FORMS AND DETERMINANTS OF DOMESTIC VIOLENCE
ACASE OF PREGNANT WOMEN IN MUKONO MUNICIPALITY-UGANDA

BY

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2015

DECLARATION

I **MULINDWA RICHARD**, declare that this thesis is an original work and has never been published /submitted to any other institution for the award of a degree or its equivalent.

Signature…….……. Date: …..……/…….…. /…….……

Mulindwa Richard

APPROVAL

This thesis has been submitted for examination with approval of the supervisor.

Signed……. Date:……/……../……

Dr. Namuwenge Proscovia

DEDICATION

This thesis is dedicated to my dear wife Deborah and our Children David and Abigail, Secondly to Rt. Rev. Dr and Mrs. Stephen Kaziimba, Rev. Capt. and Mrs. Titus Baraka , Rt. Rev. Dr and Mrs. Hannington Mutebi last but not least to my late Grandmother Ezeresi Nakabugo Ziribagwa who gave me the light to the world.

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LIST OF ACRONYMS

ANC	Antenatal Care
D.V	Domestic violence
DVAW	Domestic violence against women
DHS	Demographic Health Survey
DVS	Development Studies
FIDA	Federation of Women lawyers
GBV	Gender Based Violence
HC111	Health center three
IPV	Intimate Partner Violence
MCH	Maternal and Child Health
MOH	Ministry Of Health
SPSS	Statistical Package for Social Scientists
SPV	Spousal Partner violence
STM	Save the Mothers
UCU	Uganda Christian University
UN	United Nations
UNDP	United Nations Development Program
W.H.O	World Health Organization
PNFP's	Private Not For Profit

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OPERATIONAL DEFINITIONS

Domestic Violence: Domestic violence also known as domestic abuse, spousal abuse, or spousal Partner violence **(SPV)** can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family or cohabitation (Brownridge, 2009).

Violence against Women: Domestic violence against women means all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during Situations of armed conflicts (Brown ridge, 2009)

Abuse: Abuse is defined as the systematic patterns of behaviors in relationships that is used to gain and maintain power and control over another (Cooper, 2005)

Gender: Socially constructed roles, norms and values for men and women (Cooper, 2005)

Gender based violence: Domestic violence that targets individuals or group of individuals on the basis of their gender (FIDA, 2009)

Victim: Refers to pregnant woman experiencing gender based violence (FIDA, 2009)

Sexual violence: Sexual harassment both at home or public place such as incest, rape, forced prostitution, sexual slavery and marital rape (FIDA, 2009)

Physical violence: Wife battering, assault, female infanticide and child assault by teachers (FIDA, 2009)

Psychological violence: Threats of violence, insults such as name calling, humiliation in front of others, blackmail and the threat of abandonment including son preference (WHO, 2011)

Economic violence: Inadequate shelter, food and denial of economic support at the time of pregnancy (WHO, 2011)

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ABSTRACT

Background: Domestic violence against women is a common occurrence all over the world. It cuts across age, ethnicity, religion and educational barriers (Brown ridge, 2009)

Domestic violence can take various forms: it can be physical, psychological or sexual. Domestic violence during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, spontaneous abortion, bleeding during pregnancy, preterm Labor, preterm delivery and higher neonatal death (WHO/UNAID, 2010)

In a study done in Rakai district of Uganda, 30% of the women had experienced physical threats or physical abuse from their current partners but there is no information about DV particularly in pregnancy, a vulnerable stage in woman's life.

Objective of the study: This study is intended to determine forms and associated factors of domestic violence among pregnant women in Mukono municipality

Methods: This study was among the pregnant women. Across sectional study employing a mixed method research design. It utilized both quantitative and qualitative methods of data collection. Qualitative research methods were utilized mainly because of the need for an in-depth understanding of social phenomenon using flexible methods such as interview, Semi-structured and open ended questions while quantitative method was applied to explain the qualitative data.

Results: From the present study, 52.6% of pregnant women attending antenatal clinics had experienced domestic violence.

Majority of women had positive perceptions towards domestic violence although some were still clinging on the traditional norms that the husband is the dominant figure in the household.

About 130(40%) women had ever been forced into a sexual activity, 72(20%) had ever been

Physically assaulted by their spouses, 87(27%) had ever gone through psychological violence, 87(27%) of the respondents had ever experienced financial abuse whereas 83(26%) of them had ever been socially isolated.

A number of demographic characteristics both of the respondents and their spouses that had a strong significant influence on occurrence of violence during pregnancy included marital status, level of education, parity, whether the pregnancy was planned for, length in the marriage, age of spouses as well as religion of spouses with p values less than 0.05. Factors such as occupation of respondent's husbands showed strong significant influence on violence occurrence during pregnancy. Other factors had a weak influence on violence occurrence during pregnancy basing on p values more than 0.05.

Conclusion: The study has shown that violence during pregnancy is a problem in Mukono municipality and its prevalence is high at (52.6%). The study also established that socio demographic, socio economic and to some extent socio cultural factors

have an influence on the occurrence of violence during pregnancy. Denial of sex during pregnancy, husbands being overall controllers of households and husbands using violence on them when they misbehave are also contributing factors to the occurrence of domestic violence during pregnancy

CHAPTER ONE

1.0 Introduction

This chapter presents the theoretical foundation of the study. It contains the background, statement of the problem, objectives, research questions, significance of the study, and a conceptual framework.

1.1 Background

Violence against women, whether pregnant or not is a common occurrence all over the world. It cuts across age, ethnicity, religion and educational barriers. The term, 'violence against women' refers to any type of harmful behavior directed at women and girls because of their sex (Brown ridge, 2009). Violence can take various forms. It can be physical, psychological, sexual coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Domestic violence is also a form of violence against women and when it involves pregnant women calls for a closer attention because of the greater danger it entails (FIDA, 2009)

Domestic violence may be a long-standing problem in a relationship or it may commence during pregnancy (FIDA, 2009). A Canadian study outlined three groups of factors associated with physical abuse these include:-social instability (young, poor education, unmarried, unplanned pregnancy), unhealthy lifestyle (poor diet, drug and alcohol use and emotional problems) and physical health problems (medical problems and prescription drug use) (Bostock, 2003).

Domestic violence can take different forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, battery),

Sexual abuse, emotional abuse, controlling or passive/covert abuse (e.g. Neglect) and economic deprivation (FIDA, 2009)

Most countries and religions frown against domestic violence but because the cultures do not frown at it, the problem has persisted (Brownridge, 2009). The impact of domestic violence on pregnant women is increasingly recognized as an important Public health issue that has serious consequences for their physical and mental health (Smith, 2011). Domestic violence has been associated with psychiatric illnesses like depression, anxiety, post-traumatic stress disorder and Suicide(Smith, 2011) which can lead to a wide range of problems and implications to the fetus (Smith et al, 2011)

The World Health Organization (WHO) Multi-country study on women's health and domestic violence showed that the lifetime prevalence of physical or sexual partner violence or both varied between 15% and 71% in10 countries. A study done on reporting rates of domestic violence concluded that a woman's risk of physical and sexual violence during pregnancy is under-reported and under-estimated. For instance, each year over 324,000 pregnant women are victims of domestic violence in the United States alone (WHO, 2008)A number of countries has sought to statistically analyze the number of women experiencing domestic violence during pregnancy with a prevalence in UK 3.4%, USA 3.4 – 33.7%and Ireland at12.5%Population studies from Canada, Chile, Egypt and Nicaragua at 6-15%.

In sub-Saharan Africa, empirical evidence on the prevalence of domestic violence is limited and confined to a small number of population-based or special-population studies (WHO, 2008).

In South Africa, a cross-sectional study of violence against women was undertaken to measure the prevalence of physical, sexual and emotional abuse of women in households. Interviews with 1306 women had a response rate of 90.3% of eligible women. (Hoque, et al 2009)

The lifetime prevalence of experiencing physical violence from a current or ex-husband or boyfriend was 24.6%and 9.5%. The study conducted in Nigeria on308 Igbo women showed that 78.8% of the women have been battered by their male counterparts, out of whom 58.9% reported battering during pregnancy, and 21.3%reported having been forced to have sexual intercourse.

In a survey of 5109 women of reproductive age in Rakai district of Uganda, 30% of women had experienced physical threats or physical abuse from their current partners.

Pregnancy is an extremely vulnerable stage in a women's life physically and mentally, so it is vital to recognize that any form of domestic violence can actually lead to adverse effect on the mother or unborn baby or both. (WHO, 2012), Its therefore a critical stage where domestic violence shouldn't be there.

The Ugandan government has adopted a number of polices to stop gender based violence which policies are achieved through the following strategies: - gender main

streaming, a process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels (FIDA, 2009).

However effective legislation requires that the causal factors of domestic violence have to be ascertained most especially among pregnant women for which factors influencing domestic violence among them are under researched in Uganda. This study intended to determine the forms and associated factors that lead to domestic violence during pregnancy.

1.2 Statement of the problem

Although women are supposed to be safe in their homes, sometimes the safety is violated. They are often sexually harassed, victimized, suffer physically, psychologically and are unable to make their own decisions, voice their own opinions or protect themselves and their children because they fear the repercussions (Caroline, Nabacwa 2006).

Domestic violence has been a long-standing problem in Uganda particularly in rural areas like Mukono (FIDA, 2009).About 41% of pregnant women in Uganda have experienced physical threats or physical abuse from their current partner's (FIDA, 2009)

According to Sunday Vincent a community liaison officer Mukono Police Station Violence against women continues to prevail in intimate relationships in Mukono,

cases of sexual and physical abuse happens in the homes of married couples 5-10 cases of domestic violence are reported every week.

It's also worth noting that, only a few countries in Africa have issues of domestic violence incorporated in their reproductive health services and policies. There is hardly any linkage in most countries, besides a few studies that have been around pregnant women. The majority of the studies were hospital based or clinic based and most population based studies have not focused on pregnant women (Kaye etal 2005)

Domestic violence during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, spontaneous abortion, bleeding during pregnancy, preterm Labor, preterm delivery and higher neonatal deaths. Pregnant Women who have experienced domestic violence are also likely to delay seeking prenatal care and have an increased smoking habit and indulge (WHO, 2011)

There is a strong recommendation for the World Health Organization to perform research on domestic violence among women including during pregnancy, until now we still do not have information about domestic violence against women that focuses on pregnant women in Uganda.

This study is therefore necessary to establish the forms and determinants of domestic violence among pregnant women in Mukono Municipality-Uganda.

1.4 Objectives of the study

1.4.1 General objective

To establish the forms and determinants of domestic violence among pregnant women in Mukono Municipality Uganda.

1.4.2 Specific objectives

1. To determine the prevalence of domestic violence during pregnancy among pregnant women in Mukono municipality.

2. To assess the forms of domestic violence experienced by pregnant women in Mukono municipality

3. To analyze the determinants influencing domestic violence among pregnant women in Mukono municipality.

4. To explore the perceptions about domestic violence by pregnant women.

1.5 Research questions

1. What is the prevalence of domestic violence amongst pregnant women in Mukono municipality?

2. What are the forms of domestic violence experienced by pregnant women in Mukono municipality?

3. What are the determinants of domestic violence among pregnant women in Mukono municipality?

4. What perceptions do pregnant women in Mukono municipality have about domestic violence in Mukono municipality?

1.6 Justification of the study

- It seeks to help policy makers and practitioners in designing interventions on how the male partners ought to treat their wives during pregnancy in order to minimize on the associated risks.

- It is also intended to raise critical awareness on the seriousness of domestic violence amongst women during pregnancy.

Fig 1.7 Conceptual Flame Work Illustrating the Determinants of Domestic Violence among Pregnant Women in Mukono Municipality.

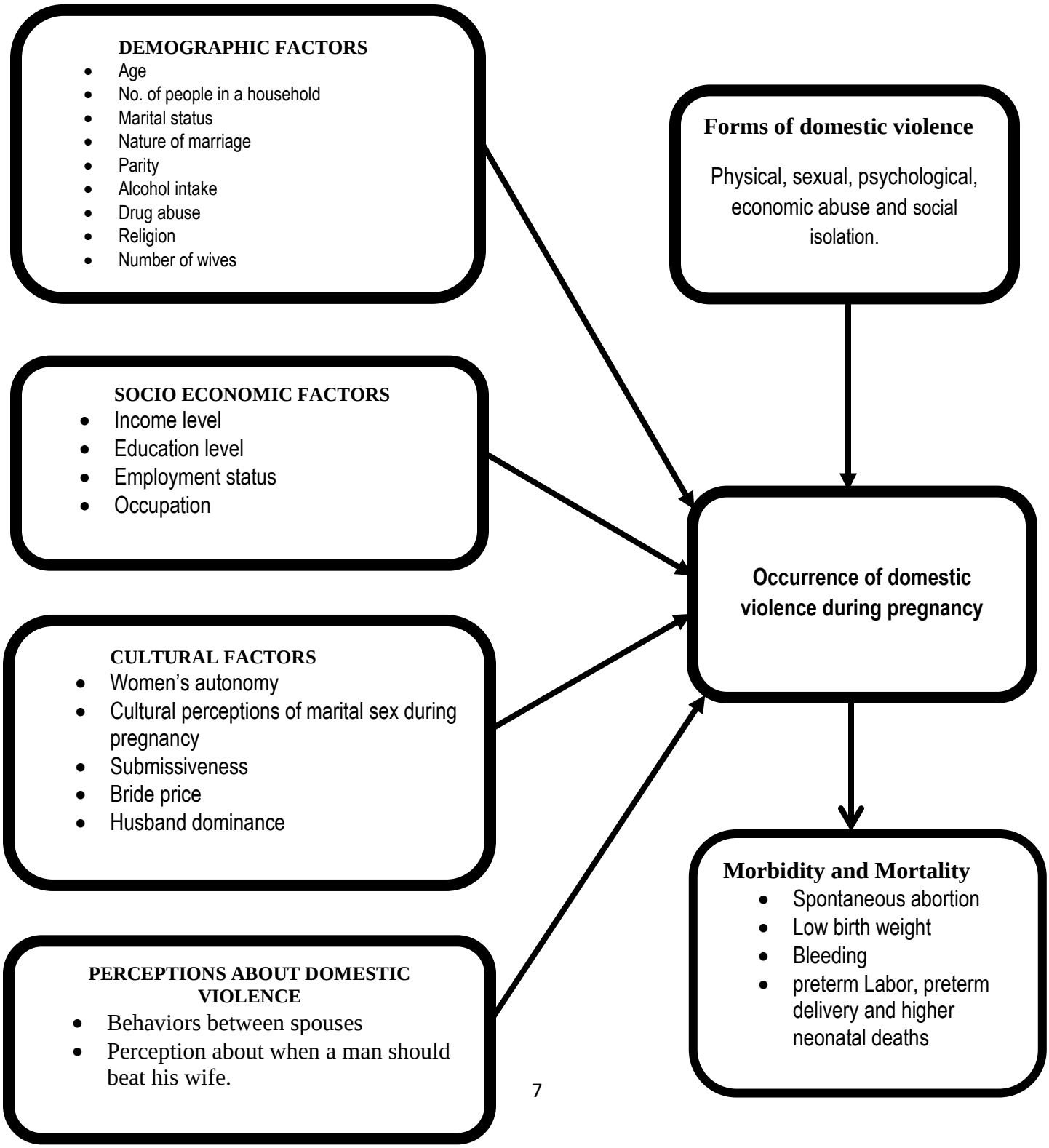


Fig 1. The conceptual flame work

Fig1. Figure one illustrates the relationship between the independent variables and the dependent variables. Independent variables being the demographic factors, socio economic factors, cultural factors and perceptions about the domestic violence. Dependant variable being the occurrence of domestic violence during pregnancy.

