

*Full Length Research Paper*

# An assessment of the degree of domestic violence against pregnant women at Nsanje District Hospital in the Southern Region of Malawi

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Domestic violence against pregnant women exists in Malawi but its magnitude was unknown due to scanty published data on the subject. The aim of the study was to determine the magnitude of Domestic Violence against pregnant women attending antenatal clinic at Nsanje District Hospital in the Southern Region of Malawi. The study design was descriptive quantitative using a random sample of 292 pregnant women. A structured questionnaire was administered to each pregnant woman that consented to participate in the study. The findings indicate that the majority (59%) of women was psychologically, physically and sexually abused during pregnancy. There was a significant association ( $P<0.05$ ) between domestic violence and witnessing abuse as a child in the home. In addition, domestic violence also showed significant association ( $P<0.05$ ) with a woman being pregnant. However there was no significant association ( $P>0.05$ ) between domestic violence and other demographic variables of age, low education level and low income. Community awareness creation on domestic violence, strengthening of the victim support unit and training of health workers to screen and counsel victims of domestic violence during antenatal care education is recommended.

**Keywords:** Domestic violence, pregnancy, physical abuse, psychological abuse, sexual abuse.

## INTRODUCTION

Domestic violence (DV) against pregnant women has generally been a neglected area of research in Malawi,

### List of Abbreviation

COMREC, College of Medicine Research and Ethics Committee; DHS, Demographic Health Survey; DV, Domestic violence; GBV, Gender based violence; MDHS, Malawi Demographic and Health Survey; MK, Malawi Kwacha, (local currency); NSO, National Statistical Office; SD, Standard deviation; SPSS, Statistical package for Social Scientists; UN, United Nations, UNIFEM, United Nations Development Fund for Women; VSU, Victim support unit; WHO, World Health Organization; WLSA, Women and Law in Southern Africa.

yet evidence suggests that violence against women covers all stages of the woman's life. According to NSO, (2011), 28% of all women and 5% of pregnant women are abused annually in Malawi. DV is recognized as a major public health concern (Donohoe, 2003) and a violation of human rights that is faced by all societies around the world, with one woman in four being abused during pregnancy worldwide (Kidman, 2010; Loan, 2006; UNIFEM, 2010). About 13% of women experience DV during pregnancy in developing countries (UNIFEM, 2008). Furthermore, DV during pregnancy is a risk factor for low birth weight, ante partum hospitalization, induced and spontaneous abortion, and other injuries (Kaye, 2005; 2006).

The United Nations' declarations and conferences during the years 1993, 1994, 1999 and 2000 increased

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the efforts by countries to examine the causes, effects and strategies to prevent domestic violence UN, (1993). The 2005 World Summit outcome reaffirmed the 2000 resolution “to combat all forms of violence against women” (UNIFEM, 2008) and expanded it to include violence against women during and after conflict. Screening programmes (Sricumsuk, 2006) offer opportunities for women to disclose abuse and receive further interventions. In Malawi, efforts are underway to understand and address issues of DV. The government prompted by the UN declarations enacted the Prevention of DV Law Act No.5 of 2006 (WLSA Malawi, 2009) as a commitment to ending gender based violence and discrimination against women. In addition, the Malawi government conducted Demographic Health Surveys [DHS] in 2004 and 2010 that included the collection of data on DV (NSO, 2011). Moreover, the government created institutions for victims to report acts of violence. The units are known as Victim Support Units (VSU) and are based at Police stations. Most (70%) of the gender-based violence (GBV) cases that are reported in Malawi are DV related (WLSA et al., 2006).

Literature from studies in other countries suggests that a great number of women are at risk of DV during pregnancy. However, in Malawi studies on DV during pregnancy are lacking. The 2004 and 2010 MDHS included both pregnant and non-pregnant women which could not give a clear picture of DV among pregnant women. The aim of this study was therefore, to determine the magnitude of DV against pregnant women in Nsanje district of Malawi.

## METHODS

### Design

The study design was descriptive and utilized quantitative research methods. Data was collected through the administration of a structured questionnaire which had both close and open-ended questions.

### Setting

The study was conducted at Nsanje District Hospital's antenatal clinic which is a district health facility situated in the southern region of Malawi. Data was collected between July and August 2011. The district has a population of 238,089 with 48% being males and 52 % females. There were 54,761 women of child bearing age (NSO, 2011). The district was chosen because it is one of the rural districts with high recorded cases of violence against women. According to Nsanje Police VSU unpubli-

shed data, 819 cases were recorded between 2007 and June 2010; with 52.5% of the cases being DV related.

