

Original Research Article

Domestic Violence Amongst Infertile Women Attending Gynaecological Clinic at the University of Port Harcourt Teaching Hospital.

ABSTRACT

Background: Globally, regardless of socioeconomic or educational levels of couples, domestic violence affects the quality of life of millions of women with infertility. In many cultures the premium on childbearing is considerably high, yet most times women are the ones constantly held responsible for a couple's infertility and is often punished socially and economically as a consequence. Infertility has been associated with domestic violence, especially with the intimate partner.

Aims And Objectives: To determine the prevalence and pattern of domestic violence among women who attended the Gynaecology clinic of the University of Port Harcourt Teaching Hospital for infertility.

Materials And Methods: A cross-sectional questionnaire-based study involving 372 women diagnosed with infertility and attending the gynaecological clinic at the University of Port Harcourt Teaching Hospital from May 1, 2021 to November 31, 2021.

Results: The prevalence of domestic violence among these infertile women was 32.26%. Among these participants 48 (12.9%) had experience physical violence, and 84 (22.58%) experienced emotional abuse. Also 72(19.35%) of the participants answered 'Yes' to husband as source of abuse while in each of 60 (16.13%) participants the violence was from Mother and Sister in-law respectively.

Conclusion:

Women attending the gynaecological clinic at the University of Port Harcourt Teaching Hospital for infertility suffer emotional, physical, psychological and even sexual violence. These acts of violence are commonly perpetrated by husbands, mother and sister in-laws.

Keywords: Domestic Violence, Infertility, Emotional violence, Psychological violence, Sexual Violence, Port Harcourt.

INTRODUCTION

According to the World Health Organization (WHO), infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse [1]. Infertility remains a global public health problem with a lot of adverse socio-cultural effects across Africa and in Nigeria. This is because most African cultures continue to place a high premium on fertility leading to a lot of pressure on couples even a few months after marriage [2]. Globally, 8 to 12% of couples of reproductive age suffer from infertility worldwide [3]. According to a WHO report, more than 10% of women are affected by infertility[4]. Apart from medical problems, infertility can also cause numerous personal and social problems. It can have very deleterious social and psychological consequences ranging from exclusion and divorce to social stigma that leads to isolation and psychological disturbances [5].

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Violence is defined as behaviour toward another person which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm [6]. Violence affects the lives of millions of women worldwide, across all socioeconomic and educational classes [7]. Domestic violence is defined as all kinds of abusive behaviours between spouses or relatives living in the same house [8]. Domestic violence directed toward women and children are far more common than any other form of violence [8]. Domestic violence occurs in all sections of society, regardless of race, ethnicity, religion, or sex. Some forms of domestic violence include physical abuse, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence [7]. Other forms of violence like physical assault, sexual abuse, and stalking can be considered criminal. Although emotional, psychological, and financial abuses are not criminal behaviours, they are forms of abuse and can lead to criminal violence [7].

Infertility has been associated with domestic violence, especially with the intimate partner and any woman who experiences domestic violence as a result of infertility is twice as vulnerable. The incidence of domestic violence varies worldwide and some researchers have shown that infertile women who experience domestic violence were 33.6% in Turkey, 31.2% to 35.9% in Nigeria and 34.7% in the Islamic Republic of Iran [7,9–11]. In many cultures, the premium on childbearing is considerably high, yet most times women are the ones constantly held responsible

for a couple's infertility and are often punished socially and economically as a consequence [12]. Globally, regardless of the socioeconomic or educational levels of couples, domestic violence affects the quality of life among millions of infertile women. The prevalence of domestic violence amongst infertile women in infertility clinics in Nigeria was 41.6% as reported by Ameh et al, while Eka PO et al reported that the prevalence of violence among the infertile respondents was comparatively higher than among their fertile counterparts (62.5% and 54.2% respectively) in their study in Makurdi [13,14].

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Studies on domestic violence among infertile women in Port Harcourt are sparse. This, therefore, is an attempt to fill the gap in knowledge in this important component of the reproductive and sexual health rights of women in our setting. The study aimed to determine the magnitude and forms of domestic violence among the women attending our gynaecological clinics for evaluation for infertility.

MATERIALS AND METHODS

This was a cross-sectional questionnaire-based study involving 372 women diagnosed with infertility and attending the gynaecological clinic at the University of Port Harcourt Teaching Hospital Port Harcourt, southern Nigeria from May 1, 2021, to November 31, 2021.

