PREVALENCE OF INTIMATE PARTNER VIOLENCE (IPV) AMONG MALE STUDENTS OF SELECTED TERTIARY INSTITUTION IN IBADAN OYO STATE, SOUTH-WEST NIGERIA.

BY

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DEDICATION

This study is dedicated to God, my parent Elder & Mrs. Alice Adeleke, my siblings Dayo, Funmi, Tolu, my fiancée Titi and my friends who have supported me in one way or the other.

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ABSTRACT

Background: One of the major achievements of the 20th century was the development of a rich body of international law affirming the equal rights of all human beings. The need to control and the desire for power can lead to violent or abusive relationships between intimate partners. Intimate partner violence (IPV) is a serious and preventable, public health problem, which is underestimated across geographical bound in the world.

Objectives: This study was designed to determine the prevalence and factors associated with intimate partner violence among male students in selected tertiary institution in Ibadan Oyo State, South-west Nigeria.

Methodology: A cross sectional survey, was done in tertiary institution in Ibadan. Multistage sampling technique was used. At stage one, faculties were randomly selected, stage two the departments was selected by systematic random sampling and stage three proportionate number of student was selected by simple random sampling which were 600 individual. A 68 item self-administered structured questionnaire was used. Descriptive statistics (%; X^2) and logistic regression was done at $p<0.05$ using SPSS.

Result: Most respondents (67.2%) were aged between age 20years and 29years. Almost all the respondents (83.3%) were single and 51% were undergraduate. More than two-third of respondents (78%) were Christian. Prevalence of IPV was 86%, with physical violence being the most common 62.2%, sexual violence was 58.3% while psychological violence was 53.9%. Predictors of psychological violence were Alcoliol intake with regular user fifteen times more likely to experience violence compared to non-users, occasional users are two times more likely to experience non-users (Regular alcohol users- OR: 15.38; 95% C.I: 3.60-65.67); (Occasional alcohol user- OR: 1.76; 95% C.I: 1.25-2.48). While smoker were seven times more likely to experience violence compared to non-smokers (O.R: 6.74; 95% C.I: 1.43-31.83). For physical violence, the predictor were low educational attainment (OND- OR: 3.86; 95% C.I: 1.39-10.72; HND- OR: 2.21; 95% C.I: 1.13-4.32) and alcohol intake (Regular user- OR: 11.85; 95% C.I: 2.78-50.59; Occasional user- OR: 2.34; 95% C.I: 1.62-3.37). For sexual violence, the

predictors low educational level (OND- OR: 3.02; 95% C.I: 1.85-4.85) and alcohol intake (Regular user-OR: 3.71 95% C.I: 1.47-9.32; Occasional user- OR: 2.09; 95% C.I: 1.47-2.98). Majority of men did not seek help (82.5%), while 4% were hospitalized, 5% reported developing health problems, 4.5% refused seeking medical attention. 6% reported to have suicidal thought, 4.7% uses medication to cope with victimization while 5% uses alcohol/illicit drugs to forget the act.

Conclusion: The burden of intimate partner violence (IPV) was high in men in the institution. Intimate partner violence was underreported due to societal stigmatization and fear of reprisal attack. There is the need for interventions to stop violence among men in tertiary institution and to encourage victims to seek professional support services (guidance and counselling unit).

Keywords: Intimate partner violence (IPV), tertiary institutions, violence against men.

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TABLE OF CONTENTS

Title page	i
Certification	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Table of Contents	vii
List of Tables	x
List of Figures	xi
Appendices	xii
Abbreviations	xiii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background	1
1.2 Problem statement	3
1.3 Justification	4
1.4 Research questions	6
1.5 Objectives	6
1.5.1 General objective	6
1.5.2 Specific objectives	6
CHAPTER TWO	7
LITERATURE REVIEW	7
2.1 Historical background	7
2.2 Trends and prevalence of intimate partner violence	9
2.3 Health consequences of intimate partner violence	20
2.4 Physical health consequences of intimate partner violence	20
2.5 Psychological health consequences of intimate partner violence	21
2.6 Sources of care and support for intimate partner violence victims	21
CHAPTER THREE	23
METHODOLOGY	23
3.1 Study area	23

3.2 Study setting 25
3.2.1 University of Ibadan 25
3.2.2 The polytechnic, Ibadan 26
3.3 Study population 26
3.4 Study design 27
3.5 Sample size 27
3.6 Sampling method 27
3.6.1 Inclusion criteria 28
3.6.2 Exclusion criteria 28
3.7 Pretesting and reliability of data collection instrument 28
3.8 Data collection method 29
3.9 Data management and analysis 30
3.9.1 Data management 30
3.9.2 Study variables 30
3.9.3 Statistical Analysis 31
3.10 Ethical consideration 31
CHAPTER FOUR 33
RESULTS 33
4.1 Socio-Demographic characteristics of respondents 33
4.2 Respondents relationship status 35
4.3 Respondents experience of intimate partner violence 35
4.4: Respondents victimization and health issues 38
4.5: Respondent ability to seek for help 39
4.6: Factors associated with psychological violence among men 40
4.7: Perpetrator of psychological violence against respondents 43
4.8: Factors associated with physical violence among men 43
4.9: Perpetrator of physical violence against respondents 46
4.10: Factors associated with sexual violence among men 46
4.11: Perpetrator of sexual violence against respondents 49
4.12: Prevalence of Intimate partner violence among men 49
4.13: Predictors of Intimate partner violence among men 50

CHAPTER FIVE 57

DISCUSSION, CONCLUSION AND RECOMMENDATION 57

5.1 Prevalence, types and factors associated with intimate partner violence 57

5.2 Public health implication of intimate partner violence 60

5.3 Perpetrator of Intimate partner violence 61

5.4 Predictors of Intimate partner violence 62

5.5 Sources of help 64

5.6 Consequences of intimate partner violence 67

5.7 Study limitation 68

Conclusions 70

5.7 Recommendation 71

REFERENCES 74

APPENDICES 80

LIST OF TABLES

	Pages
Table 1: Socio-demographic characteristics of the respondents	34
Table 2: Intimate partner violence among men	35
Table 3: Men experience of sexual Violence and the perpetrator	37
Table 4: Men victimized by their partner and any health issues	38
Table5: Respondent socio-demographic characteristics by their experience of of psychological violence.	41
Table 6: Respondents lifestyle by their experience of psychological violence	42
Table 7: Socio-demographic characteristics by their experience of physical violence.	44
Table 8: Respondents lifestyle by their experience of physical violence	45
Table 9: Respondents socio-demographic characteristics by their experience of sexual violence.	47
Table 10: Respondents lifestyle by their experience of sexual violence.	48
Table 11: Predictors of psychological violence among men	51
Table 12: Predictors of Physical violence among men	54
Table 13: Predictors of sexual violence among men	56

LIST OF FIGURES

	Pages
Figure 2.1: Pictorial representation of domestic violence against men.	10
Figure 4.1: proportion of abused men who seek help.	39
Figure 4.2: Proportion of respondent experience of IPV	49

LIST OF APPENDICES

	Pages
Appendix 1: Questionnaire on intimate partner violence among men	80
Appendix 2: Ethical approval	84

ABBREVIATIONS

DEFINITION OF TERMS.

IPV- Intimate Partner Violence

DV- Domestic Violence

NCVS- National Crime Victimization Survey.

NFVS- National Family Violence Surveys

NVAWS- National Violence Against Women Survey.

HIV- Human Immune Virus.

W.H.O- World Health Organization.

FVPF- Family Violence Prevention Fund

CTS – Conflict Tactics Scale

CHAPTER ONE

INTRODUCTION

1.1 Background

One of the major achievements of the twentieth century was the development of a rich body of international law affirming the equal rights of all human beings. (Benjamin et al., 2004).

The need to control and the desire for power can lead to violent or abusive relationships between intimate partners, in dating relationships, between friends or classmates, within families, at work, in neighborhoods, and throughout various contexts of our lives; however, it is important to consider that many forms of violence are rooted in historic and enduring inequality. Whether it is violence based on sexual orientation, race, ethnicity, nativity, or gender, effective public health prevention of this violence will necessitate the consideration and inclusion of such inequalities. (Reed, 2010).

Men, as well as women, are victimized by violence. Sexual abuse and rape create substantial physical and psychological harm to male victims and perpetuate the cycle of violence. (Felson and Pare, 2005)

Men and boys are less likely to report the violence and seek services due to the following challenges: the stigma of being a male victim, the perceived failure to conform to the macho stereotype, the fear of not being believed, the denial of victim status, and the lack of support from society, family members, and friends. (Forge, 2007)

Even though over the decades there has been an agitation of freedom for human but it seems this is all centered on freedom for women, punishment for perpetrator of violence against women. Little or nothing is mentioned about perpetrator of abuse against men, as men are victims as well like women. Men suffer abuse in silence refusing to voice out to avoid societal stigmatization, discrimination and preserve their masculine ego. Violence against men are hardly talked about

and severely under researched as most feminist fingered men as perpetrator and not victim of abuse.

Responding to intimate partner violence against men effectively requires a need to dissect violence and its forms. Violence is the intentional use of physical force or power threatened or actual, against oneself, another person or against a group or community, which either results in or has high likelihood of resulting in injury, death, psychological harm, mal development or deprivation. (Krugel et al., 2002).

Family violence is a form of interpersonal violence in which harm is directed toward an individual from their direct family member or relatives. Also, family violence is described as an acts of violence between family members, including adult and adolescent partners; between a parent and a child (including adult children); between caretakers or partners against elders; and between siblings. (Krugel et al., 2002; Family violence prevention funds).

Gender based violence (GBV) is broadly defined as an harm that is rooted in social role and inequitable power structures (Cari Clark, 2003). Gender based violence is a form of violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, physical and mental integrity. (European institute for gender equality, 2014)

Domestic violence against men refers to abuse against men or boys in an intimate relationship such as marriage. cohabitation, dating or within a family. As with violence against women, the practice is often regarded as a crime but pressures against reporting complicate issues. (Robertson et al., 2009; Sullivan vince, 2013).

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as

the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object. (Krug et al., 2002).

Although in America it is estimated that 835,000 men are physically assaulted by an intitmate partner annually and 7.6 percent reported to been assaulted/raped by an intimate partner during their lifetime. (Thoennes & Tjaden, 2000) but Africa does not have a prevalence rate to substantiate for rate at which men are been abused.

1.2 PROBLEM STATEMENT

Report from the United States of America showed that an estimated 835,000 men are physically assaulted by an intimate partner annually. One out of 14 men has been physically assaulted by a current or former spouse, cohabitating partner, boyfriend/girlfriend or date at some point in their lives.(Thoennes & Tjaden, 2000).

The proportion of men been affected by intimate partner violence across Africa cannot be ascertained due to lack or little empirical data available on the subject matter. (Oladepo et al., 2011). In African society where cultural norms are been held in high esteem, male dominance and masculinity are strong giving rise to power and economic control by men. Therefore husband battering is seen as an impossible ordeal and this might have been responsible for few data record of intimate partner violence among men in Africa.

Some people view it as an impossible act- that a male cannot be sexually assaulted by a female and others view it as sexually titillating. The existence of a female perpetrators and male victims confronts many of our most firmly held beliefs about women, men, sexuality, power and sexual assault. The reality that boys are abused either sexually or physically by their opposite sex is not widely accepted, thereby increasing the rate at which male experience childhood abuse (sexually) or as an adult. (kali, 2002)

Individuals who are victims of psychological abuse are more likely to experience: Poor physical health, difficulty concentrating, emotional and/or mental impairment, poor work or school performance, higher likelihood of illegal drugs and alcohol use, Suicidal thoughts and/or suicide attempts. (Straight et al., 2003). While physical and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for victims and for their children, and lead to high social and economic costs. These include both fatal and non-fatal injuries, depression and post-traumatic stress disorder, unintended pregnancies, sexually transmitted infections, including HIV (Stith et al., 2004).

Factors associated with the perpetration and experiencing of intimate partner violence are low levels of education, past history of violence as a perpetrator, a victim or a witness of parental violence, harmful use of alcohol, attitudes that are accepting of violence as well as marital discord and dissatisfaction. Factors associated only with perpetration of intimate partner violence are having multiple partners, and antisocial personality disorder.

In addition, studies have shown that supportive resources do not exist for male domestic violence victims as they do for female victims, this further contributes to the attacks going unreported. (Hattie, 2011)

1.3 JUSTIFICATION

Intimate partner violence against men frequently goes unreported. Men are not always the perpetrators at the scenes of intimate partner violence situations, subsequently, in many instances they are the victims. Intimate partner violence against men does exist, but has not been given the recognition needed to begin resolving this biased problem. The number of self report from female offenders recorded and prosecuted is substantially low in comparison to male perpetrators. (Hattie, 2011) Paraphrasing Simmons et al., (2008), "women constitute a small portion of

intimate partner violence arrests in the United States, which is only 15%."

One out of 14 men has been physically assaulted by a current or former spouse, cohabitating partner, boyfriend/girlfriend or date at some point in their lives and 7.6 percent reported to been assaulted/raped by an intimate partner during their lifetime. (Thoennes & Tjaden, 2000). In terms of mortality, in 2010, IPV contributed to 1,295 deaths accounting for 10% of all homicides for that year (FBI, 2012). Lot of men suffer in silence from intimate partner violence due to cultural norms which stigmatize abuse men as been weak and tend to withdraw from social association, resort into alcohol abuse and degenerates into psychological disturbed individual.

Although very few research data are available in Africa to justify men as victim due to the fact that the field as been under-researched but recent journal from the United States, Australia and Sweden as indicated increased cases of intimate partner violence against men. There has been evidence that intimate partner violence is no longer a gender based issue but rather a human problem because it does not only affect either male or female but both sexes in a relationship.

The relevance of this study is to bring an insight into what intimate partner violence men are facing and the health implication. This study will provide data on the prevalence of intimate partner violence among men in selected tertiary institution to supplement the data deficiency about abused men in Nigeria. It will also recommend that further work be done on a broader view to determine the national prevalence rate for intimate partner violence against men. Encourage the judiciary system and law enforcement to support abused men, discouragement of societal stigmatization of victimized men by their partner. This study will add to the little available literature about the pile of intimate partner violence men in Nigeria.

1.4 RESEARCH QUESTIONS

1. What is the proportion of men experiencing intimate partner violence in tertiary institution?

2. What are the types of intimate partner violence experienced by men in tertiary institution?

1.5 OBJECTIVES.

1.5.1 General objective

To determine the prevalence and factors associated with experience of intimate partner violence among male students in selected tertiary institution in Ibadan.

