Domestic Violence and Its Predictors Among Pregnant Women in Durame Town, Central Ethiopia, 2023. A Community Based Cross-Sectional Study

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Abstract

Background: Domestic violence is one of the major public health problems throughout the world. Poor and middle-income countries experience more severe domestic violence against pregnant women. It has a negative effect on both mothers and their offspring. However, there was limited evidence on the domestic violence among pregnant women in central Ethiopia. Thus, this study aimed to assess the prevalence of domestic violence and its predictors among pregnant women in Durame Town, Central Ethiopia.

Methods: A community-based cross-sectional study was conducted among 300 pregnant women in Durame Town. A systematic random sampling technique was used to select the participants. Data were collected through an interviewer-administered questionnaire, entered into EpiData version 4.6 and exported to statistical package for the social sciences (SPSS) version 26 for analysis. Descriptive and multivariate logistic regression analyses were performed and statistical significance is declared at $p<0.05$.

Results: The prevalence of domestic violence among pregnant women was 49.0% with 95% CI: (43.3 to 54.7), Mothers who have no formal education [AOR = 3.26; 95% CI: (1.33, 7.98)], Husbands alcohol consumption [AOR = 2.96; 95% CI: (1.68, 5.24)], Housewives [AOR = 2.25; 95% CI: (1.19, 4.22)], and Husbands no formal education [AOR = 3.64; 95% CI: (1.35, 9.84)] were significant factors associated with domestic violence among pregnant women.

Conclusions: In this study the prevalence of domestic violence among pregnant women was high. Mothers who have no formal education, housewives, husband's alcohol consumption and husbands no formal education were factors associated with domestic violence.

Keywords: Domestic Violence, Pregnant, Women, Predictors, Ethiopia

Introduction

Domestic violence is an act of gender-based violence that results in physical, sexual or psychological suffering to women and it is a significant public health and human rights issue throughout the world [1]. Every country in the world engages in domestic violence against women, but the frequency differs from country to country [2]. According to a World Health Organization (WHO) multi-country research the problem spans from 15% in Japan to 71% in rural Ethiopia [3]. Due to women's increased physical and psychological fragility during pregnancy, it is more frequently believed that this is a crucial time that domestic violence either starts or intensifies [4].

These acts of violence commonly take place at several societal levels; they may be by an individual or by members of the family [5]. It is especially alarming because of how it affects both the mother and the fetus during pregnancy and it has a potential of causing miscarriages, preterm births, low birth weights, and perinatal deaths, among other pregnancy outcomes that are not favorable [6-8]. In several studies conducted worldwide, domestic violence during pregnancy has been identified in 3 to 13 % of pregnancies [9], whereas in underdeveloped nations, the prevalence increased from 4 to

29% [10]. Pregnancy related head and back discomfort, hyperemesis, and all poor obstetric outcomes have been linked with domestic violence during pregnancy [11].

It also have long-term physical and/or psychological effects, such as depression, anxiety, post-traumatic stress disorder, flashbacks, nightmares, or an exaggerated startle response [12]. Previous research found that, compared to women who did not experience the violence, and who experienced violence during pregnancy, those who faced violence had higher risks of ante-partum hemorrhage, intrauterine growth retardation, premature membrane rupture, cesarean delivery, preterm birth, and low birth weight babies [6,13,15]. It is recognized as a public health and human rights challenge in Ethiopia [15].

Regardless of the Ethiopian government's extensive efforts to eradicate all forms of violence against women, evidence from recently published research literatures reveals that domestic violence against women by their husbands is still a problem in Ethiopia, varying in severity from region to region [16]. Studies done in different nations throughout the world revealed that the age of the couples, the educational level of both partners, the occupations of the wife and husband, pregnancies, husband substance use, women's decision-making abilities, and the existence of supportive attitudes toward wife beating in society were factor associated with violence [17].

Despite the recognized importance of the pregnancy period for maternal health and well-being, there is a lack of evidence about the factors that contribute to domestic violence during this vulnerable phase. Identifying these predictors is crucial for developing effective interventions and support systems to mitigate the risk of violence and promote the overall well-being of pregnant women and their children.

