

ORIGINAL RESEARCH ARTICLE

Prevalence and Factors Associated with Intimate Partner Violence among Married Women in an Urban Community in Lagos State, Nigeria.

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Abstract

Violence against women is a major public health problem globally. A cross-sectional descriptive study was conducted in Ikosi Isheri LCDA of Lagos State among 400 married women. A multistage sampling method was used to select the respondents. The lifetime prevalence for physical violence, sexual violence and psychological violence were 50.5%, 33.8% and 85.0% respectively. Predictive factors for physical IPV include lower educational status of the women (AOR 3.22 95%CI: 1.54-6.77) and partner's daily alcohol intake (AOR: 1.84 95%CI: 1.05-3.23). The predictors of sexual violence include unemployment status of the partners (OR 5.89:1.39-24.84) and daily/weekly alcohol use (AOR 1.87 95%CI: 1.05-3.33). Predictors of psychological violence include respondents witness of parental violence (AOR 2.80 95%CI: 1.04-7.5) and daily alcohol use by partners (AOR 2.71 95%CI: 1.19-6.18). Preventive interventions such as increasing the educational status of women and reducing the intake of alcohol by men may help break the cycle of abuse. (*Afr J Reprod Health 2013 (Special Edition); 19[1]: 91-100*).

Keywords: Intimate partner violence, women, prevalence, risk factors

Résumé

La violence contre les femmes est un problème de santé publique majeur partout dans le monde. Une étude descriptive transversale a été menée à Ikosi Isheri LCDA l'Etat de Lagos auprès des 400 femmes mariées. Une méthode d'échantillonnage à plusieurs degrés a été utilisée pour sélectionner les interviewées. La prévalence à vie pour la violence physique, la violence sexuelle et la violence psychologique étaient 50,5%, 33,8% et 85,0% respectivement. Les facteurs prédictifs pour VPI physique comprennent le niveau bas de la scolarisation des femmes (AOR 3,22 IC à 95%: 1,54 à 6,77) et la consommation quotidienne d'alcool du partenaire (AOR: 1,84 IC à 95%: 01.05 à 03.23). Les indices de la violence sexuelle comprennent la situation de chômage des partenaires (OR 5,89: 1,39 à 24,84) et la consommation d'alcool par jour / semaine (AOR 1,87 IC à 95%: 1,05 à 3,33). Les indices de violence psychologique comprennent le témoignage des interviewées d'avoir vu la violence parentale (AOR 2,80 IC à 95%: 1.4 à 7.5) et l'utilisation quotidienne d'alcool par les partenaires (AOR 2,71 IC à 95%: 01.19 à 06.18). Les interventions préventives comme l'augmentation du niveau d'instruction des femmes et la réduction de la consommation d'alcool par les hommes peuvent aider à briser le cycle de la violence. (*Afr J Reprod Health 2013 (Special Edition); 19[1]: 91-100*).

Mots-clés: violence du partenaire intime, les femmes, la prévalence, les facteurs de risque

Introduction

Globally, Intimate Partner Violence (IPV) is recognized as a major public health problem that violates the fundamental human rights of women^{1,2}. The World Health Organization defines IPV as 'behaviour within an intimate relationship that causes physical, sexual or psychological harm including acts of physical aggression, sexual coercion, psychological abuse and controlling

behaviours². IPV can take several forms including physical violence such as pushing, shoving, slapping, punching, burning, use of a weapon, sexual including coercion and psychological violence leading to acts of humiliation, intimidation, and other controlling behaviours².

IPV occurs in both low and high income countries and about one in three women worldwide are reported to experience IPV at some point in her life³. The WHO multi-country study

found that the reported life time prevalence of IPV varied from 15% to 71% with the highest prevalence found in rural Ethiopia³.

There are several theories about the causes and consequences of IPV against women. The Socio-ecological model describes the risk factors that influence the occurrence of IPV which are classified as individual, relationship, community and societal level factors. These factors include young age, lower educational status, unemployment, harmful use of alcohol and witnessing of parental violence, relationship quality and having multiple partners, poverty, and discriminatory societal gender norms².

