

Domestic Violence and the Psychological Well-being of Pregnant Women in Port Harcourt Local Government Area, Rivers State

HART, Perewari Ngo
perewari.hart@ust.edu.ng

Egbuchu, Samuel, Aleruchi (Ph.D)

Faculty of Social Sciences, Department of Psychology (Social Work and Gender Studies)
Rivers State University, P.M.B. 500101 Nkpolu Oroworukwo, Port Harcourt, Rivers State

Sender: lucky.anyike@yahoo.com

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Abstract

This study examined the impact of Domestic Violence on the Psychological Well-being of Pregnant Women in Port Harcourt Local Government Area, Rivers State. The major aim was to examine the impact of domestic violence on the psychological well-being of pregnant women while the specific objectives was to examine the impact of sexual violence, physical violence, emotional violence, economic violence and verbal abuse on the psychological well-being of pregnant women. The population of the study was 2000 pregnant women in St. Patrick hospital, Save a Life hospital and University of Port Harcourt Teaching hospital with a sample size of 333 using Taro Yane sampling methods. Simple percentages, frequency tables and mean were used as data analysis techniques. The study found that domestic violence has negative impact on psychological wellbeing of pregnant women. From the findings, the study concludes that there was significant relationship between domestic violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State. We recommend that leaders should endeavour to preach the dangers of engaging in domestic violence on pregnant women. Non-Governmental agencies initiated towards protecting the rights of women, their psychological well-being and their children should pay particular attention to women in Port Harcourt as the findings for this study shows a high prevalence of domestic violence on pregnant women, yet help centers are not satisfactory enough to provide mental help and support and justice for the women who are bold enough to speak up and law enforcement agencies should endeavor to treat cases of domestic violence with all seriousness and not overlook it as a family matter which is one of the most used terms whenever a case of dispute is brought to the station.

INTRODUCTION

One of the major determinants of a long healthy and happy life is dependent on a person's level of psychological well-being. Psychological well-being can simply be defined as being in a state of mental homeostasis and holistic wellness (Ryff, 2017). It is also the core determinant of mental health and is characterized as a situation where a person is happy and also functioning effectively to the best of his abilities. In this state, goals are met, the person's physical health is in check, they are productive, socially engaged and there is little or no cause for anxiety and worry (Huppert, 2009). Having a good psychological well-being also helps to increase

happiness, sense of fulfillment, satisfaction and overall well-being. It contributes to a sense of purpose, meaning, and fulfillment, leading to a more satisfying and fulfilling life experience (Okorobie, 2023).

Looking at the importance and contributions of psychological well-being towards a wholesome life experience, it is quite dangerous when certain factors hamper or tamper with one's psychological well-being. One of such factors is domestic violence, which has been described as stressors of psychological well-being along with exposure to war and unrest, depression, trauma amongst others, and has been defined as the presence of social and physical environmental circumstances that challenge the adaptive capabilities and resources of an organism (Monroe & Slavish, 2023). Willis, (2005) also identified psychological stressors as anxiety, narcissism, hate, guilt feelings, over-sensitivity, desire, sufferings, frustration, terror, disappointment and yearning for endorsement. In addition, he laid out methods of change in events which add to extreme stress such as personal injury or ailment, demise of life partner, divorce, wedding, sex issues, pregnancy, gain of a new family member, issues with managers, monetary commitments, change in working conditions, changes in school and minor infringement of the law. In all of these stressors, one of the most reoccurring has to do with domestic violence. Domestic violence, abuse or intimate partner violence can be described as a situation where one person experiences unpleasant occurrences, events and attitudes at the expense of another.

partner violence is considered as the most prevalent form of violence.

Generally, women have suffered severely from medical problems, such as chronic and acute physical injuries loss of hearing or vision, miscarriage, depression, physical disfigurement, pelvic pain, anxiety, cardiovascular problems, bruises, broken bones among others. The reason for these complex problems may in many cases be traced to domestic violence due to women economic dependence on men especially in Nigeria where patriarchy system and the differential socialization practice is high. Domestic violence may be perceived in many ways such as wife battering, kicking, rape, torture, trafficking, forced prostitution, marriage (Human Rights Dialogue, 2003). Violence against women is the most pervasive form of abuse, a universal problem that transcends divisions of class, race, religion, ethnicity, and geography most especially time of woman pregnancy (Pickup, William & Sweetman, 2001).

Pregnancy is one of the most risky periods in a woman's life. Violence against woman during pregnancy increases this risk. Partner violence is the most common form of violence against women worldwide. Worldwide, almost one third of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. Emotional abuse (being humiliated, insulted, intimidated, and subjected to controlling behaviors such as not being permitted to see friends or family) also adversely impacts the health of individuals (Benebo, Schumann, & Vaezghasemi, 2018). Warning signs of physical violence that can be observed in women in general who suffer from violence are as follows: asthenia, myalgias, headaches and migraines, menstrual disorders, shivering and hot flashes, digestive disorders, and hypertension. Psychological warning signs are as follows: difficulty concentrating, insomnia, nightmares, memory deficiency, difficulty making decisions, sadness, distrust of others, and decreased self-confidence. The violence experienced by a woman during her pregnancy period has a direct impact on both mother and child and it generally harms the development of the family and society. Direct consequences of physical violence include fracture, laceration and head trauma, sexually transmitted infections, unwanted pregnancies as

a result of sexual violence, and various pain disorders (Benebo, et al., 2018). Violence during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, preterm birth, infection, miscarriage, fetal injury, and perinatal death. Existing abuse has negative health effects for mothers and babies such as depression, anxiety, post-traumatic stress disorder, social isolation, suicide, and cessation of breastfeeding.

Worldwide prevalence of violence during pregnancy varies. The act of physical violence includes slapping, kicking, pushing, and beating, as well as forced sexual intercourse and other forms of sexual coercion. Psychological abuse involves insults, belittling, constant humiliation, threats of harm, or controlling behaviors that consist of isolating a person from friends and families; monitoring their movements; and restricting access to financial resources, employment, education, or medical care. Domestic violence in pregnancy has been identified among the leading causes of maternal mortality. Pregnancy-related domestic violence has been reported to be associated with high perinatal and neonatal mortality risk among exposed women compared to unexposed pregnant women (Bosede, 2013). Neonatal complications include intrauterine growth retardation, preterm delivery, and low birth weight with extended intensive hospitalization (Deolu, 2014). Maternal consequences associated with domestic violence during pregnancy include abortions, miscarriages, preeclampsia, gestational diabetes, and placental abruption (Fawole, Okedare & Reed, 2021). Although the prevalence of domestic violence is quite high in Nigeria, far fewer cases are reported. This is probably because of the influence of religion and culture especially in many parts of Africa, where culture may allow couples to solve their problem by the use of violence, since most cases of violence against an intimate partner are not seen as wrong. Nigeria still remains patriarchal in nature, where men are regarded as gods of the household, controlling every affair, including the women's right to reproductive capabilities. Incidents are therefore, underreported because doing so is viewed as causing indignity to the husband and being disrespectful of family members and elders whose roles include arbitrating in such matters. As a result of this, the true magnitude of the problem is relatively unknown and unexamined (García-Moreno & Amina, 2016).

Statement of the Problem

Violence against women is a major public health and human rights concern, with intimate partner violence and sexual violence being among the most pervasive forms of violence against women. Violence against women perpetrated by an intimate partner is an important public health issue. In recent years, attention has focused also on intimate partner violence during pregnancy due to its prevalence, adverse health consequences, and intervention potential.

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 domestic violence. 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). Most literature describe risk factors like unemployment, low level of education, low socioeconomic status, associated with domestic violence 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 & Kingsley, 2002).

There is a dearth of reliable information on the effects of domestic violence on pregnant women in Rivers State where rates of both fertility and domestic violence are very high (Fawole & Hunyinbo, 2008). 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 give detail the different types of domestic violence and the impact on pregnant women. 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.

The statistics of gender-based violence keeps increasing and it is cutting across the globe and turning into a worldwide pandemic (Oche, Adamu,& Abubakar, 2020). It has also been indicated that over 38% of women who are murdered worldwide are killed by their intimate partners (WHO, 2016). This is scary because violence against women is a human rights violation, which is increasingly becoming a serious public health issue, especially when it occurs among pregnant women because the victims are recognized to be at higher risk of complications of pregnancy (Efetie and Salami, 2007). Apart from complications, it also affects the mental and psychological wellbeing of these pregnant women. Mental health conditions such as postpartum depression, homicide and suicidal thoughts, anxiety, trauma, and eating disorders are reported among women who are victims of abuse either before or during pregnancy (Beydoun, Beydoun, Kaufman, Lo, and Zonderman, 2012; Certain, Mueller, Jagodzinski, and Fleming, 2008; WHO, 2016).

