

**INTIMATE PARTNER VIOLENCE AMONG MARRIED WOMEN IN  
ALIMOSHO LOCAL GOVERNMENT AREA, LAGOS STATE, NIGERIA**

**BY**

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## DEDICATION.

This research work is dedicated to the Almighty God who gave me all that I needed in doing this programme.

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## ABSTRACT

Intimate partner violence (IPV) is any form of abuse perpetrated against a woman by her current or former husband or male partner. IPV is a major public health problem throughout the world. Forms of IPV are classified into physical, sexual, psychological and economic. These violent acts occur in homes and are directed at women. These acts have devastating effects on the physical, psychological and reproductive health of victims. Few studies have explored the extent to which married women in Nigeria have experienced violent acts by their husbands. The objective of this study was to determine the extent to which married women had experienced physical, sexual, psychological and economic forms of violence perpetrated by their intimate partners.

The study was descriptive and cross-sectional. The study had two components - quantitative and qualitative. It was conducted in Alimosho Local Government Area (LGA) of Lagos state. Quantitative data were collected using a pre-tested, semi-structured, interviewer-assisted questionnaire from married women. The questionnaire explored women's demographic characteristics, experience of physical, sexual, psychological and economic forms of violence from spouses, the perceived reasons for these acts, and health seeking behaviours. The respondents were selected through a systematic random technique from all the eight districts of the LGA. In-depth interview was used for qualitative data collection. The interview was used to explore demography variables of victims, the inception of violence in the home, the last experience and the health seeking behaviours.

Of the 704 women contacted, 606 consented to participate in the study (response rate 86%). The ages of the women ranged from 22 – 49 years with a mean of 35.9 years

6.48). Majority of the respondents were Yorubas 74.6% whose main occupation was trading 51%. One hundred and sixty-one (76.6%) had secondary school education. Five hundred and thirty-nine (88.9%) had experienced at least one form of violence. The prevalence of physical, sexual, psychological and economic forms of violence were 45.9%, 55.9%, 71.1% and 51.2% respectively. The most common forms of violent behaviours experienced by the women were slaps 41.9%, insistence on having sex 33.3%, verbal insults 41.3% and not providing money for the needs of the family 38.4%. Full-time housewives, women without formal education, women in polygamous marriages and those whose husbands drank alcohol were more likely than others to have experienced at least one form of violent behaviour. The most common perceived reason for physical, psychological and economic forms of violence were argument about money 37.4%, 32.9%, 27.1% respectively and refusal to have sex 34.2%. The proportion of women who had experienced physical, sexual, psychological and economic forms of violence but did not seek outside help were 54.0%, 62.2%, 67.5% and 73.5% respectively.

In conclusion, a high proportion of the women surveyed had suffered from different kinds of violence and only few sought for help. Interventions including providing conflict resolution skills training and referral to appropriate agencies are recommended to address these problems.

**Keywords:** Violence, Intimate partner, Couples, Behaviour, and Women

**Word Count:** 179



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## CERTIFICATION

I certify that this work was carried out by me Mrs. Olufunmilola Bolape ADEGBITE in the Department of Health Promotion and Education, University of Ibadan, Ibadan.

  
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## ABBREVIATIONS

<b>AIDS</b>	<b>Acquired Immunodeficiency Syndrome</b>
<b>CEDAW</b>	<b>The Committee on the Elimination of Discrimination against Women</b>
<b>CHANGE</b>	<b>Centre for Health and Gender Equity</b>
<b>DAW</b>	<b>Division for Advancement of women</b>
<b>DHS</b>	<b>Demographic and Health Survey</b>
<b>DOF</b>	<b>Degree of Freedom</b>
<b>GBV</b>	<b>Gender Based Violence</b>
<b>GHG</b>	<b>Gender and Health Group</b>
<b>HIV</b>	<b>Human Immuno Virus</b>
<b>IPV</b>	<b>Intimate Partner Violence</b>
<b>IHRLO</b>	<b>International Human Rights Law Group</b>
<b>LGA</b>	<b>Local Government Area</b>
<b>MRC</b>	<b>Medical Research Council</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>TBAs</b>	<b>Traditional Birth Attendants</b>
<b>UNAIDS</b>	<b>Joint United Nations Programme on HIV/AIDS</b>
<b>UNIFEM</b>	<b>United Nations Development Fund for Women</b>
<b>VAW</b>	<b>Violence against Women</b>
<b>VHW</b>	<b>Voluntary Health Worker</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WRAPA</b>	<b>Women Right Advancement and Protection Alternative</b>

## CHAPTER ONE INTRODUCTION

Over the past decade, recognition of the scope and significance of domestic violence globally has increased (WHO, 1997) and this is now recognized as a significant public health and human rights concern (Heise, Ellsberg and Gottenmoeller, 1999). Worldwide, one of the most common forms of violence against women is abuse by their husbands and other intimate male partners (Population Reports, 1999). Partner violence occurs in all countries and transcends social, economic religious and cultural groups. Although women can also be violent and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Population Reports, 1999; UNAIDS 2003).

Partner abuse can take a variety of forms including physical assault such as hits, slaps, kicks and beatings, psychological abuse, such as constant belittling, intimidation, humiliation, and coercive sex. It frequently includes controlling behaviours such as isolating a woman from family and friends, monitoring her movements and restricting her access to economic resources (UNIFEM, 2001; Population Report, 1999).

These violence acts occur within the home or in the wider community and are usually directed at women and girls because of their perceived weak femininity (Fawole, Ajuwon, Osungbade and Fayewa, 2002; Heise et al, 1999; UNIFEM, 1999).

The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women as

“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (United Nations, 1993).



In every country where reliable, large-scale studies have been conducted, results indicate that about 10% of women reported they have been physically abused by an intimate partner in their lifetime (WHO, 2000). Population based studies showed that between 12% and 25% of women have experienced attempted or completed forced sex by an intimate partner at sometime in their lives (WHO, 2000).

Other important findings on intimate partner violence are that:-

1. Intimate partner violence was the tenth leading cause of death for women 15-49 years of age in 1998
2. The perpetrators of violence against women are almost exclusively men.
3. Women are at greater risk of violence from men they know
4. Women and girls are the most frequent victims of violence within the family and between intimate partners
5. Physical abuse in intimate relationships is almost accompanied by severe psychological and verbal abuse
6. Social institutions put in place to protect citizens too often blame or ignore battered women. (WHO, 2000).

Intimate partner abuse has been associated with a broad range of serious physical and mental health problems which may be both immediate and long termed such as depression and anxiety, (Parish, Wang, Lauman, Pan and Luo, 2004) suicide, (Thompson, Kaslow, Kingree, Puette, Thompson and Meadows, 1999) bodily injury (Kyriacou, McCabe, Anglin, Lapesarde and Winer, 1999) and homicide (Bailey, Kellermann, Soles, Baston, Rivara and Rushforth, 1997). Also, a variety of negative behaviours such as smoking, alcohol and drug abuse, sexual risk taking, physical inactivity and overeating may take place as a result of the abuse. (Population reports, 1999).

Women who have experienced sexual or physical assault are more likely to suffer a variety of sexual and reproductive health disorders including chronic pelvic pains, (Golding, 1996), sexually transmitted infections (STI) (Stratton,

King, Grinstead, Vingtinghoff, Scrufilim and Allen 1998, Martin, Matza, Kupper, Thomas, Daly and Clutier, 1999), unwanted pregnancy (Dietz, Gazmararian, Goodwin, Bruce, Johnson and Rochart, 1997) and adverse pregnancy outcomes including miscarriage and infants of low birth weight (Koenig, Zablotska, Lutalo, Nalugoda, Wagna and Gmy, 2004). Women's exposure to violence may also increase their risk to HIV/AIDS directly or indirectly (CEDAW, 2001)

Violence against women has an effect on productivity and national economy. In 1993, the World Bank estimated that violence against women (VAW) was as serious a cause of death and incapacity among women of reproductive age as cancer and even a greater cause of ill health among women than traffic accidents and malaria combined (World Bank, 1993; WRAPA, 2002). In the United States of America (USA), the cost of violence against women on business in form of lost wages, sick leave and non-productivity was once put at \$100 million (about ₦14 billion) a year (WRAPA, 2002).

Many governments have committed themselves to overcoming violence against women by passing and enforcing laws that ensure women's legal rights and punish abusers. In addition, community-based strategies can focus on empowering women, reaching out to men, and changing the beliefs and attitudes that permit abusive behaviour. Only when women gain their place as equal members of society will violence against women no longer be an invisible norm but, instead, a shocking aberration (Population Reports, 1999)

The first ever Bill on Violence Against Women in Nigeria with funding from International Human Right Law Group (IHLG) was titled "Bill on Violence Against Women (Prevention, Protection and Prohibition) Act 2002" (WRAPA, 2002)

The objectives of the Bill are to:

- 1 Prevent all forms of violence against women
- 2 Provide adequate protection for women against physical violence, sexual abuse, psychological abuse and economic deprivation by person's known or unknown to them.
- 3 Provide adequate remedies for women and girls who have been abused.
- 4 Prohibit all forms of violence against women
- 5 Provide for the reinforcement of the existing criminal punishment for such conduct where it amounts to offence.
- 6 Serve as a deterrent, and to provide for matters connected therewith (International Human Rights Law Group, 2002; WRAPA, 2002).

Unfortunately, the formulation of laws alone is not enough to eliminate violence against women. The need to transform cultural beliefs, prohibit and eradicate all forms of cultural, administrative and legal practices that constitute and perpetuate violence against women must be developed as part of a comprehensive response to address the problem (WRAPA 2002).

### Statement of the Problem

Women's lifetime prevalence of intimate partner violence (IPV) is estimated to be 21 – 39% across studies in clinical care settings and in general population surveys (Jones, 1997). Intimate partner abuse can be conceptualised along a continuum of intensity, from verbal criticism to forced sex or sexual coercion (Heise, Pitanguy and Germain, 1994).

At least one in five of the world female population has been physically or sexually abused by a man or men at some time in their life. Many, including pregnant women and young girls are subject to severe, sustained or repeated attacks (WHO, 1997; Ilika, Okonkwo and Adogu, 2002; Ellsberg and Heise, 2002)

The negative consequences of abuse extend beyond women's sexual and reproductive health to their overall health, the welfare of their children, and even



the economic and social fabric of the nation. By sapping women's energy, undermining their confidence, and compromising their health, gender violence deprives society of women's full participation (Population Report, 1999; WRAPA, 2002; Rosalez Ortiz, Loiza, Primante, Barberena, Blandon, Sequero and Ellsberg, 1999).

As a UNIFEM report observed, "Women cannot lend their labour or creative ideas fully if they are burdened with the physical and psychological scars of abuse (UNIFEM, 1999). Victimization increases women's risk of future ill health (Dickinson, Dfgruy, Dickinson and Candia, 1999). Women's exposure to violence increases their exposure to HIV/AIDS directly or indirectly (CEDAW, 2001).

Although, intimate partner violence is an increasing public health concern in developing countries, evidence from representative, community based studies is limited (Koenig, Lutalo, Zhao, Nalugoda, Wabwire, Kiwanuka, Wagman, Wawer and Gray, 2003). In Nigeria, several studies have been done on gender-based violence against adolescents (Ajuwon, Olley, Akinlimoh and Akintola, 2002; Fawole et al, 2002 and 2003). Other studies conducted explored physical and emotional forms of violence among married women (Odujinrin, 1993; Ilike, 2002; Akinola, 2003). However, this present study explored all the four forms of intimate partner violence to compliment previous work done. The study explores the prevalence of physical, psychological, economic and sexual forms of violence among women of reproductive age who are married, the perceived causes of violence and the reported consequences on the affected women.

### **Justification for the Study**

This study is significant for these three reasons. One, it will strengthen the ability of the health sector to identify and respond to the affected women, pilot models of intervention and prevention of intimate partner violence and perhaps help to refer to agencies that could help the victims out. Two, it will help the policy makers, that is the Federal Government to adopt laws and policies that will strengthen the institutional capacity to respond effectively to IPV. Finally, the

data from this study draws attention to the experience of women who suffer IPV in the country.

## ● Objectives

The broad objective of the study was to determine the prevalence of intimate partner violence as it relates to sexual, physical, psychological and economic violence and the outcome of these acts on married women in Alimosho local government area (LGA) in Lagos State.

The specific objectives were to:

- 1 Identify the proportion of married women who had ever experienced violence perpetrated by their spouses/current partners.
- 2 Describe the profile of the abused women.
- 3 Describe the profile of their husbands.
- 4 Identify the perceived causes of intimate partner violence.
- 5 Describe the reported consequences of intimate partner violence on the affected women.
- 6 Describe the health seeking behaviour of the women affected by violence.
- 7 Discuss the implications of these findings for prevention and control programmes.

## Research Questions

- 1 What proportion of married women had ever experienced violence perpetrated by their spouses/current partners?
- 2 What are the demographic characteristics of the abused married women?
- 3 What are the demographic characteristics of their husbands?
- 4 What are the perceived causes of intimate partner violence?
- 5 What are the reported consequences of intimate partner violence on the affected women?
- 6 What is the health seeking behaviour of women affected by the violence?
- 7 What are the implications of these findings for prevention and control programmes?



## Variables and Hypotheses

The dependent variables are the experience of physical, sexual, psychological and economic violence. Women's perception of violence was measured by asking respondents to identify the conditions under which they think a wife could be beaten by her husband. These conditions were: refusal of sex, use of contraceptive without approval from husband, unfaithfulness, neglect of household duties and disobedience to the husband. Forms of violent behaviours in the study were physical, sexual psychological and economic (Table 4).

**Table 1**  
**Forms of violent behaviours**

Physical	Sexual	Psychological	Economic
Slap	Insistence	Verbal insult	None provision of money for family needs
Object throwing	Forced sex	Humiliation	None payment of house rent
Blows	Forced to perform sexual acts	Threat to hurt	Wife not being allowed to work
Grab	Sex deprivation	Destruction of wife's belongings	
Kicks			
Arm twisting			

The independent variables are mainly the predictors of experience of violence. This includes the profile of the women, such as age, type of work done, educational qualification, religion, ethnic group, length of marriage, type of marriage, number of children involved in the marriage, number of wives involved and position the woman occupy among the wives. This also includes the profile of the husband such as, age, ethnic group, alcohol consumption and smoking.

Based on these variables, the following hypotheses were formulated:

1. There is no significant relationship between experience of physical violence and women's age, education, occupation, religion, ethnicity and parity.
2. There is no significant relationship between experience of sexual violence and women's age, education, occupation, religion, ethnicity, type of marriage and the number of children she has.
3. There is no significant relationship between experience of psychological violence and women's age, education, occupation, religion, ethnicity and parity.
4. There is no significant relationship between experience of economic violence and women's age, education, occupation, religion, ethnicity, and parity.
5. There is no significant relationship between experience of any form of violence and women's age, education, occupation, religion, ethnicity and parity.
6. There is no significant relationship between experience of any form of violence and husbands' age, ethnicity, smoking habit and alcohol consumption.

#### **Limitations of the Study**

1. It is possible that some of the respondents underreported their experience of violence perhaps, because they could not totally recall the incidents or because they wanted to keep some of the issues to themselves. On the other hand, few might over report.
2. There were some interruptions by mother-in-laws, children and neighbours during the interviews hence few respondents did not feel relaxed enough when answering the questions.

## Operational Definitions

**Violence against women:** as defined by the United Nations 1993

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations, of liberty, whether occurring in public or private life (United Nations, 1993).

**Intimate partner abuse:** can take a variety of forms including “physical assault such as hit, slaps, kicks, and beating; psychological abuse, such as constant belittling, intimidation and humiliation, and coercive sex. It frequently includes controlling behaviours such as isolating a woman from family and friends, monitoring her movements and restricting her access to resources” (Population Reports, 1999).

**Gender based violence:** is violence against women or girls, which include physical, sexual, psychological and economic abuse. This abuse evolves in part from women’s subordinate status in society. This act of violence would be punished if directed at an employer, a neighbour or an acquaintance but often go unchallenged when men direct them at women, especially within the family (Population Reports, 1999).

**Domestic violence:** has been defined as “the range of sexually, psychosocially and physical coercive acts used against adult and adolescent women by current or former male intimate partners” (Population Reports, 1999). This definition is being used for this study.

**Married women:** These are women ages 15 – 49 years who are currently married or ever married and also women who are cohabiting with a male partner.



**Sexual coercion:** Exist along a continuum from forcible rape to non-physical forms of pressure that compel girls and women to engage in sex against their will (Population Report, 1999).

**Sexual abuse:** refers to any sexual act that occurs between an adult/ immediate family member and a girl child. It may be any non-consensual contact between a girl child and a peer. The girl child is defined as a girl under the age of 13, 14, 15 and 16 years of age.

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## CHAPTER TWO

### LITERATURE REVIEW

#### Global Prevalence of Intimate Partner Violence

Over the past decade, recognition of the scope and significance of intimate partner violence has increased. Violence against women is a major public health and human rights problem (World Health Organization, 1997; UNIFEM, 1999). It is one of the most pervasive yet least recognized, human rights abuse in the world (Heise et al., 1999). World-wide, one of the most common forms of violence against women is abuse by their husband or other intimate male partners. Women are at the risk of violence from the womb to the tomb (UNIFEM, 1998; Fawole et al, 2003). Partner abuse occurs in all countries and transcends social, economic, religious, and cultural groups, (WHO, 1999). Although, women can also be violent and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Population Reports, 1999).

The WHO estimates that at least, a man has physically or sexually abused one of every five of the world's female at some time in life (WHO, 1997). Every 15 seconds, a woman is beaten, among as many as 4 million women. This battering is so severe that they require medical or police attention. But for nearly 4,000 each year the abuse ends (that is, these die as a consequence of the abuse).

