

DOMESTIC VIOLENCE AND ITS ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC IN FEDERAL TEACHING HOSPITAL, IDO EKITI

Emmanuel S. Ogunyemi

Okunland College of Nursing Sciences, Isanlu, Kogi State

Abstract: This research work was conducted to assess domestic violence and its associated factors among pregnant women attending antenatal clinic in federal teaching hospital, Ido Ekiti. Descriptive research design was used, simple random sampling techniques was used to recruit 178 respondents. Questionnaire with the reliability index of 0.854 was used as instrument of data collection. Data was analyzed using Statistical Package for Social Science version 22.2. Descriptive statistic was used to answer the research questions while inferential statistic was used to test the hypothesis in table 2.8 and 4.9 at significant level of 0.05.

The findings of the study shows that 65% of the respondents agreed on the given definition of domestic violence as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women. 60.1% believe that domestic violence is a common practice against pregnant women while 55.6% confessed to have been physically or psychologically experienced it and (82%) were aware that domestic violence has effect on women and the fetus wellbeing. 70.8% of the respondent believe that husband intake of alcohol contribute to domestic violence. There was no significance relationship between educational status of pregnant women and domestic violence experience during pregnancy with ($\chi^2 = 10, 1.833$) at $P < 0.05$. Also, there is no significance relationship between knowledge of pregnancy women and factors associated with domestic violence during pregnancy with ($\chi^2 = 11, P= 0.11$) at $P < 0.05$. The respondents have adequate knowledge on domestic violence and their experience with domestic violence is very high. It will be of important to partner with Non governmental Agency in charge of human right abuse to create a sensitization campaign to enlighten the men and society at large on the right of women and preventions of domestic violence against pregnant women in our society.

Key words: Associate factor, Domestic violence, pregnant.

INTRODUCTION

Background to the Study

Domestic violence (DV) during pregnancy is not simply a severe public health issue that jeopardizes maternal and foetal health, but also a violation of human rights (Finnbogadottir, & Wann-Hansson, 2017) and It has been reported that more than 90 % of the abused pregnant women are abused by the biological father of the child the woman was carrying (World Health Organization 2019).

Violence against women is a concerning and global public health issue with a worldwide prevalence rate of 35% (WHO, 2019). According to the World Health Organization (2020), Domestic violence is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Despite the Universal Declaration of the Human Rights, as all people begin to be recognized regardless of age, sex, race, color, language, religion, or any other factors, women have continued to suffer from domestic violence and discrimination in their homes and/or society (García-Moreno ,2020). In the United States, 152,000 to 324,000 pregnant women report physical and psychological violence annually (Howard, Oram, Galley, Trevillion & Feder 2017). Studies from India show that 26.9% of

pregnant women are physically abused, 29% are psychologically abused, and 6.2% are sexually abused; 47% are abused by their husbands, and 31% by other family members (Moazen, Salehi, Soroush, Molavi Vardanjani & Zarrinhighi, 2019). In Nigeria, according to the national demographic and health survey of 2014, the prevalence of domestic violence among pregnant women varied from region to region with the highest in the south-south (Moazen et al, 2019).

Domestic violence during pregnancy is the physical, sexual, or psychological violence, inflicted on a pregnant woman by a current or former male intimate partner (Taillieu & Brownridge, 2015). Domestic violence during pregnancy is a serious problem usually hidden and undetected (Moazen et al, 2019). Violence during pregnancy with direct and indirect mechanisms affects the health of the mother and fetus. It leads to adverse pregnancy consequences, including increased risk of premature delivery, low-birth-weight, abortion, stillbirth, premature placental abruption, prenatal bleeding, low Apgar score, low birth weight (LBW) during pregnancy, high blood pressure, and depression during pregnancy and after childbirth (Moazen et al., 2019) . Pregnancy can affect the prevalence of domestic violence during this period for various reasons such as decreased sexual relations, misconceptions, and unnatural feelings about pregnancy (Howard et al., 2017).