Nigeria currently has one of the highest populations on the Africa continent⁴. The country is heterogeneous in composition, with wide geographical, cultural and ethnic diversity⁴. The failure to domesticate the United Nations report on the Convention of Elimination of all forms of Discrimination Against Women (CEDAW) in spite of Nigeria being a signatory has been a lingering problem⁵. Nigeria is a male dominated society where men are assigned more economic and political power and women are more dependent and this situation increases the risk of IPV⁵. Despite the fact that women constitute half of the population, political appointments for women still fall short of the recommended 35% by the Beijing declaration⁵. The early socialization process is also responsible for the entrenchment of certain norms and discriminatory gender specific codes of behaviour that have made women inferior than men^{6,7}. The national literacy rate for females is only 56%, compared to 72% for males and in certain states especially the northern states, the female literacy, enrolment and achievement rates are much lower⁸.

In studies conducted on IPV in Nigeria, a prevalence of 28.2% to 47.3% for physical violence and 12.5% to 21.5% for lifetime prevalence of sexual violence have been reported^{9,10,11}. In urban Pakistan, a lifetime prevalence of 57.6%, 54.5% and 83.6% was obtained for physical, sexual and psychological violence respectively¹².

IPV has major effects on the physical, reproductive and emotional health of women, and constitutes an important cause of morbidity and

mortality at community level can have far reaching adverse health outcomes¹³. Studies have documented associations of IPV with injuries, reproductive tract infections, unwanted pregnancy, vaginal bleeding, Human Immunodeficiency Virus, mental health problems such as depression and sleep disturbances^{13,14}. IPV also has adverse health effects on children who witness parental violence¹⁵.

Although violence against women remains a major social problem in Nigeria, there is a dearth of research on the determinants, prevention, and solution in the Nigerian environment. The inability or unwillingness of responsible institutions and the victims themselves to document and report cases of IPV continues due to societal tolerance of the act and the tendency to blame victims². Furthermore, many of the factors that have been found to influence intimate partner violence such as cultural, economic, legal, and political factors that perpetuate intimate partner violence are a part of everyday life in urban settings^{2,3}.

This study therefore sought to determine the prevalence of and factors predisposing married women in an urban community in Lagos State, Nigeria to IPV.

Methods

Setting

Ikosi-Isheri Local Council Development Area (LCDA) was created from Kosofe Local Government Area of Lagos State in 2003 by the Lagos State Government. It is located in the Northern part of Lagos State. The LCDA consists of seven political wards and has a total population of 363,000 with 117,340 women.

Study Design and Sampling Techniques

This was a descriptive cross-sectional study. A multi-stage sampling technique was employed in the selection of respondents. Four out of seven wards were selected by simple random sampling (balloting). The wards selected were Isheri-Olowora (Ward A), Ikosi Oke (Ward C), Orile Ikosi (Ward D) and Agiliti/Maidan (Ward F). The

sample size was calculated using a prevalence of 59.5% for intimate partner violence which was obtained from a previous study using the formula $n = z^2 pq/d^2$ giving a minimum sample size of 370⁹. The sample size was increased to 400 using an attrition rate of 8% to make provision for incompletely filled questionnaires. A simple random sampling technique was used to select 10 streets in each ward from a list of streets obtained from the LCDA. Systematic sampling method was used to select 10 houses in each street. In each house, a household was selected by simple random sampling (balloting) where more than one household met the criteria. If a selected household had no eligible respondent, another household was selected within the same house by simple random sampling (balloting). Where no household met the criteria in a house, the next house was used. This was done until 10 households were selected per street. In any household where more than one respondent was eligible to participate, a respondent was selected by simple random sampling (balloting). This was done until the required 400 respondents were recruited into the study.

An interviewer administered questionnaire adapted from the WHO multi-country study questionnaire on women's health and life experiences was administered to the respondents¹⁶. It had open and close ended questions. The questionnaire consisted of six sections. The first and second sections consisted of the Socio-demographic data of the respondents and their husbands respectively. The third section was on factors influencing IPV, the fourth section was on attitude towards IPV. The fifth section was on prevalence of the various types of IPV while the sixth section was on causes of IPV. The research assistants were trained using the protocol of the WHO for conducting an IPV study. The research assistants were married women who were university graduates and they had an understanding of the main local language Yoruba and Pidgin English. The study took place in household settings and privacy was ensured throughout the interviews. The research assistants were adequately supervised and each questionnaire was independently reviewed every day.