By identifying the predictors of domestic violence among pregnant women, this research can contribute to the existing body of evidence on domestic violence among pregnant women. Ultimately, the findings also inform policymakers, healthcare providers, and relevant stakeholders in designing targeted interventions and support services that address the specific needs and challenges faced by pregnant women in this study setting. Therefore, this study aimed to assess the prevalence of domestic violence and its predictors among pregnant women in Durame Town, Central Ethiopia Region.

Methods and Materials
Study Design, Area and Period
A community based cross-sectional study was conducted in Durame Town, Kembata Zone Central Ethiopia from July 15th to August 15th, 2023. Kembata Zone is one of the six zones in the Central Ethiopia Region. Its capital city is Durame, which is 272 kilometers away from the capital city of Ethiopia, Addis Ababa. The zone consists of eight woreda, 7 town administrations, and 22 urban and 120 rural kebeles. It is geographically bordered with Dawuro zone in the west, Wolaita zone in the south, Hadiya zone in the north, and Halaba zone in the east. According to the Central Statistical Agency's 2007 Census, the zone had a total population of 1,080,837 individuals, of which 536,676 (49.65%) are men and 544,161 (50.35%) are women [18].

Population
All pregnant women living in Durame town were source population, while all selected pregnant women who living in Durame Town during the data collection period were study population.

Eligibility Criteria
All selected pregnant women who live in the Durame Towns were included, while women who were unable to respond due to health problem were excluded from the study.

Sample Size Determination and Sampling Procedure
We calculated the sample size by using a single population proportion formula $(n=((Z \alpha/2)^2 P(1-P))/d^2)$ with the following assumptions; the margin of error (d) = 5%, confidence level = 95% ($Z\alpha/2 = \pm1.96$), and 64.6% prevalence of domestic violence among pregnant women from the previous study conducted in Southeast Oromia, Ethiopia (19). So, the final calculated sample size with a 10% non-response rate was 387. Since the source population (N = 1969) is less than 10,000, by using finite population correction formula: $nf=n/(1+n/N)=300$.

There are three kebeles in Durame town and this study included all kebeles in the town in order to get representative sample. Then the calculated sample size of 300 were proportionally allocated to each kebeles. Each study participant was selected using systematic sampling technique, Lottery method was employed to select the first study participant from first to sixth woman, and then every sixth woman (k = 6) was approached for the interview, which was calculated by dividing the total number of pregnant women in each Kebele by proportionally allocated sample size (K= N/n) (Figure 1).

Operational Definitions
Domestic Violence Against Pregnant Women: It was considered when a women experienced any of physical, psychological or sexual violence by their husband during pregnancy. It was coded as Yes =1 (For women who experienced

any of physical, psychological or sexual violence) and No = 0 (For women who didn't experience any of the physical, psychological or sexual violence) (20).

Physical Violence It was considered if a woman says yes at least one of the physical violence related questions when she was asked if her husband ever abuse her in any of the following ways during pregnancy: a) slapped you or thrown something at you that could hurt you? b) Pushed you or shoved you or pulled your hair? c) hit you with his fist or with something else that could hurt you? d) Kicked you, dragged you or beat you up? e) Choked or burnt you on purpose? f) threatened to use or actually used a gun, knife or other weapon against you? [21].

Psychological Violence: It was considered if a woman says yes at least one of the psychological violence related questions when she was asked if her husband ever abuse her in any of the following ways during pregnancy: a) insulting or making a woman feel bad about herself, b) belittling or humiliating her in front of others) deliberately scaring or intimidating her, c) threatening to hurt her or others she cares about [19].

Sexual Violence: It was considered if a woman says yes at least one of the sexual violence related questions: a) being physically forced to have sexual intercourse when woman didn't want to, b) having sexual intercourse because she was afraid of what her partner might do, c) being forced to do something sexual that she found humiliating or degrading [21].

Data Collection Methods
Data were collected by using a pre-tested structured questionnaire and face to face interviews among pregnant women who were selected by systematic sampling technique from randomly selected kebeles of Durame town.

Data Collection Instruments
The data collection tools were adapted from WHO research guidelines of researching on violence against women with a little modification [22]. It comprises two sections: The first section composed of questions related socio demographic characteristics of the women such as age, education, working status, marital duration, women decision making power. Questions about husband characteristics such as age, education, occupation, marital controlling behaviors, habit of substance use was also included in this section. The second section of questionnaire includes items related to occurrence of physical, psychological and sexual violence exerted by the husband on the women during her pregnancy.