Domestic violence can take different forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, battery),

Domestic violence during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, spontaneous abortion, bleeding during pregnancy, preterm labor, preterm delivery and higher neonatal deaths(WHO/UNAID, 2010)

According to fig 1, demographic, socio economic and socio cultural factors have an influence on the occurrence of violence during pregnancy.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

According to the inter-American convention on violence against women, "Violence against women includes any act, omission, or conduct by means of which physical, sexual, or mental suffering is inflicted directly or indirectly through deceit, seduction or threat, harassment, coercion or any other means on any woman with the purpose or effect of intimidating, punishing, or humiliating her or maintaining her sex stereotyped roles or denying her of human dignity, sexual self-determination, physical, mental and moral integrity or undermining the security of her person, herself respect or her personality or diminishing her physical or mental capacities(Meyers et al,2009)

However, according to the UN convention on elimination of violence against women, violence against women means any act of gender -based violence that results in, or is likely to result into physical, sexual or psychological harm or suffering of the woman, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or in private, a broader definition that moves beyond individual acts of violence to individual forms of institutionalized sexism that severely compromise the health and wellbeing of a woman(Sullivan et al,2003)

Domestic violence during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, spontaneous abortion, bleeding during pregnancy, preterm labor, preterm delivery and higher neonatal deaths(WHO/UNAID, 2010)

Studies have documented that being young or adolescent, single, separated or divorced during pregnancy, belonging to an ethnic minority and having a low education status are some of the socio-demographic risk factors reported by authors (Bacchus, 2004; Bowen, 2005; Kvale, 2009; Rodriguez, 2008). Other risk factors included increased substance and drug use and intoxication that may facilitate violence against intimate partners. Male controlling behavior/women's lack of power and having low economic power were also included as vital characteristics of perpetrators associated with IPV during pregnancy. Similarly, low levels of social support and high levels of stress were also seen as factors that increased the risk of intimate partner violence (IPV) during pregnancy.

Domestic violence is a serious problem that affects many women. Pregnant women are particularly vulnerable to abuse and by some estimates suffer partner abuse at rates higher than the background population. Unfortunately, domestic violence frequently begins or intensifies during pregnancy. It is one of the most common complications during pregnancy (Jasinski et al, 2004)

2.1 Prevalence of domestic violence

The World Health Organization's (WHO) Multi country study on women's health and domestic violence against women has reported that violence committed by male

partners directed against women is the most common as opposed to violence committed by other institutions and persons.

There are different forms of intimate partner violence these including:- physical, sexual, financial and psychological violence.

In Brazil, research that was conducted nationally among women aged 15and older, 43% reported being subjected to violence by their partners, a third reported some form of physical violence, 13% sexual and 27% psychological (Ludermir,Schraiber, D'Oliveira,Franca-Junior, & Jansen, 2008). Similarly, research findings from two sites in Brazil, Sau Paulo and Zona da Mata, documented a large proportion of women experiencing violence (50.7%) with frequent forms of violence being psychological violence alone (18.8%) or accompanied by physical violence (16.0%) (Ludermir et al., 2008)

In the United States, approximately 1.5 million women annually are raped and physically assaulted by an intimate partner. One in four women is at lifetime risk of physical assault (Cronholm, Fogarty, Ambuel, & Harrison, 2011). In Mexico several regional studies have documented the prevalence of violence against women in general from 20% to 40% and this violence causes serious health effects for women (Castro, Peek-Asa, & Ruiz, 2003)

According to Nasir, K & Hyder (2003), an estimated 28% of all women report at least one episode of physical violence in the developed world whereas studies indicate a prevalence of 18-67% in the developing countries (Nasir &Hider, 2003)

The Demographic and Health Surveys (DHS, Macro International) document the prevalence of violence against women in various developing countries. For instance, DHS results show South Africa as one of the countries with the highest prevalence of IPV in the world (Ntaganira et al., 2008). In Nigeria, 81% of married women reported being verbally or physically abused by their husbands (Ezechi et al., 2004)

Similarly, findings from a study done in Rwanda indicate that more than one in two participants have experienced at least one form of IPV from their male partners (Ntaganira, Mule, Siziya, Stoskopf, & Rudatsikira, 2009)

IPV is a significant problem in Sub-Saharan Africa as well. A survey reported that 46% of Ugandan women, 60% of Tanzanian women, 42% of Kenyan women, and 40% of Zambian women face physical abuse. A study conducted with married Arab women in Israel revealed that, 30% of the women reported one or more recent episodes of physical abuse or sexual coercion. Similarly, in urban Thailand 20% of husbands reported subjecting their wives to physical abuse.

Thirty-eight percent of women reported having been beaten by their husbands within the previous year in a study in Korea with 12% of women undergoing intense battering. Moreover, 21% of a nationally representative sample of partnered women in Columbia reported lifetime physical abuse and in Nicaragua 52% of women reported ever being abused by their partners (Koenig et al, 2003).

In India, a community based survey found that 41% of the women reported having ever been beaten by their husbands, with slightly higher rates of reported violence in the

northern state of Uttar Pradesh than in the southern state of Tamil Nadu (Jejeebhoy, 2008; Koenig et al., 2003).

Intimate partner violence (IPV) is a significant cause of morbidity and mortality and can result in negative mental, physical, sexual and reproductive health outcomes.

It is also linked with risk factors for poor health such as alcohol and drug use, smoking and unsafe sex (Garcia-Moreno & Watts, 2011; Janssen et al, 2003).

IPV can also have an indirect effect on family members left traumatized because of the violence they have witnessed in their homes. Moreover, in dominated society, women are more likely to face violence from men who feel they have the right to exercise control.

The prevalence of violence during pregnancy ranged from 0.9% to 20.1% from a view synthesizing results of 13 studies conducted in various countries globally(Gazmararian et al., 2006; Romero-Gutierrez, Cruz-Arvizu, Regalado-Cedillo, &Ponce-Ponce de Leon, 2011; Shamu, Abrahams, Temmerman, Musekiwa, &Zarowsky, 2011). Prevalence of physical violence against pregnant women ranging between 0.9% and 30% were reported by a second review of 18 studies from which 6 represented developing countries (Shamus et al., 2011; Taillieu & Brownridge, 2010).

According to authors, (Oweis, Gharaibeh & Alhourani, 2010), the prevalence of violence against pregnant women ranged from 4 to 29% from studies done in the developing countries, whereas statistics show a figure between1 to 20% in the developed world. Similarly, authors found on average from 3% to8.3% abuse during

pregnancy in the largest meta-analysis that was done of first-generation research (first descendants of immigrants). If this range is correct and the estimation applies to the four million women who deliver live born infants each year in the United States, one would expect roughly 156,000 to 333,000 of these women to experience violence during pregnancy (Tuerkheimer, 2006).

Among 340randomly selected pregnant women in a rural part of Africa, IPV during pregnancy was highest in the age group 21-25 years and psychological (49%) and physical violence (36%) were reported to be the most common types of violence (Hoque etal, 2009).

Additionally, a study done in Jos, Nigeria found full-time pregnant housewives and the self-employed were the ones at high risk of abuse (35.3% and43.3% respectively) (Gyuse & Usher, 2009)

2.2 Forms of domestic violence experienced by pregnant women

Domestic violence is defined as physical or psychological abuse directed toward a Spouse usually by men against women. It is a behavior used by one person in a relationship to control the other. Partners may be married or not married, living together, separated or dating. People in intimate relationships sometimes tend to disagree. Disagreements arise mostly on gender-based issues for Instance division of duties and on the rights of individual partner. People from different cultures have different ways of solving their domestic problems (Itzin, 2010)

Domestic Violence against pregnant women in Uganda goes largely unnoticed. It consists of a Pattern of coercive behaviors used by a competent partner to establish and maintain power and control over their spouses. These behaviors which can occur alone or in combination, sporadically or continually, include physical violence, psychological abuse and non-consensual sexual behavior. Each incident builds upon previous episodes thus setting the stage for future violence.

Psychological abuse includes threats of physical harm to the spouse or others, Intimidation, coercion, degradation and humiliation, false accusations and ridicule. Stalking may occur during a relationship or after a relationship has ended. In many relationships, insults are the most tangible evidence of the detailed work of power that aims at controlling, managing and hurting a spouse.

Insults are used as a normalizing and punishing technique, and as such, they are an essential part of the discipline that aims at subjugating and dominating the other. More than half of the women in violent relationships report that men have humiliated and put them down with offensive Words. In some relationships, insults are used in the power struggle (Nicolson et al, 2010).

Physical abuse

Physical abuse refers to any behavior that involves the intentional use of force against the body of another person that risks physical injury, harm and or pain.

Physical abuse or assault is the most obvious form of domestic violence and it is then visible. Assaults often start small, maybe a small shove during an argument, or

forcefully grabbing of the wrist, but over time, physical abuse (or battering) usually becomes more severe and more frequent which can result in the death of the victim(Mills, 2008)

Physical abuse includes, pushing, hitting, slapping, choking, using an object to hit, twisting of a body part, forcing the ingestion of unwanted substances, and use of weapon. Physical abuse also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (Newton, 2001)

Psychological abuse

Women in abusive relationships often experience psychological abuse. Psychological Abuse is characterized by one spouse exposing another to behavior that is psychologically harmful.

The behaviors are intended to intimidate, persecute and takes the form of threats, abandonment, social isolation, verbal aggression, constant humiliation and threats to take away custody of the children. Psychological abuse is crippling to the victims. It robs the persons their self-esteem, ability to think rationally and loss of self-confidence (Saltzman, 2002).

Most of the respondents said that the ongoing psychological abuse they have ever experienced, emotional torture and living under terror are often more unbearable than the physical abuse and it takes them longer to come to terms and get over the emotional violence than the violent episodes. They experienced low esteem and

unable to trust or make even simple decisions which left them doubting their own judgment and gut reaction.

Social isolation

Social isolation is a technique used by perpetrators of domestic violence to control their victims by limiting access and communication with family and friends. Lack of Social support increases the women vulnerability to abuse that may render the women to justify the abusive.

The women are denied an opportunity to build up social networks they would need to draw on once they leave the abusive relationship. Social Isolation includes confinement to the home, overwhelming surveillance, public humiliation and restricted communication with friends (Saltzman, 2002).

During one help group meeting, an informant described how she had been subjected to social isolation and humiliation. She was denied communication with her friends and relatives. Her spouse made it so difficult for her to communicate that she stopped attempts to make contacts with anyone. This enabled the spouse to abuse her uninterrupted by anyone. In many occasions, she was refused help when sick or Injured, prohibited access to money and deprived of basic necessities.

For the victims, it is very easy for one to be isolated by the perpetrator from social Interaction with the outsiders; in this case, home transforms into a space that allows more severe disciplinary practices. There is no one to interfere when such behavior takes place (Sadik, 2000)

Financial control

Financial abuse can take many forms, from denying access to funds, making the victim solely responsible for all house hold finances. Money becomes a tool by which the abuser can further control of the victim, ensuring either her financial dependence on him, or shifting the responsibility of keeping a roof over the family's head onto the victim (Dr. Jeanne King, 2011).

Financial abuse can include preventing the women from activities that may earn them money or from keeping the money, denying sufficient housekeeping finances, forcing the victim to account for every penny spent, denying access to finances and putting all bills in the name of the victim. The women are also threatened to be made homeless by forcing them out of the house. The perpetrators of domestic violence also force the Victims to work while they themselves do nothing (Dr. Jeanne King, 2011)

Sexual Abuse

Sexual abuse is any sexual act where a person is forced to engage in sexual activities without their will. They may be forced with threats of physical violence or just enough fear to make them comply with their abuser’s wishes. Sexual abuse of adults covers arrange of inappropriate sexual behaviors that cause distress or harm to an individual.

Sexual abuse can be actual or threatened and causes physical and emotional damage (Bostock, 2003)

Sexual abuse can happen within a marriage. Marital rape is often unreported and unrecognized within a marriage even by those experiencing the abuse. Culturally, there is an assumption by many women that they have a 'duty' to satisfy their husband's or partner's sexual desires and demands even if they do not want to. But, rape is a crime, even if you know the person.

Sexual abuse within marriage may also cause the person experiencing the abuse to feel that it is their fault, or the attacker may act as if the abuse took place with the consent of the person being attacked, leading to Confusion and guilt (Bostock, 2003).In Uganda sexual abuse and rape by an intimate partner has not been fully recognized as a crime.

Women in many marital relationships do not consider forced sex as rape if they remarried to or cohabiting with the perpetrator. They assume that it's their duty to offer their bodies and provide sexual satisfaction to their husbands once they enter into a contract of marriage, the husband has the right to unlimited sexual access to his wife.

