

**EMPOWERMENT AND PSYCHOLOGICAL INTIMATE PARTNER
VIOLENCE AMONG MARRIED WOMEN IN IBADAN NORTH
LOCAL GOVERNMENT, OYO STATE, NIGERIA**

BY

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ABSTRACT

Back ground:

Psychological Intimate Partner Violence (PIPV) is caused by acts, threats of acts, or coercive tactics and has adverse health implications on the victims. Despite its health effects, it has been given less attention in the literature compared with physical and sexual types of violence. Thus, this study was designed to examine the relationship between women empowerment and PIPV, Oyo state.

Method

The study was a cross sectional study of 1000 married women of reproductive age which were randomly selected from Ibadan North Local Government using a 3- stage sampling techniques.. An interviewer administered questionnaire was used to obtain information from eligible respondents. Women empowerment score was constructed for each woman categorized into low, medium and high level. Descriptive statistics, Chi-square and binary logistic regression models were used for data analysis at 5% level of significance.

RESULTS

Mean age of the respondent was 33.17 ± 6.98 years, 24.5% and 57.6% had primary and secondary education. Urban residents constituted 61.1% of the respondents. Prevalence of PIPV was 95% while 11.7%, 66.1%, 22.2% were found to be highly, moderately and less empowered respectively

Level of education, ethnic group, monthly income, type of marriage, Position among wives, husband's level of education, husband's occupation, history of psychological violence between parents had significant association with PIPV but empowerment was found to be insignificantly associated with PIPV

The identified predictors of high PIPV were ethnic group, income, level of education of husbands, type of marriage, History of psychological violence between parents. Women who reported that they earn more than 18000 naira in a month were 1.87 times more likely to had experienced high PIPV than those who earn less than 18000 naira (OR= OR= 1.873, C.I= 1.378-2.548, $P < 0.000$). Also women who did not experienced psychological

violence between parent were less likely to experience high PIPV(OR= 0.419, 95% C.I= 0.312-0.563).

CONCLUSION

The prevalence of PIPV was high in IBNLGA but women empowerment was not related to PIPV. Health programmes on how to avoid PIPV should be carried out in IBNLGA.

Keywords: Psychological intimate partner violence; women empowerment; Ibadan

Word count: 343

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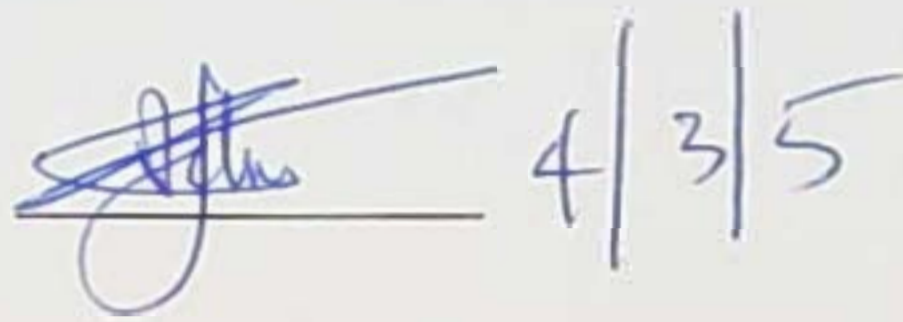
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CERTIFICATION

We certify that this work was carried out under our supervision by Popoola Toluwanimi Olakunbi in the Department of Epidemiology and Medical Statistics (EMS), College of Medicine, University of Ibadan.



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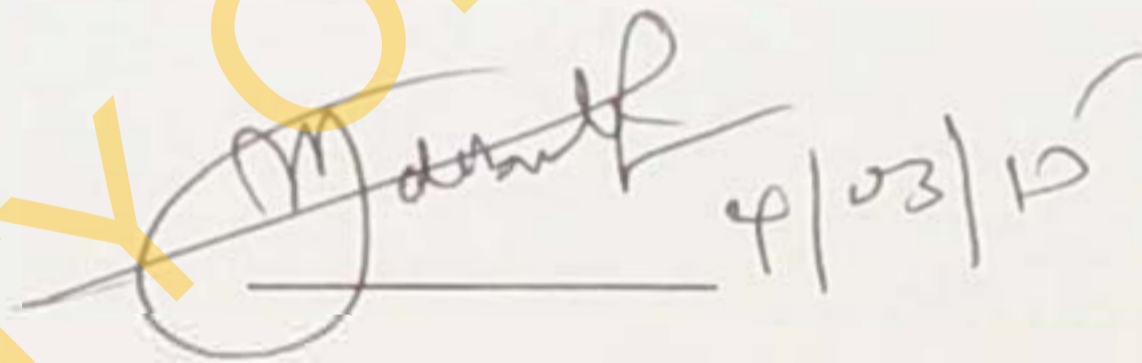
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DEDICATION

This dissertation is dedicated to the Almighty God, my all in all. I also dedicate it to my Late Father, Egnr. Kolawole Popoola for his full support and encouragement. Thank you for instilling in me the confidence which has kept me going in my daily endeavour. Daddy, I have missed you.

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LIST OF ABBREVIATIONS

IBNLGA: Ibadan North Local Government

IPV: Intimate Partner Violence

NDHS: National Demographic and Health Survey

PIPV: Psychological Intimate Partner Violence

PTSD: Post Traumatic Stress Disorder

SPSS: Statistical Package for the Social sciences

WHO: World Health Organisation

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OPERATIONAL DEFINITION OF TERMS

Intimate Partner Violence (IPV): This describes physical, sexual, or psychological harm by a current or former partner or spouse

Psychological Intimate Partner Violence (PIPV): This involves trauma to the victim caused by acts, threats of acts, or coercive tactics. It can also be referred to as psychological abuse or violence

Post Traumatic Stress Disorder (PTSD): It is a mental health condition that is triggered by a terrifying event: either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

CHAPTER ONE

INTRODUCTION

1.1 Background

Intimate Partner Violence (IPV) is the behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behavior (WHO, 2010). Intimate Partner Violence (IPV) constitutes one of the violence against women that occurs mostly and which is mostly perpetrated by Partners and occurs irrespective of socioeconomic, religious and cultural backgrounds (Heise et al., 1999).

Psychological Violence as a type of Intimate Partner Violence (IPV) is defined as trauma to the victim caused by acts, threats of acts, or coercive tactics (Saltzman et al 2002). It has been shown that women who are victims of psychological IPV were significantly more likely to report poor physical and mental health and has been found to have more serious and damaging health effect than physical IPV (Pico-Alfonso, 2006; Coker et al., 2000).

The various health effects of Psychological Intimate Partner Violence (PIPV) include depression, phobias, anxiety, eating disorders, low self-esteem, panic attacks, post-traumatic stress disorder (PTSD), sleeping disorders, psychosomatic disorders (Selic et al. 2014; Ludemir et al. 2006; Vos et al. 2006; Avdibegovic and Sinanovic, 2006).

Intimate Partner Violence which also includes PIPV remains a public health concern and research have revealed that occurrence is global and irrespective of the level of development of a nation. In countries like Nigeria where economic conditions are harsh, PIPV may be more common than in developed nations. For instance, the prevalence of PIPV among married women of reproductive age in Nigeria is 89.7% while in Oyo State, it is 28.7% (NDHS 2013). Although this prevalence is lower than the national average, the figure is high based on the population of women of reproductive age in the State.

Empowerment means having greater freedom or right to choose, greater influence and the ability to have the life you wish to live (Simeen et al, 2011). It is also a powerful process of change in which those who have been prevented from making choices gain the ability to make choices (Kabeer, 2001). Empowerment most times increases women's decision making ability which is accompanied by consequences such as increased PIPV, neglect of duties and removal of support. (Simeen et al, 2011).

It is assumed that women's empowerment should result in a better quality of life and reduced vulnerability to intimate partner violence. Consequently, economic empowerment of women is recommended as a protective factor to addressing violence against women by the United Nations (Zosky, 1999). As noted by Simeen et al, (2011), empowerment may also be accompanied by repercussions which could include heightened IPV, neglect or withholding of support.

1.2 Problem statement

Psychological violence has been shown to have serious health effects on the victims and is also as important as other types of violence (Coker et al, 2000) but it's often not perceived

as a health problem. PIPV has been reported to be a sole contributor to depression and Post Traumatic Stress Disorder (PTSD) (Pico-Alfonso, 2006; Street and Aria, 2006; Sackett and Saunders, 1999; Katz and Arias, 1999). It is projected that depression will be the leading cause of disability and also the second global burden of disease by the year 2020 (WHO, 2001). PTSD is the inability to recover from a nearly universal set of emotions and reactions and is typically manifested as distressing memories or nightmares related to the traumatic event, attempts to avoid reminders of the trauma, and a heightened state of physiological arousal (Yehuda, 2002).

Verbal abuse which is also a component of psychological violence has been shown to be a predictor of physical abuse among intimate partners early in a relationship (Schumacher and Leonard, 2005). Studies have also shown that women perceived psychological violence as having greater adverse consequences than physical violence (O'Leary, 1999; Follingstad et al, 1990). Women living in the same house with violent partner record the following which includes depression, PTSD, pain, insomnia, respiratory conditions, anxiety, suicidal ideation, self-harm, musculoskeletal conditions, cardiovascular disorders, diabetes, and gastrointestinal symptoms (Dillion et al, 2013). PIPV has been shown to have the highest prevalence of all types of intimate partner violence (NDHS, 2013). A recent study in Nigeria has reported that intimate partner violence is common among the married and higher in women than men (Oladapo et al, 2011).

1.3 Justification

Pico-Alfonso, (2006) showed that studying IPV as one entity is far from actuality since it is an intricate aspect of violence. This implies that the different types of violence should

be studied as separate entities. Therefore, Psychological intimate partner is being studied because it's a public health problem that has been considered to be of little significance. It is given less attention than physical IPV by researchers, clinicians, policy makers, lawyers even though its health consequences is just as serious as physical IPV (Pico-Altonso, 2006). Different studies has identified empowerment as a risk factor for IPV (Dalal, 2011; Koenig et al. 2003; Bailey and Peterson, 1995) while some had found empowerment to be a protective factor against IPV (Johnson et al., 2005). The disparity found was attributed to difference in social and cultural perspectives.

The link between women empowerment and PIPV has been under researched especially in developing countries, thus calls for research. This study therefore looked into the association between empowerment and psychological intimate partner violence.

1.4 Research questions

- 1) What are the prevalence of empowerment and PIPV among married women.
- 2) What are the socio-demographic factors influencing experience of psychological violence among married women.
- 3) What is the association between women empowerment and Psychological Intimate Partner violence.

1.5 Objectives

1.5.1 Broad objective:

To determine the level of association between empowerment and Psychological intimate partner violence among married women in Ibadan north local government.