Data Collectors and Data Collection Procedures
Two female health extension workers was recruited for data collection based on their qualification and previous experience in participating on surveys of related topics and fluent speaking of local language. Two male public Health Officers was recruited for supervision of data collection. Then two days intensive training was given to them on how to collect data, when and how to make an interview and about ethical issues emphasizing on the importance of safety of participants and data quality. The data collection was conducted through personal interviews with the participants by home visit using pre-tested questionnaire. After explaining the aim of the study written consent was obtained from each participant, the data collectors were started interviewing the participants using questionnaires in private settings.

Data Quality Control
After preparing the questionnaire, the questionnaire was translated into Amharic in local context and then back translated into English by another person to ensure that the originality and meaning was retained. Pre-test of the questionnaire was done in one kebeles which is not among the selected kebeles for the study to identify any ambiguity, consistency and acceptability of questionnaire. Then necessary corrections were made before the actual data collection and amended tool was used for final data collection. A pretest was conducted on 5% of the total sample size [15] in Shone Kebele before an actual data collection period to identify any ambiguity, consistency and acceptability of questionnaire. Based on the results of the pretest, adjustments were made as needed, and the amended tool was used for actual data collection.

Supervisors was closely follow the data collectors and Data collectors was instructed to check the completeness of the questionnaire immediately after its completion for each participant. The principal investigator was checked all questionnaires to ensure completeness and consistency during data management, cleaning, and analysis.

Data Processing and Analysis
The collected data were cleaned, coded, and entered into EpiData version 4.6 software. Then, the data were exported to SPSS version 26 for analysis. Descriptive analysis was done to describe the characteristics of the study participants, and the result was described in the form of text, tables, and figures. By using a binary logistic regression model, bivariable analysis was done to identify the association between each independent variables and the outcome variable. Independent variables with $p < 0.25$ were included in the multivariable logistic regression analysis to exclude potential confounders and identify actual associations. Multi-collinearity was checked to see the linear correlation among the independent variables by using the variance inflation factor and None of the variables yield inflation factor >5. The model fitness was checked by Hosmer Lemeshow goodness of fit test, it was found to be insignificant (p-value = 0.67) and Omnibus test was significant (p-value = 0.000) which indicate that the model was fitted. Then, in the multivariable

logistic regression analysis, adjusted odds ratio (AOR) with 95% confidence interval (CI) were reported, and variables with p<0.05 were declared to be significantly associated with domestic violence among pregnant women.

Results

Socio Demographic Characteristic of the Participants

A total of 300 pregnant women were participated in the study with a response rate of 100% because there is no any refusal from the selected study participants. The mean age of the participants was 24.9 years with standard deviation (SD) of ± 4.1 years. More than half (53.3%) of respondents were in the age category of 18 to 24 years, and nearly two-third (65%) of the participants were followers of protestants religion, and 62% of participants were from Kembata ethnic group. Nearly half (49.7%) of the participants were housewives, and 38.3% of participants have finished secondary school and above (Table 1).

Partners' Socio-Demographic Characteristics

In this study, the mean age of the husbands was 33 years with standard deviation (SD) of ±4.6 years, while 42.7% of the husbands were in the age category of 31 to 35 years. More than two-third (68.5%) of the husbands were protestant religion followers, and majorities (71.3%) were from Kembata ethnic group. Nearly half (46.7%) of the husbands have a private business, 48.7% have a habit of alcohol consumption, 26.3% have a habit of chat chewing, and 9.3% have the habit smoking tobacco (Table 2).

Household Information of Participants.

Among the study participants, more than two-thirds (72%) were used the earned money jointly with their husbands, while 71.0% decided about their own healthcare jointly with their husbands. Three-fourth (75.0%) of the study participants were decided about their number of children jointly with their husbands. More than two-thirds (69.0%) of respondents were decided about their family visits jointly with their husbands (Table 3).

Prevalence of Domestic Violence among Pregnant Women.

Out of 300 eligible pregnant women participated in this study, nearly half, 147 (49.0%) of them were experienced domestic violence during pregnancy with 95% CI: (43.3 to 54.7), From the overall 147 (49%) of women that experience domestic violence, 43.3% of them were experienced psychological violence with 95 CI: (37.7 to 49.0), 26.3% were experience physical violence with 95% CI (21.3 to 31.7) and 12.7% of them were experienced sexual violence during pregnancy with 95% CI: (9.0 to 16.0) (Figure 2).