Ethical approval to conduct the study was obtained from the Research and Ethics Committee of Lagos University Teaching Hospital and permission was also obtained from the authorities of Ikosi Isheri Local Council Development Area. The study was carried out in June and July 2012.

Data Analysis

Data was analyzed using SPSS version 15. Frequency tables were generated and univariate analysis was carried out to generate unadjusted odds ratio for each type of IPV. The factors found to be significant were entered into the binary logistic regression model to generate adjusted odds ratios at 95% confidence intervals.

In assessing the experiences of different types of IPV, any positive response to any of the questions in the different groups were considered to have experienced that form of IPV. For controlling behaviour, any positive response by the respondents to any of the 6 items under this section, they were considered to have experienced controlling behaviour. A respondent was considered to have experienced psychological violence if she said 'yes' when asked if she had ever been insulted, belittled, scared or hurt by her current husband. A respondent was considered to have experienced physical violence if she said 'yes' when asked if her husband had ever slapped, pushed, punched, kicked, choked or threatened her with a weapon. Sexual violence considered to have occurred if the respondent reported that she had been physically forced to have sexual intercourse when she did not want to or had sexual intercourse when she did not want to because she was afraid of what her husband might do. Experience of IPV was also assessed in 12 months preceding the study.

Results

A total of 400 currently married women aged 18-65yrs consented to participate in the study. The mean age of the respondents was 34.69 years (SD=7.2) with most of the women (171, 42.8%) being educated up to the tertiary level. Majority of the women were skilled workers (151, 37.8%)

while 33.5% were professionals. The unemployed women included those who were housewives, students and retired. A higher proportion of the respondents (292, 73%) were Christians while (248, 62%) were of the Yoruba tribe and majority of the women (328, 82.0%) were in monogamous marriages. The husbands of the women were aged between 25 and 70 years with a mean age of 41.0 years (SD=8.0) with more than half (211, 52.8%) being professionals while (14, 4.5%) were unemployed. A little over quarter, (28%) of the families had 2 children while 9% had more than 4 children. This is shown in **Table 1**.

Table 1: Socio-demographic Characteristics of Respondents and Partners

Variable	Frequency (%) n=400
Respondents	
Age group(years)	
15-24	19 (4.8)
25-34	184(46.0)
35-44	165(41.3)
45-54	25(6.3)
>54	7(1.8)
Educational status	
No formal education	31(7.8)
Primary	47(11.8)
Secondary	151(37.8)
Tertiary	171(42.8)
Occupation	
Professional	134(33.5)
Skilled	151(37.8)
Unskilled	33(8.3)
Unemployed	82 (20.3)
Religion	
Christianity	292(73.0)
Islam	101(25.3)
Others	7(1.8)
Type of marriage	
Monogamous	328(82.0)
Polygamous	72(18.0)
Ethnic group	
Yoruba	248(62.0)
Igbo	108(27.0)
Hausa	17(4.3)
Others	27(6.8)
Husband/Partner	
Age group(years)	
25-34	70 (17.5)
35-44	200 (50.0)
45-54	111 (27.8)
55-75	19 (4.8)
Educational status	

No formal education	9 (2.3)
Primary	32 (8.0)
Secondary	135(33.8)
Tertiary	224 (56.0)
Occupation	
Professional	211(52.8)
Skilled	48 (12.0)
Semi skilled	110(27.5)
Unskilled	17(4.3)
Unemployed	14(4.5)
No of children	
None	44(11.0)
1	68(17.0)
2	112(28.0)
3	88(22.0)
4	52(13.0)
>4	36(9.0)