When a current or former partner commits physical, sexual, or psychological abuse, it is identified as intimate partner violence (IPV) by the World Health Organisation (WHO). Intimate partner violence (IPV) is the most pervasive form of violence against women. IPV occurs worldwide, transcends all contexts and socio-economic, religious, and cultural groups (WHO, 2019). It encompasses physical, sexual, and emotional violence and controlling behaviours. Although men may be abused, women experience more violence, usually from their male partner or husband (Shrestha, 2016). From a multi-country study on women's health and domestic violence, physical violence was the most prevalent, from 13% in Japan to 61% in Peru province (WHO, 2019). Violence has a negative impact on the physical, mental, and reproductive health of abused women. Violence is most critical when it occurs among pregnant women (Shrestha et al., 2016).

More worrying, the prevalence of domestic violence during pregnancy is high in Sub-Saharan Africa, with 15%, 33%, 39.8% and 61.8%, in South Africa, Nigeria, Ethiopia and The Gambia, respectively (Musa, et al, 2020). A pooled prevalence from demographic and health surveys from 2000 to 2018 in 29 Sub-Saharan countries found 41.3% (WHO, 2018)

Despite this substantial health burden, previous studies focused on the prevalence and determinants of domestic violence against women; so little is known about the factors put pregnant women at increased risk of domestic violence during their pregnancy in Nigeria as well in the study area. Hence, this study aimed to assess domestic violence and its associated factors among pregnant women with a view of providing solution to avert future negative impact of this domestic violence on pregnant women.

Methodology

This study utilized descriptive research design. The targets Population for this study are pregnant women attending antenatal clinic in federal teaching hospital, Ido Ekiti. The average numbers of pregnant woman attending the facility are Two hundred and seventy two (272).

Slovin Formula was used to calculate the sampling size. A simple random sampling technique was used in selecting the sample for the study in Federal teaching Hospital Ido, Ekiti- State.

Semi structured questionnaire developed by the researcher was used in eliciting responses from the respondents. Content and face validity of research instruments was done. The questionnaire was constructed based on information from reviewed literatures, empirical findings, theoretical findings, questions covering all the objectives of the study. The reliability of the instrument was established by using a test-retest method. The Cronbach's Alpha test was 0.854 which establish consistency of the items in the instruments.

Data was analyzed using the statistical package for the social sciences (SPSS) version 27.

Descriptive statistics like frequencies and percentages mean. Inferential statistics will be used to determine the relationship between variables of interest and it's significant was tested using Pearson's chi-square and P¹ value set at P=0.05. Pearson's chi square was used to determine whether there is a statistically significant difference between the expected frequencies and the observed frequencies.

Ethical approval was obtained from the research committee in Federal Teaching Hospital Ido, Ekiti State with a covering letter. The anonymity and confidentiality of every piece of information collected will be guarantee. Permission letter was collected from the researcher's school authority, and also obtained from the ethical committee. Anonymity and confidentiality will be maintained, Consent was obtained before administration of the questionnaires. Confidentiality and anonymity was guarded. The information was collected through a questionnaire which does not require disclosure of the participants' name. The study does not pose harm or injury to respondents, since it does not require invasive procedures. Their time for participation was only be needed.

Participants are free to withdraw at any time. They were not be coerced and they are free to withdraw their consent at any time. All information collected in this study was given code numbers and no name was recorded. This cannot be linked to them in anyway and their name or any identifier was not be used in any publication or reports from this research. Participation in this study is entirely voluntary as their choice not to participate does not affect care rendered to them in this Hospital.

RESULTS

Table 4.1: Demographic Data

Variables n= 178	Frequency	Percentage (%)
Age		
<20years	29	16.3
20-30	86	48.6
31-40	59	33.2
40&above	14	7.9
Marital status		
Single	2	1.1
Married	174	97.7
Divorced	2	1.2
Religion		
Christianity	102	57.3
Islamic	74	41.6
Others	2	1.1
Educational status		
No formal education	8	4.5
Primary leaving certificate	20	11.2
O'levelcertificate	55	30.9
NCE/OND	46	25.8
HND/ BSc	29	16.3
Others	20	11.2
Occupation		
Farmer	21	11.8
Trader	70	39.3
Civil servant	58	32.6
Others	29	16.3

The table above shows demographic information of 178 respondents of which under 20 years old had 29(16.3%) followed by category of people whose age interval were between 20-30years with percentage of 86(48.3%). Respondents between age 31-40years and 40 and above had 59(33%) and

14(7.9%) respectively. Also from the table, 102(57.3%) of the respondents were Christians 74(41.6%) were Muslims while others had 2(1.1%) of the population. 8(4.5%) had no formal education, 20(11.2%) possessed leaving school certificate, 55(30.9%) had O Level certificate, the highest percentage of them had NCE/OND, 29(16.3%) obtained HND/ BSc while those with additional certificate were 20(11.2%). As regards their occupations, majority 70(39.3%) of them were traders, 58(32.6%) were civil servants, those whose occupation were not stated in the table were 27(16.3%) and 21(11.8%) of them were farmers.

