

# Intimate Partner Violence During Pregnancy in Yenagoa, Southern Nigeria

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## ABSTRACT

*Background: Intimate partner violence (IPV) perpetrated against women during pregnancy is quite common, and it could lead to psychological or emotional trauma, and physical injury to both mother and fetus.*

*Objectives: To determine the prevalence and pattern of IPV perpetrated against women during pregnancy in Yenagoa.*

*Methodology and subjects: This is a cross-sectional study of 640 booked parturient who received antenatal care at Niger Delta University Teaching Hospital (NDUTH) in Yenagoa. The participants were interviewed using a well structured interviewer administered questionnaire. Information obtained were patients bio-data, and issues related to IPV, such as: physical or emotional violence, sexual abuse, verbal violence, social violence, financial deprivation, and complications of IPV.*

*Results: The prevalence of IPV during pregnancy was 65.6%, and the chances of having IPV was twice higher during pregnancy compared to non pregnant women, odd ratio = 2.96[2.36 – 3.71], p = 0.001 The most perpetrated act was social violence (44.1%), especially infidelity (20.6%). Next was financial deprivation (40.5%), predominated by taking control of the wife's financial resources (20.0%). Verbal violence was next (38.8%), especially name calling (24.1%). Physical violence was 22.5%, and slapping (12.5%) was the most common form of physical violence; only a handful of the*

women (2.5%) were attacked with weapons. The least perpetrated act was sexually abuse (13.1%), mostly sexual deprivation as punishment (7.3%).

The complication rate from IPV was 13.5% (predominantly mild physical injuries), and only 1.2% reported IPV to police.

### **Conclusion:**

IPV during pregnancy is quite common in Yenagoa, and a great majority of the women suffer in silence, even in the face of complications. Public enlightenment and advocacy by women right groups and activists are recommended.

**KEYWORDS:** Intimate partner violence, pregnancy, Yenagoa, Southern Nigeria

## **INTRODUCTION**

**V**iolence is any behavior that causes physical, sexual or emotional harm or causes a person to live in fear.<sup>1,2</sup>

Domestic violence or Intimate partner violence (IPV) is widely believed to be used by the perpetrators to subdue or control their partners to subordination.<sup>2,3</sup>

According to the World Health Organization (WHO), IPV refers to any behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.<sup>2</sup>

Evidence from some centers suggests that the rate of IPV increases during pregnancy; a collaborative study at Gulu University in Uganda, and University of New South Wales (UNSW), Sydney, Australia reported that the rate of IPV increases by 26.7% - 35.9% during pregnancy.<sup>4</sup> Reports also indicate that the rate of IPV during pregnancy is quite high in many centers globally; 50.8% in Mina Governorate in Egypt,<sup>5</sup> 30% in Putalibajar in Nepal,<sup>6</sup> 34.6% in Sao Paulo, Brazil,<sup>7</sup> 32.2% in Ethiopia,<sup>8</sup> 43.4% in Portugal<sup>9</sup> and 34.9% in Port Harcourt, Nigeria.<sup>10</sup> However, in Sweden, the reverse is the case; the rate is as low as 2.1%.<sup>11</sup>

Various forms of IPV have been

perpetrated against women, and they are broadly classified as economic or financial exploitation, sexual, physical, and psychological or emotional abuse.<sup>1,2</sup>

According to legal experts, physical abuse refers to any deliberate action that causes harm or injury to another person, such as use of physical force; hitting, kicking, and beating. While sexual abuse is the use of force or taking sexual advantage of a victim, such as sexual assault, rape, or unsolicited physical contact of a sexual nature.<sup>12</sup>

Psychological abuse is defined as a recurring pattern of degrading or humiliating behavior towards a victim, with the intent to cause anguish, distress, or intimidation through verbal or non-verbal actions, as well as denial of basic civil rights, and it includes: repeated insults, ridicule, name-calling, or threats aimed at causing emotional pain.<sup>12,13</sup>