### Sample

The study recruited 292 pregnant women that were randomly selected during their antenatal clinic at Nsanje District Hospital. The sample size was determined using

the formula:  $n = \frac{Z^2 P(1-P)}{e^2}$  (Naing et al., 2006); Where  $n$

is the sample size,  $Z$  is the value of a normally distributed variable which for a 95% confidence interval takes the value of 1.96.  $P$  is the proportion of pregnant women that experience domestic violence out of the total population of pregnant women in the district. In this study  $P$  is 5 % according to NSO (2011), and  $e$  is an allowable error, which for this study was set at 2.5%.

### Inclusion and exclusion criteria

Pregnant women who were; in their third trimester, above 15 years old, able to communicate in either vernacular language or English and consented to participate in the study were recruited. The study excluded women who were not in their third trimester of pregnancy, below 15 years old, did not consent to participate in the study, and could neither communicate in vernacular language nor English. The third trimester was decided upon based on the fact that if a woman was to be exposed to DV, it may have occurred by the third trimester.

### Data collection

#### Recruitment

The research team arrived at the antenatal clinic an hour or two before the clinic started. During routine health talks, potential participants were identified through reviewing their health passbooks. Consent was sought and information about the study was given to each potential participant. For the participants that consented, an individual orientation was given and the participants were directed to private rooms where interviews were conducted. During the interviews, a structured questionnaire was administered. The respondents who were literate filled in the questionnaire by themselves through ticking and writing the responses in the spaces provided. For those who could not read and write; a structured questionnaire translated in vernacular language was used and the researchers filled the questi-

**Table 1.** Relationship between demographic variables and domestic violence

Demographic Variable	Results	
	Chi-square value	P- Value (Significance)
Participant age	2.492	0.778 (>0.05)
Women's low education level	1.948	0.583 (>0.05)
Partner education level	1.730	0.785 (>0.05)
Women's monthly income	7.509	0.057 (>0.05)
Experiencing abuse before pregnancy	17.494	0.000 (<0.05)
Being pregnant	2.920	0.000 (<0.05)
Witnessing abuse during childhood at home	27.571	0.000 (<0.05)

onnairees on their behalf. To ensure validity, an already developed tool by Sricumsuk, (2006) in Thailand was adapted with modification to suit the study objectives after permission was granted. On average six clients were recruited per day and it took about 25 minutes to complete filling the questionnaire by both the researcher and the participant.

### Data analysis

Data was analyzed using SPSS software version 16. Descriptive statistics were computed for the demographic data and type of violence. Tests for significant differences for the categorical variables (presence or absence) of DV were conducted using Chi-square tests at 5% level of significance.

### Ethical considerations

Ethical approval was obtained from the College of Medicine Research and Ethics Committee (COMREC) through Kamuzu College of Nursing ethical review committee. Permission was also sought from Nsanje District Health Office to conduct the study at the facility. Informed consent was sought from each participant before administering a questionnaire. Other ethical issues such as maintaining confidentiality and avoiding harm were strictly observed.

### RESULTS

Overall, 58.6% of the women were abused by their marriage partners during the current pregnancy. The highest percentage of the abused women (60.7%) comprised women whose relationship with the current marriage partner was less than 60 months. The women who were abused during pregnancy experienced psychological (28.1%) physical (13.6%) and sexual (28.9%)

violence as well as threats (8.9%).

The participants' ages ranged from 15 to 45 years with a mean age of 25.5 years (SD= 6.6, 95% CI; 24.7 -26.3). The majority (57.2%) of the women were aged between 15 and 25 years old. Most of the women (98.3%) were married. Regarding education level, over half (58.9%) and 56.8% of the women and their partners attended school only up to primary school level respectively. Most of the women, (98.6%) were unemployed, and 63.4% had a monthly income of less than MK1, 000.00 (\$3.6). Regarding witnessing abuse as a child, 62.3% of the women witnessed abuse while they were children in their homes and this could make them tolerate abuse by their partner as a norm in society. The sample was predominantly (87.7%) Sena by tribe and the majority (97.6%) were Christians. Two of the women (0.7%) reported drinking alcohol on rare occasions but none reported using illicit drugs.

The association between demographic variables and domestic violence is shown in Table 1.

