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*Full Length Research Paper*

## **Intimate Partner Violence among Women of Child Bearing Age in Alimosho LGA of Lagos State, Nigeria**

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### **ABSTRACT**

In this study, the extent to which married women had experienced physical, sexual, psychological and economic forms of violence by their intimate partners was determined. The study was descriptive and cross-sectional. It was conducted in Alimosho Local Government Area (LGA) of Lagos State. Data were collected using a pre-tested, semi-structured, interviewer-assisted questionnaire from married women. The questionnaire explored demographic characteristics, experience of physical, sexual, psychological and economic forms of violence from their spouses, the perceived reasons for these acts and their health seeking behaviour. The respondents were selected through a systematic random technique from all the eight districts of the LGA. Of the 704 women contacted, 606 consented to participate in the study (response rate 86%). The ages of women ranged from 22 – 49 years with a mean of 35.9years ( $\pm 6.48$ ). Majority of the respondents were Yoruba 452 (74.6%) whose main occupation was trading 309 (51%). One hundred and sixty-one (26.6%) had secondary school education. Five hundred and thirty-nine (88.9%) had experience at least one form of violence. The prevalence of physical, sexual, psychological and economic forms of violence were 45.9%, 55.9%, 71.1% and 51.2% respectively. The most common forms of violent behaviours experienced by the women were slaps (41.9%), insistence on having sex (33.3%), verbal insults (41.3%) and not providing money for the needs of the family (38.4%). Full time housewives, women without formal education, women in polygamous marriages and women whose husbands drank alcohol were more likely than others to have experienced at least one form of violent behaviour. The most common perceived reason for physical, psychological and economic forms of violence were argument about money 37.4%, 32.9% and 27.1% respectively and refusal to have sex 34.2%. The proportions of women who had experienced physical, sexual, psychological and economic forms of violence but did not seek outside help were 59.0%, 62.2%, 67.5% and 73.5% respectively. In conclusion, a high proportion of women surveyed had suffered from different kinds of violence and only few sought for help. Interventions including providing conflict resolution skills training and referral to agencies were recommended to address these problems.

**Key words:** Violence, Intimate Partner, Couples, Behaviour and Women

### **INTRODUCTION**

Over the past decade domestic violence is recognized as a significant public health and human rights concern (Ellsberg and Heise, 2002). Worldwide, one of the most common forms of violence against women is abuse by

their husbands and other intimate male partners (WHO, 1999). Intimate partner violence against women is deep-rooted in many African societies, where it is considered a prerogative of men (Okembo et al, 2002). These violent acts occur within the home or in the wider community and are usually directed at women and girls

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because of their perceived weak femininity (Fawole *et al*, 2002). Moreover, when violence takes place within the home, as it is often the case, the above is effectively ignored by the tacit silence and the passivity displayed by the state and the law-enforcing machinery (Ellsberg *et al*, 2008, Ajuwon & Adegbite, 2008).

Partner abuse can take a variety of forms including physical assault such as hits, slaps, kicks and beatings, psychological abuse, such as constant belittling, intimidation, humiliation, and coercive sex. It frequently includes controlling behaviours such as isolating a woman from family and friends, monitoring her movements and restricting her access to economic resources (UNIFEM, 2001). The Declaration on the Elimination of Violence against Women was adopted by the United Nations General Assembly in 1993.

Women's lifetime prevalence of intimate partner violence (IPV) is estimated to be 21 – 39% across studies in clinical care settings and in general population surveys (Jones, 1997). Intimate partner abuse can be conceptualized along a continuum of intensity, from verbal criticism to forced sex or sexual coercion (Heise *et al*, 1994). At least one in five of the world female population has been physically or sexually abused by a man or men at some time in their life. IPV was the tenth leading cause of death for women 15-49 years of age in 1998 (WHO 2000). Many, including pregnant women and young girls are subjected to severe, sustained or repeated attacks (WHO, 1997; Ilika, 2002; Ellsberg and Heise, 2002). IPV has been associated with a broad range of serious physical and mental health problems which may be both immediate and long termed such as depression and anxiety, suicide and homicide and bodily injury (Koenigs, 2003). Women for fear of violence are unable to refuse sex or negotiate safer practices thus increasing their vulnerability to HIV if their husband is unfaithful (Oyediran *et al*, 2005). Many, including pregnant women and young girls are subject to severe, sustained or repeated attacks (WHO, 1997; Ilika *et al*, 2002; Ellsberg and Heise, 2002). The negative consequences of abuse extend beyond women's sexual and reproductive health to their overall health, the welfare of their children, and even the economic and social fabric of the nation. By sapping women's energy, undermining their confidence, and compromising their health, gender violence deprives society of women's full participation (Population Report, 1999; WRAPA, 2002; RosalezOrtiz *et al*, 1999). Women who have experienced sexual or physical assault are more likely to suffer a variety of sexual and reproductive health disorders including chronic pelvic pains, sexually transmitted infections (Van Der Straten, 1998), unwanted pregnancy and adverse pregnancy outcomes including miscarriage

and infants of low birth weight (Iryna *et al*, 2004). Women's exposure to violence may also increase their risk to HIV/AIDS directly or indirectly (CEDAW, 2001). Health outcomes associated with women's experience of physical or sexual violence include none use of modern contraceptive, unintended pregnancies/termination of pregnancies, antenatal care, facility-based delivery, child vaccination and child's nutritional status (Michelle *et. al*, 2008).