Economic or financial abuse is defined as unreasonable deprivation of economic or financial resources that a victim is entitled to under the law, or requires for basic needs. It occurs when one intimate partner has control over the other partner's access to economic resources, thereby diminishing their ability to support themselves and forcing them to depend on the perpetrator financially.<sup>12,13</sup>

Evidence from a meta-analysis of 92 independent studies on IPV during pregnancy revealed that the rate of sexual abuse was 8.0%, emotional abuse was 28.4%, and physical abuse was 13.8%.<sup>14</sup> A multicentre study in Egypt reported the rates as 41.7% for verbal abuse, 45.4% for emotional abuse, 30.2% for physical, and 20.0% for sexual abuse.<sup>5</sup>

By far, the male partners are the culprits, while the females are usually at the receiving end. A study in the UK reported that the commonest factor associated with IPV is the male partner, accounting for 81% of the cases.<sup>15</sup> Other risk factors include: drug and alcohol abuse, antisocial personality disorders, low educational background and emotional insecurity, low socioeconomic status, suspicion of infidelity and jealousy partner, and being a youth.<sup>15,16</sup>

Regarding injuries sustained following IPV, studies have revealed that during pregnancy, the most common is blunt abdominal injury; the abdomen is more vulnerable, and most likely to be struck.<sup>15</sup> A study on blunt abdominal trauma during pregnancy reported assault as the most common etiological factor.<sup>17</sup> Other injuries commonly sustained are head injuries, fractures, and bruises.<sup>18</sup> Severe head injuries could lead to neurological impairment, and severe intra-abdominal hemorrhage could lead to maternal and fetal death.<sup>18</sup>

Besides physical injuries, other maternal complications commonly reported are psychological trauma, such as depression, anxiety and post traumatic stress disorder.<sup>18,19</sup>

Trauma to the fetus is also common, and mainly from physical injuries. Blunt abdominal injury could cause severe hemorrhage and abruptio placenta, which is a major cause of intra-uterine fetal death.<sup>20</sup> It could also lead to miscarriage,<sup>21</sup>

premature rupture of fetal membranes, preterm birth and complications of prematurity, such as low birth weight.<sup>19,20</sup> Domestic violence during pregnancy is quite common globally, and various studies have been done on this subject matter, including Nigeria. However there are no publications on this issue in Yenagoa, Southern Nigeria, hence the need for this study.

The objective of this study is to determine the pattern of IPV perpetrated against women during pregnancy in Yenagoa, using NDUTH as a case study. Specifically, it would determine the types and scope of violence, such as: physical or emotional violence, sexual abuse or exploitation, social and verbal violence, and financial deprivation. It would also determine the socio-demographic characteristics, and the complications associated with IPV during pregnancy.

## **METHODOLOGY**

The study was a cross-sectional observational study of 640 booked parturient who received antenatal care, from October 2023 to March 2024, and was carried out at the antenatal clinic, department of obstetrics and gynaecology, NDUTH, Yenagoa, Nigeria.

Included in this study were pregnant women who registered for antenatal care in NDUTH, were fit enough to be interviewed, and consented to participate in the study. Excluded were unbooked pregnant women, and those who were not fit to be interviewed.

Adequate counseling with detailed explanation of IPV was done. The patients were given enough time to ask questions, and areas where they did not understand were clearly explained using simple and unambiguous terms. Written consent was obtained from those who accepted to participate.

### **Sample size**

An appropriate sample size for descriptive study was obtained using WinPepi software version 11.65 for windows. Using 95% confidence interval, acceptable difference of 0.05, and assumed prevalence of 43% (0.43) base on a previous study in Enugu in Nigeria [22], and an expected loss of subjects of 10% (attrition), a minimum sample size of 420 was obtained. In order to boost the power of the study, and make it more robust, the sample size was increased to 640.

