RISK FACTORS AS PREDICTORS OF DOMESTIC VIOLENCE AMONG PREGNANT WOMEN IN EKITI STATE, NIGERIA

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ABSTRACT *This study examined the risk factors as predictors of domestic violence among pregnant women in Ekiti- State. It focused on pregnant women on how unemployment, level of Education, Economic status, signs associated with pregnancy and religious beliefs lead to violence on pregnant women in Ekiti State. The descriptive research method of survey type was employed for the study. The multistage sampling techniques of cluster, purposive and simple random sampling techniques were used to select a total of 1,200 (one thousand two hundred) respondents for the study. The instrument used was questionnaire validated by the experts and the reliability co-efficient of the instrument was r = 0.86. The instrument was administered by the researcher and other trained two research assistants. The data collected was analyzed using Pearson Moment Correlation Coefficient Statistics at 0.05 alpha level of significance to test only the main hypothesis generated for the study. The hypotheses was rejected. The result shows that all the risk factors considered in the study (i.e. unemployment, level of education, economic status, signs associated with pregnancy religious belief and pattern of domestic violence) were statistically significant at 95% confidence level in each case (that is, t = 4.467, t = 3.489, t = 2.891, t = 4.251and t= 3.162 and t=0.453 respectively). Based on results of the findings, conclusions and recommendations were made.*

Keywords: *Risk Factors, Predictors, Domestic Violence, Pregnant Women*

Introduction

Domestic violence (DV) as experienced disproportionately by women is a global issue on which empirical and qualitative reports concerning the manifestation among women of all ages, races, religions, educational backgrounds, income levels, socio cultural and in every part of the globe is growing. According to Uwayo (2014), Bali, Naguib, Nguyen, Olayanju and Vung (2013) and Campbell, Garcia & Sharps (2004) domestic violence is defined as abuses which include physical, sexual, emotional and economic abuse. Domestic violence has been a challenge that is faced by both the developed countries and the developing ones. Cases of assault, harassment and abuse are reported every day by victims of this type of violence, World Health Organization (WHO) (2013) and WHO (2005) reported that, the highest number of domestic violence victims is reported in third world countries. A 2007 WHO study of women from 12 different developing countries with different cultures found that 15% - 71% had experienced sexual assault as a result of religious teaching (In Ephesians 5:22 wife be submissive to your husband in all things For the husband is the head of the wife, even as Christ is the head of the church. Domestic violence among the pregnant women is noted to be one of the leading causes of poor child development and weak maternal health (NDHS, 2008). Cases of domestic violence among pregnant women are on the rise. Country like Nigeria experiences the highest rate of domestic violence (Adedoyin, 2003). This fact contradicts the common belief that women are protected during pregnancy.

The prevalence of DV varies widely, with approximately 15 –71 % of women worldwide experiencing some form of violence at the hands of their husband or male partner. In comparison, reported rates of Domestic Violence during Pregnancy (DVDP) are consistently lower in countries such as USA (1.5%), UK 4% and Canada 4%, but very high in some countries, such as Egypt, India where the women believe wife beating is a normal life, also in Nigeria, for an instant (Plateau State recorded 28.9%, Zaria 28%, and Abuja 31.7%) cases. In Nigeria as reported by UNFPA (2001) and WHO (2010) also reported that up to 59,000 women may have died nationwide with the risk factors of DVDP. One out of every 18 deliveries carries the risk of premature and death and the intersection of such violence with negative reproductive health outcome in cases related to maternity (WHO, 2010).

Many literatures describe risk factors like unemployment, low level of education, low socioeconomic status, associated with DV during pregnancy and the intersection of such risk factors with negative reproductive health outcome. However the vast majority of published work to date focused on women of reproductive age with scanty references to and has not looked specifically at pregnant women. Also out of the work that has been published on the effects of domestic violence on pregnant women, most are based on events in Western nations uses facility based data (Boldy, Webb, Horner, Davy and Kingsley

2002). There is a particular lack of information on the effects of domestic violence on pregnant women in Ekiti State where rates of both fertility and domestic violence are very high. (Fawole & Hunyinbo, 2008).