1.5.2 Specific objectives:

1. To estimate the prevalence of intimate partner violence against male students.
2. To determine the types of violence experienced by the male students.
3. To identify the perpetrator of the violence against male students.
4. To determine the predictors of each type of intimate partner violence on men.

CHAPTER TWO

LITERATURE REVIEW

2.1 Historical Background.

Husband abuse is not uncommon, although many tend to ignore it, dismiss it or treat it with selective inattention. Some of the myths commonly held about men's place in the family, their attachment to their offspring and their ability to easily move in and out of their relationship are exploded. While the horror of wife beating is paraded before the public and crisis line and shelter are being established, the reverse is the case for abused men which is still hidden in cloak of secrecy. (Steinmetz, 1978)

The Charivari, a post renaissance custom, was noisy demonstrations intended to shame and humiliate wayward individuals in public. The target was any behaviour considered to be a threat to the patriarchal community social order. For instance, in France a husband who allowed his wife to beat him was made to wear an outlandish outfit, ride backwards around the village on a donkey while holding onto the tail. Beaten husband among the Britons were strapped to the carts and paraded ignominiously through the chanting populace. The husband beater was also punished by riding backwards around the village on a donkey and being forced to drink wine and wipe her mouth with the animal tail. The fate of these men in 18th century Paris was to kiss a large set of ribboned horns. (Shorter, 1975)

The subject matter of cosmic strips, specifically those revolving around a domestic theme, is also revealing. A common theme is a caricature of husbands and wives in which the husband deviates from the ideal image of strong, self-assertive, intelligent and assumes the character traits which have been culturally ascribed to be feminine. The wife in these cosmics is justified in playing the dominant role and in chastising her erring husband since he has not fulfilled his culturally prescribed roles. A contemporary example of this phenomenon is provided by Gelles interview

1974, of a wife who explained how she retaliated against a drunken husband who slapped her for no apparent reason: "I know I was stronger than him, when he was drunk, so I gave him a good shove and kick- whatever I could kick- I did not aim. And then he ends up on the floor and I would beat the daylights out of him."

Research on intimate partner violence has increased dramatically over the past 20 years. While greatly enhancing public awareness and understanding of this serious social problem, research has also created much controversy and confusion. Findings of intimate partner victimization vary widely from study to study. (Stets and Straus, 1989).

National studies (National Family Violence Surveys [NFVS] of 1975 and 1985; 1992 National Alcohol and Family Violence Survey) conducted by researchers at the University of New Hampshire in the 1970s to 1990s showed that in contrast to declining rates of violence by men toward women, violence by women toward men has remained stable over the 17-year period that spans the time between the first (1975) and last (1992) surveys (Straus, 1995). These trends mirror those found in the National crime victimization survey (NCVS), only the rates of IPV in the family violence surveys are much higher. Specifically, after controlling for age and socioeconomic status, minor assaults (e.g. kicking, slapping, pushing) by wives toward husbands were reported to have occurred at a rate of approximately 75 per 1,000 in 1975 and 1985; reports then increased to approximately 95 per 1,000 in 1992. Rates of severe assaults (e.g., punching, beating up) by wives toward husbands reportedly remained constant at approximately 45 per 1,000 in all study years. These rates of severe assaults projected into approximately 2.6 million men per year who sustained IPV that had a high likelihood of causing an injury (Straus & Gelles, 1986). "Although much data have been collected that confirms that women in the overwhelming majority of cases are the victims of violence from partner. (Egger 1995). While some studies

conclude that women and men are equally likely to be victimized by their partners (Bachman 1994)

Little empirical data exist on the relationship between different forms of intimate partner violence, such as emotional abuse and physical assault. (sobsey, 1994). Likewise, little is known of the consequences of intimate partner violence, including rate of injury and victims' use of medical and justice system services.(Johnson 1995)

2.2 TRENDS AND PREVALENCE OF INTIMATE PARTNER VIOLENCE.

The views of society dictate how men are perceived in intimate partner violence relationships, "society perceives male victims as wimps, who are not believed and refused the status of victim (Barber, 2008).

Intimate partner violence has developed due to an intergenerational perpetration of abuse, conduct and mental disorders of perpetrators, substance abuse, and societal attitudes toward intimate partner violence. Researchers have looked at this topic in different ways but have focused on the effects on the societal (macro) and personal (micro) levels. On the macro level, quantitative studies have examined societal attitudes and prevalence of IPV. Effects on the survivor, predictors of intimate partner violence, and effective interventions are measured on the micro and macro level on a quantitative and qualitative basis (Tjaden & Thonnes, 2000; Coker et al., 2000; Weaver et al., 2007; Taft et al., 2008).

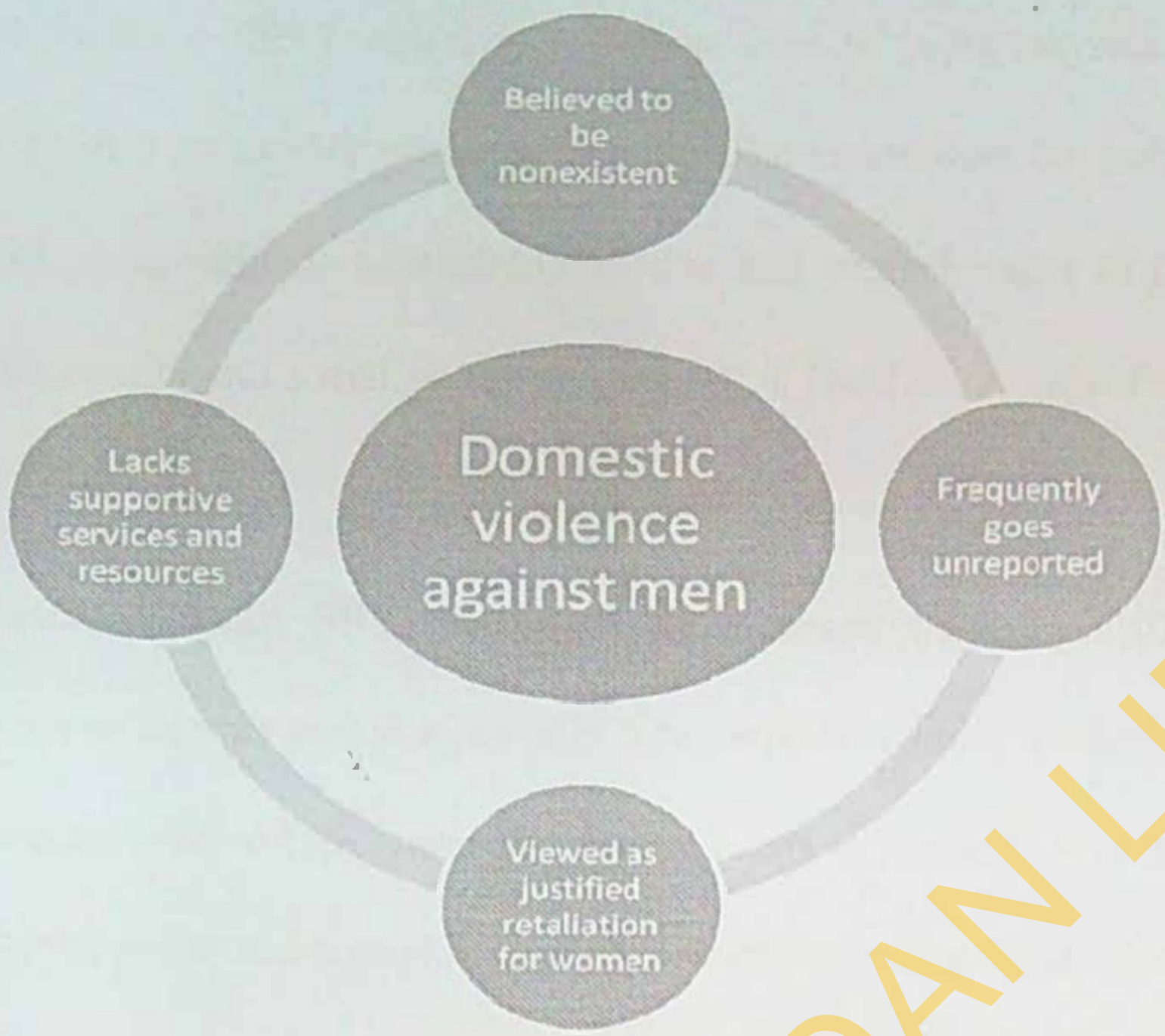

Figure 2.1: Pictorial representation of domestic violence against men. (Hattie Treadwell Cox, 2011)

According to the Family Violence Prevention Funds 2002, Intimate partner violence (IPV) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at maintaining or establishing control by one partner over the other. Legal definitions of IPV reference state or federal laws and generally refer specifically to threats or acts of physical or sexual violence including forced rape, stalking, harassment, certain types of psychological abuse and other crimes where civil or criminal justice remedies apply. Laws vary from state to state. Intimate partner violence (IPV) can be defined as the physical, sexual, or psychological harm caused by a current or former partner or spouse. (Saltzman et al., 2002)

Intimate partner violence (IPV) victim is a person who is being physically, sexually, or psychologically harmed by another person repeatedly. The victim does not hold the bulk of the power or control in an intimate relationship. Power and control refers to physical, sexual, psychological, economic, and social power and control. (Family Violence Prevention Funds, 2002)

An intimate partner violence (IPV) perpetrator is a person who physically, sexually, or psychologically harms another person repeatedly. The perpetrator holds the bulk of the power or control in an intimate relationship. Power and control refers to physical, sexual, psychological, economic, and social power and control. (Family Violence Prevention Funds, 2002)

Intimate partner violence can be divided into 6 main forms: physical abuse, sexual abuse, psychological abuse, economical/financial abuse, identity abuse, spiritual abuse.

Physical abuse is the use of physical force against another in a way that injures that person or puts the victim at risk of being injured. Physical abuse ranges from physical restraint to murder and may include pushing, throwing, tripping, slapping, hitting, kicking, punching, grabbing, chocking, shaking, etc. (Gay men's domestic violence project, 2007)

Psychological abuse is the systematic perpetration of malicious and explicit nonphysical acts against an intimate partner, child, or dependent adult. (Hamby and Sugarman, 1999.) This can include threatening the physical health of the victim and the victim's loved ones, controlling the victim's freedom, and effectively acting to destabilize or isolate the victim. (Follingstad and Dehart, 2000). Psychological abuse frequently occurs prior to or concurrently with physical or sexual abuse (Carlson et al., 2002). While psychological abuse increases the trauma of physical and sexual abuse, a number of studies have demonstrated that psychological abuse independently causes long-term damage to it's victims 'mental health.

Emotional abuse is any use of words, tone, action or lack of action meant to control, hurt or demean another person. Emotional abuse typically includes ridicule, intimidation, or coercion. Verbal abuse is included in this category. (Gay men's domestic violence project, 2007)

Sexual abuse is any forced or coerced sexual act or behavior motivated to acquire power and control over the partner. It includes forced sexual contact and contact that demeans, humiliates or instigates feelings of shame or vulnerability, particularly in regards to the body, sexual performance or sexuality. (Gay men's domestic violence project, 2007)

Financial abuse is the use or misuse of the financial or monetary resources of the partner or of the partnership without the partner's freely given consent. It can include preventing the partner from working or jeopardizing his/her employment so as to prevent them from gaining financial independence. Also include preventing the partner from gaining financial independence, hindering the individual from accessing funds. (Gay men's domestic violence project, 2007)

Identity abuse is using personal characteristics to demean, manipulate and control the partner. (Gay men's domestic violence project, 2007)

Spiritual abuse is using the victim's religious or spiritual beliefs to manipulate them. It can include preventing the victim from practicing their beliefs or ridiculing his/her beliefs. (Help guide domestic violence and abuse, 2007.)

The prevalence and frequency of intimate violence against men is highly disputed, with studies coming to many different conclusions for different nations and many countries simply not having much data. The true number of victims is likely to be greater than formal law enforcement related reporting statistics. Data from one survey looking at students in thirty-two nations found that "about one-quarter of both male and female students had physically attacked a partner during that year." (Straus murray, 2008).

Intimate partner violence (IPV) perpetrated by women against men is a phenomenon that has

received little attention, both within the scholarly literature and the popular media. To date there is little statistical data recording men as victims. Despite this lack of attention, for nearly three decades research on IPV has shown that men are frequently the targets of IPV by their female partners.(Straus, 1995)

Estimates from National Family Violence Surveys (NFVS) show that within a given year, at least 12% of men are the targets of some sort of physical aggression from their female partners, and 4% (or over 2.5 million men in the United States) sustain severe violence (Straus, 1995). Indeed, studies show that men are not only reluctant to report assaults by women, they are also unlikely to report assaults by other men, even when severe injuries result (Henman, 1996). Furthermore, when marital violence is conceptualized as a crime in surveys, women are significantly less likely than men to report their use of IPV, and some research shows that women fail to report as much as 75% of their use of IPV (Mihalic &Elliott, 1997).

Male help-seekers have reported that their complaints concerning their female partners' violence have not always been taken seriously, yet their partner's false accusations have reportedly been given serious weight during the judicial process (Cook, 1997). According to some experts, the burden of proof for IPV victimization is high for men because it falls outside of our common understanding of gender roles (Cook, 1997); this can make leaving a violent female partner that much more difficult. For example, many men who sustained IPV report that they stayed with their violent female partners in order to protect the children from their partner's violence. The men worried that if they left their violent wives, the legal system could still grant custody of the children to their wives and that perhaps even their custody rights would be blocked by their wives as a continuation of the controlling behaviors that their wives used during the marriage (McNeely et al., 2001). Men who sustain IPV may not seek help because of fears that they will be ridiculed and experience shame and embarrassment (McNeely et al., 2001).

Fiebert and Gonzales (1997) have looked at the reasons why women commit assault from a sample of 978 college women in California. Within a 5-year period, 20% (285) of the women surveyed admitted to physical aggression against their male partners. There does not seem to be any support in the available data for the feminist proposition that women only use violence against men in self-defense. This challenges the view presented by the Domestic Violence industry that female assaults on males are almost always for reasons of self- defense. Outside of studies that come from clinical samples of women who seek services in domestic violence centers and social service agencies we have not found evidence to support that hypothesis. The most-common reasons the women in the Fiebert and Gonzales (1997) study gave for assaulting their male partners included: My partner wasn't sensitive to my needs. I wished to gain my partner's attention. My partner was not listening to me.