Table 2: Prevalence of Intimate Partner Violence

Forms of violence	Prevalence
Physical violence	
Slapped	182(45.5)
Pushed or shoved	96(24.0)
Hit with fist(punches)	123(30.8)
Kicks	107(26.8)
Chokes	34(8.5)
Threatened with a weapon	36(9.0)
Summary measure of physical violence	202(50.5)
Sexual violence	
Physically forced to have sex	103(25.8)
Had sex because she was afraid	110(27.5)
Summary measure of sexual violence	135(33.8)
Psychological violence	
Ever insulted you or made you feel bad about yourself	327(81.8)
Ever belittled you in front of other people	182(45.5)
Ever done anything to scare you	161(40.3)
Ever done anything to hurt you	110(27.5)
Summary measure of psychological violence	340(85.0)
Controlling behavior	
Keeps you from seeing your friends	92(23.0)
Restricts contact with family members	50 (12.5)
Insists on knowing where you are at all times	166(41.5)
Ignores you or treats you indifferently	51 (12.8)
Often suspects you are unfaithful	89 (22.3)
Expects to ask for permission to seek health care	140(35.0)
Summary measure for controlling behavior	260(65.0)

Table 2 here highlights the lifetime prevalence of physical violence was 50.5% and it was found that 45.5% of the women had ever been slapped by their husbands, 24.0% had been pushed or shoved,

30.8% had been punched, 26.8% had been kicked, 8.5% had been choked and 9% had been threatened with a weapon. Also, the lifetime prevalence of 85.0% and 33.8% was obtained for psychological and sexual violence respectively. A prevalence of 55.0%, 28.3%, and 23.8% respectively was obtained for psychological, physical and sexual violence in 12 months preceding the study.

Univariate analysis and results of multivariate analysis showing the factors associated with the experience of lifetime physical violence are presented in Table 3. The odd of women experiencing physical intimate partner violence was 3 times higher among those with no formal education or primary education than among those

with secondary or tertiary education. Also the odd of physical violence was almost 2 times higher among those whose partners took alcohol daily compared to those whose partners never took alcohol. Likewise the odd was 2 times higher among those respondents who reported that their partners had witnessed parental violence when growing up compared those who did not report such. The odd of physical violence was 2 times higher among women who reported their partners had been involved in physical fights previously compared to those who did not report such while those whose partners had abused psychoactive substance previously were 12 times more likely to have experienced physical violence than those who had never used psychoactive substances.

Table 3: Factors associated with physical intimate partner violence

Variable	Physical violence		Unadjusted odds ratio (95% CI)	Adjusted Odds ratio (95% CI)
	Yes n(%)	No n(%)		
	202(50.5)	198(49.5)		
Age of respondents				
25-34	102(50.2)	101(49.8)	0.98(0.66-1.45)	-
35-65	100(50.8)	97(49.2)	1	
Age at marriage				
10-19	18(62.1)	11(37.9)	1.66(0.76-3.62)	-
20-39	184(49.6)	187(50.4)	1	
Educational status of respondents				
None/Primary	62(79.5)	16(20.5)	5.04(2.79-9.11)	3.22(1.54-6.77)
Secondary/Tertiary	140(43.5)	182(56.5)	1	1
Level of education of husbands				
None/Primary	33(80.5)	8(19.5)	4.64(2.08-10.32)	2.31(0.86-6.25))
Secondary/Tertiary	169(47.1)	190(52.9)	1	1
Occupation of respondents				
Unemployed/housewives	51(63.0)	30(37.0)	2.23(1.30-3.84)	1.24(0.62-2.50)
Unskilled/semiskilled	75(52.4)	68(47.6)	1.45(0.93-2.26)	1.20(0.69-2.08)
Professionals/skilled	76(43.2)	100(56.8)	1	1
Occupation of husbands				
Unemployed	12(85.7)	2(14.3)	6.95(1.53-31.67)	2.37(0.42-13.3)
Semi/unskilled	70(55.1)	57(44.9)	1.42(0.92-2.18)	0.54(0.30-0.98)
Professional/skilled	120(46.3)	139(53.7)	1	1
No of children				
>4	30(78.9)	8(21.1)	4.14(1.84-9.28)	2.51(0.99-6.33)
0-4	172(47.5)	190(52.5)	1	1
Type of marriage				
Polygamous	48(66.7)	24(33.3)	2.26(1.32-3.86)	1.13(0.58-2.22)
Monogamous	154(47.0)	174(53.0)	1	1
Respondent's witness of violence				
Yes	79(68.1)	37(31.9)	2.79(1.77-4.41)	1.51(0.86-2.65)
No	123(43.3)	161(56.7)	1	1
Husband's witness of violence				
Yes	88(74.6)	30(25.4)	4.32(2.68-6.97)	2.41(1.35-4.28)
No	114(40.4)	168(59.6)	1	1
Alcohol use by husbands				

