

ORIGINAL RESEARCH

The Prevalence of Domestic Violence among Pregnant Women in Derna -Libya

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ABSTRACT:

Domestic violence among women is a significant public health problem, as well as a fundamental violation of women's human rights, crossing cultural, geographic, religious, social and economic boundaries. The aim was to assess the prevalence of domestic violence and associated factors among pregnant women. A cross-sectional survey was conducted from January 2020–April 2021 among pregnant women in Derna, Libya. Data were collected used face-to-face interview of the participant using Arabic questionnaire. A total of 420 pregnant women were participated for this study. The mean age of women was 33.30 ± 9.653 years. Majority of the pregnant women 389 (92.6%) were Libyan. Nearly one-thirds 136 (32.4 %) of women were teacher and 120 (28.6%) were housewife. 238(56.7%) of husbands were smokers, 32 (7.6%) of the husbands were alcohol



users and 12(2.9%) were drug addict. 60 (14.3%) of pregnant women reported that they had ever experienced at least once of domestic violence during their life. In this study, the overall prevalence of domestic violence during current pregnancy was 48 (11.4%). There are at least 11.4 % of the pregnant women in this study were exposure to DV, there is a clear need to address the situation of this exposed group of women in order to take steps to improve maternal and child health.

KEYWORDS: Pregnant Women, Domestic Violence, Derna, Libya.

INTRODUCTION

Domestic violence is defined as an episode or a series of controlling behavior, coercion and threats against people aged 16 and above by either current or past intimate partners and (or) family members despite sexual orientation or gender (UK Home Office, 2013).

Domestic Violence Against Women defines as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (General Assembly Resolution,1993). Violence against women by partner’s is referred to as domestic violence (DV), spousal assault, intimate partner violence (IPV), wife abuse, wife assault, and battered wife syndrome (McFarlane *et al.*, 1996).

Since pregnancy is a period that might demand increased relationship commitment and increase the resources needed, some risk factors are likely to be more important during pregnancy, thereby, causing the violence or aggravating it (Marques, 2012).

Violence in general sense is widely spread in all countries of the world and is a public health problem of serious dimensions and its recognition as a social and political issue has contributed to the progressive identification of its seriousness.

Domestic violence among women is a significant public health problem, as well as a fundamental violation of women’s human rights (WHO, 2013), crossing cultural, geographic, religious, social and economic boundaries (Coomaraswamy,1997). Domestic violence is the most prevalent yet relatively hidden and ignored form of violence against women and girls (Khan, 2000).

MATERIALS AND METHODS

A cross-sectional survey was conducted from January 2020–April 2021 among pregnant women in Derna, Libya. This study was carried out at Al-Wahda teaching hospital in Derna Libya. The population was consisting of pregnant women attending to antenatal care.

Data collection and Processing

Data were collected by researchers used face-to-face interviewing of the participant (women who were currently pregnant) who consented to be part of the study without her partner. A written informed consent was obtained from pregnant women who agreed to participate.

The questionnaire was adapted from earlier studies and modified it (English version). The questionnaire was pre-tested to check the response, language clarity and appropriateness of the questionnaire with 5% of the calculated sample size. Based on the finding from the pre-test, modification on the questionnaire was done, and arrangement of questions was

revised. The questionnaire included variables related to: demographic and socioeconomic characteristics of the pregnant women and their partners, age, income and occupation, nationality, smoking, consumption of alcohol and illicit drugs by the partner.

This questionnaire has twelve items for physical violence and its effect on mother and her fetus. The standardized questionnaire was first prepared in English and then translated to Arabic (Arabic language) and back to English to maintain consistency of the tool.

Sample Size and Sampling Techniques

All pregnant women who visited the Al-Wahda teaching hospital in Derna for ANC service were included in the sample. The required sample size of eligible mothers for the study was calculated using the formula to estimate single population proportion. The following assumptions were made while calculating the sample size.

A 95% probability of obtaining the population proportion of pregnant mothers who experienced partner violence during their pregnancy within 5% margin of error and population proportion of mothers who experienced partner violence during pregnancy was assumed to be 50%.

Therefore, the required sample size was 384. Expecting a 10% non-response rate, the final sample size was calculated to be 420.

RESULTS AND DISCUSSION

This study allowed us to identify the magnitude of the problem of DV and to profile pregnant women who experience it. The percentage of pregnant women who had experienced domestic violence in this study was 11.4%. This means that at least 48 pregnant women in Derna are exposed to DV during pregnancy.