There are a number of maternal problems associated with domestic violence during pregnancy. Among these problems are hemorrhage, premature labour, low birth weight, placental obstruction, miscarriage, still birth and maternal death (Campbell, et al, 2004). The number of pregnant women reported to have died in the United States as a result of domestic violence was 1367 (Alonge, 2010). Those men to whom they unreservedly gave everything that matters and who were supposed to protect became the ones who hurt them most (WHO, 2010). Research has shown that several women are still the victims of domestic violence (WHO, 2010). These studies however fail to the magnitude of domestic violence as well as what is done to curb this problem.

The situation in Nigeria is made difficult by some of the discriminatory laws in operation and the dismissive police who appear not to take much interest in the reported domestic violence. Sarah (2010) and Ameh (2004) both reported that "On a daily basis, Nigerian pregnant women are beaten, raped and even murdered by their husband or someone else for supposed transgressions, which can range from not having meals ready on time, visiting family members from the wife without husband's permission, coming late from work, laziness, unplanned pregnancy and others adding that "husbands parents may be responsible for most of the violence" in some cases. Pregnancy may be a time of unique vulnerability to intimate partner violence (IPV) victimization because of changes in women's physical, social, emotional and economic needs during pregnancy (Adedoyin, 2003) Nigerian women are expected to be submissive to their husbands and domestic violence is often accepted as a part of marriage (Paul, 2005). An individual do not see a pregnant woman has been in a position that demanded extra care.

Domestic violence during pregnancy is a focused attack that puts not just one but two lives at risk, the pregnant woman and the unborn fetus. For example the Lagos State Police Command, demanded the dead fetus that was removed from a woman after she was allegedly kicked on her stomach (Deolu, 2014). In the same vein UNEFPA (2010), reported that in 2009, 156 women were killed by their husband. It has also been found that physical violence against pregnant women increases the risk of low birth infant, preterm delivery and neonatal death (Olaitan, Talabi, Olumorin, Braimoh, Kayode, and Onigbinde, 2012). During pregnancy, women are in peculiar state demanding that some measure of extra care had to be taken by the individual at this state, sthe immediate family members, especially the husband and the health care delivery team that includes the spiritual leaders and members of the public. Surprisingly people viewed it as part of life.

According to Brownridge (2009), domestic violence is defined as physical or psychological abuse directed toward a spouse or domestic partner; usually violence by men against women. It is a behavior used by one person in a relationship to control other. Partners may be married or not married, living together, separated or dating. The prevalence of IPV among pregnant women in Africa is one of the highest reported globally and the major risk factors are sexual abuse. This evidence points to the importance of further research to both better, understand DV during pregnancy and feed into interventions in reproductive health services to prevent and minimize the impact of such violence.

Prior to the mid-1800s, most legal systems accepted wife beating as a valid exercise of a husband's authority over his wife (Brownridge, 2009). Also, Adedoyin (2003) reported that many people believe that a woman is expected to endure whatever she meets in her matrimonial home, and to provide sex and obedience to her husband, who has the right to violate and batter her if she fails to meet her sexual marital duties. For some victims, domestic violence is seen as a sign of love. Domestic violence in Nigeria is often viewed as a necessary corrective tool for women, to be at best and part and parcel of married life whereas it is more injurious to the woman during pregnancy.

Most potently, its prevalent culture of silence and stigma for the victims of domestic violence hinders public acknowledgement of the problem. The low rates of violence reported in studies from developing countries in the 2010 review cannot be interpreted without special focus on context and risk factors and that further inquiry focusing on Ekiti State in particular is needed (WHO, 2010). There exists an urgent need to challenge the social prejudices and institutional structures in order to protect its women, not just from danger, but also from ridicule, fear and isolation, acid attack on women which cause extreme pain, disfigurement which is on the rise in Nigeria and have failed to be taken seriously as an offence by the Nigerian authority (Odimegwu, 2001).