Daily/weekly	96(70.1)	41(29.9)	3.65(2.26-5.89)	1.84(1.05-3.23)
Monthly	40(42.6)	54(57.4)	1.16(0.69-1.93)	0.92(0.52-1.64)
Never	66(39.1)	103(60.9)	1	1
Husbands' involvement in fights				
Yes	79(74.5)	27(25.5)	4.07(2.48-6.67)	1.89(1.04-3.44)
No	123(48.1)	171(58.2)	1	1
Abuse of psychoactive substance by husbands				
Yes	25(96.2)	1(3.8)	27.83(3.73-207.471)	12.41(1.51-101.76)
No	177(47.3)	197(52.7)	1	1

Table 4: Factors associated with sexual violence

Variable	Sexual violence		Unadjusted odds ratio (95% CI)	Adjusted Odds ratio (95% CI)
	Yes n(%)	No n(%)		
	135(33.8)	265(66.2)		
Age of respondents				
25-34	73(36.0)	130(64.0)	1.22(0.81-1.85)	
35-65	62(31.5)	135(68.5)	1	
Age at marriage				
10-19	11(37.9)	18(62.1)	1.22(0.56-2.66)	
20-39	124(33.4)	247(66.6)	1	
Educational status of respondents				
None/Primary	41(52.6)	37(47.4)	2.69(1.62-4.45)	1.19(0.61-2.37)
Secondary/Tertiary	94(29.2)	228(70.8)	1	1
Level of education of husbands				
None/Primary	22(53.7)	19(46.3)	2.52(1.31-4.84)	0.83(0.35-2.00)
Secondary/Tertiary	113(31.5)	246(68.5)	1	1
Occupation of respondents				
Unemployed	39(48.1)	42(51.9)	2.70(1.56-4.69)	1.57(0.77-3.20)
Semi/unskilled	51(35.7)	92(64.3)	1.61(0.99-2.61)	1.24(0.69-2.19)
Professional/skilled	45(25.6)	131(74.4)	1	1
Occupation of husband				
Unemployed	11(78.6)	3(21.4)	10.51(2.85-38.81)	5.89(1.39-24.84)
Semi/unskilled	57(44.9)	70(55.1)	2.33(1.49-3.65)	1.59(0.90-2.80)
Professional/skilled	67(25.9)	192(74.1)	1	1
No of children				
>4	21(55.3)	17(44.7)	2.69(1.37-5.29)	1.25(0.56-2.81)
0-4	114(31.5)	248(68.5)	1	1
Type of marriage				
Polygamous	40(55.6)	32(44.4)	3.07(1.82-5.17)	1.97(1.07-3.63)
Monogamous	95(29.0)	233(71.0)	1	1
Respondents' witness of violence				
Yes	79(27.8)	205(72.2)	2.42(1.55-3.79)	1.49(0.86-2.59)
No	56(48.3)	60(51.7)	1	1
Husbands' witness of violence				
Yes	59(50.0)	59(50.0)	2.71(1.73-4.23)	1.48(0.84-2.59)
No	76(27.0)	206(73.0)	1	1
Alcohol use by husbands				
Daily/weekly	70(51.1)	67(48.9)	3.86(2.35-6.35)	1.87(1.05-3.33)
Monthly	29(30.9)	65(69.1)	1.65(0.93-2.92)	1.47(0.79-2.73)
Never	36(21.3)	133(78.7)	1	1
Husbands' involvement in fights				
Yes	59(55.7)	47(44.3)	3.60(2.27-5.73)	1.55(0.88-2.73)
No	76(25.9)	218(74.1)	1	1
Abuse of psychoactive substance by husbands				
Yes	21(80.8)	5(19.2)	9.58(3.52-26.03)	4.14(1.35-12.64)
No	114(30.5)	260(69.5)	1	1

The factors associated with sexual violence are presented in Table 4. The odds of experiencing sexual violence was 6 times higher among women whose partners were unemployed compared to those whose partners were employed as professionals or skilled workers while the odds was 2 times higher among respondents in polygamous marriages compared to those in monogamous marriages. Likewise, the odds of sexual violence was 2 times higher among respondents whose partners took alcohol daily compared to those who never took alcohol while the odds was 4 times higher among those who reported their partners had previously abused psychoactive substance compared to those who never reported such.