1.5.2 Specific objectives:

The specific objectives of the study are to:

- 1) Determine the prevalence of empowerment and Psychological Intimate Partner Violence among married women.
- 2) Identify socio demographic factors influencing experience of psychological violence among married women.
- 3) Determine the level of association between empowerment and psychological intimate partner violence.

CHAPTER TWO

LITERATURE REVIEW

2.1 Background

Intimate Partner Violence (IPV) is the third highest cause of death among people between the ages of 15 and 44 and has also been found to be the most common form of violence against women (Krug et al, 2002). Its negative effect on women's health is enough to be considered as public health problem with its broad effect on society (Bacchus, 2004). Worldwide prevalence of IPV has been found to be between 10 and 75% (Garcia-Moreno, 2000; Uthman et al, 2009). Its prevalence in sub-Saharan Africa is reported to be between 20-71% in marriage or current partnership (Jewkes et al., 2002; Koenig et al 2003). IPV was found to have a prevalence of 26.9% in South-West Nigeria while Oyo State had 36.7% (NDHS, 2013). The prevalence of psychological intimate partner violence (PIPV) in South-West Nigeria is 17.3% while it's prevalence in Oyo State is 28.7% (NDHS, 2013).

2.2 Intimate Partner Violence

World Health Organisation (WHO) defined intimate partner violence as ' the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male partners' (WHO 1997). It has also been defined as 'encompassing physical, sexual and psychological violence or any combination of these acts' (Krantz and Garcia-Moreno, 2005).

2.3 Types of Intimate Partner Violence

IPV has different types or forms as listed below. (WHO, 2012)

- Acts of physical violence: such as slapping, hitting, kicking and beating.
- Sexual violence: including forced sexual intercourse and other forms of sexual coercion.
- Emotional (psychological) abuse: Also known as psychological Violence or aggression such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- Controlling behaviours: including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

2.4 Risk factors of Intimate Partner Violence

The ecological model organizes risk factors according to the following levels of influence:

2.4.1 Individual level factors: This has to do with biological and personal history factors that may increase the likelihood that a person will become a victim or perpetrator of violence (Heise and Garcia Moreno, 2002). This can be divided into the partner's factor that is responsible for the perpetration of violence and the factors relating to the woman that predispose her to violence (WHO/LSHTM, 2010). The partner's factor include young age, low level of education, witnessing or experiencing violence as a child, harmful use of alcohol and drugs, personality disorders, acceptance of violence, past history of abusing partners.(Heise and Garcia Moreno, 2002). Factors relating to the woman include low

level of education, exposure to violence between parent, sexual abuse during childhood, acceptance of violence and exposure to other forms of violence (WHO/LSHTM, 2010)

2.4.2 Relationship level factors: includes factors that increase risk as a result of relationships with intimate partners, peers and family members. These factors include educational disparity, relationship quality / marital satisfaction.

Educational Disparity

Disparities in educational attainment among male and female partners may increase the risk of intimate partner violence (Ackerson et al., 2008; Chan, 2009). Men may use violence to gain power within a relationship in which the woman has higher level of education compared with that of the man. A study found that Indian women with a higher level of education compared with that of their partner were more likely to experience physical intimate partner violence. (Ackerson et al., 2008).

Relationship Quality/Marital Satisfaction

Partnerships with continuous disagreements, high marital discord and low marital satisfaction are more likely to be associated with IPV compared to those without. Marital discord and lack of marital satisfaction are strongly associated with the occurrence of both the perpetration and experiencing of IPV (Morrison et al., 2007; Stith et al., 2004; Tang & Lai, 2008).

Other relational factors include male dominance in the family, economic stress, men having multiple partners. (Heise and Garcia Moreno, 2002; WHO/LSHTM, 2010).

2.4.3 Community and societal level factors: Community factor refers to the community contexts in which social relationships can be found such as schools, workplaces and neighbourhoods and also looks into the characteristics of these settings that are associated with people becoming victims or perpetrators of intimate partner and sexual violence (WHO/LSHTM, 2010). Societal factors includes the larger, macro-level factors that influence IPV such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people (Ackerson et al., 2008). Studies (Koenig et al., 2004; Gage, 2005; Koenig et al., 2006; Ackerson et al., 2008; Boyle et al., 2009) show that several neighbourhood-level factors are associated with higher rates of intimate partner violence. They include:

- Lower proportion of women with a higher level of education.
- Higher neighbourhood poverty.
- Higher neighbourhood unemployment rate.
- Higher proportion of male and female illiteracy.
- Higher proportion of individuals with a positive view of violence.
- Lower proportion of women with high level of autonomy and
- Higher proportion of households that use corporal punishment.

2.5 Protective factors of Intimate Partner Violence

Protective factors are factors that decrease the risk of IPV. Several studies have shown that women who were more highly educated (secondary schooling or higher) were 20-55% less likely to be victims of intimate partner violence or sexual violence when compared with less-educated women (Brown et al., 2006; Fehringer & Hindin, 2009; Flake, 2005).

Similarly, men who were more highly educated were approximately 40% less likely to perpetrate intimate partner violence compared to less-educated men (Johnson & Das, 2009). Marital duration of more than 15 years was also identified as a potential protective factor against male perpetration of intimate partner violence in Bangladesh (Johnson & Das, 2009). Having own supportive family and living within extended family/family structure has also been known to be protective of IPV (Ellsberg et al. 1999; Gidycz et al., 2006; Schwartz et al.; 2006).

2.6 Psychological Intimate Partner Violence.

Psychological abuse has been shown to be the most occurring attribute of interpersonal violence dynamics that affect the health of women as severely and significantly as other types of abuse (Coker et al, 2000; Pico-Alfonso et al, 2004).

2.7 Health effects of Psychological Intimate Partner Violence

IPV which includes psychological violence as defined by Krantz and Garcia Moreno 2005 (Krantz and Garcia-Moreno, 2005) is associated with both short and long term mental and physical health consequences for women (Campbell 2002; Martinez et al., 2004). Different studies have described the effects of IPV on women's mental health which include depression, posttraumatic stress disorder (PTSD), and anxiety (Golding 1999; Woods 2000; Campbell 2002; Martinez et al., 2004). Furthermore, IPV is strongly associated with suicidal behavior, sleep and eating disorders, social dysfunction, and an increased likelihood of substance abuse. (Golding 1999; Kaslow et al., 2002).

Findings from a meta-analysis of the literature on intimate partner violence suggests that depression, parasuicide, PTSD, and alcohol and drug misuse are common among battered

women (Golding, 1999). Psychological abuse was found to be a stronger correlate of PTSD symptoms than was physical abuse. In further analysis, psychological abuse contributed to PTSD symptoms after controlling for the effect of physical abuse. Overall reduction in psychological abuse were associated with reductions in PTSD symptoms over time. (Arias & Pape, 1999; Dutton et al., 1999; Street & Arias, 2001; Taft et al., 2005). Psychological IPV was an independent and stronger predictor than physical IPV for depressive and anxiety symptomatology, and it was found to be the only factor contributing to both PTSD and the comorbidity between depressive and PTSD symptomatology (Pico-Alfonso et al., 2006).

Thompson et al., (2001) found that emotional abuse increased the risk of both minor and severe physical injuries (Thompson et al., 2001). Finally, Marshall's (1999) research on 834 low-income abused women found that psychological abuse added unique variance to the prediction of women's stress, distress, self-esteem, depression, and health quality of life, even after controlling for the effects of physical and sexual aggression (Marshall, 1999).

2.8 Empowerment

Empowerment is defined as the process by which the powerless gain greater control over their lives, gaining power not over others but to achieve goals and ends (Kishor and Gupta 2004). The above definitions imply that empowerment is a dynamic process of change whereby "those who have been denied the ability to make choices acquire such an ability" (Kabeer 1999). It is also a process that is more relevant for those who are 'powerless' since it entails going from a 'disempowered' state to a more 'empowered' one.

Empowerment is a multi-determined and dynamic concept, with different groups and individuals identifying different experiences and societal structures as empowering. Empowerment is a 'latent phenomenon' that is not directly observable: its aggregate results or effects may be visible but the internal dynamism is difficult to examine. Empowerment is also often seen only partially, as women's increased autonomy and freedom. However, empowerment also implies additional responsibility; responsibility which may not always lead to be welfare-enhancing outcomes. For example, women's greater mobility and visibility often leads to increased exposure to violence; women's increased role in decision-making may cause men to take less responsibility and even withdraw support for critical decisions like health care seeking. Thus, empowerment brings with it both rights and responsibilities, and may lead to some freedoms being curtailed (Basu and Koolwal, 2005). While the process of empowerment is applicable to both sexes, it is more relevant for women since women's disempowerment is more pervasive as it cuts across class and other social distinctions, and is made more complicated by the fact that household and intra-familial relationships are a major source of women's powerlessness (Malhotra and Schuler, 2005).

Different studies have used different measures for empowerment. The Personal Progress Scale-Revised (PPS-R) (Johnson et al, 2005) was used to measure women's empowerment in a study which looked into the attenuating effect of empowerment on IPV-related PTSD symptoms in battered women (Perez et al, 2012). The National demographic and health survey (NDHS 2013) also made use of indicators to measure empowerment which include Autonomy/decision making in the home, justification for wife beating, possession of asset (NDHS, 2013). Dalal (2011) made use of working status as an indicator of economic

empowerment and found it to be a risk factor. A study in Nepal made use of membership in community groups, cash earnings, ownership of house or land, involvement in household decision making and education as indicators of empowerment (Hindin et al, 2008). In Uganda economic empowerment, reasons justifying wife beating and participation in decision making was used in measuring empowerment (Kwagala et al, 2013). Most studies as made use of decision making as an important indicator for empowerment (NDHS,2013; Tuladhar, 2013; Kwagala et al, 2013 Hindin et al, 2008;) although it was found not to be a reliable component in the process of empowerment (Grabe, 2011).

Ownership of valuable assets, such as a house or land, provides multiple avenues for empowerment in which the lack of it is associated with greater poverty and economic vulnerability. However, tradition and women's low social and economic status limit their ownership of assets. (NDHS, 2013). NDHS (2013) found out that Only 18% of women own a house, either alone or jointly, and only 15% own land. Eight in ten women are not owners of house (82%) or land (85%).

