Original Research Article

INTIMATE PARTNER VIOLENCE AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN, A CROSS SECTIONAL STUDY.

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ABSTRACT

Aims: This study aimed to determine the prevalence and factors associated with intimate partner violence (IPV) among pregnant women attending antenatal clinic at a Tertiary health centre in Southwest Nigeria.
Study design: This research was a cross sectional descriptive study among pregnant women.
Place and Duration of Study: The study was conducted at the antenatal clinics of Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State, Nigeria.
Methodology: The Women Abuse Screening Tool (WAST) was used to asses IPV among the participants. WAST has 8 items that assess physical, emotional and sexual abuse. It has good psychometric properties and able to discriminate between abused and non-abused women. Analysis was done using SPSS version 25 and various statistical tests like T-test and Chi ^{2} were done as appropriate.
Results: The average age of the respondents was 31.29yrs ±4.54. The prevalence of abuse among the respondents was 7.9% The main factors associated with abuse were unemployment (T test = -2.05, P = .04, CI = -1.54 – -.032), low income (T = 3.31, P = .001, CI = .042 – .160), depression (corr.coeff = .151, P = .012) and suicidal ideation (T test = -2.045, P = .04, CI = -3.041– -.054)
Conclusion: This study shows that there is a high rate of IPV among pregnant women and the factors associated with it were unemployment, low income, depression and suicidal ideation. Perhaps, routinely screening for IPV during pregnancy will help in early identification of women at risk of IPV.

Keywords: Abuse, intimate partner, violence.

1. INTRODUCTION

Intimate partner violence (IPV) is a severe public health issue and it has been recognized as the most common form of violence against women worldwide.(1,2) IPV refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.(3)
According to a World Health Organization's (WHO) report, about 1 in 3 women worldwide experience at least one form of IPV from an intimate partner at some point in her life. (4)The WHO multi-country study on women's health and domestic violence reported IPV in pregnancy prevalence rates in 10 countries ranging from 1% in Japan to 28% in Peru.(2) Rates between 10 and 20% were reported by various researchers from the developed countries.(5,6)While reports from sub-Saharan Africa (SSA) reveals that the prevalence of IPV among pregnant women by their intimate partners varies from as low as 2% to as high as 66.9%.(7–9)
IPV experienced by pregnant women has been associated with a wide range of consequences including social, physical and mental consequences to both mother and child.(10, 11) The mental health consequences include depression, suicidal ideations, insomnia and low self-esteem. (12,13).While adverse pregnancy complications include; low birth weight, premature delivery, miscarriage, abortion, ante partum haemorrhage, intrauterine growth retardation and perinatal

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death, delay in seeking antenatal care, insufficient weight gain during pregnancy and reduced levels of breastfeeding.(14–16) IPV may also result in negative health behaviours such as , cigarette smoking, alcohol and substance abuse during pregnancy.(17,18)Some extreme consequences of IPV during pregnancy include homicide and suicide.(2)
Various risk factors for IPV in pregnancy were reported by various authors and these include; alcohol consumption by partner, lower education level among both partners, unemployment, younger age of the woman and having a history of IPV.(7,19–22)
Despite the health risks associated with IPV during pregnancy, there are however few studies focused on intimate partner violence among pregnant women in this environment. This study therefore determined the prevalence and correlates of intimate partner abuse among pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital (EKSUTH).

2. MATERIAL AND METHODS

2.1 Study setting /subjects

This research was a cross sectional descriptive study among pregnant women attending antenatal clinic at Ekiti state university teaching hospital (EKSUTH). The hospital is the major referral centre in the state. Over a two-month period, all the pregnant women who gave their consent were included in the study. The study adopted a convenient sampling technique by which all cconsecutive consenting pregnant women who reported at the antenatal clinic were recruited as participants. Ethical approval was obtained from EKSUTH ethics and research committees. All data from participants were kept confidential and accessible only to the researchers.

2.2 INSTRUMENTS

2.2.1 SOCIODEMOGRAPHIC QUESTIONNAIRE; This comprised of the sociodemographic details of the participants and other clinical details including obstetric history of the participants.

2.2.2 The Women Abuse Screening Tool (WAST) was used to asses for IPV among the participants. WAST has 8 items that assess physical, emotional and sexual abuse. The WAST demonstrated good reliability and validity and discriminated between abused and non-abused women. Scoring of the instrument was done on a likert scale from 1 to 3. Each of the eight questions had responses which included “never”, “sometimes” and “often”. A cut off of 13 was used in this study with higher scores indicating higher levels of abuse.

(23)

2.2.3 Depression was assessed with the Patient Health Questionnaire (PHQ-9). This is a 9-item instrument for detecting depression in clinical settings.(24). While Suicidal ideation was assessed using Question 9 of thePHQ-9. This aspect of the PHQ 9 was previously used to assess for suicidal ideation in this environment. (25)

2.3 Data Analysis

All the data collected were collated and checked for error and analysed using the Statistical Product and Service Solution (SPSS) version 25.0. Various statistical tools such as Chi ^{2} and T-test were used as appropriate.