Table 4.2: Knowledge of pregnant women attending antenatal on domestic violence

Options	Yes (%)	No (%)
Domestic violence is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women	117(65.7)	61(34.3)
Domestic violence against pregnant women is a common practice in community?	107(60.1)	71(39.9)
Have you being physically or psychologically abused by your spouse before?	99(55.6)	79(44.5)
A high proportion of pregnant women experienced domestic violence during their pregnancy.	94(52.8)	84(47.2)
Does domestic violence affect the health of the woman and the fetus?	146(82)	32(18)
Domestic violence during pregnancy can caused high blood pressure	83(46.6)	95(53.4)
Does domestic violence on pregnant woman commonly occur in your community?	103(57.9)	75(42.1)
Domestic violence during pregnancy can caused low-birth-weight, abortion and stillbirth	127(71.3)	51(28.7)
Does domestic violence has a negative impact on the physical, mental, and reproductive health of abused women?	98(55.1)	80(44.9)
Have your spouse abuse or beat (fight) you during pregnancies before?	95(53.4)	83(46.6)
Domestic violence during pregnancy can caused depression during pregnancy and after childbirth	76(42.7)	104(58.4)
Pregnancy makes women more emotionally vulnerable to domestic violence?	96(53.9)	84(47.1)
Overall knowledge is high with 158(88.7%)		

The table above shows the Knowledge of pregnant women attending antenatal on domestic violence 117(65%) of the respondents agreed on the given definition of domestic violence as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women. The subject was identified by 107(60.1%) to be a common practice against pregnant women while 99(55.6%) confessed to had been physically or psychologically experienced it.. of those that had the experience, 94(52.8%) had it during pregnancy while the majority of them (82%) were aware to have effect on women and the fetus 146(57.9%), 127(71.3%), 95(55.1%) and 96(53.9%) attested to the fact it happened in their community caused low -birth weight and abortion, have impact of on physical mental and reproductive health of the victims and pregnancy makes women more predisposed to it respectively. However, 96(53.4%) and 116 (58.4%) disagreed on the fact that Domestic violence during pregnancy can caused depression during pregnancy and after childbirth and post traumatic stress disorder and suicide thinking usually occurs during pregnancy respectively.

Table 4.3: Overall knowledge of pregnant women attending antenatal on domestic violence

Knowledge of pregnant women	Frequency	Percentage (%)
High	158	88.76
Low	20	11.23

Above table represent the level of respondents' knowledge. It is evidenced that the 158(88.7%) majority had high knowledge while only 20(11.3%) forming the minority had low knowledge.

Table 4.4: Experience of pregnant women on domestic violence

Options	Yes (%)	No (%)
Do you experience domestic violence during pregnancy before?	92(51.7)	86(48.3)
Do you experience domestic violence often in the first trimester?	76(42.7)	102(57.3)
Have you experience negative consequences of domestic violence during pregnancy such as depression and anxiety	75(42.1)	103(57.9)
Do you have network of support that often goes beyond the basic health-care services during domestic violence.	81(45.4)	99(55.6)
When your spouse drink alcohol, domestic violence often occur	126(70.8)	52(29.2)
Education given during antenatal care reduces the incidence of domestic violence	84(47.1)	96((53.9)
Domestic violence on pregnant women usually causes delayed visits for pregnancy care and maternal malnutrition	77(43.3)	101(56.7)
Adequate plan by the spouse before pregnancy in term of child spacing will reduce incidence of domestic violence against pregnant women.	101(56.7)	77(43.3)
Do you experience less domestic violence by your spouse after given birth	102(57.3)	76(42.7)
When a domestic violence occurs during pregnancy, posttraumatic stress disorder and suicide thinking usually occurs.	82(46.1)	97(53.9)
Does abuse patterns remained consistent <i>during</i> pregnancy	111(62.4)	67(37.6)
Overall experience is high with 167.3 (96%)		

