



DOMESTIC VIOLENCE PREVALENCE AND PERCEPTION OF PREGNANT WOMEN VISITING ANTENATAL CLINICS IN GARRI HOSPITAL - KHARTOUM STATE, SUDAN 2019

**Dr. Tayba
Mohammed Ali
Abacker***

Department of Obstetrics and Gynecology, University of Health Science, Khartoum, Sudan*Corresponding Author

**Dr. Abubakr
Mohammed Ali
Nasr**

Associate Professor: Department of Obstetrics and Gynecology, Faculty of Medicine, University of Khartoum, Khartoum, Sudan

Dr. Faiza Taha

Associate Professor: Department of Obstetrics and Gynecology Nursing, Faculty of Nursing Sciences, University of Khartoum, Khartoum, Sudan

ABSTRACT **Background:** Pregnant women who experience domestic abuse are at heightened risk for bleeding preterm labor, and psychosis. Violence is a serious public health concern. **Objective:** to investigate the occurrence of domestic violence among clients and their perception in prenatal clinics. **Methods:** A convenient sample of 236 clients, interviewed in a cross-sectional hospital-based study in 2019. Data were analyzed and suitable statistic was used. **Results:** 113 (47.9%) of pregnant women were reported exposure to domestic violence (Physical 10.7%, economic constrain 21.2% and psychological 16%). Women believed that spouse and the family were responsible for domestic violence. links between husband's substance used alcohol and violence ($P = 0.002$), verbal abuse and adverse pregnancy outcomes, $p < .05$ were found. **Conclusion:** Occurrence of domestic violence among mothers was high. Associations identified in this study shed light on complex social factors that need to be addressed.

KEYWORDS : Domestic Violence, Pregnant, Antenatal Care,

INTRODUCTION

Violence against women (VAW) is a pressing global issue that permeates every dimension of women's health. Domestic Violence (DV), in particular, emerges as one of the most prevalent forms of VAW, deeply impacting the well-being of countless women across the globe [1, 2]. Domestic violence during pregnancy poses severe risks, for the expectant mother and her unborn child [3].

Pregnancy-related domestic violence encompasses a spectrum of harmful outcomes, including inadequate nutrition, miscarriage, antepartum hemorrhage, premature labor, trauma, placental abruption, and severe neonatal complications such as low birth weight, and stillbirths [4]. The World Health Organization (WHO) has delineated domestic violence into four primary categories: physical violence, psychological abuse, economic restrictions, and forced sexual acts targeting both adult and adolescent women. Violence affects women mental health [5, 6].

Sudan, one of Africa's most expansive nations, grapples with unique public health challenges like female genital mutilation and teen pregnancies [7]. Study from Kassala, Eastern Sudan, indicated that out of 1,009 women surveyed, 53% reported moderate and 47% severe physical violence. Moreover, 30.1% experienced sexual coercion, and 47.6% suffered psychological violence [2].

The aim of this study is to investigate the prevalence and women perception and to correlates domestic violence among pregnant women.

METHODS: A hospital-based descriptive cross-sectional approach. The study was conducted at the Antenatal clinic of Garri Hospital in the North Bahari Garri district, in 2019. Participants were pregnant women attending the antenatal care. The eligibility criteria included women in the reproductive age 15–49 years. A total of 236 respondents were recruited: The sample size was derived using a single population proportion formula, based on previous study [2].

Structured interview questionnaire grounded in existing literature was the data collection tool. Which include Age, residence, education level, and duration of marriage. Types and impacts of domestic violence experienced and perceived by the participants during pregnancy. Data processing and analysis using SPSS version 20. Descriptive statistics provided a comprehensive view of the data, while the Friedman test was applied inferentially to gauge the effects of domestic violence on women's health.

Ethical Considerations: Ethical standards approval. were secured from the Faculty of Nursing Sciences, University of Khartoum Research Committee. Permission was obtained from the setting. All participants provided informed consent prior to inclusion.

RESULTS

TABLE 1: Information about demographic and obstetric and gynecological of pregnant women and their spouse behavior (n=236)

Feature	Category	Frequency	(%)
Age of Wives	15-24 years	86	36.4
	25-34 years	100	42.4
	35 years and above	50	21.2
Education level of Wives	No regular education	72	39.5
	Primary and secondary school	124	52.6
	University	40	16.9
Marital duration	One year	17	7.2
	More than one year	219	92.8
Obstetric history	Experienced vaginal bleeding during their previous pregnancies	106	44.9
	History of abortion	103	43.6
	Preterm birth	81	34.3
	History of still birth	74	31.4
Age of Spouse	20-29 years	47	19.9
	30-39 years	100	42.4
	40 years and above	89	37.7
Education level of Spouse	No regular education	45	19
	Primary and secondary school	151	64.0
	University	40	16.9
Substance Use of Spouse	mainly alcohol	112	47.5

Table (1) show that: More than 75% of the women their age less than 34 years, with more than half their attainment primary and secondary education, obstetric history. Most of their spouse their education level primary and secondary school and substance use mainly alcohol.