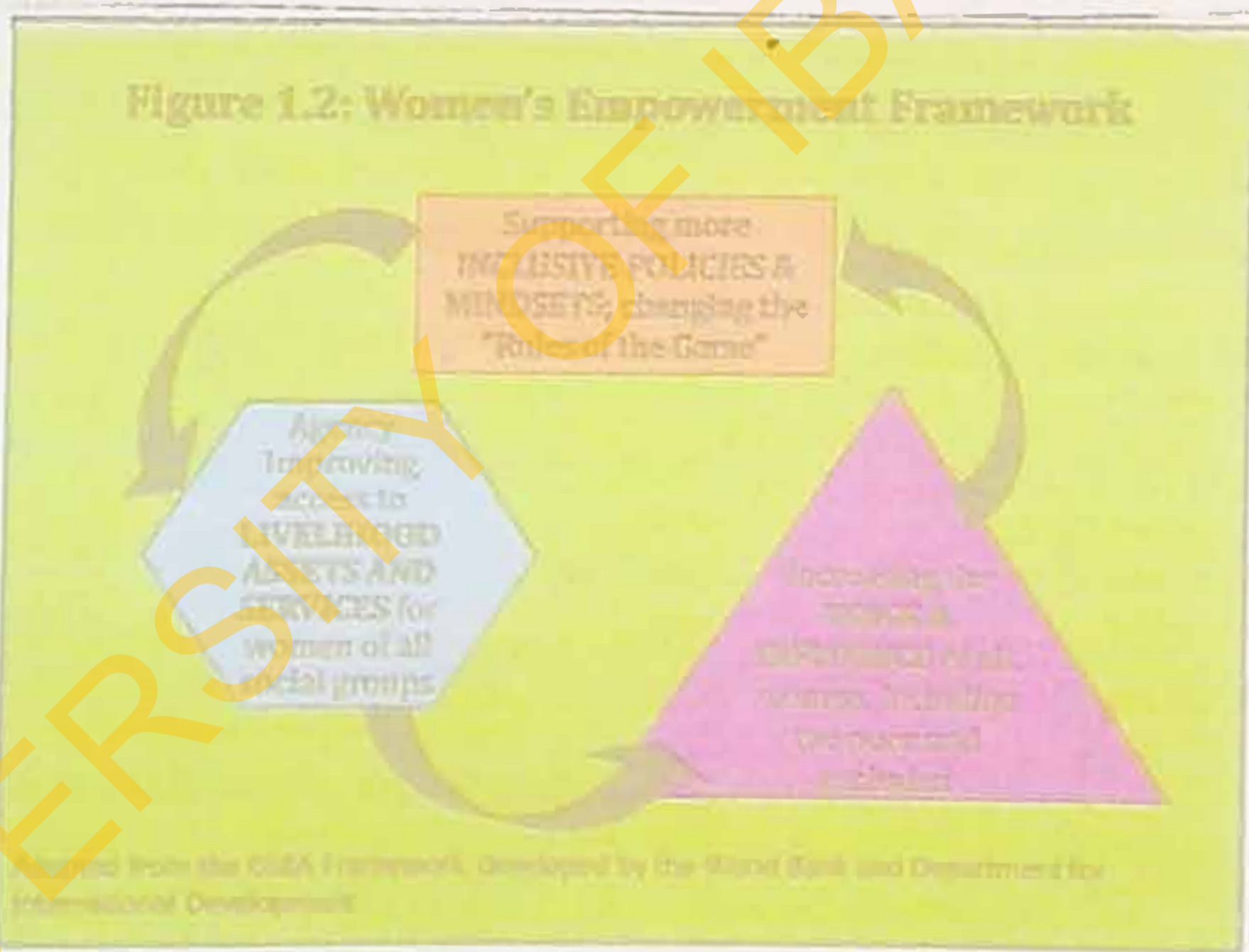
The ability of women to decide on matters that affect their personal life is also an important aspect of empowerment. Nearly half of women have sole or joint decisionmaking power about visiting family or relatives, while only 38% participate in decisions about major household purchases. Nearly four in ten married women participate in decisions about their own health care (NDHS 2013).

Attitudes toward wife beating provide insight into women's view on their status. This indicator measures gender inequality. Going out without husband's permission and neglect

of children were reasons for justification of wife beating among Nigeria women (NDHS 2013).

2.8.1 Conceptual framework

The level of education of women, whether or not they earn cash, and ownership of household assets such as house and/or land falls under the Asset and Services domain, whereas the membership of women in community groups strengthens women's ability to voice their rights and falls under the Voice and Influence domain. Household decision-making by women falls under Inclusive Policies and Mindsets, whereby power relations are changed because of women's ability to make and influence decisions.



2.9 Help seeking behaviour of Psychological Violence victims

Help seeking after violence is also a way of gaining control over one's life and it is an important step towards empowerment (NDHS, 2013). NDHS (2013) also found out that nearly half of Nigerian women (45%) who experienced violence never sought help or never told anyone about the violence.

2.10 Empowerment and Psychological Intimate Partner Violence

A study found out that those who were working and were also highly educated were exposed more to intimate partner violence compared to women that were not working and this was supported by the fact that women who worked far away from home, earned more than their husband are more likely to be abused (Dalal, 2011). Some findings showed that economic empowerment increases the risk of intimate partner violence (Zosky, 1999; Koenig et al., 2003; Bailey and Peterson, 1995) while some showed that has shown it to be protective of intimate partner violence. (Johnson et al., 2005). Increased confidence of women to challenge social structures and refusal to follow gender norms in the family and society makes the highly empowered vulnerable to spousal violence (Tuladhar et al., 2013). In Nepal, women empowerment was not significantly associated with the experience of spousal violence at the multivariate analysis stage but was found to be significant with Chi-square (Tuladhar et al., 2013).

CHAPTER THREE

METHODOLOGY

3.1 Study area

Oyo State was created in 1976 from the former western State of Nigeria and later separated from Osun State in 1991. It has its capital in Ibadan and is bounded in the north by Kwara State, in the east by Osun State, in the south by Ogun State and in the west partly by Ogun State and partly by the Republic of Benin. Oyo State covers approximately an area of 28,454 square Kilometers. It has a population of 5,580,894. Ibadan north Local Government (IBNLGA), one of the local government in Ibadan has its capital at Agodi. It has an area of 27 square kilometers and a population of 88,193 married women within the ages of 15 and 49 years. The local government has 12 political wards. It is inhabited majorly by the Yoruba ethnic group. The area consist of both urban and slums (semi urban) settlements. This local government houses the University of Ibadan (UI), University College Hospital (UCH), The Polytechnic and other institution. The economic activities undertaken by women in this area include trading, public service employment and agriculture.

3.2 Study population

This included married women of reproductive age that are between the ages of 15 and 49 years.

3.3 Study design:

Cross sectional study design was used. Questionnaire was used as instrument of data collection.

3.4 Sampling technique

A 3-stage sampling technique was used in this study.

Stage 1: Six out of 12 wards 12 wards in Ibadan North local Government were randomly selected using simple random sampling (by balloting).

Stage 2: In each ward, five settlements were randomly selected by simple random sampling (balloting). This made it a total of 30 settlement.

Stage 3: Thirty- four households were selected in each settlement. A direction to start with was chosen by spinning a bottle on the ground in the center of the settlement. The direction which the bottle neck indicates was chosen. The researcher walked in the chosen direction and selected every 2nd household until the 34 household were gotten.

3.5 Sample size

The conventional Leslie Kish formula for calculating sample size was used.

$$n = \frac{(Z_{\alpha})^2 P (1-P)}{d^2}$$

Where

Z_{α} = confidence level of 95% [1.96]

Prevalence (P) = 28.7% (prevalence of psychological intimate partner violence in Oyo State from the NDHS 2014)

$$1-p = 0.713$$

d = estimate of tolerance [0.03]

$$\frac{1.96^2 \times 0.287 (0.713)}{0.03^2}$$

$$0.03^2$$

$$= 873$$

This gives N (minimum sample size to be) = 873

A total of 1000 respondents were used in the survey.

3.6 Eligibility criteria

3.6.1 Inclusion criteria: This included married women of childbearing age between the ages of 15 and 49.

3.6.2 Exclusion Criteria: The study excluded married women of reproductive age that are mentally ill and also those that did not give consent.

3.7 Data Collection

Four research assistants that had a minimum of NCE and who were familiar with research work were recruited for the study conducted in IBNLGA. They were all females and were trained according to the WHO ethical and safety recommendations for research on domestic violence (WHO, 2001). The principal investigator doubled as the research assistant and monitored the research assistants to ensure that the correct

information were collected. The data were collected in six wards in Ibadan North Local Government which includes Inalende, Oke Are, Basorun, Ago tapa, Yemetu, Sango. Data were collected over a period of two weeks from 3rd, November 2014 to 17th, November 2014.

3.8 Data collection instrument

An interviewer administered questionnaire were used in collecting information from respondent. The questionnaire had 48 items that were divided into four sections that included data on the socio-demographic profile of the women, husband's characteristics, empowerment indicators and experience of Psychological Violence.

The questionnaire was developed in English and later translated into Yoruba, the local language. Informed Consent was obtained from the respondents after the detail of the study had been explained. The questionnaire took approximately 20 minutes to fill. The questionnaire was pre-tested from 27th October, 2014 to 28th October, 2014 on 50 married women in Lagelu Local Government after which changes were made.

3.9 Study variables

3.9.1 Independent Variables

The independent variables were respondent empowerment, and socio demographic characteristics (age group, educational level, income, parity, religion, occupation, type of marriage) of the respondents and spouse. Empowerment was measured using three indicators which were: attitude towards wife beating, decision making ability and economic empowerment.

Attitude towards Wife Beating

This indicator measured a woman's sense of entitlement, self-esteem and status (NDHS, 2013). The questionnaire was used to ask married women if they believe the beating of wife was justified in five situations. These situations included: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, if she burns the food. At the end, respondents who said yes were given a score of zero while those that answered no to these questions were given a score of one. A total score was computed for each respondent by summing up the total score obtained from attitude towards wife beating indicator with other empowerment indicators.

Decision Making Ability

Questions on decision making in the home were asked from married women. Those questions included the following: who usually decides how your earnings will be used? Who usually decides how your husband's earnings will be used? Who usually makes decisions about large household purchases? Who usually makes decisions about health care for herself? Who usually makes decisions about her visits to family or relatives? A woman that says she decides alone was given a score of two, respondents that make the decisions jointly with husband were given a score of one while a score of zero was given to respondent whose husbands or another person decides for. Scores were computed based on the respondent's response.

Economic Empowerment

This was measured using ownership of asset (land or house) and working status. Those who owned asset (land or house) alone were given a score of two, a score of one was given for those who owned assets jointly with husbands, women whose husbands or

another person owned asset were given a score of zero. A total score was given to each woman based on her response.

A maximum score of 18 was obtainable by each women. Of the maximum score of 18, 70% of 18 (approximately 13) and above was the pass mark for highly empowered, 50% to less than 70% of 18 (9 - <13) was used as the pass mark for averagely empowered while less than 50% of 18 (<9) was used to determine the poorly empowered. Those that scored 13 and above were regarded as highly empowered, the averagely empowered had a score of between 9 and 12, while the poorly empowered had a score of between 0 and 8.