According to Adewale (2007), although wife beating is a worldwide phenomenon, it is accepted as part of culture. This is reinforced by the concept of sex role socialization of women, which encourages and emphasizes submissiveness, and divorce is not always a viable alternative due to stigma attached to it. This

is also supported by Adedoyin that domestic violence exists, because of the deep rooted attitudes regarding socially and culturally prescribed roles, responsibilities and trait of men and women.

It is generally assumed that women are responsible for maintaining peace and harmony within the husband, and within the family relations. The police and courts often dismiss domestic violence as a family matter and refused to investigate or press charges" on the perpetrators of domestic violence. Like much of the world, women in Nigeria faces humiliating rules regarding evidence in court when it concerns violence against them, this result in a very low level of reporting, (Fawole & Hunyinbo, 2008).

The case of a Nigerian Monarch increased the awareness of people about domestic Violent, especially spousal abuse. The king victim was inflicted with blistered skin from a chemical substance and marks that are evidence of physical brutality through public flogging (Daily Vanguard, 2009). This is a classical act of domestic violence. Sometime, civil culture and society dictates support of these act. In the case of the monarch, the police reportedly saw the matter as a private affair between husband and wife, a mentality that is all too common and deeply ingrained in the psyche of many people and view of many yet primitive cultures. In many other instances, reports of abuse remain scanty and lacked adequate follow up.

There is also little or no forceful police documentation, prosecution or judicial actions on matters of domestic violence.(United Nations,1989) and women disobey or transgress against norms get punished, sometimes that in many societies is culturally justified (Campbell et al, 2004). However this study seeks to provide evidence of the association between domestic violence and adverse pregnancy outcomes.

In 2005, only 18.1% of 10,000 women who said they had been battered went to the police. Furthermore, women who have been raped were unable to obtain medical examinations and did not know how to report rape or obtain help. In 2009, 156 women were killed by their husband (Ewuola, 2001). There seems to be a deadly code of silence as the battered women have no place to run to. According to Abama (2009), the link to Millennium Development is an evident that problem of maternal and mortality which is associated with domestic violence against pregnant women are directly link to Millennium Development Goals (MDGs) to reduce child mortality and improve maternal health. But the negative health outcomes which include pregnancy loss, preterm labour, pregnancy complications, delivering low birth weight is still a problem (Olaitan et al, 2012).

Several studies on physical abuse in pregnancy have identified factors such as poverty, low socio-economic status, and substance abuse which are associated with domestic violence. Domestic violence has also been associated with drug/substance abuse and excessive drinking of alcohol (Ameh, 2004). There is paucity of data on domestic violence during pregnancy in developed countries especially in Ekiti state. WHO 2010 survey undertaking across developing countries reported that the risk factors of unemployment to be 22.7%. In addition some clinical-based studies revealed that 28% to 42% of women who reported domestic violence during pregnancy were not educated and majorities are full time house wife (WHO, 2010).

Singh, Rohtagi, Soren, Shukia and Lindow (2008) asserts that these studies reported the risk factors of domestic violence to educational status, socioeconomic status, infidelity to be 31%, 22.8% and 13% respectively. The researcher observed that causes of domestic violence vary across countries. These variations may occur within the population due to differences in socioeconomic characteristics such as religion, education, employment and income. Hence this study was conducted to identify the risk factors associated characteristics of women with various forms of domestic violence during pregnancy.

To improve the health of pregnant women and the unborn baby, it is important that research investigates the risk factors for violence against pregnant women during pregnancy, the nature and the pattern of domestic violence experienced by pregnant women and consequences of such violence.