This finding is lower comparable with studies carried out in some Africa countries, Abay Chomen district, Western Ethiopia (44.5%) (Abate *et al*, 2016), Kenya (37%) (Makayoto Lyndah A *et al*, 2013), Abakaliki, Southeast, Nigeria (44.6%) (Onoh *et al*, 2013) and in some developed country Washington (41.6%) (Rasmussen and Yaktine, 2009), but it was higher compared to studies done in china (7.7%) (Wanget *al*, 2017), Namibia (8%) (Bikinesi, 2017), Tanzania (27%) (Mahenge *et al*, 2013), South Africa (20%) (Groves *et al*, 2015) and Hossana, Ethiopia (23%) (Tariku *et al*, 2014). This rate calculated from total pregnant woman who were interview.

Other factors against domestic violence were not found to be associated with nationality, monthly income and occupation. This finding unlike the view that although domestic violence occurs in all socio-economic groups, low income women or those living in poverty are more likely to be affected when compared to women in high-income groups (Hedin *et al* 2000), Stewart *et al* 1993, Paz *et al* 2006).

Women whose partners were cigarette smokers were more likely to report domestic violence (n=38, 16%) than women whose partners did not use cigarettes. There was a statistically significant association between partner's smoking and domestic violence ($X^2=$, 11.173, $P=$ 0.001).

In relation to partner characteristics, smoking, as well as drinking and drug abuser habits was significantly associated to domestic violence. Findings from the present study also support the view that substance abuse, (Martin, *et al* 2001) in particular alcohol abuse, is a major risk factor contributing to domestic violence. (Paz *et al* 2006).

According to the Internal Security Annual Report (SSI. 2013) and the Portuguese Association for Victim Support (APAV. (2015a), the ages of the women who have

identified themselves as having experienced DV in Portugal ranged between 25–54 years, (Devries *et al* 2011).

In a study on Domestic violence during pregnancy, found a higher prevalence in the age group between 15– 35 years of age and that domestic violence decreased slightly after age 35.

However, there were no differences found which confirms the findings in this study that age may not be a factor associated with domestic violence.

The association analysis, age group, occupation, monthly income and nationality were found to be no associated with exposure to domestic violence.

Table 1: Association between Socio-Economic Characteristics of Women and Domestic Violence during Pregnancy.

	Domestic Violence		X ²	P-value
	Yes No (%)	No No (%)		
Age groups				
<25	10(20.8)	78(21.0)	0.631	0.889
26-35	21(43.8)	161(43.3)		
36-45	13(27.1)	89(23.9)		
>46	4(8.3)	44(11.8)		
Occupation				
Housewife	18(37.5)	102(27.4)	4.997	0.416
Doctor	2(4.2)	18(4.8)		
Students	2(4.2)	34(9.1)		
Officer	12(29.2)	124(23.7)		
Teacher	14(25.0)	88(33.3)		
Engineer	0(0.0)	6(1.6)		
Monthly income				
No income (LD)	20(41.7)	137(36.8)	1.317	0.518
>1000	23(47.9)	208(55.9)		
≤1000	5(10.4)	27(7.3)		
Nationality				
Libyan	44(91.7)	345(92.7)	0.072	0.789
Not Libyan	4(8.3)	27(7.3)		

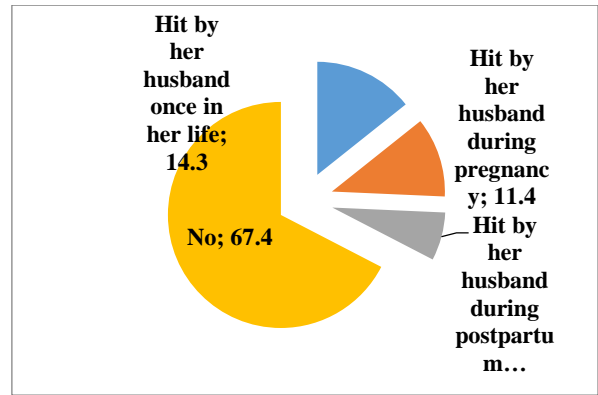


Figure 1: Prevalence of Domestic Violence during Pregnancy and Lifetime.