Factors Associated with Domestic Violence among Pregnant Women.

In the bivariable logistic regression analysis, mother's occupations, mother's educational status, decision on the number of children, husband's educational status, husband's occupations, husband's alcohol drinking, husbands chat chawing, and husbands smoking tobacco were factors significantly associated with domestic violence among pregnant women at 95% confidence level with p < 0.25, and included in multivariable logistic regression analysis.

However, on the multivariable logistic regression analysis, mother's occupations, mother's educational status, husband's educational status, and husband's alcohol consumption were factors significantly associated with domestic violence among pregnant women at 95% confidence level with p < 0.05.

Mothers who have no formal education were about 3.2 times more likely to be violated than mothers whose education levels were college and above [AOR = 3.26; 95% CI: (1.33, 7.98)]. Similarly, the odds of domestic violence were 2.9 times higher among those pregnant women having a husband who consumes alcohol than those whose husband did not consume alcohol drinks [AOR = 2.96; 95% CI: (1.68, 5.24)].

The odds of domestic violence during pregnancy were 2.2 times higher among housewives when compared with mothers who were government employee [AOR = 2.25; 95% CI: (1.19, 4.22)]. The odds domestic violence among pregnant women were 3.6 times higher among pregnant women whose husbands have no formal education when compared with those whose husbands have educational status college and above [AOR = 3.64; 95% CI: (1.35, 9.84)] (Table 4).

Discussion

This study aimed at determining the prevalence of domestic violence and its predictors among pregnant women in Durame Town, Central Ethiopia Region. The finding revealed that, the prevalence of domestic violence among pregnant women in this study setting was 49.0% with 95% CI: (43.3, 54.7). This finding was consistent with studies conducted among native Americans (52.5%), in Lima, Peru (45.1%), in Portuguese health institutions (43.4%) and in Pakistan (51%) [23-26]. However, this finding was higher than the result of studies conducted in Kisumu district hospital, Kenya (37%), Rwanda (35.1%), Sao Paulo, Brazil (34.6%), KwaZulu-Natal, South Africa (31%), Mulago Hospital, Uganda (27.7%) (14), and Hull Maternity Hospital, UK (17%) [27-31]. This discrepancy might be due to differences in socio-demographic characteristics (especially educational level of husband and wife) between study populations, differences in the study setting, sample size, and sampling techniques to recruit study participants.

While this finding was lower than the result of studies conducted in Gondar Referral Hospital, Northwest Ethiopia

(58.7%), in Awi zone, North Western Ethiopia (78.0%), in Southeast Oromia, Ethiopia (64.6%), in southern Appalachia (81%) (35), in Tehran o (59%), and in Bahrain (59%) [32-37]. The possible explanation for this variation might be due to socio cultural and societal perspectives about the wife beating and contexts of the population under study that differ between the nations.

The odds of domestic violence were higher among mothers who have no formal education when compared with mothers whose education levels were college and above, this finding was consistent with previous studies done in Yirgalem town, South Ethiopia, in Nicaraguan, and in Northwest Ethiopia [38-40]. This might be due to the fact that uneducated pregnant women may not have the ability to have a discussion with their partners to resolve any disagreement. Evidence revealed that low levels of education and lack of decision-making power increase women's likelihood of experiencing domestic violence during pregnancy [41].

Pregnant women whose husbands drink alcohol had higher odds of domestic violence than pregnant women whose husbands do not drink. These findings were consistent with research conducted in the Awizone, University of Gondar Referral Hospital Kisumu district hospital, and Sao Paulo, Brazil [27,29,32,33]. This might be because alcohol consumption directly affects the cognitive (ability to perceive, integrate and process information) and physical functions of consumers. This distortion of thinking can cause users to behave aggressively in relationships, increase feelings of power and control, leading to power and control over partners.

Domestic violence during pregnancy were higher among housewives when compared with mothers who were government employee. This finding was supported by the result of previous study done in University of Gondar Referral Hospital, Northwest Ethiopia, A possible explanation could be that most housewives stay at home and do household chores, so they are more dependent on their husbands [42]. While the husband is the source of the family and the economy, housewives are more vulnerable, less independent, and more financially dependent on their husbands, which leads to disagreements and various forms of violence.