Table above illustrates pregnant women experience on domestic violence, among the statements agreed by the respondents are the involvements in domestic violence before pregnancy and husband intake of alcohol prior to the acts as stated by the respective response of 92(51.7%) and 126(70.8%) moreover, 92(51.7%) and 93(54.5%) also accepted that Stealing things from partner is a form of domestic violence among pregnant women and Male used isolation Privilege to harass the pregnant women as indicated by the respective 92(51.7%) and 93(54.5%) of the respondents.

Table 4.5: Overall experience of pregnant women on domestic violence

Experience of pregnant women on domestic violence	Frequency	Percentage (%)
High	167.3	96%
Low	10.7	4%

Above table represent the level of respondents' experience. It is evidenced that the 167.3(96%) majority had high experience while only 10.7(4%) forming the minority had low experience.

Table 4.6: Types of domestic violence among pregnant women

Options	Yes (%)	No (%)
Control (maintain dominance over the victim) is a form of domestic violence among pregnant women	81(45.5)	97(54.5)
Physical Abuse such as slap, blow is a common type of domestic violence among pregnant women	102(57.3)	76(42.7)
Vandalizing partner's property such as car, TV set, handset is common among abuse pregnant women	77(43.3)	101(56.7)
Emotional Abuse & Intimidation is a form of domestic violence among pregnant women	92(51.7)	86(48.3)

Sexual Abuse such as rape is common among pregnant women	97(53.9)	81(46.1)
Filing for custody of children regardless of their needs	82(46.1)	96(53.9)
Economic Abuse by delimiting assess to found is a form of domestic violence among pregnant women	99(55.6)	79(44.4)
Not respecting visitation limitations is a form of domestic violence among pregnant women	86(48.3)	92(51.7)
Harassing telephone calls or notes is a form of domestic violence among pregnant women than can endanger the lives of the pregnant women	122(68.5)	56(31.5)
Destroying property to scare or intimidate partner is common among pregnant women	79(44.4)	99(55.6)
Violation of restraining orders is a form of domestic violence among pregnant women	76(42.7)	102(57.3)
Filing numerous pleadings in court cases by intimidating the pregnant women	82(46.1)	96(53.9)
Stealing things from partner is a form of domestic violence among pregnant women	92(51.7)	86(48.3)
Breaking into partner's house or car to steal	80(44.9)	98(55.1)
Isolation and using Male Privilege to harass the pregnant women.	97(54.5)	81(45.5)

Table above shows types of domestic violence among pregnant women as agreed by the respondents. Harassing telephone calls or notes was the most recognized form of domestic violence as good percentage 122(68.5%) of people chose it. Physical Abuse with 102(57.3%), Economic Abuse with 99(55.6%) and Isolation and using Male Privilege with 97(54.5%) acceptance were averagely recognized by the respondents as types of domestic violence. Stealing things from partner and Emotional Abuse & Intimidation with 92(51.7%) recognition were least chosen as types domestic violence. Other types of domestic violence stated in the table were either rejected or not being recognized as domestic violence.

Table 4.7: Factors associated with domestic violence among pregnant women.

Options	Yes (%)	No (%)
Poor income status by the spouse is a factors associated with domestic violence during pregnancy	121(68)	57(32)
Domestic violence during pregnancy is frequent among partners of socioeconomically disadvantaged classes	110(62)	68(38)
Pregnant women are not immune to domestic violence in my culture	96(53.9)	82(46.1)
Excessive use of alcohol by the partners' is a factors associated with domestic violence during pregnancy	122(68.5)	56(31.5)
Psychological violence was the most prevalent during pregnancy	97(53.9)	81(46.1)
unwanted pregnancy is a factors associated with domestic violence during pregnancy	110(61.8)	68(38.2)
Decreased sexual relations can affect the prevalence of domestic violence during pregnancy	99(55.6)	79(44.4)
Disobeying of the women to their partner is a factors associated with domestic violence during pregnancy	98(55.1)	80(44.9)
Misconceptions can affect the prevalence of domestic violence during pregnancy	78(43.8)	100(56.2)
Domestic violence against pregnant women is more when the male spouse is less educated?	90(50.6)	88(49.4)
Being a full housewife is a factors associated with domestic violence during pregnancy	90(50.6)	88(49.4)
Unnatural feelings about pregnancy relations can affect the prevalence of domestic violence during pregnancy	78(43.8)	100(56.2)