Univariate analysis and results of multivariate analysis using binary logistic regression showing the factors associated with the experience of lifetime psychological violence are presented in table 5. The odd of experiencing psychological violence was 3 times higher among women who had witnessed parental violence compared to those who did not witness such while growing up. Also the odd of psychological violence was 6 times higher among those respondents who reported their partners had witnessed parental violence compared to those who did not report such. The odds of experiencing psychological violence was also 3 times higher among those respondents who reported that their partners took alcohol daily or weekly compared to those respondents whose partners never took alcohol.

Table 5: Factors associated with psychological violence

Variable	Psychological violence		Crude odds ratio (95% CI)	Adjusted Odds ratio(95% CI)
	Yes n (%)	No n (%)		
	340(85.0)	60(15.0)		
Age of respondents				
25-34	168(82.8)	35(17.2)	0.69(0.40-1.21)	-
35-65	172(87.3)	25(12.7)	1	-
Age at marriage				
10-19	23(79.3)	6(20.7)	0.65(0.25-1.68)	-
20-39	317(85.4)	54(14.6)	1	
Educational status of respondents				
None/Primary	69(88.5)	9(11.5)	1.44(0.67-3.07)	-
Secondary/Tertiary	271(84.2)	51(15.8)	1	
Educational status of husbands				
None/Primary	38(92.5)	3(7.3)	2.39(0.71-8.01)	-
Secondary/Tertiary	302(84.1)	57(15.9)	1	
No of children				
>4	36(94.7)	2(5.3)	3.43(0.81-14.66)	-
0-4	304(84.0)	58(16.0)	1	
Type of marriage				
Polygamous	68(94.4)	4(5.6)	3.50(1.23-9.98)	2.46(0.83-7.33)
Monogamous	272(82.9)	56(17.1)	1	1
Respondents' witness of violence				
Yes	111(95.7)	5(4.3)	5.33(2.08-13.69)	2.80(1.04-7.54)
No	229(80.6)	55(19.4)	1	1
Husbands' witness of violence				
Yes	115(97.5)	3(2.5)	9.71(2.98-31.68)	5.18(1.50-17.92)
No	225(79.8)	57(20.2)	1	1
Alcohol use by husbands				
Daily/weekly	128(93.4)	9(6.6)	4.27(1.98-9.17)	2.71(1.18-6.17)
Monthly	82(87.2)	12(12.8)	2.05(1.01-4.14)	1.83(0.88-3.81)
Never	130(76.9)	39(23.1)	1	
Husbands' involvement in fights				
Yes	100(94.3)	6(5.7)	3.75(1.56-8.99)	1.43(0.54-3.77)
No	240(81.6)	54(18.4)	1	1

The health effects of IPV were sought and most of the respondents (35.8%) said they had experienced some form of psychological problem as a consequence of the IPV while 18.5% had experienced injuries.

Discussion

The results of our study revealed a high prevalence of IPV with psychological violence contributing the majority. The lifetime prevalence of IPV in this study was 87% with 30.3% experiencing the three forms of IPV. This figure was higher than the prevalence of IPV in a previous study conducted in Ile-Ife (77.3%)¹⁷. The differences may be due to the fact that the location of our study was a more urbanized community with a lot of psychosocial stressors.