Surveys in many countries also reveal that approximately 10 to 15 percent of women report being forced to have sex with their intimate partners.

Sexual abuse includes: rape that involves forcing someone into sexual activities against their will, using objects violently during sex, forcing someone to have sex with

another person when they do not wish to, sharing sexual stories or images about a spouse without their consent, use of sexual or derogatory names, forcing someone to perform sexual acts in front of others when they do not want to (Bostock, 2003)

The prevalence of intimate partner violence is gaining recognition in the developing world and there is also interest to some extent in understanding the association between violence and pregnancy outcomes (Ntaganira et al., 2009). The male partner often feels a sense of stress and anxiety over the upcoming birth, which leads to the potential increased risk of violence during pregnancy.

The stress manifests itself into irritation, which gets directed back at the pregnant woman and her unborn child. Domestic violence during pregnancy puts not just one, but two lives at risk (Pan American Health Organization, 2000; Silva, Ludermir, de Araujo & Valongueiro, 2011).

Pregnancy is an extremely vulnerable stage for women physically and mentally, so it is vital to recognize that pregnant women are more likely to be abused in a relationship. Two out of every five pregnant women report violence during pregnancy in United States and other developed countries (Burch, Rebecca, Gordon G., 2004).

In some cases the abuse is actually initiated during pregnancy rather than just continuing into pregnancy. Intimate Partner Violence before pregnancy can be a risk factor for pregnancy violence and violence during the postpartum period.

Similarly, domestic violence can continue through the postpartum period and having a child may be characterized by sleepless nights and changes in family dynamics, which

may lead to fights between couples especially about their sexual relationship. Factors such as financial responsibility, woman's physical and hormonal changes and playing the role of father and mother are factors that exacerbate the occurrence of violence in homes (Silva et al., 2011).

Women may believe that pregnancy is a protective factor against violence and that their partners will be more sympathetic towards them.

However, pregnancy may give rise to insecurities in men who are often jealous and may see pregnancy as not an outcome of his own doing but rather an indication of his worst fears coming true (Burch, Rebecca Gallup., 2004).

Pregnancy is a time of increased risk for violence for some women. According to Jasinski (2004), violence is known to occur mostly among couples where the male partner identifies pregnancy of his female partner occurring sooner than intended or when he is jealous, drunk, or not getting enough sex.

Many of the risk factors identified generally in IPV among women are also found for IPV during pregnancy. In a study done in India, 30% of women reported violence prior to pregnancy as well as during pregnancy (Helton, McFarlane, & Anderson, 1987; McFarlane, Parker, Soeken & Bullock, 2002).

In some societies pregnancy serves as protection against violence whereas in others may be an abuse during pregnancy. For instance, results from a British longitudinal study reported that pregnancy represents a period of comparatively low risk for domestic violence (Bowen, Heron, Waylen, Wolke & ALSPAC Study Team, 2005). On

the other hand, a study done among pregnant women in Jos, Nigeria reported that pregnancy is not a protective factor against violence since as many as 11.6% of pregnant women in their study had experienced violence during pregnancy as opposed to 3.8% in-between pregnancies (Gyuse & Ushie, 2009).

Violence during pregnancy poses a severe threat to women's health and in the extreme can even cause the mother and her unborn child's death (Bacchus, Mezey & Bewley, 2004)

Similarly, IPV during pregnancy is associated with adverse pregnancy outcomes such as low birth weight, spontaneous abortion, bleeding during pregnancy, preterm labor, preterm delivery and higher neonatal deaths.

In South Africa, women who have been victims of IPV during pregnancy are also more likely to delay seeking prenatal care, have sexually transmitted infections (STI), vaginal and cervical infections (Hoque, Hoque, & Kader, 2009). Violence against pregnant women may affect them through direct and indirect means. For instance, a blow to a pregnant woman's abdomen may cause unfavorable outcomes such as preterm labor and delivery, fetal injury and death.

On the other hand, the indirect mechanisms pertain to the risks of psychological stress or insufficient access to medical care, which could cause poor outcomes (Ezechi et al., 2004).

A study done among a national cohort of Australian women reported pregnancy terminations as a result of partner violence (Taft & Watson, 2007). Partner violence

has also been known to result in high levels of depressive symptoms according to a study done among pregnant Latinas in Los Angeles, California. The pregnant Latinas in this study were positive for IPV and had more than twice the odds of reporting symptoms and were exposed to trauma, social undermining and stress with less social support (Rodriguez et al, 2008)

2.5 Factors associated with domestic violence in pregnancy.

Factors associated with domestic violence among pregnant women include demographic, socio economic, socio cultural factors and perceptions.

Demographic factors.

Studies have documented that being young or adolescent, single, separated or divorced, pregnancy, belonging to an ethnic minority and having a low education status are some of the socio-demographic risk factors (WHO 2012). Other risk factors include: increased substance and drug use that may facilitate violence against intimate partners. Male controlling behavior or women's lack of power and having economic power were also included as vital characteristics of perpetrators associated with domestic violence during pregnancy.

A study that was done in New York among men documented that paternal uncertainty has a significant factor in predicting violence during pregnancy. For instance, a man who is sexually jealous and often blames his partner for unfaithfulness would be more likely to question the paternity of the child which may in turn increase abusive behaviors towards his partner.

Alcohol use by partners has also been reported to be associated with having multiple sexual partners by a study done in Rwanda among 600 randomly selected pregnant women.

Men use alcohol as an excuse to engage in anti-social behaviors Such as violence against their partners.

Substance abuse in intimate partner relationships is another risk factor that may lead to intimate partner violence (Eng et al., 2010; Stephenson et al., 2008: Varma, Chandra, Thomas, & Carey, 2007). Consuming alcohol leads to fighting with other men, being unfaithful and committing physical violence according to a cohort of Indonesian women (Hayati et al, 2011).

Similarly, a Polish study documented that male perpetrators who drank alcohol were more likely to be physically violent than those who did not drink alcohol.

A study done in Rwanda also documented having multiple sexual partners, being HIV positive, low education and socio-economic status, being pregnant, and being in a short-duration relationship as risk factors for IPV (Ntaganira et al., 2009;Schensul et al., 2006).

Excessive use of alcohol and other drugs have been noted as a factor provoking the aggressive and violent male behavior towards women. A survey of violence against women conducted in Russia 2010 revealed that half the cases of physical violence were associated from the male's excessive use of alcohol. Alcohol may impair judgment, reduce inhibition and increase aggression. Alcohol is however being used

by the perpetrators of domestic violence as an excuse for their behavior. The men will rid themselves off the responsibility of their behavior by blaming it on the effects of alcohol. (FIDA Kenya, 2009

Socio cultural factors

Having a more dominant husband serves as a negative component and may lead to violence in a marital relationship.

A study done in Cambodia defines "husband control" as the exercise of power or control by the husbands over the wives' social activities, such as meeting with female friends, and through the husbands 'accusations of wives' unfaithfulness.

Husband control is also a factor leading to violence in marital relationships. Men are expected to be controlling in their relationships in Cambodia, as it is a male dominated society. Cambodian women themselves are known to support dominant roles for males (Eng. et al., 2010).Husband control is a significant factor in a relationship because power is concentrated in the hands of the husband where he makes most of the decisions and controls his wife (Tjaden &Thoennes, 2000).

Women's lack of power in relationships and in society is a factor in marital relationships leading to violence directed to them by their intimate partners. Most men in marital relationships expect their partners to be submissive as well as sexually available to them at all times.

Men also think it is their right and requirement to use violence against their partners if they are perceived to misbehave (Hoque et al., 2009). Women whose partners are

more likely to be jealous, controlling and verbally abusive are more likely to report being raped and physically assaulted by their intimate partners (Tjaden &Thoennes, 2000).

Gender-based power may be unbalanced in many relationships and factors such as the type of relationship (for example casual, marriage, cohabitation, and commercial) and communication between partners may have an effect on gender power dynamics. There is a clear causal link between power relations and violence within sexual relationships which may in turn affect women's health (Blanc, 2001)

Spousal Communication

Spousal communication is another major predictor of IPV (Eng. et al., 2010). Better and frequent

Spousal communication is commonly known to decrease the risk of violence (Naved & Person, 2005). However, in some cultures such as Japanese and other Asian cultures, communication between spouses may have no effect with the rate of violence. Moreover, spouses in Japanese culture have reported communication between them as unilateral with the husband initiating and dominating the conversation most of the time.

Japanese women have identified the patriarchal system in their culture as directly influencing IPV (Nagae & Dancy, 2010).

In contrast, frequency of spousal communication positively predicted emotional violence in Cambodian couples but with the idea that more spousal communication

would lead to more violence. The reason behind the positive correlation is that according to Cambodian norms, husbands hold patriarchal beliefs that a wife should be quiet and submissive.

Hence, wives' frequent communication with husbands would be interpreted by them as a violation of Cambodian norms (Eng et al., 2010). It is clear that gender-based power inequities may be a factor contributing to a lack of communication in marital relationships (Blanc, 2001).

Most men in Uganda come from ethnic cultural groups like those in the central, eastern and northern region of the country where male dominance is accepted and hence expect their wives to be submissive to them and disregard their rights.

Men from this cultural back grounds lack alternative knowledge on ways to deal with their family problems other than domestic violence. Cultural ideologies both in industrialized and developing countries – provide 'legitimacy' for violence against women in certain circumstances. Religious and historical traditions in the past have sanctioned the chastising and beating of wives.

The physical punishment of wives has been particularly sanctioned under the notion of entitlement and ownership of women. Experiences during childhood, such as witnessing domestic violence and experiencing physical and sexual abuse, have been identified as factors that put children at risk.

Violence may be learnt as a means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution.

Cultural factors make it difficult to define exactly what domestic violence means. For instance in some ethnic groups in Uganda, a soft slap on the cheek is acceptable while in others, physical beatings to women is considered normal and a show of love.

In these cases, men face social pressure to maintain power and control over the women. A report released by the United Nations asserted that 47% of adult women report physical abuse by their male partners. The Government, the media, and women's rights organizations have fostered a growing awareness of the problem of violence against women. Much of the violence against women is related to disputes over dowries and it culminates during or after pregnancy.

Female Gender Attitudes

Female gender attitudes are justification of men's treatment towards their wives or intimate partners, which may include wife beating and refusing to have sex. Female gender attitudes are formed through gender inequality and inequity and leads to gender-based violence and discrimination survey respondents consisting of 24% to 36% of a sample comprising of 507 Chinese, Korean, Vietnamese and Cambodian adults living in the U.S agreed that violence against a woman could be justified in certain situations.

These situations included wife's sexual infidelity, her nagging characters like refusal to cook or clean. It was discovered from this study that South East Asian respondents were more supportive of attitudes of male privilege and use of violence in certain situations in comparison to the East Asian respondents.

Gender perspective

According to Gender perspective UNDP/FAO 2008, rural women continue to feel that they are inferior to men and may not be confident enough to express their opinions to promote the rights and benefits. More so, tradition and culture have created a cultural ideology as one where women should be gentle, warm, beautiful, likeable and pleasing to all in fact there is a social perception that leadership role only fit with male personality and this has given men autonomy to violet their wives especially during pregnancy(UNDP/FAO 2008

Socio economic factors

Lack of economic resources underpins women's and increases their vulnerability to violence and their difficulty in extricating themselves. On the one hand, the threat and fear of violence keeps women from seeking employment, or, at best, compel them to accept low-paid, home-based exploitative labor. And on the other, without economic independence, women have no power to escape from an abusive relationship.

Women's increasing economic activity and independence is viewed as a threat which leads to increased male violence, this is particularly true when the male partner is unemployed, and feels his power undermined in the household increases in poverty, unemployment, hardship, income inequality, stress, and alcohol abuse have led to increased violence in society in general, including violence against women (FIDA, 2009).

Male control of family wealth inevitably places decision-making authority in male hands, leading to male dominance and proprietary rights over women and Women's economic dependence on men. Limited access to cash and credit Discriminatory laws regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood, Limited access to employment in formal and informal sectors, Limited access to education and training for women. (FIDA, 2009).

Other studies have found out that women with a high status as measured by their educational attainment, degree of autonomy or control over resources are more protected from the risk of domestic violence.

One consistent finding is an inverse association between women's educational attainment and the risk of domestic violence. Studies have also reported that women with greater autonomy and control over resources are more protected from violence.

However, some evidence shows that this association may be context-specific and that, in more conservative settings, women with high autonomy may actually be at increased risk of violence.

A number of previous studies on domestic violence against women establish a relationship between economic dependence and the incidents of violence. However, only a few attempts have been made so far to provide theoretical explanations or verifications of this relationship.

There is causal relation between marital dependence and incidents of violence. There is a distinction between objective marital dependence and subjective marital dependence.

The definition of objective marital dependence closely represents dependence owing to economic reasons. Subjective dependence, on the other hand, refers to what a woman perceives herself to be. In this analysis, married dependence reinforces the likelihood that women will tolerate physical abuse from their husbands'. As a result, it is clear that the more economically dependent women are, the more violence they face from their partners. It is also clear that the larger the discrepancy between the actual and desired household responsibility for the female partner, the higher the number of violent incidents

2.4 Perceptions about domestic violence

Despite the fact that health practitioners see many victims of DVAW in their clinical practices and the fact that the impact on the health care system is enormous, many health professionals fail to recognize the problem because they don't routinely inquire about or document abuse as the cause of their patient's symptoms.

This failure occurs even though many physicians believe questions about physical and sexual assault should be asked routinely. Furthermore, studies document that most patients want health care providers to ask about abuse and would answer truthfully if asked.

The reasons why health professionals have failed to appropriately respond to victims of domestic violence are myriad and complex, but crucial to understand if we are going to improve the response of the health care system to DVAW. They include a lack of training about DVAW providers' misconceptions about who is affected by domestic violence, biases and/or prejudices; and current or prior experiences with DVAW outside of the health care setting.

Health professionals may not want to inquire about DVAW because of the fear of opening a "Pandora's box" and/or because of concerns about time constraints. Some may not inquire because of concerns about privacy and/or confidentiality-especially in states where mandatory reporting laws exist. Others may feel that inquiry and intervention are not appropriate roles for them and should be the responsibility of social workers and mental health professionals.