### **Sampling technique**

Simple random sampling technique was employed to recruit patients into this study. The NDUTH antenatal clinic registry recorded an annual attendance of 4760 patients in 2023, giving a monthly attendance of about 397 women. The daily attendance (5 working days a week) was about 20 antenatal patients. Using Winpepi statistical software, 20 random numbers were generated, and assigned for each patient. About 10 alternate numbers were picked per day, and the corresponding patients who met the inclusion criteria, and signed informed consent were selected. This was done until the sample size of 640 was completed.

### **Data collection:**

Data was collected by using a semi-structured interviewer administered questionnaire. A team of 8 resident doctors, and the researcher was recruited for data collection exercise. They were in charge of the daily patients' interview, and filling of the questionnaire. The doctors were educated on gender violence, the study, and the questioner. They were also taught how to explain to the patients in simple and clear terms, and how to respond to questions.

Data collection was based on the following subheadings: husbands' personal behavior, physical or emotional violence, verbal

violence, sexual, social, and financial abuse. Also collected were the effects and complications of IPV during pregnancy.

Information on the husbands' personal behavior was: whether he was aggressive, hot tempered, arrogant, drugs and alcohol addiction, and tendency to dominate his wife.

Data on physical or emotional violence obtained were: history of slapping, hitting, kicking, pushing, biting, pinching, chocking, hair pulling and use of dangerous weapons.

Information on verbal violence was: Name calling, repeated harassment, intimidation, treats including using weapons, and talking down in a derogatory manner.

Sexual abuse data collected include: forcing partner to have none-consensual sex, engagement in sexual acts not acceptable and sexual deprivation as punishment.

Data on social violence was: stopping the wife from visiting or receiving friends, prevention from visiting children (for divorced women), prevention from reporting violence to police or family members, engagement in marital infidelity such as having girlfriends, and tendency to get upset when stopped.<sup>12,13</sup>

Financial violence data include: deliberate deprivation of funds, not giving enough money, and taking absolute control of the wife's financial resources.<sup>12,13</sup>

Data on pregnancy complications were: history of physical injuries, miscarriage, severe abdominal pain, premature labour, hypertension in pregnancy, and increased alcohol consumption.

Other related information: whether violence was reported, and to whom. Whether IPV started before pregnancy, during pregnancy, and whether it increases during pregnancy.

**Data analysis**

Data collected from each subject was entered into SPSS version 25 spread sheet, and EPI info version 7 software, and analyzed. Results were presented in tables as rates, proportions, and mean with standard deviation. Test of significance was by odds ratio. Confidence interval was set at 95%, and statistical significance was set a p values  $\leq 0.05$ .

**Ethical Approval**

Ethical approval for this study was granted by the NDUTH ethical committee, with registration number NDUTH/REC/0033/2024. Ethical concerns were properly addressed, including confidentiality, dignity, and the right to withdraw from the study at anytime.

**RESULTS**

TABLE 1: BIODATA OF THE WOMEN

Variable	Number (N = 640)	Percentage (100%)
<b><u>Maternal age</u></b>		
= 19 years	35	5.5%
20-24 years	88	13.8%
25-29 years	248	38.8%
30-34 years	188	29.2%
= 35 years	81	12.7%
<b><u>Parity</u></b>		
Para 0	212	33.1
Para 1-4	388	60.6
= para5	40	6.3
<b><u>Tribe</u></b>		
Ijaw	377	59.0%
Igbo	159	24.8%
Yoruba	68	10.6%
Hausa	36	5.6%
<b><u>Religion</u></b>		
Christian	592	92.5%
Muslims	48	7.5%

<b>Variable</b>	<b>Number (N = 640)</b>	<b>Percentage (100%)</b>
<b><u>Educational level</u></b>		
None formal	0	0.0%
Primary	5	0.8%
Secondary	245	38.3%
Tertiary	390	60.9 %
<b><u>Occupation</u></b>		
Employed	212	33.1%
unemployed	428	66.9%
<b><u>Gestational age</u></b>		
1 <sup>st</sup> trimester (= 12 weeks)	52	8.1%
2 <sup>nd</sup> trimester (13 – 36 weeks)	325	50.8%
3 <sup>rd</sup> trimester (37 – 42 weeks)	263	41.1%

The mean maternal age was  $30.13 \pm 5.44$  years, the minimum age was 18 years, and the maximum was 42years. The mean gestational age (GA) was  $27.7 \pm 9.48$  weeks; the minimum was 8 weeks, and the maximum GA was 41 weeks.