Regardless, of the fact that not all the domestic violence cases happening or that has erstwhile happened in Port Harcourt, find its way to mainstream media, there are still quite a number of reports of the tragic realities that most pregnant women have to deal with. Findings from a study conducted by Tella and Babatunde, (2020) on experience of domestic violence among pregnant women in rural and urban areas of Niger delta region of Nigeria, indicated that in Port Harcourt, there is a high prevalence of domestic violence on pregnant women, especially by women whose husbands are uneducated and who do not have sufficient means of sustaining themselves. Despite the silence associated with domestic violence in Nigeria, as at 2018, a Partners for Peace Initiative (P4P) map in the Niger Delta, reflected 65 domestic violence incidents reported in Rivers state from January – March 2018. Furthermore, a report by Naku, (2020) also indicated that there has been a high prevalence of overall domestic violence or intimate partners violence in Rivers state, as the Rivers State chapter of the International Federation of Women Lawyers (FIDA) stated that between two months in 2020, they have received over Seven hundred cases of violence against women, including those perpetrated against pregnant women.

In 2022, the Rivers State chapter of the International Federation of Women Lawyers (FIDA) also stated that in a month, they receive a minimum of thirty cases of domestic violence and sometimes, up to eighty cases, including pregnant women (Anayo, 2022). Taking into

consideration the high prevalence of domestic violence against women, pregnant women, children and all other victims of domestic violence and the various impacts and effects it has on them, the state government had to establish and open a safe house, as a safe haven for victims of all forms of violence (Elfredah, 2021). The issue of domestic violence in Port Harcourt is quite severe and has been described as a threat to social and family stability as it affects and impedes psychological, emotional and physical progress of the victims (Fund for Peace Initiative, 2018). Therefore, putting into context these few reported cases and the high indices of domestic violence, this study focused on analyzing and evaluating their impacts on the Psychological wellbeing of its victims, who in this study are pregnant women in Port Harcourt, Rivers State. The under listed research questions were formulated:

- i. How does sexual violence impact on the psychological well-being of pregnant women in Port Harcourt Rivers State?
- ii. To what extent does physical violence effect on the psychological well-being of pregnant women in Port Harcourt Rivers State?
- iii. What is the effect of emotional violence on the psychological well-being of pregnant women in Port Harcourt Rivers State?
- iv. How does economic violence affect the psychological wellbeing of pregnant women in Port Harcourt Rivers State?
- v. To what extent does verbal abuse violence effect the psychological well-being of pregnant women in Port Harcourt Rivers State?

LITERATURE REVIEW

Radical/Socialist theory

This research adopted this theory to best explain the cases of domestic violence against women in the study area and the society at large. Radical Feminist theory Radical feminist addresses two related issues of biological inequality of man and woman and the social class system. According to Firestone (1970), she pointed out that historically, women have borne the greater burden for the perpetuation of the species, she revealed that, ‘the most rigid class/caste system in existence in history, is based on sex a system consolidated over thousands of years, lending the archetypal male and females roles an underserved legitimacy and seeming permanence’ (Firestone 1970) For her it is the biological inequality in the sexes that leads to the caste/ class system in which men receive ego satisfaction and enjoy nature comforts from their domination on women (Firestone, 1970)

Radical Feminist scholars have been directed to the documentation of the slogan the personal is political. They are of the view that women are discontent and they argued that women are systematically dominated, exploited, and oppressed. For radical feminist in the politics of the ego, ‘the personal is political’ means that, the original and the basic class division in society is between the sexes and the motives force is the striving for men to seek power and to dominate women with the power. According to a manifesto for New York Radical Feminists, radical feminism recognizes “the oppression as a fundamental political oppression and women were seen as inferior class based on sex. And it this the goal for Radical Feminism to organize politically to destroy the class differences based on sex. They believed that it is political because men have organized together for power over women and they have set up institutions throughout the society to maintain this power (Hole and Levine, 1971). For them, political power institutions such as marriage or love relationships are set up for men to achieve their purpose and this purpose for them is primarily to obtain psychological ego satisfaction derives

from the supremacist assumptions of the male identity to sustain through its ability to have power over the female ego. In this manifesto, the radical feminist did not believe that capitalism or any other form of economic system is the cause of women oppression, or believe that women oppression will disappear because of economic revolution. They believe that oppression of women has its own dynamic, and that dynamics must be understood from nonpolitical view called politics of ego (Hole & Levine, 1971). Also, Radical feminism is of the view that, women subordination is institutionally structured and culturally rationalized, exposing women to conditions of dependency, differences and poverty (Hugh & Kroehler 2008).

Trauma Theory

Trauma theory can be traced to the works of Sigmund Freud in the 1960s, from several areas of social concern: recognition of the prevalence of violence against women and children (rape, battering, incest); identification of the phenomenon of post-traumatic stress disorder in (Vietnam) war veterans; and awareness of the psychic scars inflicted by torture and genocide, especially in regard to the Holocaust (Nasrullah, 2017). Trauma theory attempts to understand the different ways by which traumatic occurrences are demonstrated, processed, exposed, and repressed throughout a variety of ways. This theory was adopted because it proves that individuals are a product or reflection of their past experiences and or current realities. It then becomes clear to see the connection between domestic violence on women and an impaired psychological well-being which manifests as a result of either emotional or psychological violence, physical violence or sexual violence.

Domestic Violence

The description of domestic violence is incomplete without the understanding of the word 'violence' and the frame of its essence in a global perspective. Violence, over the years has been one of the major challenges of human existence. Its impact and the repercussion of damages have been felt on a global scale. According to WHO, annually, statistics have it that over a million people die, and countless encounter life-threatening injuries due to violence, whether constituted, interpersonal or self-imposed (Anderson & Bushman, 2018). It has been estimated that violence is one of the major causes of loss of lives globally for people within the age category of 15-44 years according to WHO statistics (Palmero & Peterman, 2011). The World Health Organization describes violence as the deliberate and absolute use of physical power, force, authority in form of threat or action, against a group of people, against oneself, or interpersonal that either culminates in injury, loss of lives, mental harm, maltreatment or denial (Kemal Erenler, Oguzhan Ay and Baydin, 2016). This definition as described by WHO incorporates intention and the action, regardless of the result. This definition accounts for the exclusion of most road traffic injuries, fire incidents (Anderson and Bushman, 2018). The incorporation of the word 'power', in description of physical force, widens the actions of violence and expands the traditional comprehension of violence to involve actions or play of power in relationship, including intimidations and pressure. The incorporation of the word power in the definition also aims at capturing actions of neglect, omission in substantiation of acts of violence. Hence, the application of power can be comprehended to consist of abandonment and all classes of physical, suicidal, self-infliction violence, sexual and psychological abuse (Anderson & Bushman, 2018).

Forms of Domestic Violence

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.

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.

Physical Abuse

Physical violence is the most prevalent type of violence and most easily detected shape of violence meted out against the women in terms of domestic abuse. It involves the use of bodily force that inflicts injury or damage to the body of the victim being physically attacked. It involves thumping, jolting, knocking, striking, strangling, whipping and captivity (Beckmann, 2019). Physical violence also involves the use of objects or lethal materials to inflict injury on the victim which could be in the case of using a belt, cane, sharp objects, etc. Female genital mutilation has been classified as a form of physical abuse (Beckmann, 2019). Physical abuse is a rampant form of abuse.

Emotional Violence/Abuse

Emotional violence can be regarded as psychological abuse or mental abuse and can be informed of verbal or non-verbal abuse. This form of violence includes isolating the victim from socializing or associating with friends and family, harassing or humiliating the victim publicly or privately, controlling the victim on what to do or not and deliberately provoking the victim to anger or to make the victim feel diminishes and embarrassed (National Coalition against domestic violence, 2010). Similarly, Weaver (1954) also affirmed that psychological or 16 emotional form of violence is any behavior exhibited by a partner to control or damage your emotions. Such as yelling aggressively or positioning body in a menacing manner, making abusive or humiliating remarks or gesture. Such instances lead to emotional abuse which mostly results to violence.

Sexual Violence and Marital Rape

Sexual violence is any situation in which force or threat is applied to obtain participation in unwanted sexual activity. Sexual abuse usually resulted to physical violence by forcing someone to engage in a sexual activity. Beanett (2001) defined sexual abuse as an attempt to obtain sexual act, unwanted sexual comment or advances or acts to traffic or otherwise directed against a person's sexuality using force regardless of their relationship. Marital rape on the

other hand is the use of force to compel a person to engage in a sexual act against once will. Marital rape occurs when a partner forces to take part in sexual act without the victim consent. Similarly, Wach and Reeves (2000) revealed another form of domestic violence against women is sexual ritual cleansing which occur because of sexual abuse. In some villages, mostly in Africa there is a strong believe that once a spouse dies or husband dies, sexual cleansing must be done upon the woman or the wife. Women and girls are forced to engage in the deadly practice. This is done to find out who is responsible for the death of the husband and as an act to free a woman from the death to enable her free for remarriage. Also, such cleansing is done in sexual taboo cases. For instance, the researcher observed a similar case when undergoing internship with the Ministry of Women Affairs under Social Welfare department in Benue State, Nigeria. There was a case of sexual abuse by a man who impregnated his wife 14 years' younger sister leaving with them. Upon the case, the family of the wife demands sexual cleansing on the girl culturally to free her from the taboo act and they are demanding the man to make provision of many items to perfume the ritual sexual cleansing. This kind of act is regarded as sexual abuse against women and girls.