In nearly 50 population-based surveys from around the world, 10% to over 50% of women reported being hit or otherwise physically harmed by an intimate male partner at some point of their lives. This refers only to women who have been physically assaulted (WHO, 1999). Data on psychological, economic and sexual abuse by intimate partners are few. Physical violence in intimate relationship is almost always accompanied by psychological abuse and in one-third to over one half of cases by sexual abuse (Campbell and Soeken, 1999; CHANGE, 1999; Dietz et al, 1997). For example, among 613 abused women in Japan, 57% had suffered all three types of abuse – physical, psychological and



sexual. Only 8% had experienced physical abuse alone (Yoshihama and Sorenson, 1994). In Monterrey, Mexico, 52% of physically abused women had also been sexually abused by their partners (Grandos, 1996). In Leon, Nicaragua, among one hundred and eighty eight (188) women who were physically abused by their partners, only five (5) were not also sexually, psychologically, or both (Ellsberg et al, 1999).

### **Prevalence in Africa**

The prevalence of intimate partner violence in Africa is shown in Table 1 while that of Nigeria is shown in table 2 below.

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**Table 2**  
**Prevalence of IPV in selected African countries**

S/N	Author	Population	Setting	Findings
1.	Watts and Mayhew, (2004)	Ever partnered women	Villages in Zimbabwe	A total of 13.49% of the women have ever been hit or physically assaulted by an intimate partner.
2.	Stratens et al, (1998)	Women with steady partners	Prenatal and paediatric outpatients in the Central Hospital Kigali	One third of the women reported sexual coercion, while 21% reported physical violence perpetrated by their male partners. A total of 43% experienced physical violence in adulthood.
3.	Watts, Keogh, Ndlovu and Kwaramba (1998)	Married women with regular partners	Households in a province in Zimbabwe.	A total of 25% of the women reported to have experienced forced sex, while 17.5% experienced withholding of sex by their husbands and 8% of these experienced both.

**Table 3**  
**Prevalence of IPV in Nigeria**

S/n	Author	Population	Setting	Findings
1	Ilika et al. (2002)	Women of child bearing age who attended antenatal or infant welfare clinic	Clients at the PHC. Neni, Anambra State.	Over 40% experienced violence in the last 12 months of the study
2	Odujirin (1993)	Married women in three major markets, six schools, and one hospital.	Married women	A total of 81% had been abused by their husbands, 68% had experienced only verbal abuse while the rest (13%) have been abused physical and verbal abuse.
3	Akinola (2004)	Market women in 5 major markets in Ibadan	Women in Ibadan Metropolis	A total of 67.1% experienced verbal abuse, 36% beating, 21% slaps, 19% threats, 15% kicks/blows and 8% object throwing.

These researches on intimate partner violence in developed and developing countries suggest that IPV occurs in all societies (WHO, 2002)

#### Culture and partner violence

Many societies have beliefs, practices and norms that undermine women's autonomy and contribute to gender-based violence. Many cultures give men the right to have control over their wives' behaviour and that women who challenge that right - even by asking for household money or by expressing the needs of the children - may be punished (WHO, 1999). In countries such as Nigeria, Bangladesh, Cambodia, India and Zimbabwe studies showed that violence is frequently viewed as physical chastisement - the husband's right to "correct" an erring wife (Osaku et al, 1998; Armstrong, 1998).

Culturally, justifications for violence mostly evolve from gender norms that is, social norms about the proper roles and responsibilities of men and women (Counsell et al, 1999). Men are given relatively free reign as long as they can

adequately meet the financial demands of their home. Women are expected to mind the children, wash clothes, and cook and generally care for the home. They are expected to show their husband obedience and respect. These gender roles are rigidly enforced (Heise, 1998). If a man perceives that his wife has somehow failed in her role, stepped beyond her bounds, or challenged his rights, then he may react violently (Population Reports, 1999).

Most times, the concept of masculinity is linked to toughness, male honour, dominance and aggression (Counts, 1992). Other cultural norms associated with abuse include tolerance of physical punishment of women, acceptance of violence as a means to settle interpersonal dispute and the perception that men have ownership of women (Heise, 1999; Moreno, 1999; Oprema, 1999).

There are some identified lists of events worldwide that are said to trigger violence including not obeying husband, talking back, not having food ready on time, inadequate care for the children or home, questioning him about money or girlfriends and going somewhere without his permission. Others are refusing him sex, refusing him sexual acts or expressing suspicious of infidelity (Armstrong, 1998; Fomale, 1998). All these constitute transgression of gender norm.

Societies often distinguish between acceptable and unacceptable amounts of aggression, as well as justified or unjustified reasons for violence. Certain individuals, usually husbands, may have the right to chastise a woman physically but only within limits. When these limits are overstepped by the man or the woman is beaten without a just cause, others in the community have cause to intervene (Heise 1998; Rao, 1997). Where culture grants men substantial control over female behaviour, abusive men generally exceed the norm (Johnson, 1996). For example, a man is allowed to beat his wife or even send her away if found to be having an extramarital affair. Also, if a woman is rude to the father or mother in-law, the husband may beat her. A Zimbabwean study revealed that strict control are placed on women's sexuality within marriage, men are allowed consideration freedom, and nowadays, it is commonly accepted that men will have sexual relationship outside marriage (Menzing et al, 1995).



Men are also expected to have need for and enjoy sex regularly but for women this is not necessary (Njovana, 1996). Consequently, pleasing a woman sexually is generally not considered important, particularly after marriage. Furthermore, in Zimbabwe there is traditionally little communication between spouses about sexual issues. Because women are taught that they should not enjoy sex, it is often difficult for them to express their sexual feelings and needs (Lowenson, 1996). As elsewhere, women are vulnerable to domestic violence both because of their low status and lack of power in the family and because violence within marriage is widely tolerated. Indeed, women are taught that violence is an inevitable part of relationships and social norms commonly condone violence by men as a way of resolving disputes and exercising control within the family (Njovana et al, 1996). This creates pressure on them to end violent relationship: indeed, women face immense economic pressure and social stigma if they do leave (Watts et al, 1998).

### **Impact of intimate partner abuse on the women's reproductive health**

Physical and sexual abuse has a close linkage with psychological abuse. Women who are physically and sexually abused, end up with depression, low self-esteem, post-traumatic stress and stigma, excessive drug and alcohol use (Population report, 1999). Physical and sexual abuse lie behind some of the most intractable reproductive health issues of our times such as unwanted pregnancies, HIV and other STIs and complications of pregnancy. Studies documented the ways in which violence by intimate partners and sexual coercion undermines women's sexual and reproductive autonomy and jeopardize their health (Population Report, 1999; Geisc, 1999).

### **Sexual Autonomy and Unwanted Pregnancies**

In many parts of the world including Nigeria, marriage is interpreted as granting men the right to unconditional sexual access to their wives and the power to enforce this access through violence, if necessary (Sen, 1999). Women who



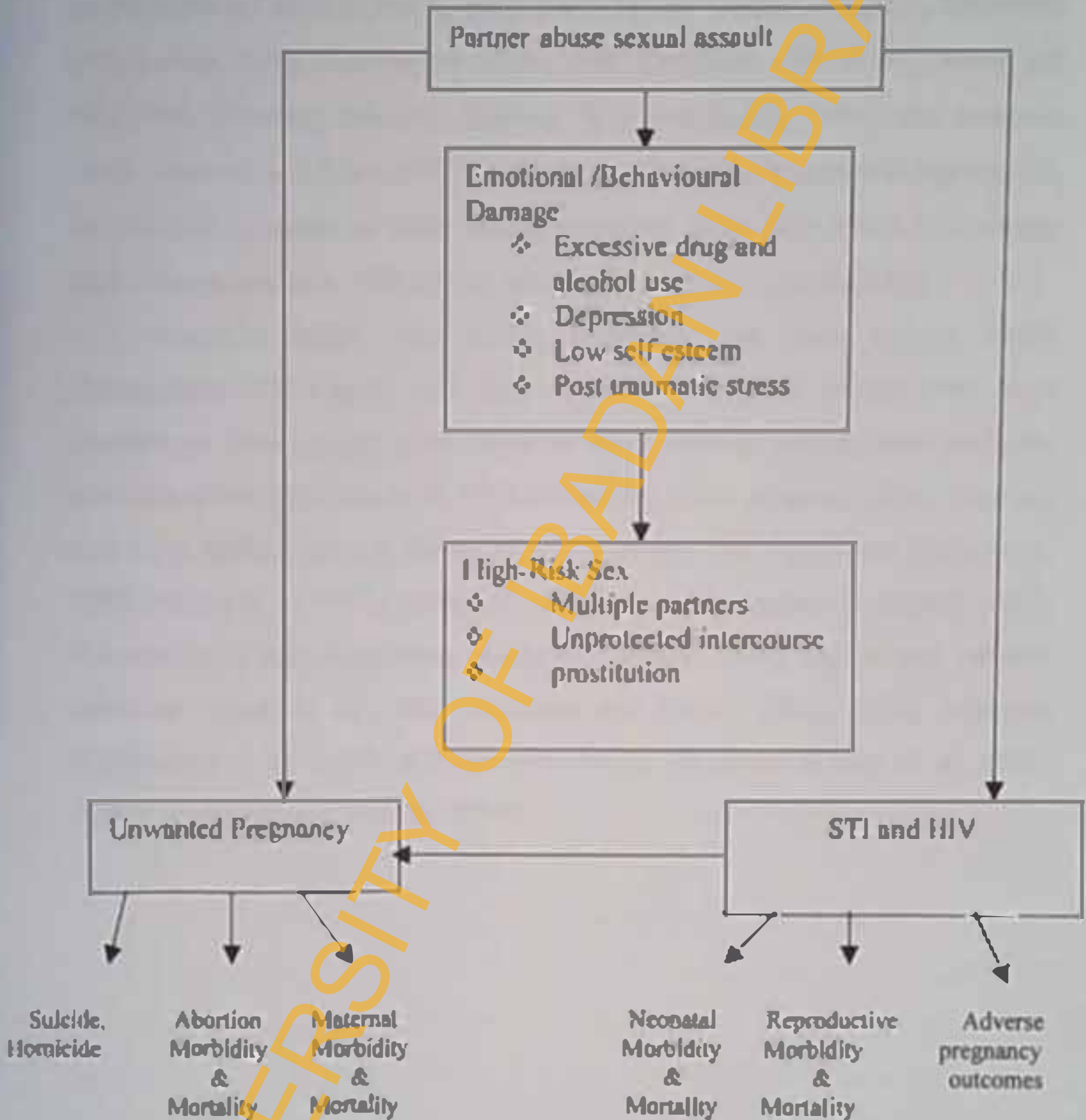
lack sexual autonomy often are powerless to refuse unwanted sex or to use contraception and thus are at risk of unwanted pregnancies.

Women are forced to having sex, even, if they do not want to. For example, in the Philippines, 43% of the married women of reproductive age who were surveyed said they were afraid of refusing their husbands sexual advances, often because refusal might cause their husbands to beat them (David and Chin, 1998). Many studies have found out that violence toward women is more common in families with many children (David et al, 1998; Ellsberg et al, 1999; Jejeebhoy, 1998; Rosales et al, 1999). Researchers have long assumed that having many children increases women's risk of being abused, perhaps by increasing levels of stress within the family or provoking more marital disagreement. Recent research in Nicaragua, however, suggests, that the relationship may be the reverse with domestic violence increasing the likelihood that a woman will have many children. The study also found that abused women were twice as likely as other women to have four or more children. But 50% of all physical abuse began within the first two years of the relationship and 80% began within four years (Ellsberg, 1999). This fact shows that abuse preceded having many children, rather than being a consequence.

A large-scale survey among married men in India, demonstrated directly that forced sex can lead to unintended pregnancies. Men who admitted having forced their wives to have sex were 2.6 times more likely than other men to have caused an unplanned pregnancy (Jaffe, 1990). Figure 1 shows the direct and indirect relationship between IPV and unwanted pregnancy/STIs.

Figure 1

**Intimate Partner Violence: Direct and Indirect Pathways to Unwanted Pregnancy and Sexually Transmitted Infections**



Adapted from Heise et al, 1995.

## Obstetric Risk Factor

IPV can also lead to high-risk pregnancies. Around the world, as many as one woman in every four women is physically, sexually and in turn psychologically abused during pregnancy, by her partner. (Ballard, Salzman, Gazmararian, Spitz, Lazorice and Marks 1998; Campbell, 1995; Curry, Perrin and Wall, 1998; Elzanaty, Hussein, Shawicy, Way and Kishor, 1996; Gazmararian, Spitz, Lazorice and Mark, 1997). Estimates vary widely, however within the US, for example, estimates of abuse during pregnancy range from 3% to 11% among adult women and up to 38% among teenage mothers (Curry et al, 1998).

Violence before and during pregnancy can have serious health consequences for women and their children. Pregnant women who have experienced violence are more likely to delay seeking prenatal care and gain insufficient weight (Curry et al, 1998; McFarlane, 1996; Johnson, 1996). They are also more likely to have a history of STIs (Amaro, Fed, Cabral and Zuckerman, 1990; Martin et al 1999), unwanted or mistimed pregnancies (Campbell, 1995; Cokkinidies, Coker, Sanderson, Addy and Bethea, 1999) vaginal and cervical infections (Curry et al, 1998; McFarlane and Parker, 1996), kidney infection (Cokkinides et al, 1999) and bleeding during pregnancy (Curry et al, 1998; Parker, McFarlane and Soekan, 1994).



## Adverse Pregnancy Outcomes

Violence has been linked with increased risk of miscarriages and abortion, premature labour, and foetal distress (Cokkinides 1999; Jcjeebhoy 1998). Four propositions have been put forward to explain how violence puts pregnancies at above-average risk (Newberger, Barkan, Liebman, McCormick 1992; Peterson, Gazmararian, Spitz, Rowley, Goodwin, Saltman, and Marks, 1997). First, blunt abdominal trauma can lead to foetal death or low birth weight by provoking preterm delivery (Pak, Reece, and Chan 1998; Connoiy, Katz, Bash, McMahon and Hansen, 1997) et al, 1997). Secondly, partner violence may affect pregnancy outcome indirectly by increasing women's likelihood of engaging in such harmful health behaviours such as smoking and alcohol use and drug abuse, even after controlling for such other risk factors as prior use, family environment or parental alcoholism (Epstein, Saunders, Kupatrick, and Resnick 1998; Kilpatrick, Accirno, Resnick, Saunders and Best, 1997; Amaro, 1990). Thirdly, extreme stress and anxiety provoked by violence in pregnancy also may lead to preterm delivery or foetal growth retardation by increasing stress hormone levels or immunological changes (Glover, 1997; Wadhwa, Dunkel, Chicz-Demet, Porto, and Sandman, 1996). Stress resulting from abuse can reduce women's ability to obtain adequate nutrition, rest, exercise, and medical care (Campbell, 1995; Petersen et al, 1997).

Finally, violence can eventually result in maternal death. In some continents of the world, particularly India, partner violence have been responsible for a sizeable proportion of pregnancy related deaths. In India, verbal autopsies from a recent surveillance study of all maternal deaths in over 400 villages and 7 hospitals of Maharashtra revealed that 16% of all deaths during pregnancy were due to domestic violence (Guatra, 1996). Other gynaecological problems associated with intimate partner violence include disorders such as chronic pelvic pain, STIs, pelvic inflammatory diseases, irregular bleeding, vaginal discharge, painful menstruation, sexual dysfunction (difficulty in orgasm, lack of desire and conflicts over frequency of sex), and premenstrual distress (Ehler, Hein and Heilhammer, 1999; Collett, Cordle, Stewart and Jagger, 1998).