Majority of the participants 248(38.8%) were 25 – 29 years old. They were predominantly multiparous 60.6%, and from Ijaw tribe 59.0%. Most (60.9%) attained tertiary education, and were predominantly Christians 92.5%. However, the unemployment rate among the women was quite high (66.9%).

**TABLE 2: EXPERIENCE WITH IPV, AND THE TYPE AMONG THE WOMEN**

Question	Yes	Percentage	No	Percentage
<b><u>Knowledge and experience with IPV</u></b>	<b>N = 640</b>	<b>100%</b>		
I have previous knowledge of domestic violence	484	75.6%	156	24.4%
I have personally experienced IPV during pregnancy	420	65.6 %	220	34.4%
I have experienced IPV outside pregnancy	251	39.2%	389	60.8%
My husband becomes more aggressive during pregnancy	16	2.5%	624	97.5%
<b><u>Type of violence experienced during pregnancy</u></b>				
Physical	144	22.5%	276	43.1%
Verbal violence	248	38.8%	172	26.9%
Sexual abuse	84	13.1%	336	52.5%
Social abuse	282	44.1%	138	21.6%
Financial deprivation	259	40.5%	161	25.2%
<b><u>Pattern of reporting IPV</u></b>				
I have reported an act of intimate partner violence	56	13.3%	364	86.6%
If yes, I reported to who				
Family members	39	9.2%		
Religious leader, such as pastor	9	2.1%		
To police	5	1.2%		
Friends	3	0.7%		

A total of 420(65.6 %) women experienced IPV during pregnancy, and 251(39.2%) women had the experience when they were not pregnant. The chances of having IPV during pregnancy was twice higher, odd ratio = 2.96[2.36 – 3.71], p = 0.001. However, only 16 women (2.5%) admitted that their husband become more aggressive during pregnancy.

The most perpetrated act of violence experienced in Yenagoa was social violence (44.1%), followed by financial deprivation (40.5%). The prevalence of verbal violence was 38.8%, physical or emotional violence was 22.5%, significantly more women in Yenagoa experienced verbal to physical violence, odd ratio = 0.46[0.36 - 0.59],  $p = 0.0001$ . The least type of IPV was sexual abuse in 13.1%.

A great majority of women in NDUTH (86.6%) bear the burden of IPV alone without reporting to anyone and only a handful (1.2%) reported to the Nigerian police. However some women 78(9.2%) complained to their relatives, and 2.1% with their religious leaders, such as pastors.

**TABLE 3: MARITAL ISSUES AMONG THE WOMEN, AND HUSBAND'S TEMPERAMENT**

Variable	Yes	Percentage	No	Percentage
<b><u>Marital issues</u></b>	<b>N = 640</b>	<b>100%</b>		
I am married	600	93.7%	40	6.3%
I am living with my husband	548	85.6%	52	8.1%
For how long have you been married?				
< 5 years	404	63.1%		
5 -10 years	140	21.9%		
10 – 15 years	44	6.9%		
> 15 years	12	1.9%		
<b><u>Previously divorced women</u></b>	<b>N = 640</b>	<b>100%</b>		
I am previously divorced	60	9.4%	580	90.6%
If yes, please answer the following questions				
I have children with my previous husband	32	5.0%	28	4.4%
Husband grants me free access to visit my children	21	3.2%	39	6.1%
Free access for my children to visit me	7	1.1%	53	8.2%