The criteria for subject selection included women with primary or secondary infertility attending our gynaecological clinics during the study period. Subjects were recruited using a predesigned and pretested descriptive information questionnaire, using systematic random sampling, where every third subject was included in the study. Socio-demographic details included: Age, Marital status, Religion, Educational level and Occupational Status. Details of domestic violence included subclasses of domestic violence (Physical, verbal, emotional and sexual violence) and perpetrators of such violence. After obtaining informed written consent from each subject, questionnaires were completed through face-to-face interviews, using translators when necessary. The study was performed in line with the revised Helsinki guidelines. The sample size was calculated using the prevalence of domestic violence of 62.5% reported by Eka et al. [14].

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Using the formula $n = \frac{z^2pq}{d^2}$, we arrived at a sample size of 361 which was increased to 380 by

attrition. Data were analysed using SPSS version 20. Tests of association between the variables were performed using chi-square and the degree of significance was set at a p-value of <0.05.

RESULTS

In this study 240(64.5%) of the participants were in the age bracket of 31-40 years, 60(16.1%) of the participants were in the age brackets of 41 to 50 years and less than 31 respectively. The remaining 12 (3.2%) were aged 50 years and above. Also, 312(83.9%) of the participants had a tertiary level of education, 360(96.8%) had a tertiary level of education, 144(38.7%) were business owners and 252(67.7%) had a monthly income range of 30-100,000 naira. Table 1 shows the socio-demographic characteristics of participants.

In table 2 100% of the participants were married in a monogamous setting, 204(54.8%) have been married for 1-5 years, 12 (3.2%) were married out of compulsion while 130(34.9%) and 48 (12.9%) of the women described their marriages as fair and enduring respectively. Tables 3 also show other factors that can influence domestic violence among respondents.

Among the participants 120 (32.26%) affirmed to have suffered a form of domestic violence, 48 (12.9%) had experienced physical violence, and 84 (22.58%) experienced emotional abuse. Also, 72(19.35%) of the participants answered 'Yes' to their husband as a source of abuse while in each of 60 (16.13%) participants the violence was from Mother and Sister-in-law respectively. Table 4 shows the pattern of domestic violence among participants.

Table 1: Socio-Demographic Characteristics.

Variable	Frequency	Percent (%)
N=372		
Age (Years)		
<31	60	16.1
31-40	240	64.5
41-50	60	16.1
>50	12	3.2
Level of Education		
Primary	12	3.2
Secondary	48	12.9
Tertiary	312	83.9
Religion		
Christian	360	96.8
Muslim	12	3.2
Occupation		
Civil Servant	48	12.9
Public Servant	120	32.3
Artisan	12	3.2
Business Owner	144	38.7
Unemployed	48	12.9
Tribe		
Ikwere	84	22.6
Ijaw	12	3.2
Igbo	180	48.4
Yoruba	60	16.1
Others	36	9.7
Monthly Income (Naira)		
<30,000	24	6.5
30 - 100,000	252	67.7
>100,000	96	25.8
Marital status		
Married	372	100.0
Total	372	100.0

Table 2: Social Risks For Domestic Violence

Variable	Frequency	Percent (%)
N=372		
Type of marriage		
Monogamy	372	100.0
Duration of marriage		
1-5Yrs	204	54.8
6-10Yrs	60	16.1
11-20Yrs	96	25.8
>20	12	3.2
Was the marriage under compulsion		
Yes	12	3.2
No	360	96.8
Husband's age (Years)		
31-40	204	54.8
41-50	144	38.7
51-60	12	3.2
>60	12	3.2
Husband's occupation		
Civil Servant	115	30.9
Public Servant	133	35.8
Artisan	24	6.5
Business Owner	100	26.9
Husband's monthly income		
30 - 100,000	137	36.8
>100,000	235	63.2
How will you describe his support to you?		
Adequate	276	74.2
Moderate	96	25.8
Who is financing the treatment?		
Husband	168	45.2
Wife	12	3.2
Both	192	51.6
How will you describe your marriage?		
Fulfilling	194	52.2
Fair	130	34.9
Enduring	48	12.9
Marital disharmony?		
Yes	42	11.3