Economic Form of Violence

Economic violence is a form of violence when one intimate partner has control over the other partner's access to economic resources. Many studies have reviewed that majority of the perpetrators of this abuse are men especially in most developing countries like Nigeria. Economic abuse may involve preventing a partner or spouse from using resources or by exploiting economic resources of the victim (Brewster 2003). The reason behind Men preventing women or their spouse from acquiring resources is to reduce women capacity to support their self and ensure she totally depend on the man for survivor financially, and prevent the women from finding employment, preventing women from advancing their carrier and acquiring assets. These results to control and abuse of women right (Sanders, 2006).

Verbal Abuse of Violence

Verbal abuse is referred to the use of language to control or subordinate another person for either self-gratification or to impose ones will or view on another person or to gain an unfair advantage in resolving a dispute. Verbal abuse is a form of emotionally abusive behaviors involving the use of language which may include aggressive actions such as blaming, disrespect, criticisms, name-callings and ridicule.

Domestic Violence against Women in Nigeria

In Nigeria; reports uncover incredibly high level of viciousness against ladies (Udoh, 2018). The reports demonstrates that a third and now over 65% of ladies are accepted to have been exposed to physical, sexual and mental savagery did essentially by spouses, accomplices and fathers while young ladies are frequently constrained into early marriage and are in danger of discipline in the event that they endeavor to escape from their husbands (Udoh, 2018) UNICEF (2001) in a statement after a research study attested that generally in Nigeria, as similar to other developing countries, the physical abuse of spouses and youngsters is generally endorsed as a type of correction. In this manner, in spanking of youngsters, guardians and parents consider they are teaching and applying correction, similarly in spouses whipping their wives, who are expected like youngsters to be prone to misdemeanor that must be, controlled (Oluremi, 2016). Instances of domestic violence against ladies have been rampant in Nigeria with 10 media reports of instances of spouses executing and harming their spouses. The reports conveyed by the media are overwhelming. Almost half of ladies have been assaulted by their spouses

(Oluremi, 2016). Amazingly, progressively taught ladies (65%) are in this awful circumstance as contrasted and their low salary partners (55%) (Nwabunike & Tenkorang, 2015).

Psychological Well-being

At the most basic level, psychological well-being (PWB) is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, Psychological well-being consists of self-acceptance, positive relationships with others, autonomy, environmental mastery, a feeling of purpose and meaning in life, and personal growth and development. Psychological well-being is attained by achieving a state of balance affected by both challenging and rewarding life events Dodge and Sanders, (2012).

Concept of Pregnancy

Pregnancy is a state in which a woman carries 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.

The Importance of Psychological Well-being of Pregnant Women

Psychological well-being can also be likened to mental well-being and the both terms will be used interchangeably during the course of this study. According to Huppert, (2009), psychological well-being can be described as the combination of feeling good and functioning effectively. Studies have discovered that pregnant women with higher psychological well-being are more likely to live healthier and longer lives. They are also more likely to enjoy a better quality of life. Better psychological well-being also is associated with fewer social problems (Kubzansky, 2018). Furthermore, Rigby, (2023) opined that Psychological well-being carries a lot of weight because it impacts the overall life happiness and contentment of pregnant women. Achieving that level of well-being means they are content with their life and have a positive outlook on themselves and overall situation. He also stated that, psychological well-being has been tied to better physical health. A positive mindset has been linked to decreased risks of cardiovascular diseases or complications. This is likely due to a desire to take care of oneself, especially for those expectant, if you have higher levels of psychological wellness. Another benefit of psychological well-being is a better social life. If you are content with your life and feel good about yourself, you're more likely to engage in social activities with others and seek people out for companionship. This benefit is also two-fold, as having

close relationships has been found to improve mental health and contribute to a better psychological well-being.

Domestic violence against women's Health

Domestic violence against women is accompanied with a lot of consequences. These consequences affect women both social and economic development. Wallace (2005) affirmed that, violence against women has received an international recognition to its cumulative effect on societal development. Violence against women has negative implication for agricultural activities in rural areas in terms of food stability and the overall national development (Shahama 2002). (Alubo 2006) maintained that several women suffered series of injuries, disabilities, wounds, and casualties from clashes and many died because of domestic violence against women. As a matter of fact, neither WHO nor UNICEF in Nigeria can accurately account for the number of women that are affected or dead as a result of violence against women. The simple reason is because in the rural areas in Nigeria like in Benue States, it is difficult to get the accurate statistics of women who died because some died without their bodies taken to hospital for record purpose (Alubo, 2006). Ellsberg and Heise (2005) maintained that domestic violence against women is associated with serious health problems that affects both women and their children, including serious injuries are sustained from violence at home, gynecological disorders, adverse pregnancy outcomes, mental health disorders and sexually transmitted infections (STIs). Ellsberg and Heise (2005) further affirmed that violence can have direct consequences on women's health and it can also increase women risk of future health problems that will have profound effect on agricultural activities and other economic sectors of life.

Empirical Review

Oyedokun (2018) conducted a study on Domestic violence and constrained contraceptive choices in selected areas of Osun State, Nigeria. The researcher examined the impact of domestic violence on the use of modern contraceptive methods in Ife-North Local Government area of Osun State, Nigeria. The two forms of domestic violence discussed in this paper are wife beating and marital rape. The researcher conducted the study using systematic random sampling method. Data was collected from a sample population of 408 married or cohabiting women from the study area. Random sampling and lottery method was used in the selection of respondents by the researcher and information's was obtained using questionnaire and focus group discussions. Data collected was analyzed both quantitatively and qualitatively. The results of the findings using the above methods in carrying out the study revealed that, domestic violence in the form of wife beating and marital rape existed in the study area as 55.6% of the women reported having been threatened with physical harassment by their partners; and 62.0% had experienced physical abuse from their intimate partner. It is also revealed that more than half of the respondents reported experiencing non-consensual sexual encounters with their partners (55.9%). Among the 17.2% who experienced domestic violence during pregnancy, only 13.7% took some steps to protect themselves. The major coping strategy for those who experienced these forms of violence was pacifying their partners in a crisis (25.7%). The researcher concluded that the threat of wife beating and experience of marital rape contributed to the likelihood of the women not using modern contraceptive methods in the study area. The researcher recommends Population education should be intensified to sensitize both men and women on modern contraceptive education.

Botallack, Morgan and Rick, (2020) conducted a study on the prevalence of domestic violence on women during the corona virus pandemic and deduced that from an online survey of 15,000 Australian women about their experience of domestic violence during the initial stages of the COVID-19 pandemic, Almost six percent (5.8%) of women experienced coercive control and 11.6 percent reported experiencing at least one form of emotionally abusive, harassing or controlling behaviour. For many women, the pandemic coincided with the onset or escalation of violence and abuse. Two-thirds of women who experienced physical or sexual violence by a current or former cohabiting partner since the start of the COVID-19 pandemic said the violence had started or escalated in the three months prior to the survey, and the rate of domestic violence as at then was 4.6%. The Prevalence of violence among pregnant women in developing countries ranges from 4% to 29%.

Orji and Asogwa, (2020) conducted a study on prevalence and perpetrators of domestic violence against adolescents in Rivers State. The findings of their study indicated that domestic violence against adolescents was prevalent in Rivers State with grand mean of 2.63. Guardians, siblings and parents were the major perpetrators of physical, verbal, economic and emotional abuses, while relatives, friends and neighbors were the perpetrators of sexual abuse against adolescents. The findings also revealed that age, parents'/guardians' educational and occupational status had no significant influence on the perpetration of domestic against adolescents, but gender did.

Rashmi and Ambarish, (2020) conducted a study on examining sexual violence and poor mental health of women in Uttar Pradesh, India. Their results from their study showed that Sexual violence has severe and manifold consequences for the health issues of women. It affects more than 50% of women across the globe and has a significant impact on their health and wellbeing. Psychologically, it leads to radical changes in the victim as she draws the images of herself, in her relationships with her immediate social circle and beyond in the community as a whole. Conclusively, findings from the studies cited above have established that the effects of sexual violence and abuse goes affects every psychological aspect of the survivors, some of which may last for a lifetime if help is not sought.

Ondicho (2020) conducted a study on a titled Battered Woman: a socio-legal perspective of women experience in African Society. His scope of study was in Nigeria and he sampled 106 respondents and uses questionnaire methods to collect all data. From the result of the findings, the study revealed that poverty, drunkenness, transfer of aggression and extra marital affairs form the major causes of wife battery in Nigeria. And the study further revealed the effects of women battery to include loss of love and affection, loss of pregnancy and broken homes. The study further revealed that it has effects on children upbringing. These empirical evidences are relevant in the study because they provide a clue to the causes and effects of domestic violence on women's health.