As a UNIFEM report observed, "Women cannot tend their labour or creative ideas fully if they are burdened with the physical and psychological scars of abuse (UNIFEM, 1999, Seama & Watts, 2009). Victimization increases women's risk of future ill health (Dickinson *et al*, 1999). The specific objectives of this study were to identify the proportion of married women who had ever experienced violence by their current partners, describe the profile of the abused women, describe the profile of their husbands. This study also identifies the perceived causes of IPV, the reported consequences of IPV on the affected women, as well as their health seeking behaviour. It also recommends appropriate interventions in order to address the problem and discuss the implications of these findings for prevention and control programmes. The study was approved by the University of Ibadan/University College Hospital Ethics Review Committee.

This study was aimed to address the following: one, strengthen the ability of the health sector to identify and respond to the affected women, pilot models of intervention and prevention of intimate partner violence and help to refer to agencies that could help the victims out. Two, it will help the policy makers, that is the Federal Government to adopt laws and policies that will strengthen the institutional capacity to respond effectively to IPV. Finally, the data from this study draws attention to the experience of women who suffer IPV in the country.

## **METHODOLOGY**

**The setting:** This study was a descriptive cross-sectional survey conducted in Alimosho Local Government Area (LGA) of Lagos State, created in 1991 which had an estimated total population of about 522,855 inhabitants. This was a peri-urban segment of the state and was surrounded by Ado-Odo Ota LGA to the North, Oshodi/Isolo and Mushin LGAs to the South, Ojo and Amuwo Odofin LGAs to the West and Ifako Ijaye, Agege and Ikeja LGAs to the east. The LGA was sub-divided into 43 localities (National Population Commission, Ikeja, 1996) which was in turn divided into

11 political wards (eight, health districts) namely Shasha/Akowonjo, Egbeda/Alimosho, Idimu/Isheri, Ikotun/Ijegun, Egbe/Agodo, Igando/Egan, Ipaja N, Ipaja S, Ayobo/ Ijan, Pleasure/Okeodo and Alagbado/Abule Egba. The study population was women who were currently married or who had ever been married at some point in their lives or were cohabiting with a male partner at the time of the study and were of reproductive age (15-49 years). The study seeks to document the impact of IPV on the women affected by violence. It had a quantitative component which explored, through the administration of a pre-tested, semi structured questionnaire, the reported prevalence of sexual, physical, psychological, and economic experiences of violence. The questionnaire was translated into Yoruba, the language widely spoken in Alimosho Local Government Area, the study site. Alimosho is a peri-urban LGA in Lagos state, south west Nigeria.

**Sampling Procedures:** A sample of 606 women was selected from the eight health districts using stratified random sampling. This sample was selected using population weighted ratio of each of the eight districts in the LGA. Furthermore, stratified random sampling was used to divide each of the eight districts into four strata. The localities under each stratum were listed. The researcher and her assistants randomly selected one area where data collection began. The samples were then selected from that area. Only one woman was interviewed in a household using the pre-tested semi-structured questionnaire. For the purpose of this study, a household was defined as a family consisting of father, mother(s), the children and other dependants. In tenement houses, there may be more than one household. This was done in order to enhance privacy. The interview was conducted in every fourth house. Face-to-face interviews were conducted with each selected woman in her house at a time that was convenient for her. Face-to-face interview were adopted because some of the women were assumed to be low literate persons who would have difficulty with reading. This approach was also adopted because it afforded the opportunity for the research team to provide counselling and support for any of the women who may have experienced violence.

**Ethical Considerations:** The University of Ibadan/University College Hospital provided approval for this study prior to data collection. Written informed consent was also obtained from each participant after she had been informed about the purpose of the study, that confidentiality was assured and that participation in the study was voluntary. Women who needed help were

referred to a local Non-Governmental Organization (NGO) that specialized in care for survivors of violence.

**Data Analysis:** The completed questionnaires were verified daily for completeness. The Yoruba translated questionnaires were translated back to English. Manuals of field operations were prepared and this showed how questionnaires were to be coded serially. The questionnaires were collated, data were fed into the computer and data analysis was done using the Statistical Package for Social Sciences (SPSS). Data was analyzed using descriptive statistics, t-test and ANOVA at  $p = 0.05$ .