Statement of the Problem

In spite of the impressive effort the government and non-governmental organization are making, to eradicate or minimize domestic violence, significant percentage of pregnant women in Nigeria and Ekiti state are still suffering in silence. In Nigeria, Police will not intervene in domestic quarrels, and do not consider wife beating as a crime, because, existing legal instruments do not treat wife abuse as a criminal offence. For instance, Penal Code Law Cap 89 laws of Northern Nigeria (1969) as cited by Odimegwu & Okengbo (2001) states that domestic quarrels is not an offence if committed by a husband for the purpose of correcting his wife. This law sees husband-wife relationship as being similar to parent-child relationship (Odimegwu & Okemgbo, 2001).

Information obtained from the increasing number of prevalence of DV and health consequences on pregnant women has not been scientifically analyzed in Ekiti state. It was observed that 75% of pregnant women who have experienced domestic violence have never been asked about sexual abuse in a medical exam. Based on this there is need for more empirical studies in this direction. Therefore, this study is

specifically designed to examine the risk factors of pregnancy among women and negative health outcome, in Ekiti state Nigeria.

Research Hypothesis

Risk factors will not significantly predict domestic violence experienced by pregnant women in Ekiti State, Nigeria.

Concept of Domestic Violence (DV)

Domestic violence against women is the most pervasive yet least recognized human rights abuse in the world. It is also a profound social problem, sapping women's energy, compromising their physical health, and eroding their self-esteem. Worldwide, one of the most common forms of violence against women during pregnancy is abuse by their husbands or other intimate male partners. Partner violence occurs in all countries and transcends social, economic, religious, and cultural groups. Although, women can also be violent and abuse their husband but the vast majority of partner abuse is perpetrated by men against their wife during pregnancy. Information on the amount of violence in families shows that it is not a rare phenomenon. Violence, of course, represents a rather extreme example of the failure of supportiveness. It is found in every kind of family, and it can reach extreme levels. For example, family fights are one of the most frequent reasons for police calls in developed countries. In a study, domestic violence is one of the leading causes of death among women and is the most common cause of nonfatal injury (Marcus, 2007).

Domestic violence among women is a global issue and is defined by the United Nations declaration on the elimination of violence against women as ''any act of gender based violence that result in or is likely to result in physical, sexual or psychological harm or suffering of women, including threat of such acts coercion or arbitrary deprivation of liberty whether occurring in public or private life'' (Nasir, and Hyder, 2003). Domestic violence during pregnancy is also categorized as an abusive behavior towards a pregnant woman, where the pattern of abuse can often change in terms of severity and frequency of the violence. Violence during pregnancy occurs more frequently than some routinely screened obstetric complications such as pre-eclampsia and gestational diabetes (Bacchusa, Mezey, & Bewley, 2008).

According to Nasir and Hyder (2003) Prevalence of domestic violence among pregnant women in developing countries ranges from 4% to 29%. In Nigeria, according to the national demographic and health survey of 2008, the prevalence of domestic violence among pregnant women varied from region to region with the highest in the south-south(9%) and lowest in the North Central region (7%) (NDHS, 2008).

In 1993 the Pan American Health Organization identified domestic violence as a high priority concern in their resolution and in 1996 the World Health Organization (WHO) declared domestic violence a public health priority (Bruin, 2006).

Concept of Pregnancy

Pregnancy is a state in which a woman caries a fertilized egg inside her body. Pregnancy usually last 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months According to Shehu and Kinta (2011) at the first trimester women feels tiredness, uncomfortable and that nausea may appear, as a result of increasing levels of pregnancy hormones in the circulation. That it is a time embryo starts to develop, arms and legs, liver and digestive system and the heart beat also developed. Pregnancy may be a time of unique vulnerability to intimate partner violence (IPV) victimization because of changes in women's' physical, social, emotional, and economic needs during pregnancy. Past research has reported a wide range of pregnancy violence 0.9% - 20.1%; however, the majority of studies have found rates ranging from 3.9% to 8.3 % (Treffer, 2003). If a woman should face problems of domestic violence at this period it will have very serious effects on the embryo.