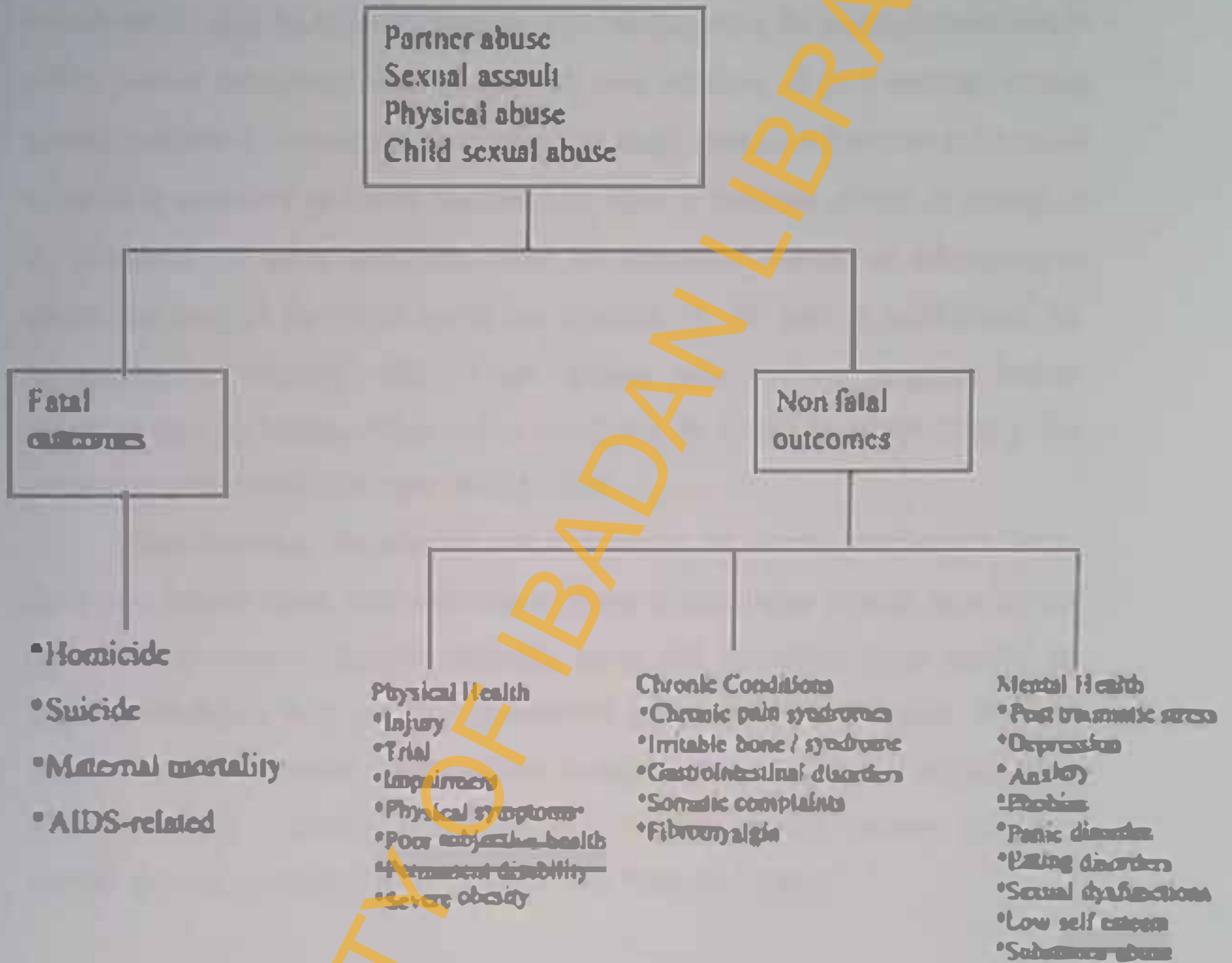
## Intimate partner violence—a threat to health and development

The magnitude of IPV can be seriously underestimated because women suffer the physical and emotional effect of violence long after it had ceased (Ellsberg, 2001). The negative consequences of abuse extend beyond women's sexual and reproductive health to their overall health, the welfare of their children, and even the economic and social fabric of nations. Gender violence deprives society of women's full participation by sapping women's energy, undermining their confidence and compromising their health. (Population reports 1999). A UNIFEM report on violence observed that "women cannot tend their labour or create ideas fully if they are burdened with the physical and psychological scars of abuse" (Carrillo, 1992). Victimization is a risk factor for a variety of ill health. In addition to causing immediate physical injury and mental anguish, violence also increases women's risk of future ill health. A summary of the immediate and long-term complications of IPV is shown in figure 2.



Figure 2

Health Outcomes of Intimate Partner Violence Against Women



Source: Centre For Health and Gender Equity CHANGE, 1999

## Violence: a life-span phenomenon

Violence affects women across all spectrum of life (Table 3). Beginning before birth, in some countries, with sex selective abortions, or at birth when female babies may be killed by parents who are desperate for a son, it continues to affect women throughout their lives. Each year, millions of girls undergo female genital mutilation. Female children are more likely than their brothers to be raped or sexually assaulted by family members by those in position of trust or power, or by strangers. In some countries, when an unmarried woman or adolescent is raped, she may be forced to marry her attacker, or she may be imprisoned for committing a "criminal" act. These women who become pregnant before marriage may be beaten, ostracized or murdered by family members even if the pregnancy is the result of a rape (WHO, 1997).

After marriage, the greatest risk of violence for women continues to be in their own homes where husbands and at times in laws, may assault, rape or kill them. When women become pregnant, grow old, or suffer from mental or physical disability, they are more vulnerable to attack. Table 3 below. Women who are away from home, imprisoned or isolated in any way are also subjected to violent assaults. During armed conflict, assaults against women escalate, including those committed by both hostile and "friendly" forces.

Table 4

Violence against women throughout the life span

PHASE	TYPES OF VIOLENCE
Pre-birth	Sex-selective abortion; effect of battering during pregnancy on birth outcome
Infancy	Female infanticide; physical, sexual, and psychological abuse
Girlhood	Child marriage, female genital mutilation physical, sexual and psychological abuse, incest; child prostitution and pornography
Adolescence & Adulthood	Dating, courtship violence (e.g. acid throwing and date rape) economically coerced sex (e.g. school girls having sex with sugar daddies in return for school fees); incest; sexual abuse in the workplace; rape/sexual harassment; forced prostitution and pornography; trafficking in women; partner violence; marital rape; dowry abuse and murders partner homicide; psychological abuse, abuse of women with disabilities; forced pregnancy
Elderly	Forced suicide or homicide of widows for economic reasons; sexual, physical and psychological abuse

Source: WHO, 1997

Intimate partner violence and children's health

Conflicts between parents frequently affect their young children. Children who witness marital violence face increased risk for such emotional and behavioural problems as anxiety, depression, poor school performance, low self esteem, disobedience, nightmares, and physical health complaints (Edleson, 1999; McCloskey, Figueroa and Koss, 1995). Such children also are more likely to act aggressively during childhood and adolescence (Song, Singer, and Anglin, 1998).

Children who witness violence between their parents often develop many of the same behavioural and psychological problems as children who are themselves abused (Edleson, 1999). In Nicaragua, for example, children of battered women were more than twice as likely as other children to suffer from learning, emotional and behavioural problems and almost seven times as likely to



be abused themselves physically, sexually or emotionally (Ellsberg, 1999). Among abused women in Nicaragua, 49% said that their children often witness violence, (Ellsberg, 1999) as did 64% in women in Ireland (O'connor, 1995) and 50% in Mexico (Granados et al, 1996).

Some studies in the US found that in 30% to 60% of families where husbands abuse their wives, the children also are abused (Appel and Holden, 1998; Edleson 1999). Clinical experience suggests that this pattern exists in developing world as well, such as US (Ellsberg, 1998). Children who both witness and experience abuse have the most severe behavioural problems (Edleson, 1999).

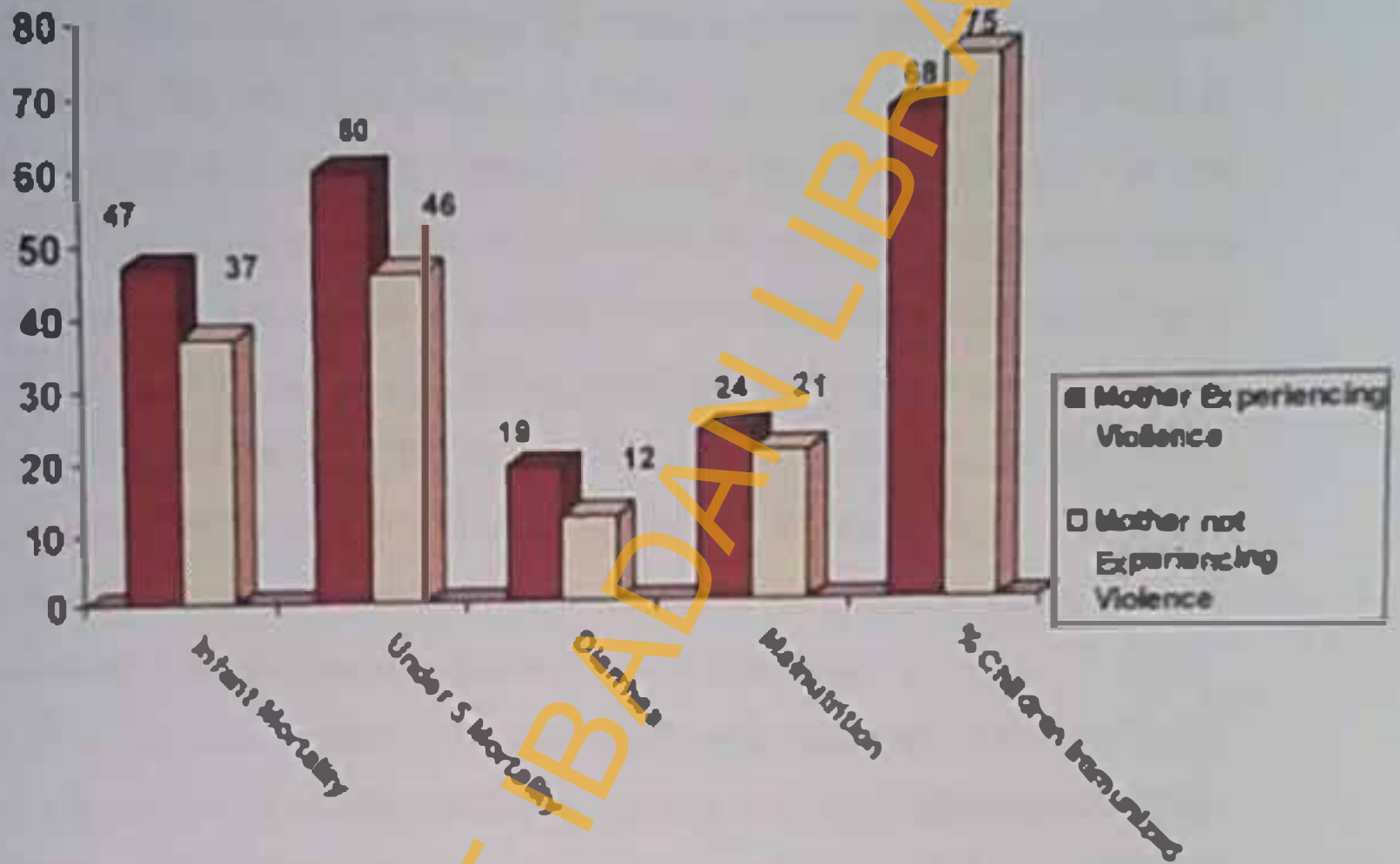
### Violence and Child Survival

Violence may undermine Child Survival as well (Ellsberg, Pena and Herrera, 1999). The study by Ellsberg and colleagues controlled for other factors affecting infant and child survival and found out that one third of all child deaths in Nicaragua were attributable to partner violence (Ellsberg, et al 1999). Children of mothers who are abused are more likely to be born underweight, a factor that increases risk of dying during infancy or childhood (Jejeebhoy, 1998). Another possible explanation is that mothers with violent partners may have lower self-esteem, less morbidity, weaker bargaining power, and less access to resource and thus are less able to keep their children healthy.

In Karnataka, a rural part of India, a study found that children of mothers who were beaten received less food than other children did, suggesting that these women could not bargain with their husbands on their children's behalf (Garatza, Coyaji, and Rao, 1998). Similarly, 1998 DHS data from Nicaragua show that children of battered women were more likely than other children to be malnourished (Figure 3). They are more likely than others to have had a recent bout of diarrhoea and less likely to have been immunized against childhood diseases (Rosalesorúz et al, 1999).



**Fig. 3**  
**Partner Abuse and Child Health, Nicaragua**



All differences significant at the level of  $P < 0.05$

Source: *Reproductive Health*, 1999 (386)

Population Reports/Change

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## The Conceptual Framework

### The Ecological Model

Ecological Model (EM) is a psychological model that attempts to focus attention on the environmental causes of behaviour and to identify environmental interventions. McElroy and Townsend (1989) used the concept of levels to explain ecological model EM. Implicit in using the concept of levels is that analysis of problems must occur at each level in order to identify appropriate solution/changes. Use of EM is intended to move health education practitioners beyond a more traditional focus of individual behaviour change and its inherent tendency towards blaming the victim of a health problem, not the wider environmental influences and constraints that led to the problem. The EM encourages analysis that can result in strategies that change social groups, organizations, communities and policies, not just individuals.

EM has been applied widely to explain behaviours and was found very useful in the reduction of intimate partner violence on women perpetrated by their male partners. It has been used to gain a better understanding on the risks of wife abuse behaviours. Most men in the study have been found to engage in one or more of these abuses such as beats, object throwing, slaps, hits, kicks, insults, humiliation, threats, forced sex, deprivation, forced sexual acts, non payment of house rent and non-support of home upkeep. Estimates show that 539 (88.9%) of the women surveyed were being maltreated physically, psychologically, sexually, and/or economically by their spouses.

- Intrapersonal - There is a high prevalence among the African women
  - Women are believed to be weaker vessels.
  - Most women are dependent on their spouses for survival.
  - Belief that women should not be abused physically, sexually, economically and psychologically.
- Interpersonal - Families may influence wife abuse.
- Institutional - Health workers in clinic/hospital put blames on the

abused women. Some of the health workers even have the belief that a man has the right to maltreat his wife if the wife misbehaves.

- Community - Societal norms and beliefs permits man to beat up his wife under certain conditions.
- Public Policy - Government has no law or policy that establishes punitive measures on men who victimize their wives.

The EM of factors associated with IPV is shown in Figure 5 below. Therefore, a common fight against partner abuse will help to reduce the prevalence of the abused. Interventions to prevent and mitigate IPV include educational intervention to be targeted at women, their spouses, community, society at large and the policy makers. Reduction of the prevalence of IPV could be achieved by making significant changes in the Nigerian culture and beliefs. The claims that men have control over their spouses' behaviours, women not having the right to challenge their husbands' actions, using violence to control an erring wife and undermining women's autonomy should be changed. This could be done by having linkages between the health workers and the media where programmes of unacceptability of IPV could be aired.

Health workers should be trained and thus strengthened to identify and respond to victims of violence. Adoption of laws and policies designed to strengthen institutional capacity to respond to IPV should be promoted.



FIG 4

# ECOLOGICAL MODEL OF FACTORS WITH PARTNER ABUSE



Source: Population Reports (1999)



## CHAPTER THREE

### METHODOLOGY

#### Research Design and Scope of the Study

This study is cross-sectional and descriptive. It seeks to document the prevalence of gender based violence and its impact on affected women and to describe the perception of married women towards the same. This study had two components: quantitative and qualitative. The quantitative explored, through the administration of a questionnaire, the reported prevalence of sexual, physical, psychological, and economic experiences of violence. The qualitative aspects documented women's experience of each of the types of violence explored in this study.

#### Description of the Study Area

The study was conducted in Alimosho Local Government Area (LGA) of Lagos State. Created in 1991, Alimosho had an estimated total population of 522,855 inhabitants (1996 population projection). This was a peri-urban segment of the state. The LGA was surrounded by Ado-Odo Ota LGA to the North, Oshodi/Isolo and Mushin LGAs to the South, Ojo and Amuwo Odofin LGAs to the West and Ifako Ijaye, Agege and Ikeja LGAs to the east. The LGA was subdivided into 43 localities (National Population Commission, Ikeja, 1996) which was in turn divided into 11 political wards (eight health districts) namely Shasha/Akowonjo, Egbeda/Alimosho, Idimu/Isheri, Ikotun/Ijegun, Egbe/Agodo, Igando/Egan, Ipaja N, Ipaja S, Ayoba/Ijan, Pleasure/Okcodo and Alagbado/Abule Egba.

The estimated land area was about 200 sq km, 80% of which was for residential use while the remaining areas were used for agricultural, commercial, public and industrial purposes. Most part of the LGA is connected to National

electric grid. However, only few parts of the LGA had pipe borne water. The road network was fairly good. Virtually all the ethnic groups in Nigeria live in Alimosho with the Yorubas being the preponderant group. The predominating religions were Christianity and Islam.

Concerning access to health care, at the time of this study (2003) there was no state owned hospital in the LGA. However, there were seven PHC centres namely Oke-odo, Aboru, Meiran, Egan, Akowonjo, Alimosho and Akinrogun; three maternity centres, namely, Elf Foundation Ikotun, Isheri Maternity Idimu, and Ipaja maternity centres that provide health care to the residents of the area. There were also four health clinics. The LGA had 60 trained traditional birth attendants (TBAs) and 30 trained voluntary health workers (VHWs) who provided to the citizen of the area contact primary health care.

### **The Study Population**

The study population were women who were currently married or who had ever been married at some point in their lives or were cohabiting with a male partner at the time of the study. These were women of reproductive age (15-49 years). The population of women in Alimosho LGA was estimated to be about 120,000.

### **Sampling Procedure**

A sample of 606 women was selected from the eight health districts. This sample was selected using population weighted ratio of each of the eight districts. Furthermore, stratified random sampling was used to divide each of the eight districts into four strata (see Appendix One). The localities under each stratum were listed. The researcher and the Research Assistants started their work by standing in a location in that locality and randomly picked one area where data collection began. This enabled them to know the direction to move to. The samples were then selected from that area. Only one woman was interviewed in a household using the pre-tested semi-structural questionnaire. A household consist of father, mother(s), the children and other dependents. In tenement houses, there

may be more than one household. This was done in order to enhance privacy. After each interview, four houses were skipped before administering questionnaire in other household.

### **Instrument for Data Collection**

Quantitative and Qualitative methods were used for data collection. The quantitative method referred to the use of a questionnaire which was semi-structured (see appendix Two). The questionnaire elicited information on intimate partner violence among married women as it relates to physical, sexual, psychological and economic forms of abuse. The questionnaire was laid out in four (4) sections for ease of administration.

**Section A:** Sought information on the demographic characteristics including age, religion, ethnic group, type of work, educational qualification, length of marriage, type of wedding and number of children.

**Section B:** Elicited information about the husband's age, ethnic group, alcohol consumption and the type(s) of alcohol taken.

**Section C:** explored women's experience of physical, sexual, psychological and economic forms of violence from the spouses, the perceived reasons for these acts and their health seeking behaviour.

**Section D:** assessed the perception of women towards violence.

The questionnaire was also translated into Yoruba for the benefit of those who cannot speak English fluently.

The qualitative component referred to the use of in-depth interview guide which was used to explore the personal experiences of women affected by violence. Questions were asked regarding demographic variables such as age, occupation, educational level, ethnicity and religion. Other areas explored were



inception of the problem, the last episode of violence with the spouse, the health seeking behaviour and husband's age and drinking habit. The qualitative component was considered necessary to capture the perspective of victims of violence with a view of developing relevance recommendations to mitigate the impact of the problem.