Still others may become frustrated with battered individuals who are "difficult" or intoxicated or have vague but recurring and seemingly un-diagnosable symptoms that lead the professional to apply labels such as "crock," "hysteric," Fac. of Grad Studies, Mahidol University. M.P.H.M. (PHC Management) 41 somatization disorders or "self-defeating personality disorder" to the patient. It is also crucial that health care providers work with local domestic. Most women who are injured by violence ask for help from health personnel rather than legal officials. A WHO report on violence and health emphasizes that health personnel are key to help women who are victims of violence.

Unfortunately, in practice women fail to receive support or appropriate health services, partly due to the lack of hospitals' policy, procedures or reporting formats for women who have been assaulted. Identification of VAW depends on the woman's voluntarily voicing the problem and on the commitment and sensitization of health care staff to this problem. Studies by Warsaw and Heise demonstrate that health personnel often lack the relevant knowledge, tools, and skills to deal with this group of women. Health personnel tend to be afraid or uncomfortable in their interaction with these women.

According to Abdullah the services provided to these women in the general hospital in Kuala Lumpur have the following failures: lack of referrals, insufficient emergency accommodation and inadequate hospital management.

The research of Nguyen ThiHoaiDuc showed that domestically abused women can be helped by health providers in many ways that is:- by screening for domestic violence, by documenting abuse in the medical record, by safeguarding evidence, by providing medical advice, referrals,

and safety planning, and by showing empathy and compassion for a woman's situation and the abuse she is experiencing. Knowledge of medical staff on this matter is still restrictive and is affected by culture, society where they live.

They believe that DVAW often happens in poor, not educated families, or beaten wives are those who are not good, do not know how to behave in husband's family; do not know how to meet the sex demand of the husbands. Some staff believes that there are reasons why men can beat wives such as, not listening to the advice,

answering back, not respecting the husbands. Therefore although beating wives is wrong, most of beaten wives have fault.

This perception of health providers towards DVAW will affect the sympathy, sharing and way of solving towards victims of this situation. In addition, some health providers refused to take part in the research and in general they assumed that: "*They have no responsibility or did not relate to DVAW, they are only treated to relieve pain and be haemostatic*". Together treatment, health providers sometimes brought out mobilizing advisory words to patients about place possible for help, or helped them with safety residing place. But normally, health providers were not drilled, trained on advisory skills so that it sometimes affected patient's psychology.

Therefore, it is very necessary to have many researchers studying on knowledge, practice of health providers about the situation DVAW, the role of medical establishment in intervention, solving, contributing to the improvement of health and role of women in the society.

Although many people have been existing the shy psychology, not wanting to "*Wash one's dirty linen in public*", and the concept that medical establishment is the place to treat pains, victims do not often go to medical establishment or they only go there when having serious wound such as: breaking bone, bleeding, injuring internal organs amongst others.

But it can be said that medical staff play an important role in approaching this matter. Physicians are often first people and they are sometimes sole specialists that

maltreated women look for to have their help. Therefore they have chance to help victims.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

An overview of the methodology used in the study is detailed in chapter three presented in this section.

3.1 Study design

This study was a cross sectional study design utilizing a mixed research method with sequential explanatory strategy using both quantitative and qualitative methods for data collection.

Cross sectional studies is the best way to determine prevalence and are useful at identifying association that can then be more rigorously studied using a cohort study or randomized controlled study. However, the most important problem with this type of study is differentiating cause and effect or the sequence of events (Mann, 2003).

Qualitative research methods were utilized mainly because there was a need for an in-depth understanding of social phenomenon using flexible methods such as key informant interviews (KI)

3.2Area of study

The areas of the study were health facilities in Mukono Municipality found in Mukono district, located in the central region of Uganda. The town is situated 27 kilometers East of Kampala city.

The municipality occupies approximately 31.4 square kilometers (12.1 sq. mi) of land area. The coordinates of Mukono town are: 00 21 36N, 32 45 00E (Latitude: 0.3600; Longitude: 32.7500) The health facilities were: Mukono health center IV, Goma health center III and Mukono church of Uganda hospital.

3.3 Study population

The study population included pregnant mothers of all races, age groups, educational status, and socio-economic status seeking ANC services from health facilities in Mukono and residing in Mukono Municipal council.

Inclusion criteria

- Pregnant women attending ANC at Mukono Health Centers and residing in Mukono Municipality.

Exclusion criteria.

- Pregnant women attending ANC at Mukono Health Centers but living outside the catchment area.
- Pregnant women who didn't give informed consent.

3.4 Sample size calculation

The total number of participants was 323; the sample size was determined using Kish Leslie formula (Kish Leslie et al 1996) the study tolerated an absolute sampling error of up to 5 per cent. The power of the study was 95 percent

$$\mathbf{N= \frac{z^2 p\,(1-p)}{d^2}}$$

Where:-

Z = 1.96 the factor from the normal distribution.

P=Estimated period prevalence of domestic violence equal to 0.3, Basing on a survey of 5109 pregnant women in Rakai district of Uganda, 30% of women had experienced physical threats or physical abuse from their current partners, the researcher hence intends to use an estimated period prevalence of 30%.

d=Absolute sampling error.

$$N= \frac{(1.96^2)\ 0.3(1-0.3)}{0.05^2}$$

$$N=\frac{3.84 \times 0.3 \times 0.7}{0.05^2}$$

N= 323

3.5 Sampling technique

The principle investigator first stratified the health facilities into strata, the first stratum was composed of Public Health Facilities in Mukono Municipality, the second strata was composed of PNFP's facilities in the same area. In the first stratum, the researcher purposively sampled the two health facilities on the premise of being government aided: - Mukono Health Center IV and Goma Health Center III, in the second stratum, the researcher again purposively sampled PNFP's health facilities.

The decision to sample the 3 health Centre's was guided by the assumption that information generated from the 3 health centres was representative of the whole Municipality.

To determine the number of respondents to sample from each facility, I divided up the sample size with the number of the health facilities.

At the three respective health facilities, simple random sampling was used to sample and recruit the mothers into the study. In this sampling procedure, a complete list of all the mothers who were attending ANC on the clinic day designated for them at the facility was obtained from the in charge of the clinic.

The lottery method was used to draw the simple random sample of women. Here, each woman was assigned a unique number on a piece of paper. The numbers were then thoroughly mixed in a bag and shaken. Then, without looking, the researcher

picked the pieces of paper from the bag. The women that were assigned the respective numbers on the pieces of paper were then included in the sample.

During data collection a mother on the sampled list was approached by the research assistants, notified that she had been randomly selected to take part in the study and if she/he was willing to take part, he/she was requested to respond to the proceeding questions.

3.5 Data quality control

As a further quality control check, interviewer's name was recorded on the questionnaire so that it was possible to ask for clarification if certain information was found not to be clear. Before data collection, two research assistants (R.A) were trained so that they became familiar with the statement of the problem, objectives of the study, sampling procedure, data collection tools and the plan for data collection. Researcher assistants were also trained in defining and enforcing standards that were used during the project.

The data collection tools were as well pre-tested to assess how effective the tools met the collection of the required information.

3.5.1 Data handling and processing of the quantitative data

For the quantitative data, field editing were conducted immediately after data collection, office editing was also done by sorting and coding questionnaires so as to facilitate quality data entry. Techniques such as double data entry were used to

eliminate mistakes during data entry using Epi Info software and then exported to SPSS for analysis

3.5.2 Data handling and processing of the qualitative data

The audio tape files were transcribed, typed and edited in Microsoft word, they were later saved into formats that permit exportation into NVivo 2, and the socio demographic variables were entered directly into NVivo 2 using the attribute features of NVivo 2.

A code book with specific themes and subthemes was developed and used to build a node system in NVivo 2 (equivalent of an entry template) The nodes were helpful in coding and retrieval of specific segment of data from transcript stored in NVivo.

3.6 Data Collection Process and instruments:

Quantitative Instruments:

Quantitative data was collected using questionnaires which were administered by the principal investigator and his assistant.

The data was collected using interviewer administered questionnaires and the interviews were conducted either in English or luganda depending on the language unto which the respondent was comfortable with. Immediately after data collection, field editing was done to sort out any incomplete responses with the interviewee.

Qualitative Instruments:

In this study, data was collected using key informant interviews using a key informant guide. For this method, a total of two (2) key informant interviews were conducted with 2 police officers in charge of family affairs at Mukono Police station.

Questions were worded so that respondents could expound on the topic, not just answer "yes" or "no," which gave respondents freedom to answer the questions using their own words.

Although it is important to pre-plan the key questions, the interviews were conversational, with questions flowing from previous responses. Active listening to reflect upon what the speaker is saying was paramount. The interviewer tried to interpret what was being said and sought clarity and understanding throughout the interview.

3.7 Procedure for data collection

The researcher obtained an introductory letter from Uganda Christian University Faculty of Science and Technology, department of health Science that introduced him to relevant authorities at the health facilities in Mukono Municipal council. This helped the researcher to obtain the relevant permission to conduct research in the study units. The researcher also sought permission from the local authorities to carry out the research.

The researcher constructed the instruments of data collection which included; questionnaires, interview guide and a consent form which assured the respondents

that the information they give was kept with utmost confidentiality and was utilized only for purposes of this research and not any other reasons detrimental to the participants. The researcher also sought consent from the study participants who were requested to sign the consent form after they have received full explanation of what the study is about and an explanation that they are free not to answer any questions that they feel uncomfortable with.

The researcher proceeded to administer questionnaires and conduct interviews to the target population. Open and closed ended questionnaires were used together with structured interviews. The researcher first established a good relationship with the respondents and participants were fully informed about the purpose of the study and were guided on how to fill the questionnaires. For the qualitative study, the researcher made appointments with interviewees on when to conduct the interviews and this was done during their free and convenient time.

A good research necessitates good quality control to reduce the effect of confounding results. To ensure this, several methods were used to ensure quality control and errors in qualitative data, immediately after each KI, raw field notes were transformed into a well-organized notes reflecting as close as possible what was discussed and the observation of the interviewer during the meeting.

3.8 Data analysis

Quantitative data analysis

The validated data was exported from Epi Info to the Statistical Package for Social Sciences (SPSS) version 10.0 and later STATA version 10 for analysis.

At Univariate level, data was analyzed using descriptive statistics (frequencies) and presented using frequency distribution tables showing independent and dependant variables. The variable that were presented at univariate analysis, the variables included age, marital status, religion, level of education, parity, number of people in house hold, length in marriage, monthly income, forms of domestic violence and socio-cultural factors.

At bivariate analysis, across tabulation of the independent variables against the dependent variables was done. The dependent variable was occurrence of domestic violence during pregnancy

The independent variables included variables such age, marital status, religion, level of education, parity, number of people in house hold and length in marriage.

Statistical significance was assessed using Chi-square test. A P-value of less than 0.05 was considered statistically significant. Multivariate analysis was also done using multinomial logistic regression to obtain the odds ratios basing on the values of R^2, the p-value and the coefficients of the parameters.

Independent variables which were significant at bivariate analysis with ($p<0.05$)that is marital status, level of education, parity, pregnancy planning, length in marriage, age of the spouse, religion of the husband and length in marriage and were fitted into the model below.

Level of significance, $\alpha=0.05$The model to be used was $Y_i = \alpha_0+\alpha_1x_1+ \alpha_2x_2+ \alpha_3x_3 + \alpha_4 X_4+ \alpha_5 X_5 + U_{ri}$

Qualitative data analysis

Data analysis in qualitative was done after thorough coding of transcripts based on the nodes earlier developed and used for coding. Analysis started by exploring data across things and concepts. At this stage, summarizes of key findings was done and stored in node memos. The emerging issues within the specific nodes were clustered and assessed for their dimension and context using the attributes (socio demographic variables and narratives) other issues that were recurrently raised within the specified context were included. Additionally, stimulating narrative quotes were inserted in specific results to emphasis particular notions from respondents. The analysis ended by examining relationship between key narratives using NVivo2.

3.10. Ethical considerations

Ethical approval for conducting the study was obtained from the ethical review committee of Uganda Christian University. All participants were informed about the purpose of the study and that they can withdraw from the interview at any time

without giving a reason and without penalty. Informed, oral or written consent was sought in all cases.

De-identification and confidentiality was ensured by using numbers and fictitious names to describe and identify respondents. Permission to collect data from the individuals and areas was sought from the authorities. Data from the respondents was kept confidential under lock and key and access was only by study team.

3.11Study Limitations

Due to the nature of the study topic, some of the pregnant women may have falsified the responses and given socially accepted answers.

3.12 Dissemination results

Major findings of this study will be presented to the Municipal Health Offices, District Health Offices (DHO), Scientific Journals, conferences and to Ham Mukasa library at Uganda Christian University.

CHAPTER FOUR

RESULTS

4.0 Introduction:

This section comprises of findings on the study variables and new inferences and insights in the problem. In this section the results of empirical analysis are presented. The upper level of statistical significance for null hypothesis testing was set at 5%.This study aims to establish the forms and determinants of domestic violence among women in Mukono Municipality.

4.1: Socio demographic characteristics of the respondents

Results in table 1 below show most of the pregnant women 176, 54.5% were aged between 20-24 years. Single pregnant women out numbered the married with 41.5% (134) responses as well as Anglicans being the majority 38.4% (124) as compared to other religions. On type of relationship, a notable number of them 61 (59.8%) were in a monogamous one. Secondary level of the education was the most reached level by the pregnant women with 128 (39.6%) responses. On household population, Most of the pregnant women 197 (60.9%) admitted being more than five people in the homestead. On parity majority 167(51.7) were Primiparous with 36.2% of them admitting the current pregnancy was not planned for between them and their husbands. Majority of the pregnant women 268 (83.0%) did admit their husbands owned the current pregnancy whereas 34.7% (112) of the pregnant women enjoyed some alcohol. Those who had spent more than 6 years in the marriage were the majority with 122 (37.8%) responses.