World Health Organization (2005) reported that 18 to 67% of pregnant women in developing countries are confronted by a number of risk factors to their state of being pregnant as they are, being physically, mentally and sociologically abused. But these hazardous experiences are not reported by the victims as against the 28% of women in developed countries who reported same and are promptly attended by relevant institutions. (WHO, 2005)

One of the consequences of wife abuse that has been much discussed in the literature is its detrimental effect on pregnant women. For example, Ntaganira & Muula et al (2009) reported that being the victim of domestic violence, specifically, repeated exposure to physical violence perpetrated by their husbands, resulted in their longer hospitalization due to kidney infection, higher rates of premature births

and underweight infants, and higher rates of unwanted pregnancy and nausea, compared to non-abused women.

In another study of 102 pregnant women who had experienced physical abuse by results showed that, 89.2%; 9.8%, and 1% of women, during their pregnancy, experienced medium, low, and very low levels of abuse, respectively, demonstrating the detrimental effects of domestic violence on the emotional bonding between mother and infant. Also, rates of husband's verbal and physical abuse were higher among husbands who disapproved of their wives' pregnancy (Marcus & Braaf, 2007).The relationship between the intensity of domestic violence during pregnancy and mother's empathy towards her infant was also examined. While, Bruin (2006) noted the harmful effects of domestic violence on pregnant mothers and their unborn baby is giving birth to underweight infants.

Risk factors of Domestic Violence during Pregnancy

Several studies have attempted to identify risk factors associated with experiencing violence during pregnancy (Bruin 2006). However, all of these studies compared women who were abused during pregnancy to non-abused pregnant women. Violence during pregnancy poses a threat to health and the death of the mother and her infant (Ellis, 2011). Pregnancy and the immediate period following birth is a time when partner support and being in a confiding trusting relationship is supposed to be particularly important for psychological health (Morgan, 2005).

Amed (2009) asserted that to improve the health of pregnant women and their infants, it is important to research and investigates the risk factors for violence against women during pregnancy, the nature and patterns of violence experienced by pregnant women, and the consequences of such violence.

A woman feels more physically vulnerable and emotionally dependent on their partner during the prenatal and postnatal period and as a result implications of domestic violence may be more profound, as violence poses the safety of both mother and the baby (Efetie, 2007). Direct and indirect mechanisms of violence may cause adverse pregnancy symptoms or even during the postnatal period, including postnatal depression (Ewuola, 2001).

Women that are victims of Domestic Violence are subjected to a higher relative risk of postnatal depression or some other psychological morbidity during the postnatal period. Furthermore, some studies supports that the application of physical or sexual violence on pregnant women is an inclination factor for postnatal depression (Fawole, Huryinbo & Fawole, 2008). Some people believe domestic violence occurs because the victim provokes the abuser to violent action, while others believe the abuser simply has a problem managing anger. In fact, the roots of domestic violence can be attributed to a variety of cultural, social, economic, and psychological factors.

The societal issue of battered women has been labeled as wife abuse, spousal abuse, and conjugal, domestic or family violence. For the purposes of this manual we will use the term battered or abused women, which refers specifically to assaultive or abusive behavior committed by a man against a woman with whom he has an intimate, sexual, usually co-habituating relationship. (The definition is sex specific because while men may also be victims of battering, the numbers are very small, the abuse usually isn't accompanied by the threat of physical abuse, and the power balance is distinctly different. Abuse of men in our society is also not reinforced by the social, religious and economic factors that are operative in women's experience.) Battering can take many forms including, sexual practices that make woman feel humiliated, forced sex with object, deprivation of food, locking the woman out of her home, withdrawal of affection, constant criticism, isolation and threats on her life (Amed, 2009).

Education and domestic violence

There are inconsistent findings in the literature regarding the relationship between education and the risk for violence during pregnancy. Seedat (2009) found that women with less than 12 years of education were 4.7 times more likely to experience violence during pregnancy than women with more than 12 years of education.

However, these studies confined their analyses to bivariate tests of association and a number of other studies have found that this association disappears in adjusted models (Mirembe, & Bantebya, 2000 and Morgan, 2000). Conversely, Bruin 2006 reported that the only significant predictor to emerge from backward multiple logistic regression analysis was less than a high school education. In addition, it is noteworthy that none of the afore mentioned studies considered the male partner's education level in their analyses.