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3. RESULTS AND DISCUSSION

The participants were 187 pregnant women at various stages of pregnancy attending antenatal clinic at the study centre. Their mean age was 31.29yrs ±4.54. Almost a quarter of them were single (22.2%) and most of the respondents had tertiary education (82.7%). There was a high rate of unemployment among the participants (36.4%) and among the employed, more than 90% earned less than the equivalent of 150 dollars monthly. About 20% of the respondents were primigravida with about 13% of all the respondents claiming the pregnancy was unplanned. (Table 1)

The prevalence of abuse among the respondents was 7.9% and prevalence of severe depression was 5.0%. Emotional abuse had the highest mean score among the various subgroups of abuse followed by physical abuse. (Table 2)

The main factors associated with abuse were unemployment (T test = -2.05, P = .04, CI = -1.54– -.032), low income (T = 3.31, P = .001, CI = .042 – .160), depression (corr.coeff = .151, P = .012) and suicidal ideation (T test = -2.045, P = .04, CI = -3.041– -.054).(Table 3)

This study found a 7.9% prevalence of IPV among pregnant women. This rate is higher than the prevalence rate of 5.1% reported in the 2008 Nigeria Demographic and Health Survey (NDHS) of physical violence during pregnancy. and much higher than the 2.3% prevalence rate observed in another study from South-western Nigeria.(26,27)The prevalence rate in this study falls within the reported prevalence of between 2% to 66.9% in SSA and between 1-28% reported in the WHO multicountry report on IPV(2,28,29). Reason for the variation in the prevalent rates maybe the different instruments used in assessing the respondents and the sample size of the different studies. Also, Ayodapo et al had suggested that some of the prevalence rates reported in SSA are conservative because IPV is considered a private family matter as such some women may not disclose their experiences.(21) Another possible reason for the lower rate in this study may be the report that women who attend health facilities for maternal health care services were less likely to report IPV compared to women in the community who did not attend the facility.(30)

The most reported form of abuse among the participants was emotional abuse followed by physical abuse and lastly sexual abuse. Similar findings were reported by Musa et al., observed that sexual violence was the least frequently reported type of IPV compared to both physical and emotion abuse.(31)

Among sociodemographic characteristics of the respondents, factors associated with IPV were unemployment and low income of the respondents. Unemployment was significantly associated with physical abuse but not with emotional nor sexual abuse. Other authors such as Mohammed et al in a study conducted in Ethiopia reported that unemployment predicted IPV in pregnancy.(32) Low income of the participants was particularly more associated with sexual abuse. Similar suggestions on impact of poor financial status of women and IPV were also documented by other researchers. (31)

In this study, depression was another major factor found to be significantly associated with IPV and particularly emotional abuse. Various researchers had also reported that depression was a major consequence of IPV. (13,28,33,34)Some authors have proposed that traumatic and psychological stress reactions are possible mechanisms by which IPV may cause subsequent depression in women.(35) Some have also suggested that sustained psychological stress due to social threat or rejection may up-regulate pro-inflammatory cytokine activity which can alter the activity of neurons and neural systems that regulate cognition, mood and behaviour thereby leading to symptoms of depression through disturbances in sleep- and wake activity, decreased interest in feeding and socializing with others.(36)

Suicidal ideation was also found to be associated with IPV in this study. Similar findings of suicidal ideation among pregnant women who suffered IPV were also reported by others. (12,13) This significant association between suicidal ideation and IPV may not be unexpected considering the high rate of severe depression among the participants in this study. Other researchers however

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reported that suicidal ideation may be an independent factor. For instance, Alhusen et al observed in their study the independent risk that IPV during pregnancy confers on an increased risk of suicidal ideation, after controlling for depressive symptomatology. (37)Presence of suicidal ideation in pregnancy due to IPV is a serious health risk which can lead to eventual suicide. (2)
In contrast to other studies, this study did not find any significant association between IPV and substance use of the spouse, educational/ marital status and age of respondent during pregnancy.

VARIABLE	FREQUENCY	PERCENTAGE (%)
Marital status		
Single	41	22.2
Married	144	77.8
Education		
Primary completed	5	2.8
Secondary completed	26	14.5
Post secondary	148	82.7
Religion		
Islam	20	10.7
Christianity	167	89.3
Employment		
Employed	119	63.6
Unemployed	68	36.4
Monthly Income		
None	50	29.2
<$150	106	59.7
$150- $250	10	5.3
>$250	5	2.9
Spouse income		
None	14	9.0
<$150	87	56.2
$150- $250	35	22.6
>$250	19	12.3
Previous deliveries		
None	39	24.4
1-2	107	66.9
>2	14	8.8
Children alive		
None	41	25.9
1-2	107	67.7
>2	10	6.3
Planned pregnancy		
Yes	164	87.7
No	23	12.3

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Substance use by spouse Yes No	 17 170	 9.1 90.9

Table 1: sociodemographic and clinical variables.

Variable	Mean
Age	31.3 ± 4.5
PHQ score	12.0 ± 5.7
ABUSE (Total score)	9.6 ± 2.5
PHYSICAL ABUSE	2.2 ± 0.6
EMOTIONAL ABUSE	3.9 ± 1.2
SEXUAL ABUSE	1.1 ±0.4

Table 2: Mean values of variables

VARIABLE	TEST	P VALUE	CI
Unemployment	T = -2.05	.04	-1.54 – -.032
Depression	Corr.coeff = .151	.012	
Suicide	T = -2.04	.04	-3.04 – -.054
Low income	T = 3.31	.001	.042 – .160

Table 3: factors associated with spousal abuse

4. CONCLUSION

This study shows that there is a high rate of IPV among pregnant women and the factors associated with it were unemployment, low income, depression and suicidal ideation. Perhaps, routinely screening for IPV during pregnancy will help in early identification of women at risk of IPV. As such, measures such as counselling and other interventions can be promptly instituted to reduce the morbidity and other fatal consequences to the mother and child. The strength of this study is that we used standard instruments to evaluate for both IPV and depression. A major limitation of the study is however the cross-sectional nature of the study design, hence a causal relationship between IPV and the various associated factors cannot be established. Another limitation of the study was the possibility of under-reporting of violence by the respondents due to the sensitive nature of the topic in our environment.

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