Many research as indicted men as the perpetrator of violence without investigating the violent report of both men and women, their report as been based on finding from shelter house and domestic resources for abused women. They sometimes conclude women use of violence in self defense to a violent partner without finding out woman use-ability of violence against a non-violent partner which might result in injury. For instance, in a study by Johnson & Leone, (2005) where he interviewed women and use their experience of victim of violence as verdict without inquiring about their use-ability of violence. He concluded that men uses intimate terrorism to perpetrate violence against their partner. He considered the woman report leaving-out the other side of the coin which is the men.

Some scholars suggest that the motives for intimate partner abuse against men by women may differ from those for abuse against women by men, and that women suffer more severe injuries than men. Nonetheless, the occurrence of abuse by women against men, and its consequences, warrant attention. It is important for the victims of abuse, whether they be men or women, to

know that they are not alone – that is, that such experience is not unique to their personal situation. It is also important for the perpetrators of intimate partner abuse – men or women – to recognize that violence in any form is both morally and legally wrong. (National Clearinghouse Family Violence, 2008)

Over 90% of 190 men caller to the domestic helpline experienced controlling behaviors, and several men reported frustrating experiences with the domestic violence system. Callers' reports indicated that their female abusers had a history of trauma, alcohol/drug problems, mental illness, and homicidal and suicidal ideations. (Denise 2000).

According to Published research by corry 2001 indicates that 25%-30% of all intimate violence is exclusively female on male. People hit and abuse family members because they can. In today's society as reflected in TV, movies, law enforcement, courts, and feminist literature, women are openly given permission to hit men. However, "Primary aggressor" laws usually result in the arrest of the male despite research showing 50% of domestic assaults are mutual. Studies consistently find women use weapons more often in assaults than do men (~80% for women~25% for men). Women are significantly more likely to throw an object, slap, kick, bite, or hit with their fist or an object. (Corry, 2001.)

In a research by Douglas and Straus (2003), among 6900 university students across seventeen nations which was a cross cultural study of partner violence was the largest and comprehensive study of a dating violence. They found adolescents girls were 11.5% more likely to assault male partners regardless of whether overall assault or severe assault rate were considered. Similarly. Watson et al., (2001) sampled 475 high school students (266 males and 209 females) from a large, metropolitan area on Long Island and found female students were significantly more likely than male students to report an aggressive response. Studies of undergraduate college students found that men sustained higher levels of moderate violence than women with severe violence

being rare for both women and men (Katz et al., 2002) and 29% of males and 35% of females reported perpetrating physical aggression; 12.5% of the males and 4.5% of the females reported receiving severe physical aggression; 14% of females reported that they were the sole perpetrators of aggression, injuries were sustained by 8.4% of males and 5% of females (Hines & Saudino, 2002). These rates, which suggest gender symmetry in the perpetration of relationship violence, are not unique and Fiebert (2004) has amassed a bibliography of 159 peer-reviewed publications finding equal or greater aggression by females than males. The total collected sample is greater than 109,000.

According to Ridley & Feldman (2003) the dearth of research on female aggression may relate to predominant cultural norms which assign women the role of caretaker and nurturer and therefore unlikely to be physically aggressive. Despite declines in other forms of family violence (against women or children), rates of nonlethal IPV by women against men have remained steady for the past 30 years (U. S. Department of Health and Human Services, 2004). (Addis & Mihalik, 2003)

In addition, the National Violence Against Women Survey (NVAWS; Tjaden & Thoennes, 2000) showed that female-perpetrated violence accounts for 40% of all injuries due to IPV during a 1-year time period, 27% of all injuries requiring medical attention, and 31% of all victims fearing bodily harm (calculated from NVAWS). (Hines & Douglas, 2009).

In another report, crime statistics from the U.S. Department of Justice's National Crime Victimization Survey (NCVS) have shown that in 2004, over 1.3 per 1,000 men were assaulted by an intimate partner, most of whom were women (Catalano, 2007). Moreover, in contrast to the dramatic declining rates of reported IPV toward women between 1993 and 2004 (from 9.8 to 3.8 women per 1,000), the rates for men did not decline quite so precipitously (Addis & Mihalik, 2003) (from 1.6 to 1.3 men per 1,000). Crime surveys, however, are likely to underestimate the number of people who sustain IPV because many people, both men and women, often do not

conceptualize the physical violence they sustain from their intimate partner as a "crime."

According to Henning et al.,(2006) report that Women do not use IPV against men, without prior history of abuse against them as a justification for their violent nature; however, most practitioners argue that women are usually arrested for defensive actions used in the face of assaults perpetrated by their spouse/partner. Male victims are being abused and murdered by women as justification of undocumented abuse against them in their past, which is one of the main reasons IPV against men goes underreported. "Clinicians working with female offenders often accept their clients' self-reports as valid (Henning et al., 2005)," and "a number of theorists posit that most women who are arrested for violence against their intimate partners are in-fact victims of IPV themselves and should be treated as such (Simmons, 2008)."

In a report about the mortality rate suffered from intimate partner violence from the United states in the 70's, 1,357 men and 1,600 women were killed by intimate partners aggression, In contrast to the above, Rennison report the rates of IPV-related deaths however, have been declining for both genders. whereas in 2001, 440 men and 1,247 women were killed by an intimate partner (Rennison, 2003; Hines and Douglas, 2009.)

In a study by Hines and Douglas, (2009) investigated gender differences among 45 male and 45 female IPV primary perpetrators in North Carolina who were mandated to attend treatment as part of their probation (Busch & Rosenberg, 2004). This study showed that although men had a longer history of domestic violence offenses and other nonviolent criminal offenses than women, the majority of women did have criminal histories. There were no gender differences in the number of previous domestic violence arrests among perpetrators with a prior offense or in a history of violent crime outside the home. Inaddition, men used more violent acts in the arrest incident, but men and women were equally likely to use a severely violent act. There were no gender differences in the injury rates of the victims, but there were gender differences in the

method used to inflict injury: women tended to use a weapon or object, whereas men tended to use their bodies alone, to injure their victims. Finally, there were no gender differences in substance abuse problems, the use of substances at the time of arrest, or the types of substances that the perpetrators abused. (Hines and Douglas, 2009.).

Anecdotal studies, in which self-identified male victims described their experiences with the criminal justice system, provide some indication that within the judicial system, some men who sustained IPV may be treated unfairly because of their gender. Even with apparent corroborating evidence that their female partners were violent and that the help-seekers were not violent toward their partners or children, male help-seekers reported that they have lost custody of their children and have been falsely accused by their female partners of violence and of sexually abusing their children. Other men have reported similar experiences in which their female partners misused the legal or social service systems to inappropriately block access between them and their children or to file false allegations with child welfare services (Hines et al.,2007).

According to Hines, et al. (2007), "researchers interested in the plight of male victims of severe IPV have been unable to study them because there has been no one place where abused men gather." In addition, "several studies show that the majority of women do not cite self-defense as a motive for their violence against their male partners, but rather anger, jealousy, retaliation for emotional hurt, efforts to gain control and dominance and confusion (Hines, 2007).

Rates of sexual and psychological IPV by women toward male partners are harder to obtain because they have rarely been systematically investigated, even though studies show women use both of these types of IPV toward male partners. Studies of college women show that as many as 33% report using aggression (either verbal or physical) to coerce men into engaging in sexual behavior or intercourse and 20% of men report sustaining such sexual aggression from a woman (Hines & Saudino, 2003). Reports of the prevalence of psychological aggression by women

toward men estimate that at least half, and as much as 90%, of men are the recipients of some type of psychologically aggressive act (being threatened, called names, or being insulted or sworn at) in their relationships (Hines & Malley-Morrison, 2001; Hines & Saudino, 2003; Hines & Douglas, 2009.)

In a meta-analysis of studies comparing men's and women's use of Intimate Partner Violence, Archer (2000) concluded that women were significantly more likely to have ever used physical IPV and to have used IPV more frequently. The majority of studies included in Archer's (2000) meta-analysis measured intimate partner violence as the number of intimate partner violence acts over a designated time period. However, counting the number of IPV acts does not provide information about why women used IPV. (Megan et al., 2011.)

In a review of article "why do women use intimate partner violence? A systematic review of women's motivation", (Megan et al., 2011) concluded that women use intimate partner violence in self-defense, retaliation, anger to get their partners attention. He also cited their use of intimate partner violence to exercise control but not as primary motivation.

This is against Murray 2006 finding where he concluded that women are as equal as men to perpetrate violence against their partner and not in self-defense but as an initiator of the crime. Also that dominance by one of the partner results in violence.

In a report by Anderson shows that percentages differ based on the exact operational definition of "sexual aggression," and although most of the aggressive tactics used by the women in these encounters to coerce men into sex were verbal, a few women and men indicated that women sometimes use physical force to achieve their sexual goals (Anderson, 1998; Struckman-Johnson & Struckman Johnson, 1998).

Many of the risk factors for sexual violence are the same as for domestic violence. Risk factors

specific to sexual violence perpetration include beliefs in family honour and sexual purity, ideologies of male sexual entitlement and weak legal sanctions for sexual violence. (WHO, 2010)

2.3 HEALTH CONSEQUENCES OF INTIMATE PARTNER VIOLENCE.

Intimate partner violence and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for victims and for their children, and lead to high social and economic costs. These include both fatal and non-fatal injuries, depression and post-traumatic stress disorder, unintended pregnancies, sexually transmitted infections, including HIV (Stith et al., 2004). If perpetrated during childhood, sexual violence can lead to increased smoking, drug abuse and alcohol misuse.(Ford, et al., 2011). It can lead to risky sexual behaviours in later life and also found to be associated with perpetration of violence and being a victim of violence. (WHO, 2010). Many men who were sexually abused by women feel deeply ashamed of themselves, their sexuality and their gender. Sadly and mistakenly, they believe that there must be something profoundly wrong with them that they were abused in this way. Some men defend against feeling this way by being in a constant state of anger or rage- one of the few emotions that are socially acceptable for men. Many male survivors cope with the abuse by drinking, using drugs, living recklessly, avoiding intimate relationships, numbing their feelings, dissociating and becoming depressed, angry or anxious.(Kali munro, 2002)

2.4 PHYSICAL HEALTH CONSEQUENCES OF INTIMATE PARTNER VIOLENCE.

The most common psychological effects of physical abuse include depression, difficulty sleeping, loss of appetite, panic attacks, and anxiety.(Lœserman et al., 1998). Another study in the United states shows that factors such as good overall physical health, high self-esteem, and a support network of family and friend scan mitigate the psychological impact of physical and sexual abuse.(Carlson et al., 2002). Victims of sexual assault are more likely to suffer from self-blame,

self-defeating attitudes and an inability to develop coping mechanisms to deal with present and future trauma (Casey and Nurius, 2005).

2.5 PSYCHOLOGICAL HEALTH CONSEQUENCES OF INTIMATE PARTNER VIOLENCE.

Individuals who are victims of psychological abuse are more likely to experience: Poor physical health, difficulty concentrating, emotional and/or mental impairment, poor work or school performance, higher likelihood of illegal drugs and alcohol use, Suicidal thoughts and/or suicide attempts. (Straight et al., 2003).

Preliminary research also shows that intimate partner violence perpetrated by women against men is associated with various mental health problems in men, such as depression, stress, psychosomatic symptoms, and general psychological distress (Simonelli & Ingram, 1998). Thus, intimate partner violence perpetrated by women against men, like other forms of family violence, can be considered a significant health and mental health problem in this country. Scholars, community providers, and mental health practitioners, however, still have much to learn about this social problem. (Hines and Douglas, 2009).

2.6 SOURCES OF CARE AND SUPPORT FOR INTIMATE PARTNER VIOLENCE VICTIMS.

Research shows that a gender-balanced approach to domestic violence is essential in order to reduce both the frequency and severity of such incidents for both men and women. In order to address these issues in an effective way, we must first recognize that domestic violence and abuse are human problems, not gender issues. Central to the solution is the restoration of civil liberties, notably due legal process and equality before the law, which provides the bedrock for any democratic nation. (Corry, 2001.)

Many men that report their abuse to the authorities often face social stigma as well as possibilities of retaliation and other dilemmas. Shelters and help lines exist in many nations to assist both sexes in getting help. Cultural norms about the treatment of men by women as well as of women by men have varied greatly depending on geographic region and sub-region, even area by area sometimes, and physically abusive behavior of partners against each other is regarded varyingly from being a crime to being a personal matter, with a trend towards fighting domestic violence only starting over the past few decades. (Robertson et.,al 2009, Sullivan 2013, McNeilly Claire 2013).

In a review by Hattie (2011), he noticed that the same support and resources available to female domestic violence victims are not available to male victims. Hines (2009) found that, "out of 2,000 shelters in the United States, only a handful offer beds to battered men and their children, and outreach programs targeting male victims are essentially nonexistent (Muller, et al. 2009)." In addition, "much of the healthcare literature on IPV focuses on women IPV victims, including expert advice and national guidelines on addressing IPV victimization in women in the health-care setting (Kimberg, 2007)."

CHAPTER THREE

METHODOLOGY

3.1 STUDY AREA:

The study area was Ibadan. Ibadan (Yoruba: *Ìbàdàn* or fully (Ìlú) Ẹ̀bá-Ọ̀dàn, (the city at) the edge of the savannah) is the capital city of Oyo State and the third largest metropolitan area (by population), in Nigeria, after Lagos and Kano. It has an estimated population of over 3.2 million (National population Census,2006). It has a total area of 1,190 sq.mi(3,080km^2) and a population density of 2,140/sq.mi (828km^2) with a metro density of 600/sq.mi (250/km^2). The city ranges in elevation from 150 m in the valley area, to 275 m above sea level on the major north-south ridge which crosses the central part of the city. The prominent religion practiced in Ibadan are Islam, Christianity and the Yoruba traditional religion. Ibadan is also the largest metropolitan geographical area. At Nigerian independence, Ibadan was the largest and most populous city in the country and the third in Africa after Cairo and Johannesburg. (Tomori, 2011). Ibadan is located in south-west Nigeria and is in the southeastern part of Oyo State. It lies at about 120 km east of the border with the Republic of Benin in the forest zone close to the boundary between the forest and the savanna. 128 km inland northeast of Lagos and 530 km southwest of Abuja (federal capital territory) and is a prominent transit point between the coastal region and the areas to the north. Ibadan had been the centre of administration of the old Western Region since the days of the British colonial rule, and parts of the city's ancient protective walls still stand to this day. The principal inhabitants of the city are the Yorubas. (Tomori, 2011)

Ibadan has eleven (11) Local Governments in Metropolitan area consisting of five urban local governments in the city which are Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, Ibadan South-West and six semi-urban local governments in the less city which are

Akinyele, Egbeda, Ido, Lagelu, Ona Ara, Oluyole. Local governments at present are the third tiers of government in Nigeria. Local governments Councils consist of the Executive Arm made up of the Executive Chairman, the vice chairman, the secretary and the supervisory councilors.(Tomori, 2011)

The first university to be set up in Nigeria was the University of Ibadan. Established as a college of the University of London in 1948, and later converted into an autonomous university in 1962. It has the distinction of being one of the premier educational institutions in Africa. The Polytechnic, Ibadan established in 1969 is also located in the city. There are other private and thirty public institutions which are also located in the city. The city was a major center for trade in cassava, cocoa, cotton, timber, rubber, and palm oil. The main industries in the area include the processing of agricultural products; Tobacco processing and Cigarette (Manufacture); flour-milling, leather-working and furniture-making. There is abundance of clay, kaolin and aquamarine in its environs, and there are several cattle ranches, a dairy farm as well as a commercial abattoir in Ibadan. The headquarters of the International Institute of Tropical Agriculture (IITA) have extensive grounds for crop and agricultural research into key tropical crops such as bananas, plantains, maize, cassava, soybean, cowpea and yam. (International Institute of Tropical Agriculture, 2014.).

