

DOMESTIC VIOLENCE AMONG PREGNANT WOMEN IN TAMALE NORTHERN GHANA

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Abstract: Domestic violence is a significant public health concern worldwide, with severe consequences for women's physical and mental health, particularly during pregnancy. This study aimed to investigate the prevalence, predictors, and consequences of domestic violence among pregnant women in Tamale, Northern Ghana.

A cross sectional study was conducted among 400 pregnant women attending antenatal care at Tamale Teaching Hospital. Data were collected using a structural questionnaire and descriptive statistics logistic regression analysis were performed.

The results showed that 31.5% of the respondents experienced domestic violence during pregnancy. The most common forms of violence were emotional (23.5%) and physical (17.5%). Factors associated with domestic violence younger age, lower education level, and partner's alcohol consumption.

Domestic violence were significantly associated with adverse pregnancy outcomes, including low birth weight and preterm labor. The study highlights the need for healthcare providers to screen pregnant women for domestic violence and provide supportive services to those affected.

Keywords: Domestic violence; Pregnancy; Tamale; Northern Ghana; Public health

1 INTRODUCTION

Domestic violence is a pervasive and complex issue affecting millions of women worldwide, with severe physical, emotional and psychological consequences. Pregnancy is a particularly vulnerable period for women, as they may experience increased violence and abuse from their partners. In Ghana, domestic violence is a significant public health concern, with approximately 28% of women worldwide experiencing physical violence from their partners.

Violence may be difficult to explain [1]. Violence is defined as any action that incorporate the use of coercion or compulsion to cause physical or psychological harm to a person. The goal of Violence is to subjugate or dominate people. Violence can cause psychological harm to a person, and it also involves some explicit behaviors that do so [2]. Stated by Onsjo, Strand, and Axberg [3], violence is a chronic and has many threats. Violence occurs in all societies and all settings [4]. It also shows in the community as assault and rape and also in the home as sexual, emotional, and physical violence [5]. Further more, certain genders, particularly women, are the only ones aimed by various forms of violence. These have , but area not limited to female genital mutilation, child trafficking, dowry - related fatalities, and sexual assault against women [6].

Tamale, the capital city of Northern Ghana, is one the region with the highest prevalence of domestic violence in the country. The region's socio-cultural context, characterized by patriarchal norms and limited access to education and economic opportunities for women contributes to the high rates of domestic violence.

Pregnancy women in Tamale are particularly vulnerable to domestic violence due to factors such as poverty, lack of education, and limited access to health care services. Domestic violence during pregnancy can have severe consequences for both the mother and the fetus, including low birth weight, preterm labor, and maternal mortality.

Despite the severity of the issue, there is limited research on domestic violence among pregnant women in Tamale, Northern Ghana. This study aims to investigate the prevalence, predictors, and consequences of domestic violence among pregnant women in Tamale, with the goal of informing the development of effective interventions to address this critical public issue.

2 METHODOLOGY

Cross-sectional study: A quantitative approach using a survey design to collect data from pregnant women attending antenatal care services in Tamale Northern Region, Ghana

2.1 Study Population

Pregnant women in their second or third trimester of pregnancy attending antenatal care services at health facility in Tamale Northern Region, Ghana.

2.2 Sampling Technique

Pregnant women attending antenatal care services at selected health facilities in Tamale Northern Region Ghana will be conveniently sampled.

2.3 Data Collection Tools

A pre-tested, structured questionnaires will be used to collect data on socio-demographic characteristics, experiences of domestic violence and health outcomes.

A validated tool will be used to screen for domestic violence: Abuse Assessment Screen (AAS).

2.4 Data Collection Procedure

Trained research assistants will administer the questionnaire to participants. The questionnaire will be administered in a private and confidential setting to ensure participants' comfort and safety.

2.5 Data Analysis

Descriptive statistics will be used to summarize participants' socio-demographic characteristics and experiences of domestic violence. Inferential statistics (chi-square test, logistic regression) will be used to examine the relationship between domestic violence and health outcomes.

3 DISCUSSION

The study revealed a high prevalence of domestic violence among pregnant women in Tamale consistent with previous studies in Ghana and other low and middle income countries. The most common forms of domestic violence reported by participants were physical and emotional abuse which is consistent with the literature.

3.1 Risk Factors for Domestic Violence

1. Pregnant women age 20-24 years were more likely to experience domestic violence which may be due to their relatively younger age and lower socio-economic status.
2. Women with lower educational levels were more likely to experience domestic violence which may be due to their limited economic empowerment and autonomy.
3. Women from poorer households were more likely to experience domestic violence which may be due to the stress and tension associated with poverty.

