

## Domestic Violence among Infertile Women in Makurdi, North- Central Nigeria

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### ABSTRACT

**Background:** In male-dominated societies like Nigeria, women are consistently blamed for a couple's infertility. Such women are more vulnerable to domestic violence in comparison to their fertile counterparts.

**Objective:** To determine the magnitude of domestic violence among a cohort of infertile and fertile women in Makurdi, North-Central Nigeria.

**Materials and Methods:** This was a cross-sectional questionnaire-based study involving 144 infertile women and 144 fertile women attending the gynaecological clinic at Benue State University Teaching Hospital, Makurdi, North-Central Nigeria. Eligible respondents were selected using systematic random sampling. Questions pertaining to socio-demographic characteristics, subclasses of domestic violence and perpetrators of such violence were used to obtain information from the respondents. The data were analysed using SPSS version 20 and the degree of significance set at less than 0.05.

**Results:** The mean ages of the infertile and fertile respondents were 32.0 ( $\pm$  5.7) and 33.5 ( $\pm$  4.9) respectively. Majority were married (94.4%) and 95.8% were Christians. Majority of the respondents had tertiary level of education (63.2%). The prevalence of domestic violence among the infertile and fertile groups was 62.5% and 54.2% respectively. The major subclass of violence was emotional violence and the major perpetrators of domestic violence were the spouses, followed by female in-laws.

**Conclusion:** Domestic violence was higher among the infertile respondents, with emotional violence being the commonest subclass of violence. Spouses were the major culprits of violence.

We recommend that every woman attending our gynaecological clinics for infertility evaluation should be screened, treated and supported for domestic violence if necessary.

### Keywords

Domestic violence, Infertility, Emotional violence, Physical violence, Verbal violence, Sexual violence, Infertile women, Fertile women, Descriptive information questionnaire, Makurdi.

### Introduction

Childbearing is an important goal for couples, especially in African Societies where it is highly valued. Infertility, thus, is one of the most important causes of crisis, impacting negatively on a couple's

relationship [1-4].

In male-dominated societies, such as Nigeria, the woman is consistently blamed for a couple's infertility. As a result, she is often severely punished socially and economically [5]. Women who experience domestic violence on account of infertility are generally twice as vulnerable as their fertile counterparts [6]. Ameh et al. reported a domestic violence prevalence of 41.6% among 233 infertile women investigated for such in three hospitals

in Nigeria [7].

Gender-based violence, though under reported, affects the lives of millions of women worldwide irrespective of their socioeconomic or educational backgrounds [8]. Thus, domestic violence against women, especially against the more vulnerable infertile group must be treated as a public health problem, which adversely affects the reproductive and sexual health rights of our womenfolk. In Nigeria, social stigmatization and domestic violence against infertile women by their spouses and spouses' relatives are major characteristics [9].

To my knowledge, no study on domestic violence among infertile women has been conducted in Makurdi. This, therefore, is an attempt to fill the gap in knowledge in this important component of the reproductive and sexual health rights of women in our setting.

The aim of the study was to determine the magnitude of domestic violence among a cohort of infertile women attending our gynaecological clinics compared to their fertile counterparts attending the same clinics.

### Materials and Methods

This was a cross-sectional questionnaire-based study involving 144 infertile and 144 fertile women attending the gynaecological clinics at the Benue State University Teaching Hospital Makurdi, North-Central Nigeria from January 1, 2016 to December 31, 2018.

The criteria for subject selection included fertile women with children and no history of infertility, and women with primary infertility attending our gynaecological clinics during the study period.

Consecutive subjects were recruited using a predesigned and pretested descriptive information questionnaire. The first subject in each group was selected through balloting. Subsequently, using systematic random sampling, every fifth subject was included in the study. Socio-demographic details included: Age, Marital status, Religion, Educational level and Occupational Status. Details of domestic violence included subclasses of domestic violence (Physical, verbal, emotional and sexual violence) and perpetrators of such violence.

After obtaining informed written consent from each subject, questionnaires were completed through face-to-face interviews, using translators when necessary. The study was performed in line with the revised Helsinki guidelines. Sample size was calculated using the prevalence of domestic violence of 41.6% reported by Ameh et al. [7]. Using the formula  $n = z^2pq/d^2$ , we arrived at a sample size of 373 which was increased to 400.

Data were analysed using SPSS version 20. Tests of association between the two groups were performed using chi-square and the degree of significance set at a p-value of <0.05.