The qualitative study was conducted after the quantitative study. A total of 16 women were purposely selected for the in-depth interview, four under each of the four forms of violence under study. The interview explored the demographic variables of respondents such as the age of respondents and number of years in marriage, the inception of violence in the home, the last violence experience and the health seeking behaviours.

#### Procedure for data collection

Four teachers with National Certificate of Education were recruited as Research Assistants and trained for two days on data collection. The training included a detailed briefing on aims and objectives of the research, the importance of collecting valid data, sampling methods, confidentiality in data collection, interpersonal skills during interview, proper recording, sorting out the filled questionnaires and ethical considerations for the affected women. The skills of these interviewers were confirmed in the field and only whose performances were considered satisfactory were hired. Two Assistants were dropped from continuing with the work because of inconsistency in collecting and recording data.

In the course of the survey, the interviewers sought the consent of respondents reporting physical, sexual, psychological and/or economic violence to interview them in more depth at a subsequent time and obtained contact details from consenting respondents. About a month after the quantitative research had been carried out, 16 out of the 20 women contacted, (80%) who reported violence were successfully interviewed. Others refused to provide informed consent when approached because they felt uncomfortable discussing such sensitive issue. The



investigator conducted the interviews in Yoruba and English, as applicable to each respondent. Informed consent was obtained again from all participants. Each respondent was given the name and address of the nearest of the 4 agencies giving help to violence victim as referral services. In addition, each informant was provided an assurance of confidentiality that her real name would not be revealed to protect her privacy. Interviews were conducted in the homes or work place of the respondents when it was considered safe to do so. None of the interview was recorded because respondents bluntly refused, since they felt this was quite unsafe for their homes.

### Validity and Reliability

Several steps were taken to ensure validity and reliability of the data. First, validity of the content was achieved through review of literature and previous projects to develop relevant questions (Koenigs et al, 2003; Gielens et al 2001, Watts et. al, 1998; Ellsberg et al, 2001; Akinola, 2004). Secondly, the questionnaire was reviewed several times by the supervisor who had a wealth of experience on this field for content and construct validity. Finally, the questionnaire was pre-tested among 50 married women ages 15-19 years in Agege LGA, Lagos to ensure clarity of each question. Speed availability test was conducted. As a result, the following changes were made: -

Option 5 in questions 20, 23, 26, and 29, which states that  
What did you perceived to be the main reason for this assault?  
"You were unfaithful" was changed to "be suspected that you were unfaithful to him".

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"You were unfaithful" was changed to "he suspected that you were unfaithful to him".

## Ethical Considerations

The following steps were taken to address the ethical issues in the study.

1. The proposal was approved by the University College Hospital, (UCH) Ethical Review Committee (see appendix three).
2. Informed consent was obtained from each participant before enrolling her into the study. To this end, a consent form was developed and applied.
3. Confidentiality assurance: Some questions asked from the respondents were sensitive and personal. Hence, the questionnaire was anonymous as names were not written on it neither were there any identifier in it such as address of respondents. The data collected were kept in a password-protected computer where only the researcher and computer analyst had access to them. The hard copies of the filled questionnaires were kept in the office of the supervisor where only the researcher and computer analyst had access to them.
4. Referral: As it is ethically required in sensitive studies like this, appropriate agencies that provide care for women were identified before the commencement of the project. All women who reported ever having experienced violence were referred to one of the four identified agencies in Lagos that provide care for victims of violence in conformity with the WHO basic requirement for carrying out any research on violence against women (WHO Fact Sheet, 2000).

## Data Analysis

The qualitative data were collected by asking for the occupation, the level of education, age of the respondent, and the duration of the inception of the problem. These were then asked to narrate the last episode. The responses were being reviewed and analyzed. The completed questionnaires were verified daily. The Yoruba translated questionnaires were translated back to English. Manuals of field operations were prepared and this showed how questionnaires were to be coded serially. The questionnaires were collated, the open-ended sections were coded, data were fed into the computer and data analysis was done using the Statistical Package for Social Sciences.



## CHAPTER FOUR

### RESULTS

#### Data from the Survey

#### Socio-demographic characteristics

The profile of the respondents is presented in Table 5. The ages of the respondents ranged from 22-49 years with a mean age of 35.9 ( $\pm$  6.5) years. The majority 74.6% of the women were Yoruba. A large proportion of the respondents were Christians 62.9%. With respect to education, 29.7% respondents had secondary school education. About half 51% of the women were traders. Most of the women were married under the customary law 43.6%. The women had being in marriage between 1 and 29 years with a mean of 11.5 ( $\pm$  6.7%). A total of 56.3% of the respondents were into monogamous marriages while 43.7% were in polygamous unions. Out of the 265 in the polygamous marriages, 41.5% of the respondents occupied the first position among other wives. The mean number of children that respondents had is 3.

A total of 6.6% respondents had no children at the time of the study 75.1% had four children or less while 18.3% had less than eight. Women in monogamous marriages are 56.3% while 43.7% are in polygamy. Among the women in polygamy, 41.5% occupy the first position while the rest are second to sixth.

#### Socio-demographic characteristics of husbands

The majority, 74.6% of the husbands were of Yoruba ethnic origin. The ages of the husbands ranged from 24 to 70 with a mean age of 45 ( $\pm$ 8.5) years. About a third 31.4% of these men smoked cigarette and 63.0% drank alcohol. Out of the 382 who drank alcohol, 52.6% drank beer and 29.1% stout. This is shown on Table 5.

Table 5

Socio-demographic characteristics of respondents (N=606)

S/n	Demographic characteristics	Number	Percentage
1.	Age (in years)		
	20 - 24	14	2.3
	25 - 29	101	16.7
	30 - 34	155	25.6
	35 - 39	142	23.4
	40 - 44	122	20.1
	45 - 49	72	11.9
2	Educational Qualification		
	Secondary education	180	29.7
	NCE/School of Nursing/Polytechnic	135	22.3
	Primary education	121	20.0
	No formal education	108	17.8
	University education	62	20.2
3	Ethnic Group		
	Yoruba	452	74.6
	Ibo	109	18.0
	Others (Hausa, Efik, Urhobo, Ijaw, Bini, Ilan)	45	7.4
4	Religion		
	Christianity	381	62.9
	Islam	213	35.1
	Traditional	12	2.0
5	Type of Wedding		
	Church	158	26.1
	Islamic	50	8.3
	Court	44	7.3
	Traditional	264	43.6
	Cohabiting	90	14.9
6	Number of years in marriage (Grouped)		
	0 - 4	91	15.0
	5 - 9	174	28.7
	10 - 14	148	24.4
	15 - 19	89	14.7
	20 - 24	73	12.0
	25 - 29	31	5.1
7	Type of Work		
	Traders/business women	309	51.0
	Professionals	162	26.7
	Artisan e.g. hairdressers, photographers, tailors	63	10.4
	Secretarial e.g. typist, secretaries,	44	7.3
	Computer operator	28	4.6
	Full house wives		

Table 6

Socio-demographic characteristics of husbands N = 606

S/N	Demographic Characteristics	No	%
1	Ethnic Group		
	Yoruba	452	74.6
	Ibo	109	18.0
	Others e.g. Hausa, Efik, Urhobo, Ijaw, Bini, Iam	45	7.4
2	Age [in years]		
	20 – 29	13	2.1
	30 – 39	137	22.6
	40 – 49	283	46.7
	50 – 59	135	22.3
	60 – 69	38	6.3
3	Number of husbands who smoked		
	Yes – smoking	190	31.4
	No – smoking	416	68.6
4	Alcoholic beverage consumption		
	Yes	382	63.0
	No	224	37.0
5	Type of alcohol taken		
	Beer	201	52.6
	*Ogogoro/burukutu/paraga	17	4.5
	Stout	111	29.1
	Wine	28	7.3
	Palm-wine	23	6.0
	Others (wives not sure of which one the husbands take, however he takes.	2	0.5
	Total	382	100
6	Frequency of alcohol consumption		
	Always	115	30.1
	Sometimes	209	54.7
	Rarely	58	15.2
	Total	382	100

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

## Prevalence of Violence

A large proportion of the women 88.9% had experienced at least one form of violence act. Of the four forms of violence explored, psychological was the most frequently experienced by the women 71.1%; this was followed by sexual 55.9%, economic 51.2%, and physical 45.9% (Figure 5).

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## Prevalence of Violence

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## Prevalence of physical violence

A total of 278 (45.9%) women had experienced physical violence while 328(54.1%) had not. Prevalence of each form of physical violence explored is shown on Table 7.

Table 7

### Reported prevalence of various forms of physical violence

Violence type	No	%
Slap	255	42.1
Throwing object	47	7.8
Blows	111	18.3
Arm twist	36	5.9
Grab	42	6.9
Kick	86	14.2

When the ages of the women affected were compared, it is found that prevalence of violence is highest among women ages 19-24 years. There is no significant relationship between the reported prevalence of physical violence and respondents' ages (Table 8). There is a significant relationship between respondents' occupation and reported prevalence of violence (Table 9). Experience of physical violence was highest among primary school leavers 53.7% and secondary school leavers 52.8% ( $p = 0.00$ ). Educational level is significantly related to reported prevalence of physical violence (Table 10). There is no significant relationship between respondents' religion and reported prevalence of physical violence ( $p = 0.10$ ) (Table 11) while ethnicity is not statistically related (Table 12). Women in polygamous marriages are more likely than others in monogamous marriages to experience physical violence (51.7%) ( $p = 0.011$ ) There is a significant relationship between the reported prevalence of physical violence and the number of wives involved in the marriage (table 13).

**Table 8**

**Experience of physical violence by age of women**

Age (grouped in years)	Experience of physical violence		
	Yes (%)	No (%)	Total
19-24	8 (57.1)	6 (42.9)	14
25-29	46 (45.5)	55 (60.6)	101
30-34	61 (39.4)	94 (51.4)	155
35-39	69 (48.6)	73 (51.4)	142
40-44	55 (45.1)	67 (54.9)	122
45-49	39 (54.2)	33 (45.8)	72
Total	278 (54.2)	328 (45.8)	606

$\chi^2 = 5.82$  DF = 5 p = 0.32

\*Figures in brackets are the percentages.

**Table 9**

**Experience of physical violence by women's occupation**

Occupation	Experience of physical violence		
	Yes (%)	No (%)	Total
Trading/business	131 (42.4)	178 (57.6)	309
Artisans	35 (55.6)	28 (44.4)	63
Secretarial	29 (65.9)	15 (34.1)	44
Professionals	70 (43.2)	92 (56.8)	162
Full housewives	13 (46.4)	15 (53.6)	28
Total	278 (54.2)	328 (45.8)	606

$\chi^2 = 11.46$  DF = 5 p = 0.02

**Table 10**

**Experience of physical violence by women's educational level**

Level of Education	Experience of physical violence		
	Yes (%)	No (%)	Total
No formal education	40 (37.0)	68 (63)	108
Primary education	65 (53.7)	56 (42.3)	121
Secondary education	95 (52.8)	85 (41.2)	180
College of education/poly/ School of Nursing	59 (43.7)	76 (56.3)	135
University	19 (30.6)	43 (69.4)	62
Total	278 (54.2)	328 (45.8)	606

$\chi^2 = 15.90$  DF = 4 p = 0.00

**Table 11**

**Experience of physical violence by women's religion**

Religion	Experience of physical violence		
	Yes (%)	No (%)	Total
Christianity	169 (44.4)	212 (55.6)	381
Islam	100 (46.9)	113 (53.1)	213
Traditional	9 (75.0)	3 (25.0)	12
Total	278	328	606

$\chi^2 = 4.55$  DF = 2 p = 0.10



**Table 12**

**Experience of physical violence by women's ethnicity**

Ethnic groups	Experience of physical violence		
	Yes (%)	No (%)	Total
Yoruba	198 (43.8)	254 (56.0)	452
Igbo	52 (47.7)	57 (52.3)	109
*Others	28 (62.2)	17 (37.8)	45
Total	278	328	606

$\chi^2 = 14.36$  DF = 2 p = 0.05

\*Others included Hausa, Bini, Efik, Ijaw, Urhobo Ukwani.

**Table 13**

**Experience of physical violence by the number of wives involved in the marriage**

Type of marriage	Experience of physical violence		
	Yes (%)	No (%)	Total
Monogamy	141 (41.3)	200 (58.7)	341
Polygamy	137 (51.7)	128 (48.3)	265
Total	278 (45.9)	328 (54.1)	606

$\chi^2 = 6.43$  p = 0.01

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

The women who reported experience of violence were requested to describe the consequences of these behaviours on their health and the results are summarized on table 14. Those who reported cuts/aches/bruise were in the majority followed by those that had broken bones/injury

**Table 14****Reported outcomes of physical violence (N=278)**

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

**The Perceived Reasons for these Assaults**

Out of the 278 women who were victims of physical violence, 37.8% experienced violent acts because of argument about money and 22.2% because of neglect of household duties (Table 15).

**Table 15**

**Respondents' Perceived Reasons for Assault (N=278)**

Reasons	Number	Percentage
Neglect of household duties	61	22.2
Argument about money	104	37.8
Disobedience to spouse	36	13.1
Refusal to have sex	28	10.2
Suspicion of wife being unfaithful	32	11.6
Husband's bad drinking habit	23	8.4
Argument during discussion	8	2.9
Husband's joblessness seen as laziness	9	3.3
Extra-marital relationship	8	2.9
Quarrel among wives which was violently settled by the husband	4	1.5
Wife coming home late	4	1.5
Transferred aggression (husband came into the house with aggression)	5	1.8

\* There were multiple responses.

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

Out of the 278 respondents who reported violence experiences, about two third 166 (59.6%) did not seek help, 40.4% did (Table 16).

**Table 16**  
**Respondents' health seeking behaviour**

Steps taken	Number	Percentage
Reported to family/friends	51	18.3
Reported to pastor	16	5.8
Reported to the police	5	1.8
Fought back/destroyed his things	8	2.9
Apologized to the husband/settled amicably	28	10.2
Divorced/Packed out of the husband's house	2	0.7
Sought medical care	2	0.7

### Qualitative Analysis

#### In-depth Interview Findings.

The profile of women affected by physical violence obtained during the in depth interview is summarized in Table 17. Their ages ranged from 30 – 49 years with a mean of 39 years. The inception of the crisis ranged from 1 – 14 years with a mean of 5.5 years. The violence experience cut across all types of work and the different educational levels. Violence ranged from physical, sexual, psychological to economic forms.

The profile and experience of the affected women would be shown under each section of physical, sexual, psychological and economic forms of violence.

#### The context of violence

The narratives of participants suggest several common themes. First, violence follows a pattern. Many women confirmed that their experience followed a pattern because they had suffered several incidence of violence. Secondly, violence has serious health impact, most especially reproductive health impact. Finally, women experienced sexual violence or forced sex, while some are deprived of sex, others experienced forced sex or sexual acts.



Table 17

Summary data of physical violence victims in Alimosho

Names (not real names)	Type of Violence	Inception of violence	Reported consequence	Health seeking behaviour
Mrs. A, aged 35, a trader with secondary school education	Slap, kick, blow, hit	5 years ago	Depression	Reported to both families.
Mrs. B, a 32 year old caterer with secondary school education	Hit	1 year	Premature labour/bleeding	Sought medical care
Mrs. C, a 41 year old trader (fish seller) with no formal education.	Hit, kick, blow	10 years	Separation	Nothing
Mrs. D, a 49 year old Nurse/Midwife and a widow of 4 years.	Slaps	Problem lasted 8 years	Frustration and depression	Reported to mother-in-law.

**Violence follows a pattern**

Several women reported they have suffered several incidence of violence. For Mrs. A, battering had almost become a weekly affair. She said it has become an habitual practice.

I am a wholesale provisions seller. A week had never passed without my being battered by my husband because, he suspects some of my customers as my boyfriends. "O ti di baraku" that is it is habitual. This man is doing all these because he did not want me to make progress and he is already feeling insecure. He felt I may marry a wealthier man, but I have no such plan. I have been enduring these hard times because I will not want to leave my children to suffer. I am here just because of them. I reported the case to both families several times but have stopped that for long. I am getting ashamed leaking the secrets of my life to all. At the end of the day, when I have left they make fun of me.

Mrs D took permission not to narrate her last experience but the most painful one (indicating that they are many).

Mrs. D the Nursing Officer narrated:

I will take permission from you interviewer not to narrate my last experience by the most painful one, she said. "Umh, he slapped me continuously for about 10 times none stop because I refused making bed for him and his girl friend in my matrimonial home." She continued after a pulse. "Up till now, one of the cars is partially blocked, I don't hear very clearly with it". On that dreadful day, as my husband was going to work, he told me to prepare a nice meal towards evening because, he was going to come home with a visitor whom he refused to declare. When the woman came with him, he told me to serve food for him and the young lady which I did with annoyance and burning fury. After the meal, he introduced the young lady to me as my "mate" (his younger wife). He then ordered me to lay the bed for them which I bluntly refused to do. He just stood up and started these slaps. I later on reported the case to my mother-in-law who asked me, "did you think I circumcised my son for you alone? According to her, the husband is now late but left a lot of out of wedlock children in the home since the mothers of these children left after his death leaving the children behind to enjoy the wealth of their late father. She sobbed and said he can never rest in peace since I too am not having peace, "may he not sleep well wherever he is sleeping", she said.

Violence has serious health impact most especially, reproductive health impact.

Mrs. B also narrated her experience:

I am into catering services. I have a shop where I sell food in Ilorin here. For some time now, my husband had been out of job. He stole my money generally to take to his girlfriends. Most times, my neighbours at home told me of his going out with this girl. One night, I accused him of

befriending the girl. He was furious and started beating me with an eight month pregnancy which scan had shown to be twins. Few minutes later I felt so much pains in the abdominal region and started bleeding. I delivered early the second morning. I sent for my sister who stayed back in the hospital to take care of me and the twins in the incubator. I am still with my sister because if I don't leave that house, this man may kill me one day.