Mube and Gbaranor, (2022) conducted a study on the prevalence and pattern of domestic violence among obstetrics patients in University of Port Harcourt Teaching Hospital, and deduced that there was a prevalent rate of 34.9% among their pregnant respondents, and the patterns of domestic violence were: shouting(35%), abusive words(15%), financial denial (14%), keeping late night(10%), forced sexual intercourse(3%), driving out of the house(2%) and throwing objects(1%), slapping(7%), beating(4%), extra marital affairs(4%). Husbands who drink alcohol or have two social habits had a significant odd to abuse their wives. 12.9%

of 481 women at antenatal booking assessment in Ireland gave a history of experiencing intimate partner abuse

Elkhateeb, Abdelmeged and Ahmad (2021) conducted a research on domestic violence against women: methodological and Ethical Consideration. The study was carried out on family planning in Nicaraguan Leon (UNAN) and Lined University, Sweden. The aim of the study was to measure the prevalence and characteristics of physical and sexual violence directed by intimate partners against women as well as women response to abuse. A random sample of women of 488, aged 15-49 was interviewed. A structured questionnaire was on women's reproductive health including use of contraceptive and detailed birth histories, child health and nutrition. Survey design was used in conducting the research. Data was collected through the use of structured questionnaire which were filled and collected while some subjects responded orally through oral interview and the responses were filled as in the structured questionnaire. Data was analysed using SPSS 9.0 for logistic regression and chi-square tests. Significance was tested by means of 95 percent confidence interval and P-values of 0.63.

Nhi, Hanh and Gammeltoft (2018) examined the impact of emotional violence in the mental health of married women in Hanoi, Vietnam. Data for the study was collected from 20 women living in Hanoi, Vietnam, who reported emotional abuse by their spouses using indebt interview. Findings revealed a significant association between emotional violence and perinatal distress as well as maternal depression. Islam, Jahan and Hossani (2018) conducted a quantitative study on violence against women and its association with mental disorder in Bangladesh. The study adopted a phenomenological approach in conducting indebt interview on 16 women, 3 informal interviews and one focus group discussion. Findings revealed that there exist all form of abuse and violence against women in Bangladesh. The result also

Summary of Literature Review

These studies reviewed have identified and addressed key areas under the study of domestic violence and have contributed tremendously to the body of knowledge on the subject, however none of these studies have specifically focused on studying the effect of domestic violence on the psychological well-being of pregnant women in Port Harcourt, Rivers State. Therefore, it is on this premise that this study seeks to fill such gaps. This will be achieved by carrying out an intense research on the Psychological wellbeing of pregnant women affected by sexual, physical or emotional/psychological violence.

METHODOLOGY

This study opted to utilize the correlational research design, which has been defined as a systematic process of investigating the relationship between two variables (Bhandari, 2021). Its main purpose was aimed at identifying the extent to which differences in one characteristic or variable are related to differences in one or more other characteristics or variables (Leedy & Ormrod 2010). This method allowed the utilization of different or multiple forms of data collection processes, and can be used to either find out the positive, negative or null relationships between two variables or more, especially in relations to real life scenarios (Stolle, 2023).

Study Area

This study was carried out in Port Harcourt Local Government Area, Rivers State. Port-Harcourt Local Government Area is headquartered in the capital city of the state and the seat of the local government council comprises of Amadi, Abuloma, Diobu, Elekahia, Mgbundukwu, Npkolu, Oroworukwo, Ochri, Rumukalagbo district and others. Port-Harcourt

Local Government Area is one of the existing 23 local government council areas in Rivers state with its administrative seat in Port Harcourt city.

Population for the Study

A research population is generally a large collection of individuals or objects that is the main focus of a scientific query. This consists of the target population and the accessible population. For this study, the target population is all pregnant women in Port Harcourt. However, the main focus for this study was pregnant women attending antenatal clinics or have non-emergency doctor's appointment, in three major hospitals in Port Harcourt, they are, the University of Port Harcourt Teaching Hospital, Save A life hospital and St. Patrick's Hospital. From this population, the samples were drawn; the population from the three hospitals' register was 2000 women. From the hospital register, the study population was as follows:

Table 1: Population

S/N	Name of Hospital	Population
1	University of Port Harcourt Teaching	1,292
2	St. Patrick's Hospital	521
3	Save A life hospital	187
	Total	2000

Source: Research Data, 2024

Sample and Sampling Techniques

The sample for this study was pregnant women in Port Harcourt, visiting the hospital for Antenatal clinics and non-emergency doctor's appointment. There were 2000 pregnant women in the three selected hospitals, thus, to arrive at an accessible sample size that was sufficient to conduct surveys and interviews at the three hospitals selected for this study, the Taro Yamane Sample size formula would be used to arrive at a workable number. The sample size used for this study was determined mathematically using the Taro Yemen's formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where: n = Sample Size Sought
 N = Population (2000)
 e = Level of Significance (5%)

The sample size sought (n) is:

$$n = \frac{2000}{1 + 2000(0.05)^2}$$

$$n = \frac{2000}{1 + 5}$$

$$n = \frac{2000}{6}$$

$$n = 333$$

Hence, the sample size for this study was three hundred and thirty-three (333), this figure was used to distribute the questionnaires. It was divided equally among the three hospitals in terms of sampling technique; this study adopted the simple random sampling technique, which is an arm of the probability sampling methods. This method is famous for eliminating bias in the process of data collection. According to Thomas (2020) a simple random sample was randomly selected subset of a population. In this sampling method, each member of the

population has an exactly equal chance of being selected. This method is the most straightforward of all the probability sampling methods, since it only involves a single random selection and requires little advance knowledge about the population. Because it used randomization, any research performed on this sample should have high internal and external validity, and be at a lower risk for research biases like sampling bias and selection bias. A stratified sampling method was used. A stratified sampling method involves division of the population into classes or groups with each group or stratum having some definite similar characteristics or features. It is used so as to give a proper representation to the designated banks in the ratio using proportionality formula.

$$\text{Thus } = Q = A/w \times \frac{n}{1}$$

Where:

- Q = the number of substance to be allocated to each hospital
- A = the population of each hospital
- W = the total population of all the hospital
- n = the estimated sample size used in the study.

From equation 2 above, we determine the number of questionnaires that was administered to each hospital in Port Harcourt. From equation two, we derive the Table below:

Table 2: Questionnaire Administered

S/N	Name of Hospital	Population
1	University of Port Harcourt Teaching	215
2	St. Patrick's Hospital	87
3	Save A life hospital	31
	Total	333

Source: Research Data, 2022

Instrument of Data Collection

The study employed the use of questionnaire as the instruments of data collection. The questionnaire was based on the scales of domestic violence propounded by Indu, (2011) and Psychological wellbeing constructed by Ryff (1995). It consist of twenty-five questions which was measured all the research questions asked in the study and was based on a four point Likert Scale of Agree (A), Strongly Agree, (SA), Disagree (D) and Strongly disagree (SD).

Method of Data Analysis

The completed questionnaire was edited for completeness and consistency. Quantitative data collected was analyzed by the use of descriptive statistics using SPSS and presented through percentages, means, standard deviations and frequencies. This offered a systematic and qualitative of the study objectives. The information is displayed by use of bar charts, graphs and pie charts and in prose-form. This was done by tallying up responses, computing percentages of variations in response as well as describing and interpreting the data in line with the study objectives and assumptions through use of statistical package for social sciences (SPSS). The qualitative data were coded thematically and then analyzed statistically. Content analysis was used for data that were qualitative nature or aspect of the data collected from the open ended questions. The study used the Spearman rank correlation coefficient with the aid of SPSS to test the significant relationship and the correlation coefficient that exist among the variables.

ANALYSIS AND DISCUSSION OF FINDINGS

Survey Response Rate

The study targeted a sample of 333 pregnant women from three major hospitals in Port Harcourt. A response rate of 92.8 percent was recorded. This implies that 309 out of the 333 questionnaires administered were retrieved. This response rate was found to be appropriate, compared to previous studies done in the same area nationally and internationally. The study adopted the use of drop and pick method, personal visits, and follow-up telephone calls and e-mail communication to the respondents, explaining the purpose of the study and its usefulness to the management to improve the response rate. Some respondents did not complete the questionnaires for either lack of time or ongoing strategic re-alignment in the hospitals or were simply reluctant to divulge information for reasons best known to them. However, 7.2 percent of the questionnaires were not retrieved; this represents 24 questionnaires and 21 questionnaires out of the 309 retrieved were invalid due to error, which represents 6.3 percent. The table below has the details of the response rate.