Employment

A number of studies have investigated the association between women's employment status and the risk for violence during pregnancy, with some studies finding unemployed status to be associated with an increased risk of violence (Seedat et al, 2009 and Martin, 2004)and others finding no association between employment status and risk for violence (Ezechi, Kalu, Ndububa 2004 and Martin, 2004). Most of these studies did not investigate the relationship between the male partner's employment status and the risk for violence during pregnancy (Campbell, et al 2004). However, in the two studies that did investigate this relationship, male unemployment emerged as a significant predictor for perpetrating violence against pregnant women. Martin et al, 2004). Living in urban areas was found to be a risk factor than living in rural areas. Other studies from developing nations support this finding (Bullock, 2001).

The urban social environment can be more stressful and alienating than rural areas. These conditions may influence spousal relations. Twenty three (23) Women from the higher age groups were at a higher risk of all forms of domestic violence during pregnancy (Adedoyin, 2003) is usually correlated with higher maternal age. However, some studies have found that younger pregnant women are more likely to have been exposed to domestic violence than older pregnant women.

Cultural beliefs: Domestic violence is reinforced by cultural values and beliefs that are repeatedly communicated through the media and other societal institutions that tolerate it. The perpetrators of violence are further supported when peers, family members, or others in the community (e.g., coworkers, social service providers, police, or clergy) minimize or ignore the abuse and fail to provide consequences. As a result, the abuser learns that not only is the behavior justified, but also it is acceptable. For example, the Nigeria cultural value supports some men's belief that they have the right to use violent or abusive behavior to control their partners or children. In turn, Nigeria woman and other family or community members may excuse violent of controlling behavior because they believe that husbands have ultimate authority over them even during pregnancy (Fawole, Honyinbo & Fawole, 2008)

Social Isolation: Many women who are abused during pregnancy have reported that their partners attempt to socially isolate them from family, friends, and other social support systems (Bacchus et al., 2006). The vast majority of women reporting physical violence during pregnancy are also victims of verbal abuse and psychological aggression (Bacchus et al., 2006; Campbell, 2002; Martin et al., 2004; Sales & Murphy, 2000; Stewart &, 2002). In fact, psychological abuse may be the predominant form of abuse during pregnancy in some cultures.

Studies investigating abuse during pregnancy in China have consistently found that emotional abuse and threats of violence are the most prevalent forms of abuse experienced by Chinese pregnant women (Bacchus et al., 2006).

Socioeconomic status

The relationship between socioeconomic status and sexual and reproductive health is well established in the public health field. Socio-economic disadvantage is both a cause and an outcome of poor sexual and reproductive health (WHO, 2010). Socioeconomic disadvantage can be indicated by low income, poor levels of educational attainment, employment in relatively unskilled occupations, and high unemployment.

Lawanson (2003) reported that socio-economic disadvantage can affect men and women's ability to access health services, contraception, abortion and timely screening and treatment for sexually transmitted infections (WHO, 2010a). People experiencing socio-economic disadvantage are less able to exercise reproductive choice because of reduced access to resources and services such as high quality medical care (WHO, 2009).

However, the psychological abuses are disputed (Martin et al, 2004) suggested that psychological abuses are limited, and points out those other researchers have found that only 10% or less fit this psychological profile. He argues that social factors are important, while personality traits, mental illness, or psychopathy are lesser factors. Psychological abuse acts as a means to establish control in violent relationships and often creates feelings of fear, insecurity, worthlessness, and dependency in victims especially when partners are poor. (Bacchus et al, 2006; Sales & Murphy, 2000). Women who are abused during pregnancy experience higher rates of psychological aggression both before and during pregnancy compared to non-abused women (Martin et al., 2004).Moreover, research indicates that verbal abuse may be associated with an increased risk of physical and/or sexual violence during pregnancy (Bacchus, 2006; Martin et al., 2004; Sales & Murphy, 2000).