Mrs. D had her car blocked as a consequence of slap:

I will take permission from you interviewer, not to narrate my last experience by the most painful one, she said. "Uml!, he slapped me continuously for about 10 times none stop because I refused making bed for him and his over in my matrimonial home." She continued after a pulse. "Up till now, one of the ears is partially blocked, I don't hear very clearly with it". On that dreadful day, as my husband was going to work, he told me to prepare a nice meal towards evening because, he was going to come home with a visitor whom he refused to declare. When the woman came with him, he told me to serve food for him and the young lady which I did with annoyance and burning fury. After the meal, he introduced the young lady to me as my "mate" (his younger wife). He then ordered me to lay the bed for them which I bluntly refused to do. He just stood up and started these slaps. I later on reported the case to my mother-in-law who asked me, "did you think I circumcised my son for you alone? According to her, the husband is now late but left a lot of out of wedlock children in the home since the mothers of these children left after his death leaving the children behind to enjoy the wealth of their late father. She sobbed and said he can never rest in peace since I too am not having peace. "may he not sleep well wherever he is sleeping", she said.



Table 18

Reported prevalence of sexual violence

Sexual violence	Number	Percentage
He insisted on having sex with you when you did not want to do so.	202	33.3
He forced you to have sex.	104	17.2
He deprived you of sex when you wanted.	90	14.9
He forced you to perform sexual act against your will.	84	13.9

There were multiple responses.

The prevalence of each form of sexual violence is shown on table 18 above.

More than half 339 (55.9%) of the women had experienced sexual violence while 267 (44.1%) had not. The reported prevalence of sexual violence was compared with the respondents' age, occupation, level of education, religion, ethnic group, type of wedding and the number of wives involved in the marriage. Reported prevalence of sexual violence is not significantly related to the respondents' age that is, Sexual violence was reported by women across all ages.  $p = 0.31$  (Table 19). Likewise, respondents' occupation is not statistically related to sexual violence ( $p = 0.32$ ) (Table 20). Sexual violence is experienced among women of all occupations irrespective of their occupations. Reported prevalence of sexual violence is not statistically related to the level of education of the respondents ( $p = 0.066$ ) (Table 21). Reported prevalence of sexual violence is not statistically related with the religion of respondents ( $p = 0.06$ ) (Table 22).



Table 19

Experience of sexual violence by the ages of respondent

Age (grouped) in years	Experience of sexual violence		
	Yes (%)	No (%)	Total
19 – 24	8(57.1)	6(42.9)	14
25 – 29	61(60.4)	40(39.6)	101
30 – 34	81(52.3)	74(47.7)	155
35 – 39	86 (60.6)	56 (39.4)	142
40 – 44	70 (57.4)	52 (42.6)	122
45 – 49	33 (45.8)	39 (54.2)	72
Total	339	267	606

$\chi^2 = 5.99$  DF = 5  $p = 0.31$

Table 20

Experience of sexual violence by women's occupation

Occupation	Experience of sexual violence		
	Yes (%)	No (%)	Total
Trading / business	164 (53.1)	145 (46.9)	309
Artists	42 (66.7)	21 (33.3)	63
Secretarial	26 (59.1)	18 (40.9)	44
Professionals	93 (57.4)	69 (42.6)	162
Full house wives	14 (50.0)	14 (50.0)	28
Total	339	267	606

$\chi^2 = 4.69$  DF = 5  $p = 0.32$

**Table 21**

**Experience of sexual violence by level of education**

Level of Education	Prevalence of sexual violence		
	Yes (%)	No (%)	Total
No formal education	50 (46.3)	58 (53.7)	108
Primary school education	74 (61.2)	47 (38.8)	121
Secondary school education	110 (61.1)	70 (38.9)	180
y/Schl or Nursing	75 (55.6)	60 (44.4)	135
University	30 (48.4)	32 (51.6)	62
<b>Total</b>	<b>339</b>	<b>267</b>	<b>606</b>

$\chi^2 = 8.81$  DF = 4       $p = 0.066$ .

**Table 22**

**Experience of sexual violence by the women's religion**

Religion	Experience of sexual violence		
	Yes (%)	No (%)	Total
Christianity	213 (55.9)	168 (44.1)	381
Islam	117 (54.9)	96 (45.1)	213
Traditional	9 (75.0)	3 (25.0)	12
<b>Total</b>	<b>339</b>	<b>267</b>	<b>606</b>

$\chi^2 = 1.86$  DF = 2       $p = 0.40$

Sexual Violence was reported mostly (73.3%) among other ethnic groups including Hausa, Ukwani, Ijaw etc and (58.7) among Igbos ( $p = 0.03$ ); even though the number that falls under this group might not be representative enough. The reported prevalence of sexual violence is statistically related to ethnicity (Table 23). Respondents, irrespective of the type of wedding done, experienced sexual violence. Similarly the number of wives involved in the marriage is also not statistically associated with experience of sexual violence (Table 24).

**Table 23**

**Experience of sexual violence by the women's' ethnic group**

Ethnic group	Experience of sexual violence		
	Yes (%)	No (%)	Total
Yoruba	242 (53.5)	210 (47.5)	452
Igbo	64 (58.7)	45 (41.3)	109
Others	33 (73.3)	12 (26.7)	45
Total	339	267	606

$\chi^2 = 2.41$      $DF = 4$      $p = 0.031$

**Table 24**

**Experience of sexual violence by number of wives involved in the marriage**

No of Wives	Experience of sexual violence		
	Yes (%)	No (%)	Total
One	182 (53.7)	159 (59.6)	341
Two and above	157 (46.3)	108 (40.4)	265
Total	339	267	606

$\chi^2 = 2.09$      $p = 0.15$

**The perceived reasons for assault**

A total of 24 women gave no reasons because they said they could not understand why their husbands sexually assaulted them. Out of the 315 who gave reasons for the assault, a total of 35.2% reported refusal to have sex as their perceived reason for their being assaulted (Table 25).

**Table 25**  
**Perceived reasons for this assault**

Reasons	Number	Percentage
Neglect of household duties	30	9.5
Argument about money	64	20.3
Disobedience to spouse	53	16.8
Refusal to have sex	111	35.2
Suspicion of being unfaithful	44	14.0
Transferred aggression	33	10.5
Did not need more children	4	1.3
Drunkness	4	1.3
Womanising	5	1.6

\*There were multiple responses.

### The Women's Health seeking Behaviour

One hundred and ninety five (61.9%) of the women sought no help after being victimized while 38.1% did (table 26).

**Table 26**  
**Health seeking behaviour of the women when last the victimization occurred**

Steps	Number	Percentage
Reported to family/friends	55	45.8
Reported to the pastor	6	5
Reported to the police	3	2.5
Fought back/destroy his things	7	5.8
Apologized/settled amicably	44	36.7
Divorced/packed out	2	1.7
Sought medical care	3	2.5



## In-depth interview

The profile of the women obtained during in depth interview (Table 27) and their experiences shown in below.

Table 27

Summary data of sexual violence victims in Alimosho

Names (not real names)	Type of violence	Inception of violence	Reported consequences	Health seeking behaviour
Mrs. E, a 38 year old teacher with a Bachelor degree in English	Forced sex	2 years	Threatened abortion	Sought medical care.
Mrs. F, a 43 year old civil servant with IIND in Accountancy	Sexual deprivation	8 years	Depression	Nothing
Mrs. G, a 45 year old Nurse/Midwife with Bachelor Degree in health education	Forced sexual act	First early in marriage, stop at a point and started again about 5 years ago.	Vomiting and depression.	Nothing
Mrs. H, a 35 year old trader with OND	Sexual deprivation	2 years	Compulsory sex	Nothing

### Women's experience on sexual deprivation/forced sex

Women experienced sexual deprivation because men felt that their wives should be sexually available all the time. Mrs G was deprived of sexual satisfaction.

Sex is meant to be enjoyed by both parties, not just the husband. She said, In the early years of our marriage, my husband used to insist most times on oral sex (i.e. insert his penis into my mouth) and even discharge the sperm into my mouth. The only time I could avoid this was when we planned to have a baby. After much complaint, he stopped, now he has revisited the issue. He cares not whether I vomit after sex or not I just

must suck. Most times after sex, when he sees my sad countenance, he would say 'sorry, if I must not go out you have to satisfy me.'

Mrs. H, a 35 year old trader also narrated her experience:

I dare not refuse sex on any ground, otherwise, I suffer it for months. It is like my husband manages to have fun with me. Anytime he makes a move towards sex and I give excuse of being tired, sick or uninterested, I have to pay for it on my knees. I must suffer my action for months before he can accept to meet with me again.

Mrs. F also narrated:

Myself and husband asked God for 2 children, preferably a boy and a girl. God answered us and granted us our heart desire. Suddenly, my husband stopped going to the Church and joined the cult. I saw my husband's nakedness last about eight years yet for no just cause. When I made efforts to sensitize him towards sexual intercourse, he separated his room from mine. Nothing had been done since then than prayer.

**Violence has serious health impact most especially, reproductive health impact.**

Mrs. E, who had a threatened abortion after battering narrated:

I noticed I missed my period and quietly went to the hospital for test. I was confirmed pregnant. I joyfully told my husband the report, teasing him that this will certainly be a baby boy. In the night he had sex with me very forcefully and wickedly and said 'to hell with your girl child you are carrying' I had the pregnancy threatened as I began to spot (saw blood). I was placed on bed rest for days and the pregnancy was intact. On discharge, I was amazed to find my children with neighbours. Reports got to me that my husband had left with all his load for the 'strange woman's house'. I am not moved, I only have case with God. He joined us

together, and He will bring him back, to the glory of God. I have another baby girl and God will certainly keep her. "She sobbed"

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## Reported Prevalence of Psychological Violence

A total of four hundred and thirty one women (71.1%) had experienced psychological violence while only 28.9% had never. Prevalence of various forms of psychological violence is shown on (Table 28).

Table 28

Reported prevalence of various forms of psychological violence

Violence type	No	%
Insult	251	41.5
Humiliation	170	28.1
Destroyed wife's belongings	92	15.2
Threat to hurt	109	18

There were multiple responses.

Professionals were found to least suffer psychological violence (58.0%) and also secretarial workers (59.1%), ( $p = 0.00$ ). Women's occupation is significantly related to the reported prevalence of psychological violence (Table 29). Psychological violence was highest among the other ethnic groups (77.8%) - Hausas, Ukwanis, Binis etc and the Yorubas 72.8%. The women's ethnic affiliation is statistically related to reported prevalence of psychological violence (Table 30). However age was not statistically significant with psychological violence (Table 31).



**Table 29**

**Experience of psychological violence by occupation of respondents**

Occupation	Experience of psychological violence		
	Yes (%)	No (%)	Total
Trading	245 (79.3)	64 (20.7)	309
Artisan	44 (69.8)	19 (30.2)	63
Secretarial	26 (59.1)	18 (40.9)	44
Professional	94 (58.0)	68 (42.0)	162
Full-housewife	22 (78.6)	6 (21.4)	28
Total	431	175	606

$\chi^2 = 27.47$  DF = 4 p = 0.00

**Table 30**

**Experience of psychological violence by ethnic groups of respondents**

Ethnicity	Experience of Psychological violence		
	Yes (%)	No (%)	Total
Yoruba	329 (72.8)	123 (27.2)	452
Igbo	67 (61.5)	42 (38.5)	109
Others	35 (77.8)	10 (22.2)	45
Total	431	175	606

$\chi^2 = 6.53$  DF = 2 p = 0.03

Table 31

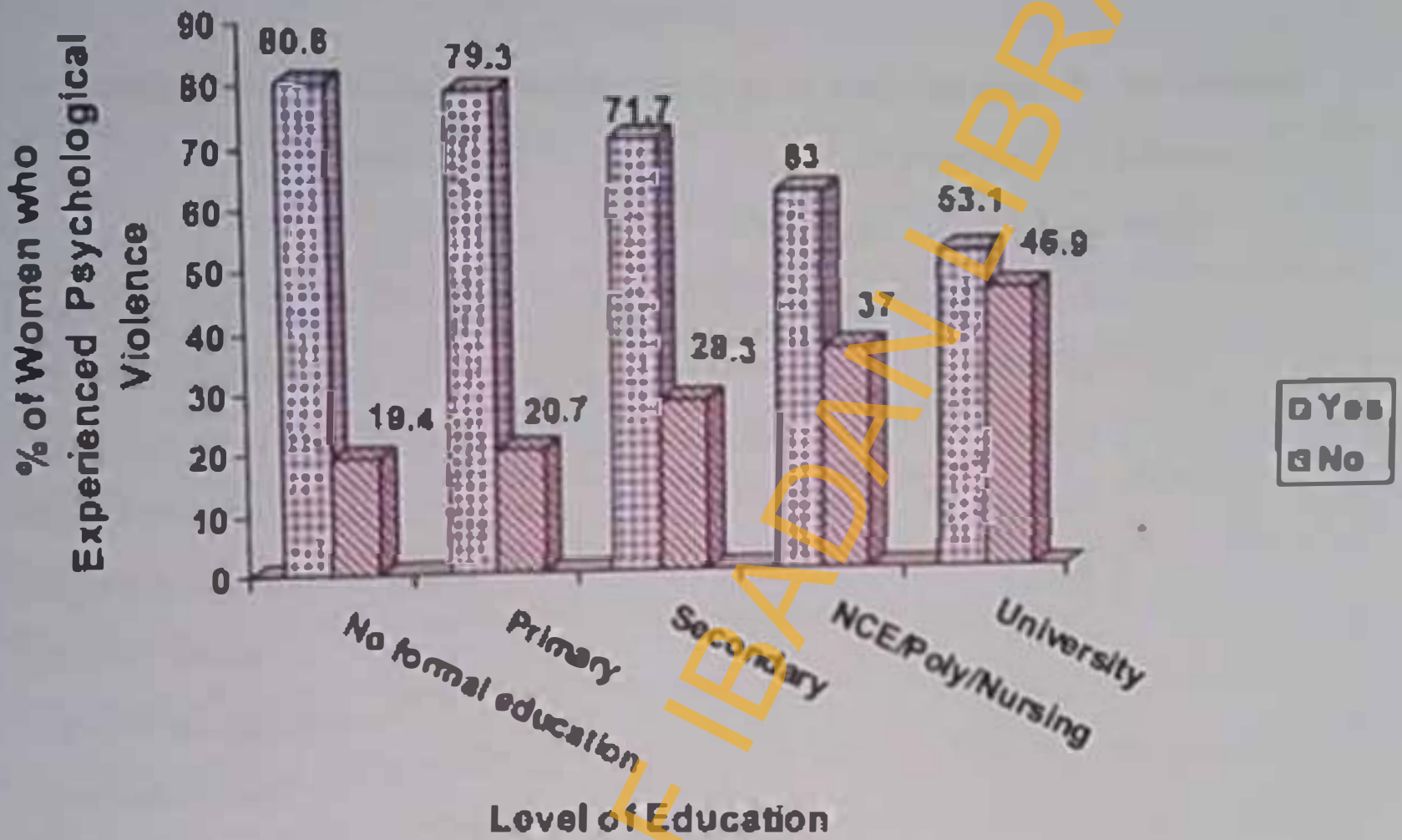
Experience of psychological violence by the age of respondents in years

Age (Grouped) in years	Experience of psychological violence		
	Yes (%)	No (%)	Total
	12 (85.7)	2 (14.3)	14
25 - 29	65 (64.4)	36 (35.6)	101
30 - 34	105 (67.7)	50 (32.3)	155
35 - 39	109 (76.8)	33 (23.2)	142
40 - 44	90 (73.8)	32 (26.2)	122
45 - 49	50 (69.4)	22 (30.6)	72
Total	431	175	606

$\chi^2 = 7.28$  DF = 5 p = 0.20

Psychological violence is likely to be more (80.6%) among the full house wives and the primary school leavers (79.3%). See Figure 6 below.

**Fig. 6**  
**Educational Level of Respondents by Experience of Psychological Violence**



In the same manner, psychological violence is likely to be more prevalent among Muslims (84%) and traditional worshippers (66.7%). There is significance between religion of respondents and the type of wedding.

The most common perceived reason for psychological violence was argument about money 33.3% and suspicion of being unfaithful to husband 20.8% (Table 32).

Table 32

Experience of psychological violence by type of wedding done by the women

Reasons	Psychological violence	
	Number	Percentage
Neglect of household duties	79	18.5
Argument about money	142	33.3
Disobedience to spouse	65	15.2
Refusal to have sex	55	12.9
Suspicion of being unfaithful	89	20.8
Children issues	23	5.4
Transferred aggression	13	3.0
Husband too lazy	5	1.2

\* There were multiple responses.



## The health seeking behaviour

Out of four hundred and twenty seven women who gave responses to this part of the questionnaire, 292 (68.4%) sought no help. See table 33. Most of the women who experience physical, sexual and economic violence likewise experience psychological violence hence there is an overlap between these three forms of violence and psychological violence.

**Table 33**  
**Women's health seeking behaviour**

Steps taken	Number	Percentage
Nothing done	292	68.4
Reported to family /friends	45	10.5
Reported to the pastor	16	3.7
Reported to the police	4	0.9
Fought back/destroyed his things	3	0.7
Apologized/settled amicably	55	12.9
Divorced/packed out	10	2.3
Sought medical care	2	0.5
Total	427	100

• Three respondents had no response

The profile of the women affected by psychological violence during in depth interview and their experiences are has shown below (Table 34). Mrs D., the nursing officer for whom violence had become a habitual practice to, Mrs F, whose husband had sexual intercourse with since eight years ago, Mrs E, who experienced threatened abortion due to sexual violence all experienced psychological violence.