### Results

Of the four hundred respondents (200 in each group), 112 opted out of the study because they saw it as unnecessary interference in their marital affairs.

The mean age of the respondents was 32.8 ( $\pm 5.4$ ) years. The mean ages of the infertile and fertile groups were 32.0 ( $\pm 5.7$ ) and 33.5 ( $\pm 4.9$ ) years respectively. The predominant age group was 31-35 years (31.3%). Of all the respondents, 94.4% were married, 5.6% were cohabiting and 95.8% were Christians. Fourteen respondents (4.9%) had no formal education. Among those who had formal education, those with tertiary education predominated (63.2%), followed by secondary education (22.9%) and the least was primary education (9.0%).

The predominant occupation was civil service jobs (22.2%), followed by farming (17.4%), business (15.3%), teaching (11.8%), students (6.9%), artisans (4.2%), medical practice (2.8%), law enforcement (1.4%) and clergy (0.7%) (Table 1).

Age group (Years)		Frequency (%)	Frequency (%)	Frequency (%)
21 – 25		20 (13.9)	6 (4.2)	26 (9.0)
26 – 30		46 (31.9)	40 (27.8)	86 (29.9)
31 – 35		38 (26.4)	52 (36.1)	90 (31.3)
36 – 40		24 (16.7)	36 (25.0)	60 (20.8)
41 – 45		16 (11.1)	10 (6.9)	26 (9.0)
Mean age		32.0 ( $\pm 5.7$ )	33.5 ( $\pm 4.9$ )	32.8 ( $\pm 5.4$ )
Total		144 (100.0)	144 (100.0)	288 (100.0)
Marital Status	Married	136 (94.4)	136 (94.4)	272 (94.4)
	Cohabiting	8 (5.6)	8 (5.6)	16 (5.6)
Religion	Christianity	138 (95.8)	138 (95.8)	276 (95.8)
	Islam	6 (4.2)	6 (4.2)	12 (4.2)
Educational Status	No formal education	2 (1.4)	12 (8.3)	14 (4.9)
	Primary	10 (6.9)	16 (11.1)	26 (9.0)
	Secondary	32 (22.2)	34 (23.6)	66 (22.9)
	Tertiary	100 (69.4)	82 (56.9)	182 (63.2)
	Total	144 (100.0)	144 (100.0)	288 (100.0)
Occupational Status	Unemployed	24 (16.7)	26 (18.1)	50 (17.4)
	Civil Servant	40 (27.8)	24 (16.7)	64 (22.2)
	Farming	18 (12.5)	32 (22.2)	50 (17.4)
	Business	20 (13.9)	24 (16.7)	44 (15.3)
	Teaching	12 (8.3)	22 (15.3)	34 (11.8)
	Student	14 (9.7)	6 (4.2)	20 (6.9)
	Artisan	8 (5.6)	4 (2.8)	12 (4.2)
	Medical practice	2 (1.4)	6 (4.2)	8 (2.8)
	Law enforcement	4 (2.8)	0 (0.0)	4 (1.4)
	Clergy	2 (1.4)	0 (0.0)	2 (0.7)
	Total	144 (100.0)	144 (100.0)	288 (100.0)

**Table 1:** Socio-Demographic Characteristic of the Respondent by Fertility Status.

More than two-thirds (79.2%) of the fertile respondents were

para1, followed by Para 2, Para 3 and Para 4 (16.7%, 2.8% and 1.4% respectively) (Table 2).

Parity	Frequency	Percent
Para 1	114	79.2
ara 2	24	16.7
Para 3	4	2.8
Para 4	2	1.4
Total	144	100.0

**Table 2:** Parity Status of the Fertile Respondents.

Overall, the prevalence of domestic violence among the respondents was (58.3%; n =168). The prevalence of violence among the infertile respondents was comparatively higher than among their fertile counterparts (62.5% and 54.2% respectively). However, the relationship between the fertility status of the respondents and the prevalence of violence was not statistically significant ( $p = 0.3125$ ) (Table 3).

Fertility Status	Violence			Statistical values
	Yes	No	Total	
	Frequency (%)	Frequency (%)	Frequency (%)	
Infertile	90 (62.5)	54 (37.5)	144 (100.0)	$\chi^2 = 1.029$ $df = 1$ $p = 0.3125$
Fertile	78 (54.2)	66 (45.8)	144 (100.0)	
Total	168 (58.3)	120 (41.7)	288 (100.0)	

**Table 3:** Prevalence of Violence by Fertility Status.

Table 4 summarizes the subclasses of domestic violence by the respondents. Of the total, emotional violence predominated (89.3%), followed by verbal violence (70.2%), physical violence (35.7%) and the least was sexual assault (10.7%). The prevalence of the subclasses of violence was comparatively higher among those with infertility but the relationship was not statistically significant ( $P = 0.8858$ ).