Table 2: women perception about domestic violence (n=236)

Feature	Category	Frequency	(%)
Family role in domestic violence	Discontinue their education because of family causes	105	44.5
Type of marriage	pregnant women who were forced to marry,	112	47.5
Families' role in their early marriage	pregnant women who perceive that families had role in early marriage	161	68.2
Psychology of women after confirmation of pregnancy,	Un wanted pregnancy (unhappy, feeling and not interested in it.)	98	41.5
Socialization abused from their spouse	Sometime refuse to participate in family and other social events.	169	71.6
Husband shares the opinion with their wives to take decision	don't share the opinion of wives and sometimes share it (84(35.6%) and 124(52.5%) respectively.	208	88.1
Verbal abusee	Women exposure to verbal abuse in front of their parents from their husband	98	41.5

Table two show that: women perceived that family has big role in domestic violence (discontinuation of education, force to marry and their early marriage 44.5%,47.5%and 68.2% respectively) and their spouse role as prevent socialization, not share opinion and received verbal abuse in front of other (71.6%,88.1% and 41.6%) respectively .

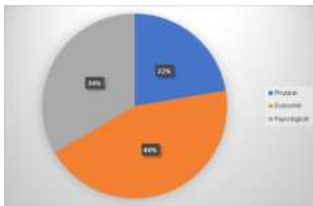


Figure (1) Intimate violence among the women was 47.9% of the participants (n = 113)

This figure showed that intimate violence among the women was Physical abuse 10.7%. Economic constrain 21.2% and psychological abuse 16%.

The study found strong links between husband's substance abused and violence ($P = 0.002$); verbal abuse during pregnancy was also associated with negative pregnancy outcomes, including lack of interest in pregnancy, vaginal bleeding, and abortion ($P = 0.000, 0.003, 0.001$ respectively).

DISCUSSION: Our findings reveal that a significant number of pregnant women have experienced domestic violence in their lifetime. More than one-thirds of pregnant women (47.9%) experienced domestic violence during their previous pregnancies in all categories of violence (physical, psychological and , economic restrictions) , these figures were less compare to the study conducted in Sudan where more than 47% experiences violence in each category. [2]. The magnitude of this study is lower than the study conducted in Tehran 59%, Lebanon , and in Ethiopia (78%) respectively [1,8,9],

Furthermore, the prevalence of domestic violence in the current study was higher than the findings from 80 countries analysis of as evaluated by WHO (34.1%) Kinya (37%) ,South Africa and Uganda (26.9% and 32.25%) ,and in Nigeria (36%) [6,10,11,12].The possible reason the observed variation might be the difference in educational level, cultural variations, and the accessibility of information on gender-related issues, reproductive health, violence as well as human rights.

In this study, the husband's substance abused was a risk factor which is significantly associated with domestic violence among pregnant women. Alcohol consumers were more violated against their wife than non-consumers, and this could be explained by the fact that substance abusers has an effect on social behaviors, such as increasing aggression, self-disclosure, sexual adventure, especially at harmful

and hazardous levels is a major contributor to the intimate violence, basis of additional factors (Low socio-economic status, impulsive personality). This finding is like other study done in Tehran ,Brazil and Turkey [1,4,13].

The present study showed that 25% of women were not happy, and 16.5% were not interested in pregnancy, this result was in agreement with study of women who did not desire the pregnancy had 4.3 times more chances of suffering violence compared to those who desired the pregnancy [14].

This study found an association between bleeding, abortion and violence which is similar to the author who argued that pregnant women who reporting abuse are at increased risk for certain adverse pregnancy outcomes [15].

CONCLUSION

The findings underscore the alarming prevalence of domestic violence. The study reveals significant associations between domestic violence and factors such as a husband's alcohol consumption, and the woman's attitude towards pregnancy. However, Women believed that their spouse and the family were primarily responsible for most of violence. This research emphasizes the importance of interventions and support systems for pregnant women facing domestic violence, implicating healthcare providers in this essential role.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FUNDING RESOURCES

This research did not receive any specific grant from funding agencies or other

DISCUSSION: Our findings reveal that a significant number of pregnant women have experienced domestic violence in their lifetime. More than one-thirds of pregnant women (47.9%) experienced domestic violence during their previous pregnancies in all categories of violence (physical, psychological and , economic restrictions) , these figures were less compare to the study conducted in Sudan where more than 47% experiences violence in each category. . The magnitude of this study is lower than the study conducted in Tehran 59%, Lebanon , and in Ethiopia (78%) respectively , Furthermore, the prevalence of domestic violence in the current study was higher than the findings from 80 countries analysis of as evaluated by WHO (34.1%) Kinya (37%) ,South Africa and Uganda (26.9% and 32.25%) ,and in Nigeria (36%) .The possible reason the observed variation might be the difference in educational level, cultural variations, and the accessibility of information on gender-related issues, reproductive health, violence as well as human rights.