Pregnant women whose husbands have no formal education have higher odds of domestic violence during pregnancy than pregnant women whose husbands have completed college or above. This finding was in line with previous studies conducted in Pakistan, as evidenced by the Pakistan Demography and Health Survey, poorly educated husbands might not learn about gender equality, sharing home duties, and making equal decisions with their wives, which could lead to arguments within the family [43].

Strength and limitation of the Study
The study was conducted at community level which give us as more representative finding than facility based studies. In the other hand, the completeness of the data may have been limited by the fact that the data collection technique was not qualitative, which was one of its limitations.

Conclusion
The finding of this study revealed that the prevalence of domestic violence among pregnant woman at Durame Town was high. Being housewife, mother's no formal education, husband's no formal education, and husband's alcohol consumption were factors significantly associated with domestic violence among pregnant woman.

Recommendations
Based on the finding of this study, the following recommendations were forwarded

For Zonal Health Office.
• Training for health professionals on screening, and management of victim of abuse.
• Health facilities should have to integrate the work of identifying and responding to Domestic Violence with another routine health service.
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For Durame Town Health Extension Workers and Stakeholders.
• Health extension workers should provide health education to the community about the health effects of using substances such as alcohol consumption because it increases the possibility of domestic violence.
• The stakeholders should also work closely with other social sectors like district education office and district justice office to challenge the intergenerational transmission of violence and social norms that advance spousal right to control women's behavior.
• Health extension workers should provide information about the negative effect of domestic violence on the mothers and on their fetus.
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For Future Researchers.
• Additional studies are necessary to confirm the current findings, and they ought to take caregiver-related characteristics into account when evaluating the perceived obstacles to domestic violence screening among pregnant women.

Acronyms /Abbreviations
CSA: Central Statistical Agency of Ethiopia, **DC**: Data Collector, **DV**: Domestic Violence, **EDHS**: Ethiopia Demographic Health Survey, **FDRE**: Federal Democratic Republic of Ethiopia, **STDs**: Sexually Transmitted Diseases, and **WHO**: World Health Organization.

Ethical Considerations
Following a review to ensure study participants would not suffer any damage, an ethical approval letter was acquired from the Wachemo University, Durame campus, School of Public Health, College of Health Sciences. A cooperation letter was written to study area. Each participant was made aware of the purpose and possible advantages of the study prior to their participation.

After explaining the study, voluntary written and signed informed consent was obtained from each study participant who agrees to participate in the study before starting the data collection. The research subjects were apprised of their entitlement to decline involvement, pose inquiries, or withdraw from the study at any point in time without experiencing undue inconvenience. In case they had any additional queries or concerns, they were also given the address of the institutional research ethics committee and the lead investigator.

Authors, Contributions.
FY, AG, DE and AAL were involved in the conception, design, analysis, interpretation, report and manuscript writing. FY, AG, DE and AAL were involved in the analysis, interpretation, report and manuscript writing. All authors read and approved the final manuscript.

Availability of Data and Materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Conflict of Interest: The authors report no conflict of interest in this work.

Consent for Publication: Not applicable.

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Variables	Categories	Frequency (n)	Percent (%)
Mothers age in years	18 to 24	160	53.3
	25 to 30	110	36.7
	31 to 35	24	8.0
	36 and above	6	2.0
Religion	Orthodox	50	16.7
	Muslim	32	10.7
	Protestant	196	65.3
	Catholic	22	7.3
Occupations	Housewife	149	49.7
	Private business	63	23.0
	Government employee	88	29.3
Educational level	No formal education	80	26.7
	Primary education	105	35.0
	Secondary education	66	22.0
	College and above	49	16.3

Table 1: Socio-Demographic Characteristics of Pregnant Mothers in Durame Town, Kembata Zones in Central Ethiopia Region, 2023 (n = 300).

Variables	Categories	Frequency (n)	Percent (%)
Husbands age in years.	25 to 30	90	30.0
	31 to 35	128	42.7
	36 to 40	58	19.3
	41 and above	24	8.0
Occupations	Farmer	48	16.0
	Private business	140	46.7
	Gov't employee	112	37.3
Educational level	No formal education	46	15.3
	Primary education	61	20.3
	Secondary education	89	29.7
	College and above	104	34.7
Alcohol consumption	Yes	146	48.7
	No	154	51.3
Habit of chat chewing	Yes	79	26.3
	No	221	73.7

| Habit of smoking tobacco | Yes | 28 | 9.3 |
| | No | 272 | 90.7 |

Key: Others* = Wolaita, Amhara, Tigray and Oromia.