Aggressive Action

Aggressive actions such as name-calling, blaming, ridicule, disrespect, and criticism, but there are also less obviously aggressive forms of verbal abuse. Statements that may seem benign on the surface can be thinly veiled attempts to humiliate; falsely accuse; or manipulate others to submit to undesirable behavior, make others feel unwanted and unloved, threaten others economically, or isolate victims from support systems.

In Oladoja, Adisa, Ahmed, & Akinde (2006) behavior…., the abuser may fluctuate between sudden rages and false joviality toward the victim; or may simply show a very different "face" to the outside world than to the victim. While oral communication is the most common form of verbal abuse, it includes abusive communication in written form (WHO, 2004).

Methodology

The research design that was used for this study is descriptive survey research design. The utilization of the design is hinged on the fact that it is suitable for gathering data from a relatively large number of cases at a particular time.

The population for this study comprised all the pregnant women who attend antenatal clinic in the three selected local government area from three senatorial district of Ekiti State. The target populations are those married pregnant women who have had full term or more pregnancy before. The sample size will be calculated based on the estimate of domestic violence prevalence from the three sampled Local Government (LG).The multistage sampling strategy will be used from each local government.

A multi- stage sampling approach was used for this study. Ekiti State of Nigeria is stratified into three (3) geopolitical senatorial district; that is Ekiti Central , Ekiti South, and Ekiti North, with a total population of, 2,388,212 (2006 Censor). It has 16 local government areas, with the capital located at Ado-Ekiti. Stratified sampling technique was used to select the three Local Government from each of the Senatorial distric in Ekiti State, (Ekiti Central, Ekiti South and Ekiti North). Random sampling was used to select the 3 local government, (Ado, Ikole and Ilawe Local Government Area) in kiti State. Also purposive sampling tecnique was used to select registered pregnant women attending antenatal clinic in PHC facilities in Ekiti State, Nigeria. The total number of 1,200 repondents was sampled from the three selected Local Government in Ekiti State. Meaning that 400 respondents was sampled from each of the Local Government.

Thereafter, simple random sampling techniqe was used to sample 60% of the 16 local government headquater towns to be sampled. Each of the towns will be maped out into four clusters. 100 subjects was sampled each from the four clusters using systematic random sampling techniqe.

A self constructed questionnaire was used to obtain information from the respodents. The items in the questionnaire were structured in such a way that would enable the respondents to pick alternative answers against their choice of responses. 4 Lirkert type Scale option was used as the rating scale for scoring the items. The response scale was scored as follows: Strongly Agree (SA) - 4 points, Agree - (3) points, (A) Strongly Disagree (SD) - 2 points and Disagree (D) - 1 point.

The researcher sought the assistance and guidance of experts in the field of Health Education to validate the instrument. The reliability of the instrument was also established and the reliability coefficient of 0.86 was also obtained. The data collected was coded and analyzed using Multiple reg ession Analysis. The Statisical Package for the Social Sciences (SPSS) will be used for all the analysis.

Results and Discussion

Test of Hypothesis

Main Hypothesis

Risk factors will not significantly predict domestic violence experienced by pregnant women in Ekiti State, Nigeria.

In order to test the hypothesis, scores on all the identified predicators (risk factors) of domestic violence constitute the independent variables while domestic violence represents the dependent variable. The risk factors includes: Unemployment, level of Education, Economic status, signs associated with pregnancy and religion. These set of scores were subjected to statistical analysis using multiple regression analysis at 0.05 level of significance.

The regression model is specified as follows:

$$Y = f(x)$$

$$Y = b_0 + b_1 x_1 + b_2 x_2 + b_3 x_3 + b_4 x_4 = U_i$$

Where

X_1 = Unemployment

X_2 = Level of Education
X_3 =Economic status
X_4 = Signs associated with pregnancy
X_5 = Religion
b_0 = intercept
b_i = Slope
U_i = Stochastic error term.

Regression result is presented in table 1,

Table 1: Multiple Regression Analysis showing the predictor (Risk factors) of domestic violence experienced by pregnant women

Model			Standardized coefficient	T	Sig.
	B	Std. Error	Beta		
(constant)	.315	.034			.000
Unemployment Status	.057	.013	.126	4.467	.000
Level of Education	.045	.013	.099	3.489	.001
Economic Level	.029	.010	.086	2.891	.004
Signs Associated with pregnancy	.045	.011	.126	4.251	.000
Religious beliefs	.045	.011	.126	4.251	.000

Dependent variable: occurrence of domestic violence
Multiple R = .880
Multiple R^2 = 0.77
Adjusted R^2 = 0.72
F = 464.04

Table 1 shows that unemployment, Signs associated with pregnancy and religious were the best predicator of domestic violence experienced by pregnant women in Ekiti state with beta weight .126 (12.6%), .126 (12.6%) and .124(12.4%) respectively. This is followed by level of educational status, having beta weight .099 (9.9%) and closely followed by Socio-economic status with beta weight .086 (8.6%).

The composite relationship between predicator risk factors and domestic violence is fairly high, positive and statistically significant at 0.05 level (R = 0.880, P< 0.05). The coefficient of determination (R^2) is 0.77. This implies that about 81% variation in domestic violence experienced by pregnant women in Ekiti State is jointly explained by variation in the predictors' risk factors. The remaining 19% unexplained variation is largely due to variation in other risk factors which are not in line in the regression model but otherwise institute the stochastic error term.

Testing the effect of individual predicator risk factors on domestic violence experienced by pregnant women in Ekiti state, the result shows that all the risk factors considered in the study (i.e Unemployment, level of education, economic level, signs associated with pregnancy and religious belief) were statistically significant at 95% confidence level in each case (that is, t=4.467, t = 3.489, t = 2.891, t = 4.251and t= 3.162 respectively).

The regression model is statistically significant in terms of overall goodness of fit (f = 98.681, P <0.05).

Discussion

The results of the study were discussed based on the main hypotheses as follows:

The result obtained for the test of the main hypothesis (Table 1 Multiple Regression Analysis showing the predicators (Risk factors) of domestic violence experienced by pregnant women) shows that risk factors such as: Unemployment, low level of education, low socio-economic status and religious beliefs were jointly good predicators of the pattern of domestic violence experienced by pregnant women in Ekiti state, Nigeria. This finding agrees with the findings of Efetie (2007). WHO affirm that unemployment, educational status and religious beliefs are associated with domestic violence among pregnant women. It showed an average rate of 28.4%, 13.8% and 8% respectively.

Conclusion

Among other factors that predispose to domestic violence are, Unemployment, low socioeconomic status, low level of education and religious beliefs. Therefore it is significantly to lower the chance of such abuse, it would be better to raise women's income level, through access to and control of economic and financial resources and educating them of their rights. Protecting pregnant women lies in transformative gender equality if they should understand practices that predispose them to domestic violence, the rate of domestic violence during pregnancy will go down. Hence health care providers should be trained to recognize and respond to violence during pregnancy and refer abused women for appropriate support and care, further research is needed on the feasibility and benefits of universal screening for domestic violence during pregnancy particularly for encouragement of the free utilization of antenatal care services to prevent the health consequences of domestic violence.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Gender equality to be promoted and empower women to reduce and eliminate violence against pregnant women.
2. Law against domestics' violence should be reviewed from time to time to eliminate domestic violence.
3. Women should not be treated or seen as sub-servant to men, the perpetrators of domestic violence should be prostituted for sustainable development.
4. Women should be protected from ridicule, fear, acid attack which causes disfigurement
5. Educational attainment would be an important tool to risk factors of domestic violence since women with education are more autonomous and possesses the resources and skills necessary to better recognize and terminate a potential abusive relation.
6. Women should have asses to information on health hazards during pregnancy and sources of help.

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