Table 1 Questionnaires Administered and Retrieved

S/N	Response rate	Frequency	Percentage
1	Questionnaire administered	333	-
2	Number retrieved and used	288	86.5
3	Number not retrieved	24	7.2
4.	Number Invalid	21	6.3
5	Total	333	100

Source: Authors Research Desk, 2023

Table 2 Questionnaire Administration Analysis Across all Sampled Hospitals

s/n	Name of hospital	Number of questionnaire administered	Number of questionnaire retrieved and used
1	University of Port Harcourt Teaching	215	186
2	St. Patrick's Hospital	87	76
3	Save A life hospital	31	26
	Total	333	288

Source: Authors Research Desk, 2023.

This study is working with a sample size of three hundred and thirty three pregnant women. It was decided that questionnaire will be distributed to three hundred women and thirty three women would be interviewed. The table below reflects the total number of administered questionnaires and the number of that retrieved. The above table shows that a total of three hundred questionnaires and thirty three we're administered equally across the three sample size, but at the point of collection, two hundred and eighty eight were retrieved. Hence the quantitative data were analysed based on these two hundred and eighty eight responses.

Table 3: Distribution of Questionnaire According Age

S/N	Age distribution	Frequency	Percentage
i	20-30	94	32.6
ii	31-40	107	37.2
iii	41-above	87	30.2
	Total	288	100.0

Table 4.3 above reveal questionnaire retrieved according to age distribution of the pregnant women. The Table proved that 94 respondents are between the time 20 – 30 years which represents 32.6 %, 107 respondents are between the time 31 – 40years which represents 37.2% while 87 respondents are between the time 41 and above years which represents 30.2%.

Analysis of Research Questions

Table 4: How does sexual violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State?

s/ n	Sexual Violence and Psychological Well-Being	SA	A	D	SD	\bar{X}	STD	Conclusion
1	Sexual violence affect the psychological being of pregnant women	115 39.9	112 38.8	21 7.29	40 13.8	3.06	1.05	Significant
2	Sexual violence produces psychological stress to pregnant women	129 44.8	101 35.1	31 10.8	27 9.4	3.15	1.03	Significant
3	Sexual violence negatively impact on psychological being of pregnant women	98 34.0	143 49.7	35 12.2	12 4.2	3.13	1.06	Significant
4	Sexual violence is not needed by pregnant women	87 30.2	132 45.8	36 12.5	33 11.5	3.00	1.08	Significant
5	The problem of Sexual violence against pregnant women need to be taken serious	164 56.9	79 27.4	24 8.3	21 7.29	3.34	0.96	Significant

Source: Authors Research Desk, 2023

The objective of research question I was to examine how sexual violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State. Table 4.4 presents results of descriptive analysis of respondents’ opinions on how sexual violence impact on Psychological well-being of pregnant women in Port Harcourt Rivers State. According to the table, majority of the respondents (39.9%) strongly agreed that sexual violence affect the psychological being of pregnant women. Majority of the respondents (44.8 percent) agreed that Sexual violence produces psychological stress to pregnant women. 49.7 percent strongly agreed that sexual violence negatively impact on psychological being of pregnant women. 45.8 percent agreed that Sexual violence is not needed by pregnant women, 50.6 percent strongly agree that the problem of Sexual violence against pregnant women need to be taken serious.

The univariate section is concerned with the presentation of the data for the variables of the study. The data presented herein is continuous and so is assessed using the mean and standard deviation in the assessment of its central tendencies and dispersion. Given the positive statements adopted in the measurement of each variable and the scaling method which ranks

from 1 = for very low extent to 4 = very high extent, a mean score of $\bar{x} > 2.50$ with a relative standard deviation of $s < 2.0$ is adopted as substantial evidence of support or agreement to the indicator. From the table we concluded that majority of the respondents accepted that there was significant relationship between sexual violence and the psychological well-being of pregnant women in Port Harcourt Rivers State.

Table 5: To what extent does physical violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State?

s/n	physical violence and Psychological well-being	SA	A	D	SD	\bar{X}	STD	Conclusion
1	Physical violence affect the psychological being of pregnant women	128 44.4	121 42.0	13 4.5	26 9.0	3.13	1.03	Significant
2	Physical violence produces psychological stress to pregnant women	98 34.0	151 52.4	20 6.9	19 6.59	4.03	1.04	Significant
3	Physical violence negatively impact on psychological being of pregnant women	113 39.2	134 46.5	21 12.2	20 6.94	3.03	1.06	Significant
4	Physical violence is not needed by pregnant women	105 36.5	99 34.3	34 11.5	50 17.4	2.41	2.51	Not Significant
5	The problem of physical violence against pregnant women need to be taken serious	187 64.9	67 23.3	15 4.6	19 6.59	3.46	0.95	Significant

Source: Authors Research Desk, 2023

The objective of research question II was to examine how physical violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State. Table 4.5 presents results of descriptive analysis of respondents' opinions on how physical violence impact on Psychological well-being of pregnant women in Port Harcourt Rivers State. According to the table, majority of the respondents (44.4%) strongly agreed that physical violence affect the psychological being of pregnant women. Majority of the respondents (52.4 percent) agreed that physical violence produces psychological stress to pregnant women. 41.6 percent agreed that physical violence negatively impact on psychological being of pregnant women. 36.5 percent agreed that physical violence is not needed by pregnant women, 64.9 percent strongly agree that the problem of physical violence against pregnant women need to be taken serious. The univariate section is concerned with the presentation of the data for the variables of the study. The data presented herein is continuous and so is assessed using the mean and standard deviation in the assessment of its central tendencies and dispersion. Given the positive statements adopted in the measurement of each variable and the scaling method which ranks from 1 = for very low extent to 4 = very high extent, a mean score of $\bar{x} > 2.50$ with a relative standard deviation of $s < 2.0$ is adopted as substantial evidence of support or agreement to the indicator. From the Table we concluded that majority of the respondents accepted that there was significant relationship between physical violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

Table 6: What is the impact of emotional violence on the Psychological well-being of pregnant women in Port Harcourt Rivers State?

s/ n	Emotional violence on the Psychological well-being of pregnant women	SA	A	D	SD	\bar{X}	STD	Conclusion
1	emotional violence affect the psychological being of pregnant women	80 27.7	86 29.9	77 26.7	45 15.6	2.69	1.41	Significant
2	emotional violence produces psychological stress to pregnant women	92 31.9	118 40.9	41 14.2	37 12.8	2.92	1.39	Significant
3	emotional violence negatively impact on psychological being of pregnant women	119 41.3	94 32.6	45 15.6	30 10.4	3.4	1.04	Significant
4	emotional violence is not needed by pregnant women	169 58.6	72 25.0	17 5.9	30 10.4	3.32	0.913	Significant
5	The problem of emotional violence against pregnant women need to be taken serious	118 40.9	96 33.3	45 15.6	29 10.1	3.1	1.04	Significant

Source: Authors Research Desk, 2023

The objective of research question III was to examine how emotional violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State. Table 4.7 presents results of descriptive analysis of respondents' opinions on how emotional violence impact on Psychological well-being of pregnant women in Port Harcourt Rivers State. According to the table, majority of the respondents (29.9%) agreed that emotional violence affect the psychological being of pregnant women. Majority of the respondents (58.6 percent) agreed that emotional violence produces psychological stress to pregnant women. 40.9 percent agreed that emotional violence negatively impact on psychological being of pregnant women. 41.3 percent agreed that emotional violence is not needed by pregnant women, 40.9 percent strongly agree that the problem of emotional violence against pregnant women need to be taken serious. The univariate section is concerned with the presentation of the data for the variables of the study. The data presented herein is continuous and so is assessed using the mean and standard deviation in the assessment of its central tendencies and dispersion. Given the positive statements adopted in the measurement of each variable and the scaling method which ranks from 1 = for very low extent to 4 = very high extent, a mean score of $x > 2.50$ with a relative standard deviation of $s < 2.0$ is adopted as substantial evidence of support or agreement to the indicator. From the Table we concluded that majority of the respondents accepted that there was significant relationship between emotional violence and the psychological well-being of pregnant women in Port Harcourt Rivers State.

Table 7: How does economic violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State?

s/ n	economic violence on the Psychological well-being of pregnant women	SA	A	D	SD	\bar{X}	STD	Conclusi on
1	economic violence affect the psychological being of pregnant women	148 51.4	76 26.4	50 17.4	14 4.9	3.2 4	0.85 8	Significa nt
2	economic violence produces psychological stress to pregnant women	151 52.4	53 18.4	49 17.0	35 12.2	3.1 1	0.94 1	Significa nt
3	economic violence negatively impact on psychological being of pregnant women	98 34.0	102 35.4	38 10.1	50 17.4	2.8 6	1.25	Significa nt
4	economic violence is not needed by pregnant women	105 36.5	101 35.1	27 9.4	55 19.09	2.7 8	1.35	Significa nt
5	The problem of economic violence against pregnant women need to be taken serious	97 33.7	110 38.19	43 10.4	38 13.19	2.9 2	1.16	Significa nt

Source: Authors Research Desk, 2023

The objective of research question IV was to examine how economic violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State. Table 4.8 presents results of descriptive analysis of respondents' opinions on how emotional violence impact on Psychological well-being of pregnant women in Port Harcourt Rivers State. According to the table, majority of the respondents (51.4%) strongly agreed that economic violence affect the psychological being of pregnant women. Majority of the respondents (52.4 percent) strongly agreed that economic violence produces psychological stress to pregnant women. 35.4 percent agreed that economic violence negatively impact on psychological being of pregnant women. 36.5 percent strongly agreed that economic violence is not needed by pregnant women, 38.1 percent strongly agree that the problem of economic violence against pregnant women need to be taken serious.