Table 2: Socio-Demographic Characteristics of Husbands in Durame Town, Kembata Zones in Central Ethiopia Region, 2023 (n = 300).

Variables	Response	Frequency (n)	Percent (%)
How to use the money earned by her or her partner.	Women alone	72	24.0
	Jointly with husband	216	72.0
	Husband alone	12	4.0
Decision on her own health care	Women alone	72	24.0
	Jointly with husband	213	71.0
	Husband alone	15	5.0
Decision on household purchases	Women alone	58	19.0
	Jointly with husband	225	75.0
	Husband alone	17	5.7
Decisions on how many children to have.	Women alone	49	16.0
	Jointly with husband	225	75.0
	Husband alone	26	8.7
Decisions to visits the family, friends or Relatives	Women alone	63	21.0
	Jointly with husband	207	69.0
	Husband alone	30	10.0
Decisions on whether the women should work outside the home	Women alone	64	21.3
	Jointly with husband	183	61.0
	Husband alone	53	17.0
Tries to keep you from seeing your friends	Yes	102	34.0
	No	198	66.0
Insists on knowing where you are at all times?	Yes	105	35.0
	No	195	65.0
Gets angry if you speak with another man?	Yes	215	71.5
	No	85	28.3

Table 3: Household Related Information of Pregnant Mothers in Durame Town, Kembata Zones in Central Ethiopia Region, 2023 (n = 300).

Variables	Domestic Violence		COR(95%CI)	AOR(95%CI)	p-value
	Yes (147)	No (153)			
Mothers occupations					
Housewife	91	58	2.74(1.59,4.73)	**2.25(1.19, 4.22)***	**0.012**
Private business	24	39	1.07(0.55, 2.10)	1.52(0.67, 3.42)	0.31
Gov't employee	32	56	Ref	Ref	
Mothers educational status					
No formal edun	59	21	4.43(2.07, 9.49)	**3.26(1.33, 7.98)***	**0.010**
Primary school	49	56	1.38(0.69, 1.75)	1.90(0.83, 4.35)	0.125
Secondary school	20	46	0.68(0.31, 1.49)	0.17(0.47, 2.92)	0.728
College and above	19	30	Ref	Ref	
Decision on the number of children					
Husband alone	118	107	1.76(0.76, 4.05)	1.30(0.51, 3.28)	0.571
Women alone	19	30	1.01(0.38, 2.69)	0.70(0.23, 2.08)	0.528
Jointly with husband	10	16	Ref	Ref	

Husband Occupations					
Farmer	29	19	1.76(0.88, 3.50)	0.75(0.30, 1.87)	0.546
Private business	66	74	1.02(0.62, 1.69)	0.65(0.32, 1.31)	0.230
Gov't employee	52	60	Ref	Ref	
Husbands Educational Status					
No formal edun	35	11	4.88(2.23, 10.70)	**3.64(1.35, 9.84)***	**0.011**
Primary school	41	20	3.15(1.62, 6.11)	2.15(0.85, 2.45)	0.104
Secondary school	30	59	0.78(0.43, 1.40)	0.68(0.32, 1.31)	0.230
College and above	41	63	Ref	Ref	
Husband drinking alcohol					
Yes	94	52	3.44(2.14, 5.53)	**2.96(1.68, 5.24)***	**0.001**
No	53	101	Ref	Ref	
Husband Chat chawing					
Yes	47	32	1.77(1.05, 1.99)	0.85(0.40, 1.77)	0.657
No	100	121	Ref	Ref	
Husband smoking tobacco					
Yes	19	9	2.37(1.03, 5.43)	0.93(0.30, 2.83)	0.800
No	128	144	Ref	Ref	

Key: * = **p** <0.05 (significance), **Ref** = reference category, **COR**: Crude Odd Ratio, **AOR**: Adjusted Odd Ratio, **CI**: Confidence Interval.

Table 4: Factors Associated with Domestic Violence Among Pregnant Women in Durame Town, Kembata Zone, Central Ethiopia Region, 2023 (n = 300).