Variable	Yes	Percentage	No	Percentage
<b><u>Husband or spouse temperament</u></b>	<b>N = 640</b>	<b>100%</b>		
Your husband or spouse is hot tempered	148	23.1%	492	76.9%
He is very jealous	212	33.1%	428	66.9%
He is very arrogant	24	3.8%	616	96.3%
He is an aggressive person	16	2.5%	624	97.5%
He like to dominate you all the time	52	8.1	588	91.9%
He is addicted to alcohol	395	61.7%	245	38.3%
He is addicted to hard drugs, like cannabis, cocaine etc	10	1.6%	630	98.4%

Majority of the women (93.7%) are married, 85.6% lives with their husbands, and 9.4% were previously divorced..4%)

Out of the 60 divorced women, 21(3.2%) were allowed to visit their children at the homes of their previous husbands, while 39(6.1%) were not, the difference was statistically significant, odds ratio = 2.22(1.31- 3.71), p = 0.004.

Only a handful 7(1.1%) of the husbands allow the children above to visit their mothers at their homes (the home of the current husband). The chances of not granting such permit is 4 times higher, Odds ratio = 4.0[1.55, 10.33], p = 0.002.

**TABLE 4: EXPERIENCE WITH PHYSICAL AND VERBAL VIOLENCE**

Question	Yes	Percentage	No	Percentage
	yes	no		
<b>Physical and emotional violence</b>	<b>144</b>	<b>22.5%</b>		
He has attacked me with a weapon	32	2.5%	112	17.5%
He has destroyed any of my belongings	56	4.3%	58	9.1%
Husband engaging wife in any of the following acts				
Slapping	95	12.5%	49	7.7%
Kicking	10	0.8%	134	20.9%
Pushing	8	0.6%	136	21.3%
Hitting	7	0.5%	137	21.4%
Biting	6	0.6%	138	21.6%
Pulling of hair	4	0.3%	140	21.9%
Choking	2	0.3%	142	22.1%
Pinching	2	0.2%	142	22.1%
<b>Verbal violence</b>	<b>248</b>	<b>38.8%</b>		
He has repeatedly harass me to make me scared	56	8.7%	192	30%
He unnecessarily scold me	96	7.5%	152	23.8%
He frequently despise me	104	16.3%	144	22.5%
He calls me names when he is angry	154	24.1%	94	14.7%
He has threatened to use weapon on me	40	6.3%	208	32.5%

Slapping 12.5% was the most common form of physical violence, followed by destruction of belonging (4.3%). Only a handful of the women (2.5%) were attacked with weapons.

Regarding verbal violence, name calling (24.1%) was predominant, followed by despise (16.3%), repeated harassment (8.7%), unnecessary scolding (7.5%), and threat to use weapon was least (6.3%).

**TABLE 5: SEXUAL ABUSE, SOCIAL AND FINANCIAL DEPRIVATION**

Question	Yes	Percentage	No	Percentage
	yes	no		
<b><u>Sexual abuse</u></b>	<b>84</b>	<b>13.1%</b>		
He forces me to have sex	32	5.0%	52	8.1%
He make me afraid to say no to sex	8	1.3%	76	11.9%
He deprive me of sex as punishment	54	8.4%	30	4.7%
He forces me to do sexual acts that i don't like	3	0.5%	81	12.7%
<b><u>Social violence</u></b>	<b>282</b>	<b>44.1%</b>		
He prevents me f rom seeing my friends and family?	61	9.5%	221	34.5%
He prevent me from seeing health workers or police	28	4.4%	254	39.7%
He prefer to eat outside, instead of my food when upset	95	14.8%	187	29.2%
He is infidel (has girlfriends)	128	20.0%	154	24.1%
He gets upset when i stop him from having girlfriends	67	10.5%	215	33.6%
<b><u>Financial deprivation</u></b>	<b>259</b>	<b>40.5%</b>		
He deliberately deprive me of money	84	13.1%	175	27.3%
I ask for money all the time before he gives me	72	11.3%	187	29.2%
He takes cont rol of my financial resources	128	20.0%	131	24.5%
He blames me for not making good financial contribution to the family	25	3.9%	234	36.6%

The most perpetrated sexual abuse was sexual deprivation as punishment in 7.3%, and forceful intercourse in 5.0%.