## RESULTS

**Socio-demographic characteristics:** The profile of the respondents and that of their husbands are presented in Tables 1 and 2. The respondent's age ranged from 20 - 49 while their husbands' ranged from 22 - 69. The majority, (74.6%) of the women and their husbands were of Yoruba ethnic origin. A large proportion of the respondents were Christians (62.9%). With respect to education, 29.7% respondents had secondary school education. About half, (51%) of the women were traders. About a third (31.4%) of these men smoked cigarette and 63.0% drank alcohol. Out of the 382 who drank alcohol, 52.6% drank beer and 29.1% drank stout. Most (43.6%) of the women were married under the customary law. The women had being in marriage between 1 and 29years with a mean of 11.5 ( $\pm 6.7\%$ ). A total of 56.3% of the respondents' were into monogamous marriages while 43.7% were in polygamous unions. Out of the 265 in the polygamous marriages, 41.5% of the respondents occupied the first position among other wives. The mean number of children that respondents had was 3 ( $\pm 1.3$ ). A total of 6.6% respondents had no children at the time of the study; 75.1% had four children or less while 18.3% had less than eight.

### Prevalence of Violence

Figure 1 shows that a large proportion of the women (88.9%) had experienced at least one form of violence. Of the four forms of violence explored in figure 2, psychological was the most frequently experienced by the women (71.1%); this was followed by sexual (55.9%), economic (51.2%), and physical (45.9%).

A total of 278 (45.9%) women had experienced physical violence while 328 (54.1%) had not.

**Table 1:**  
Socio-demographic characteristics of respondents (N=606)

S/n	Demographic characteristics	n	%
1.	Age [in years]		
	20 – 24	14	2.3
	25 – 29	101	16.7
	30 – 34	155	25.6
	35 – 39	142	23.4
	40 – 44	122	20.1
2	Educational Qualification		
	Secondary education	180	29.7
	NCE/School of Nursing/Polytechnic	135	22.3
	Primary education	121	20.0
	No formal education	108	17.8
	University education	62	20.2
3	Ethnic Group		
	Yoruba	452	74.6
	Ibo	109	18.0
4	Religion		
	Christianity	45	7.4
	Others*		
5	Type of Wedding		
	Church	381	62.9
	Islamic	213	35.1
	Traditional	12	2.0
6	Number of years in marriage (Grouped)		
	0 – 4	158	26.1
	5 – 9	50	8.3
	10 – 14	44	7.3
	15 – 19	264	43.6
	20 – 24	90	14.9
7	Type of Work		
	Traders/business women	91	15.0
	Professionals	174	28.7
	Artisan e.g. hairdressers, photographers, tailors	148	24.4
	Secretarial e.g. typist, secretaries, Computer operator	89	14.7
	Full house wives	73	12.0
		31	5.1

\*These consist of Hausa, Efik, Urhobo, Bini & Ham

Altogether more than half, 339 (55.9%) of the women had experienced sexual violence. A total of 431 (71.1%) women had experienced psychological violence while only 28.9% had never. A total of 310 (51.2%) of the respondents had experienced economic violence. The prevalence of the various forms of violence is shown in Table 3. A total of eighty-five (27.2%) women claimed

that argument about money was the major trigger for experience of economic violence.

**Experience of physical violence by some demographic variables:** There is no significant relationship between the reported prevalence of physical violence and respondents' ages. However, there is a significant relationship between respondents' occupation, level of education and type of marriage respondents are involved in. Physical violence is least among the professionals and traders/business women. Experience of physical violence was highest among primary school leavers (53.7%) and secondary school leavers (52.8%) ( $p = 0.00$ ). Table 4 shows that women in polygamous marriages are more likely than others in monogamous marriages to experience physical violence ( $p = 0.01$ ).

**Table 2:**  
Socio-demographic characteristics of husbands (N = 606)

S/N	Demographic Characteristics	No	%	
1	Ethnic Group			
	Yoruba	452	74.6	
	Ibo	109	18.0	
2	Age [in years]			
	20 – 29	45	7.4	
	Others			
3	Number of husbands who smoked			
	Yes –smoking	381	62.9	
	No –smoking	213	35.1	
	4	Alcoholic beverage consumption		
		Yes	12	2.0
		No		
5	Type of alcohol taken			
	Beer	45	7.4	
	Ogogoro/burukutu/paraga**	109	18.0	
	Stout	44	7.3	
	Wine	264	43.6	
6	Frequency of alcohol consumption			
	Always	90	14.9	
7	Type of Work			
	Traders/business women	91	15.0	
	Professionals	174	28.7	
	Artisan e.g. hairdressers, photographers, tailors	148	24.4	
	Secretarial e.g. typist, secretaries, Computer operator	89	14.7	
	Full house wives	73	12.0	
		31	5.1	

\*These consist of Hausa, Efik, Urhobo, Bini & Ham

\*\*Ogogoro/burukutu/paraga- these are locally fermented alcoholic drinks.