This study was carried out at the premises of the University of Ibadan and the Polytechnic of Ibadan. The University of Ibadan and the Polytechnic Ibadan were selected because of easy accessibility due to its location. Likewise, they are both one the oldest and prestigious institution in Nigeria. It is a virgin community, in which this type of research (intimate partner violence against men) has been rarely done and as a good prospect for the research due to its population.

3.2 STUDY SETTING.

3.2.1 UNIVERSITY OF IBADAN.

The University of Ibadan(UI) is the oldest and one of the most prestigious Nigerian universities (Teferra et al., 2003; Van den Berghe 1973) with a student population of 33,481 and was located eight kilometres from the centre of the major city of Ibadan in Western Nigeria. Besides the College of Medicine, there are now eleven other faculties: Arts, Science, Agriculture and Forestry, Social Sciences, Education, Veterinary Medicine, Technology, Law, School of business studies, Public Health and Dentistry.

The University has twelve (12) residential halls which are Mellanby Hall (male, undergraduate). Location: to the North of the University Court. The first residential hall in the university, named after Kenneth Mellanby, the first Principal of the University College, Ibadan (1947–53) and has a capacity for well over 400 students. Queen Elizabeth II Hall (female, undergraduate). Location: along Oduduwa Road. The first female hall, it is named after Queen Elizabeth II, who visited the University of Ibadan in February, 1956 and performed the formal opening ceremony of the Hall. It has a capacity of over 650 students. Tedder Hall (male, undergraduate). Location: to the west of the University Court and adjacent to Mellanby Hall. Sultan Bello Hall (male, undergraduate). Kuti Hall (male, undergraduate). Queen Idia Hall (female, undergraduate). Obafemi Awolowo Hall (mixed,postgraduate). Nnamdi Azikiwe Hall (male, undergraduate), Zik hall as it is fondly called is the biggest unisex hall on the University of Ibadan campus. It accommodates 999 students every session and it is normally referred to as the heartbeat of University of Ibadan, there is a common saying among the students, they say "when Zik hall snizzes University of ibadan catches cold". Independence Hall (male, undergraduate). Location: at the end of El-Kanemi Road. "The Republic

of Katanga", as it is fondly called, was formally opened in 1961, in commemoration of Nigeria's attainment of Independence on 1 October 1960. Members are known as "katangites". It has a capacity of less than 1000 students. Tafawa Balewa Hall (mixed, postgraduate). Alexander Brown Hall (mixed, clinical medical, dental and physiotherapy students). Location: in the College of Medicine campus at the University College Hospital, Ibadan. Abdulsalam Abubakar Hall (mixed, postgraduate) and sports facilities for staff and students on campus, as well as separate botanical and zoological gardens. The University has one hundred and fourteen (114) departments in all.

3.2.2 THE POLYTECHNIC, IBADAN.

The Polytechnic, Ibadan popularly called "Poly Ibadan" was established in 1969 and it is located under Ibadan North local government. The Polytechnic, Ibadan is an autonomous public institution that is set up to provide liberal higher education and encourage learning in the country. The Polytechnic was set up by law, the Polytechnic Ibadan Edict of 1970. The primary function of The Polytechnic is to provide for students training and development of techniques in this faculties, Applied Science, Engineering, Education, Environmental Science and Commerce. The institution is non-residential and the student population cannot be ascertained as at the time of writing this project, due to the fact that there are many study centre. The Polytechnic, Ibadan has three campus with the main campus located along Sango-Eleyele road which hold most of the administrative section of the school. The two mini campus have their location in two different area, which are Eruwa and Saaki.

3.3 STUDY POPULATION

The study population were male students who have ever been in a relationship (whether married or single) in the University of Ibadan and the Polytechnic, Ibadan, Oyo state. The male students

used were those with ordinary national degree, higher national degree, undergraduate (100level-500level), and postgraduate.

3.4 STUDY DESIGN:

This is a descriptive cross sectional study.

3.5 SAMPLE SIZE:

The study sample recruited for this research were six hundred men and this sample were obtained using the formula for descriptive studies [$n=Z_\alpha^2 pq/d^2$] for single proportion from Leslie kish, using a prevalence of 12%, with a precision of 3% and at 95% confidence interval. The prevalence of 12% of physical violence among men was used which was derived from an article by Oladepo et al.,2011. Where P is the population proportion (i.e prevalence), d is the degree of accuracy set at 3%.

n= minimum sample size

Z= critical value at 95% interval= 1.96

P= is the population proportion (i.e prevalence)= 12% Prevalence of physical violence among men (oladepo et al,2011)

q=1-p

d=degree of accuracy set at 0.03 (precision set at 3%)

$$N= \frac{Z\alpha^2 pq}{d^2}$$

$n=((1.96)^2 \times 0.12 \times (1-0.12))/(0.03)^2 = 451$

Adjusting for 10% non response rate N= n/(1-NR) =451/(1-0.1)= 501.

Estimated minimum sample size is 501.

3.6 SAMPLING METHOD:

The study was carried out at the premises of the University of Ibadan and the Polytechnic.

Ibadan during working hours when the students are available at their department. A multistage sampling technique was used.

Stage 1: All the faculties from both institution are enumerated which gives a total of sixteen (16) faculties. Eight faculties are selected by simple random sampling which were faculty of Pharmacy, Agriculture and Forestry, Public Health, Technology, Applied sciences, Art, Social sciences, Law.

Stage 2: All the department at the eight faculties are been listed. Fifty-two (52) departments were listed from the eight faculties and twenty-five (25) department are selected by systematic random sampling, in which after selecting the first department the next two are exempted and the fourth department is selected again.

Stage 3: A proportionate number of students were approached and selected from the male individual out of 25 departments selected.

3.6.1 INCLUSION CRITERIA:

1. Willingness to participate in the study as evidence by signing the consent form after explaining the purpose of the study.
2. Men that have ever been in a relationship, currently in a relationship or married.

3.6.2 EXCLUSION CRITERIA

1. Men that does not deem themselves fit to participate in the study.
2. Men that are absent on the interview date.
3. Women

3.7 PRETESTING AND RELIABILITY OF DATA COLLECTION INSTRUMENT.

The questionnaire was pretested among the male students of the Obafemi Awolowo University, Ile Ife, Osun state. The questionnaires was administered by two trained research assistance and the principal investigator. After the collection of the data, debrieling and

or fight and hospitalization.

Section E: Sexuality and relationship: Sexuality is the sexual activity performed either by sexual contact, words or objects. This section comprises of fifteen (15) questions which were centered around sexual activities, such as history of unwanted sexual contact, forced or cajolled act, unprotected sexual activities, when they occurred, if there was reporting made to any authority, if there was an accident sustained from the sexual act.

Section F: Verbal interaction and relationship: This section examined the respondents verbal communication with his partner. It comprises of nine questions which find out about the controlling habit of the partner.

Section G: Health issue and relationship: This assessed respondent health issue and his partner interaction. This section comprises of ten (10) questions which is to evaluate partner victimization, hospitalization, financial or spiritual restriction leading to physical injury.

The research assistant were trained on data collection, the inclusion and exclusion criteria, briefed about each section and the importance of completeness of the questions. The questionnaire was administered by two trained research assistant and the principal investigator. After the daily data collection, debriefing and review was done. There were clarification and necessary correction were effected based on the feedback from the field. The administration of the questionnaire took two weeks. The survey took place at the different selected departments in the two institution of study, from the 6th to the 17th of October, 2014. They were then invited to participate in the study, those who consented were taken through the written consent form and their informed consent was obtained by their signature on the form. In any case of objection to participation, research assistant departed to the next available respondent. A total of 600questionnaire was used for the study.

3.9 DATA MANAGEMENT AND ANALYSIS:

3.9.1 Data Management:

Data were collated, checked for completeness and consistency daily. Data was kept in locked cabin away from public access. The data was cleaned and coded manually then analyzed using statistical package for social sciences (spss) version 20.

3.9.2 Study Variables:

The dependent variable: Relationship history, Physical interaction and relationship, Social habit and relationship, Sexuality and relationship, controlling behaviour and relationship, Relationship and health issue.

The independent variable: Socio-demographic characteristics.

3.9.3 Statistical Analysis:

Data checking and cleaning was done to ensure missing items and improperly entered variables were corrected. Descriptive statistics (like frequencies and proportion), tables and charts were used to summarize variables. Chi square was used to check for the determinants of intimate partner violence. Logistic regression was used to identify significant predictors of each intimate partner violence with the level of significance set at 5% ($p<0.05$).

3.10 ETHICAL CONSIDERATION:

Ethical approval was granted by the Oyo State Ministry of Health Ethical Review Board (appendix 2).

Beneficence to participants: The benefit of participation in this research is to help estimate the prevalence of intimate partner violence against men, determine the consequences to health, build support for abused men and discourage societal stigmatization by sharing the outcome of the study with stakeholders. This will be used to design appropriate program to improve the societal ideology about abused men.

Non-Maleficence: There was minimal cost and no harm attached to participation in this study. The minimal cost is the time spent in filling the questionnaire. It is non-invasive. Tbe researcher did not insist on participation of any respondents who decline consent.

Opportunity to decline: Participants are free to withdraw from participation in the study at any point in time without been coerced. Participant are free to ask question on any part of the research and hold the right to decline answering any question if they feel not comfortable.

Consent: All eligible participants (male students of the above named institution, exempting visitors) had a brief about the study, informed about their right to withdraw and decline answering any question they are not comfortable with. There is no known cost or harm attached to participation in this survey only for the time spent in filling the questionnaire. The benefit of participation in this research is to help estimate the prevalence of intimate partner violence against men, determine the consequences to health, build support for abused men and discourage societal stigmatization. They were then invited to participate in the study, those who consent was taken through the written consent form and their informed consent was obtained by their signature on the form. In any case of objection to participation, research assistant departed to the next available respondent.

Confidentiality: Data collected is meant only for research purposes and it as been kept in locked cabinet which can only be accessed by the researcher. Serial numbers and not names or address was used on each questionnaire which does not identify any respondent. Only the result is been published in aggregated form and not as individual result without attaching anyone personality to it. There were no consequences on responses in regards to information collected. The research assistant are also trained in keeping information collected confidential. Information revealed will be used in teaching and canvassing for support for abused men in violent relationship.

CHAPTER FOUR

RESULTS

4.1 Socio-Demographic characteristics of respondents

From the table 1 below, six hundred (600) respondents were analysed. The respondent age (mean age: 26.96; S.D: 7.14) ranged from 16 to 65 years. Most of the respondents (67.2%) were aged 20 to 29 years while (83.3%) were single. In educational attainment, Undergraduates respondents (100level- 500level) were 51%, while the ordinary national diploma (OND) were 7.2%. Almost all of the respondents (78%) were Christians.

Majority of the respondents were Yoruba (79.5%), while 5.6% respondents were Hausas. More than half of respondents (68%) were urban settlers, while 7.5% were rural dwellers. Most of the respondents (69.7%) were from monogamous households while 9.5% respondents had a single parent.

Table 1: Socio-demographic characteristics of the respondents.

Characteristics	Frequency (n=600)	Percentages (%)
Age group (years)		
≤ 19	47	7.8
20-29	403	67.2
30-39	110	18.3
40-49	28	4.7
≥ 50+	12	2.0
Marital status		
Singles	500	83.3
Married	94	15.7
Divorced	6	1
Level of education		
Ond	43	7.2
Hnd	87	14.5
Undergraduate	306	51
Postgraduate	164	27.3
Religion		
Christianity	468	78
Islam	115	19.2
Traditional	17	2.8
Ethnicity		
Yoruba	477	79.5
Igbo	90	14.9
Hausa	33	5.6
Place of residence		
Urban dwellers	408	68
Semi-urban dwellers	147	24.5
Rural dwellers	45	7.5
Family type		
Monogamy	418	69.7
Polygamy	125	20.8
Single parent	57	9.5

4.2 Respondents relationship status

Out of the 600 respondents analyzed, 96.8% reported to have ever been in a relationship and 3.2% reported not to have ever been in a relationship. For those who have ever been in a relationship, 62.2% reported to been in a relationship currently.

4.3 Respondents experience of intimate partner violence

From table 2 below, for the percentage distribution of men experience of intimate partner violence, 53.9% reported to have been psychologically abused when 62.2% experienced physical violence. For sexual violence, 58.3% respondents reported to have been sexually violated.

Table 2: Respondents experience of intimate partner violence.

Characteristics	Frequency (n=600)	Percentages (%)
Psychological violence		
No	276	46.1
Yes	323	53.9
Sexual violence		
No	249	41.5
Yes	350	58.3
Physical violence		
No	227	37.8
Yes	373	62.2

From table 3 below, 19% reported to have ever been forced to perform sexual activity against their wish. Out of those forced to perform sexual activity against their wish, 17% reported to have been forced to engage in kissing, pecking and necking, while 12.2% were forced into vaginal penetrative sex and 2.7% respondents were forced to do genital fondling compared with 11% forced to engage in anal sex. Among the respondents, 15.5% reported to be victim in adulthood, 12.5% respondents reported to be victim during adolescence when 7.5% reported to be victim in childhood, while 4.2% were abused during childhood and adolescence. Perpetrated abuse by partner were 21% compared to 2.3% perpetrated by their relatives.

Table 3: Respondents experience of sexual Violence.