### DISCUSSION

The magnitude of domestic violence in this study was very high with over half of the participants experiencing abuse in the form of physical, psychological, threat and sexual violence. These results show that the national figures as presented by the National Statistical Office underestimate the magnitude of DV. The results are attributed to the fact that the NSO reports on physical violence only, thus ignoring the major forms of DV which are psychological and sexual abuse. According to NSO (2011), the overall percentage of women who have ever experienced physical violence during pregnancy has remained about the same (5%) over the past six years. The percentage of women who have ever experienced physical violence since attaining 15 years of age in Nsanje was about 32% and 19% experienced physical violence in the past 12 months preceding the 2010 MDH survey (NSO, 2011). Thus the magnitude of DV against

pregnant women in the district is higher than reported and requires interventions. Pregnancy, because of the hormonal and psychological changes which occur, may trigger violent assaults resulting from minor events such as refusal to have sex or inadequate home care. One of the reasons for the high magnitude is that DV is culturally viewed as inevitable and a private matter even among legitimately married couples. Many women therefore suffer in silence because reporting DV would be viewed as revealing family secrets which brings shame and embarrassment to the family. There is a need for creation of awareness within the communities on the dangers of DV especially on pregnant women. In general, the society in the country does not approve that a woman report their husbands to police and get punished over marital misunderstandings. The society views such an act as burning the finger that feeds the woman. The awareness should therefore be created among the pregnant women during antenatal care education. In addition, there is a need to strengthen the victim support unit in the district to ensure that victims are properly supported and the culprits are accorded proper counseling and punishment that deters future would be offenders.

The results further show that pregnant women in all the age categories were abused. These results are contrary to those reported by NSO, (2011) that women abuse during pregnancy was more prevalent among women aged between 15 and 19 years. The contradiction may be attributed to lack of reporting among old couples in the MDHS data compared to young abused pregnant women. The results further show that women were abused during pregnancy despite their education levels. These results agree with those reported by Lamichhane et al., (2011). However, studies by Khosla et al., (2005) and Audi et al., (2008) found a high incidence of domestic violence during pregnancy among the low-educated women. In this study the majority of the women did not go beyond primary school therefore the comparative group was a minority that could not have had any significant influence on the results regarding the relationship between level of education and DV. In addition, the educational attainment of partner was not a risk for DV.

The women's monthly salaries in this study were low. These results may explain the reasons that the women were abused during pregnancy. WHO (2009) reported that economic dependency on husbands was another risk factor for abuse during pregnancy. The lack of association between income and DV in this study may also be attributed to the fact that the comparative group was very small as the majority of the women had very low income.

The results that women that witnessed abuse in the home during childhood were also abused show that women

that experienced abuse think that it is normal to be abused by a husband. These results agree with those that were reported by Audi, et al., (2008) and Vung and Krantz, (2009). Pregnant women need to be treated with dignity within the home because DV during pregnancy is a risk factor for low birth weight, ante partum hospitalization, induced and spontaneous abortion, and other injuries (Kaye et al., 2005; 2006). Therefore DV puts both the mother and neonate at a risk for morbidity and mortality. Early detection of DV during pregnancy is therefore critical for good maternal and neonatal outcomes. Therefore in-service training is recommended for health providers to screen for DV on all antenatal mothers, so that the victims are given appropriate counseling.

### **Limitations**

It is possible that during data collection some women that might have been abused did not speak out because DV is a sensitive issue that is perceived to be a private internal matter between a husband and wife. Some women may not have disclosed their experiences of abuse to avoid shame and embarrassment.

### **CONCLUSION**

The magnitude of domestic violence during pregnancy is high, thus putting half of the pregnant mothers at risk of adverse maternal and neonatal outcomes in the district. The Majority of women who are victims of DV during pregnancy in Nsanje district require immediate attention from government, non-governmental organizations, and communities to prevent and reduce risks of violence during pregnancy. Community awareness on DV and training of health workers to screen for DV during antenatal care should be considered in the district. In addition, the victim support unit within the police service should be strengthened to support the victims and appropriately punish the "offenders".

### **Competing interests**

The authors declare that they have no competing interests.

### **Authors' contributions**

RC conceptualized the study, collected data, analyzed it and drafted the manuscripts. AC, AM and JOO were

supervisors of RC during the study. They mentored RC and advised him throughout the study at every stage. AM edited the manuscripts and all authors proof read and approved the manuscript. AM finally submitted the manuscripts to the journal as corresponding author.

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