3.9.2 Dependent variable

PIPV was the dependent variable. Questions relating to PIPV included humiliation, belittling, insults, excessive criticism, blaming, shaming, withholding of important information, yelling or screaming.

The association between empowerment and psychological violence was explained using the individual measures of empowerment.

3.10 Data analysis

Data were analysed using Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics such as frequencies and percentages were used to explain socio-demographic variables and to compute the factors related to PIPV. Chi-square and binary logistic regression were used to determine the association between empowerment and PIPV.

3.11 Ethical consideration

Ethical approval to conduct the study was obtained from ethical review committee of the Oyo State Ministry of Health before the commencement of the study. The data collected from the respondents were only used for the purpose of the research. The questionnaires were identified with numbers, and every data collected from the participants were kept safely and protected. The questionnaire was translated to Yoruba language, which is the predominant language in the area. Research assistants who could write and speak Yoruba fluently were used during the interview for good communication. Participants had the freedom to decide whether to take part in the study or not. A voluntary consent form was attached to the questionnaire, which was signed or thumb printed by those that decided to voluntarily participate after reading carefully with the aid of a research assistant and fully understood the procedures involved in the study. The questions were framed to reduce memories of the pain experienced as a result of past history of psychological violence. The interviews were conducted in a friendly manner that enabled participants to express their views. The results obtained were used for research purpose only.

CHAPTER FOUR

RESULTS

4.1 Socio demographic characteristics

4.1.1 Socio demographic characteristics of respondents

A total of 1000 respondents were interviewed. The age of the respondents was 33.17 ± 6.984 years (range is 18 – 49 years). Of the total respondents, 24.5% and 57.6% respectively had Primary and secondary education. About half (50.2% and 49.7%) respectively were Christians and Muslims. Most (61.1%) of the respondents lived in urban area. Majority (93.8%) were Yorubas while others were Ibo, Hausa, Foreigners and other minor tribes in Nigeria. The respondents were majorly (57.1%) skilled non manual workers and this includes clerical and sales job. Majority (65.3%) of the respondents earned less than #18000. Also most (86.3%) earned less than their husband.

Table 4.1 Respondents' socio-demographic characteristics

Characteristics	N= 1000	%
Age group (in years)of respondent*		
<20	7	0.7
20-29	302	30.2
30-39	480	48.0
40-49	211	21.1
Highest educational level		
No Education	40	4.0
Primary	245	24.5
Secondary	576	57.6
Post secondary	139	13.9
Religion		
Christianity	502	50.2
Islam	497	49.7
Traditional	1	0.1
Place of residence		
Urban	611	61.1
Semi urban	389	38.9
Ethnic group		
Yoruba	938	93.8
Ibo	30	3.0
Hausa	9	0.9
Others**	23	2.3
Occupation		
Professional/management/Senior administrator	66	6.6
Skilled non manual/clerical/scales	571	57.1
Skilled manual/agricultural	296	29.6
Semi skilled manual/ unskilled manual	13	1.3
Not working	54	5.4
Monthly Income		
Less than 18,000	653	65.3
18,000 and above	293	29.3
Not applicable	54	5.4
Level of Income		
More than what your husband earns	62	6.2
Less than what he earns	863	86.3
About the same	40	4.0
Husband has no earnings	4	0.4
I have no earnings	31	3.1
Paid in cash or kind for the work they do		
In cash	919	91.9
In kind only, in cash and kind	27	2.7
Not applicable	54	5.4

*Mean age= 33.17 ± 6.984 years, range of age= 18-49years, ** Others were foreigners,

and other minor ethnic group in Nigeria (Edo, delta)

4.1.2 Socio demographic characteristics of respondents' spouses

From table 4.2, majority (92.2%) of the respondents' husbands were Yorubas. The mean age of the husband was 3.98 ± 8.108 years (range is 22 – 85). Majority (58.1 and 26.3) had secondary and post secondary education.

Table 4.2: Socio-demographic characteristics of respondents' spouses

Characteristics	N= 1000	%
Husband's age		
<30	72	7.2
30-39	421	42.1
40-49	350	35.0
50-59	143	14.3
60-69	12	1.2
70-79	1	0.1
≥ 80	1	0.1
Husband's ethnic group		
Yoruba	922	92.2
Ibo	47	4.7
Hausa	7	0.7
Others**	24	2.4
Husband's religion		
Christianity	422	42.2
Islam	574	57.4
Traditional	4	0.4
Highest level of education		
No education	10	1.0
Primary	146	14.6
Secondary	581	58.1
Post secondary	263	26.3
Husband's occupation		
Professional/management/Senior administrator	143	14.3
Skilled non manual/ clerical/sales	350	35.0
Skilled manual/agricultural	477	47.7
Semi skilled manual/unskilled manual	18	1.8
Not Working	12	1.2

*****mean husband's age= 39.8 ± 8.108, range of husband's age= 22 - 85.

** Others were foreigners, and other minor ethnic group in Nigeria (Edo, delta)

4.2: Reproductive and family history of respondents

From table 4.3, majority (97.4%) had ever given birth while 60.4% had 3 and above children. The mean number of children ever born was 3.14 ± 1.577 (range is 0 – 10). Majority (73.9%) were in monogamous marriages. The mean duration of marriage was 10.79 ± 6.937 (range is 1 – 34 years). The percentage of women that had same level of education as husbands (58.1%) were higher than women whose education were less than their husbands (41.9%). Majority (52.9) of the women were between 1 to 5 years younger than their husbands. A higher percentage of the women (86.3%) earned less than their husbands.

Table 4.3: Respondents' reproductive and family history

Characteristics	N=1000	%
Duration of marriage		
1-4	229	22.9
5-9	256	25.6
10-14	209	20.9
15 and above	306	23.7
Ever given birth		
Yes	974	97.4
No	26	2.6
Parity(Number of children ever born)***		
0-2 children	396	39.6
3-4 children	415	41.5
5 and above children	189	18.9
Type of marriage		
Polygamy	261	26.1
Monogamy	739	73.9
Number of wives husband have****		
1 wife	739	73.9
2-3 wives	232	23.2
>3 wives	29	2.9
Position among the wives		
1	845	84.5
2	131	13.1
3	17	1.7
4	7	0.7
Interspousal education difference		
Same level	581	58.1
Husband has higher level	419	41.9
Wife has higher level	0	0
Age difference between husbands and wives****		
Wife is older than husband	4	0.4
Wife is same age with husband	5	0.5
Husband is 1-4 years older than wife	529	52.9
Husband is 5-9 years older	350	35.0
Husband is ≥ 10 years older	112	11.2

*** Mean number of children ever born= 3.14 ± 1.577 , range of number of children ever born= 0-10 ****mean age difference= 6.63 ± 4.30 , range of age difference= -5 to 43
 ****mean number of wives= 1.39 ± 0.913 , range of number of wives= 1-11, ** Mean duration of marriage= 10.79 ± 6.937 , range of duration of marriage= 1-34years,

4.3 Empowerment indicators/ measures

Table 4.4, 4.5 and 4.6 shows the frequency and percentages of the responses to the various questions that was asked to determine empowerment.

4.3.1 Percentage distribution of respondents by decision making indicator

Majority (77%) of the respondents make decision about the use of their earning. 70.7% of the respondent responded that their husbands only makes decision about his own earnings. On large house hold purchases, majority (42.7% and 47.9%) reported that they make decision jointly with their husband and also reported that there are husbands alone makes decision respectively. As regards decision on respondent health care, 40.3% reported that they make decision jointly with their husband. 38.1% makes decision alone about visits to their family and relatives.

Table 4.4: Percentage distribution of respondent by decision making indicator

Variable	Frequency	%
Decision about the use of your earnings		
Respondent Only	770	77.0
Respondent and husband	164	16.4
Husband only	27	2.7
Others	7	0.7
I have no earnings	32	3.2
Decision about the use of your husband's earnings		
Respondent only	12	1.2
Respondent and husband	273	27.3
Husband only	707	70.7
Others	8	0.8
Decision about large house hold purchases		
Respondent only	92	9.2
Respondent and husband	427	42.7
Husband only	479	47.9
Others	2	0.2
Decision about health care for yourself		
Respondent only	296	29.6
Respondent and husband	403	40.3
Husband only	300	30.0
Others	1	0.1
Decision about visits to your family and relatives		
Respondent only	381	38.1
Respondent and husband	376	37.6
Husband only	241	24.1
Others	2	0.2

4.3.2 Percentage distribution of respondents by economic empowerment indicator

Concerning ownership of assets, 45.9% of the respondents reported husband, as the owner of asset (land or house). Majority (94.6%) of the women were working.

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Table 4.5: Percentage distribution of respondents by Economic empowerment

Indicator	Frequency	%
Ownership of asset (house or land)		
Respondent only	61	6.1
Respondent and husband	252	25.2
Husband only	459	45.9
None	228	22.8
Working status		
Working	946	94.6
Not working	54	5.4

N= 1000

4.3.3 Percentage distribution of respondents by reasons justifying wife beating

Majority (88.8%, 68.8%, 78.4%, 84.6%, 96.5%) of the respondent responded no to questions on reasons justifying wife beating which include; if wife goes out without telling husband, neglects the children, argues with him, if she refuses to have sex with him, if she burns the food.

Table 4.6: Percentage distribution of respondents by reasons justifying wife beating

Reasons justifying wife beating	Yes	NO
If she goes out without telling him	112 (11.2)	888 (88.8)
If she neglects the children	312 (31.2)	688 (68.8)
If she argues with him	216 (21.6)	784 (78.4)
If she refuses to have sex with him	154 (15.4)	846 (84.6)
If she burns the food	35 (3.5)	965 (96.5)

N= 1000

4.4 Extent of levels of empowerment

Empowerment were classified into three groups which were highly empowered, moderately empowered and poorly empowered. Respondents that had greater than 13 ($\geq 70\%$) were categorised as highly empowered. Those that had between 9 and < 13 ($50 - < 70\%$) were moderately empowered. The poorly empowered were between 0 and < 9 ($< 50\%$). Most of the respondent (66.1) belong to the moderately empowered. This was followed by those that were poorly empowered (22.2). Few (11.7) of the respondents were highly empowered.

Table 4.7: Percentage distribution of study women by their level of empowerment.

Categorisation of empowerment	Frequency	%
Highly	117	11.7
Moderately	661	66.1
Poorly	222	22.2
Total	1000	100

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4.5 Psychological intimate partner Violence among married women

Of the psychological violence questions that were asked, Majority reported having being insulted (72.8%), yelled (70.8%). The least (19.4%) reported was “threat to have the children taken away”. Of all the respondents, 28.3% reported having being humiliated, 48.3% reported being blamed for their partner’s abusive behavior, 42.4% reported husband with holding important information from them and 37.7% reported threats of harm by their husbands.