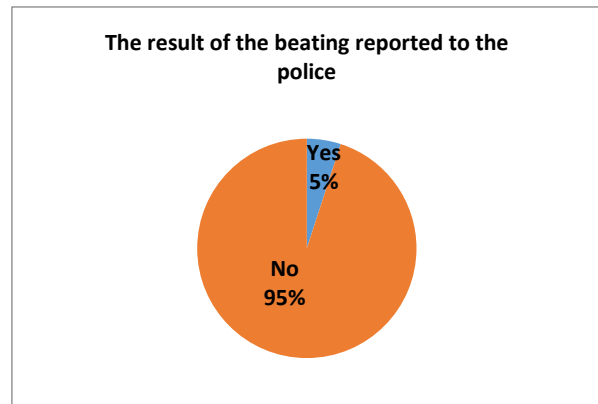


Figure 2: The Percentage of the Beating Reported to the Police.

Table 2: Complications of Women during Pregnancy as a Result of Hitting or Beating.

	No	%
Had abortion		
Yes	22	45.8
No	26	54.2
Had preterm delivery		
Yes	25	52.1
No	23	47.9
Had a fetus die		
Yes	19	39.6
No	29	60.4
Had placenta a brupotion		
Yes	21	43.7
No	27	56.3
Had premature rupture of membrane		
Yes	24	50.0
No	24	50.0

Table3: Injuries and Requirement of Health Care.

	No	%
Badly beaten leading to transfer to the hospital		
Yes	31	64.6
No	17	35.4
Lightly beaten		
Yes	47	97.9
No	1	2.1
Beaten which led to disability		
Yes	10	20.83
No	38	79.17

Table 4: Association between Partner’s Negative Health Behavioral and Domestic Violence during Pregnancy.

	Domestic Violence		X ²	P-value
	Yes No (%)	No No (%)		
Smoker	38(16.0)	200(84.0)	11.173	0.001
Drinker	12(37.5)	20(62.5)	23.26	0.001
Drug addict	9(75.0)	3(25.0)	49.32	0.001

CONCLUSION

With the result that at least 11.4 % of the pregnant women in this study were exposure to DV, there is a clear need to address the situation of this exposed group of women in order to take steps to improve maternal and child health. Midwives and obstetricians who meet women with a history of violence at ANC should be aware of the possibility of additional risk factors. The most risk factors identified associated with pregnant women who have experienced abuse were partners smoker, alcohol drinking and drug user.

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We would like to thank the pregnant women for their participation and Department of Gynae &Obstetric at Al-Wahda hospital / Derna, Libya. The authors report no conflicts of interest in this work.

LIMITATIONS

This study has some limitations that should be considered when interpreting the results. Since the topic is sensitive some respondents may not be volunteer to disclose their violence (social desirability bias), which in turn leads to underreporting. The other limitation is this study looked at domestic violence as general the three types of violence (physical, psychological and sexual).

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الملخص

يُعدّ العنف المنزلي ضد المرأة مشكلة صحية عامة خطيرة، فضلاً عن كونه انتهاكاً صارخاً لحقوق الإنسان للمرأة، متجاوزاً الحدود الثقافية والجغرافية والدينية والاجتماعية والاقتصادية. هدفت هذه الدراسة إلى تقييم مدى انتشار العنف المنزلي والعوامل المرتبطة به بين النساء الحوامل. أُجريت دراسة استقصائية مقطعية خلال الفترة من يناير 2020 إلى أبريل 2021 بين النساء الحوامل في مدينة درنة، ليبيا. جُمعت البيانات من خلال مقابلات شخصية مع المشاركات باستخدام استبيان باللغة العربية. شاركت في هذه الدراسة 420 امرأة حامل، بمتوسط عمر 33.30 ± 9.653 عامًا. كانت غالبية النساء الحوامل (389 امرأة، بنسبة 92.6%) لبيبات. كانت حوالي ثلث النساء (136 امرأة، بنسبة 32.4%) يعملن كمعلمات، و120 امرأة (بنسبة 28.6%) ربات بيوت. كان 238 زوجًا (بنسبة 56.7%) مدخنين، و32 زوجًا (بنسبة 7.6%) يتعاطون الكحول، و12 زوجًا (بنسبة 2.9%) مدمنين على المخدرات. أفادت 60 امرأة حامل (14.3%) بتعرضهن للعنف المنزلي مرة واحدة على الأقل في حياتهن. وفي هذه الدراسة، بلغ معدل انتشار العنف المنزلي خلال فترة الحمل الحالية 48 حالة (11.4%). وبما أن 11.4% على الأقل من النساء الحوامل في هذه الدراسة تعرضن للعنف المنزلي، فهناك حاجة ماسة لمعالجة وضع هذه الفئة من النساء المعرضات للعنف المنزلي، وذلك لاتخاذ خطوات لتحسين صحة الأم والطفل.

الكلمات المفتاحية: النساء الحوامل، العنف المنزلي، درنة، ليبيا.