Table 34

Summary data on psychological violence victims in Alimosho

Names (not real names)	Type of violence	Inception of violence	Reported consequences	Health seeking behaviour
Mrs. I, a 38 year old printer with secondary school education.	Humiliation	3 years	Sadness and depression	Nothing
Mrs. J, 37 year old graduate in medical laboratory science.	Insult and humiliation	1 year	Confusion	Nothing
Mrs. K, a 43 year old patent medicine vendor with grade II teacher's certificate.	Humiliation	2 years	Depression and sadness	Nothing
Mrs. L, a 46 year old Nurse/Midwife with a Bachelor degree.	Humiliation	5 years	Shame and depression	Reported to the Pastor.

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## Reported Prevalence of Economic Violence

A total of 51.2% of the respondents had experienced economic violence. The prevalence of the various forms of economic violence is shown on Table 35.

Table 35

Reported prevalence of various forms of economic violence

Violence type	No	%
He doesn't contribute to the finance of the home	233	38.4
He doesn't pay house rent	81	13.4
He did not allow me to work	76	12.5

There were multiple responses.

Economic violence is not significantly related to the age of the respondents (Table 36). Also, economic violence is most likely to be experienced by full house wives (64.3%) and artisan (60.3%) than others (Figure 7). Women who had post secondary school education NCE/Poly/Nursing 34.8% and University 37.1% are less likely than others to experience economic violence (Figure 8). Economic Violence is significant to religion and is most likely to be more with traditional worshippers 83.3% (Table 37). Economic violence was observed to be least among the Igbos but there is no significance between economic violence and ethnic groups of the women (Table 38). Economic violence is significant to the number of wives in the marriage (Table 39).

Fig. 7

Women's Occupation by Experience Economic Violence



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Table 36

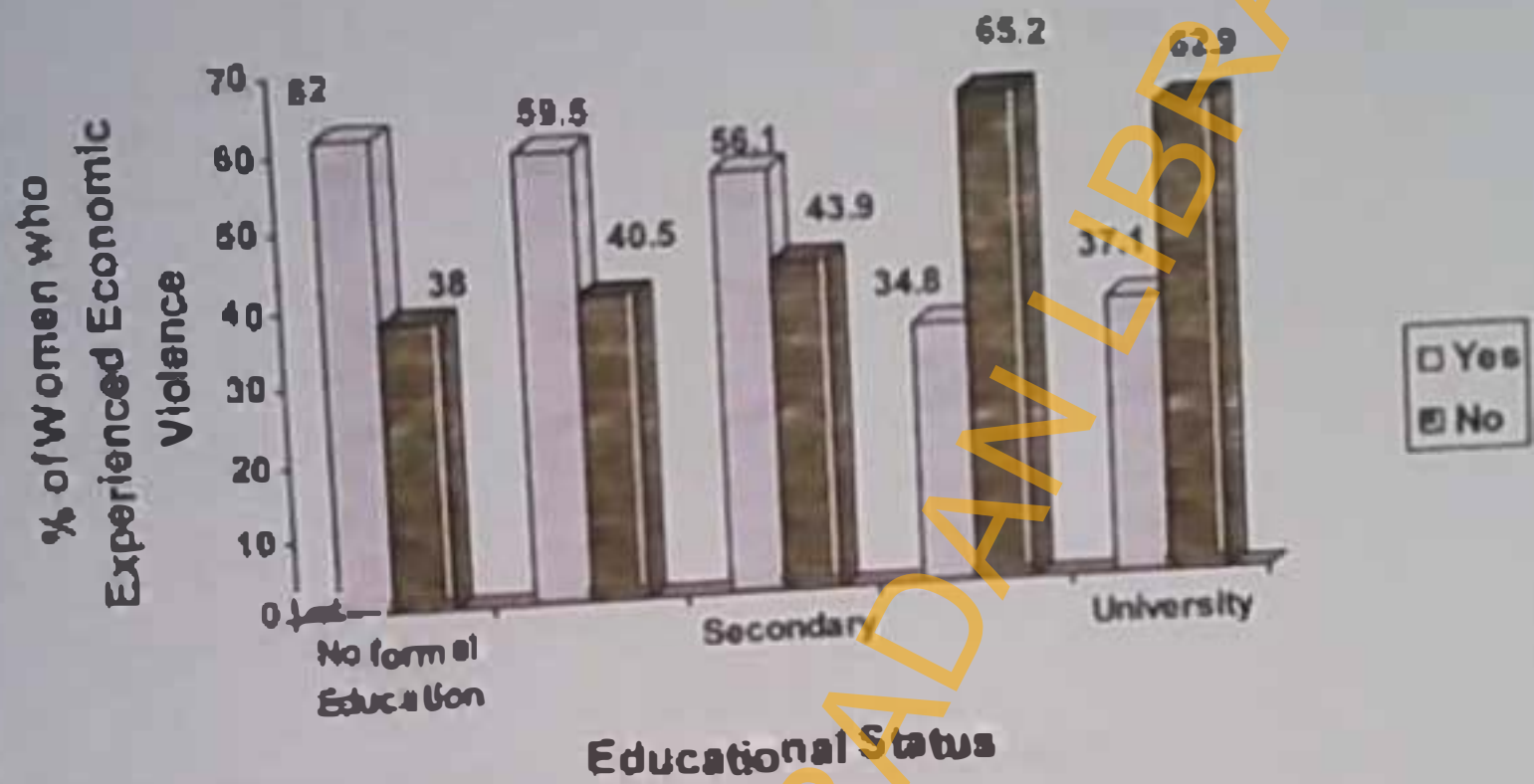
Experience of economic violence by age of respondents

Age	Experience of economic violence				Total
	Yes	%	No	%	
19 - 24	10 (71.4)		4 (28.6)		14
25 - 29	47 (46.5)		54 (53.5)		101
30 - 34	73 (47.1)		82 (52.9)		155
35 - 39	77 (54.2)		65 (45.8)		142
40 - 44	65 (53.3)		57 (46.7)		122
45 - 49	38 (52.8)		34 (41.2)		72
Total	310		296		606

$\chi^2 = 5.02$  DF = 5 p = 0.41

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**Fig. 8**  
**Women's Level of Education by Experience of Economic Violence**



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Table 37

Experience of economic violence by religion of respondents.

Religion	Experience of economic violence		
	Yes (%)	No (%)	Total
Christianity	169 (44.4)	212 (55.6)	381
Islam	131 (61.5)	82 (38.5)	213
Traditional	10 (83.3)	2 (16.7)	12
Total	310	296	606

$\chi^2 = 21.1$     DF = 2    p = 0.00

Table 38

Experience of economic violence by respondents' ethnicity.

Ethnic group	Experience of economic violence		
	Yes (%)	No (%)	Total
Yoruba	232 (51.3)	220 (48.5)	452
Igbo	51 (46.8)	58 (53.2)	109
Others	27 (60.0)	18 (40.0)	45
Total	310	296	606

$\chi^2 = 2.25$     DF = 2    p = 0.33

Table 39

Experience of economic violence by the number of wives in the marriage

Number of wives	Experience of violence by number of wives		
	Yes (%)	No (%)	Total
1	143 (41.9)	198 (58.1)	341
2 and above	167 (63.0)	98 (37)	265
Total	310	296	606

$\chi^2 = 25.69$     p = .00

### The perceived reasons for these assaults

A total of eighty-five women (27.2%) gave the reason of argument about money for experiencing economic violence (See Table 40).

**Table 40**  
**Respondents' perceived reasons for economic assault.**

Reasons	Number	Percentage
Neglect of household duties	32	10.2
Argument about money	85	27.2
Disobedience to spouse	31	9.9
Refusal of sex	18	5.8
Suspicion of wife being unfaithful	66	21.1
Husband has no job/lesser pay	75	24.0
Husband is sick	1	0.3
Husband is irresponsible	13	4.2
So that the woman could take care of the home and be submissive	7	2.3
Attention now on girlfriend	5	1.6

\*There were multiple responses.



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Argument about money	85	27.2
Disobedience to spouse	31	9.9
Refusal of sex	18	5.8
Suspicion of wife being unfaithful	66	21.1
Husband has no job/lesser pay	75	24.6
Husband is sick	1	0.3
Husband is irresponsible	13	4.2
So that the woman could take care of the home and be submissive	7	2.3
Attention now on girlfriend	5	1.6

\*There were multiple responses.

The health seeking behaviour of the victims when last the behaviour occurred.

A large number of women 73.8% out of 313 suffered in silence (Table 41).

**Table 41**  
**Respondents' health seeking behaviour.**

Steps taken	Number	Percentage
Nothing done	231	73.8
Reported to family/friends	42	13.4
Reported to the pastor	5	1.6
Reported to the police	2	0.6
Fought back/destroyed his things	2	0.6
Apologized /reconcile	23	7.3
Packed ou/divorced	10	3.2

There was a multiple response.

The profile of the women affected by economic violence during the in-depth interview (Table 42) and their experiences are as shown below.

Table 42

Summary data of economic violence victims in Alimosho.

Names (not real names)	Types of violence	Inception of violence	Reported consequences	Health seeking behaviour
Mrs. M. a 42 year old trader with no formal education	Financial crisis	10 years	3 children dropped from school	Nothing
Mrs. N. a 32 year old woman living in an uncompleted building	Ejection from house	6 months	Live in an uncompleted building with the children.	Nothing
Mrs. O. a 38 year old trader with no formal education	No financial support from the husband.	14 years	Accepted her destiny.	Nothing
Mrs. P. a 30 year old trader and secondary school drop-out.	Takes total responsibility over the children	6 years	Accepted destiny	Nothing.

**Economic Reason, a major cause of violence.**

Women who had husbands with little pay or no job at all do suffer a lot of economic violence.

Mrs. M, the food seller blessed with 5 children narrated her economic experience. She said "Three of the children have to stop school because, I could no longer cope with the school fees. My husband is not ready to struggle at all. He is the proprietor of a small primary school. All our children went to his school for the primary education, but the burden of the secondary and tertiary education has been left to me alone. We eat breakfast, lunch and dinner from the food for sale. The little gain left is not enough to do anything. I carry block, cement and sand in sites when new buildings are constructed to make ends meet but my husband is not ready to do any other thing. However, I am suffering all these because of my children.



Mrs. O, the Kerosene seller narrated her experience:

She is the first wife of three wives, she said: Since 14 years ago when my husband married a second wife, financial attention had been withdrawn from me. Now each of the three wives cares for their children. I have accepted what destiny has for me, I work very hard to be able to carry my own burden and meet up with the challenges.

Mrs. P, a 30 year old Petty trader narrated her experience.

My husband left for Abuja in search for work. He comes home once in three months. Most times, I look for transport fare for him to go back. I am on my own. I pay the children school fees, and feed them. In fact I have been hiding from the landlord for months because of inability to pay the house rents, I don't want to divorce this man so as not to be seen as an harlot, that is my own destiny.

Mrs. N narrated her story:

So many people have mistaken me for a mad woman because of where I stay. My husband ran away from the house, when things became so tough and left me with these 4 children. The landlord had ejected us from his house. My relations helped me establish petty trading severally but we have been calling up the goods. Well, I believe that the Lord who gave these children will surely cater for them.

The 41 year old Mrs. C who had left her husband for about 4 years ago relayed her experience as thus:

My husband was a soldier, a chain smoker and a drunkard. He lavished all his money on beer. Without contributing a dime to the children's feeding, school fees and home-upkeep, one night he beat me mercilessly for offering him an indecent food as he termed it. The next I saw was that I found myself in the hospital. After my discharge, I quickly collected my contribution, rented one room and carried my load and my five children.



Even, the bible says 'flee all appearances of evil'. My first daughter is in the Polytechnic reading Accountancy, I single handed cater for them all. I have simply reported him to God.

### Experience of any of the four forms of violence.

The experience of any of the four forms of violence is compared by several demographic variables. Respondents within the age range of 35 – 39 years of age (24.9%) and 30 – 34 years of age (24.7%) are more likely than others to experience one of the four forms of violence ( $p = 0.01$ ). Also, violence is likely to be more prevalent among respondents with secondary school education ( $p = 0.00$ ). Violence experience is not statistically significant ( $p = 0.06$ ) among the various ethnic group. There is statistical significance between respondent's religion and violence. Christians are more likely than others to experience one form of violence or another. There is statistical significance between the occupation of respondents and violence  $p = 0.00$  Traders (54%) and professionals (23.4%) are more likely than others to experience violence (Table 43).

Table 43

Experience of any of the four forms of violence by selected variables.

Variables	Ever experienced any form of violence		p-value
	Yes	(%)	
Age (in years)			$\chi^2 = 13.8$ $p = 0.01$
19 - 24	13	2.4	
25 - 29	82	15.2	
30 - 34	133	24.7	
35 - 39	134	24.9	
40 - 44	113	21.0	
45 - 49	64	11.9	
Educational Qualification	102	18.9	$\chi^2 = 22.69$ $p = 0.00$
No formal education	112	20.8	
Primary	166	30.8	
Secondary	112	20.8	
NCE/Poly/Nursing	47	8.7	
University			
Ethnic Group			$\chi^2 = 5.6$ $p = 0.06$
Yoruba	409	75.9	
Ibo	90	16.7	
Others	40	7.4	
Religion			$\chi^2 = 26.03$ $p = 0.00$
Christianity	320	59.4	
Islam	208	38.6	
Traditional	11	2.0	
Occupation			$\chi^2 = 35.51$ $p = 0.00$
Trading	291	54.0	
Artisans	58	10.8	
Secretarial	36	6.7	
Professionals	126	23.4	
House wives	28	5.2	

The type of wedding and the number of years in marriage are statistically significant to violence experience. Violence is likely to be more prevalent among

women who had traditional wedding 44.7% and among women who had been in marriage for between 5 and 9 years 28.8%. Violence is likely to be more prevalent in monogamous marriages than in polygamy  $p = 0.00$  (51.9%). There is statistical significance between the wife's post in polygamous homes and violence. Women who are in second position 57.5% and above are more likely to experience violence than the first wife ( $p = 0.037$ ) (Table 44).

**Table 44**  
**Experience of any of the four forms of violence by selected variables**  
 (continued)

Variables	Ever experienced any form of violence		P-value
	Yes	(%)	
Type of marriage			
Christian	126	23.4	$\chi^2 = 22.3$ $p = 0.00$
Islam	49	9.1	
Court	38	7.1	
Traditional	24	44.7	
Cohabiting	85	15.8	
No of years (grouped) in marriage			
0-4	69	12.8	$\chi^2 = 20.62$ $p = 0.00$
5-9	155	28.8	
10-14	138	25.6	
15-19	83	15.4	
20-24	66	12.2	
25-29	28	5.2	
No of wives involved in the marriage			
1	280	51.9	$\chi^2 = 37.02$ $p = 0.00$
2 and above	259	48.1	
Position of the respondents			
1 <sup>st</sup>	110	42.5	$\chi^2 = 4.36$ $p = 0.03$
2 <sup>nd</sup> and above	149 (57.5%)		

Husband age, smoking habit and alcohol consumption is statistically significant to experience of violence by the respondents. Violence is likely to be



more prevalent in homes with men's age range of 40 – 49 years, 47.7% ( $p = 0.01$ ) Men who consumes alcohol are twice more likely than others to victimize their wives. (Table 45). The number of women who had experienced any form of violence is shown in Figure 9.

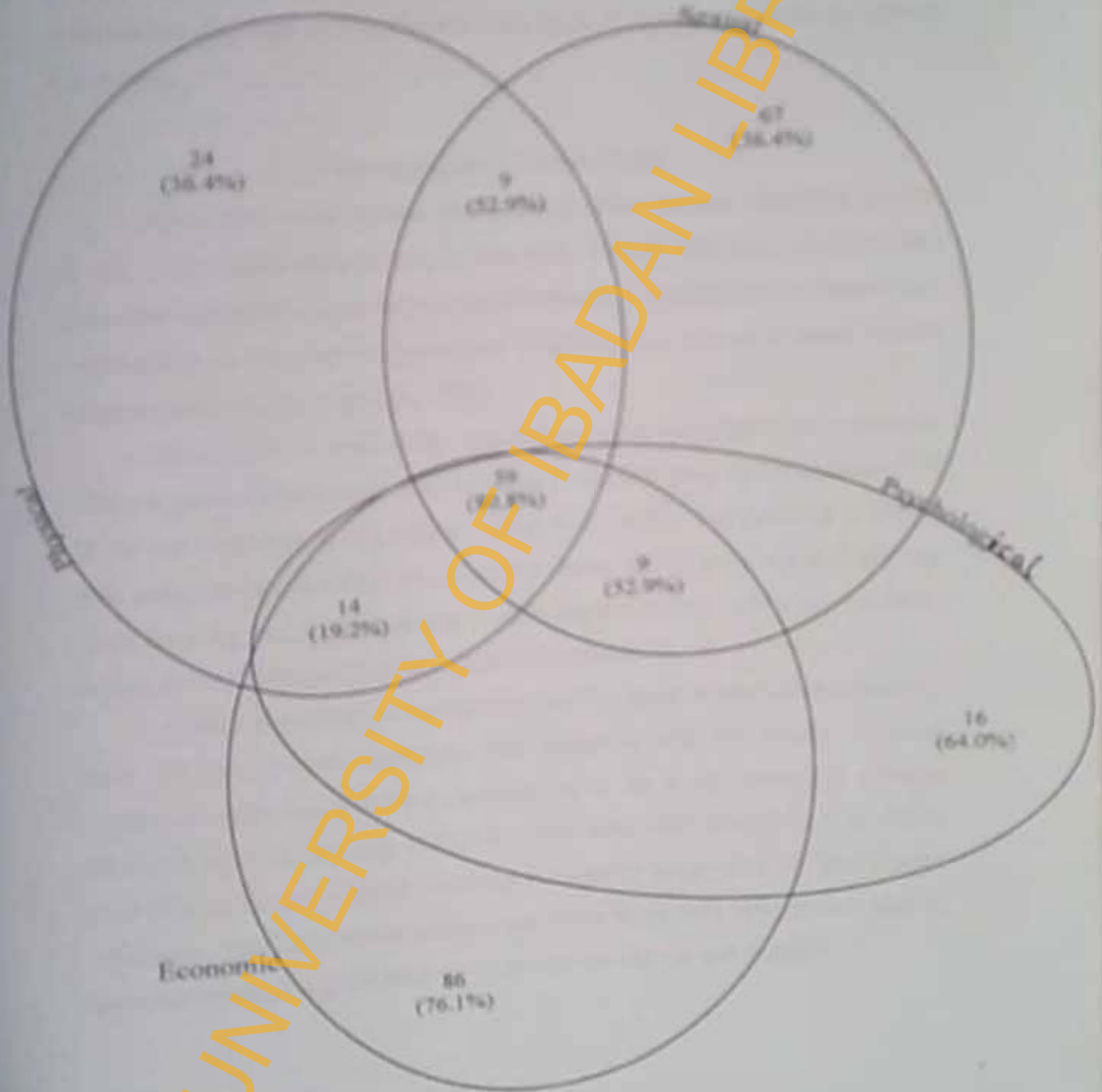
**Table 45**  
Experience of any form of violence by selected variables.