No	330	88.7
Total	372	100

Table 3: Medical History And Risks For Domestic Violence

Variable	Frequency	Percent (%)
	N=372	
Number of previous pregnancies		
0	144	38.7
1	48	12.9
2	108	29.0
3	60	16.1
4 and more	12	3.2
Number of miscarriages		
0	228	61.3
1	60	16.1
2	48	12.9
3	24	6.5
5	12	3.2
Causes of Infertility		
Tubal factor	46	12.4%
Ovarian factor	24	6.5%
Uterine factor	24	6.5%
Male factor	36	9.7%
Unknown	240	64.9%
Treatment of infertility		
None	108	34.6%
Ovulation Induction	48	15.4%
IVF	84	26.9%
Surgery	48	15.4%
Others	24	7.7%

Table 4: Pattern Of Domestic Violence Amongst Infertile Women

Variable	Frequency	Frequency
	N=372(100%)	N=372(100%)
	Yes(%)	No(%)
Have you ever suffered domestic violence?		
	120(32.26)	252(67.74)
Types of Domestic Violence		
Physical	48(12.90)	324(87.10)
Psychological	72(19.35)	300(80.65)
Sexual	12(3.23)	360(96.77)
Emotional	84(22.58)	288(77.42)
Sources of abuse		
Husband	72(19.35)	300(80.65)
Mother in Law	60(16.13)	312(83.87)
Sister in Law	60(16.13)	312(83.87)
Friend	48(12.90)	324(87.10)
Effects of abuse		
Bodily harm	12(3.23)	360(96.77)
	96(25.81)	276(74.19)
Psychological/Emotional Trauma		
Marital Disharmony	48(12.90)	324(87.10)

DISCUSSION

Many women around the world continue to experience infertility. Infertility continues to affect the quality of the relationship between couples and yet less attention is being paid to the effect of infertility on the emotional needs of these couples. Most of these highly expressed emotions

result in different forms of domestic violence. Domestic violence among women remains a topical issue where individuals who are victims find it hard to report due to one form of stigma or the other. But yet it continues to be a burden to the mental and physical health of women who are suffering from infertility.

In this study the mean age of participants was 35.90 ± 6.60 (SD) years, most of them falling into the age brackets of 31-40 years, (64.5%) which was not so different from the mean age in a study by Eka *et al.* [14].

In this study 32.26% of the women with infertility had suffered a form of domestic violence, this was slightly less than the prevalence of 41.6% seen by Ameh *et al* in a study done in different clinics in Nigeria but similar to the study by Iliyasu *et al.* in Kano [10,13]. This prevalence of 32.26% although high, was less than what was seen in studies in Makurdi by Eka *et al.* (62.5%), in Turkey by Ardabili *et al.* (61.8%), and Iran by Zohre Sheikhan 34.7%) [11,14,15]. Emotional violence was the most common form of domestic violence seen. Among the participants, 22.58%, 19.35% and 12.9% acknowledged that they have suffered some form of emotional, psychological and physical violence respectively. This is less than the finding in a study by Dyer *et al.* where it was found that 29.2% of women suffering from involuntary childlessness reported verbal and/or physical abuse from their partners [16]. Also, the types of domestic violence seen in our study were less than what was seen in other studies by Ameh *et al* were 51.5% experienced psychological torture, Ardabili *et al.* where 33.8% also experienced psychological trauma and Rahebi *et al.* where 70% of the women experienced psychological violence [12,13,15]. These findings were lesser in our study as a result of some patients with suspicion of domestic violence opting out of the study or not completing the study questionnaire. Most certainly women with domestic violence find it difficult to talk about these experiences even in anonymity to protect their marriage.

This study also shows that 3.23% of participants reported that they experienced some form of sexual violence. A systemic review by Maryam Hajizade-Valokolaee *et al* has shown domestic violence in form of sexual and psychological abuse in women with infertility [17].

In a study by Eka *et al.* and also another by Ozturk *et al.*, most acts of violence against women with infertility were from relatives, friends and husbands/partners as was seen in our study

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[14,18]. Also, findings of the effects of domestic violence on infertile women include bodily harm, emotional trauma and marital disharmony as seen in different similar studies [5,7,11,13,14,18,19].

CONCLUSION

Findings from this study have shown that infertile women go through the harrowing experience of emotional, physical, psychological and even sexual violence as an associated risk of their childlessness. These acts of violence are commonly perpetrated by husbands, mothers and sisters-in-law.

RECOMMENDATION

We recommend that women coming for infertility evaluation be screened for different forms of domestic violence and its effects. The patients identified should be treated appropriately.

LIMITATION

The study limitation was the lack of consent to participate in the study, especially from patients who presented to the clinic with their spouse.

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