Our prevalence of 50.5% for physical violence is within the reported global range of 15% to 71%³. It was higher than the reported prevalence of physical violence in studies conducted in Eastern Uganda (37%) and South Africa (25%)^{18,19}. The differences observed may be due to differences in the definition of IPV by investigators as well as respondents. Also, the prevalence was higher than the finding of another study conducted in Ibadan but lower than that reported in Pakistan and Bangladesh which was 57.6% and 71% respectively^{9,12,20}. In our study, we observed that women with primary education or less education faced an elevated risk of physical violence. This finding is consistent with literature^{19,21,22,23}. Women with more education and hence more employment options may be less likely to be abused because they are perceived as more valuable by their husbands and may also have more power to leave abusive relationships. The history of having witnessed parental violence while growing up by partners of respondents also increased the risk of physical violence among the respondents. Studies previously conducted in Nigeria, South Africa and other countries found similar associations^{9,24,25}. Such exposure to violence during childhood may increase the likelihood of violence acceptance either as a victim or perpetrator in future partnerships because this may be viewed as normal occurrence by the child^{9,24}. Respondents who have seen the

aggressive behaviour of their husbands by witnessing their participation in physical fights with other people were also more likely to have experienced physical violence. This corroborates the reports of other researchers who have shown that men who used violence to resolve conflicts in other settings are more likely to perpetrate IPV when compared with men who did not resort to violence^{9,24}.

A lifetime prevalence of 33.8% was reported for sexual violence which is lower than that reported in Pakistan of 54.5% and higher than that reported in Ife and Ibadan of 19.9% and 13.6% respectively^{9,12,17}. It was observed that respondents whose partners were unemployed were more likely to experience sexual violence. Similar findings were obtained in other studies^{21,25}. The explanation for this could be the fact that men without economic power may be unable to fulfil their roles as breadwinners and may therefore resort to violence, sexual activity and alcohol consumption as a way of demonstrating their masculinity. The type of union being polygamous also increased the risk of sexual violence. This is similar to findings of a study done in Eastern Uganda¹⁸. Jealousy may thrive in polygamous relationships and this may lead to sexual violence. Previous use of psychoactive substances, in our study was found to elevate the risk associated with both physical and sexual violence. Illicit drug use is commonly cited as a risk factor for physical and sexual violence^{9,26}. This may be because intoxication facilitates violence which may be mediated through the pharmacologic effects of drugs on cognitive function.

Although psychological violence accounted for the major type of IPV (85%) in our study, it was not frequently measured by previous studies in other parts of Africa. This prevalence is slightly higher than the prevalence of 82.6% reported in Iran and 83.6% reported in Pakistan^{2,27}. The women married to men who had witnessed parental violence while growing up faced an increased risk of psychological violence while daily or weekly intake of alcohol by partners of the respondents increased the risk of experiencing all the three forms of IPV. Other studies corroborate this result^{24,28,29}. Excessive drinking may create an atmosphere of tension and also affects cognitive

and physical function leading to a reduction in self control and leaving individuals less capable of negotiating a non violent resolution to conflicts within relationships³⁰.

In our study, as many as 65% of the respondents claimed that they experienced controlling behaviours from their partners. This is similar to the proportion reported in the NDHS of 2008 where 63% of the women claimed that they had experienced the controlling behaviour of their husbands³¹. This finding reiterates the fact that the respondents lived in a patriarchal society where men dominate their spouses.

Although the Lagos state government enacted a law in May 2007 to provide protection against victims of domestic violence³², there is a dire need to address the high burden of IPV by developing community based interventions to address the risk factors found to influence the occurrence of IPV in this study such as improving the educational status of women, reducing the frequency of alcohol consumption and the availability of alcohol and minimizing exposure of children to IPV in order to break the cycle of abuse. Enlightenment campaigns should be embarked upon by the Government and Non Governmental Organizations to raise awareness about the IPV and also develop supportive structures for victims.

Limitations

The study was cross-sectional in design and so temporal relationship between the factors and IPV cannot be established. Also the results cannot be generalized to a rural population.

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Contribution of Authors

Dr. Modupe Onigbogi conceived the study as well as collected and analyzed the data and also contributed to writing the manuscript. Dr. Kofoworola Odeyemi supervised the project and helped with the design of the study as well as contributed to writing the manuscript. Dr. Olanrewaju Onigbogi contributed to writing the

manuscript. All the authors approved the manuscript.

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