Table 4.8: Respondents' experiences of Psychological Intimate Partner Violence

PIPV questions	Yes	Total
Husband said something to humiliate you in front of others	283 (28.3)	1000 (100.0)
Husband insulted you or make you feel bad about yourself	728 (72.8)	1000 (100.0)
Husband yelled or screamed at you	708 (70.8)	1000 (100.0)
Husband blamed your actions for their abusive or unhealthy behavior	483 (48.3)	1000 (100.0)
Husband withheld important information from you	424 (42.4)	1000 (100.0)
Husband threatened (verbally) to harm you or someone you care about	377 (37.7)	1000 (100.0)
Husband threatened (verbally) to have your children taken away	194 (19.4)	1000 (100.0)

4.6 Prevalence and history of Psychological Intimate Partner Violence

Prevalence of PIPV was 95% for one to several of the psychologically abusive act.

Majority (67.3%) witnessed PIPV between parents while growing up.

4.7 Distribution of PIPV by classes

Majority (55.3%) of the respondent experienced a high level of PIPV while 17.4% had moderate experience of PIPV

Table 4.9: Percentage distribution of PIPV by classes

PIPV	Frequency	Percentage
High PIPV	553	55.3
Moderate PIPV	174	17.4
Low PIPV	273	27.3

4.8 Help seeking behavior of PIPV Victims

Out of the 95% of those that have been abused psychologically by husbands, only 53.5% had ever sought help and majority (40.4) sought help just once in a while. A larger percentage (21.6%) of the 53.5% sought help from their husband's family members.

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Table 4.10: Percentage Distribution of victims of psychological violence according to their health seeking behaviour

Variables	Frequency	%
Ever sought help for psychological violence		
Yes	535	53.5
No	415	41.5
Frequency of help sought		
Often	131	13.1
Sometimes	404	40.4
Not applicable	465	46.5
Places or people help is being sought from		
Own family member	192	19.2
Husband's family member	216	21.6
Social service organization	1	0.1
Religious leader	33	3.3
Police	2	0.2
Friend	90	9.0
Some one else	1	0.1
Not applicable	465	46.5

4.9 Relationship between socio demographic variables and PIPV

Significant relationship between respondent's socio demographic variables and psychological violence were found with highest level of education ($P= 0.002$), ethnic group ($P= 0.000$), monthly income ($P= 0.000$), payment in cash or kind ($P= 0.001$). Respondent's age, religion, place of residence and occupation did not have a significant association with psychological violence. Sixty four percent of the women that had post secondary education compared with 50% of those that had secondary, 62% that had primary education, 60% that had no education experienced high level of PIPV. Of the respondent, 72.6% of women from igbo, hausa ethnic group had high experience of PIPV compared with 54.2% of Yoruba women. Of the women that had monthly income greater than 18000 naira and above, 65.5% had experienced high level of violence compared with 50.1% that got less than 18000 naira.

Table 4.11: Respondents' socio demographic variable by extent of PIPV

Variable	High n=553	Medium n=174	Low n=273	Total N=1000	χ^2	P value
Respondent's age						
15-24	58(56.3)	19 (18.4)	26(25.2)	103	5.03	0.28
25-34	269(56.5)	70 (14.7)	137(28.8)	137		
35-49	226(53.7)	85 (20.2)	110(26.1)	110		
Highest level of education**						
No education	24 (60.0)	3 (7.5)	13(32.5)	40	21.43	0.00
Primary	152 (62.0)	33 (13.5)	60(24.5)	245		
Secondary	288 (50.0)	112(19.4)	176(30.6)	576		
Post secondary	89 (64.0)	26 (18.7)	24(17.3)	139		
Religion*						
Christianity	273 (54.5)	87 (17.4)	141(28.1)	501	0.42	0.81
Islam	279 (56.1)	87(17.5)	131(26.4)	497		
Place of residence						
Urban	325 (53.2)	110 (18.0)	176(28.8)	611	2.90	0.23
Semi urban	228 (58.6)	64 (16.5)	97(24.9)	389		
Ethnic group**						
Yoruba	508 (54.2)	160 (17.1)	270(28.8)	938	16.80	0.00
Others	45 (72.6)	14 (22.6)	3 (4.8)	62		
Respondent's occupation						
Professional/ management/ Senior administrator	43 (65.2)	13 (19.7)	10(15.2)	66	10.09	0.26
Skilled non manual/ clerical/ sales	301 (52.7)	102 (17.9)	168 (29.4)	571		
Skilled manual/ agricultural	169 (57.1)	48 (16.2)	79 (26.7)	296		
Semi skilled manual/ unskilled manual	6 (46.2)	4 (30.8)	3 (23.1)	13		
Not working	34 (63.0)	7 (13.0)	13(24.1)	54		
Monthly income**						
Less than 18000	327 (50.1)	125 (19.1)	201(30.8)	653	19.79	0.000
18000 and above	192 (65.5)	42 (14.3)	59(20.1)	293		

*Traditional was dropped from religion due to the low count in the cell so as to get a better result from the Chi square, N= 998

** P< 0.05

Table 4.11: Respondents' socio demographic variable by extent of PIPV

Variable	High n=553	Medium n=174	Low n=273	Total N=1000	X ²	P value
Respondent's age						
15-24	58(56.3)	19 (18.4)	26(25.2)	103	5.03	0.28
25-34	269(56.5)	70 (14.7)	137(28.8)	137		
35-49	226(53.7)	85 (20.2)	110(26.1)	110		
Highest level of education**						
No education	24 (60.0)	3 (7.5)	13(32.5)	40	21.43	0.00
Primary	152 (62.0)	33 (13.5)	60(24.5)	245		
Secondary	288 (50.0)	112(19.4)	176(30.6)	576		
Post secondary	89 (64.0)	26 (18.7)	24(17.3)	139		
Religion*						
Christianity	273 (54.5)	87 (17.4)	141(28.1)	501	0.42	0.81
Islam	279 (56.1)	87(17.5)	131(26.4)	497		
Place of residence						
Urban	325 (53.2)	110 (18.0)	176(28.8)	611	2.90	0.23
Semi urban	228 (58.6)	64 (16.5)	97(24.9)	389		
Ethnic group**						
Yoruba	508 (54.2)	160 (17.1)	270(28.8)	938	16.80	0.00
Others	45 (72.6)	14 (22.6)	3 (4.8)	62		
Respondent's occupation						
Professional/ management/ Senior administrator	43 (65.2)	13 (19.7)	10(15.2)	66	10.09	0.26
Skilled non manual/ clerical/ sales	301 (52.7)	102 (17.9)	168 (29.4)	571		
Skilled manual/ agricultural	169 (57.1)	48 (16.2)	79 (26.7)	296		
Semi skilled manual/ unskilled manual	6 (46.2)	4 (30.8)	3 (23.1)	13		
Not working	34 (63.0)	7 (13.0)	13(24.1)	54		
Monthly income**						
Less than 18000	327 (50.1)	125 (19.1)	201(30.8)	653	19.79	0.000
18000 and above	192 (65.5)	42 (14.3)	59(20.1)	293		

*Traditional was dropped from religion due to the low count in the cell so as to get a

better result from the Chi square, N= 998

** P< 0.05

4.10 Relationship between respondents' reproductive and family history and PIPV

Significant relationship between respondent's socio demographic variables and psychological violence were found with type of marriage ($P= 0.000$) position among wives ($P=0.001$). Duration of marriage, age difference, inter spousal educational difference and parity did not have a significant association with psychological violence. Approximately 58% of women in monogamous marriage had a high level of PIPV compared with 48.3% from polygamous marriages. About 56.1% of women that were first wives experienced high level of violence compared with 50.1% that were in the 2nd, 3rd and 4th positions.

Table 4.12: Respondent's reproductive and family history by extent of PIPV

VARIABLE	High n=553	Medium n=174	Low n=273	Total N=1000	X ²	P value
Duration of marriage						
1-4	138 (60.3)	33 (14.4)	58 (25.3)	229	6.51	0.37
5-9	147 (57.4)	44 (17.2)	65 (25.4)	256		
10-14	110 (52.6)	35 (16.7)	64 (30.6)	209		
≥ 15	158 (51.6)	62 (20.3)	86 (28.1)	306		
Parity (Ever given birth)						
0-2 children	232 (58.6)	61 (15.4)	103 (26.0)	396	7.31	0.12
3-4 children	232 (55.9)	74 (17.8)	109 (26.3)	415		
≥ 5 children	89 (47.1)	39 (20.6)	61 (32.3)	189		
Type of marriage**						
Polygamous	126 (48.3)	28 (10.7)	107(41.0)	261	36.46	0.00
Monogamous	427 (57.8)	146 (19.8)	166(22.5)	739		
Position among the wives**						
1st	474 (56.1)	158 (18.7)	213(25.2)	845	14.65	0.00
2 nd and above	79 (51.0)	16 (10.3)	60(38.7)	155		
Interspousal education difference						
Same level	312 (53.7)	108 (18.6)	161(27.7)	581	1.85	0.40
Husband has higher education	241 (57.5)	66 (15.8)	112(26.7)	419		
Age difference*						
Husband is 1-4 years older	302 (57.1)	92 (17.4)	135(25.5)	529	7.73	0.102
Husband is 5-9 years older	198 (56.6)	59 (16.9)	93 (26.6)	350		
Husband is ≥10 years older	49 (43.8)	22 (19.6)	41 (36.6)	112		

*wife is older than and same age with husband was dropped from age difference at this stage so as to get a more meaningful result. Therefore N= 991

** p < 0.05

4.11 Relationship between husband's socio demographic variables and PIPV

From the table below, level of education ($P=0.002$), husband's occupation ($P= 0.001$) and history of witnessing psychological violence ($P=0.000$) had significant effect on psychological violence. Husband's age, ethnic group, religion had no significant effect on psychological violence. Of the respondent, 60.8% of women whose husbands had post secondary education experienced high level of PIPV compared with 54.6% of those whose husbands had secondary and 48.7% of those whose husbands had less than secondary education. Sixty two percent that said yes to having witnessed psychological violence while growing up had high level of violence compared to 41.6% that said no.