Variables (Husband)	Ever experienced any form of violence		P-value
	Yes	(%)	
Husband's Age			$\chi^2 = 12.45$ $p = 0.01$
20 – 29	11	2	
30 – 39	111	20.6	
40 – 49	257	47.7	
50 – 59	124	23	
60 – 69	36	6.7	
Husband's Ethnicity			$\chi^2 = 5.6$ $p = 0.06$
Yoruba	409	75.9	
Ibo	90	16.7	
Others	40	7.4	
Husband's smoking habit			$\chi^2 = 9.45$ $p = 0.00$
Yes	180	33.4	
No	359	66.6	
Alcohol consumption			$\chi^2 = 18.98$ $p = 0.00$
Yes	356	66.0	
No	183	34.0	

The number of women who had experienced any form of violence is shown in Figure 9. A total of 36.4%, 36.4%, 64% and 76.1% experienced only each of physical, sexual, psychological and economic forms of violence respectively. More than half of the victims, 52.9% suffered both physical and sexual violence only. About one fifth, 19.2% experienced physical, economic and psychological violence together. A total of 80.8% of the women experienced all four forms of violence at the same time. Economic violence was the most commonly experienced among the women.



Fig. 9  
Partner Violence Overlay



## CHAPTER FIVE

### DISCUSSION

This study has explored intimate partner violence among married women of childbearing age. The implications of these violent behaviours for health planning are discussed in this chapter. This leads to recommendations to address the problem.

#### Demographic Characteristics

About 40% of the women surveyed had either primary education or none at all. The significance of this is that with limited education, women have economic dependence absolutely on their husbands, a situation that increases their vulnerability to violence. It also makes it difficult for women to leave violent relationship (Population Reports, 1999).

About half (43.7%) of the respondents were in polygamous marriages. This compares with the work done in South Eastern Nigeria, which reported 40% of the surveyed women in polygamy (Ilika et al., 2002). The potential problems with polygamy are that there are unhealthy rivalry among co-wives and children. Also, there are increased likelihood of child neglect because wives in polygynous homes tend to be responsible for care of their children.

A large percentage of the husbands (63%) drank alcohol while about one third (31.4%) smoked cigarettes. This compare with the results of some researchers who found alcohol consumption to be a risk factor for violence (Watts et al., 1998; Koenigs et al., 2003; Ilika et al., 2002; Odujirin et al., 2002). This may be because alcohol consumption actually keeps men off their normal behaviour. Men who are intoxicated are more likely than non alcohol users to perpetrate violence against their wives than those who are not drinkers.

## Prevalence of Violence

Of the total sample of 606 women surveyed, 539(88.9%) had experienced at least one of the forms of violence, 67(11%) had not. This compares to the study among the Zimbabwean women, where only 11% reported no abuse of any form (Watts et al., 1998). However, the prevalence found in this differs from the study done in the South Eastern Nigeria where 46.3% of women had ever experienced verbal, physical and emotional forms of violence. This disparity in result may be due to the fact that the study explored two forms of violence (physical and psychological) while this survey focused on four forms of violence. This result and Watts compared favourably, because the same variables were measured but different population. The result of this present study showed that virtually all the women surveyed are going through one victimisation or another from their husbands. This indicates the level of suffering the women are going through, the effect of the Nigerian belief that women's autonomy should be undermined, the husband's right to chastise the wife and have control over her and the men's right to react violently and yet unchallenged.

## Physical Violence

In this study, overall, 278(45.9%) of the women surveyed had suffered physical violence. Findings from previous studies compared with this result. A total of 43% of the Zimbabwean women surveyed reported having experienced physical violence from their partner (Watts et al., 1998). A total of 52% of ever married women experienced the act of physical violence from a current or former partner. In the Nicaragua study (Ellsberg et al., 2001).

In the Maryland study, 60% of women suffered physical assault. Twenty-five percent (25%) of these experienced severe physical assault while 37% minor physical assault (Ellsberg et al., 2001). In the South Eastern Nigeria study, 15.8% reported to have experienced physical violence (Ilika et al., 2002). There is disparity with this study and this is expected because our variables differ. Another explanation for the difference is that respondents in the Ilika study were clinic attendees who are self selected thus underestimating the real extent of the



problem. Also, the researcher's subjects were pregnant women who came for antenatal care or were nursing mothers who came to infant welfare clinic. In Nigeria, it is culturally unacceptable for these group of women to experience physical violence and women are expected to endure this. This high rate of prevalence in this study could be because of the cultural belief that men could correct or chastise their wives by beating, slapping, and hitting so that the women will learn to fear husbands and behave themselves.

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

By contrast, women's educational level was found to be associated with physical violence. This result is similar to the findings from the studies in Maryland U.S.A and Uganda. In this study women with post-secondary education were less likely than their counterparts with primary or limited education to experience physical violence. This may be because women with low educational level are likely to have a low monthly remuneration or income, thus depend more on the husband and in turn will be totally controlled by him, thus increasing susceptibility to violence. Also, women with low educational level will be more relegated to the background by the husband than her counterparts with a higher education. Similarly, women in polygamous marriages reported more episodes of physical violence than those in monogamous unions. This may be because in polygamous marriages, there may be unhealthy rivalries among co-wives. Husbands of wives involved in quarrels have been known to use force to resolve these quarrels.

The commonest cited reason for physical violence by male partners was argument over money. This could be because most of the women surveyed (40%) had primary level of education or none at all. Such depend on their husbands for



family sustainability. This may result into violence when the man could not meet up with the family demands.

The most prevalent outcome of physical violence was aches/pains/sprains (59.3%). However, in the Ugandan study, 44% had injury, 39.9% had pains lasting for more than one day and 18.5% sprain, bruise, or cuts. Even though physical violence against women is prevalent in Nigeria, yet it is not as extensive as it is in Uganda. The report of these findings showed that Nigerians still batter their wives severely to the extent of resulting in aches, pains and sprains.

Of the victims of physical violence, less than a quarter (21.5%) sought medical care for injury. The major reason for this behaviour is the culture of silence concerning violence in marriage, also due to the fact that women perceive that they should endure such violence in order to remain in the home and take care of their children (Odujuwin, 1993). Women affected often fear that such actions may lead to punitive consequences, hence may suffer in silence.

### Sexual Violence

More than half (56%) of the women had experienced one or more of the sexual acts explored in this study. This prevalence is slightly more than was reported among the Zimbabwean women (46%), perhaps because it is the same African setting. In a Nigerian study on young female hawkers, a total of 36.3% of the hawkers had experience sexual harassment or rape (Fawole et al., 2002). This result is slightly different from that of this study, because the study population, the perpetrators and the definition of sexual violence differed.

The reported prevalence of sexual violence in this study might be due to the fact that culturally, Nigerians believe that once a man is married, he should have unlimited sexual access to his wife irrespective of the woman's feelings. Women are expected to lack sexual autonomy and be powerless to refuse unwanted sex. It is also believed that one of the major reasons for a union is to have sex upon request. In fact, it is generally believed that if a woman refused to have sex with her husband, she is indirectly encouraging him to have extramarital

relationship thus many wives may succumb to have sexual intercourse with husbands even when they do not feel like doing.

It is quite interesting to report that in this study, all the demographic variables, such as, women's age, religion, occupation and type of marriage failed to attain statistical significance as predictor of sexual violence. This agrees with the Ugandan study but with exception of educational level (Koenig et al., 2003). However, this finding differs from the result of the Californian study on sexual coercion and harassment among women ages 18-49 years. Ethnicity, age, marital status and sexual orientation were predictors of sexual violence (Choi et al., 1997). This disparity may be due to differing cultural perspectives.

The implication of the result of this study showed that women of all ages, religion, ethnicity, and occupation in polygamy or monogyny are all vulnerable to sexual violence. The most commonly cited reason for sexual violence by their spouses was refusal to have sex (35.2%). This might have been so because Nigerian men hardly ask for the consent of their spouses before making sexual move because they feel that they have total control. Any form of refusal due to whatever reason(s) will mostly be unacceptable. Husbands might in turn make their spouses pay for such refusals by withdrawing financial support, transfer aggression on her or the children, or to worsen situations, he might start suspecting her to be getting sexual satisfaction from elsewhere. Only 0.7% of the women who reported prevalence of sexual violence sought medical care. This might be due to the sensitivity associated with sexual intercourse, which is viewed as private, personal and sensitive.

### **Psychological Violence**

A very high proportion (71%) of the women surveyed suffered psychological violence. This was higher than what was reported among the Zimbabwean women (54%) (Watts et al., 1998) but less than what was reported among the Maryland women (96%). Of this, 60% suffered minor psychological aggression while 36% severe psychological aggression (Gielen et al., 2001).

Psychological violence is the most common form of violence reported by the women in this research. This may be because of the common belief in Nigeria that says, "words are more powerful than any cane". Most men who beat might prefer to correct their wives by scolding, yelling, humiliating or demeaning them even they feel it is embarrassing to start hitting their wives (and especially, the well educated ones).

Psychological violence unlike sexual and physical violence was associated with many of the demographic variables such as women's occupation, educational level, religion, type of wedding and the number of wives involved in the marriage. There is a strong association between women's occupation and psychological violence, likewise the level of education.

Of the affected women, only 0.5% reported medical care. Majority 88.4% suffered in silence while the rest reported to Friends, In-laws, Police and relatives. It would be quite dangerous for women to keep this kind of abuse on mind. A silent burden is a lighter burden. Women might be determined to the health of their women. Such diseases include hypertension, depression, anxiety and other cardiovascular diseases. There may also be tendency of developing worse habits such as smoking, alcohol drinking, cigarette smoking, begging and aggression.

### Executive Summary

Eighty three per cent (83.2%) of the study population reported being affected women. The prevalence is similar to that of Oshinubi's study (87%) (Oshinubi et al., 2004). The rest of the problem lies in the fact that prevalence rates being reported in Nigeria is the low one which (Oshinubi et al., 2004) has reported to be as average Nigerian women from 2004-2005. The prevalence rates in 2004-2005 is 100.0% (Oshinubi et al., 2004). Nigeria as a country identified as being in absolute poverty (National Planning Commission of United Nations Country's Profile 2003, 2004). One of the



husbands during this study were reported to have lost their jobs either because the company folded up or the employer just reduced the work force hence the likelihood to have a high prevalence of economic violence.

Economic violence was found to be more prevalent among the unemployed/full housewives (64%) and least among professionals (34.6%). This is likely to be because the professionals stand an opportunity to be better paid and are able to argument family income from their own salaries. There was also a strong association between prevalence of economic violence and women's educational qualification. Women with a higher educational qualification reported lower prevalence of economic violence.

A total of 231(73.8) of the affected women sought no help since they believed that only the Almighty God could intervene on their behalf (an indication of the fatalistic nature of some Nigenians).

### **The Experience of any form of violence**

Of the total women surveyed, 539 (88.9%) had experienced at least one of the four forms of violence. The findings from the comparison of violence with respondents' age showed that a larger percentage of women 134 (24.9%) experienced violence between the age of 35 – 39 and 30 – 34 years (24.7%). The implication of this may be that violence begins in the earlier years of marriage. Violence was reported to be more prevalent among secondary school leavers 166 (30.8%). The significance of this is that with limited education, women have economic dependency on their spouses, a situation that increases their vulnerability to violence. Ethnicity of both spouses were not statistically significantly related to violent. The implication of this is that women of able ethnicity and irrespective of the spouses' ethnic group are vulnerable to violence. This is in line with Koenigs who reported that ethnicity had failed to attain statistical significance as predictor of violence (Koenigs et al, 2003).



Demographic variables such as occupation, religion, type of wedding all attained statistical significance as predictors of violence. The traders and professionals reported more episodes of violence. This may be due to the fact that there may be conflict between their economic and domestic interests, which may provoke violence in the home and hence make these groups of women vulnerable to this phenomenon (Akinola, 2004).

Violence is likely to be twice as much in homes where the husband is found to consume alcohol than where the husband does not. This compares with Watts who found that alcohol consumption could be a risk factor to violence and that men who consume alcohol are likely to perpetrate violence twice as much as men who do not (Watts, 1998).

In spite of the different experiences of the violence victims, findings from in-depth interviews reported in this study have yielded considerable insight into the IPV experiences of married women in Alimosho LGA of Lagos State. IPV have been seen to cut across all categories of women, irrespective of the type of work they do but more prevalent among professionals and traders as seen in the quantitative aspect of this study. The average age of the 16 women interviewed is 39. This corroborates the findings that IPV is more prevalence among women ages 35 – 39 years. Rarely did the women communicate their experiences to religious leaders, family, friends or law enforcement authorities because of shame and also because they view the issues as private and confidential.

The in-depth interview findings also show the extent to which gender norms and power imbalances have increased the vulnerability of women to IPV. This is similar to Ajuwon's study who reported that rape victims do not report for the stigma attached to rape (Ajuwon et al. 2004). For example, men just feel they could beat up their wives when she cries, deprive her of sex for as long as he wishes because she refused him sex, force oral sex on her or insult her at will. Culturally, justification for violence evolves from mainly from gender norms, that

is. social norms, about the proper roles and responsibilities of men and women (Counts et al, 1999). If a man perceives that his wife has somehow failed in her roles, stepped beyond her bounds, or challenged his right, then he may react violently (Population Reports, 1999). From the findings, women who challenged their husbands for keeping girl friends were beaten and kept quiet. Challenging men's authority or reporting to relations has been seen as a time wasting effort because the family members may support their sons or even make fun of the woman as shown in the interview.

Also few women reported they did not want to go for divorce mainly because of their children. Hence, they kept on enduring the problems for the sake of their children while others do so for the stigma attached to divorce in our cultural set up. A few reported the incidence to their religious leaders who gave them counsel.

This finding suggests that the social attitudes and beliefs, which posit the basic superiority of men, granting them the right to control female behaviour needed to be challenged. This could be done through co-ordinated, enlightenment network programmes among the health workers, the media, the community, churches, mosques, community-based groups, NGOs and the legal system.

#### Implications for health promotion and education

The results of this study have potential important implications for health education intervention. The outcomes of this study shows that interventions aimed at reducing alcohol consumption are likely to have important corollary benefit in terms of reducing levels of intimate partner violence. The most consistent of the demographic variables that placed women at risk of violence is the educational level. Improve focus of parents on training a girl child makes her a self reliable woman, gives her the opportunity to have better job offers, makes her economically independent and in turn less susceptible to intimate partner violence. Hence, parents should place more focus on their girls' education in order to empower them. This result also suggests that little could be achieved in



reducing intimate partner without significant changes in the Nigerian culture and beliefs. Beliefs such as the claim that men have control over their wives behaviours, women not having rights to challenge their husbands' actions, using violence to control an erring wife and undermining women's autonomy should be changed. One of the ways to achieve this may be to have linkages between the health educators/health workers and the mass media where programmes on the unacceptability of IPV are being aired. Social attitudes and beliefs, which posit the basic superiority of men, granting them the right to control female behaviour, will be challenged.

Coordinated community networks among health system, legal system, Churches, Mosques, Police, NGOs and community-based groups should be created. These should meet regularly to design and carry out a co-ordinated response to domestic violence. The health workers should be trained and thus strengthened to identify and respond to the victims of violence. These should be able to pilot models of interventions and prevention of intimate partner violence.

The outcome of this study also shows that there is a need to curb this forms of abuse. One of the ways of doing this is to raise the costs to abusers. That is, our legislative arm should make some laws, restraining and protective rules and increase penalties for offenders. The abusers should be removed from home temporarily for counselling, pay for the treatment of the abused woman, pay for maintenance and child support or combination of these. If a man violates this protective order, he should be arrested and jailed. At the Federal level, adoption of laws and policies designed to strengthen insitutional capacity to respond effectively to intimate partner violence should be promoted.

## CONCLUSION

Intimate partner violence among married women have been found to be prevalent in Alimosho Local Government Area of Lagos State and a high proportion of women had suffered IPV yet, few sought help. Individual and community attitudes will have to change before progress can be made to reduce the level of violence. There should also be interventions aimed at reducing alcohol consumption. Girls should be empowered education wise. There should also be skill training programmes to address these problems.

### Recommendations

In view of the findings of this study, and the implications of violence on the health of women and the children inclusive, the following recommendations are made.

1. There should be improved focus of parents on the educational training of a girl child in order to make her self-reliance and give her the opportunity to have a better job offer and in order to make her economic independent.
2. There is need for skill development and women empowerment so that that they could be self-reliance.
3. Interventions should be aimed at reducing alcohol consumption by men, most especially through religious education programmes.
4. There is need to integrate discussion on healthy relationships and alternatives to violence into religious education programmes.
5. Women should learn to share their burdens because the culture of silence and shame could lead to emotional and physical health problems.
6. There should also be policies that will provide for the needs of the victims. Women in crisis need physical safety, emotional supports, and assistance in resolving such issues as child support, custody, and employment. Hence there should be referral to the agencies that provide these services.