Characteristics	Frequency (n=600)	Percentages (%)
Ever experienced sexual violence?		
No	485	80.8
Yes	114	19
Type of Sexual activity?		
Vaginal penetration	73	12.2
Genital fondling	16	2.7
Kissing, pecking and necking	102	17
Anal sex	66	11
Period of experience		
Childhood	45	7.5
Adolescence	75	12.5
Adulthood	93	15.5
Childhood & Adolescence	25	4.2
Perpetrator		
Partner	126	21
Relatives	16	2.3
Neighbor	43	7.2
Stranger	37	6.2

4.4: Respondents victimization and health issues

From table 4 below, 5% of respondents reported to having health issue from partner victimization while 95% reported not to experience victimization. Only 4.5% reported that they need to see doctor but they did not when 95.5% respondent reported they do not need to see a doctor. In term of victimization, 3.7% reported to have been hospitalized while 96.3% reported not to be hospitalized as a result of victimization.

Table 4: Men victimized by their partner and any health issues.

Characteristics	Frequency (n=600)	Percentages (%)
Experienced health consequences of victimization?		
No	570	95
Yes	30	5
Do you need to see Doctor but did not?		
No	573	95.5
Yes	27	4.5
Ever hospitalized following victimization?		
No	578	96.3
Yes	22	3.7

4.5: Respondent ability to seek for help.

Of the 516 men who experienced violence, 2.5% reported to parents, 0.8% reported to police and 4.7% reported to their friends, while 9.5% reported to both friends and neighbours compared to 82.5% who did not check help.

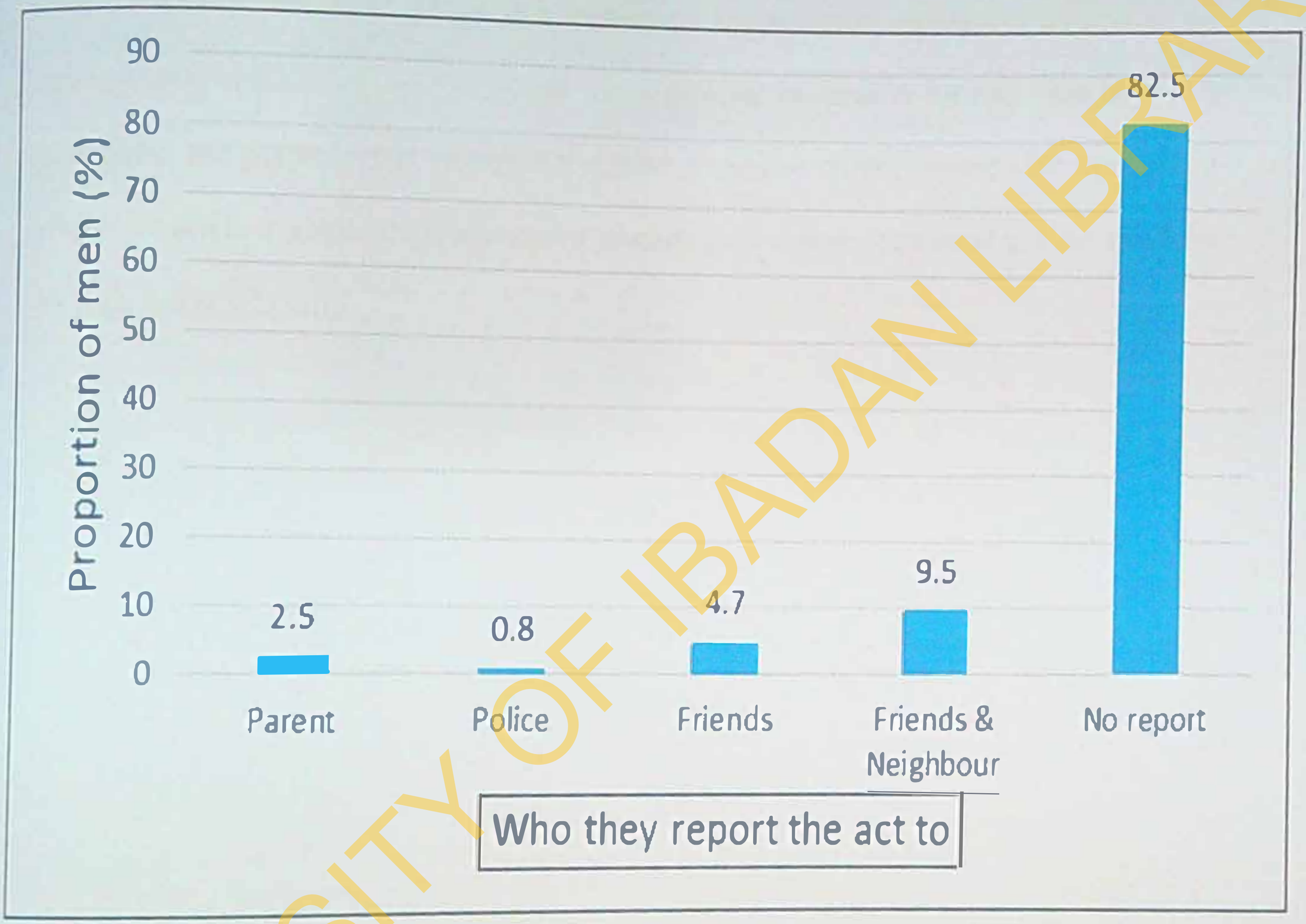

Figure 4.1: proportion of abused men who seek help.

4.6: Factors associated with respondent experience of psychological violence.

According to table 5, there was significant association between the level of education and psychological violence (X^2= 8.53; P value= 0.04). In educational attainment, 67.4% of OND were higher than the other groups that experience psychological violence compared to the undergraduate counterpart (50.3%). There was significant association between ever been in a relationship and psychological violence (X^2=22.96, P value = <0.05), while 55.7% of men that have ever been in a relationship experienced psychological violence compared to those that have not been in a relationship.

Table 5: Respondent socio-demographic characteristics by their experience of psychological violence.

Characteristics	Psychological violence		Total (n=599)	X^2	p-value
	No(n=276) (%)	Yes(n=323) (%)			
Age Group					
≤19	27(57.4)	20(42.6)	47		
20-29	181(45)	221(55)	402		
30-39	50(45.5)	60(54.5)	110	2.833	0.586
40-49	12(42.9)	16 (57.1)	28		
≥ 50+	6(50)	6(50)	12		
Level of Education					
OND	14 (32.6)	29 (67.4)	43		
HND	31 (36)	55 (64)	86		
Undergraduates	152 (49.7)	154 (50.3)	306	8.528	0.036
Postgraduates	79 (48.2)	85 (51.8)	164		
Family Types					
Monogamy	197 (47.2)	220 (52.8)	417		
Polygamy	58 (46.4)	67 (53.6)	125	2.190	0.335
Single parent	21 (36.8)	36 (63.2)	57		
Ever been in a relationship					
No	19 (100)	0 (0)	19		
Yes	257 (44.3)	323 (55.7)	580	22.964	<0.001
Currently in a relationship					
No	107 (47.3)	119 (52.7)	226		
Yes	169 (45.3)	204 (54.7)	373	0.235	0.628
Partner sex					
Female	237 (45.1)	288 (54.9)	525		
Male	5 (50)	5 (50)	10	1.252	0.535
Both	33 (52.4)	30 (47.6)	63		

According to table 6, under the social habit, there was significant association between alcohol drinking and psychological violence (X^2= 10.29, P value = <0.05); 63.9% reported to drinking alcohol and experiencing psychological violence compared to non-drinkers (46.8%) that experienced violence. There was significant association between the frequency of taking alcoholic drink and psychological violence (X^2=29.18; P value = <0.05), 93.1% men who regularly take alcoholic drink reported to have experienced psychological violence compared to other group, 60.6% men who occasionally drink alcohol experience psychological violence while 46.7% of non-alcohol drinker experience psychological violence. There was significant association between smoking with partner and experience of psychological violence (X^2= 14.34; P value = <0.05); men who tend to smoke with their partner (91.7%) reported to have experienced psychological violence.

Table 6: Respondents social lifestyle by their experience of psychological violence

Characteristics	**Psychological violence**		**Total**	**X^2**	p-value
	No(n=276) (%)	Yes(n=323) (%)	(n=599)		
Alcohol consumption					
No	188 (53.2)	166 (46.8)	354		
Yes	88 (36.1)	157 (63.9)	245	10.286	0.001
Frequency of alcohol consumption					
Regularly	2 (6.9)	27 (93.1)	29		
Occasionally	85 (39.4)	131 (60.6)	216	29.182	<0.001
None	188 (53.3)	166 (46.7)	354		
Partner smoke					
No	274 (47.7)	301 (52.3)	575		
Yes	2 (8.3)	22 (91.7)	24	14.335	<0.001

4.7: Perpetrator of psychological violence against respondents

From the total number of respondents (600) that experienced psychological violence, 14.9% were perpetrated by current partner, 29.4% by ex-partner compared to 55.7% perpetrated by both current partner and ex-partner.

4.8: Factors associated with respondent experience of physical violence.

According to table 7, there was significant association between level of education and physical violence (X^2=29.03; P value= <0.05); In educational attainment, 86.0% men of OND category experienced more physical violence compared to others in the group, 80.5% men have HND, 56.1% of men were of postgraduate level, while 56.9% were men of the Undergraduate level, all of which experience physical violence.

Also, there was significant association between family type and physical violence (X^2=14.08; P value = <0.05); respondent from the single parent (82.5%) had experienced more physical violence compared to 66.9% men of polygamy category and 58.1% men of the monogamy category. There was significant association between ever been in a relationship and physical violence (X^2=18.04; P value = < 0.05); Also, 63.8% men who have ever been in a relationship reported to have experience physical violence There was also a significant association between currently in a relationship and physical violence, (X^2=7.12; P value = 0.01) men who are currently in a relationship (66.4%) reported to have experienced physical violence compared to 55.5% that are not currently in a relationship.

Table 7: Respondent socio-demographic characteristics by their experience of physical violence.

Characteristics	Physical violence		Total (n=599)	X^2	p-value
	No(n=226) (%)	Yes(n=373) (%)			
Age Group					
≤19	25(53.2)	22(46.8)	47		
20-29	151(37.6)	251(62.4)	402		
30-39	35(31.8)	75(68.2)	110	6.551	0.162
40-49	11(39.3)	17 (60.7)	28		
≥50+	4 (33.3)	8(66.7)	12		
Level of Education					
OND	6 (14)	37 (86)	43		
HND	17 (19.5)	70 (80.5)	87		
Undergraduates	132 (43.1)	174 (56.9)	306	29.032	<0.001
Postgraduates	72 (43.9)	92 (56.1)	164		
Family Type					
Monogamy	175 (41.9)	243 (58.1)	418		
Polygamy	41 (33.1)	83 (66.9)	124	14.078	0.001
Single parent	10 (17.5)	47 (82.5)	57		
Ever been in a relationship					
No	16 (84.2)	3 (15.8)	19		
Yes	210 (36.2)	370 (63.8)	580	14.078	0.001
Currently in a relationship					
No	101 (44.5)	126 (55.5)	227		
Yes	125 (33.6)	247 (66.4)	372	7.118	0.008
Partner sex					
Female	205 (39)	321 (61)	525		
Male	2 (20)	8 (80)	10	3.221	0.200
Both	19 (30.2)	44 (69.8)	63		

Furthermore, according to table 8, there was significant association between taking alcoholic drinking and experience of physical violence. (X^2= 15.02; P value = <0.05). Among the respondents, 73.9% of men reported to taking alcoholic drink had experienced physical violence compared to non-alcohol drinker. There was significant association between the frequency of alcohol drinking and experience of physical violence (X^2=34.29; P value = <0.05); Among men who are regular drinkers 93.1% had experienced physical violence compared to occasional drinker 72.7% who had experienced physical violence while 53.1% men who are none drinker experienced physical violence. There was significant association between partner smoking and physical violence, (X^2= 12.05; P value = < 0.05); men who smoke with their partner (95.8%) reported they have experienced physical violence.

Table 8: Respondents social lifestyle by their experience of physical violence

Characteristics	Physical violence		Total (n=600)	X^2	p-value
	No(216)	Yes(384)			
Alcohol consumption					
No	152 (42.9)	203 (57.1)	355		
Yes	64 (26.1)	181 (73.9)	245	15.023	<0.001
Frequency of alcohol intake					
Regularly	2 (6.9)	27 (93.1)	29		
Occasionally	59 (27.3)	157 (72.7)	216	34.291	<0.001
None	152 (42.9)	203 (57.1)	355		
Partner smoking					
No	226 (39.2)	350 (60.8)	576		
Yes	1 (4.2)	23 (95.8)	24	12.048	0.001

4.9: Perpetrator of physical violence against respondents

From the number of respondents (384) that experienced physical violence, 16.9% were perpetrated by current partner, 31.6% by ex-partner while 51.5% was perpetrated by both current and ex-partner.

4.10: Factors associated with respondent experience of sexual violence.

According to table 9, Level of Education and physical violence has significant association (X^2=14.75; P value = <0.05), of those sexually violated, 81.4% respondent were OND educational attainment compared to 59.1% respondents of postgraduate level.

There was significant association between family type and sexual violence (X^2=9.72; P value = 0.01); 75.4% respondents from single parent experienced sexual violence compared to 59.1% respondents from the polygamy category experienced sexual violence. There was significant association between ever been in a relationship and sexual violence. (X^2= 8.33; P value = <0.05); men ever been in a relationship (59.5%) reported to have experienced sexual violence. There was significant association between currently in a relationship and sexual violence. (X^2= 10.14; P value = <0.05); men currently in a relationship (63.4%) reported to have experienced sexual violence.

Table 9: Respondents socio-demographic characteristics by their experience of sexual violence.

Characteristics	Sexual violence		Total (n=599)	X^2	p-value
	No(249)	Yes(350)			
Age Group					
≤19	21(44.7)	26(55.3)	47		
20-29	175 (43.5)	227 (56.5)	402		
30-39	42(38.2)	68(61.8)	110	4.652	0.330
40-49	8 (28.6)	20 (71.4)	28		
≥ 50+	3(25)	9(75)	12		
Level of Education					
OND	8 (18.6)	35 (81.4)	43		
HND	30 (34.9)	56 (65.1)	86		
Undergraduates	144 (47.1)	162 (52.9)	306	14.750	0.002
Postgraduates	67 (40.9)	97 (59.1)	164		
Family Type					
Monogamy	188 (45.1)	229 (59.1)	417		
Polygamy	47 (37.6)	78 (62.4)	125	9.720	0.008
Single parent	14 (24.6)	43 (75.4)	57		
Ever been in a relationship					
No	14 (73.7)	5 (26.3)	19		
Yes	235 (40.5)	345 (59.5)	580	8.332	0.004
Currently in a relationship					
No	113 (49.8)	114 (50.2)	227		
Yes	136 (36.6)	236 (63.4)	372	10.144	0.001
Who do you have a dating relationship with?					
Female	219 (41.7)	306 (58.3)	525		
Male	3 (30)	7 (70)	10	0.556	0.757
Both	26 (41.3)	37 (58.7)	63		

From table 10, there was significant association between alcoholic intake and sexual violence. (X^2=11.59; P value = < 0.05); of the respondents (68.9%) with alcohol intake experienced sexual violence compared with non-alcoholic intake respondent. There was significant association between frequency of alcohol intake and sexual violence. (X^2=22.35; P value = <0.05); regular alcohol intake (79.3%) experienced more sexual violence compared to non-alcohol intake respondent (50.8%) that experienced sexual violence. There was significant association between partner smoking and sexual violence. (X^2=17.79; P value = <0.05); All of the respondents (100%) who smoked with their partner experienced sexual violence compared to non-smokers.