Table 4.13: Husband's sociodemographic characteristics by severity of PIPV

Variable	High	Medium	Low	X ²	P Value
Husband's age					
22-34	151 (57.9)	44 (16.9)	66(25.3)	1.89	0.76
35-41	193 (55.0)	57 (16.2)	101(28.8)		
42-85	209 (53.9)	73 (18.8)	106(27.3)		
Husband's ethnic group*					
Yoruba	501 (54.3)	162(17.6)	259(28.1)	4.88	0.09
Others**	52 (66.7)	12 (15.4)	14 (17.9)		
Husband's religion****					
Christianity	234 (55.5)	79 (18.7)	109(25.8)	1.25	0.54
Islam	316 (55.1)	95 (16.6)	163(28.4)		
Highest level of education*					
No education and primary education	76 (48.7)	21 (13.5)	59 (37.8)		
Secondary education	317 (54.6)	102(17.6)	162(27.9)	16.59	0.00
Post secondary	160 (60.8)	51 (19.4)	52 (19.8)		
Husband's occupation*					
Professional/ management/ Senior administrator	97 (67.8)	20 (14.0)	26(18.2)		
Skilled non manual/clerk/ sales	190 (54.3)	74 (21.1)	86(24.6)	24.09	0.00
Skilled manual/ agricultural	247 (51.8)	73 (15.3)	157(32.9)		
Others***	19 (63.3)	7 (23.3)	4 (13.3)		
Witnessing psychological abuse *					
Yes	417 (62.0)	100(14.9)	156(23.2)		
No	136 (41.6)	74 (22.6)	117(35.8)	36.95	0.00

* P<0.05

** Others include ibo, hausa, edo, delta and foreigners

*** Others include semi skilled manual/ unskilled manual and not working categories

**** Traditional was dropped from religion at this stage so as to get a more meaningful result. Therefore N= 996

4.12 Empowerment and PIPV

Table 4.9 shows that no significant association exist between empowerment and psychological violence ($P=0.560$)

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Table 4.14: Empowerment by PIPV

Empowerment	PIPV			X ²	P value
	High	Medium	Low		
Highly empowered	72(61.5)	19 (16.2)	26 (22.2)	2.986	0.560
Averagely empowered	362(54.8)	112 (16.9)	187 (28.3)		
Poorly empowered	119 (53.6)	43 (19.4)	60 (27.0)		

4.13 Binary logistic regression of the significant sociodemographic variables

Table 4.14 shows the binary logistic regression model showing the effect of independent variables (highest level of education of respondent and husband, ethnic group, occupation of husband, type of marriage, monthly income, mode of income payment, and empowerment). The table shows significant association with ethnic group, monthly income, Level of education of husband, type of marriage and history of psychological violence. Women that earned more than 18000 naira were 1.87 times more likely to experience high PIPV compared with those that earned less than 18000 naira (OR= 1.873, 95% C.I= 1.378-2.548), Women whose husband had secondary education were 1.529 times more likely to experience high PIPV compared with those that had below secondary education (OR= 1.529, 95% C.I= 1.020-2.292). Women in polygamous marriage were 1.74 times less likely to experience high PIPV compared with those in monogamous marriage (OR= 0.575, 95% C.I= 0.371-0.892), Yoruba women were 3.51 times less likely to experience high PIPV compared with their igbo and hausa counterpart (OR= 0.285, 95% C.I= 0.42-0.571), women who did not experience psychological violence between parents while growing were 2.39 times less likely to experience high PIPV compared with women that had experience of psychological violence (OR= 0.419, 95% C.I= 0.312-0.563). Level of education of respondent, occupation of husband, position among wives were found to be insignificant.

Table 4.15: Binary logistic regression of socio demographic variables and high PIPV

Variables	P value	OR	95% CI
Level of education			
Primary	0.833	1.083	0.515-2.279
Secondary	0.147	0.585	0.283-1.207
Post secondary	0.565	0.775	0.326-1.844
No education(ref)		1	
Monthly income*			
More than 18000	0.000	1.873	1.378-2.548
Less than 18000 (ref)		1	
Husband's level of education*			
Secondary	0.040	1.529	1.020-2.292
Post secondary	0.735	1.097	0.643-1.871
No education & Primary		1	
Husband's occupation			
Professional/management/senior administrator	0.629	1.250	0.506-3.086
Skilled non manual/clerical/sales	0.195	0.578	0.252-1.325
Skilled manual/agricultural	0.127	0.527	0.231-1.201
Others (ref)		1	
Type of marriage*			
Polygamy	0.013	0.575	0.371-0.892
Monogamy(ref)		1	
Position among Wives			
2 nd and above	0.175	1.435	0.852-2.416
1 st (ref)		1	
Ethnicity*			
Yoruba	0.000	0.285	0.142-0.571
Others(ref)		1	
History of PIPV*			
No	0.000	0.419	0.312-0.563
Yes(ref)		1	

*P<0.05

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

The study assessed the association between empowerment and Psychological Intimate Partner Violence in Ibadan North Local Government of Oyo State. PIPV is a major public health problem and also the most common form of Intimate Partner Violence (NDHS 2013) which results to many different kinds of health problems (Pico-Alfonso, 2006; Street and Aria, 2006). Empowerment also gives ability and power to those that lack such power (Kishor and Gupta 2004). In the course of the study, there was possibility that some of the women were less likely to disclose their experience of PIPV due to stigma and shame thereby leading to under reporting. Also, Some of the women might not appreciate the act as violence which may have led to under reporting.

5.1.1 Prevalence of PIPV

The prevalence of psychological violence was found to be very high. This is consistent with a multi country study that found prevalence of PIPV to be as high as 75% (Garcia-Moreno et al., 2005). Majority of the women reported being insulted and yelled at while lowest was found to be verbal threat to take the children away. This is in agreement with a study that found shouting or yelling to be the highest (Obi and Ozumba, 2007). Possible explanation for the high prevalence of PIPV might be the preference of psychological

violence to physical violence in dealing with conflicts in the home by husbands. The high prevalence may also be due to negligence with less attention paid to PIPV.

5.1.2 Prevalence of empowerment

Most of the women in IBNLG were moderately empowered. This is similar to a comparative study between Nigeria and North India that found majority of the married women in both countries to be moderately empowered (Raj and Ibrahim, 2014). Of all questions justifying wife beating, argument with husband had the highest justification for wife beating. This may be due to cultural or social norms which include domineering attitude of men, sex role socialization which emphasizes on submissiveness (Heise et al., 2002; WHO/LSHTM, 2010). Therefore most women had the perception that they should be beaten if they refuse to submit. A larger percentage made decision about the use of their earnings but not their husband's earnings. Plausible explanation may be due to the fact that mostly men cater for the family so therefore a woman that earns may necessarily not need to contribute our quota to the family so she decides how it is being spent. Few of the women owned an asset (land or house). From this study, it was found that husbands own asset and this may be because most women earn less than their husbands as was discovered in this study and may not have enough to purchase an asset.

5.1.3 Socio demographic, family history variables and empowerment

This study found monthly income, ethnicity, Level of education of husband, type of marriage and history of psychological violence to be significantly associated with PIPV. Women whose husbands had secondary education were more likely to experience PIPV than women whose husband had less than secondary school education. This is consistent

with the NDHS (2013) but disagrees with previous studies (Johnson and Das, 2009; Heise and Garcia Moreno, 2002; WHO/LSHTM, 2010). It was found from this study that women who did not witness psychological violence between parents while growing up were less likely to experience psychological violence. This is consistent with existing literatures (Abeya et al, 2011, Phillipines et al., 2008, Jeyaselan et al., 2007; Kishor and Johnson 2004, Kwagala et al, 2013). Women that earn more than 18000 monthly were more likely to experience PIPV compared with those that earned less and this is in agreement with a study in Zambia that found out that women in the richest wealth quintile were most likely to experience IPV (Michelle et al., 2008). Suprisingly, women in polygamous marriage were less likely to experience high PIPV compared with those in monogamous marriage. This finding disagrees with the study that women whose husbands have multiple partners are more likely to experience violence (Heise and Garcia Moreno, 2002). This may be due to the fact that most women in polygamous marriage are dependent and do not leave in the same homes with their partners. Yorubas were less likely to experience violence than other ethnic group and the significance of ethnic group may be as a result of the small sample size in the others category. Women's education was found to be insignificant and this is in line with a study in Jordan, whereby education was not associated with experience of violence by women (Clark et al., 2008). Studies have also shown interspousal age difference and interspousal education difference to be insignificant (Lawako, 2008; Castro et al.,2003). Number of living children was not associated with violence. This is in consonance with findings from Bangladesh, Bolivia, Haiti, Kenya, Moldova, Rwanda and Zimbabwe (Hindin et al.,2008).

5.1.4 Empowerment and IPV

A study conducted in Nepal that classified empowerment into three categories found out that women empowerment was not significantly associated with the experience of spousal violence at the multivariate analysis stage (Tuladhar, 2013) and this is consistent with the finding of this study. Another study made use of indicators of empowerment in association with intimate partner violence where decision making was found to be insignificant with intimate partner physical violence (Kwagala et al, 2013). Findings from this study corroborate with a study that found most of the empowerment indicators to be not associated with spousal violence among women. Some studies have linked women's economic empowerment to IPV where economically empowered women had increased likelihood of experiencing IPV compared to those that were not empowered (Zosky, 1999; Koenig et al, 2003; Saley and Peterson, 1995). This findings contribute to the global body of information on women's empowerment and IPV.

5.1.4 Empowerment and PIPV

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5.2 Conclusion

Psychological violence is a major problem in Ibadan North local government. This was seen in its high prevalence. This may have health implication in the lives of majority of the women in this local government which may go on to affect the health of the children. Health programmes must be put in place to tackle PIPV. Prevention must be done at all levels to bring about a reduction in PIPV prevalence.

Majority of the women were moderately empowered while few were highly empowered. Since empowerment has been shown to improve health outcomes (Tuladhar, 2013), more emphasis need to be placed on importance of women being involved in decision making, women's perception about wife beating needs to be changed.

There was no significant association between empowerment and psychological intimate partner violence. Moreover, variables such as monthly income, husband's level of education, type of marriage, ethnic group, history of witnessing psychological violence between parents were identified as the key predictors of PIPV. If the prevalence of PIPV is brought low, it will go a long way in reducing PIPV in the future since History of PIPV between parents have been found to be associated with experience of PIPV in later years.

5.3 Recommendations

1. Women should be educated on their right so that their perception about wife beating will change. This is because some of the women in this study still believe that a husband should beat his wife in certain situations.
2. More policy should be put in place to kick against psychological violence among married women by law makers.
3. Women should be encouraged to participate in decision making in the home so as to increase their level of empowerment because a lower percentage of women participated in decisions about large house hold purchases and also their health care.
4. Interventions in form of counseling, clinical treatment should be put in place for victims of PIPV so as to reduce the adverse effect associated with violence.