In this study, the husband's substance abused was a risk factor which is significantly associated with domestic violence among pregnant women. Alcohol consumers were more violated against their wife than non-consumers, and this could be explained by the fact that substance abusers has an effect on social behaviors, such as increasing aggression, self-disclosure, sexual adventure, especially at harmful and hazardous levels is a major contributor to the intimate violence, basis of additional factors (Low socio-economic status, impulsive personality). This finding is like other study done in Tehran ,Brazil and Turkey .

The present study showed that 25% of women were not happy, and 16.5% were not interested in pregnancy, this result was in agreement with study of women who did not desire the pregnancy had 4.3 times more chances of suffering violence compared to those who desired the pregnancy .

This study found an association between bleeding, abortion and violence which is similar to the author who argued that pregnant women who reporting abuse are at increased risk for certain adverse pregnancy outcomes .

REFERENCES

- Nojumi marzieh, aghaei s., eslami s.. domestic violence against women attending gynecologic outpatient clinics. archives of iranian medicine[internet]. 2007;10(3):309-315. available from: <https://sid.ir/paper/280235/en>
- Ali AA, Yassin K, Omer R. Domestic violence against women in Eastern Sudan. BMC Public Health. 2014 Dec;14:1-5. <https://doi.org/10.1186/1471-2458-14-1136>
- Bacchus L, Mezey G, Bewley S. Domestic violence: prevalence in pregnant women and

- associations with physical and psychological health. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2004 Mar 15;113(1):6-11. [https://doi.org/10.1016/S0301-2115\(03\)00326-9](https://doi.org/10.1016/S0301-2115(03)00326-9)
4. Audi CA, Segall-Corrêa AM, Santiago SM, Andrade MD, Pérez-Escamila R. Violência doméstica na gravidez: prevalência e fatores associados. *Revista de saúde pública*. 2008 Jul 31;42:877-85. <https://doi.org/10.1590/S0034-89102008005000041>
 5. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women. World Health Organization; 2005.
 6. Pico-Alfonso MA. Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abused women. *Neuroscience & Biobehavioral Reviews*. 2005 Feb 1;29(1):181-93. <https://doi.org/10.1016/j.neubiorev.2004.08.010>
 7. Ali AA, Okud A, Mohammed AA, Abdelhadi MA. Prevalence of and factors affecting female genital mutilation among schoolgirls in Eastern Sudan. *Int J Gynaecol Obstet*. 2013 Mar 1;120(3):288-9. <http://dx.doi.org/10.1016/j.ijgo.2012.10.013>.
 8. Hammoury N, Khawaja M, Mahfoud Z, Afifi RA, Madi H. Domestic violence against women during pregnancy: the case of Palestinian refugees attending an antenatal clinic in Lebanon. *Journal of Women's Health*. 2009 Mar 1;18(3):337-45. <https://doi.org/10.1089/jwh.2007.0740>.
 9. Semahegn A, Belachew T, Abdulahi M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda, Awi zone, Amhara regional state, North Western Ethiopia. *Reproductive health*. 2013 Dec;10:1-9. doi:10.1186/1742-4755-10-63
 10. Makayoto LA, Omolo J, Kamweya AM, Harder VS, Mutai J. Prevalence, and associated factors of intimate partner violence among pregnant women attending Kisumu District Hospital, Kenya. *Maternal and child health journal*. 2013 Apr;17:441-7. <https://doi.org/10.1007/s10995-012-1015-x>
 11. Mhelembe T, Ramroop S, Habyarimana F. Prevalence of risk factors associated with intimate partner violence in women of reproductive age from South Africa and Uganda. *The Open Public Health Journal*. 2022 Apr 27;15(1).DOI: 10.2174/18749445-v15-e2202091
 12. Awusi V, Okeleke V, Ayanwu B. Prevalence of domestic violence during pregnancy in Oleh, a suburban Isoko community, Delta state, Nigeria. *Benin Journal of Postgraduate Medicine*. 2009;11(1)
 13. Arslantaş H, Adana F, Ergin F, Gey N, Biçer N, Kıransal N. Domestic violence during pregnancy in an eastern city of Turkey: a field study. *Journal of interpersonal violence*. 2012 May;27(7):1293-313. <https://doi.org/10.1177/0886260511425248>.
 14. Cripe SM, Sanchez SE, Perales MT, Lam N, Garcia P, Williams MA. Association of intimate partner physical and sexual violence with unintended pregnancy among pregnant women in Peru. *International Journal of Gynecology & Obstetrics*. 2008 Feb 1;100(2):104-8. <https://doi.org/10.1016/j.ijgo.2007.08.003>
 15. Vahdani FG, Ghaemi M, Panahi Z, Eshraghi N, Piri M, Akbari R. The Association Between Intimate Partner Violence During Pregnancy and Maternal and Neonatal Outcomes: A Cross-Sectional Study. *Fertility, Gynecology and Andrology*. 2023;3(1). DOI: <https://doi.org/10.5812/fga-137800>