Table 10: Respondents social lifestyle by their experience of sexual violence.

Characteristics	Sexual violence		Total	X^2	P value
	No(240)	Yes(359)	(n=599)		
Alcohol consumption					
Yes	76(31.1)	168(68.9)	244		
No	164(46.1)	191(53.9)	355	11.587	0.001
Frequency of alcohol intake					
Regularly	6(20.7)	23(79.3)	29		
Occasionally	68(31.6)	147(68.4)	215	22.347	<0.001
None	175(49.2)	180(50.8)	355		
Do you and your partner smoke					
Yes	0(0)	24(100)	24		
No	249(43.3)	326(56.7)	575	17.787	<0.001

4.11: Perpetrator of sexual violence against respondents

From the number of respondents (350) that experienced sexual violence, 15.4% were perpetrated by current partner, 28.9% by ex-partner while 55.7% was perpetrated by both partners.

4.12: Prevalence of Intimate partner violence among respondent.

According to figure 4.2, 86% of the total respondents reported to have experienced one form of intimate partner violence while 14% reported not to have been a victim of intimate partner violence.

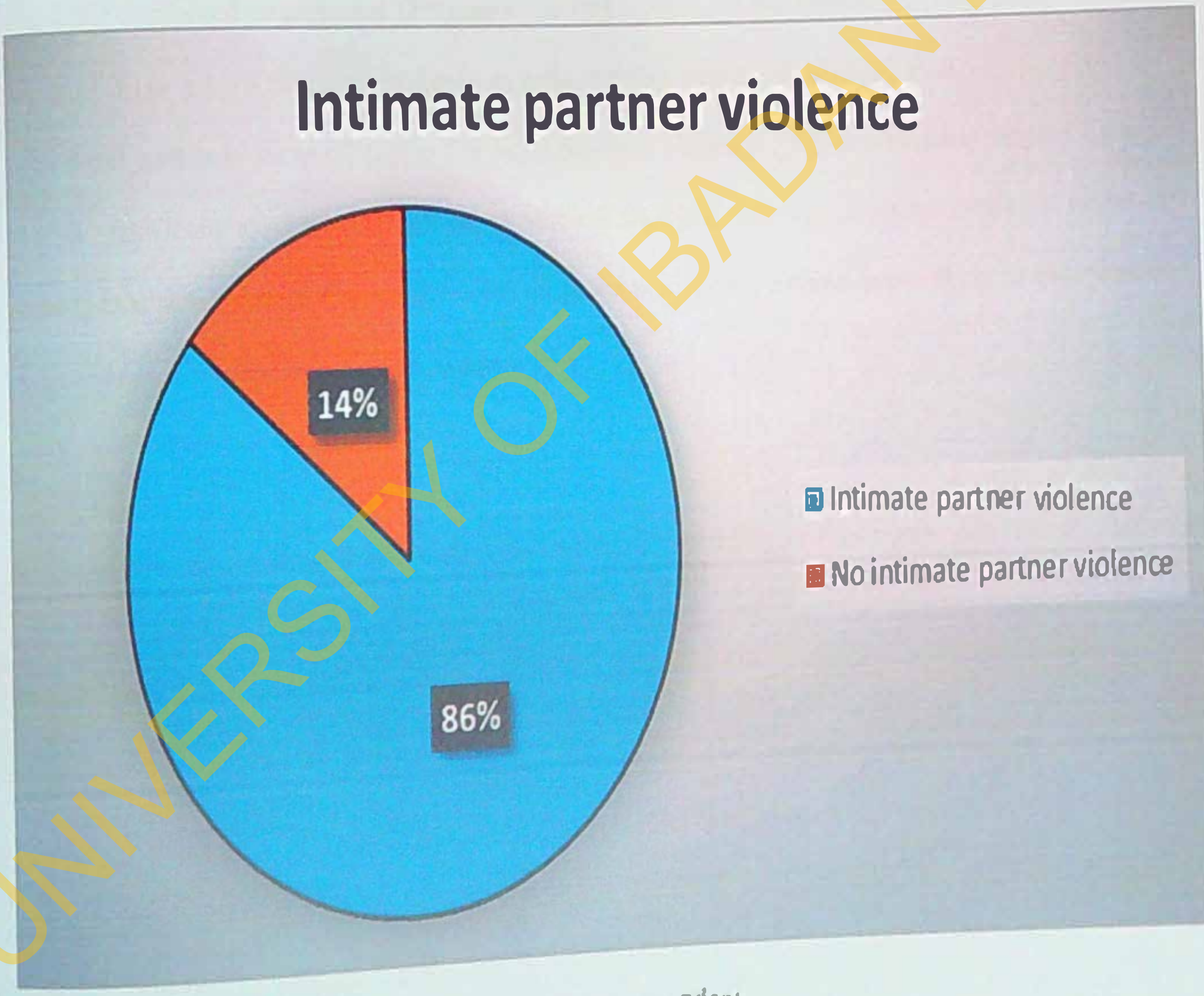

Figure 4.2: Proportion that experienced IPV among respondent.

4.13: Predictors of respondent experience of the forms of Intimate partner violence.

From table 11 below, Smokers had a significant association with psychological violence and was also a causal factor for psychological violence compared to non-smokers. (P value = 0.016; OR = 6.74; 95% C.I = 1.43-31.83) people smoking are 7 times more likely to experience psychological violence than non-smokers.

Alcohol intake had a significant association with psychological violence as the reference group (Non-users), regular alcohol users had significant association to experience psychological violence compared to non-user (P value = <0.001; O.R = 15.38; 95% C.I = 3.60-65.67) regular alcohol users are 15 times more likely to have experienced psychological violence compared to non-users and was a causal factor for psychological violence. While occasional alcohol intake had a significant association with psychological violence and was a causal factor (P value = 0.001; O.R = 1.76; 95% C.I = 1.25-2.48) occasional users are 2 times more likely to experience psychological violence compared to non-users.

Table 11: predictors of respondent experience of psychological violence.

Characteristics	Odd Ratio	O.R 95% C.I	P value
Level of Education			
Postgraduates(Ref.)			
OND	1.93	0.95-3.91	0.070
HND	1.65	0.97-2.82	0.068
Undergraduate	0.94	0.64-1.38	0.756
Religion			
Traditional(Ref.)			
Christianity	0.65	0.23-1.81	0.409
Islam	0.77	0.26-2.29	0.640
Ethnicity			
Hausa(Ref)			
Yoruba	0.79	0.46-1.36	0.391
Igbo	0.90	0.44-1.84	0.763
Alcohol consumption			
Non-users(Ref.)			
Regularly	15.38	3.60-65.67	0.000
occasionally	1.76	1.25-2.48	0.000
Smoke	6.74	1.43-31.83	0.001
Non-smoker(Ref)			

Note:
Ref- reference group

According to table 12, OND educational attainment had a significant association with physical violence (P value = 0.01), is a causal factor for physical violence (OR = 3.86; 95% C.I = 1.39-10.72) and those in the OND educational attainment are 4 times more likely to experience physical violence compared to those in postgraduate (reference group) level of education. HND educational attainment had significant association with physical violence (P value = 0.02), HND is a causal factor for physical violence (O.R = 2.21; 95% C.I = 1.13-4.32) men of the HND category are 2 times more likely to experience physical violence compared to postgraduate level of education.

There was significant association between monogamy and physical violence (P value= <0.05) therefore monogamy is protective of physical violence (O.R = 0.30; 95% C.I = 0.15-0.60) and 70% times more likely, 3 times less likely to cause physical violence compared to the single parent (reference group) category. Polygamy is also significant (P value = 0.03; O.R = 0.43; 95% C.I = 0.20-0.94) and protective of physical violence, therefore those in polygamy category are 57% times more likely and 2 times less likely to experience physical violence compared to the single parent family type. Also there was significant association between Yoruba ethnicity and physical violence compared to the Hausa (reference group) ethnicity, (P value=0.04; O.R=0.54; 95% C.I= 0.31-0.96).

Alcohol consumption had significant association to have experienced physical violence. Regular alcohol use had significant association with physical violence (P value = <0.05) and was a causal factor for physical violence (OR = 11.85; 95% C.I = 2.78-50.59) and regular alcohol users are 12 times more likely to experience physical violence compared to non-users (reference group) while occasional alcohol use had significant association with physical violence (P value = <0.05)and was a causal factor for physical violence (O.R = 2.34; 95% C.I = 1.62-3.37), those occasional users are 2 times more likely to experience physical violence compared to non-users (reference

group).

Smoker have a significant association with physical violence (P value = 0.01; O.R = 0.07; 95% C.I = 0.01-0.50), those smokers are 93% times more likely and 15 times less likely to have experienced physical violence compared to non-smokers (reference group).

Table 12: Predictors of respondent experience of Physical violence.

Characteristics	Odd Ratio	O.R 95% C.I	P value
Level of Education			
Postgraduate(Ref)			
OND	3.86	1.39-10.72	0.010
HND	2.21	1.13-4.32	0.020
Undergraduate	0.89	0.59-1.33	0.565
Religion			
Traditional(Ref)			
Christianity	1.33	0.49-3.57	0.572
Islam	2.31	0.80-6.69	0.121
Ethnicity			
Hausa(Ref)			
Yoruba	0.54	0.31-0.96	0.035
Igbo	0.58	0.28-1.21	0.146
Family type			
Single parent(Ref)			
Monogamy	0.30	0.15-0.60	0.001
Polygamy	0.43	0.20-0.94	0.034
Alcohol consumption			
Non-user(Ref)			
Regularly	11.85	2.78-50.59	0.001
Occasionally	2.34	1.62-3.37	0.000
Smoke	0.07	0.00-0.50	0.009
Non-smoker (Ref.)			

Note:
Ref- reference group

According to table 13, OND educational level was significant (P value = <0.01) and also a causal factor for sexual violence (O.R = 3.02; 95% C.I = 1.85-4.85) OND category are 3 times more likely to experience sexual violence compared to the postgraduate (reference group) level of education.

There was significant association between monogamy (protective) and sexual violence (P value = 0.004; OR = 0.40; 95% C.I = 0.22-0.89) respondents to monogamy are 60% times more likely and 3 times less likely to have experienced sexual violence compared to single parent (reference group). Monogamy is protective of sexual violence

Regular alcohol use had significant association with sexual violence (P value = 0.01; O.R = 3.71; 95% C.I = 1.47-9.32) and was a causal factor for sexual violence, regular users are 4 times more likely to experience sexual violence compared to non-users (reference group). While there was significant association between occasional alcohol use and sexual violence (P value = <0.05; O.R = 2.09; 95% C.I = 1.47-2.98) and is a causal factor for sexual violence. Occasional alcohol users are 2 times more likely to experience sexual violence compared to non-users (reference group).

Table 13: Predictors of sexual violence among men in U.I and the Polytechnic, Ibadan.

Characteristics	Odd Ratio	O.R 95% C.I.	P value
Level of Education			
Postgraduate(Ref)			
OND	3.02	1.85-4.85	0.009
HND	1.29	0.46-1.55	0.358
Undergraduate	0.78	0.44-1.00	0.198
Religion			
Traditional(Ref)			
Christianity	1.39	0.51-3.79	0.520
Islam	2.48	0.85-7.24	0.98
Ethnicity			
Hausa(Ref)			
Yoruba	0.57	0.32-1.01	0.053
Igbo	0.61	0.29-1.28	0.192
Family type			
Single parent(Ref)			
Monogamy	0.40	0.22-0.89	0.004
Polygamy	0.54	0.22-1.02	0.086
Alcohol consumption			
Non-users(Ref)			
Regularly	3.71	1.47-9.32	0.005
Occasionally	2.09	1.47-2.98	0.000

Note:
Ref- reference group

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION.

5.1 Prevalence, types and factors associated with intimate partner violence.

This study was aimed at reporting the prevalence and factors associated with intimate partner violence (IPV) among a sample of male students in selected tertiary institution. The result indicates that about three-quarter (¾) of the male student surveyed have experienced one form of intimate partner violence. Intimate partner violence which can manifest in the form of psychological abuse (verbal/emotional), physical, sexual abuse was a serious problem and was on the prevalence among men in dating relationship and married relationship.

About eighty-six (86%) percent of the students reported to have experienced the different forms of IPV while only fourteen percent reported never to have experienced intimate partner violence. Prevalence of IPV in this study was similar to reported estimates in sample carried out in the United States among student's community. In a sample of 266 males of a high school from long Island it was found that men are more likely not to report aggressive response from their partner (Watson et al., 2001). In a similar study of college undergraduate students, it was found that men sustained higher level of moderate intimate partner violence compared to their female counterpart. (Katz et al., 2002). Hines and Saudino, (2002) reported that 12.5% men were victim of severe physical violence while 8.4% men reported to sustaining injuries from their partner. In a study carried out in three different states in Nigeria, Oladepo et al., (2011) reported that 11.8% of men have been physically abused by their partner. In another study in Philadelphia U.S.A, 90% of 190 men caller to the domestic helpline reported to have experienced various form of intimate partner violence (Denise, 2000). In another college research on dating violence among 6900 university students across seventeen nations, it was found that adolescent girls were 11.5% more likely to assault their male partner regardless of whether overall assault or severe assault

rate were considered.

The prevalence of IPV against men was highly disputed with studies coming to many different conclusion for different nations and many countries not having much data. The true number of victims was likely to be greater than formal law enforcement related reporting statistics. Data from one survey looking at students in thirty-two nations found that about one-quarter of male students had been physically assaulted by their partner during a year (Straus murray, 2008).

However, the prevalence of IPV in this study was higher than estimates reported for other male students and men in the communities in some part of the world. This higher prevalence of IPV could be a result of differences in the educational attainment, their economic status, their background (family type) and their social lifestyle.