Regarding social violence, infidelity was the most common act (20.6%), while in 10.5% the husbands got upset when confronted by their wives. When upset, 14.8% of the men stop eating food cooked by their wives, and preferred to eat outside. In 9.5%, the women were prevented from visiting their friends.

With respect to financial deprivation, taking control of the wife's financial resources was most commonly observed (20.0%), followed by deliberate deprivation from access to funds (13.1%).

**TABLE 6: COMPLICATIONS OF INTIMATE PARTNER VIOLENCE IN PREGNANCY**

COMPLICATION	FREQUENCY (N = 173)	PERCENTAGE (13.5%)
<b><u>Obstetrics complications</u></b>	<b>45</b>	<b>7.0%</b>
Severe abdominal pain	15	2.3 %
Hypertension in pregnancy	10	1.6%
Bleeding in pregnancy	9	1.4 %
Miscarriage	8	1.3%
Premature labour	2	0.3%
Separation of placenta (abruptio placenta)	1	0.2%
<b><u>Psychosocial complications</u></b>	<b>62</b>	<b>9.7%</b>
Increased alcohol consumption	56	8.8%
Depression	6	0.9%
<b><u>Physical injuries</u></b>	<b>66</b>	<b>10.3%</b>
Bruises	35	5.5 %
Lacerations	20	3.1%
Blunt abdominal injury	9	1.4 %
Head injury	2	0.3%
<b><u>Treatment in hospital</u></b>	<b>61</b>	<b>9.5%</b>
Outpatient treatment	42	6.6%
Hospital admission	19	3.0 %
Minor surgery	21	3.3%
Major surgery	1	0.2%

A total of 173 women developed complications secondary to IPV, giving a rate of 13.5%, Forty five women (7.0%) had obstetrics complications, mostly from severe abdominal pain

(2.3%). Increased alcohol consumption was the most predominant psychosocial complication, accounting for 8.8%. Sixty six women (10.3%) sustained physical injuries, predominantly bruises (5.5%), and 61 women (9.5%) received treatment in hospital.

## DISCUSSION

Violence perpetrated against women by their intimate partner is very common, and it is a global health challenge. Apart from the physical injuries sustained by the sufferers, some women suffer severe psychological trauma, marital disharmony, and divorce.<sup>23</sup> During pregnancy, the safety of the fetus is a source of a great concern.

For decades, human right groups, women right activist, WHO, and governments have been battling with IPV, and various legislative measures, acts and law have been enacted to protect women against abuse and brutality by their intimate partners.<sup>24</sup> Despite these interventions, IPV is still persistent and very common. IPV cannot be completely eradicated; anger and aggression are natural components of human instinct, with varying degree of expression from one individual to another. However, it can be limited to the barest minimum, especially in societies with zero tolerance to crime.

In my opinion, the fight against criminality is grossly deficient and inefficient in Nigeria; as a result many perpetrators of crime (including intimate partner violence) go unpunished. This has encouraged them to do more with impunity.

The high rate of IPV of 65.5% we got in Yenagoa was comparable to the 72% obtained from a multicentre study in health centers in Oyo East Local Government in Nigeria.<sup>25</sup> However, much lower rates were obtained in other centers; 37.4% in the Federal capital tertiary Abuja,<sup>26</sup> and 34.9% in Port Harcourt.<sup>10</sup>

Evidence from published articles in Nigeria does not seem to suggest a pattern of violence peculiar to any of the 6 regions,

namely North East (NE), North West (NW), North Central (NC), South East (SE), South South (SS), and South West (SW) Nigeria. It could therefore be augured that IPV in Nigeria is not very much influenced by ethnicity, tribe religion and geographical location. In northern states in Nigeria, the most perpetrated act of violence was psychological abuse (66.4%) in Abuja (NC)<sup>26</sup>, verbal violence (68.5%) in Jigawa (NE),<sup>27</sup> and 80% physical violence in Jos (NC).<sup>28</sup> In the southern states, the perpetrated violence were: verbal violence [85.5%] in Enugu (SE),<sup>29</sup> psychological aggression (4.8%) in Ilorin (SW),<sup>30</sup> verbal violence (43.5%) in Port Harcourt (SS),<sup>31</sup> and from our study in Yenagoa (SS), financial violence (40.5%) was the most perpetrated.

