 (0.7)
Secondary	99 (24.6)
Tertiary	296 (73.4)
Occupation of the women	
Unemployed	107 (26.6)
Student	18 (4.5)
Petty trader	101 (25.1)
Civil servant	158 (39.2)
Business	19 (4.7)
Occupation of husbands	
Unemployed	11 (2.7)
Petty trader	16 (4.0)
Civil servant	201 (49.9)
Business man	165 (40.2)
Business	13 (3.2)
Social habits of husbands	
Illicit drug	3 (0.7)
Smoking only	57 (14.1)
Alcohol only	186 (46.2)
Alcohol and smoking	154 (38.2)
None	3 (0.7)

Table 2: Frequency of the violence against women

During the index pregnancy, how often did your partner	Physically hurt you (%)	Insult you or talk down to you (%)	Threaten you with physical harm (%)	Scream or curse at you (%)
Never (1)	314 (77.9)	248 (61.5)	348 (86.4)	249 (61.8)
Rarely (2)	30 (7.4)	54 (13.4)	16 (4)	17 (4.2)
Sometimes (3)	59 (14.6)	83 (20.6)	24 (6)	102 (25.3)
Fairly often (4)	0	11 (2.7)	15 (3.7)	21 (5.2)
Frequently (5)	0	7 (1.7)	0	14 (3.5)

a prevalence of 56.3%. The modal score was 4, however, 48 (11.9%) of the women had a positive (severe) HITS score. The most common form of violence experience was insult 155 (38.4%) [Table 2]. The level of HITS score was not found to have a statistically significant association with the age of the women ($\chi^2 = 10.23$, $P = 0.069$). However, there was a statistically significant association between the level of the score and marriage settings ($\chi^2 = 22.83$, $P = 0.000$), education of the woman ($\chi^2 = 23.11$, $P < 0.001$), education status of the husband ($\chi^2 = 40.62$, $P = 0.000$), occupation of the woman ($\chi^2 = 20.02$, $P < 0.001$), occupation of the husband ($\chi^2 = 45.52$, $P = 0.001$) and social habit of the husband ($\chi^2 = 25.16$, $P = 0.001$). The IPV was seen more in the polygamous setting, less-educated men and women, unemployed men and women and men with poor social habits.

A binary logistic regression analysis was done to predict participants' scores based on their setting of marriage, educational status and occupation and social habits of the husband. The equation model was found to fit the data ($\chi^2 = 48.930$ $P = 0.000$) with an R^2 of 0.114 [Table 3].

DISCUSSION

Violence against women violates the fundamental freedom and right of women and this can significantly impair their pregnancy.^[1] This is a serious public health concern of global dimension. The mean age of the women studied was similar to the findings by Efetie and Salami and Anzaku *et al.*^[7,14] This may not be unrelated to the fact that the studies were conducted within the same region of Nigeria. However, it is higher than what was reported from Sokoto.^[15] This could be due to cultural difference, wherein the northern part of Nigeria, women tend to get married early in life compared to the middle belt of Nigeria.

The prevalence of IPV against women from this study was found to be high (56.3%). This is higher than the previously reported 37.4% by Efetie and Salami and most of the studies done within and outside Nigeria.^[6,7,16-19] However, this is similar to findings by Kaye *et al.* in Uganda.^[20] The wide disparity from the local studies could be due to methodological variations and limitations. Furthermore, socioeconomic status of the participants may account for the disparity from the international studies. Most of the studies used own questionnaire tools and women may not report violence, especially when assisted through the questionnaire for fear of victimisation or discrimination.

Table 3: Independent risk factors for violence against pregnant women

Variable	B	P	OR	95% CI
Marriage setting	2.33	0.000	10.3	3.61-29.32
Education status of woman	-0.107	0.684	0.89	0.54-1.51
Education status of husband	-1.060	0.002	0.35	0.18-0.68
Occupation of woman	-0.376	0.022	0.69	0.49-0.95
Occupation of husband	0.781	0.000	2.183	1.50-3.17
Social habit of husband	-0.73	0.746	0.929	0.93-1.45

OR: Odds ratio, CI: Confidence interval

Among the studied population, 11.2% had higher violence (HITS) score. This may translate to severe or multiple forms of violence against pregnant women in the population. The most common form of violence observed from this study was insult (38.4%).

Marriage settings, educational status of husband and occupation of both the woman and the husband are the independent risk factors for higher violence score identified from this study. Contrary to the findings by Clarke *et al.*, where partners' daily drinking habit and controlling behaviour are independent factors for IPV.^[16] Therefore, from our study, for every increase in the number of wives, there is an increase in violence score by 2.3 with a risk (odds ratio [OR]) of 10. The regression coefficient for the education status for the husband and the occupation of the woman was negative. This means the less educated the husband is the more the risk of violence in the family and the less employed the woman becomes the more the risk of increased violence against her. The occupation of the husband has a significant relationship with more violence with an OR of 2.2.

CONCLUSIONS

IPV is still a common menace in our environment, even among pregnant women. Polygamous nature of our society, educational status of the husband and employment status of the couple significantly affects violence against women negatively.

Although societal norms like polygamy have to be respected in every intervention, improvement in education and national economy can change the narratives of IPV in Nigeria.

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Conflicts of interest

There are no conflicts of interest.

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