Despite the fact that the prevalence of IPV in this study was higher, there are some estimates of other comparative study in terms of health consequences that are higher than this study. In this study only 5% reported to have health issues resulting from their partner victimization while 4.5% refused medical attention and 3.7% reported to have been hospitalized as a result of partner victimization unlike other studies in which 27% of all injuries required medical attention and 31% of all victims' feared bodily harm (Hines and Douglas, 2009). Another report on victimization from the National crime victimization survey in 2004 showed that over 1.3/1000 men were assaulted by an intimate partner (Catalano, 2007).

The result of victimization from this study (5%) contradicts the finding of Addis and Mihalik, (2003) reporting decline in men victimization from 1.6 to 1.3 per 1000 from 1993-2004. Although crime surveys cannot be ascertained due to lack of supporting data however there are likely to be underestimation of the number of people who sustain IPV because many people do not conceptualize the physical violence they sustain from their partner as a crime. Also men as been noticed to be silent about the abuse they suffer from their intimate partner to preserve their

masculine ego. The number from the result underestimate the problem because many victims do not report intimate partner violence to families, friends and police (figure 4.1).

This study shows that men of lower educational status are at greater risk of IPV than their counterpart at higher educational attainment. This might be due to varied definitions used for assessing intimate partner violence in these study. Research have shown that the difficulty in determining the prevalence of intimate partner violence was based how to define abuse (Dekeseredy and Schwartz, 2001). In this study, Physical abuse (62.2%) was the most persistent forms of violence experienced by the respondents and this was in line with literature on intimate partner violence(Hines and Malley-Morrison,2001; Hines and Saudino, 2003; Hines and Douglas, 2009; Megan et al., 2011). This was followed closely by sexual violence (58.3%) experienced by the respondents which was in line with other studies. In a studies of college woman as high as 33% report to using aggression (either verbal or physical) to coerce men into engaging in sexual behaviours or intercourse and 20% of men report sustaining such sexual aggression from a woman.(Hines and Saudino, 2003). The prevalence rate of psychological abuse was the least with 53.9% and this may be due to the fact that men identify this act or behaviour as a normal way of life and not as crime against them. This was in correlation to the study in a report of the prevalence of psychological aggression by women toward men estimate that at least half and as much as 90% of men are recipients of some types of psychologically aggressive act (being threatened, called names, being insulted or sworn at) in their relationship. (Hines and Douglas, 2009).

In addition, it was found that the economic status of the student plays a great role in their experience of intimate partner violence as those with lower class experience more violence than the higher class. This may be due to the fact that their economic status determines their livelihood; the place of residence, diet and even their interaction with their communities and

partner. The student social lifestyle was also another factor for the prevalence of intimate partner violence experienced by men as those who regularly drink alcohol with their partner experienced more violence as this was in relation to report of female abusers having history of trauma, alcohol/drug problems, mental illness, and suicidal ideations from the experience of men caller helpline. (Denise, 2000). More educational awareness and encouragement on the types of intimate partner violence in the university communities could better provide more valid estimates on intimate partner violence experienced by men in the society.

5.2 Public health implication of Intimate partner violence.

In this study, 62.2% of men had experienced physical violence, 58.3% had experienced sexual violence and 53.9% had experienced psychological violence. This was in relation to approximately 10% of men in the U.S. have experienced rape, physical violence, and stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship. Likewise 13.8% of men in the U.S. have experienced severe physical violence at some point in their lives (Black et al., 2011). In general, victims of repeated violence over time experience more serious consequences than victims of one-time incidents (Johnson and Leone, 2005). In terms of mortality, in 2010, IPV contributed to 1,295 deaths, accounting for 10% of all homicides for that year (FBI, 2012).

Furthermore, this study shows that intimate partner violence can result from dating relationship and men experienced physical violence even at early stage and continued into adulthood, 46.8% aged below 19, 62.4% aged 20-29, 68.2% aged 30-39, 60.7% aged 40-49, 66.7% aged 50 above (table 7). This was in relation with Black et al., (2011) study among males who experienced rape, physical violence, or stalking by an intimate partner, 15.0% experienced some of IPV for the first time at age 11-17 year, 38.6% at age 18-24 years, and 30.6% at age 25-34 years. Many persons who experience IPV while young continue to encounter a pattern of abuse well into adulthood.

5.3 Perpetrator of Intimate partner violence.

From this study it was found that for physical violence majority of the abusers are the abused ex-partner (31.6%) this might be due to the fact the female perpetrator is angry at his partner or does things to spit the partner. Likewise ex-partner are mostly the one committing the crime knowing they have got nothing to lose in the relationship, this was followed closely by the current partner (16.9%). This was in line with Murray (2006) and a slight difference from Archer (2000) which show that women are significantly more likely to have ever used physical violence and used it more frequently while Megan et al., (2011) explained women use of intimate partner violence in self-defense, retaliation, anger to get their partner attention and likewise to exercise control but this is against Murray (2006) who finds out that women use of IPV is not in self-defense but as initiator of crime.

In psychological violence, ex-partner takes the majority of the action (29.4%) of perpetrating crime against their men partner while 14.9% men reported that the current partner perpetrated the IPV against them. This study lines with Hines et al., (2007) that women do not cite self-defense as reason for perpetrating IPV but rather anger, jealousy, retaliation for emotional hurt, effort to gain control, dominance and confusion. In another study of college women as high as 33% report to have used psychological aggression to achieve their desire. (Hines and Saudino, 2003). 28.9% reported that their ex-partner used sexual aggression against them while 15.4% reported that their current partner used sexual aggression against them. This was in correlation with (Hines and Saudino, 2003; Hines and Douglas 2009). Also Anderson (1998) report shows that the percentages differ based on the exact operational definitions of sexual aggression and most of the aggressive tactics used by the women in this encounters to coerce men into sex were verbal, while few men report that women sometimes use physical force to achieve their sexual goals (Anderson 1998).

5.4 Predictors of Intimate partner violence.

In this present study, lower educational attainment (ordinary national diploma) is significantly associated with intimate partner violence compared to the higher educational attainment while those of the lower educational attainment experience more intimate partner violence. It was found that men from the OND educational class experience greater level of intimate partner violence compared to their HND and Undergraduate counterpart. Intimate partner violence decreased gradually with their educational attainment, this might be due to the fact that their educational level affected their reporting rate or their behavioural interaction with their dating partner. Although for other studies reviewed, educational attainment were not stratified into different level but the studies carried out in academic environment showed that there is an increase in the level of intimate partner violence experienced by men (Watson et al., 2001;Katz et al., 2002; Hines and Saudino 2002; Douglas and Straus 2003).

Alcohol consumption has been significantly associated with intimate partner violence as those who consumed alcohol regularly and occasionally experienced more intimate partner violence compared to non-alcohol users. It was found in this study that alcohol use was a risk factor to have experienced psychological, sexual and physical violence. Likewise the frequency of alcohol use have a significant association for the forms of intimate partner violence and also a causal factor for intimate partner violence. Regular alcohol user tends to have experienced more IPV compared to non-users. Alcohol use and partner abandonment may result from the frequent use of alcohol and facilitate development of relationship discord which may end up in intimate partner violence. Continuous use of alcohol has been reported to be associated with having multiple sexual partners (Weiser et al., 2006), an issue that may fuel couple discord. The intentional use of alcohol to drunkenness or stupor may result in antisocial behaviour such as violence against their partner (Weiser et., 2006) or even a victim of a violent woman due to

alcohol/ drug problems (Denise, 2000). Almost 79.3% of regular alcohol user and 68.4% of occasional alcohol user experienced sexual violence compared to non-users, in the physical violence 93.1% of regular alcohol user and 72.7% of occasional alcohol users experienced physical violence compared to non-users while 93.1% of regular alcohol use and 60.6% of occasional alcohol use experienced psychological violence compared to non-user. This shows that alcohol use was responsible for experience of intimate partner violence.

This study shows that family type was significantly associated with intimate partner violence, men from single parent (82.5%) family background experienced physical violence more than Polygamy (66.9%) while about half of the respondents from monogamy (58.1%) experienced physical violence. Although family type was not significant with psychological violence but family type was significant with sexual violence in which 75.4% single parent reported to have experienced sexual violence with monogamy (59.1%) while Polygamy (62.4%) experienced sexual violence. This could have been possible because studies have shown that childhood exposure to violence may necessity the individual experiences and perpetration of violence in adulthood. Childhood posttraumatic stress disorder could lead to experience of IPV in adulthood and other bad behaviours compared with children who do not experience childhood abuse (Ford, et al., 2011). This correlate with the finding of this study and may be responsible for the reason why men from single parents experienced more intimate partner violence compared to their other counterpart from the other background.

In this present study, smoking was significantly associated with experience of intimate partner violence and was a risk factor to have experienced intimate partner violence. Men (91.7%) who smoked with their partner experienced psychological violence compared to non-smokers when 95.8% of men who reported to partner smoking experienced physical violence compared to non-smokers while 100% of respondents whose partner smoke reported to experience sexual

violence. This shows that smoking have great impact on the experience of intimate partner violence. This shows a correlation with the study which reports that smoking has been associated with risky sexual behaviours in later life and also found to be associated with perpetration of violence and been a victim of violence. (W.H.O, 2010). Smoking was a risk factor for IPV and correlates with the study by Busch and Rosenberg (2004) on gender differences among 45 men and 45 women in North Carolina attending treatment program as part of their probation. It was found that there was no gender differences in substance abuse but types of substances abuse and substances abuse problem was significantly associated with perpetration of violence irrespective of their gender.

Religion and ethnicity are not significantly associated with experience of intimate partner violence, this shows that religion and ethnicity are protective of IPV. This might be due to the fact that cultural norms and religious beliefs are responsible for underreporting among men respondents. This was related to the study by McNeely et al., (2001) that men sustain IPV may not seek help because of fears that they will be ridiculed and experienced shame and embarrassment.

5.5 Sources of help

Three-quarter ¾ of the respondents (82.5%) in this study did not report their intimate partner abuse to anyone. This was consistent with similar studies that have reported that men do not report IPV for the fear of stigmatization, ridicule and embarrassment. (McNeely et al., 2001). Also internalisation of blame makes it difficult to accept and report the act rather the victim takes up the responsibility for repairing the damage. (Anderson et al., 2003). The refusal of most of the victims not to report act may be due to the fact that most of the abuse were physical and sexual rather than psychological. Therefore the masculine nature of men will prevent them from coming forth to report act in public as men are view as the stronger vessel and not seen as an object of

abuse. This is consistent with Forge (2007) findings that men and boys do not report the violence due to fear of the stigmatization of being a male victim, the perceived failure to conform to the macho-stereotype, the fear of not being believed, the denial of victim status and the lack of support from the society, family members and friends.

Although this research did not find out why men do not report the act of been a victim but it was shown that only 2.5% reported to their parent while less the 1% (precisely 0.8%) reported to the police officer when only 4.7% confined in their friends. This follows McNeely (2001) finding that the men endured their violent partner because of fear of losing their children and the failure of the judicial system to protect victimized men. Likewise, according to Corry (2001) men who report abuse were arrested. as the primary aggressor were left. This led to unbelief in the law enforcement system and as violent against women carries a heavy weight in the judicial system, lots of men bears the burden of IPV in silence. Cook (1997) also reported that the burden of proof for IPV victimization is high for men because it falls outside of our common understanding of gender roles.

The low proportion of men who reported the act to their parents (2.5%) indicates the cultural beliefs and norms in Africa where men and boys are seen as the head of the house and the bearer of family names. Also level of education might be a factor not to report act as those of higher level of education believes that educational attainment must not be brought low and likewise have an idea of the definition term may not consent to been abused. Due to peer mate interaction. (4.7%) reported to their friends and this shows that more men confined in their peers than their parents or the law enforcement agencies. They seek advice from their friends and believe can share ideas together. According to Robertson et al., (2009) cultural norms about the treatment of men by women as well as of women by men have varied greatly depending on geographic region and sub-region even area by area sometimes, physical abusive behaviour of partner against each

other is regarded varyingly from being a crime to being a personal matter with the trend to fight IPV only starting over few decades and mostly for men not being well established. (Sullivan 2013, McNeilly Claire 2013).

Larger percentage did not report the act to anyone because the society as failed to provide support for abused men and there are no shelter houses, call-lines, civil groups and law to succour the effect of abuse from violent partner to men. Those amenities that are available for women are lacking for men. Even awareness is poor and educational jingle are not available to discourage IPV against men so they bear the brunch of their problem to themselves. It would be of great benefit if the policy makers would take a word of this to reform the aspect of the law to support abused men. This correlate with Corry (2001) finding that IPV was a human problem and not a gender problem as popular belief and should be addressed as one to have a solution. Also many men who have reported their abuse to authorities faces social stigma as well as possible retaliation and other dilemmas. Hattie (2011) noticed that same support and resources available for female IPV victims are not available to male victims while Hines (2009) found out that few bed and shelter in the United States are available to abused men and children. Likewise Muller et al., (2009) noticed there are no outreach programs targeted at male victims. Even health care literature on IPV focuses on women IPV victims and their expert advice, guidelines and protocols are streamlined on women IPV victimization in the health care setting. (Kimberg, 2007).

5.6 Consequences of intimate partner violence

The most prevalent type of abuse in this study was physical violence (62.2%) (like hitting, slapping, kicking in the butts, choking). 4% reported to heen hospitalised as a result of their partner victimization while 5% reported to have health issue and 4.5% refused to seek medical attention despite there their failing health conditions. This study report is consistent with

Lesermnan et al., (1998) that physical abuse has psychological effect on it victim which includes depression, difficulty in sleeping, loss of appetite, panic attack and anxiety.

In this study, of all the respondents 6% reported to feeling like hurting themselves whenever they remember the incidents while 4.7% are on medication to cope with the IPV incident and 5% use alcohol to forget the IPV abuse they suffered, this can be because of the failure of the society and family to provide support for abused men. This was supported by Carlson et al., (2002) in a study in the United States where he found that only factors such as good overall physical health, high self-esteem and a support network of family and friend scan mitigate the psychological impact of physical and sexual abuse.

Sexual violence (58.3%) is the second most occurring among men in this study and it has been noticed that victims of sexual assault are more likely to suffer from self -blame, self-defeating attitudes and an inability to develop coping mechanisms to deal with present and future trauma (Casey and Nurius, 2005). This might be responsible for why 4.7% of all men in this study have resulted into taking medication and 5% using alcohol as a form of coping mechanism with the situation. Also this study conform with Kali munro (2002) findings that men sexually abused by women feels something is profoundly wrong with them and defend this thought by being in a constant state of rage or anger which was socially acceptable for men. Many male survivors cope with the abuse by drinking alcohol, using drugs, living recklessly, avoiding intimate partner relationships, numbing their feelings and becoming depressed.