Table 1: Demographic characteristics of pregnant women

Demographic characteristics	Frequency (n=323)	Percentage
Age of respondent		
15-19 years	73	22.6
20- 24 years	176	54.5
25-29 years	46	14.2
30-34years	26	8.0
>35 years	2	0.6
Marital Status		
Single	134	41.5
Married	102	31.6
Divorced	84	26.0
Widow	3	0.9
Religion		
Catholic	90	27.9
Anglican	124	38.4
Muslim	109	33.7
Type of relationship		
Monogamous	61	59.8
Polygamous	41	40.2
Level of education		
No education	36	11.1
Primary	54	16.7
Secondary	128	39.6
Tertiary	105	32.5
Number of people in household		
1—2	37	11.5
3 - 5	89	27.6
More than five	197	60.9
Parity		
Primiparous	167	51.7
Multiparaous	156	48.3
Was this pregnancy planned for between you and your husband		
Yes	206	63.8
No	117	36.2
Does your husband think pregnancy is his		
Yes	268	83.0
No	55	17.0
Do you take alcohol		
Yes	112	34.7
No	211	65.3
Length of marriage		
< 1 year	43	13.3
1-3 years	72	22.3
4-6 years	86	26.6
>6years	122	37.8

4.1.1 Socio demographic characteristics of the pregnant women's spouses.

Majority of the pregnant women115 (35.6%) reported that their spouses were aged between 25-29 years. Muslims being the majority with 156 (48.3%). Most of the pregnant women 254 (78.6%) did admit that their spouses enjoyed alcohol with 24.8% of the pregnant women revealing their spouses abuse illicit drugs.

Table 2: Demographic characteristics of the pregnant women spouses (As reported by the pregnant women

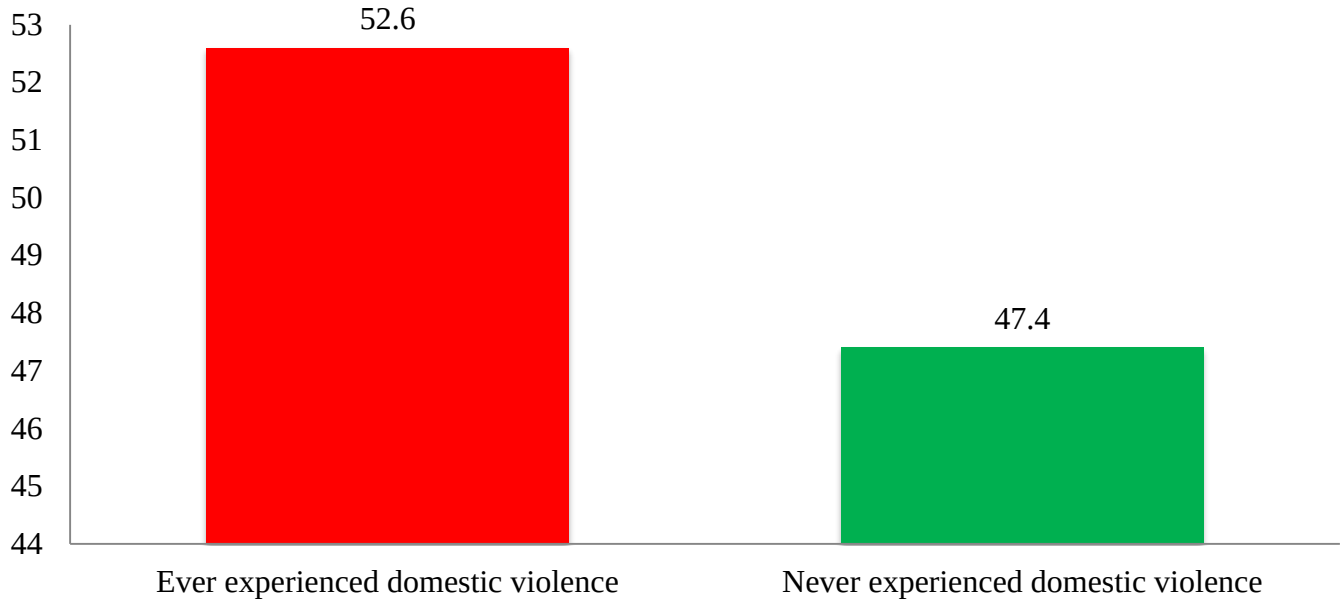
Demographic characteristics	Frequency (n=323)	Percentage
Age of spouse/husband		
15-19 years	6	1.9
20- 24 years	97	30.0
25-29 years	115	35.6
30-34years	67	20.7
>35 years	38	11.8
Religion of husband		
Catholic	57	17.6
Anglican	110	34.1
Muslim	156	48.3
Does husband take alcohol		
Yes	254	78.6
No	69	21.4
Does your husband take any drugs		
Yes	80	24.8
No	243	75.2

Figure 1: Prevalence of violence among pregnant women

The respondents were asked about ever experiencing any form of violence during the current pregnancy and their responses are presented in figure 1 below. About half of the population (170, 52.6%) reported ever experiencing domestic violence during the current pregnancy.

"Cases of domestic violence reported every day are un believable, pregnant women present cases of torture, humiliation by their husband, others complaining of the failure of husbands to provide for the needs, and for this matter the police established a unit on family and children protection to deal with such cases" . ***Source Ki***

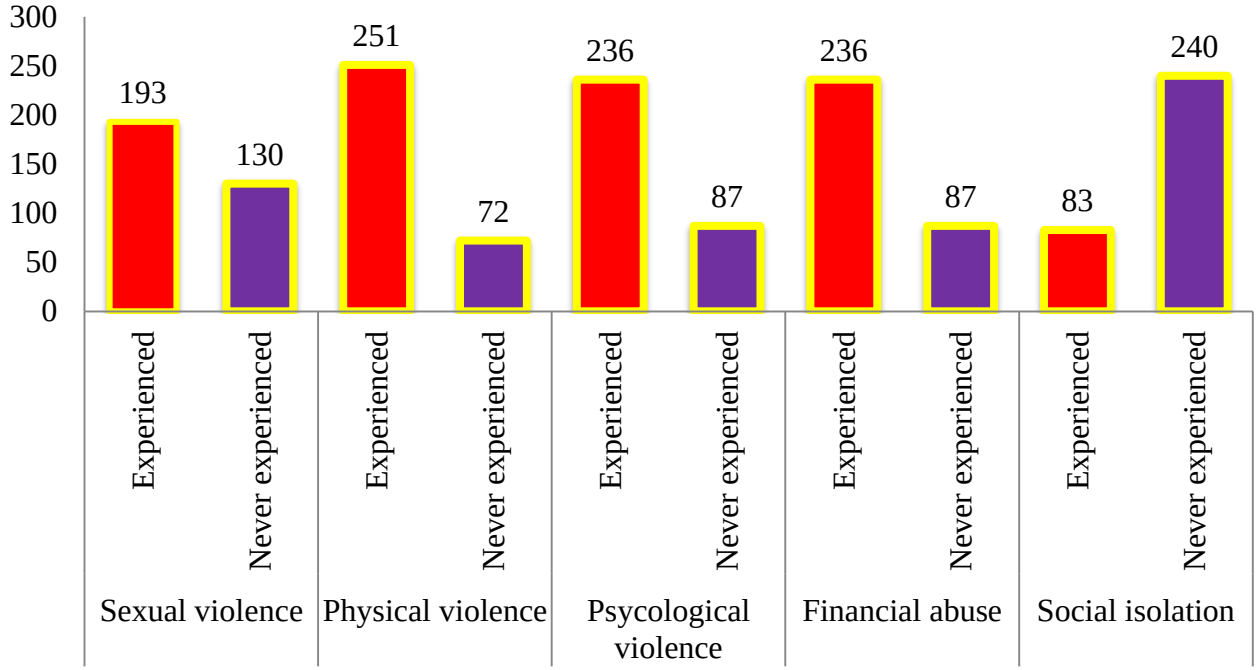
4.2 Fig. I Prevalence of domestic violence among pregnant women



4.3 Fig 2 Forms of domestic violence experienced.

Among those who reported ever experiencing domestic violence, a further analysis on forms of violence experienced was done and is presented in figure 2 below. The figure shows 130(40%), women had ever been forced into a sexual activity, 72(20%) had ever been physically assaulted by their spouses 87(27%), had ever gone through psychological violence, 87(27%), of the respondents had ever experienced financial abuse whereas 83(26%), of them had ever been socially isolated. The occurrence of violence was further confirmed by the following views from key informants; The Police officer in charge of family protection at Mukono Police station supported this……*I receive between 5--10 cases of women abused by their spouses and many*

turns up physically abused, posing a great danger and threat to the life of the mother and the un born baby. **Source KI**



4.4 Socio economic status of the respondents

Responses sought on socio economic status of the respondents in table 3below revealed that most of the respondents 201 (62.2%) were not employed. Only 62 (19.2%) were self-employed with a reported average monthly income of 100.000 - 300.000 being the most revealed with 155 (48.0%) responses. A proportion of 27.6% admitted that their spouses only attained primary level of education. Majority of the respondents 291 (90.1%) reported that their spouses were employed and majority of which are employed as civil servants 174 (53.9%) On average, the monthly income of majority 162 (50.2%) of the spouses was between shillings 300.000-500.000

Table 3: Socio economic status of the respondents

Socio economic	Frequency n = 323	Percentage
Are you employed		
Yes	122	37.8
No	201	62.2
Occupation of pregnant woman		
Student	61	18.9
Self employed	62	19.2
Housewife	134	41.5
Driver	18	5.6
Civil servant	48	14.9
Average monthly income of pregnant woman		
<100.000	56	17.3
100.000 – 300.000	155	48.0
300.000 – 500.000	112	34.7
Education of husband		
No education	60	18.6
Primary	89	27.6
Secondary	74	22.9
Tertiary	100	31.0
Is spouse employed		
Yes	291	90.1
No	32	9.9
Occupation of husband		
Student	6	1.9
Self employed	28	8.7
Merchant/ vendor	23	7.1
peasant farmers	10	3.1
Driver	82	25.4
Civil servant	174	53.9
Average monthly income of husband		

<100.000	6	1.9
100.000- 300.000	155	48.0
300.000-500.000	162	50.2

4.5 Socio cultural factors influencing domestic violence during pregnancy

In line with findings in table 6 below, a significant percentage of the respondents 23.8% (77) believed that their spouses were not supposed to be denied sex during pregnancy.

On husbands being over all household controller, majority of the respondents 225 (69.7%) agreed with it as well as admitting that they were not the only wives to their husbands with 232 (71.8%). On whether their spouses use violence on them when they misbehave, a notable number of them 99(30.7%) agreed with it.

On submissiveness, most of the respondents 242 (74.9%) admitted that their cultures permits it. On the other hand, 236 (73.1%) agreed that their culture does not allow them to deny their husbands sex when they need it. Additionally, most of the respondents 185 (57.3%) believed that beating them was a sign that their husbands cares.

Table 4: Socio cultural factors influencing domestic violence during pregnancy

Socio cultural factors	Total Respondents n =323 Agree n (%)	Disagree n (%)
My husband is not supposed to have sex with me during pregnancy.	246(76.2%)	77(23.8%)
My husband is the overall controller of the household.	225(69.7%)	98(30.3%)
My husband has more than one wife.	232(71.8%)	91(28.2%)
My husband can use violence when I misbehave.	99(30.7%)	224(69.3%)
In my culture I am supposed to be submissive.	242(74.9%)	81(25.1%)
In my culture am not supposed to say no when my husband demands for sex.	236(73.1%)	87(26.9%)
My husband beating me is a sign that he cares.	185(57.3%)	138(42.7%)

4.6 Perceptions about domestic violence amongst pregnant women.

Only 46.8% of the women disagreed that a man should show himself to his wife that he is boss of the family. In contrast, 82.6% of the women disagree that a good wife should obey her husband even if she did not agree with him and 85% disagree that a wife is obligated to satisfy her husband's sexual desire if she does not want to. The study result shows that woman's responses following the positive trend but a general still support for the traditional view of the man's role as family leader.

The majority of women agreed that a woman has the right to refuse sexual relations with her husband if she is sick (83.4%), the husband gets drunk (83.4%), or treats her wife badly (85.8%).

Table 5: Perceptions about behavior between spouses within a family

Behaviors between spouses within a family	Level of agreement		
	Agree	Uncertain	Disagree
A man should show himself to his wife that he is boss of the family.	116(35.9)	56(17.3)	151(46.8)
A good wife should obey her husband even if she disagrees with his thoughts and actions	56(17.4)	0	267(82.6)
It's is a wife's obligation to have sex with her husband even if she does not like it.	48(15%)	0	275(85%)
A woman has the right to refuse sexual relations with her husband if she is sick	269 (83.4%)	0	54(16.6)
A woman has the right to refuse sexual relations with her husband if the husband gets drunk	269 (83.4%)	0	54(16.6)
A woman has the right to refuse sexual relations with her husband if he treats her badly.	277 (85.8%)	0	46(14.2)

Perceptions about when a man should beat his wife

It was a surprise that 62.1% of women thought that a husband can beat his wife when she impertinent/scolds/insults her husband. When she has extramarital relations (52.4%) when she does not complete her household duties (38.4%); when she does not satisfy his sexual demands (18.4%) and when she contradicts with her husband (17.9%).

*"It's a shame that men think it's their right to beat up their wives, regardless of whether they are pregnant or not. Men do not know the effects of this, first to the mother and the unborn"……**Source KI***

In line with findings in table 6 above, a significant percentage of the respondents 23.8% (77) believed that their spouses were not supposed to be denied sex during pregnancy. On husbands being over all household controller, majority of the respondents 225 (69.7%) agreed with it as well as admitting that they were not the only wives to their husbands with 232 (71.8%). On whether their spouses use violence on them when they misbehave, a notable number of them 99(30.7%) agreed with it.

On submissiveness, most of the respondents 242 (74.9%) admitted that their cultures permits it. On the other hand, 236 (73.1%) agreed that their culture does not allow them to deny their husbands sex when they need it. Additionally, most of the respondents 185 (57.3%) believedthat beating them was a sign that their husbands cares.