The univariate section is concerned with the presentation of the data for the variables of the study. The data presented herein is continuous and so is assessed using the mean and standard deviation in the assessment of its central tendencies and dispersion. Given the positive statements adopted in the measurement of each variable and the scaling method which ranks from 1 = for very low extent to 4 = very high extent, a mean score of $\bar{x} > 2.50$ with a relative standard deviation of $s < 2.0$ is adopted as substantial evidence of support or agreement to the indicator. From the Table we concluded that majority of the respondents accepted that there was significant relationship between economic violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

Table 8: To what extent does verbal abuse violence impact the Psychological well-being of pregnant women in Port Harcourt Rivers State?

s/ n	verbal abuse violence on the Psychological well-being of pregnant women	SA	A	D	SD	\bar{X}	STD	Conclusion
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1	verbal abuse violence affect the psychological being of pregnant women	117 40.6	97 33.6	23 7.98	51 17.7	2.9 7	1.14	Significant
2	verbal abuse violence produces psychological stress to pregnant women	119 41.3	117 40.6	17 5.90	35 12.2	3.1 1	0.93 4	Significant
3	verbal abuse violence negatively impact on psychological being of pregnant women	124 43.0	121 42.0	9 3.12	34 1.73	3.1 6	0.99 2	Significant
4	verbal abuse violence is not needed by pregnant women	117 40.6	87 30.2	43 14.9	41 14.2	2.9 7	1.14	Significant
5	The problem of verbal abuse violence against pregnant women need to be taken serious	121 42.0	96 33.3	22 7.63	49 17.0	3.0 0	1.01	Significant

Source: Authors Research Desk, 2024

The objective of research question V was to examine how economic violence impact on the Psychological well-being of pregnant women in Port Harcourt Rivers State. Table 4.9 presents results of descriptive analysis of respondents' opinions on how verbal abuse violence impact on Psychological well-being of pregnant women in Port Harcourt Rivers State. According to the table, majority of the respondents (40.6%) strongly agreed that verbal abuse violence affect the psychological being of pregnant women. Majority of the respondents (41.3 percent) strongly agreed that e verbal abuse violence produces psychological stress to pregnant women. 43.0 percent agreed that verbal abuse violence negatively impact on psychological being of pregnant women. 40.6 percent strongly agreed that verbal abuse violence is not needed by pregnant women, 42.0 percent strongly agree that the problem of verbal abuse violence against pregnant women need to be taken serious.

The univariate section is concerned with the presentation of the data for the variables of the study. The data presented herein is continuous and so is assessed using the mean and standard deviation in the assessment of its central tendencies and dispersion. Given the positive statements adopted in the measurement of each variable and the scaling method which ranks from 1 = for very low extent to 4 = very high extent, a mean score of $x > 2.50$ with a relative standard deviation of $s < 2.0$ is adopted as substantial evidence of support or agreement to the indicator. From the table we concluded that majority of the respondents accepted that there was significant relationship between verbal abuse violence and the psychological well-being of pregnant women in Port Harcourt Rivers State.

Discussions of Findings

Sexual violence and psychological well-being of pregnant women in Port Harcourt Rivers State

The study found that majority of the respondents (39.9%) strongly agreed that sexual violence affect the psychological being of pregnant women. Majority of the respondents (44.8 percent) agreed that Sexual violence produces psychological stress to pregnant women. 49.7 percent strongly agreed that sexual violence negatively impact on psychological being of pregnant

women. 45.8 percent agreed that Sexual violence is not needed by pregnant women, 50.6 percent strongly agree that the problem of Sexual violence against pregnant women need to be taken serious.

From the table the study further found that majority of the respondents accepted that there was significant relationship between sexual violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State. The findings goes in line with the findings of Mube, Gbaranor and Tee, (2022) who conducted a study on the patterns and prevalence of domestic violence among obstetrics patients in the University of Port Harcourt Teaching Hospital who attended antenatal between January 2017-May 2017 and found out that there is a 34% prevalence of domestic violence on pregnant women in Port Harcourt. It also commensurate with the findings of Onoh and Umeora, (2013) who studied the prevalence, pattern and consequence of intimate partners' violence during pregnancy at Abakiliki south East Nigeria, using a cross-section survey of pregnant women attending antenatal clinic between April and June 2011 at the Federal Medical Centre Abakiliki. A total of 321 respondents participated and result showed that 44.6% have had domestic violence in the index pregnancy. In addition, also deduced that husbands were the main perpetrators of domestic violence among pregnant women with 76% of respondents attributing it to husbands or boyfriends, this finding also goes in line with that of Umeora, Dimejesia and Ejikeme, (2008) on the prevalence and predictors for domestic violence among pregnant women in a rural community in the North East Nigeria, using a descriptive cross-sectioned study with aid of an interviewer administered semi structured pretest questionnaire on 314 respondent's results showed that the perpetrators were the current husband in 37%. Similarly, A study conducted by Abdul and Ameh, (2004) revealed that the major perpetrators of domestic violence are spouse as 17% of their respondents attested to this. Orpin, (2017) also found out from their study that the most common perpetrators of domestic violence on pregnant women were husbands, and a study carried out by Ashimi and Amole, (2015) on predictors and Prevalence of domestic violence on pregnant women in Northwest Nigeria showed that The perpetrators were the current husband in 40 (37.0%).

Physical violence and psychological well-being of pregnant women in Port Harcourt Rivers State

The study found that majority of the respondents (44.4%) strongly agreed that physical violence affect the psychological being of pregnant women. Majority of the respondents (52.4 percent) agreed that physical violence produces psychological stress to pregnant women. 41.6 percent agreed that physical violence negatively impact on psychological being of pregnant women. 36.5 percent agreed that physical violence is not needed by pregnant women, 64.9 percent strongly agree that the problem of physical violence against pregnant women need to be taken serious. Further findings revealed that majority of the respondents accepted that there was significant relationship between physical violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State. the findings of the study confirm the findings of Rhadika, (2020) who studied on Impact of Physical Abuse upon the Lives of Women and concluded that physical violence does not only injure the victim physically, but also goes ahead to strain her psychological health, predisposing her to feelings of Anxiety, post-traumatic stress disorder, behavioral issues, violent behaviour, amongst others.

Furthermore, Walker, (2020) in the article of how domestic violence affects women's mental health, also resonates with this, as it was stated that Women who experience domestic violence

in physical form are seven times more likely to have psychological impairment including depression, anxiety and resolution to substance abuse, all the more damaging their health. Plumptre, (2021) findings also reflected that when a person constantly receives or is at the risk of receiving blows to the body, slaps to the face, or another form of cruel physical contact, there is a high chance that their body and mind will host various injuries in many states of healing. These injuries to their mind could include fear, substance dependency, numbness, insomnia and lack of value for life.

Emotional violence and psychological well-being of pregnant women in Port Harcourt Rivers State

Findings of the study revealed that majority of the respondents (29.9%) agreed that emotional violence affect the psychological being of pregnant women. Majority of the respondents (58.6 percent) agreed that emotional violence produces psychological stress to pregnant women. 40.9 percent agreed that emotional violence negatively impact on psychological being of pregnant women. 41.3 percent agreed that emotional violence is not needed by pregnant women, 40.9 percent strongly agree that the problem of emotional violence against pregnant women need to be taken serious. The study also found that majority of the respondents accepted that there was significant relationship between emotional violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

Findings of this study was in support of the findings of Mube, Gbaranor and Tee, (2022) who conducted a study on the patterns and prevalence of domestic violence among obstetrics patients in the University of Port Harcourt Teaching Hospital who attended antenatal between January 2017-May 2017 and found out that there is a 34% prevalence of domestic violence on pregnant women in Port Harcourt. It also commensurate with the findings of Onoh and Umeora, (2013) who studied the prevalence, pattern and consequence of intimate partners' violence during pregnancy at Abakiliki south East Nigeria, using a cross-section survey of pregnant women attending antenatal clinic between April and June 2011 at the Federal Medical Centre Abakiliki. A total of 321 respondents participated and result showed that 44.6% have had domestic violence in the index pregnancy. This finding also goes in line with that of Umeora, Dimejesia and Ejikeme, (2008) on the prevalence and predictors for domestic violence among pregnant women in a rural community in the North East Nigeria, using a descriptive cross-sectioned study with aid of an interviewer administered semi structured pretest questionnaire on 314 respondent's results showed that the perpetrators were the current husband in 37%. Similarly, A study conducted by Abdul and Ameh, (2004) revealed that the major perpetrators of domestic violence are spouse as 17% of their respondents attested to this. Orpin, (2017) also found out from their study that the most common perpetrators of domestic violence on pregnant women were husbands, and a study carried out by Ashimi and Amole, (2015) on predictors and Prevalence of domestic violence on pregnant women in Northwest Nigeria showed that The perpetrators were the current husband in 40 (37.0%).