The table above shows factors associated with domestic violence among pregnant women. Majority 121(68%) & 122(68.5%) said that Poor income status and Excessive use of alcohol were major factors contributing to domestic violence, socioeconomically disadvantaged and unwanted pregnancy were chosen by respective 110(62%) and 110(61.8%) respondents. Decreased sexual relations and women disobedience to their partner were also factors causing domestic violence as identified by 99(55.6%) and 98(55.1%) of the sample size. Nonetheless, other factors stated in the table were jettisoned by the respondents as factors that can contribute to domestic violence.

ANSWERING OF RESEARCH QUESTIONS

Knowledge of pregnant women attending antenatal on domestic violence

The overall knowledge of pregnant women attending antenatal on domestic violence is 158(88.7%)

Experience of pregnant women on domestic violence

The overall experience of pregnant women attending antenatal on domestic violence is 167.3(96%)

Types of domestic violence among pregnant women

Types of domestic violence among pregnant women as agreed by the respondents as Harassing telephone calls or notes was the most recognized form of domestic violence as good percentage 122(68.5%) of people chose it. Physical Abuse with 102(57.3%), Economic Abuse with 99(55.6%) and Isolation and using Male Privilege with 97(54.5%)

Factors associated with domestic violence among pregnant women.

Majority 121(68%) & 122(68.5%) said that Poor income status and excessive use of alcohol were major factors contributing to domestic violence, socioeconomically disadvantaged and unwanted pregnancy were chosen by respective 110(62%) and 110(61.8%) respondents.

TESTING OF HYPOTHESIS

Table 4.8. Hypothesis 1: There is no significance relationship between knowledge of pregnancy women and factors associated with domestic violence during pregnancy.

Variables	Knowledge of pregnant women		X ²	Df	P- value	Remark
Factor associated	High	Low	11	10	0.11	Accepted
High	0(%)	0(0%)				
Low	90(50.6%)	88(49.4%)				
Total	90(50.6%)	88(49.4%)				

The table above shows a relationship between knowledge of pregnant women attending antenatal on domestic violence and factors associated with domestic violence among pregnant women. It disclosed that there is no significant relationship between the two variables as (p= 0.11) is greater than 0.05, therefore the null hypothesis is accepted as the cross- tabulation also revealed low knowledge and among the respondents.

Table 4.9. Hypothesis 2: There is no significance relationship between educational status of pregnant women attending Federal Teaching Hospital Ido Ekiti and Domestic violence experience during pregnancy.

Variables	Experience of pregnant women attending antenatal		X ²	Df	P- Value	Remarks
Educational status	High	Low	10	9	1.833	Accepted
		118 (66.3%)				
Total	118 (66.3%)	60 (33.7% %)				

The table above shows a relationship between educational status and Experience of pregnant women. The disclosed that there is no significant relationship between the two variables as ($p= 1.833$) is greater than 0.05, the null hypothesis is accepted as the cross- tabulation also revealed low knowledge among the respondents.

DISCUSSION

Table 4.1 show that majority of the respondent were age range of 20-30years 48.3%, majority were Christian 57.3% and majority were married 97.7%. On their education status, majority had O'level certificate 30.9%. This is in line with Gyuse et al, 2019, that state that violence against pregnant women especially in developing countries was directly related to low socio economic and low education status of the women and their intimate partner, more effective social policies were need for this vulnerable population

Table 4.2 show that 117(65%) of the respondents agreed on the given definition of domestic violence as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women. This is in line with definition of domestic violence by WHO, 2020 as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

The subject was identified by 107(60.1%) to be a common practice against pregnant women while 99(55.6%) confessed to had been physically or psychologically experienced it of those that had the experience, 94(52.8%) had it during pregnancy while the majority of them (82%) were aware to have effect on women and the fetus 142(57.9%) , 127(71.3%) , 99(55.1%) and 53.9% attested to the fact it happened in their community. This agree with WHO (2018) report that the prevalence of domestic violence during pregnancy is high in Sub-Saharan Africa, with 15%, 33%, 39.8% and 61.8%, in South Africa, Nigeria, Ethiopia and The Gambia, respectively (Musa, et al, 2020). A pooled prevalence from demographic and health surveys from 2000 to 2018 in 29 Sub-Saharan countries found 41.3%.