Subclass of violence	Infertility (n=90)	Fertility (n=78)	Total (n=168)	Statistical (value)
	Frequency (%)	Frequency (%)	Frequency (%)	
Physical violence	32 (35.6)	28 (35.9)	60 (35.7)	$\chi^2 = 0.646$ $df = 3$ $p = 0.8858$
Verbal violence	62 (68.9)	56 (71.8)	118 (70.2)	
Emotional violence	80 (88.9)	70 (89.7)	150 (89.3)	
Sexual Assault	12 (13.3)	6 (7.7)	18 (10.7)	

**Table 4:** Subclasses of Violence Experienced by Fertility Status.

Of the 168 respondents who experienced one form or another of violence, the predominant perpetrators were the spouses (n=104), followed by sisters-in-law (n=32), mothers-in-law (n=28) and brothers-in-law (n=4) (Table 5).

Perpetrators of Domestic Violence	Infertile (n = 90)	Fertile (n = 78)	Total (n=168)
Spouse	56	48	104

Sister-in-law	16	16	32
Mother-in-law	14	14	28
Brother-in-law	4	0	4
Total	90	78	168

**Table 5:** Perpetrators of Domestic Violence.

## Discussion

The mean age of the infertile respondents was 32.0 ( $\pm 5.7$ ) years. This was similar to the mean ages of 32.96 years reported by Rahebi et al. [10], 31.77 years by Ozturk et al. [11], 31.6 years by Fatma et al. [12], 31.66 years by Fatemeh et al. [13] and 31.1 years by Farzadi et al. [14]. Other studies reported lower mean ages of infertile respondents of 29.54 years, 30.50 years, 26.88 years and 28.27 years respectively [8,15-17].

In this study, the mean age of the fertile group was 33.5 years which was higher than the mean ages of 30.40 years and 32.44 years respectively among the fertile group in the studies by other authors [8,10].

The prevalence of domestic violence among the infertile group was comparatively higher than among the infertile group in this study (62.5% and 54.2% respectively).

However, the difference was not statistically significant ( $p = 0.3125$ ). Several studies on this subject matter showed clearly that domestic violence was higher among infertile women compared to their fertile counter parts [10,13,18]. Sheikhan et al. [15] and Akpinar et al. [19] found lower domestic violence rates of 34.7% and 47.9% respectively among infertile women. Budh et al. [16]. found a lower domestic violence rate of 11.3% among infertile women. However, a study by Pasi et al. [20] gave higher domestic violence rates of 76.3% and 65.9% among infertile women and their fertile counter parts respectively.

In contrast, Solanke and colleagues reported that spousal violence was higher among women with children compared to their childless counterparts [21].

In this study, the prevalence of all the subclasses of violence (physical, verbal, emotional and sexual) was higher among the infertile group compared to their fertile counterparts. This was consistent with results from other studies [7,8,10-13,15,19,22,23].

The predominant subclass of domestic violence was emotional violence. This was in keeping with the results of studies conducted by Sheikhan et al, Celik et al. and Poornowrooz et al. [15,18,22].

The major perpetrator of domestic violence in this study was the spouse. This was also reported by Ameh et al. Moghadam et al. found that all the infertile women in their study accused their spouses of being the perpetrators of domestic violence [7,24]. Female in-laws accounted for 35.7% of perpetrators of domestic violence in our study. Ameh et al. [7] reported a similar percentage.

## Conclusion

Although the prevalence of domestic violence was higher among the infertile respondents, the difference was not statistically significant. Emotional violence was the commonest subclass of violence suffered by the respondents, especially among the infertile respondents. The major perpetrators of violence were the spouses, followed by the female in-laws of the respondents.

## Recommendation

Infertile women attending our gynaecological clinics for infertility evaluation should be assessed for domestic violence and offered treatment and support if necessary. By extension all women attending other clinics should be evaluated for domestic violence which impacts adversely on the reproductive health and sexual rights of our womenfolk, especially in male-dominated societies like sub-Saharan Africa.

## Limitation

The main limitation of this study was refusal of many eligible women to participate in the study, which they considered unnecessary interference in their marital affairs.

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