Economic violence and psychological well-being of pregnant women in Port Harcourt Rivers State

Findings of the study proved that majority of the respondents (51.4%) strongly agreed that economic violence affect the psychological being of pregnant women. Majority of the respondents (52.4 percent) strongly agreed that economic violence produces psychological stress to pregnant women. 35.4 percent agreed that economic violence negatively impact on psychological being of pregnant women. 36.5 percent strongly agreed that economic violence

is not needed by pregnant women, 38.1 percent strongly agree that the problem of economic violence against pregnant women need to be taken serious and that majority of the respondents accepted that there was significant relationship between economic violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

This finding confirms the expectations of the study and supported by the empirical findings of Rhadika, (2020) who studied on Impact of Physical Abuse upon the Lives of Women and concluded that physical violence does not only injure the victim physically, but also goes ahead to strain her psychological health, predisposing her to feelings of Anxiety, post-traumatic stress disorder, behavioral issues, violent behaviour, amongst others. Furthermore, Walker, (2020) in the article of how domestic violence affects women's mental health, also resonates with this, as it was stated that Women who experience domestic violence in physical form are seven times more likely to have psychological impairment including depression, anxiety and resolution to substance abuse, all the more damaging their health. Plumptre, (2021) findings also reflected that when a person constantly receives or is at the risk of receiving blows to the body, slaps to the face, or another form of cruel physical contact, there is a high chance that their body and mind will host various injuries in many states of healing. These injuries to their mind could include fear, substance dependency, numbness, insomnia and lack of value for life. Furthermore, it was also deduced that emotional violence and sexual violence also affects the psychological well-being of its pregnant victims, affecting their self-esteem, making them unhappy, scared, having Post traumatic disorders, harboring hateful and violent thoughts and making them depressed.

Verbal abuse violence impact the psychological well-being of pregnant women in Port Harcourt Rivers State

The study found that majority of the respondents (40.6%) strongly agreed that verbal abuse violence affect the psychological being of pregnant women. Majority of the respondents (41.3 percent) strongly agreed that e verbal abuse violence produces psychological stress to pregnant women. 43.0 percent agreed that verbal abuse violence negatively impact on psychological being of pregnant women. 40.6 percent strongly agreed that verbal abuse violence is not needed by pregnant women, 42.0 percent strongly agree that the problem of verbal abuse violence against pregnant women need to be taken serious and that majority of the respondents accepted that there was significant relationship between verbal abuse violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State. The findings of the study was supported by the findings of Umeora, Dimejesia and Ejikeme, (2008) on the prevalence and predictors for domestic violence among pregnant women in a rural community in the North East Nigeria, using a descriptive cross-sectioned study with aid of an interviewer administered semi structured pretest questionnaire on 314 respondent's results showed that the perpetrators were the current husband in 37%. Similarly, A study conducted by Abdul and Ameh, (2004) revealed that the major perpetrators of domestic violence are spouse as 17% of their respondents attested to this. Orpin, (2017) also found out from their study that the most common perpetrators of domestic violence on pregnant women were husbands, and a study carried out by Ashimi and Amole, (2015) on predictors and Prevalence of domestic violence on pregnant women in Northwest Nigeria showed that The perpetrators were the current husband in 40 (37.0%).

CONCLUSION AND RECOMMENDATIONS

Conclusion

The aim of this study was to evaluate the impacts of domestic violence on the psychological well-being of pregnant women in Port Harcourt local government area of Rivers State. To achieve this aim, this study consisted of five chapters which played distinct pivotal roles to the completion of the study. The findings made from the study have led to the conclusion that there is a high prevalence of domestic violence pregnant women in Port Harcourt, the main perpetrators of domestic violence on pregnant women are intimate partners, physical violence, emotional violence and sexual violence as forms of domestic violence have negative impacts on the psychological wellbeing of pregnant women as it predisposes them to feelings of Anger, PTSD, Lack of value for life, reduced self-esteem, lack of self-worth, hatred, pain, unhappiness and self-pity. From the findings, the study concludes that there was significant relationship between sexual violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

there was significant relationship between physical violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State, there was significant relationship between emotional violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State, there was significant relationship between economic violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State and that there was significant relationship between verbal abuse violence and the Psychological well-being of pregnant women in Port Harcourt Rivers State.

Recommendations

- i. Clergymen, pastors, reverends, imams and other leaders of religious organizations and bodies should endeavour to preach the dangers of engaging in domestic violence on pregnant women, and admonish male members who are perpetrating such to stop, while also encouraging victims to speak up and seek help without the fear of judgment or condemnation and also providing a safe space for them.
- ii. In the same vein, Non-Governmental agencies initiated towards protecting the rights of women, their psychological well-being and their children should pay particular attention to women in Port Harcourt as the findings for this study shows a high prevalence of domestic violence on pregnant women, yet help centers are not satisfactory enough to provide mental help and support and justice for the women who are bold enough to speak up.
- iii. Furthermore, law enforcement agencies should endeavor to treat cases of domestic violence with all seriousness and not overlook it as a family matter which is one of the most used terms whenever a case of dispute is brought to the station. The criminal justice system is also advised to follow up cases of domestic violence with all severity and air or live stream judgments in courts so as to serve as a warning to perpetrators.
- iv. Women either pregnant or not who see signs of domestic violence in their partners or have begun to experience domestic violence either physically, emotionally, sexually or otherwise should be brave enough to seek help, and walk away from such marriages or relationships with abusive partners.

REFERENCES

- Achor, J., & Ibekwe, P. (2012). Challenges of recognition of the psychiatric aspects of intimate partner violence. *Annals of medical and health sciences research*, 2(1), 78–86.
- Ackner, S., Skeate, A., Patterson, P., & Neal, A. (2013). Emotional abuse and psychosis: A Recent review of the literature. *Journal of Aggression, Maltreatment & Trauma*, 22(9), 1032–1049.
- Adedoyin, A.C. (2003). Socio-economic factors as determinant of marital Instability among married couples in Ibadan Metropolis, Oyo State, Nigeria. *Journal of Social Sciences*, 2 (3), 102-114.
- Akintayo, D. I. (2012). Occupational Stress, psychological well-being and workers' behavior in manufacturing industries in South-West Nigeria. *Organizational Psychology & Educational Studies*, 1(5), 289–294.
- Alonge, M.F. (2010). Essentials of research methods and designs for educators, Bolabay Publication Abule Egba, Lagos. *Academic Publishing Consultants, ISBN 978-978- 48046-6-0; 39-40.*
- Ashimi A, & Amole T. (2015). Prevalence and predictors for domestic violence among pregnant women in a rural community Northwest, Nigeria. *Niger Med Journal*, 56(2):118–21
- Ashimolowo O, & Otufale G. (2012). Assessment of domestic violence among women in Ogun State, Nigeria. *Greener Journal Of Social Studies*, 2(3), 102–14.
- Bali, R.K, R.N.G. Naguib, Q.T Nguyen. L. Olayanju & Vung, N.D. (2013). Combating intimate partner violence in Africa: Opportunities and challenges in five African countries. *Journal of Aggression and Violent Behavior*, 18, 101–112.
- Barnett, (2001). Why battered women do not leave: External inhibiting factors, social Psychological Aggression and its severity. *Violence And Victims*, 20, 25–38.
- Benebo, F.O., Schumann, B. & Vaezghasemi, M. (2018). Intimate partner violence against women in Nigeria: A multilevel study investigating the effect of women's status and community norms. *Bmc Women's Health* 18, 136.
- Benebo, O.F., Schumann, B., & Vaezghasemi, M. (2018.) Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BMC Women's Health*. 18 (136), 78-99.
- Bosede, F. A. (2013). Domestic violence against women: a family menace. 1st annual international interdisciplinary conference, Aiic 2013, 24-26 April, Azores, Portugal
- Boyle, M., Georgiades, K., Cullen, J., & Racine Y. (2009). Community influences on intimate partner violence in India: women's education, attitudes towards mistreatment And Standards Of Living. *Soc Sci Med*, 69(5), 691–697.
- Brownridge, D. A. (2000). Violence against women: vulnerable populations. Routledge 270 Madison Ave, New York. *Journal of Family Violence*, 14, 333-350.
- Bullock, L. F. C., Mears, J. L. C., Woodcock, C., & Record, R. (2001). Retrospective study of the association of stress and smoking during pregnancy in rural women. *Addictive Behaviors, Journal of Clinical Practice* 26, 405-413.
- Chen, X., Chen, S., Qiu, S., Deng, X., Tan, X., & Li, L. (2017). Association between emotional abuses and mental disorder in women: A Web-based Internet Survey in Southern China. *Occupational Medicine & Health Affairs*, 05(02), 7(3), 100-125.