However , 53.4%,and 58.4% disagreed on the fact that Domestic violence during pregnancy can caused depression during pregnancy and after childbirth and post traumatic stress disorder and suicide thinking usually occurs during pregnancy respectively. This disagree with a research carried out by Oche et al., (2020) in Sokoto, Northwest Nigeria, that Domestic violence has been associated with psychiatric illnesses, depress anxiety, posttraumatic stress disorder attempted suicide and also important implications for the fetus as low birth weight, miscarriages, a bleeding, prematurity, abruption, or even death of either or both fetus and mother.

The findings from this study shows that majority of the respondents agree on the following, the involvements in domestic violence before pregnancy and husband intake of alcohol prior to the acts as stated by the respective response of 51.7% and 70.8%. Moreover, 51.7% and 54.5% also accepted that stealing things from partner is a form of domestic violence among pregnant women and Male used isolation Privilege to harass the pregnant women as indicated by the respective 51.7% and 54.5% of the respondents. This is in line with a research carryout by Gyuse et al, (2019) who wrote on the prevalence of domestic violence among antenatal women attending ECWA Evangel Hospital, Jos, over a six month period, 340 pregnant women were studied, majority of them were married and were mostly aged between 20-39 years. Domestic violence prevalence was 12.6% (43) in the current pregnancy and 63.2'6 215 previously. In conclusion the study established that in our environment women experience domestic violence during pregnancy and majority of them also have a previous history of abuse. There was a need to routinely screen for domestic violence in pregnant women so as to prevent political adverse pregnancy outcomes and to interrupt exiting abuse.

Table 4.5 show highest proportion of the respondents agreed on the following types of domestic violence as harassing telephone calls or notes was the most recognized form of domestic violence as good percentage (68.5%) of people chose it. Physical Abuse with 57.3% , this is in line with *Ramo & George, (2018) that state that physical abuse is slightly easier to recognize because it is harder to*

disguise, and often more overt than emotional abuse. Physical abuse occurs when behaviors are clearly intended to render the victim powerless and to gain control in the relationship. Research indicated that men overwhelmingly perpetrate this violence and that when women do engage in this level of violence, it is most likely to be self-defense against a violent male partner.

Also, economic Abuse with 55.6% and Isolation and using Male Privilege with 54.5% acceptance were averagely recognized by the respondents as types of domestic violence. Stealing things from partner and Emotional Abuse & Intimidation with 51.7% recognition were least chosen as types domestic violence. This is in line with *Krug, et al, (2022)* that it is clear that for many victims of domestic violence, psychological and emotional abuse is at least as harmful, if not more so as physical abuse while *Ramo & George, (2018)* state that Domestic violence is now commonly defined broadly to include "all acts of physical, sexual, psychological or economic violence" that may be committed by a family member or intimate partner

Table 4.7 show majority (68% & 68.5%) of the respondents believes that Poor income status and Excessive use of alcohol were major factors contributing to domestic violence, socioeconomically disadvantaged and unwanted pregnancy were chosen by respective 62% and 61.8% respondents. This is in line with research carried out by *Oche, et al., (2020)* in Sokoto, Northwest Nigeria that Factors associated with IPV include tribe, place of residence, and partner consuming alcohol.

Decreased sexual relations and women disobedience to their partner were also factors causing domestic violence as identified by 55.6% and 55.1% of the sample size. Nonetheless, other factors stated were jettisoned by the respondents as factors that can contribute to domestic violence. *Finnbogadottir et al., (2017)* stated that women battered during pregnancy were more frequently and severely beaten throughout the course of their relationship compared to women who were not abused during pregnancy. IPV also accounts for a large portion of maternal mortality.