REFERENCES

- Obi, S.N. and Ozumba, B.C. 2007. Factors associated with domestic violence in South-East Nigeria. *Journal of obstetrics and gynaecology*. 27. 1: 75 – 78.
- Abeya, S., Afework, M. and Yalew, A. 2011. Intimate partner violence against women in western Ethiopia: Prevalence, patterns, and associated factors. *BMC Public Health* 11. 1 :913.
- Abramsky, T., Watts, C.H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H.A.F.M. and Heise, L. 2011. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BioMed Central Public Health* 11 :109.
- Ackerson, L.K., Kawachi, I., Barbeau, E.M. and Subramanian, S.V. 2008. Effects of individual and proximate educational context on intimate partner violence: A population-based study of women in India. *American Journal of Public Health* 98. 3: 507–514.
- Arias, I. and Pape, K.T. 1999. Psychological abuse: implications for adjustment and commitment to leave violent partners. *Violence and Victims* 14: 55-67.
- Ashimolowo, O.R. and Otufale, G.A. 2012 Assessment of domestic violence among women in ogun state, Nigeria. *Greener journal of social sciences* 2. 3: 102-114.

- Avdibegović E. and Sinanović, O. 2006. Consequences of domestic violence on women's mental health in Bosnia and Herzegovina. *Croatian Medical Journal* 47: 730-741.
- Bacchus, L., Mezey, G. and Bewley, S. 2004. Domestic Violence: Prevalence in pregnant women and association with physical and psychological health. *European Journal of obstetrics and Gynecology and Reproductive Biology* 113: 6-11
- Bailey, W.C. and Peterson R.D. 1995. Gender inequality and violence against women: The case of murder in: Hagan J, Peterson R.D.(eds): *Crime and inequality*. Stanford CA: Stanford University press, 174-205
- Basu, A.M. and Koolwal, G.B. 2005. Two concepts of female empowerment: Some leads from DHS data on women's status and reproductive health. In: Kishor S, editor. *A focus on gender: Collected papers on gender using DHS data*. Calverton, MD: ORC Macro: 15-53.
- Bonomi, A.E., Anderson, M.L., Reid, R.J., Rivara F.P., Carrell, D. and Thompson, R.S. 2009. Medical and Psychosocial Diagnoses in Women With a History of Intimate Partner Violence. *Archives Internal Medicine* 169. 18: 1692-1697.
- Boyle, M.H., Georgiades, K., Cullen, J. and Racine Y. 2009. Community influences on intimate partner violence in India: Women's education, attitudes towards mistreatment and standards of living. *Social Science and Medicine* 69. 5: 691-697
- Breiding, M.J, Ziembroski J.S. and Black M.C. 2009. Prevalence of rural intimate partner violence in 16 US States. *Journal of Rural Health*. 25. 3: 240-6

Brown, L., Thurman, T., Bloem, J. and Kendall, C. 2006. Sexual violence in Lesotho. *Studies in Family Planning* 37. 4: 269–280.

Campbell J.S. 2002. Health consequences of intimate partner violence. *Lancet* 359:1331

Carbone-López, K., Kruttschnitt, C. and Macmillan, R. 2006. Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public Health Rep* 121:382–392.

Caron, Z., Dawn, M.J. and Robert K. 2006 Intimate partner violence and long term psychological functioning in a national sample of American women. *J interpersonal violence* 21: 262

Castro R, Peek-Asa C, Garcia L, Ruiz A, Kraus JF. Risks for abuse against pregnant Hispanic women Morelos, Mexico and Los Angeles County, California. *American Journal of Preventive Medicine*. 2003;25:325–332.

Chan, K.L. 2009. Sexual violence against women and children in Chinese societies. *Trauma Violence & Abuse* 10. 1: 69–85.

Coker, A.L., Smith, P.H., Bethea, L., King, M.R. and Mckeown R.E. 2000. Physical health consequence of physical and psychological intimate partner violence. *Archives of Family Medicine* 9: 451-457

Cunradi, C.B. 2009. Intimate partner violence among Hispanic men and women: the role of drinking, neighbourhood disorder and acculturation related factors. *Violence Victims* 24. 1: 83-97

Dalal, K. 2011. Does economic empowerment protect women from intimate partner violence. *Journal of Interpersonal violence Res* 3. 1: 35-44

Deyessa, N., Berhane, Y., Ellsberg, M., Emindir, M., Kullgren, G. and Hogberg, U. 2010
Violence against women in relation to literacy and area of residence in Ethiopia.
Global Health action 25

Dillon, G., Hussain, R., Loxton, D. and Rahman, S. 2013. Mental and physical health and intimate partner violence among women: a review of literature. *International journal of family medicine Volume* 313909

Dutton, M.A., Goodman, L.A. and Bennett, L. 1999. Court-involved battered women's response to violence: The role of psychological, physical and sexual abuse. *Violence and Victims* 14: 89-104

Ellsberg, M., Trinidad, C., Andrés H., Anna, W. and Gunnar, K. 1999. Domestic violence and emotional distress: results from a population based study. *American Psychologist* 54: 30-36.

Grabe, s. 2012. An Empirical Examination of Women's Empowerment and transformative Change in the Context of International Development *American Journal of Community Psychology* 49: 233-245

Fehringer, J.A. and Hindin, M.J. 2009. Like parent, like child: Intergenerational transmission of partner violence in Cebu, Phillipines. *Journal of Adolescent Health* 44. 4: 363-371.

Flake, D.F. 2005. Individual, family, and community risk markers for domestic violence in Peru. *Violence Against Women* 11. 3:353–373.

Gage, A.J. 2005. Women's experience of intimate partner violence in Haiti. *Social Science and Medicine* 61. 2: 343–364.

Garcia-moreno, C., Jansen, H., Ellsberg, M. and Watts, C. 2005. WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Response. Geneva: World Health Organization; 2005.

Garcia-Moreno, C. 2000 Violence against women: International journal perspectives *American Journal of preventive Medicine* 19. 4: 330-3

Golding, J.M. 1999 Intimate partner violence as a risk factor for mental health disorders: a meta-analysis. *Journal of family violence* 14: 99-132

Heise, L., Ellsberg, M. and Gottemoeller, M. 1999 Ending Violence Against Women. Baltimore, MD John Hopkins University School of public health, center for communications programs.

Heise, L. and Garcia Moreno, C. 2002. Violence by intimate partners. In: Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization, 87–121.

Hindin, M.J., S. Kishor, and D.L. Ansara. 2008. Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes. DHS Analytical Studies No. 18. Calverton, MD, USA: Macro International.

Intimate partner violence among couples in 10 DHS countries: Predictors and health outcomes. DHS analytical studies 18 USAID December 2008

Jewkes, R.K., Levin, J. and Penn-kekana, L. 2002. Risk factors for domestic violence: findings from a South African Cross sectional study. *Social Science and medicine* 55: 1603-1617

Johnson, D.M., Worell, J. and Chandler, R.k. 2005. Assessing psychological health and empowerment in women. The personal Progress Scale revised. *Women and Health* 41: 109-129

Kabeer, N. 2001. Conflicts over credit: Re-evaluating the empowerment potential of loans to women in rural Bangladesh. *World development* 29. 1: 63-84

Kabeer, N. 1999. Resources, Agency, Achievements: Reflections on the Measurement of Women's empowerment. *Development and Change* 30: 35-464.

Kartz, J. and Arias, I. 1999 Psychological abuse and depressive symptoms in dating women: Do different types of abuse have differential effects. *Journal of family violence* 14. 3: 281-295.

Kaslow, N.J., Thompson, M.P. and Okun, A. 2002. Risk and protective factors for suicidal behavior in abused African American Women. *Journal of Consulting and Clinical Psychology* 70: 311

Kishor, S. and Johnson, k. 2004. Profiling Domestic Violence—A Multi-Country Study. Calverton, MD, USA: ORC Macro.

Kishor, S. and Gupta, K. 2004. Women's empowerment in India and its States: Evidence from the NFHS. *Economic and Political Weekly* 39.7: 694-712.

Koenig, M.A., Lutalo, T., Zhao, F., Nalugoda, F., Kiwanuka, N., Wabwire-Mangen, F., Kigozi, G., Sewankambo, N., Wagman, J., Serwadda, D., Wawer, M. and Gray, R. 2004. Coercive sex in rural Uganda: prevalence and associated risk factors. *Social Science and Medicine* 58.4:787-798.

Koenig, M.A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire Mangen, F. and Kiwanuka, N. 2003. Domestic violence in rural Uganda. Evidence from a community-based study. *Bulletin of the World Health Organisation*: 81: 53-60

Koenig, M.A., Ahmed, S., Hossain, M.B., and Mozumder A.B. 2003. Women's status and domestic violence in rural Bangladesh: Individual and community level effects. *Demography* 40. 2: 269-288

Koenig, MA., Stephenson, R., Ahmed, S., Jejeebhoy, S.J. and Campbell, J. 2006. Individual and contextual determinants of domestic violence in north India. *American Journal of Public Health* 96. 1:132-138.

Krantz, G. and Garcia-Moreno, C. 2005. Violence against women. *Journal of Epidemiology and Community Health* 59. 10: 818-21

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B. and Lozano, R. 2002. World report on violence and health. Geneva: WHO

Kwagala, B., Wandera, S.O., Ndugga, P. and Kabagenyi, A. 2013 Empowerment, partner's behavior and intimate partner violence among married women in Uganda. *BMC Public health* 13:112

Lawoko, S. (2008). Predictors of Attitudes toward Intimate Partner Violence: A Comparative Study of Men in Zambia and Kenya. *Journal of Interpersonal*, 23 (8), 1056-1074.

Ludermir, A.B., Schraiber, L.B., D'Oliveira, A.F.P.L., França-Junior, I. and Jansen, H.A. 2008 Violence against women by their intimate partner and common mental disorders. *Social Science and Medicine* 66:1008-1018.

Malhotra A, Schuler S. Women's empowerment as a variable in international development. In: Narayan-Parker D, editor. *Measuring empowerment : Cross-disciplinary perspectives*. Chapter 3. Washington, DC: World Bank; 2005. pp. 71-88.

Marshall L L. Effects of men's subtle and overt psychological abuse on low-income women. *Violence and Victim* 1999; 14: 69-88.

Martinez, M., Garcia-Linares, M.I. and Pico-Alfonso, M.A. 2004. Women victims of domestic violence: Consequences for their health and the role of health system in : Klein R, wallner B eds *Conflict gender and violence*. Vienna : *Studien-verlag* : 55

MC Closkey, L.A., Williams, C. and Larsen, U. 2005 Gender inequality and intimate partner violence among women in Moshi, Tanzania. *International Family planning Perspective* 3. 3: 124-30

Morrison, A., Ellsberg, M. and Bott, S. 2007. Addressing gender-based violence: a critical review of interventions. *The World Bank Observer*, 22. 1: 25–51.

National Population Commission, Federal Republic of Nigeria: Final report on Nigeria Demographic and Health Survey. Rockville, Maryland, USA: *ICF International*; 2013.