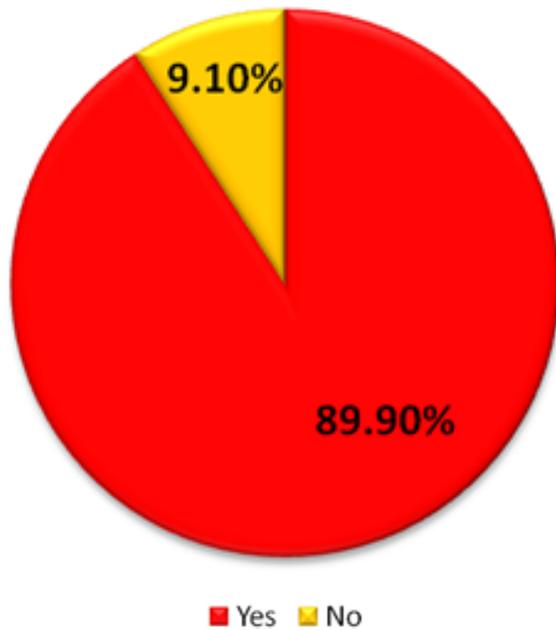


Fig 1: Percentage of respondents with experience of one form of violence or another

**The reported outcome of physical violence on the victims**

The consequences of physical violence on victims’ health and the results are summarized in Table 5. Those who reported cuts/aches/bruise were in the majority.

**Perceived causes of violence**

Out of the 278 women who were victims of physical violence, 37.8% experienced violent acts because of argument about money. Of a total of 315 who were sexually assaulted, 24 women gave no reasons and 35.2% reported refusal to have sex as the perceived reason for their being assaulted. The most common perceived reasons for psychological violence was argument about money (33.3%) and suspicion of being unfaithful to husband (20.8%). A total of eighty-five (27.2%) women gave the reason of argument about money for experiencing economic violence as shown in Table 6

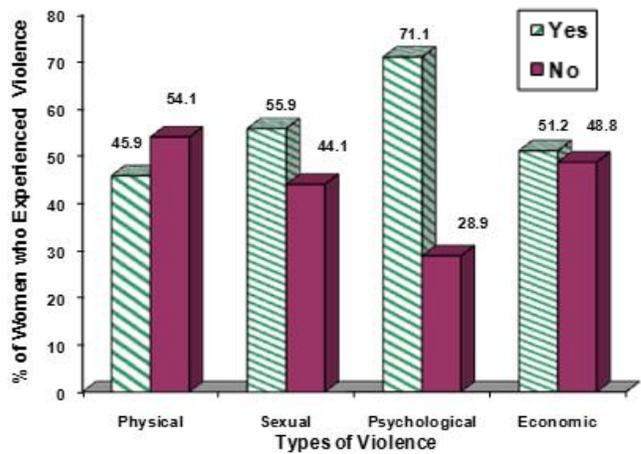


Figure 2: Reported prevalence of the various forms of violence

**Table 3:**  
Reported prevalence of various forms of violence

Physical	No (%)	Sexual	No (%)	Psychological	No (%)	Economic	No (%)
Slap	255 (42.1)	Insistence on sex	202 (33.3)	Insult	251 (41.5)	He does not contribute to financing the home	233 (34.8)
Throwing of Object	47 (7.8)	Forced sex	104 (17.2)	Humiliation	170 (28.1)	He does not pay house rent	81 (13.4)
Blow	111 (18.3)	Deprived sex	90 (14.9)	Destroyed wife’s Belongings	92 (15.2)	He does not allow me to work	76 (12.5)
Arm twist	36 (5.9)	Forced sexual act	84 (13.9)	Threat to hurt	109 (18)	-	-
Grab	42 (6.9)	-	-	-	-	-	-
Kick	86(14.2)	-	-	-	-	-	-

**Table 4:**

Experience of physical violence by age, occupation and level of education of women and type of marriage involved in

Socio-demographic variables	Experience of physical violence			$\chi^2$	p-value and df
	Yes	No	Total		
Age (grouped) in years				5.82	p = 0.32 df = 5
19 – 25	8 (57.1)	6 (42.9)	14		
25 – 29	46(45.5)	55 (60.6)	101		
30 - 34	61 (39.4)	94 (51.4)	155		
35 - 39	69 (48.6)	73 (51.4)	142		
40 – 44	55 (45.1)	67 (54.9)	122		
45- 49	39 (54.2)	33 (45.8)	72		
Occupation				11.46	p = 0.02 df = 5
Trading/business	131 (42.4)	178 (57.6)	309		
Artisan	35 (55.6)	28 (44.4)	63		
Secretarial	29 (65.9)	15 (34.1)	44		
Professionals	70 (43.2)	92 (56.8)	162		
Full-House wives	13 (46.4)	15 (53.6)	28		
Level of Education				15.90	p = 0.00 df = 4
No formal education	40 (37.0)	68 (63)	108		
Primary education	65 (53.7)	56 (42.3)	121		
Secondary	95 (52.8)	85 (41.2)	180		
College of Education	59 (43.7)	76 (56.3)	135		
/School of Nursing/Poly	19 (30.6)	43 (69.4)	62		
University					
Type of Marriage				6.43	p = 0.01
Monogamy	141 (41.3)	200 (58.7)	341		
Polygamy	137 (51.7)	128 (48.3)	265		