References

1. Wang S, Guo L, Chen L, (2020). A case report of neonatal COVID-19 infection in China. *Clin Infect Dis.* 2020;71(15):853–7. doi:<https://doi.org/10.1093/cid/ciaa225>.
2. Feduniw S, Modzelewski J, Kwiatkowski S, (2020). Prevalence and impact of anxiety on mental health of pregnant women in the time of catastrophic events including COVID-19 pandemic—a rapid systematic review. Preprint. May 2020.
3. Finnbogadottir, H., & Wann-Hansson, C. (2020). Prevalence of domestic violence during pregnancy and related risk factors: a cross-sectional study in southern Sweden. *BMC Womens Health.* 2014;14:63.
4. García-Moreno, C., (2020). WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.
5. García-Moreno, C., Jansen, B., Henrica, A., Ellsberg., H, & Lori, W., (2015). World Health Organization. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: WHO; 2015
6. Howard. L., Oram, S., Galley, H., Trevillion, K., & Feder, G., (2020). Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLoS Med.* 2017;10(5). e1001452. doi: 10.1371/journal.pmed.1001452.
7. Ikeme A., Ezegwu H., Onwasoigwe C., (2020); Domestic violence against pregnant Nigerian
8. Johnson, J., Haider F., & Ellis D., (2017). "The prevalence of domestic violence in pregnant women." *BJOG: An International Journal of Obstetrics & Gynecology* 110.3 (2003): 272-75. Web. 22 Mar 2017.
9. Jain, S., Varshney, K., Vaid, B., Guleria, K., Vaid, K., & Sharma, N., (2020). A hospital-based study of intimate partner violence during pregnancy. *Int J Gynecol Obstet.* 2017;137(1):8–13. <https://doi.org/10.1002/ijgo.12086>.

10. Little. K., (2018). Screening for domestic violence, identifying, assisting and empowering adult
11. Moazen, B., Salehi, A., Soroush, M., Molavi, H., & Zarrinhighi, A., (2019). Domestic violence against women in Shiraz, South-western Iran. *J Inj Violence Res.* 2019;11(2):243-54
12. Musa, A., Chojenta, C, Loxton, D., (2020). High rate of partner violence during pregnancy in eastern Ethiopia: Findings from a facility-based study. López-Goñi JJ, editor. PLOS ONE. 2020;15:e0233907.
13. Oche, M., Habibullah, A., Aisha, A., Munira, S., & Abubakar, S., (2020). Intimate Partner Violence in Pregnancy: Knowledge and Experiences of Pregnant Women and Controlling Behavior of Male Partners in Sokoto, Northwest Nigeria. *Int J Reprod Med* . 2020 Mar 6;2020:7626741. doi: 10.1155/2020/7626741
14. Plichta, S., (2014). Intimate Partner Violence and Physical Health Consequences: Policy and Practice Implications. *J Interpers Violence.* 2014, 19: 1296-1323. 10.1177/0886260504269685.
15. *Ramo H & George H. (2018). "San Diego Domestic Violence Attorney". ramoscriminallawyer.com. George H. Ramos Jr. Archived from the original*
16. *Krug G, Dahlberg, L., Mercy, A., Anthony B., Lozano., R (2022). World report on violence and health. Geneva, Switzerland: World Health Organization. ISBN 9789240681804*
17. Tjaden, P., & Thoennes, N., (2020). Full report of the prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC, National Institute of Justice, Office of Justice Programs, United States of Justice and Centers for Disease Control and Prevention, 2020 (NCJ 183781)
18. Uthman, A., Lawoko S., & Moradi, T., (2019). "Factors associated with attitudes towards intimate partner violence against women: a comparative analysis of 17 sub-Saharan countries," *BMC International Health and Human Rights*, vol. 9, no. 1, article 14, 2019.
19. World Health Organization, (2020); Violence against women. Intimate partner and sexual violence against women. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/> on April, 2023
20. World Health Organization, (2020); *Violence Against Women*. Retrieved from http://www.who.int/violence_injury_prevention/publications/pvl_infographic.pdf.
21. World Health Organization, (2018); Violence against Women and The Health Sector Responds. Retrieved from http://www.who.int/violence_injury_prevention/publications/pvl_infographic.pdf.