Table 6: Perceptions about when a man should beat his wife

A man has a good reason to beat his wife if:	Level of agreement		
	Agree	Uncertain	Disagree
	n (%)	n (%)	n (%)
She does not fulfill her household work as expected (lazy, not take care of children, spend a lot money, etc.)	124 (38.4%)	0	199(61.6)
Contradiction with her husband	58(17.9%)	0	265(82.1)
Impertinent/ scolds/ insults her husband	201(62.1)	0	122(37.9)
She refuses to have sex with him	59(18.4%)	0	264(81.6)
Adultery/ extramarital relations	169(52.4)	0	154(47.6)

4.7 Bivariate analysis

4.7.1 Factors associated with violence during pregnancy.

The results of the bivariate analysis are presented in table 7 below. The dependent variable in this analysis was occurrence of domestic violence during pregnancy.

The independent variables which were significantly associated with the dependent variable included; marital status, level of education, number of household members, parity, whether the pregnancy was planned for, intake of alcohol, length in the marriage, age of spouses as well as religion of spouses. The other variables were insignificantly associated with occurrence of domestic violence during pregnancy.

Table 7: Association between socio demographic factors and violence during pregnancy

	Occurrence of domestic violence during pregnancy		
Demographic characteristics	**YES**	**NO**	**P - value**
Age of respondent			
15-19 years	46(27.1%)	27(17.6%)	
20- 24 years	91(53.5%)	85(55.6%)	
25-29 years	19(11.2%)	27(17.6%)	
30-34years	12(7.1%)	14(9.2%)	0.098
>35 years	2(1.2%)	0(0.0%)	
Marital Status			
Single	75(44.1%)	59(38.6%)	
Married	61(35.9%)	41(26.8%)	
Divorced	33(19.4%)	51(33.4%)	0.000
Widow	1(0.6%)	2(1.3%)	
Religion			
Catholic	52(30.6%)	38(24.8%)	
Anglican	59(34.7%)	65(42.5%)	0.313
Muslim	59(34.7%)	50(32.7%)	
Type of relationship			
Monogamous	111(65.3%)	96(62.7%)	
Polygamous	58(34.7%)	57(37.3%)	0.634
Level of education			

No education	22(12.9%)	14(9.2%)	
Primary	40(23.5%)	14(9.2%)	0.001
Secondary	54(31.8%)	74(48.4%)	
Tertiary	54(31.8%)	51(33.3%)	
Number of people in household			
1 – 2	27(15.9%)	10(6.5%)	
3 – 5	45(26.5%)	44(28.8%)	0.036
More than five	98(46.4%)	99(64.7%)	
Parity			
Primiparous	101(59.4%)	66(43.1%)	
Multiparaous	69(40.6%)	87(56.9%)	0.003
Was this pregnancy planned for between you and your husband			
Yes	121(71.2%)	85(55.6%)	
No	49(28.8%)	68(44.4%)	0.004
Does your husband think pregnancy is his			
Yes	137(80.6%)	131(85.6%)	
No	33(19.4%)	22(14.4%)	0.230
Do you take alcohol			
Yes	45(26.5%)	67(43.8%)	
No	125(73.5%)	86(56.2%)	0.101
Length of marriage			
< 1 year	30(17.6%)	13(8.5%)	
1-3 years	45(26.5%)	27(17.6%)	
4-6 years	54(31.8%)	32(20.9%)	0.000
>6 years	41(24.1%)	81(52.9%)	
Age of spouse/husband			
15-19 years	6(3.5%)	0(0.0%)	
20- 24 years	72(42.4%)	25(16.3%)	
25-29 years	49(28.8%)	66(43.1%)	0.000
30-34years	18(10.6%)	49(32.0%)	
>35 years	25(14.7%)	13(8.5%)	
Religion of husband			
Catholic	47(27.6%)	10(6.5%)	
Anglican	86(50.6%)	24(15.7%)	0.000
Muslim	37(21.8%)	119(77.8%)	
Does husband take alcohol			
Yes	137(80.6%)	117(76.5%)	
No	33(19.4%)	36(23.5%)	0.367
Does your husband take any drugs			
Yes	48(28.2%)	32(20.9%)	0.128
No	122(71.8%)	121(79.1%)	

4.7.2 Association between socio economic factors and violence during pregnancy.

The results of the bivariate analysis for the association between socio economic factors and violence during pregnancy are presented in table 8 below. The dependent variable in this analysis was occurrence of domestic violence during pregnancy

The independent variables which were significantly associated with the dependent variable included: pregnant women's occupation, education of the husbands as well as their occupation showed a strong significant influence on violence occurrence during pregnancy as reflected

P-values less than 0.05. Other factors had a weak influence on violence occurrence during pregnancy basing on p-values more than 0.05.

The influence of socio economic factors is supplemented by some views obtained from KIs as follows;

Mr. Vincent a Police liaisons officer narrates that, *The most common cases presented are cases of negligence where men fails to take up the responsibilities of caring for their wives, hence many men are sued and therefore forced to care for their wives.* ***Source KI***

Table 8: Shows association between socio economic factors and violence during pregnancy.

	Occurrence of domestic violence during pregnancy		
Socio economic	**YES**	**NO**	**P- value**
Are you employed			
Yes	56(32.9%)	66(43.1%)	0.059
No	114(67.1%)	87(56.9%)	
Occupation of pregnant woman			
Student	42(24.7%)	19(12.4%)	
Self employed	32(18.8%)	30(19.6%)	
Housewife	76(44.7%)	58(37.9%)	0.000
Driver	1(0.6%)	17(11.1%)	
Civil servant	19(11.2%)	29(19.0%)	
Average monthly income			
<100.000	22(12.9%)	34(22.2%)	
100.000 – 300.000	86(50.6%)	69(45.1%)	0.089
300.000 – 500.000	62(36.5%)	50(32.7%)	
Education of husband			
No education	26(15.3%)	34(22.2%)	
Primary	42(24.7%)	47(30.7%)	0.011
Secondary	51(30.0%)	23(15.0%)	
Tertiary	51(30.0%)	49(32.0%)	
Is spouse employed			
Yes	150(88.2%)	141(92.2%)	0.239
No	20(11.8%)	12(7.8%)	
Occupation of husband			
Student	6(3.5%)	0(0.0%)	
Self employed	20(11.8%)	8(5.2%)	
Merchant/ vendor	20(11.8%)	3(2.0%)	
Househusband	2(1.2%)	8(5.2%)	0.000
Driver	39(22.9%)	43(28.1%)	
Civil servant	83(48.8%)	91(59.5%)	
Average monthly income of husband			
<100000	2(1.2%)	4(2.6%)	
100000- 300000	88(51.8%)	67(43.8%)	
300000-500000	80(47.1%)	82(53.6%)	0.266

4.7.3 Association between socio cultural factors and violence during pregnancy

The results of the bivariate analysis for the association between socio cultural factors and violence during pregnancy are presented in Table 9 below. The dependent variable in this analysis was occurrence of domestic violence during pregnancy. The independent variables which were significantly associated with the dependent variable included; husbands being overall controller of households, husbands using violence on the respondents when they misbehave and husband not being expected to have sex with the women during pregnancy.

Table 9: shows association between socio cultural factors and violence during pregnancy

Socio cultural factors	Occurrence of domestic violence during pregnancy YES	NO	P - value
My husband is not supposed to have sex with me during pregnancy			
Agree	123(72.4%)	123(80.3%)	
Disagree	47(27.6%)	30(19.6%)	0.009
My husband is the overall controller of the household			
Agree	155(91.2%)	70(45.8%)	
Disagree	15(8.8%)	83(54.2%)	0.000
I am in a polygamous marriage			
Agree	127(74.7%)	%)	
Disagree	43(25.3%)	48(31.4%)	0.225
My husband can use violence when I misbehave			
Agree	41(24.1%)	58(37.9%)	
Disagree	129(75.9%)	95(62.1%)	0.007
In my culture am supposed to be submissive			
Agree	130(76.5%)	112(73.2%)	
Disagree	40(23.5%)	41(26.8%)	0.499
In my culture am not supposed to say no when my husband needs sex			
Agree	121(71.2%)	115(75.2%)	0.420
Disagree	49(28.8%)	38(24.8%)	
My husband beating me is a sign that her cares			
Agree	95(55.9%)	90(58.8%)	0.594
Disagree	75(44.1%)	63(41.2%)	

4.8.1 Multinomial logistic regression analysis for socio demographic factors associated with domestic violence during pregnancy.

4.8 Determinants of occurrence of domestic violence among pregnant women

The results in table 10 below show the logistic regression results for the association between socio demographic factors and domestic violence during pregnancy. Generally increasing age was significantly associated with increased chances of being violated during pregnancy. The odds of those aged 18-25, 26-33, 34-41 and 42-49 years were 7, 6, 3, and 1.5 times less likely to be violated during pregnancy respectively compared to those aged above 49 years.

The odds of being violated during pregnancy were significantly less likely among people living in a household of one to two people as compared to those living in a house hold of more than 5 people. Marriages below one year and marriages above 3 years were 13 and 14 times more likely to be associated with domestic violence during pregnancy and this association was statistically significant.

The odds of being violated during pregnancy were significantly less likely among people living in a household of one to two people as compared to those living in a household of more than 5 people.

The analysis further revealed that increasing age of the spouse was associated with less likelihood of violence during pregnancy.

The spouse aged 15 to 19 years old were 4 times more likely to be associated with violence during pregnancy compared to those aged 35 years and above although this

relationship was not significant. Christianity was significantly associated with domestic violence during pregnancy as compared to being a Muslim. Being catholic and being Anglican was 25 times and 39 times respectively more likely to be associated with domestic violence during pregnancy as compared to being a Moslem. The rest of the socio demographic characteristics were not significant determinants of domestic violence during pregnancy in this study.

Table 10: Logistic regression for the association between socio demographic factors and violence during pregnancy

Occurrence of domestic violence during pregnancy		B	Sig.	OR	95% Confidence Interval for OR	
					Lower Bound	Upper Bound
Yes	**Age**					
	18-25 years	-39.438	.000	7.452	1.402	3.962
	26-33	-39.627	.000	6.168	1.747	2.178
	34-41	-40.125	.000	3.747	1.902	7.384
	42-49	-43.315	.	1.543	1.543	1.543
	>49 years	0[b]	.	.	.	.
	Marital status					
	Single	18.018	.998	6.684	.000	.[c]
	Married	18.858	.997	1.548	.000	.[c]
	Divorced	17.661	.998	4.677	.000	.[c]
	Widow	0[b]	.	.	.	.
	Education level					
	No education	-.183	.812	.833	.185	3.753
	Primary	.795	.263	2.213	.550	8.900
	Secondary	.188	.709	1.207	.451	3.231
	Tertiary	0[b]	.	.	.	.
	Number of people in the household					
	1 –2	-3.458	.014	.031	.002	.495
	3 – 5	-1.090	.364	.336	.032	3.547
	More than five	0[b]	.	.	.	.
	Length of marriage					
	< 1 year	2.632	.012	13.902	1.794	107.730
	1-3 years	1.672	.075	5.320	.844	33.530
	3-5 years	2.660	.003	14.293	2.517	81.144
	4 years	0[b]	.	.	.	.
	Age of spouse					
	15-19 years	15.363	.998	4.701	.000	.[c]
	20- 24 years	-3.167	.040	.042	.002	.869
	25-29 years	-5.704	.000	.003	.000	.074
	30-34years	-5.399	.000	.005	.000	.092
	>35 years	0[b]	.	.	.	.
	Religion of husband					

	Catholic	3.231	.000	25.310	5.118	125.165
	Anglican	3.665	.000	39.062	11.250	135.635
	Muslim	0[b]	.	.	.	.

4.8.2 Logistic regression for the association between socio economic factors and violence during pregnancy

The results in the table above show the logistic regression results for the association between socio economic factors and domestic violence during pregnancy.

Regression results show that occupations like being a student and a housewife were 3.8 and 2.2 times more likely to be associated with domestic violence during pregnancy as compared to those who were self-employed (OR = 1.7) and drivers (0.63)

The odds of being violated during pregnancy were significantly more likely among women whose husbands were students (odds ratio 2, p- value 0.002) or self-employed (odds ratio 10.5, P value= 0.001) compared to those whose spouses were civil servants. On the other hand the odds of being violated during pregnancy were less likely if one was married to a driver or a peasant (odds ratio 0.03 and 0.5 respectively) although the observed associations were not significant P value = 0.20 and 0.9 8 respectively. The analysis further revealed that the odds of domestic violence during pregnancy was 3 times more likely among respondents whose spouses attained secondary level education compared to those who attained tertiary level educati

Table 11: Multinomial logistic regression for the association between socio economic factors and violence during pregnancy

Occurrence of domestic violence during pregnancy		B	Sig.	Exp(B)	95% Confidence Interval for Exp(B)	
					Lower Bound	Upper Bound
	of respondent					
	Student	1.325	.006	3.763	1.475	9.603
	Self employed	.579	.240	1.785	.679	4.689
	Housewife	.800	.046	2.225	1.013	4.887
	Driver	-2.765	.014	.063	.007	.571
	Civil servant	0[b]		.	.	.
	Occupation of husband					
	Student	39.886	.002	2.100	2.100	2.100
	Self employed	2.351	.001	10.500	2.383	46.273
	Merchant/ vendor	2.566	.075	13.017	2.947	57.494
	Househusband	-1.598	.948	.202	.035	1.175
	Driver	-.022	.002	.978	.503	1.901
	Civil servant	0[b]		.	.	.
	Education of husband					
	No education	-.606	.143	.546	.243	1.226
	Primary	-.520	.148	.594	.294	1.202
	Secondary	1.239	.003	3.453	1.505	7.920
	Tertiary	0[b]	.143	.	.	.
				.	.	.

4.8.3 Logistic regression for the association between socio cultural factors and violence during pregnancy.

As shown by the results below, there was a statistically significant less likelihood (p=0.005) of experiencing domestic violence among women who agreed to cultural norms that their husbands are not supposed to have sex with them during pregnancy compared to those who disagreed.

The odds of being violated during pregnancy were 16 times more likely among pregnant women who agreed to the tradition that their husbands were overall controller of the households (p = 0.000) compared to those who disagreed to husbands being the overall controller of the households and a less likelihood to be violated among those who agreed that they are not supposed to say no when my husband demands for sex compared to those who disagreed although this association was not statistically significant.