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# APPENDIX ONE

## SAMPLING MATRIX

Health District	1996 Population Projection	*Calculated No. of Women of Ages 15 - 49 years.	Calculated No. of Respondents.
Shasha/Akowonjo	82,280	18,102	95
Egbeda/Alimosho	94,719	20,838	108
Ikotun/Ijegan/Egbe	138,175	30,398	159
Igando/Egan	33,715	30,398	38
Ipaja	64,706	14,235	74
Ayobo/Ijan Village	6,055	1,332	14
Pleasure/Oke-Odo	49,012	10,783	56
Alagbado/Abule	54,193	11,922	62
Egbe/Meran/Ijaye			
<b>Total</b>	<b>522,855</b>	<b>115,027</b>	<b>606</b>

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## APPENDIX TWO

### INTIMATE PARTNER VIOLENCE IN SOME SELECTED AREAS OF LAGOS STATE

This questionnaire is designed to assess the extent to which married women suffer physical, sexual, psychological and economic violence from their husbands with Alimosho LGA as a case study. The information given here will be used only for research purposes. Confidentiality is guaranteed since your name is not required. so, your maximum co-operation will assist in making this study a success. Thank you.

#### Section A: Demographic Information

1. What type of work do you do? \_\_\_\_\_

2. What is the highest level of education you attained?

1 Non

2 Primary

3 Secondary

4 College of education /School of nursing/Polytechnic

5 University

6 Others(specify) \_\_\_\_\_

3. What religion do you religion practice?

1 Christianity

2 Islam

3 Traditional

4 Others(specify) \_\_\_\_\_

4. What is your ethnic group?

1 Yoruba ( )

2 Ibo ( )

3 Hausa ( )

4 Others (specify) \_\_\_\_\_



5. How old are you now? \_\_\_\_\_ years
6. For how long have you been married? \_\_\_\_\_ years
7. What type of wedding did you do?
  1. Church
  2. Islamic
  3. Court
  4. Traditional
  5. Others (specify)
8. How many children have you in the marriage? \_\_\_\_\_ children
9. How many wives are involved in the marriage? \_\_\_\_\_ wives
10. Which position did you occupy among the wives? \_\_\_\_\_

Now, I will like to talk to you about your husband

**Section B: Information about husband.**

11. What is your husband's ethnic group?
  1. Yoruba
  2. Ibo
  3. Hausa
  4. Others (specify)
12. How old is he now? \_\_\_\_\_ years
13. Does he smoke?
  1. Yes
  2. No
14. Does he take alcoholic beverage?
  1. Yes
  2. No ( )

If No, skip to question 16

Which of the following does he normally take?

1. beer
2. ogogo/oriburu/paraga

- 3 stout
- 4 wine
- 5 palm wine
- 6 others(specify) \_\_\_\_\_

16 How frequently does he drink alcohol?

- 1 Always
- 2 Sometimes
- 3 Rarely

Thank you for the time you have taken to answer our questions. Now, I will like to ask you about what you think about some behaviors which women often experience from their husbands.

**Section C: Physical Violence**

17. Has your husband done any of the following to you?

Physical violence	Has this happen to you?		Did this happened in the last six months?	
	Yes(1)	No(2)	Yes(1)	No(2)
1 .He slapped you				
2 .He threw object at you				
3 .He gave you blow				
4 .He twisted your arms				
5 .He grabbed you				
He kicked you				

18. What was the outcome of this behavior on you? (Tick all that apply)

- 1 Sprain/bruise/cut/aches
- 2 Injury or broken bones
- 3 Others(specify) \_\_\_\_\_

19. What did you perceive to be the main reason for this assault? Tick all that apply

Reasons	Yes(1)	No(2)
1. You neglected household duties		
2. There was argument about money		
3. You disobeyed him		
4. You refused to have sex		
5. You were unfaithful		
6. Others(specify)		

20. What step did you take the last time this behaviour occurred? \_\_\_\_\_

21. Has your husband done any of the following to you?

Sexual violence	Has this ever happened to you?		Did this in the last six months	
	Yes(1)	No(2)	Yes(1)	No(2)
1. He insisted on having sex with you when you did not want to do so				
2. He forced you to have sex				
3. He deprived you of sex when you wanted				
4. He forced you to perform sexual act against your will				

22. What did you perceive to be the main reason for this assault? Tick all that apply \_\_\_\_\_

Reasons	Yes(1)	No(2)
1. You neglected household duties		
2. There was argument about money		
3. You disobeyed him		
4. You refused to have sex		
5. He suspected that you were unfaithful to him		
6. Others(specify)		



23. What step did you take the last time this behaviour occurred? \_\_\_\_\_

24. Has your husband done any of the following to you?

Psychological violence	Has this ever happened to you?		Did this occurred in the last six months?	
	Yes(1)	No(2)	Yes(1)	No(2)
He insulted you				
He humiliated you				
He destroyed something that belongs to you				
He threatened to hurt you				

25. What did you perceive to be the main reason for this assault? Tick all that apply

Reasons	Yes(1)	No(2)
1. You neglected household duties		
2. There was argument about money		
3. You disobeyed him		
4. You refused to have sex		
5. He suspected that you were unfaithful to him		
6. others(specify)		

26. What step did you take the last time this behaviour occurred? \_\_\_\_\_

27. Has your husband done any of the following to you?

Economic Violence	Has this ever happened to you?		Did this occurred in the last 6 months?	
	Yes(1)	No(2)	Yes(1)	No(2)
He doesn't contribute to the finance of the home				
He doesn't pay house rent				
He did not allow me to work				



28. What did you perceive to be the main reason for this assault? Tick all that apply.

Reasons	Yes(1)	No(2)
1. You neglected household duties		
2. There was argument about money		
3. You disobeyed him		
4. You refused to have sex		
5. He suspected that you were unfaithful to him		
6. Others (specify)		

29. What step did you take the last time this behaviour occurred? \_\_\_\_\_

#### Section D: Attitudes toward violence

Thank you for taking the time to answer these questions. Now, I want to ask for your opinion about the following statements. Please decide whether or not you agree or disagree or you are not sure about the statement.

30. Under what conditions do you think a husband is justified to beat his wife?

Conditions	Agree(1)	Disagree(2)	Not sure (3)
1. A woman refuse to have sex with her husband			
2. A woman use contraceptive without receiving approval from her husband			
3. A woman is unfaithful to her husband			
4. A woman neglected her household duties			
5. A woman disobeyed her husband			

We have now come to the end of our questions, we thank you for taking time to answer them.

28. What did you perceive to be the main reason for this assault? Tick all that apply.

Reasons	Yes(1)	No(2)
1. You neglected household duties		
2. There was argument about money		
3. You disobeyed him		
4. You refused to have sex		
5. He suspected that you were unfaithful to him		
6. Others (specify)		

29. What step did you take the last time this behaviour occurred? \_\_\_\_\_

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5. A woman disobeyed her husband			

We have now come to the end of our questions, we thank you for taking time to answer them.

## IWE MO GBA LATI KO PA.

Oruko mi ni Olufunmilola Bola aya Adegbite. Mo je omo akoko ile-iwe giga Fasili ti Ilu Ibadan, eka ti eto ilera U.C.H., Ibadan.

A nse iwadi lenu eyin ara Eko lati mo ero yin nipa awon ijiya ti awon obinrin ndojuko nipa ibara enise po, eto inawo, ti okan su ti lilu. A si fe mo abayori ijiya yi.

A o bi yin ni awon ibeere kan ti o lee fe nira die lati dahun. Mo fe ki e mo wipe awon idahun yin yoo je asiri. A o fun yin ni nonba, a ko si ni beere oruko yin rara niwon igba ti a ko ni so oruko yin papo mo idahun ti e ba fun wa. Awon idahun yin yoo ran ijoba lowo lati se atunse si awon ijiya obinrin wonyi.

Larin iwadi yi, awon ibeere wa yoo fi awon ti o nla rogbodyan yi koja han. A o dari inu awon bayi si okan ninu awon ile-ise merin ni ilu Eko ti o ran awon obinrin ti won wa ninu ipo bayi lowo.

Didahun ibeere yi ni otitio yoo ran iwadi yi lowo pupo.

E ni anfaani lati so wipe e ko fe kopa tabi lati fa seyin kuro leyin igba ti e ti beere. Inu wa yoo dun gidigidi ti e ba fi otitio dahun awon ibeere wonyi ti e si fi ti tifele ko pa.

Mogba:- Niwon igba ti e ti saha ye keyeke fun mi ohun ti eko yi wa fun, mo ni oye eko na. mo si setan lati kopa.

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Ifowosiwe Otukopa/Ojo

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Ifowosiwe Olubeere/Ojo



ROGBODIYAN TOKOTAYA NI AWON ASAYAN AGBEGBE KAN NI  
ILU EKO, ORILE EDE NAIJIRIA.

Apa Kioni: Alaye nipa yin:

1. Ise wo ni e nse? \_\_\_\_\_
2. Iwe melo ni e ka?
  1. Mi o ka rara
  2. Alakobere
  3. Ile iwe gitama
  4. Ile iw ikose lisa, ile iwe ikose noosi, ile iwe gbogbo nse
  5. Ile iwe giga julo ti fasiti
  6. Omiran (e daruko) \_\_\_\_\_
3. Esin wo ni e nse?
  1. Igbagbo
  2. Musulumi
  3. Esin Ibile
4. Omiran (e daruko) \_\_\_\_\_
4. Eya wo niyin?
  1. Yoruba
  2. Ibo
  3. Awusa
  4. Omima (e daruko) \_\_\_\_\_
5. Omo odun melo ni yin? \_\_\_\_\_ odun
6. Odun kelo ni yi ti e ti gbeyawo? Odun \_\_\_\_\_
7. Iru igbeyawo wo ni e se?
  1. Soosi
  2. Mosalasi
  3. Kootu
  4. Ibile
  5. Omiran (e daruko) \_\_\_\_\_
8. Omo melo ni Oluwa ti ta igbeyawo yin lore? Omo \_\_\_\_\_
9. Omo melo ni Oluwa ti ta igbeyawo yin lore? Omo \_\_\_\_\_

10. Ti o ba ju cyokan lo, kinni ipo yin?

Ni bayi, mo fe beere won lhere die nipa uko yin

Apa keji: Alaye lori oko.

11. Eya wo ni oko yin?

- 1. Yoruba
- 2. Igbo
- 3. Hausa
- 4. Omiran ( e daruko) \_\_\_\_\_

12. Omo odun melo ni oko yin? \_\_\_\_\_

13. Se won ma n mu siga?

- 1. Beeni ( )
- 2. Beeko ( )

14. Se won o mu oti?

- 1. Beeni ( )
- 2. Beeko ( )

Ti idahun ni ibere kerale ba je rara e tesiwaju ni ibere kerindialogun.

15. Iru cwo oini awon wonyi ni won nmun?

- 1. Hia
- 2. Ojogoro/ogoro/okukutu
- 3. Siatu
- 4. Waini
- 5. Fasu
- 6. Omiran ( e daruko) \_\_\_\_\_

16. Ewon ni won ni ma umu oti ni?

- 1. Iyagbagbe
- 2. Iyagbagbe
- 3. Iyagbagbe ni alai won

Ma fi awon ipa awon ipa ( ) e ni ala ni dalun awon ibere wonyi. Ni bayi mo fe beere won lhere die nipa uko yin. Ni bayi mo fe beere won lhere die nipa uko yin. Ni bayi mo fe beere won lhere die nipa uko yin.

Ipa keta: Rogbodiyan lilu.

17. Nje oko yin ti se ikankan ninu awon wonyi si yin ni?

Rogbodiyan ki a luri	O ma nsele nigba gbogbo	O sele ni osu mefa seyin
	Bemi (1) Beeko (2)	Bemi (1) Beeko (2)
Won ma nso yin leti		
Won ma nju nkan lu yin		
Won ma ngba yin lese		
Won ma nlo yin lapa		
Won ma nki yin mole lu		
Won ma ngba yin bi bolu		
Omiran (e daruko)		

18. Kini abajana ise won yi? (E fi ami si awon ti o sele ni yan ni)

1. Ata yin seyin so yan ni to yan
2. Won se yin lese legun yan ni
3. E daku
4. Iru miran (e daruko)

19. Kini e lero wipe o je idi patiki fan ise yi? (e fi ami si awon eyi ti o kan yan)

Idi Patiki	Bemi (1)	Beeko (2)
E ko ise ile sise sise		
Antyanyan wa lori owo		
E se aigboran si won		
E ki lati je ki won buru si asopo		
Won lero wipe e ko je okun si won		
Awon idi miran (e daruko)		

20. Awon igbese wo ni e gbe nigbati iru iwa yi sele gbeyin?

21. Nje awon nkan wonyi ti sele si yin ni?



Rogbodiyan nipa biba ni eni sun	O ma nsele nigbagbogbo Beeni (1) Beeko (2)	O sele ni osu bi mefa seyin Beeni (1) Beeko (2)
Won ma nle hayin sepo nigbuti eyin ko ba le se		
Won ma nli ipa ba yin se po		
Won kji fe se nigbati eyin ba beere fun		
Won ma nli ipa ba yin se tiwon ere ife lodi si ife yin		

22. Kini e lero wipe o je idi pataki siu ise yi? (e fi ami si awon eyi ti o kan yin)

Idi pataki	Beeni (1)	Beeko (2)
Idi ko ise ile sise sile		
Ariyanjiyan wa lofi owo		
E se nigboran si won		
E ko lati je ki won bayin ni asepo		
Won lero wipe e ko je oloto si won		
Awon idi miran (e daruko)		

23. Awon igbese wo ni e gbe nigbati inu iwa yi sele gbeyin?

24. Nje oko yin ti se ikankan ninu awon ohun wonyi fun yin ti?

Rogbodiyan ukan	O ma nsele nigbagbogbo Beeni (1) Beeko (2)	O sele laarin osu mefa seyin Beeni (1) Beeko (2)
Won kan yin labuku		
Won tenbelu yin		
Won ba nkun yin je		
Won nderu ba yin lnti se yin lere		

25. Kini e lero wipe o je idi pataki fun ise yi? (e ti ami si awon eyi ti o kan yin).

Idi pataki	Beeni (1)	Becko (2)
E ko ise ile sise sile		
Ariyanjiyan wa lori owo		
E se aigborun si won		
E ko lati je ki won bayin ni asepo		
Won lero wipe e ko je oloto si won		
Awon idi miiran (e daruko)		

26. Awon igbese won ni e gbe nigbati iru iwa yi sele gbeyin? \_\_\_\_\_

\_\_\_\_\_

27. Nje oko yin ti se awon nkan wonyi si yin ni?

Hogbodiyan nipa inawo	O ma nsele nigbagbogbo		O sele ni osu mefa seyin	
	Beeni (1)	Becko (2)	Beeni (1)	Becko (2)
Won kii se iranwo fun eto ile				
Won kii san owo ile				
Won ko je ki nsise				

28. Kini e lero wipe o je idi pataki fun ise yi? (e ti ami si awon eyi ti o kan yin)

Idi pataki	Beeni (1)	Becko (2)
E ko ise ile sise sile		
Ariyanjiyan wa lori owo		
E se aigborun si won		
E ko lati je ki won bayin ni asepo		
Won lero wipe e ko je oloto si won		
Awon idi miran (e daruko)		

29. Awon igbese wo ni e gbe nigbati iru iwa yi sele gbeyin?

**Ipa keria: Awon iba ti e ko si ifiyajeni**

**E se pupo fun akoko ti e fi sile lati dahun awon ibeere wonyi. Ni baayi mo fe beere ero yin nipa awon oro wonyi. E so boya e faramo tabi e ko faramo tabi ko dayin loju nipa oro kookan.**

**30. Iru ipo wo ni ero wipe oko ti le jare lati lu iyawo re?**

Idi pataki	Mo faramo	Nko faramo	Ko damiloju
Bi obinrin ba ko lai je ki oko re baa se asepo			
Bi obinrin ba se ifetosomobibi lai je wipe oko re fowosi.			
Bi obinrin ba ko ise ile sise sile			
Bi obinrin ba saigboran si oko re			

**Ati pari ibeere wonyi. A dupe pupo fun akoko ti e lo lati dahun awon ibeere na.**





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## UIUCH INSTITUTIONAL REVIEW COMMITTEE

### CERTIFICATION LETTER

Principal Investigator: Mrs. Olufunmilola B. Adegbite

IRC Protocol No: UIARC/03/0073

Protocol Title: INTIMATE PARTNER VIOLENCE AMONG WOMEN OF CHILD BEARING AGE IN ALIMOSHO LOCAL GOVERNMENT AREA OF LAGOS STATE, NIGERIA.

STATUS: APPROVED

The UIUCH Institutional Review Committee has reviewed your protocol titled: *"Intimate Partner Violence among Women of Child Bearing Age in Alimosho Local Government Area of Lagos State, Nigeria."*

The protocol is set out to determine the prevalence of intimate partner violence as it relates to sexual, physical, psychological and economic dimensions as well as reported outcome of these acts on victims. The outcome of the study will be used to plan appropriate intervention to address this problem.

THE RESEARCH PROTOCOL DESCRIBED ABOVE HAS BEEN REVIEWED BY THE UIUCH IRC WITH THE RESULTS AS INDICATED.



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International Regulations require that any severe drug reactions and unexpected adverse occurrence to subjects during the conduct of this research be reported to the UIUCH IRC Secretariat promptly. Any changes to this protocol must be submitted for review to the UIUCH IRC.