**Table 5:**

Reported outcomes of physical violence (N=278)

Outcome	Number affected	%
Sprain/bruise/cut/aches	163	59.3
Injury or broken bones	88	32.0
Ear block	10	3.6
Threatened abortion	3	1.1
Bleeding from the nose	4	1.5
Nothing happened	7	2.5
Total	275	100

Three (3) respondents did not specify the outcome.

### The women's health seeking behaviour when last the victimization occurred

Out of the 278 respondents who reported physical violence experiences, about two third 166 (59.6%) did not seek help, 40.4% did. For sexual violence, one hundred and ninety five (61.9%) of the women sought no help after being victimized while 38.1% did. Out of 427 women who experienced psychological violence, 292 (68.4%) sought no help (Table 7).

### Experience of Sexual violence by age, level of education and occupation

The reported prevalence of sexual violence was compared with the respondents' age, occupation, level of education, and the number of wives involved in the

marriage. The prevalence is not significantly related to the respondents' age, occupation and level of education (Tables 8) that is, sexual violence was reported by women across all ages, occupation and educational levels.

### Reported Prevalence of Psychological Violence

Figure 3 shows that psychological violence is likely to be more among housewives and traders and least among professionals. In Fig 4, this form of violence is likely to be highest among women with no formal education (80.6%) and least among the University graduates (53.1%).

Economic violence is not significantly related to the age of the respondents (Table 8). Also, Figure 5 showed that economic violence is most likely to be experienced by full house wives (64.3%) than others. Women who had post-secondary school education(34.8%) and University (37.1%) are less likely than others to experience economic violence in Figure 6. Economic violence is most likely found in monogamous marriages (Table 9).

**Table 6:**

Perceived reasons for the different forms of violence

Perceived reasons for physical violence (N=278)	No (%)	Perceived reasons for sexual violence (N=315)	No (%)	Perceived reasons for psychological violence (N= 31)	No (%)	Perceived reasons for economic violence (N=313)	No (%)
Neglect of household duties	61(22.2)	Neglect of household duties	30(9.5)	Neglect of household duties	79(18.5)	Neglect of household duties	32(10.2)
Argument about money	104(37.8)	Argument about money	64(20.3)	Argument about money	142(33.3)	Argument about money	85(27.2)
Disobedience to spouse	36(13.1)	Disobedience to spouse	53(16.8)	Disobedience to spouse	65(15.2)	Disobedience to spouse	31(9.9)
Refusal to have sex	28(10.2)	Refusal to have sex	111(35.2)	Refusal to have sex	55(12.9)	Refusal of sex	18(5.8)
Suspicion of wife being unfaithful	32(11.6)	Suspicion of being unfaithful	44(14.0)	Suspicion of being unfaithful	89(20.8)	Suspicion of wife being unfaithful	66(21.1)
Husband's bad drinking habit	23(8.4)	Transferred aggression	33(10.5)	Children issues	23(5.4)	Husband has no job/lesser pay	75(24.0)
Argument during discussion	8(2.9)	Did not need more children	4(1.3)	Transferred aggression	13(3.0)	Husband is sick	1(0.3)
Husband's joblessness seen as laziness	9(3.3)	Drunkness	4(1.3)	Husband too lazy	5(1.2)	Husband is irresponsible	13(4.2)
Extra-marital relationship	8(2.9)	Womanizing	5(1.6)			So that the woman could take care of the home and be submissive	7(2.3)
Quarrel among wives which was violently settled by the husband	4(1.5)					Attention now on girlfriend	5(1.6)
Wife coming home late	4(1.5)						
Transferred aggression (husband came into the house with aggression)	5(1.8)						