Among the pattern of violence observed in this study, social violence had the highest rate, which is completely at variance with other published articles in Nigeria.<sup>33, 34</sup>

Among the women socially abused in our study, infidelity ranked number one, this is most probably because many of our men are promiscuous. A study in Abakaliki and Enugu (both in Nigeria) reported that 28.0% of married men engage in extra-marital sexual relationships during pregnancy.<sup>33</sup> In addition, as a result of cultural, tribal and religious beliefs, polygamy is highly practiced in Nigeria; a study reported a rate of 33.7%.<sup>34</sup> This has encouraged some married men to have girlfriends (lovers) against the wish of their wives; some have actually imposed these extramarital affairs on their wives.<sup>33,34</sup>

This study has revealed that in Yenagoa, financial violence was commonly employed as a weapon of aggression

against our women; to express anger and displeasure. It seems taking absolute control of the wife's financial resources (and deprivation from access to funds) is usually perceived as a very effective means of forcing the women to submission. Taking into cognizance the economic crises in Nigeria (the high cost of living and the very high (29.90%) inflation rate); it is common knowledge that survival with limited fund under this setting would be highly problematic.<sup>32</sup>

It's not morally right for men to physically assault or beat-up their wives in order to express anger or displeasure. However, our study revealed that quite a significant number of men; up to 22.5% abuse their wives physically in Yenagoa. Luckily, the injuries sustained were minimal, and predominantly bruises. It implies that irrespective of the level of anger our men exhibits, most of them show restraint when it come to the use of weapons; only a handful of men (2.5%) used weapons in this study. This may partly explain why our mortality rate from IPV was 0.0%. The reverse was the case in Jos Plateau State in Nigeria, where the rate of physical violence was 80%.<sup>28</sup>

Sexual abuse does not seem to be fashionable among IPV perpetrators in Yenagoa, as it was the least perpetrated act of violence. This trend tends to cut across most parts of Nigeria; literature search indicates that among the published articles, there is none that sexual violence predominates. The only one that comes close was a study in Ilorin, where sexual abuse was the second most perpetrated act, accounting for 47.8%.<sup>30</sup>

Though sexual deprivation as punishment was the most common strategy employed by men in Yenagoa, its impact was not remarkable, as the rate was as low as 8.4%. This is because the tendency for some women to request for sex (sexual drive) is said to reduce during pregnancy.<sup>35</sup> A study

in Enugu reported that sexual function reduces by 50.7% during pregnancy, and the mean frequency of sex per week declines as pregnancy advances.<sup>35</sup> A collaborative study in Abakaliki and Enugu in Eastern Nigeria on male sexual activity during pregnancy, also reported that male libido reduces by 41.9%, and coital frequency declines by 72.4%.<sup>33</sup>

Negative perception about sex may be another factor; many couples believe that sex during pregnancy is not safe.<sup>36</sup> A study at Nnewi in Nigeria reported that 86.9% of women believe that sex during pregnancy could lead to miscarriage.<sup>36</sup>

Though our complication rate from physical injuries of 10.3% was quite high, the injuries were predominantly mild; bruises and laceration. As a result, our surgical rate was quite low, and no case of fatality was recorded. This was at variance with the result obtained from a study in Jos (in Nigeria), which reported a high mean death rate from IPV of 4.24, involving both mother and fetus.<sup>28</sup>

## CONCLUSION

IPV during pregnancy is quite common in Yenagoa, and a great majority of our women suffer in silence, even in the face of complications. Public enlightenment via the electronics and print media is highly recommended, especially by the women right groups and activists.

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