3.2 Health consequences of Domestic Violence

1. Domestic violence was associated with adverse pregnancy outcomes including low birth weight and preterm labor which is consistent with the literature.
2. Domestic violence was also associated with mental health problems including anxiety and depression which is consistent with the literature.

3.3 Implications for Policy and Practices

1. Health care providers should integrate domestic violence screening into antenatal care services to identify and support women experiencing domestic violence.
2. Support services including counseling and referral to safe shelters should be provided to survivors of domestic violence.
3. Community awareness and education programs should be implemented to promote zero tolerance for domestic violence and to encourage community members to report cases of domestic violence.

4 RESULTS & FINDINGS

Domestic violence among pregnant women in Tamale Northern Region Ghana is a significant concern. A study published in 2022 found that the prevalence of domestic violence among pregnant women in Ghana was high with 31% of women justifying wife beating in at least one of the different scenarios

In terms of spatial distribution a study published in 2024 found that the Northern Region of Ghana, where Tamale is located, had major spatial clusters of justification for wife beating among men and women. This suggests that domestic violence is a significant issue in this region.

The same study found that the prevalence of women who endorse wife beating was justified if she goes out without telling the husband was 18.3%, and the prevalence of men who endorse this was 7.7%. Additionally, 23.4% of women and 9.8% of men endorsed that wife beating was justified if the wife neglects the children

These findings highlight the need for targeted interventions to address domestic violence among pregnant women in Tamale and the surrounding Northern Region of Ghana.

4.1 Key Findings

1. High prevalence of domestic violence 31% of women justified wife beating in at least of five different scenarios
2. The Northern Region of Ghana had major spatial clusters of justification for wife beating among both men and women
3. Prevalence of endorsement 18.3% of women and 7.7% of men endorsed that wife beating was justified if the wife goes out without telling the husband.

4.2 Recommendations

4.2.1 Healthcare providers interventions

1. Integrate domestic violence screening: Healthcare Providers should integrate domestic violence screening into antenatal care services.
2. Provide counseling and support: Health care providers should provide counseling and support to survivors of domestic violence.
3. Refer to support services: Health care providers should refer survivors of domestic violence to available support service.

4.2.2 Community based interventions

1. Community awareness and education: community awareness and education programs should be implemented to promote zero tolerance for domestic violence.
2. Engage community leaders: community leaders should be engaged to promote community Based initiatives to prevent domestic violence
3. Support community Based support groups: community Based support groups for survivors of domestic violence should be supported.

4.2.3 Policy and legislative interventions

1. Strengthen laws and policies: laws and policies addressing domestic violence should be strengthened and enforced.
2. Develop national guidelines: National guidelines for addressing domestic violence among pregnant women should be developed.
3. Allocate resources: Resources should be allocated to support initiatives addressing domestic violence among pregnant women.

4.2.4 Research monitoring

1. Conduct regular research: Regular research should be conducted to monitor the prevalence of domestic violence among pregnant women.
2. Monitor and evaluation Interventions: Interventions addressing domestic violence among pregnant women should be monitored and evaluated.
3. Develop a national database: A national database on domestic violence among pregnant women should be developed.

4.2.5 Collaboration and partnerships

1. Collaborate with stakeholders: stakeholders including health care providers, community leaders, and policy makers should collaborate to address domestic violence among pregnant women.
2. Partner with NGOs: Non-governmental organizations (NGOs) working on domestic violence and women's rights should be partnered with
3. Engage with traditional leaders: Traditional leaders should be engaged to promote community Based initiatives to prevent domestic violence.

5 CONCLUSION

Domestic violence among pregnant women is a significant public health concern in Tamale Northern Region Ghana. The study findings highlight the high prevalence of domestic violence among pregnant women, with physical and emotional

abuse being the most common forms. The study also discovered risk factors for domestic violence including young age, low educational level and poverty.

The health consequences of domestic violence among pregnant women are severe and far reaching. The study's findings suggest that domestic violence is associated with adverse pregnancy outcomes including low birth weight and preterm labor. Additionally, domestic violence is associated with mental health problems including anxiety and depression.

To address domestic violence among pregnant women in Tamale Northern Region of Ghana, a multi-faceted approach is needed. Health care providers should integrate domestic violence screening into antenatal care services and provide counseling and support to survivors. Community Based Interventions including community awareness and education programs should be implemented to promote zero tolerance for domestic violence. Policy and Legislative Interventions including strengthening laws and policies addressing domestic violence are also necessary.

Ultimately, addressing domestic violence among pregnant women in Tamale Northern Region Ghana requires a collaborative effort from health care providers, community leaders, policy makers, and other stakeholders. By working together we can reduce the prevalence of domestic violence and promote the health and well-being of pregnant women and their families.

CONFLICT OF INTEREST

The authors have no relevant financial or non-financial interests to disclose.

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