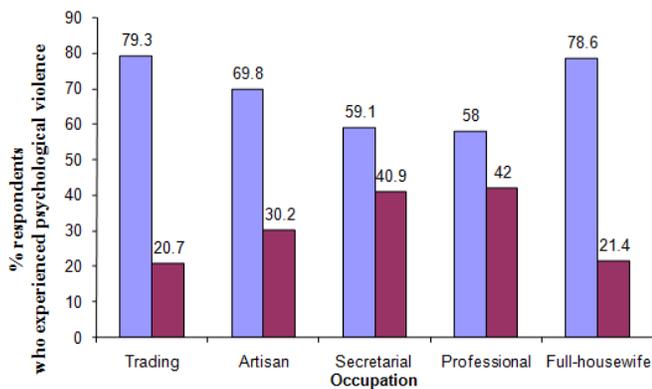
\* *There were multiple responses*

**Table 7:**  
Respondents' health seeking behaviour

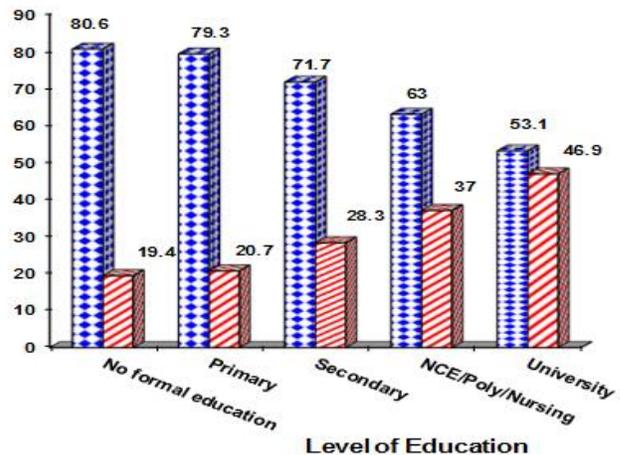
Health Seeking Behaviour	Physical violence	Sexual violence	Psychological	Economical
Steps taken	No (%)	No (%)	No (%)	No (%)
Nothing done	166(59.6)	195(61.9)	292(68.4)	231(73.8)
Reported to family/friends	51(18.3)	55(45.8)	45(10.5)	42(13.4)
Reported to pastor	16(5.8)	6(5)	16(3.7)	5(1.6)
Reported to the police	5(1.8)	3(2.5)	4(0.9)	2(0.6)
Fought back/destroyed his things	8(2.9)	7(5.8)	3(0.7)	2(0.6)
Apologized to the husband/settled amicably	28(10.2)	44(36.7)	55(12.9)	23(7.3)
Divorced/Packed out of the husband's house	2(0.7)	2(1.7)	10(2.3)	10(3.2)
Sought medical care	2(0.7)	3(2.5)	2(0.5)	0(0.0)

**Table 8:**  
Experience of Sexual violence by age, level of education and occupation

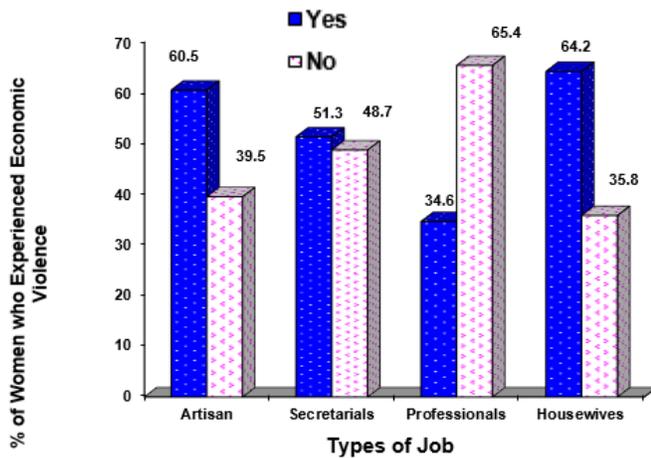
Socio-demographic variables	Experience of sexual violence			$\chi^2$	p-value and df
	Yes	No	Total		
Age (grouped in years)	8(57.1)	6(42.9)	14	$X^2 = 5.99$	p = 0.31 df = 5
19-24	61(60.4)	40(39.6)	101		
25-29	81(52.3)	74(47.7)	155		
30-34	86 (60.6)	56 (39.4)	142		
35-39	70 (57.4)	52 (42.6)	122		
40-44	33 (45.8)	39 (54.2)	72		
45-49					
Occupation	164	145	309	$X^2 = 4.69$	p = 0.32 df = 5
Trading/Business	(53.1)	(46.9)	63		
Artisans	42 (66.7)	21 (33.3)	44		
Secretarial	26 (59.1)	18 (40.9)	162		
Professionals	93 (57.4)	69 (42.6)	28		
Full housewives	14 (50.0)	14 (50.0)			
Level of Education	50	58	108	$X^2 = 8.81$	p = 0.066 df = 4
No formal education	(46.3)	(53.7)	121		
Primary education	74 (61.2)	47 (38.8)	180		
Secondary education	110 (61.1)	70 (38.9)	135		
College of education/poly /School of Nursing	75 (55.6)	60 (44.4)			
University	30(48.4)	32 (51.6)	62		



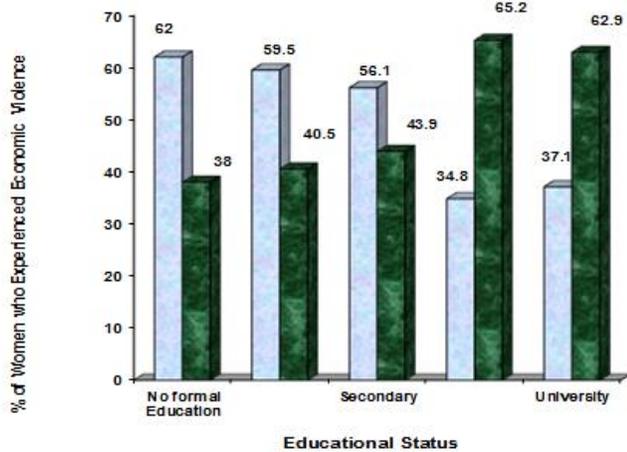
**Figure 3:**  
Experience of Psychological Violence by Occupation of Respondents



**Fig. 4:**  
Educational level of respondents by experience of psychological violence



**Figure 5:**  
Respondents' experience of violence by occupation



**Fig. 6:**  
Respondents' Experience of Economic Violence by educational status

**DISCUSSION**

About 40.0% of the women surveyed had either primary or no formal education signifying that with limited education, women may have absolute economic dependence on their husbands, a situation that increases their vulnerability to violence. It also makes it difficult for women to leave violent relationship (Population Reports, 1999). The Millenium Development Goal (MDGs) 2 and 3 aim at achieving universal primary education for all Nigerians with special interest to promote gender equality and empower women by 2015, this hopefully will indirectly reduce violence among the women.

About half (43.7%) of the respondents were in polygamous marriages. This compares with the work done in South Eastern Nigeria, which reported 40.0% of the surveyed women in polygamy (Ilika *et al.*, 2002). The potential problems with polygamy include unhealthy rivalry among co-wives and children. A large percentage of the husbands (63.0%) drank alcohol while about one third (31.4%) smoked cigarettes indicating that alcohol consumption is likely to be a risk factor for violence. This compare with the results of some researchers who found alcohol consumption to be a risk factor for violence, the violence act perpetrated by these men may be because alcohol consumption actually keeps men off their normal behaviour; (Koenigs *et al.*, 2003; Ilika *et al.*, 2002; Odujinrin *et al.*, 2002

Of the total sample of 606 women surveyed, 88.9% had experienced at least one of the forms of violence. This compares to the study in Zimbabwe, where only 11.0% reported no abuse of any form (Watts *et al.*, 1998). The result of this present study showed that virtually all the women surveyed are going through one victimization or another from their husbands. This indicates the level of suffering the women are going through, the effect of the Nigerian belief that women's autonomy should be undermined, the husband's right to chastise the wife and have control over her and the men's right to react violently and yet unchallenged.

In this study, overall, 45.9% of the women surveyed had suffered physical violence. A total of 43.0% of the Zimbabwean women surveyed by Watts *et al.*, (1988) reported having experienced physical violence from their partner. This high rate of prevalence in this study could be because of the cultural belief that men could correct or chastise their wives by beating, slapping, and hitting so that the women will learn to fear husbands and behave themselves (Ilika *et al.*, 2002).

Demographic variables such as women's age and occupation were not statistically and significantly related to violence. The implication of this result is that women of all ages and occupation are vulnerable to physical violence. This result is in line with Koenigs' who reported that women's age, pregnancy status, use of modern contraception, religion and occupation had all failed to attain statistical significance as predictors of physical violence (Koenig *et al.*, 2003) .

By contrast, women's educational level was found to be associated with physical violence. It was found in this study that women who have attained higher levels of education were less likely to experience partner violence. Similarly, women in polygamous marriages reported more episodes of physical violence than those in monogamous unions. This may be because in polygamous marriages, there may be unhealthy rivalries

among co-wives. Husbands of wives involved in quarrels have been known to use force to resolve these quarrels.

The commonest cited reason for physical violence by male partners was “argument over money”. Argument about money is likely to increase with increase in the level of education (Odujunrin et. al., 1993). The most prevalent outcome of physical violence was aches/pains/sprains (59.3%). Of these victims, less than a quarter (21.5%) sought medical care for injury. The major reason for this behaviour is the culture of silence concerning violence in marriage, also due to the fact that women perceive that they should endure such violence in order to remain in the home and take care of their children (Odujunrin, 1993). Women affected often fear that such actions may lead to punitive consequences, hence may suffer in silence.