- Cheng C, & Cheung M. (2005). Cognitive processes underlying coping flexibility: differentiation and integration. *Journal of Personality*, 73(4), 859–886.
- Chimah, C.U., Adogu, P.O.U., Odeyemi, K., and Ilika, A.L. (2015). Comparative analysis of prevalence of intimate partner violence against women in military and civilian communities in Abuja, Nigeria. *International Journal of Women's Health*, 7: 287–295.
- Cook, J. & Bewley, S. (2008). Acknowledging a persistent truth: Domestic violence in women in Abeokuta, Nigeria. *Aust N Z J Obstet Gynaecol*, 48(4), 405–414
- Cui, M., Ueno, K., Gordon, M. & Fincham, F. D. (2013). The continuation of intimate partner violence from adolescence to young adulthood. *J Marriage Fam.* 2013;75(2):300-313.
- Deolu, A.A. (2014). Woman battered by her Lebanese boss in Lagos <http://www.information.com/14/policedemamd-dead-foetus-Pregnant-Woman-battered-by-her's-lebanese-boss.html> Retrieved on 8/10/2023.
- Eaton, L.A., Kalichman S.C., Sikkema K.J., Skinner D., Watt M.H. & Pieterse, D. (2012). pregnancy, alcohol intake, and intimate partner violence among men and women attending drinking establishments in a Cape Town, South Africa Township. *Journal Community Health*, 37(1), 208-16.
- Efetie, E.R., & Salami H. A., (2007). Domestic Violence on pregnant women in Abuja, Nigeria. *Journal of Obsteics & Gynecology*, 27,379-382.
- Elkhateeb, R., Abdelmeged, A., & Ahmad, S. (2021). Impact of domestic violence against pregnant women in Minia Governorate, Egypt: a Cross Sectional Study. *Bmc Pregnancy Childbirth*, 21, <https://doi.org/10.1186/s12884-021-03953-9>
- Ellis, D.M. Hay, S.W. Lindow. (2011). The prevalence of domestic violence in pregnant women. *BJOG: An International Journal of Obstetrics & Gynecology* 110.3 272-75.
- Envuladu, E., Chia L, Banwat, L., Agbo H, & Zoakah A. (2012). Domestic violence among pregnant women attending antenatal clinic in a PHC Facility in JOS North LGA Plateau State Nigeria, 1(5),63–8
- Fawole O.I., Salawu T.A., & Asekun-Olarinmoye, E.O. (2010). Intimate partner violence: prevalence and perceptions of married men in Ibadan. *Nigeria International Quarterly of Community Health Education*. 30(4):349-6410.2190/IQ.30.4.f
- Fawole, A.O, Hunyinbo, K.I. & Fawole, O.I. (2008). Prevalence of violence against pregnant women in Abeokuta Nigeria. Australian and New Zealand. *Journal of Gynecology* 48: 405-414.
- Fawole, O.I., Aderonmu, A.L, & Fawole, A. O. (2005). Intimate partner abuse: wife beating among civil servants in Ibadan, Nigeria. *African journal of reproductive health*, 9(2),54–64.
- Fawole, O.I., Okedare, O.O. & Reed, E. (2021). Home was not a safe haven: women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. *BMC Women's Health*, 21(32), 89-105.
- Field S, Onah M, Van Heyningen T, & Honikman S. (2018). Domestic and intimate partner violence among pregnant women in a low resource setting in South Africa: a Facility-Based, Mixed Methods Study. *Bmc Womens Health*, 18(1):119. <https://doi.org/10.1186/s12905-018-0612-2>.

- Ibrahim Z, Ahmed, W., & El-Hamid S. (2015). Intimate partner violence among Egyptian pregnant women: Incidence, risk factors, and adverse maternal and fetal outcomes. *Clin Exp Obstetrics Gynecol*, 42, 212–9.
- Ishrat, B. N., & Abdul, R. N. (2016). Domestic violence: Its causes, consequences and preclusions strategies. *International Journal of Advance Research and Innovative Ideas in Education*, 2 (2), 89-100.
- Keating, B. (2015). Violence against women: A disciplinary debate and challenge. *The Sociological Quarterly*, 56(1): 108–124.
- Khan M, M., Rehman, F.U & Siddiqui, M.M. (2015). Effect of domestic violence on pregnancy outcome in a metropolis. *Pakistan J Med Health Sci*, 9, 1260–3.
- Lagadec, N., Steinecker, M., Kapassi, A., Magnier, A. M., Chastang, J., Robert, S., Gaouaou, N., & Ibanez, G. (2018). Factors influencing the quality of life of pregnant women: A Systematic Review. *Bmc Pregnancy and Childbirth*, 18(1), 455. <https://doi.org/10.1186/s12884-018-2087-4>
- Lawanson, D. (2003). Incidence, explanations and treatment of partner. *Journal of Counseling and Development*, 18, 19-33.
- Mapayi B, Makanjuola R, Mosaku S, Adewuya O, Afolabi O, & Aloba O. (2013). Impact of intimate partner violence on anxiety and depression amongst women in Ile-Ife, Nigeria. *Arch Womens Ment Health*, 16(1):11–18
- Njoku, I. V., Enebe, J. T., & Dim, C. C. (2021). Magnitude and predictors of female domestic abuse in pregnancy in a patriarchal African society: A cross-sectional study of pregnant women in Enugu, South East Nigeria. *The Pan African Medical Journal*, 21(1), 3-15.
- Ntaganira, J., Muula, A.S., Siziya, S., Stoskopf, C., & Rudatsikira, E. (2009) Factors associated with intimate partner violence among pregnant rural women in Rwanda, Rural and Remote Health Centre. *African Journal of Medicine* 9: 1153–1154.
- Nwabunike, C., & Tenkorang, E.Y. (2017). Domestic and marital violence among three ethnic groups in Nigeria. *Journal of Interpersonal Violence*, 32 (18):2751–2776.
- Odimegwu, C. O., & Okemgbo, C. N. (2001): Women against women; women's perception of girl-child status in Abakaliki area of Nigeria. *Journal of Social Policy study*, 4(2), 73 – 84.
- Okedare, O. O., & Fawole, O. I. (2023). Intimate partner violence among young women in Ibadan, Nigeria: Are there slum and non-slum differences?. *Bmc Women's Health*, 23(1), 290. <https://doi.org/10.1186/s12905-023-02446-5>
- Olaitan O. L., Talabi A. E., Olumorin C. O., Braimoh K. T., Kayode O. O., Onigbinde A. T. (2012). Risks experience during pregnancy among teenagers in South West Nigeria. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(1), 2-12.
- Onoh, R., Umeora, O., Onyebuchi, A., Lawani, O., Ezeonu, P., & Agwu, U. (2013). Prevalence, pattern and consequences of intimate partner violence during pregnancy at Abakaliki South East Nigeria. *Ann Med Health Sci Res*, 3(4), 484–91

- Onyedika, A., Daniel A, Tobi A, & Thomas-Odia, I. (2021). Domestic violence: Why Nigeria is experiencing an upsurge. *Guardian Newspapers*. <https://Guardian.Ng/Saturday-Magazine/Domestic-Violence-Why-Nigeria-Is-Experiencing-An-Upsurge/Amp/>
- Orpin J, Papadopoulos C, & Puthussery S. (2020). The prevalence of domestic violence regarding psychiatric problems industry. *Psychiatry Journal*, 18(1), 22–26
- Pereira P. K., Lovisi G. M., & Lima L. A., (2011). Psychiatric disorders-trends and developments. intech; depression during pregnancy: Review Of Epidemiological And Clinical Aspects In Developed And Developing Countries
- Stark L, Meinhart M, & Vahedi L. (2020). The Syndemic of covid-19 and gender-based violence in humanitarian settings: Leveraging Lessons From Ebola In The Democratic Republic Of Congo. *Bmj Glob Health journal*.
- Tanimu, T., Yohanna S, & Omeiza, S.Y. (2018). The pattern and correlates of intimate partner violence among women in Kano, Nigeria. *African J Prim Heal Care Fam Med*,8(1), 65-88.
- Taylor, M; & Jennifer, W. U. (2021). Abuse and domestic violence during pregnancy. Retrieved from <https://www.whattoexpect.com/pregnancy/domestic-abuse/> May 30th, 2022
- Tella, A. O., Tobin-West, C. I., & Babatunde, S. (2020). Experience of domestic violence among pregnant women in rural and urban areas of Niger Delta Region of Nigeria: Risk Factors, Help-Seeking Resources and Coping Strategies. *Annals of Ibadan Postgraduate Medicine*, 18(1), 65–73.
- Wada, O. Z., Olawade, D. B., Amusa, A. O., Moses, J. O., & Eteng, G. J. (2022). Gender- based violence during covid-19 lockdown: case study of a community in Lagos, Nigeria. *African Health Sciences*, 22(2), 79–87.