Table 12: Multinomial logistic regression for the association between socio cultural factors and violence during pregnancy.

Occurrence of domestic violence during pregnancy		B	Sig.	OR	95% Confidence Interval for OR	
					Lower Bound	Upper Bound
Yes	**My husband is not supposed to have sex with me during pregnancy**					
	Agree	-.949	.005	.387	.199	.753
	Disagree	0[b]	.	.	.	.
	My husband is the overall controller of the household					
	Agree	2.784	.000	16.182	8.230	31.818
	Disagree	0[b]	.	.	.	.
	In my culture am not supposed to say no when my husband needs sex					
	Agree	-.634	.059	.531	.275	1.025
	Disagree	0[b]	.	.	.	.

a. The reference category is: No.				

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter contains a discussion of the results shown in the previous chapter. The discussion has been arranged according to the objectives of the study.

5.1 The prevalence of domestic violence during pregnancy in Mukono municipality

From the present study, 52.6% of pregnant women attending antenatal clinics had experienced domestic violence. This is a rather high rate of violence since it implies that more than half of the women experience at least a form of domestic violence during pregnancy and thus it is a significant problem in Mukono municipality which could adversely affect the health and safety of hundreds of women throughout their lifespan.

This finding is higher than what was found in a survey of 5109 pregnant women in Rakai District, were 30% of women had experienced a form of domestic abuse from their current partner (Koenig, 2003), however it is lower than what was found in a study conducted in Nigeria on 308 Igbo women which showed that 78.8% of the women had been battered by their male counterparts, out of whom 58.9% reported battering

during pregnancy, and 21.3% reported having been forced to have sexual intercourse (Okemgbo, 2012).

The violence during pregnancy observed in this study could be strongly linked both to a history of violence prior to the pregnancy as well as prevailing cultural norms. Research in the USA and elsewhere indicates that the majority of women who are abused during pregnancy are also abused before and after the pregnancy (more than 80% in most studies). The levels of violence in pregnancy may also have been influenced by cultural norms regarding pregnancy.

5.2 Forms of domestic violence during pregnancy apparent in Mukono municipality

Previous research shows that in many countries the use of physical violence is normatively accepted as a way of punishing a woman for the mistakes done but that there is a clear limit to the tolerated severity of violence (Jewkes, 2002). Occurrences of domestic violence during pregnancy show that there was an intentional use of force against the pregnant women that risked physical injury, harm and or pain.

This is similar to reports from Enugu (Nigeria) and Ghana (Adinma, 2011; Ezechi, 2004) where most of the pregnant women were aged 26 – 33 years, also similar to findings from Ghana and Enugu (*Ibid*) This is the most fertile age group for women hence more likely to be victims of domestic violence during pregnancy. Most of the victims of domestic violence in this study were sexually, financially and physically abused. This is consistent with established data in Africa (Hoque, 2009). Experiences of sexual

abuse in this study (52.6) is higher compared with a study done in Eastern India (Jejeebhoy, 2008) on prevalence of domestic violence and related issues where the rate of sexual abuse was found to be 25%.

This may be due to cultural reasons that the initiator for sex is usually the husband or intimate male who believes that women are meant to satisfy their partners. To a large extent, sex remained as a hidden subject of discussion even between wife and husband and women.

This prevailing societal norm might have led men to take sex as the choice of a partner and women are just expected to concur to keep their relationships strong. Perhaps men might also not perceive their violent actions as sexual violence.

The rate of physical intimate partner observed in this study (20%)is lower than the rate of physical violence reported in a study done in an informal settlement of Uganda which was reported that 68% of women had experienced physical intimate partner violence(FIDA, 2009). This prevalence is also low compared to the prevalence of 34% which was reported in a study on domestic violence and health which was conducted in Karachi Pakistan (Bhati et al., 2009).

The discrepancy arose probably because the study population was pregnant women who are usually perceived as vulnerable and thus are rarely physically abused.

This study included psychological abuse against pregnant women by their partners during the current pregnancy. Thus this estimation is different from most of the

studies conducted in countries like South Africa (Hoque, 2009; Gyuse, 2009). For example, this study found that nearly (27%) of all violence was psychological.

During pregnancy, women need psychological, nutritional and financial support from partners, family and society at large because it's important for their wellbeing as well as their unborn babies. Women who experience emotional and psychological violence mostly complain of depression, fear, low-esteem which was similar to the result of the study conducted in Chile among 256 pregnant women (Crempien RC, et al., 2011) and in Australia, Nicaragua, Pakistan and the United States (Roberts et al., 2008).

Social isolation was also experienced in this study by a substantial number of women (26%) pregnant women had limited access to communication with families and friends. Lack of Social support exposes women to vulnerability that may render them victims of this abuse. Women are denied an opportunity to build up social networks they would need to draw on once they leave the abusive relationship. Social Isolation includes confinement to the home, overwhelming surveillance, public humiliation and restricted communication with friends. (Saltzman, 2002).

5.3 Factors associated with domestic violence during pregnancy in Mukono municipality.

Marital status was found to be significantly related to the occurrence of domestic violence during pregnancy among the women ($p<0.000$) with the single and married having higher chances of experiencing domestic violence.

Being pregnant and single implies that a woman conceived out of wedlock and thus the circumstances under which such a pregnancy is got are usually unofficial and not planned for by the spouses. This creates frustration on spouse / boyfriend who in most cases were never ready to become fathers. This frustration which comes with unexpected responsibility of fatherhood can culminate into violence especially physical and financial abuse.

On the other hand, being married was also associated with higher probability of experiencing domestic violence during pregnancy. Marriage means staying together yet this union is associated with episodes of emotional, financial, psychological challenges that could turn out to be disturbing and discomforting on the side of the husband and wife resulting in violence.

Parity of the respondents was also related with experience of domestic violence with Primiparous women having higher odds of experiencing domestic violence (OR = 2.5) this means that women who had one child only by study time were more likely to experience violence during pregnancy. This could be because having one child only makes the husband perceive his wife as still replaceable in marital terms which makes him take her for granted. Women with parity 3 and above on the other hand are perceived as those who are there to stay in the household thus usually treated with more respect and honor.

The role of alcohol consumption also emerged in this study. Women whose partners often drink experienced risks of violence higher than women with non-drinking partners.

It is possible that alcohol consumption and domestic violence are two largely independent risk behaviors that characterize certain relationships. 80.6% of women who reported recent domestic violence also reported that their partners consumed alcohol and hence support the conclusion that alcohol may play a direct precipitating role in such violence. Consuming alcohol leads to fighting with other men, being unfaithful and committing physical violence since male perpetrators who drink alcohol are more likely to be physically violent than those who do not drink alcohol. Excessive use of alcohol and other drugs has been noted as a factor provoking the aggressive and violent male behavior towards women.

A survey of violence against women conducted in Russia 2010 revealed that half the cases of physical violence were associated with the male's excessive use of alcohol. Alcohol may impair judgment, reduce inhibition and increase aggression. Alcohol has however being used by the perpetrators of domestic violence as an excuse for their behavior. The men can rid themselves off the responsibility of their behavior by blaming it on the effects of alcohol.

Similarly previous evidence (Koenig et al. 2004) reported that women whose partners drink before sex experienced risks of violence almost five times higher than women with non-drinking partners. This might be contributed by the fact that men who are using alcohol tend to be out of control easily.

The age of the husband was also associated with violence during pregnancy. It was found out that women whose husbands were younger in age (18 – 41 years) were more likely to experience domestic violence.

This is because younger husbands by nature are usually not yet adapted to the pressures of being heads of families and continuous demands of their spouses especially during pregnancy, therefore in retaliation they end up being violent.

Older husbands on the other hand are adapted to the pressures of heading families and thus handle demands and matters arising during pregnancy gently and maturely (Smith, 2011)

The occurrence of intimate partner violence has also been associated with age where respondent aged 19-29 were consistently and more likely to justify intimate partner violence compared to those of older age group (42-49). This tendency has also been observed in a comparative study on factors associated with attitudes towards intimate partner violence of 17 sub Saharan countries(Watts, 2008; WHO, 2011; Kwawukume, 2001) where respondents aged 15–24 were consistently and significantly more likely to justify intimate partner violence compared to those of high age.

An unlikely inverse and significant relationship was observed between length of marriage and experience of domestic violence. Women who had stayed in their relationships both for a short and for a longer time had high chances of experiencing violence. For the women who had stayed for a short time, the violence could have arisen because of the frustrations that usually arise in young couples especially on the side of men.

For the women who had stayed for long, the violence episodes can be because by the time a woman has been in a marriage for less than three years, in most cases love is always still at its peak between her and her husband and thus violence is least

expected whereas the longer they stay, the more the love fades thus increasing chances of violence.

As for religion, women who were married or in a relationship with Anglican husbands were found to be more likely to experience domestic violence. This is because, as a tradition Anglican wed couples are exposed to only two sessions of premarital counseling as compared to other religions say Catholics were it is mandatory to attend at least 8 sessions of premarital counseling. This prepares one for marriage and in the long run end up appreciating the beauty of a peaceful marriage as opposed to those who get few sessions.

Among the socio economic factors, the independent variables which were significantly associated with the dependent variable included; pregnant women's occupation, education of their husbands, their occupation as well showed a strong significant influence on violence occurrence during pregnancy as reflected in p-values less than 0.05.

Regarding levels of education, the study found out that women who had attained secondary and tertiary education were more likely to experience violence compared to those who had low levels of education.

This is contrary to a study done by (Hanson et al, 2009) where respondents with no education or with low education were more likely to justify violence during pregnancy compared to those with secondary or higher education.

Further still, women who are highly educated with formal employment tends to have economic independence hence argumentative when airing out opinions and consider themselves as being able to reason with their husbands at the same level. This usually anger men who may retaliate by with violent.

Un-employed women (housewives) were more likely to experience violence compared to their employed counterparts. This is because women who are not employed are usually dependant on men (husbands) solely for financial support. This makes them vulnerable to violence especially financial violence and also increases dominance of the men who may in turn become abusive.

Women whose spouses were highly educated (secondary and tertiary) were more likely to experience violence compared to those whose husbands were not highly educated. This phenomenon could be explained by the fact that educated men usually demand for more respect than what tradition has to offer. Occupation of the husband was also found to be related to domestic violence. Women who were married to civil servants were more likely to experience violence during pregnancy. This could be due to stress and frustration that comes along with civil service in a country like Uganda.

Of recent most civil servants in Uganda have been complaining of delayed salaries. in some cases no salaries at all for periods of over 6 months. Such situations could have caused the men working with civil service to deny their wives access to some essentials in the household due to financial constraints with comes with delayed salaries. Which justifies financial abuse and this can ultimately progress into physical abuse.

Of the socio cultural factors, three variables were found to be significant: - denial of sex to the husband, perception by the women that their husbands are the overall controllers of the household and use of violence on women when they misbehave.

The more women tried to avoid sex with their husbands, the more likely to face violence during pregnancy in the survey analysis. This finding was consistent with what was found in the literature review about studies done in different parts of Asia, If women tried to deviate from men's framework of submissiveness and availability in sexual terms, they were likely to face violence from men (Martin, 2003) Women avoiding sex with their husbands were also reflected in the qualitative interviews where women reported running away to a neighborhood for safety.

The survey reveals that saying no to sex signifies women's response to abuse which is often limited because of the options that are available to her. It becomes even more difficult for a woman to find ways and means to avoid sex during pregnancy. The findings further confirms that having husbands who dominate/exercise power over their wives in the household (overall controller) on social, economic and other personal matters facilitate violence against women during pregnancy in the multivariate analysis. This was consistent with the literature review that highlighted the fact that power imbalances in relationships could lead to many negative outcomes which includes poor communication between the spouses, poor decision-making. In other words, dominant husbands who exercise authority on their wives' on social activities such as meeting with friends and neighbors could lead to violence. Having a more dominant husband is a significant risk factor to violence during pregnancy

because it is a symptom of men's patriarchal rule over women and their need to control women through violence.

5.4 Perceptions of women about domestic violence during pregnancy

The finding of this study shows that women had a positive trend in general but some still supported the traditional view of the man's role as a family leader. Only 46.8% of women disagreed that men should show themselves to their wives as bosses in the homes. In contrast, 82.6% of health providers disagreed that a good wife should obey her husband even if she did not agree with him and 85.8% disagree that a wife is obligated to satisfy her husband's sexual desire if she does not want to. (52.4%) of women thought that a husband can beat his wife when she has extramarital relations,(38.4%) when she does not complete her household duties (18.4%) when she does not satisfy his sexual demands and (17.9%) when she is contrary to her husband respectively

The mere fact that most women had a positive perception implies that the high occurrence of domestic violence (52.6%) could have been more perpetuated by their husbands. Domestic violence may start when one partner feels the need to control and dominate the other. Abusers may feel the need to control their partner because of low self-esteem, extreme jealousy, difficulties in regulating anger and other strong emotions or when they feel inferior to the other partner in levels of education and socio-economic background. Some men with very traditional background may still think that they have the right to control women and that women aren't equal to men.

Having positive perception by the women could also be related to the women emancipation drive that was started in Uganda, this perception was grounded in the belief that women should have access to information, education, and other necessary social and economic support to make informed decisions that best reflect their interests and needs, rather than attempting to eliminate violence which is not controlled by victims. This approach uses knowledge dissemination, training and sensitization such as post-victimization assistance and risk minimization. This emancipation drive gives women the mandate they need to make choices as they so wish.

CHAPTER SIX

CONCLUSION AND RECOMMMENDATIONS

6.0 Introduction

This chapter contains overall conclusive remarks on the study and recommendations as per the study results have provided.

6.1 Conclusion

The study has shown that violence during pregnancy is a problem in Mukono municipality and its prevalence is high at (52.6%) implying that half of the of women population have experienced at least one form of domestic violence. The commonest forms including sexual violence, physically assault by the spouses and financial abuse.

Most women had positive perceptions towards domestic violence and some were still clinging on the traditional norm that the husband is the dominant figure in the household.