Furthermore, psychological violence took more than half of the respondents (53.9%) and according to literatures victims of psychological abuse are more likely to experience poor physical health, difficulty concentrating, emotional and mental impairment, poor work or school performance, higher likelihood of illegal drugs and alcohol use, suicidal thoughts or attempts (Straight et al., 2003) this also conform with the finding of this study in which (5.4%)

respondents report to alcohol consumption and medication as coping mechanism and 53.9% reported to having suicidal thoughts, all occurring among those who experienced psychological violence. In preliminary research shows IPV perpetrated by women against men is associated with various mental health problems in men such as depression, psychosomatic symptoms, distress (Simonelli and Ingram, 1998). Also IPV perpetrated by women against men, like other forms of family violence can be considered a significant health and mental health problem in this country. Scholars' community providers and mental health practitioners however still have a lot to learn about this social problem (Hines and Douglas, 2009).

5.7 Study limitation

Non response rate among men was high, due to the sensitivity of the nature of the study. Also some respondents may not give honest response to experienced abused in their relationship (as some question which were noticed to demoralize men masculine ego or of sexual orientation were omitted) i.e they may have social desirability bias There might be underestimation of the positive magnitude of intimate partner violence among men due to the fact that only men resident on campus as at the time of carrying out the research responded to the questionnaire. Also due to the retrospective nature of some of the variables (Childhood abuse and sexual assault) may have made some of the estimates unreliable due to memory loss. Respondents completed the structured questionnaire in private due to the sensitivity nature of the study, this might be responsible also for under or over reporting of some of the behaviours.

Although this study did not find out whether their primary site of abuse was on-campus or off campus but the result places the campus as a site of target for future continuous surveillance and screening for intimate partner violence.

CONCLUSION

From the result of this study it can be evidently concluded that intimate partner violence was a serious public health problem not any longer a gender issue rather a human problem which should be knitted at the bud by all and sundry. The result of this study had been able to show that the prevalence of all forms of intimate partner violence is on the rise among men from physical violence to sexual violence and psychological violence and would hereby suggest that primary and secondary prevention mechanism be employed to tackle this problem. This study found a prevalence rate for the men experience of intimate partner violence to be 62.2% for physical violence, sexual violence 58.3% and psychological violence 53.9%. Furthermore, the study reveals that the perpetrator of abuse were both the current and ex-partner while on individual proportion ex-partner (32%) perpetrated more violence compared to current partner (17%). Lower educational attainment, alcohol intake, frequency of alcohol intake, smoking, family background are all factors responsible for the experience of intimate partner violence.

The public health effect of intimate partner violence was devastating on the total health well-being of the individual and there are serious health implication to this victims of abuse like depression, suicidal thoughts and bad habit like smoking, drug abuse. All this was noticed from the response of the respondents and it suggest that the risk factors findings in this study was in collaboration with findings from other studies. It was also discovered that majority of men do not report their abuse to anyone and the very few that reported confined in their friends while a small fraction of 0.8% reported to law enforcement agencies. This shows that the level of educational awareness of IPV and it effect is still low both in the community and on campus.

RECOMMENDATION

1. The prevalence of intimate partner violence was very high among the men especially the OND educational attainment compared to the postgraduate educational category. Therefore it would be considered to design a strategy to target men in the secondary institution (college) about the risk associated with dating violence and is risk factors before they get into the higher institution.

2. There should be creation of youth empowerment club to encourage youth to focus more on academic pursuit and discourage bad social habit like smoking, alcohol consumption and hard drugs. Ban of sales of alcohol, immoral social club and illicit drug on campus. Intimate partner violence should likewise be part of the institutional curriculum and there should be capital punishment by the institution for any perpetrator.

3. There should be provision of more awareness and support group to encourage those who are victim of abuse. Likewise shelter houses and beds should be provided for battered men, counselling should be provided for them. This could be done through religious groups, seminars, conferences, public awareness program (posters, banners, sign post), radio jingles and many more.

4. Also policy makers should reform the family violence law to ensure it both carter for all human and there should be a re-orientation for the law enforcement agencies, the judiciary system to ensure fairness by giving justice to the abused and punishment to the perpetrator.

5. There should be further study on the mortality rate of intimate partner violence on men and the health consequences of intimate partner violence. The health practitioners should also develop protocol that will be effective for treating men not only women as IPV is no longer women problem but rather human problem. There should be training of institution

staff to recognize victims of abuse and help them get treatment, where necessary they can involve social services in case of need assistance and likewise there might be need to involve relevant authorities where there is a threat to livelihood.

6. Provision of grants for research funding, continuous training on constructive communication and relationship building skills. Ban of T.V programmes that undermine the personality of a gender. Community leaders, peer group club should also be involved in the fight against intimate partner violence.

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LIST OF APPENDIX

APPENDIX ONE

QUESTIONNAIRE

PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG MALE STUDENTS OF SELECTED TERTIARY INSTITUTION IN IBADAN, OYO STATE, SOUTH-WESTERN PART OF NIGERIA.

Dear Student,

My name is **ADELEKE TOSIN ADETUNJI**, a postgraduate student of the department of Epidemiology and medical statistics, University of Ibadan. I am conducting a research on the above named topic.

The information collected is mainly for academic purposes. **PLEASE DO NOT WRITE YOUR NAME** on this questionnaire. Your responses will be well secured from interference. Answer the question based on what you have experienced and really know to be sincere. Participation is completely voluntary as there is no consequence for refusal. The questions that ask about background will be used only to describe the class of people completing the survey. The information will not be used to find out your name. You are thereby invited to participate in the study and encouraged to give HONEST AND ACCURATE information. Thank you!

I agree to be part of this study (Tick){ }

Serial No_____ Signature_____

INSTRUCTION: Please Tick (√) the box that represent your opinion in the following question. Note that there is no right or wrong answer, so be free to express yourself when required.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS.

I. Age: _____ years

II. Marital Status: (1) Single { }(2) Married { }(3) Divorced { }(4) Cohabiting { }(5) Others { }

III. Level of Education: (1) OND { }(2) HND { }(3) Undergraduate { }(4) Postgraduate { }

IV. Religion: (1) Christianity { } (2) Islam { } (3) Traditional { } (4) Others { }.

V. Number of Children: _____

VI. Ethnicity: (1) Yoruba{ } (2) Igbo{ } (3) Hausa{ } (4) Others{ }

specify.....

VII. Family type: (1) Monogamy { } (2) Polygamy { } (3) Single Parent { }

VIII. Economic status: (1) High Class { } (2) Middle Class { } (3) Low Class { }.

IX. Place of Residence: (1) Urban setting { } (2) Semi-urban setting { } (3) Rural setting { }

All couples have different ways of relating. All couples argue or disagree. I'm going to ask you some questions about your past and present relationship. About how you and your current or past partners have handled argument or disagreements.

B. RELATIONSHIP HISTORY

1. Have you ever been in a relationship? (1.) Yes { } or (2.)No { }

2. Are you currently in a relationship? (1.) Yes { } or (2.) No { }
3. Are you in contact with your ex-partner? (1.) Yes { } (2.) No { }
4. Who do you have dating relationship with? (1.) Women { } (2.) Men { } (3.) Both { }
5. Do you think your partner treats you well? (1.) Yes { } or (2.) No { }

C. RELATIONSHIP AND PHYSICAL INTERACTION

6. Have your argument ever become physical with your partner? (1) Yes { } (2) No { }
7. Have you ever been hit, hurt or threatened by your current partner? (1.) Yes { } (2) No{ }
8. Have you ever been threatened or hurt by an ex-partner? (1) Yes { } (2) No { }
9. Has your partner ever held or locked you up somewhere against your will? (1) Yes { } (2) No { }.
10. Did you felt pain the next day? (1) Yes { } (2) No { }
11. Did you have sprain or bruise people could see? (1) Yes { } (2) No { }
12. Has your partner ever attempted to take your life? (1) Yes { } (2) No { }.
13. Has your partner ever threatened you with a weapon? (1) Yes { } (2) No { }.
14. Do you think you are in immediate danger of been hurt by your partner? (1) Yes { } (2) No { }.
15. Have you ever been choked by your partner? (1) Yes { } (2) No { }.
16. If yes to any of the question above, by whom? (1) Current partner { } (2) Ex-partner { } (3) Both { } (4) None specify.....

FROM QUESTION 17-23 IF YOUR ANSWER IS YES. INDICATE WHO DID ON QUESTION 24, ELSE GO TO QUESTION 25.

17. Does your partner follow or monitor you constantly? (1) Yes { } (2) No { }
18. Has your partner pulled your hair? (1) Yes { } (2) No { }.
19. Did you sustain any cut or bleeding from your partner? (1) Yes { } (2) No { }
20. Have you been cut or bled as a result of your fight? (1) Yes { } (2) No { }
21. Has your partner twisted your arm? (1) Yes { } (2) No { }
22. Did your partner destroy something to spite you? (1) Yes { } (2) No { }
23. Have your partner ever stomped out of the room? (1) Yes { } (2) No { }
24. If yes to Q17-23, by whom? (1) Current partner { } (2) Ex-partner { } (3) Both { } (4) None specify.....
25. Does your current partner feel like she needs to know where you are at all times? (1)Yes { } (2) No { }.
26. Do you feel you are still at risk for being hurt or threatened by your ex-partner? (1) Yes { } (2)No{ }

D. RELATIONSHIP AND PERSONAL HABIT

27. Do you take alcoholic drink? (1.) Yes { } or (2) No { }
28. Which of your partner take alcoholic drink? (1) Current partner { } (2) Ex partner { } (3) Both { } (4) None of them { }
29. How frequently do you take alcoholic drink? (1) Regularly { } (2) Occasionally { }

30. Have you ever been hurt by your partner while or after using drugs or alcohol?(1) Yes { } (2) No { }
31. Do you and your partner smoke? (1.) Yes { } or (2.) No { }.
32. If yes to Q31, which of them? (1) Current partner { } (2) Ex partner { } (3) Both { } (4) None { }
33. Has there been any physical fight or argument with your partner after sinoking? (1)Yes{ } (2) No { }. If yes, answer the next question.
34. Did it lead to any form of injury? (1) Yes { } or (2) No { }

E. RELATIONSHIP AND SEXUALITY.

35. Has anyone touched your genital in a way you don't like? (1) Yes { } (2) No { }
36. Have you ever been forced or cajolled to do sexual things against your wish? (1) Yes{ } (2)No{ }
37. What type of sexual activity were you asked to perform against your wish? (1) Vaginal penetration { } (2.)Genital fondling { } (3) Kissing, pecking and necking { } (4)others{ }
38. Who forced you to do this? (1) Partner { } (2) Aunty/sister { } (3.) Mother{ }(4) Neighbour{ }(5) Stranger{ }.
39. When did it happen? (1) Childhood { } (2) Adolescence { } (3) Adulthood { } (4) Others { }
40. Do you and your partner decide when and how to have sex? (1) Yes { } (2) No { }
41. Have your partner ever insisted on anal sex (no force)? (1) Yes { } (2) No { }
42. Has your partner ever denied you of sex as a punishment? (1.) Yes { } (2) No { }
43. Has your partner ever forced you to have unprotected sexual practices? (1)Yes { } (2) No { }
44. Has your partner ever attempted kicking you or cutting off your genitals? (1) Yes { } (2) No { }
45. Did you report the act to anyone? (1) Yes { } (2) No { }.
46. To whom did you report the act to? (1) Parent { } (2) Police { } (3) Friends { } (4) No one { } (5) Others { } specify.....
47. Did you feel any form of anger against yourself after the incident? (1) Yes { } (2) No{ }
48. Do you feel like hurting yourself whenever you remember the incident? (1) Yes { } (2) No { }

F. RELATIONSHIP AND VERBAL INTERACTION (PSYCHOLOGICAL).

49. Are you afraid of your partner? (1) Yes { } (2) No { }.
50. Do you need your partner's permission to spend money, go out or socialize with others?(1)Yes { } (2)No{ }
51. Has your partner ever shouted or swore at you in front of other people? (1) Yes { } (2) No { }
52. Have you ever been talked down by your partner? (1.) Yes { } (2.) No { }
53. Have your partner swore at you before people? (1) Yes { } (2) No

54. Do you feel bad and rejected at your partner words? (1) Yes { } (2) No { }
55. How frequent does she verbally insult and threaten you? (1)Regularly { } (2) occasionally { }
56. Do you have to take medication to forget the incident? (1.) Yes { } (2.) No { }
57. Do you have to use alcohol or drugs to cope with the incident? (1.) Yes { } (2.) No { }
58. Has your partner ever threatened to report you to family, friends or others? (1) Yes { } (2) No { }.
59. Have you partner called you fat or ugly? (1) Yes { } (2) No { }
60. Have your partner ever accused you of being a lousy lover? (1) Yes { } (2) No { }
61. Do you have flashback or ongoing nightmares of this experience? (1) Yes { } (2) No { }
62. Does your partner control your access to health care? (1) Yes { } (2) No { }
63. Do you feel your relationship is affecting your health? (1) Yes { } (2) No
64. Do you think your relationship is affecting you emotionally and physically? (1) Yes { } (2) No { }.
65. Do you think your relationship is affecting you financially? (1) Yes { } (2) No { }.

G. RELATIONSHIP AND HEALTH ISSUE.

66. Have you any health issue resulting from your partner victimization? (1) Yes { } 2. No{ }
67. Do you need to see doctor but did not? (1) Yes { } (2) No { }
68. Have you ever been hospitalized as a result of the victimization? (1) Yes { } (2) No { }.

Appendix Two

TELEGRAMS.....

TELEPHONE.....

MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No......

All communications should be addressed to

the Hon.Min Commissioner quoting

Our Ref. No. AD 13/ 479/ 2Y 9 November, 2014

The Principal Investigator.
Department of Epidemiology and Medical Statistics,
Faculty of Public Health,
University of Ibadan,
Ibadan.

Attention: Adeleke Tosin

Ethical Approval for the Implementation of your Research Proposal in Oyo State

This acknowledges the receipt of the corrected version of your Research Proposal titled "Prevalence of Intimate Partner Violence (IPV) among Male Students of Selected Tertiary Institution in Ibadan Oyo State, South-Western Part of Nigeria."

2. The committee has noted your compliance with all the ethical concerns raised in the initial review of the proposal. In the light of this, I am pleased to convey to you the approval of committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of the findings as this will help in policy making in the health sector.

4. Wishing you all the best.

Signature & Date

Sola Akande (Dr.)
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee