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Help Seeking Pattern among Postpartum Women Exposed to Intimate Partner Violence in Osogbo, Nigeria

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Authors' contributions

This work was carried out by all the authors. Authors AAD and AAB conceptualized the study. Authors AAD, AAB and EAB wrote the protocol and the first draft of the manuscript. Authors AAD, AAB and EAB managed the analyses of the study. All authors read and approved the final manuscript.

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ABSTRACT

Aim: Intimate partner violence (IPV) is a public health issue in both developed and developing countries. A view of IPV as a personal problem, often reinforced by community and perpetrator denial as well as fear of retaliation and social ostracisation, deter many women from confiding in others and seeking help. The study aimed to assess help seeking pattern and knowledge about non-governmental organizations (NGO) among postpartum women attending postnatal and infant welfare clinics of LAUTECH Teaching Hospital (LTH), Osogbo.
Study Design: This was a cross-sectional study.
Place and Duration of Study: This study was conducted at LTH, Osogbo Nigeria, between September and November 2015.
Methodology: The study was conducted among 220 consenting postpartum women attending

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postnatal and infant welfare clinics of LAUTECH Teaching Hospital, Osogbo using composite abuse scale and socio-demographic questionnaire. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 21.

Results: Majority of those who experienced IPV, 42 (71.2%) did not seek help. Among the 28.8% that sought help, majority used informal strategies like mother and other family members. Ninety-four percent of those who sought help said it was helpful and sixty-one percent of those exposed to intimate partner violence are aware of non-governmental organizations.

Conclusion: There is need to strengthen the family members on how to support those exposed to intimate partner violence (through education on the media) since many women prefer them to formal services and more awareness creation about existence of NGO is needed.

Keywords: Intimate partner violence; postpartum women; help seeking; Non-Governmental Organizations.

1. INTRODUCTION

Intimate partner violence (IPV) is defined by the World Health Organization (WHO) as the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former male partner [1]. It is one of the most common forms of violence against women [1]. It cuts across ethnic, cultural, socioeconomic and religious barriers. It impinges on the right of women to fully participate in the society [1].

According to WHO, surveys around the world indicate that approximately 10-69% of women report being physically assaulted by an intimate male partner at some point in their life [2,3]. In the United States, 2-12% of women reported intimate violence in the past one year while a prevalence of 31% and 13% were reported among women in Europe and Asia respectively [4].

A view of IPV as a personal problem, often reinforced by community and perpetrator denial, as well as fear of retaliation and social ostracisation, deter many women from confiding in others and seeking help [5]. Victims of IPV usually both keep quiet and continue to submit to the abuse or they seek help. Globally, abused women face significant barriers in obtaining support for several reasons. Often, they are reluctant to disclose abuse or to seek help to end the violence because of their traumatic experience. They are frightened that they will be blamed or not believed [6]. They also perceive that violence is normal or not serious, and fear consequences in terms of a re-attack by the perpetrator or the risk of losing their children [7,8].

In women who sought help, most used informal strategies extensively before extending to include more formal support as violence increased [5,9]. Friends and relatives often provide women with informal support in the forms of emotional sustenance and material assistance (such as a place to stay) [10]. Formal support may be provided by the police, medical services personnel, mental health professionals, clergy members and staff at shelters [11]. Informal and formal support have been shown to improve mental health and subsequent capacity to stay safe in women who are victims of IPV [12].

1.1 Justification

IPV is a global public health issue and a source of stressor which affects women of child bearing age, which often has disastrous consequences for individuals, family and society. Few studies have examined help seeking pattern and knowledge about NGO among postpartum women exposed to IPV in Nigeria and in the catchment area of this study. It is important to ensure awareness about importance of help seeking to prevent deleterious effect from this health issue. This study will help to determine the help seeking pattern and awareness of NGO which could be of help for coordination of care to reduce morbidity and mortality.

2. MATERIALS AND METHODS

2.1 Study Location

The study was conducted at the infant welfare and postnatal clinics of Ladoke Akintola University of Technology (LAUTECH) Teaching hospital (LTH) Osogbo, Osun State. LTH was established in 1999 and is one of the two Teaching hospitals jointly owned by Oyo and

Osun State. It is a three hundred and ten bed capacity hospital which provides primary, secondary and tertiary health care services in all specialties of medicine. It is located at the centre of Osogbo where it is easily accessible to the indigenes. It is situated in Olorunda Local Government area of Osogbo in the South-Western part of Nigeria. Yoruba is the language widely spoken by the people, although other Nigerian tribes are present. LTH is a referral centre to other hospitals in the city and its environs. The hospital provides services for patients mainly from Osun state and neighbouring states like Oyo, Ondo and Ekiti.

Osogbo is the capital of Osun State. It is located about 194 km northeast of Lagos, the commercial capital of Nigeria. It shares boundary with Ikirun, Ilesa, Ede, and Iragbiji and it is easily accessible from any part of the state because of its central location. The estimated population of the town is over 355,572 people spread over its two local Government areas. This was calculated from the 2006 census figure of 287,156 [13].

2.2 Study Design

This was a hospital based descriptive cross-sectional survey.

2.3 Study Population

This study was carried out at the infant welfare and postnatal clinics of Ladoke Akintola University of Technology (LAUTECH) teaching Hospital (LTH) Osogbo, Osun State from September to November 2015. The study population comprised women of age group 18-45 years who were in the postpartum period attending postnatal and infant welfare clinics of the hospital.

2.4 Inclusion Criteria

1. Subjects aged 18 years to 45 years
2. Women who are currently or formerly married or cohabiting with a male partner for at least 12 months or women who have been in an intimate relationship within the past one year.
3. Women within 6 months postpartum

2.5 Exclusion Criteria

1. Women without live birth

2.6 Recruitment

The infant welfare clinic of LAUTECH Teaching Hospital holds on Monday, Tuesday and Wednesday while the postnatal clinic holds on Friday. The Monday clinic is for age group 6 weeks to 14 weeks, Tuesday is for new-borns while Wednesday clinic is for children age 9 months and above. The postnatal clinic is at 6 weeks post-delivery. For the purpose of this study, the Wednesday clinic was excluded because the mothers' postnatal age were more than six months which was the postpartum period chosen for this study. The number of mothers attending the postnatal and infant welfare clinics was estimated to be about 15 per day. Those that fell within the age range of 18-45 years were included in the study. The recruitment for the study lasted 8 weeks.

Women attending these clinics were consecutively selected and those who met the inclusion criteria and gave informed consent were recruited for the study until the sample size was achieved. A removable identification sticker was left on all patients' card until the completion of the study to avoid a repeat selection. Completion of the questionnaires per participant lasted about 20 minutes. A resident doctor in psychiatry department who speaks and writes in Yoruba and English was recruited as a research assistant in order to help administer questionnaires to those who could not read in Yoruba or English. She was trained about the administration of the questionnaires. She was trained over 6 hours in 3 divided sessions each lasting 2 hours on 3 consecutive days before the data collection.

The self-administered questionnaires were filled by all mothers that met the inclusion criteria at the same time. For those who were not able to read in Yoruba or English, the research assistant helped to administer the questionnaire to them after obtaining informed consent. The interview was conducted in a private office, the respondents were put at ease and rapport was established before administration of the instrument. The questionnaires administration and completion was built into the normal waiting time for clinic. This helped to avoid prolonging the waiting time.

2.7 Measures

Data collection was done using the following instruments:

1. **Socio-demographic Questionnaire:** The socio-demographic information of respondents, including age, residence, marital status, number of husband's wives, position among husband's wives, family settings, family size, sex of index child, sex of previous children, level of education of both participant and partner, employment status of respondent and partner's monthly income were enquired about.
2. **Questions on Pregnancy Related Factors:** This aspect of the questionnaire enquired about support during pregnancy, mode of delivery, duration of delivery and number of weeks since delivery
3. **Questions on Exposure to Violence:** This section of the questionnaire enquired about experience of physical violence from home of origin before the age of 18 years, witnessing physical abuse in home of origin before age of 18 years, experience of sexual abuse before 18 years and witnessing sexual abuse before 18 years. Also, composite abuse scale which is a 30- item self-administered questionnaire was used to determine the experience of IPV.
4. **Questions on Alcohol Use:** This section of the questionnaire enquired about alcohol use of respondents and their partners' alcohol use.
5. **Questions on Help Seeking Behaviours:** This aspect of the questionnaire enquired about attitude of respondents to violence against women, attitude of respondents to help seeking, reason for seeking help or otherwise and from whom help is sought.

2.8 Procedure

Written informed consent was obtained from every consecutive postpartum woman after the aim and objectives of the study have been explained to her, then the questionnaires were completed by the respondents. Respondents were assured of confidentiality and serial number not individual names were written on the questionnaires. After data collection, the questionnaires were kept in a safe place where they are only accessible to the researcher.

2.9 Ethical Consideration

Approval to undertake the study was obtained from the Ethics and Research Committee of LAUTECH Teaching Hospital to ascertain that the methodology does not contravene guidelines for research involving human subjects. Ethical issues like non-disclosure to others, opportunity to decline participation at any stage and non-exposure to risk were discussed with each respondent. The participants bore no financial burden for the study.

2.10 Data Analysis

At the end of data collection, the administered questionnaires were sorted out and coded serially. All data collected were analyzed using the Statistical Package for Social Sciences (SPSS) software (version 21). Results were presented using frequency distribution tables and relevant statistics such as percentages, means and standard deviations.

3. RESULTS

3.1 Socio-demographic Characteristics of the Respondents

Two hundred and twenty questionnaires were administered to the study group and all the questionnaires were completed, giving a response rate of 100%.

The socio-demographic characteristics of the respondents are as shown in Table 1. The mean age of the respondents was 30.12 (± 4.76) years. The respondents were mainly urban dwellers of Yoruba ethnic group and from monogamous family settings. Women whose ages ranged between 30 and 39 years constituted more than half of the entire respondents. Christians constituted about two-third of the respondents. Majority of the women had education beyond the primary school level. Three-quarter of the respondents were employed. More than half of the respondents earn less than the current minimum wage of 18,000 Naira.

3.2 Help Seeking Pattern of Those who Experienced IPV

From a total of 220 respondents, 59 were found to be exposed to IPV.

Fig. 1 shows the distribution of those who experienced IPV according to their help seeking pattern. Majority of those who experienced IPV, 42 (71.2%) did not seek help, while 17 (28.8%) sought help.

Table 1. Socio-demographic characteristics of the respondents (N = 220)

	Frequency (n=220)	Percentage
Age (years)		
≤ 20	2	0.9
20 -29	89	40.4
30 -39	124	56.4
≥40	5	2.3
Mean age 30.12 (± 4.76)		
Marital status		
Cohabiting	25	11.4
Married	195	88.6
Marriage/ Cohabitation pattern		
Monogamous	200	90.9
Polygamous	20	9.1
Employed		
Yes	167	75.9
No	53	24.1
Level of education		
No formal education	1	0.5
Primary	11	5.0
Secondary	57	25.9
Tertiary	151	68.6
Tribe		
Yoruba	216	98.2
Igbo	3	1.3
Others Specified (Ishan)	1	0.5
Place of residence		
Urban	214	97.3
Rural	6	2.7
Religion		
Christianity	140	63.6
Islam	79	35.9
Traditional	1	0.5
Income pattern		
Income<18000	117	53.2
Income≥18000	103	46.8

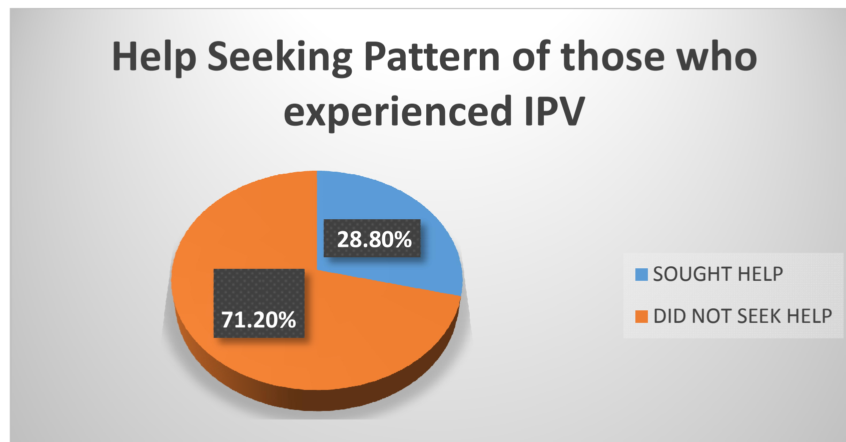

Fig. 1. Help seeking pattern of those who experienced IPV

Table 2 shows that majority of the women who sought help used informal strategies like mother, other family members and parents in law. Only 11.9% of them used formal support like the Pastor while none of the women had ever reported to the police.

Table 3 shows that the majority of women who sought help had helpful response (94.1%) and only 5.9% said the response was not helpful.

Table 4 shows the reason for not seeking help. More than half (52.4%) cited the fact that they believed it was not serious enough as the reason for not reporting. About 26.2% of the women said it was a personal problem, 19% claim they believe they will settle it while 2.4% said they depend on God.

Table 5 shows that 36 (61%) of those who experienced IPV are aware of NGO and only about half of those who experienced IPV are willing to have NGO assist them. Half of the women stated that they prefer family members while 32.2% said they will settle it. Also, 10.7% believe reporting to NGO can lead to divorce while 7.1 % will rather depend on God.

Table 2. Where those who experienced IPV sought help from

Variable	Frequency	Percent
Mother	1	5.9
Other family members	2	11.8
Parents in law	12	70.4
Pastor	2	11.9
Police	0	0

Table 3. Response got from help seeking

Variable	Frequency n =17	Percentage
Helpful	16	94.1
Not helpful	1	5.9

Table 4. Reason for not seeking help

Variable	Frequency n=42	Percentage
It is a personal problem	11	26.2
It was not serious enough	22	52.4
We will settle it	8	19.0
I depend on God	1	2.4

4. DISCUSSION

In this study, the mean age of respondents was 30.12 (± 4.76) years. Majority of the respondents (94.5%) had post-primary school education. The high literacy level among the respondents might be due to the fact that the study center, being a teaching hospital with relatively high fee for service, will attract mostly educated people who can afford services provided at the centre and also the free education policy in the state Majority of the respondents 97.3% reside in the urban area. This finding may be explained by the fact that the study was conducted in a teaching hospital which is a tertiary level of care and provides services more to the elite population, and which is also located in an urban centre.

Victims of IPV predominantly used informal sources of support. IPV historically has been viewed as a private family matter that needs not involve the government or criminal justice [14, 15]. Of all the victims of IPV in this study, none reported the case to law enforcement agencies.

Table 5. Knowledge and attitude of those who experienced IPV about NGO(s)

Variable	Frequency	Percent
Awareness of NGO		
Yes	36	61.0
No	23	39.0
Willing to have NGO assist		
Yes	31	52.5
No	28	47.5
Reason for not willing to have them assist		
I depend on God	2	7.1
I prefer family members	14	50.0
It can lead to divorce	3	10.7
We will settle it	9	32.2

Non-reporting of IPV is also enforced by male dominance, patriarchal system of family setting, cultural norms, fear of stigmatization and religious beliefs [16]. Some women will seek help from relatives and pastor as was found in this study while others resort to praying, crying and begging [2,15]. This is done to protect their marriage, prevent their children from suffering and to maintain their source of income [2,15]. When IPV is reported, it is made to the family members like the parents, siblings and close friend. This is because marriage is viewed as a family affair rather than a public affair in Nigerian setting [2]. These informal sources may be a starting point for interventions seeking to reduce stigma and offer substantive support to women [6]. This was further buttressed in this study by the fact that only half of those who experienced IPV (52.5%) were willing to have NGO assist them. There is a need to review the present situation and if these family members are adjudged the most suitable in Nigerian environment, then their support should be strengthened.

5. CONCLUSION

The burden of IPV represents a major challenge especially in the African setting where the act is concealed by the victims. This attitude of non-reporting of IPV is enshrouded in cultural patriachalism, religious beliefs and perception of family institution as sacred in Nigeria. All these help to perpetuate mental ill-health and degrade the status of the women. There is need to strengthen the family members on how to support those exposed to intimate partner violence (through education on the media) since many women prefer them to formal services and more awareness creation about existence of NGO is needed.

6. LIMITATIONS OF THE STUDY

1. The study is subject to both recall and reporting bias because measures of IPV were based on self-report, though it is expected that the estimates derived from this study will be no less reliable than those of other self-report surveys.
2. Study population was drawn from a hospital which may not truly reflect characteristics of the general populations.

CONSENT

All participants gave a written informed consent.

ETHICAL APPROVAL

Approval to undertake the study was obtained from the Ethics and Research Committee of LAUTECH Teaching Hospital Osogbo to ascertain that the methodology does not contravene guidelines for research involving human subjects.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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