More than half (56.0%) of the women had experienced one or more of the sexual acts explored in this study. In a Nigerian study of young female hawkers, a total of 36.3% of the hawkers had experience sexual harassment or rape (Fawole *et al.*, 2002, 2003). The study population was however different because the perpetrators and the definition of sexual violence differed. The reported prevalence of sexual violence in this study might be due to the fact that culturally, Nigerians believe that once a man is married, he should have unlimited sexual access to his wife irrespective of the woman’s feelings. Women are expected to lack sexual autonomy and be powerless to refuse unwanted sex. It is also believed that one of the major reasons for a union is to have sex upon request. In fact, it is generally believed that if a woman refused to have sex with her husband, she is indirectly encouraging him to have extramarital relationship. In this study, all the demographic variables, such as, women’s age, occupation and type of marriage failed to attain statistical significance as predictor of sexual violence. This agrees with the Ugandan study by Koenig et. al. (2003) in which women’s age, occupation and type of marriage involved in failed to attain statistical significance as predictor of sexual violence. The implication of the result of this study showed that women of all ages, occupation and marriage type are all vulnerable to sexual violence. The most commonly cited reason for sexual violence by their spouses was refusal to have sex (35.2%). This might have been so because Nigerian men might make their spouses pay for such refusals of sex by withdrawing financial support, transfer aggression on the children, or to worsen situations, he might start suspecting her to be getting sexual satisfaction from elsewhere. Only 0.7% of the women who reported prevalence of sexual violence

sought medical care. This might be due to the sensitivity associated with sexual intercourse, which is viewed as private, personal and sensitive.

A very high proportion (71.0%) of the women surveyed suffered psychological violence. In another study, 60.0% suffered minor psychological aggression while 36.0% severe psychological aggression (Gielen et. al., 2001). Psychological violence is the most common form of violence reported by the women in this study. This may be because of the common belief in Nigeria that says, “Words are more powerful than any cane”. Most men when hurt might prefer to correct their wives by insulting, yelling, humiliating or threatening them since they may feel it is embarrassing to start battering their wives (most especially, the well educated ones). Furthermore, some Nigerians believe that a woman will change her behaviour if she is subjected to psychological violence. Psychological violence unlike sexual and physical violence was associated with many of the demographic variables such as women’s occupation, educational level and type of wedding. There is a strong association between women’s occupation and psychological violence, likewise the level of education. Only a fraction of women who had experienced violence sought medical care while majority, the majority suffered in silence. It could be quite dangerous for women to keep this kind of abuse on mind. A shared burden is a lighter burden. Silence might be detrimental to the women’s health and cause diseases such as hypertension, depression, anxiety and some other habits such as overeating, smoking of alcohol, cigarette smoking, nagging and aggression. Slightly above half (51.2%) of the study population reported having suffered economic violence. The root of the problem lies in the fact that economic crisis is being experienced in Nigeria in the last one decade (Fawole *et al.*, 2002). The Nigeria GDP per capital as at 2014 is USD 1097.97; when adjusted by the purchasing power of parity is equivalent to 32% of the world’s average ([www.tradingeconomics.com](http://www.tradingeconomics.com)) (2015). Consequently, 35.0% of Nigerians are currently classified as living in absolute poverty (Fawole *et al.*, 2002, National Planning Commission of United Nations Children’s Fund/UNICEF, 1998). Economic violence was found to be more prevalent among the unemployed/full housewives (64.0%) and least among professionals (34.6%). This is expected as unemployment is a major challenge in Nigeria, presently, the unemployment rate in Nigeria is 23.9 % (Bureau of Statistics, 2011)

The results of this study have potential implications for health education intervention. The outcomes of this study shows that interventions aimed at reducing alcohol

consumption are likely to have important corollary benefit in terms of reducing levels of IPV. The most consistent of the demographic variables that placed women at risk of violence is the educational level. Improve focus of parents on training a girl child makes her a self-reliable woman, gives her the opportunity to have better job offers, makes her economically independent and in turn less susceptible to IPV. This result also suggests that little could be achieved in reducing IPV without significant changes in the Nigerian culture and beliefs. Beliefs such as the claim that men have control over their wives behaviours, women not having rights to challenge their husbands' actions, using violence to control an 'erring' wife and undermining women's autonomy should be changed. One of the ways to achieve this may be to have linkages between the health educators/health workers and the mass media where programmes on the unacceptability of IPV are being aired. Social attitudes and beliefs, which posit the basic superiority of men, granting them the right to control female behaviour, will be challenged. Coordinated community networks among health system, legal system, Churches, Mosques, Police, NGOs and community-based groups should be created. These should meet regularly to design and carry out a coordinated response to IPV. The health workers should be trained and thus strengthened to identify and respond to the victims of violence. These should be able to pilot models of interventions and prevention of IPV. The legislative arm should create laws to protect women from violence while increasing penalties for offenders. The abusers should be removed from home temporarily for counselling, pay for the treatment of the abused woman, pay for maintenance and child support or combination of these. At the Federal level, adoption of laws and policies designed to strengthen institutional capacity to respond effectively to IPV should be promoted.

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