The study established that socio demographic, socio economic and to some extent socio cultural factors have an influence on the occurrence of violence during pregnancy. Socio demographic factors that were associated with occurrence of domestic violence during pregnancy included marital status, level of education, number of household members, parity, whether the pregnancy was planned for, intake of alcohol, length in the marriage, age of spouses as well as religion of spouses.

Socio economic factors included occupation of the husband, education of the husbands and their occupation.

Socio cultural factors included denial of sex during pregnancy, husbands being overall controllers of household and use of violence on women them when they misbehave.

6.2 Recommendations.

To pregnant women:

1. Women empowerment is the main pillar for the gender based violence to stop.
2. Women experiencing violence both private and public should raise their voice with confidence without keeping the incident a secret.
3. Women should involve themselves in any occupational activity to support their livelihood and be self-dependent.
4. Women should be made aware that no matter what level of education they have attained, Husband remains head of the family and so women should be submissive.

To the Municipality:

1. Public awareness is to be emphasized through informal and formal training about GBV not only for women but also for men.

2. It is to be recognized that violence during pregnancy is a form of custodial violence and the state has responsibility to protect women against the violence through legislation.

3. Enforcement of the laws and conducting mass awareness programs are good but attitudinal change of individuals is paramount. There should therefore be mutual respect of women and their contributions hence a reduction in violence against women to some extent.

6.3 Recommendations for further studies.

Further research and Studies should be done with focus on prevalence of domestic violence among married men.

This study was confined to only pregnant women; studies should be done looking at all women irrespective of health status.

This study was also general in terms of the forms of domestic violence, further studies should be done focusing on specific forms of domestic violence, for example a topic like “Factors associated with sexual violence among pregnant women in Mukono municipality”

REFERENCES

1. ADINMA, E. D & ADINMA, B. D (2011). Gender issues in reproductive health*: A review of Nigerian Journal of Medicine : Journal of the National Association of Resident Doctors of Nigeria20*(1), 20-27
2. BACCHUS L, MEZZEY G & BEWLEY, S (2004). Domestic violence, prevalence in pregnant women and association with physical and psychological health, European journal of obstetrician and gynecology and reproductive biology.
3. Brown ridge D. A. (2009). Violence against women: vulnerable populations. Rout ledge 270 Madison Ave, New York. Pages, 858-881
4. BOSTOCK D. J, BREWSTER A.L. (2003). Intimate partner sexual violence Creswell, J.W. Miller D.L (2000) Determining validity in qualitative inquiry. Theory into practice Pages 124-131
5. BOWEN E, HERON J, WAYLEN A, WOLKE D&ALSPAC Study Team. (2005) Domestic violence risk during and after pregnancy: Findings from a British longitudinal study. *BJOG: An International Journal of Obstetrics and Gynecology, 112*(8), 1083-1089.
6. COKER A & L RICHTER D. Violence against women in Sierra Leone: frequency and correlates of intimate partner violence and forced sexual intercourse. Afr. J ReprodHealth 2008; 2: 61 – 72.

7. COOPER J. (2005) Domestic Violence and Family Safety: A Systemic Approach to Working with Violence in Families. Whuur Publishers Ltd, 19b Compton Terrace, London NI, 2UN England and 325 Chestnut Street, Philadelphia PA 19106 USA pages 120
8. Domestic Violence and Psychology: A Critical Perspective a National Coalition against Domestic Violence, 2005
9. EZECHI O. C, KALU B. K, EZECHI L. O, NWOKORO C. A, NDUBUBA, V. I& OKEKE, G. C. E. (2004). Prevalence and pattern of domestic violence against pregnant Nigerian women. *Journal of Obstetrics & Gynecology, 24*(6), 652-656.
10. FIDA, K. (2002). Domestic Violence in Kenya: Report of Baseline Survey among Women in Nairobi
11. GELDARD. (2002) Counseling skills in everyday life page 250-254 Human Right Report 2008 Kenya Journal of sexual research. 2007. Perceptions of Sexual Consent Johnson, P. Harris, D. 2002.
12. GRID L. W Violence Against Women: A summary of Research from Vietnam Central "ThuaThien, Hue Province"; North "Hanoi City" and South " Hochiminh City". (2000).
13. GYUSE, A &USHIE, A (2009) Pattern of domestic violence among pregnant women in Jos, Nigeria. S.A Fam Practice, 51(4) 343-345
14. HEISE L.L, PITANGUAY J, GERMAIN A. Violence against women: the hidden health burden. World Bank discussion Paper No. 255. Washington (DC): World Bank, 2004.

15. HOQUE, M E, HOQUE M, &KADER S. (2009). Prevalence and experience of domestic violence among rural pregnant women in KwaZulu-Natal, South Africa. *South African Journal of Epidemiology and Infection, 2*4(4) 34-37.
16. KISH LESLIE ET AL. survey sampling. John Wiley and Sons NY. 1965
17. KVALE, S. (2009). Learning the craft of qualitative research interviewing Linda, G. Mills. 2008. Violent partners: a breakthrough plan for ending the cycle of abuse pages 330.
18. KWAWUKUME E. Y, KWAWUKUME S. B. Violence against pregnant women – the patient's perspective. Nigerian Journal of Clinical Practice 2001; 4: 76 – 79.
19. Kaye DK, Mirembe FM, Ekstrom AM, Bantebya G. The social construction and context of domestic violence in Wakiso district Uganda. Culture, Health and sexuality 2005 (a) 625-635
20. JEJEEBHOY, S. J. (2008). Associations between wife-beating and infant death: Impressions from a survey in rural India. *Studies in Family Planning, 29*(3), 300-308.
21. LITTLE K. J. Screening for domestic violence, identifying, assisting and empowering adult victims of abuse. Post grad Med 2000; 108: 1, 4 – 9.
22. MAGGI S. CLAIRE, H. (2010). New approaches to Qualitative research Mathews, Bob & Liz Ross. 2010. Research methods: a practical guide for the social sciences
23. MARION JOPPE (2006). Reliability and validity of qualitative research Nicolson, P. 2010.

24. MARTIN SL, TSUI AO, MAITRA K, MARINSHAW R. Domestic violence in Northern India. American Journal of Epidemiology 2003;150:417-26
25. LINGDEN, P. K. (2008). Energizing social mobilization of women through Aama Samuha (mother's group): A case of Morang district. Kathmandu, Nepal: Social Inclusion Research Fund.
26. MELEIS, A.I. (2007). Theoretical Nursing Developmental &Progress. Third Edition Lippincott Company. Philadelphia
27. NEWTON C, J, MA (2001). Mental Health Journal Daily nation Kenya, 5 March 2010 Dr. Jeanne King 2011 controlling intimate relationship
28. POLIT D. &HUNGLER, B. (2007). Essential of nursing Research Saltzman et al. 2002.
29. RODRIGUEZ M.A et al (2008), Intimate partner violence, depression and PTSD among Latina women annals of family medicine 6(1) 44-52
30. SARAH B. G, CATHERINE. I. (2010). Domestic and Sexual Violence and Abuse: Tackling the Health and Mental Health Effects
31. SMITH, M. 2011. Domestic violence and abuse; Signs of abuse and abusive relationships
32. TAFT A. J & WATSON L. F. (2007). Termination of pregnancy: Associations with partner violence and other factors in a national cohort of young Australian women. *Australian and New Zealand Journal of Public Health, 31*(2), 135-142
33. WATTS C, KEOUGH E, NDLOVU M, KWARAMBA R. Withholding of sex and forced sex: dimensions of violence against Zimbabwean women. Reproductive Health

Matters 2008; 6:57-65 re-victimizations of low-income African American women. *Violence and Victims, 18*(4), 419-431.

34. WHO 2011. Violence against women; Intimate partner and sexual violence against women
35. WORKU A, ADDISIE M. Sexual violence among female high school students in Debark, northwest Ethiopia. East Afr. Med J 2002; 79: 96 – 99.
36. World Health Organization. WHO/WHD Violence against women: a priority health issue. Geneva: World Health Organization, (2007). WHO document WHO/FRH/WHD/97.8#.
37. Koenig MA et al. Domestic violence in rural Uganda: evidence from community based study. Bull World Health Organ 2003;81:53-60.
38. Okemgbo CN, Omideyi AK, Odimegwu CO. Prevalence, patterns and correlates of domestic violence in selected Igbo communities of Imo State, Nigeria. Afr J Reprod Health 2012;6:101- 14.

APPENDIX A:

INFORMED CONSENT

Topic: Forms and determinants of domestic violence, a case of pregnant women in Mukono municipality

Dear respondents,

I am a student of Uganda Christian University pursuing Masters of Science degree in Public health leadership.

Purpose of the research

You are here by humbly requested to take part in the research study, which aims to determine factors associated with domestic violence among pregnant women in Mukono municipality. You have been selected as one of the respondents for the study and the information you will give will be treated with utmost confidentiality and used purely for academic purposes. The study will recruit pregnant mothers.

Study procedure

After signing the informed consent, you will be requested to complete either a questionnaire

If you agree to participate in this study the following will occur:

1. You will sit with a trained interview and answer questions about alcohol and drug use in this area. Your comments will be acted upon to improve the situation in this area.

2. You will be interviewed only once for approximately 20-30 minutes in a private setting.

3. No identifying information will be collected from you during this interview, except your age, marital status and level of education.

Confidentiality

Information about the participants will be kept as confidential, No individual person will be identified by name, instead a number will be assigned to each questionnaire.

Right to withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdraw from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

The information you provided will help to find out the incidence, forms of domestic violence and their associated factors and this will help policy makers to come up with interventions to prevent the vice.

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participation in this study.

Who to contact

If you ever have questions about this study, you should contact Principal Investigator, **Mulindwa Richard (0701 632 558)**

Signature:……

Agreement of the Participant

Do you agree?

(1)Yes (2) No

I …….. Have read and understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of participants ……..

Signature of research assistant……..

Date of signed consent …….

APPENDIX B

QUESTIONAIRES

Topic: Forms and determinants of domestic violence, A case of pregnant women in Mukono municipality

Part A: Socio demographic characteristics

Pregnant women

1. What is your age?
    1. 18 – 25 years
    2. 26 – 33 years
    3. 34 – 41 years
    4. 42 – 49 years
    5. 49 years
2. What is your marital status?
    1. Single
    2. Married
    3. Divorced
    4. Widow
3. To which religion do you belong?
        1. Catholic
        2. Anglican
        3. Moslem
        4. Others……
4. What kind of marital relationship are you in?
        1. Monogamous
        2. Polygamous
5. To what level are you educated?
        1. No education (2) Primary Secondary (3) Tertiary

6. How many people are you in your household?
    1. One
    2. Two
    3. Three
4. Four
    5. Five
    6. More than five
7. What is your parity?
    1. Primiparous
    2. Multiparous
8. Was this pregnancy planned for between you and your husband?
    1. Yes 2. No
9. Do you take alcohol?
(1)Yes (2) No
10. Does your spouse think that this pregnancy is his?
(1)Yes (2) No
11. For how long have you been married?
    1. < 1 year
    2. 1 – 3 years
    3. 3 – 5 years
    4. > 5 years

Socio demographic characteristics of the pregnant women spouses

11. What is the age of your husband?
(1). 18 – 25 years (2) 26 – 33 years (3) 34 – 41 years (4) 42 – 49 years (5)49 years

12. To which religion does your husband belong?
(1) Catholic (2). Anglican (3) Moslem (4) Others

13. Does your husband take alcohol?

1. Yes (2).No

14. Does your husband take any other intoxicants (Drugs)?

1. Yes 2 No

Part B: Socio economic status of the respondents

Pregnant woman

15. Are you employed?

(1)Yes (2) No

16. If yes what is your current occupation?

1. Self-employed (2) Merchant / Vendor (3)House wife(4) Driver (5) Government employee

Other (specify)…….....

17. What is your average monthly income?

(1) <100,000 (2) 100,000 – 300,000 (3) 300,000 – 500,000 (4)> 500,000

18. To what level are you educated?
(1) No education (2) Primary (3) Secondary (4) Tertiary

19. To what level is your spouse educated?
(1) No education (2) Primary (3) Secondary (4) Tertiary

20. Is your spouse employed?

(1) Yes (2) No

21. If yes what is his current occupation?

(1) Student (2) Self-employed (3) Merchant / Vendor (4) House husband (5) Driver (6) Government employee

Other (specify)…….....

22. What is his average monthly income?

(1). < 100.000 (2) 100.000 – 300.000 (3)300.000 – 500.000 (4) > 500.000

Part C: Forms of domestic violence experienced

23. Have you experienced any form of domestic violence during this pregnancy?

1. Yes 2. No.

24. If yes which of the following forms of domestic violence have you experienced? Tick appropriate

Form of violence	Experienced	Never experienced
Forced sexual activity		
Physical assault (slap, kick, assault with stick or weapon)		
Psychological violence		
Financial abuse		
Social isolation		

Part D: Socio cultural factors influencing domestic violence during pregnancy

For the section below, show whether you agree or disagree with the following statements

Statement	Agree	Disagree
My husband is not supposed to have sex with me during pregnancy		
My husband is the overall controller of the home		
My husband has more than one wife		
My spouse can use violence on me if I misbehave		
In my culture, I am supposed to be submissive, I can't talk back to my husband		
In my culture, am not supposed to say no when my spouse need		

sex		
My spouse beating me is a sign that he cares about me		

APPENDIX C

KEY INFORMANT GUIDE

Title: Forms and determinants of domestic violence, A case of pregnant women in Mukono municipality

a) What is your occupation?

……

……

b) Is domestic violence in general a problem in Mukono Municipality?

……

……

c) If yes, above, Is domestic violence among specifically pregnant women in Mukono Municipality a problem? How wide spread is it?

……

……

d) What are the commonest forms of domestic violence experienced by women during pregnancy in this area?

……

……

e) What could be the causal factors of domestic violence experienced by women during pregnancy in this area?

……

……

APPENDIX D

Title: **Forms and determinants of domestic violence, A case of pregnant women in Mukono municipality**

WORK PLAN

T I M E L I N E						
ACTIVITIES	**FEB-MARCH**	**APHRIL**	**MAY**	**JUNE**	**JULY**	**AUGUST**
Submission of proposal for ethical approval						
Module six						
Data collection						
Data analysis and writing of 1st draft						
Revising of the report						
Submission of approved book						