Perez, S., Johnson, D.M. and Wright, CV. 2012. The attenuating effect of empowerment on IPV- related PTSD symptoms in battered women living in domestic violence shelters. *Violence against women* 18. 1: 102-117

Pico-Alfonso, M.A., Garcia-Linares, M.I., Celda-Navarro, N., Herbert, J. and Martinez M. 2004 Changes in cortisol and dehydroepiandrosterone in women victims of physical and psychological intimate partner violence *Biological Psychiatry* 56. 4: 233–240

Pico-Alfonso, M.A., Garcia-Linares, M.I., Celda-Navarro, N., Blasco-Ros, C., Echeburua, E. and Martinez, M. 2006. The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*. 15. 5: 599-611.

Pollock, J. I., Manaseki-Holland, S, and Patel, V. 2006. Detection of depression in women of child-bearing age in non-Western cultures: a comparison of the Edinburgh Postnatal Disord Depression Scale and the Self-Reporting Questionnaire-20 in Mongolia. *J Affect* 92. 2-3: 267-271.

Raj, D. and Ibrahim, A. 2014. Factors associated with women's empowerment based on NDHS data: A comparative study between Nigeria and North india. *Report and opinion* 6. 9:46-54

Sackett, L.A. and Saunders, D.G. 1999. The impact of different forms of psychological abuse on battered women: Examining the roles of shame and guilt. *Violence and Victims* 14:1.

Saltzman, L.E., Fanslow, J.L., McMahon, P.M. and Shelley, G.A. 2002. Intimate partner violence surveillance: uniform definitions and recommended data elements, version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Selic, S., Svab, I. and Gucek, N.K. 2014 A cross sectional study identifying the pattern of factors related to psychological intimate partner violence exposure in Slovenian family practice attendees: What hurt them the most. *BMC Public Health* 14: 223

Simeen, M., Nirali, M.S. and Stan, B. 2011 Measurement of women's empowerment in rural Bangladesh. *World development* 40. 3: 610-619

Stith, S.M., Smith, D.B., Penn, CE., Ward, D.B. and Tritt, D. 2004. Intimate partner physical abuse perpetration and victimization risk factors: a meta-analytic review. *Aggression and Violent Behavior* 10. 1: 65-98.

Street, A.E. and Arias, I. 2001. psychological abuse and post traumatic stress disorder in battered women: examining the roles of shame and guilt. *Violence and Victims*. 16: 65-78

Swart, L.A., Mohamed-Seedat, G.S. and Izabel, R., 2002. Violence in adolescents' romantic relationships: findings from a survey amongst school going youth in a South African community. *Journal of Adolescent health* 25: 385-395.

Taft, C.T., Muphy, C.M., King, L.A., Dedeyn, J.M. and Musser, P.H. 2005. *Journal of Abnormal psychology* 114. 2: 259-268

Tang, C.S. and Lai, B.P. 2008. A review of empirical literature on the prevalence and risk markers of male-on-female intimate partner violence in contemporary China 1987-2006. *Aggression Violent Behavior* 13:10-28.

Thompson, M.J., Saltzman, L.E. and Johnson, H. 2001. Risk factors for physical injury among women assaulted by current or formal spouses. *Violence against women* 7: 886-889.

Tuladhar, S., Khanal, K.R., Lila, K.C., Ghimire, P.K. and Onta, K. 2013. Women's Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal: Further analysis of the 2011 Nepal Demographic and Health Survey. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International.

Uthman, O.A., Moradi, T. and Lawoko, S. 2009. The independent contribution of individual, neighbourhood and country level socioeconomic position on attitudes towards intimate partner violence against women in sub-saharan Africa: a multi level model of direct and moderating effects. *Social Science and Medicine* 68. 10: 1801-9

Vos, T., Astbury, J., Piers, L.S., Magnus, A., Heenan, M., Stanley, L., Walker, L and Webster, K. 2006. Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bull World Health Organ* 84:739–744.

WHO/LSHTM. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva/London 2010, World Health Organization/ London School of Hygiene and Tropical Medicine.

WHO. Putting women first: ethical and safety recommendations for research on domestic violence against women. World Health Organization, Geneva; 2001

WHO/WHD. World report on violence. Geneva: World Health Organisation. 1997
women's education, attitudes towards mistreatment and standards of living. *Social Science and Medicine* 695 :691–697.

Woods, S.J. 2000 prevalence and patterns of Post Traumatic Stress Disorder (PTSD) in abused and post-abused women. *Issues in Mental Health. Nurs* 3: 309

The World Health Report 2001. Mental Health: New Understanding, New Hope Geneva: World Health Organisation

World Health Organisation 2010 Preventing Intimate Partner and Sexual violence Against Women: Taking action and generating Evidence. Geneva, Switzerland; World Health Organisation : 11

World Health Organisation (2012). Understanding and addressing violence against women.

Yehuda, R. 2002 Post traumatic stress disorder *N.Engl J Med* 346. 2 :10

Zosky, D.L. 1999 The application of object relations theory to domestic violence. *Clinical*

Social Work Journal 27. 1: 55-69

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APPENDIX I

INFORMED CONSENT FORM

Good day. I am Popoola Toluwanimi, a post graduate student at The University of Ibadan. I am presently conducting a study titled, 'empowerment and psychological intimate partner violence among married women in Ibadan North Local Government'. It is expected that the study will broaden our knowledge about empowerment, psychological intimate partner violence and the association between them. Questions will be asked as regards your socio demography and likewise that of your husband, history of psychological violence by your husbands and also empowerment as a woman. The answers you give will be confidential. You will not be required to provide your name or address. Your honest answers to the questions are therefore required so as to understand the association between empowerment and psychological intimate partner violence. Your participation is voluntary and you can decide to decline at any stage. We will greatly appreciate your agreement to take part in the study.

CONSENT: Now that the study has been explained to me and I understand it's content. I will be willing to take part in the study.

Signature of participants

Interview date

IPINNU PELU IMO

E ku Ojumo. Oruko mi ni Popoola Toluwarunni. Mo si je akekoo gboye mi Ile eko fasiti ti Ibadan. Mo n se iwadi ti akole re n je Rironi lagbara ati iwa agbara nipa ti okan ati iwahihu to je mo eniyan meji ti o sun mo ara won laarin awon obinrin ti o wanile oko ni eka ipinle ti Ibadan North. A gbagbo pe iwadi yi yoo tunbo fun wa ni oye nipa riro ni lagbara, iwa agbara nipa ti okan ati iwa hihu ati ohun itanmo arin won. A o bere ibeere nipa eyin ati oko yin, itan mpa iwa agbara nipa okan ati ihuwasi laarin eyin ati oko yin. Ko si eniken ti o mo idahun ti o ba fun wa. A o ni beere oruko abi ibi ti e ngbe. Idahun otito yin se Pataki lati le ni oye nipa itanmo laarin riro ni lagbara ati iwa agbara nipa ti okan laarin eniyan meji ti o sun mo ara won. Ifowosopo ti o ti okan yi wa ni a fe. E si le sope e ko semo nigba kigba. Inu wa a dun gidigidi te ba le gba lati fowosopo pelu wa ni iwadi yii.

IPINNU

Isin ti won ti se alaye iwadi yi simi ti o si ti ye mi yekeyeke, Mo ma fe sowopo pelu won ni iwadi yii.

Ifowosipe Olukopa

Ojo

APPENDIX II

DATA COLLECTION INSTRUMENT

QUESTIONNAIRE

Serial No _____

SECTION A (SOCIO-DEMOGRAPHIC DATA OF RESPONDENT)

- 1) What is your date of birth dd/mm/yyyy / /
- 2) How old were you at your last birthday years
- 3) You have been married for how many years now years
- 4) What is the highest level of school you attended (a) No Education [] (b) Primary [] (c) Secondary [] (d) Post Secondary []
- 5) What is your religion (a) Christianity [] (b) Islam [] (c) Traditional []
- 6) Place of residence (a) urban [] (b) semi urban [] (c) rural []
- 7) What is your ethnic group (a) Yoruba [] (b) Ibo [] (c) Hausa [] (d) Others _____
- 8) What do you do for a living (Occupation) (a) Professional/management/teachers/senior administrator [] (b) skilled non manual/clerk/sales [] (c) Skilled manual/Agricultural/tailor/hair dressers [] (d) semi skilled manual/unskilled manual/porters/cleaners/ postal workers [] (e) Not working [] (if not working, move to 11)
- 9) Are you paid in cash or kind for the work you do (a) in cash [] (b) in kind [] (c) in cash and kind []
- 10) What is your monthly income (a) Less than 18000 [] (b) 18000 and above []
- 11) Have you ever given birth (a) Yes [] (b) No []
- 12) How many children have you given birth to that are now living with you _____
- 13) How many children have you given birth to that are alive but not living with you _____

14) Have you ever given birth to any child who was born alive but later died (a) Yes [] (b) No []

15) How many children died _____

16) Just to make sure that I have this right. You have had in total _____ births during your life time. (Add 11,12,14)

17) Does your husband have other wives (type of marriage) (a) yes [] (b) No [] (c) Don't know [] (If no, move to 20)

18) Including yourself, in total how many wives does he have _____

19) Are you the 1st, 2nd ...wife? _____

SECTION B (HUSBAND BACK GROUND AND EARNING WITH RESPECTS TO HUSBAND)

20) What is your husband's date of birth dd/mm/yyyy _____ / _____ / _____

21) How old was your husband on his last birthday? _____

22) Husband's ethnic group (a) Yoruba [] (b) ibo [] (c) Hausa [] (d) others _____

23) What is your husband's religion (a) Christianity [] (b) Islam [] (c) Traditional []

24) What is the highest level of school he attended? (a) No education [] (b) primary [] (c) Secondary [] (d) Post secondary []

25) What does your husband do for a living (Occupation) (a) Professional/management/teaching [] (b) skilled non manual/clerk/sales [] (c) skilled manual/agricultural/bricklayers/drivers/painter/musician [] (d) Semi skilled manual/unskilled manual/ bus conductor/ labourer /porter [] (e) Not working []

26) Would you say that the money that you earn is _____ (a) More than what your husband earns [] (b) less than what he earns [] (c) about the same [] (d) Husband has no earnings [] (e) I have no earnings

SECTION C (EMPOWERMENT MEASURES/ INDICATORS)

- 27) Who usually decides how your earnings will be used (a) Respondent only [] (b) Respondent and husband [] (c) Husband only [] (d) others [] (e) I have no earnings
- 28) Who usually decides how your husband's earnings will be used (a) Respondent only [] (b) Respondent and husband [] (c) Husband only [] (d) others []
- 29) Who usually makes decisions about large household purchases (a) Respondent only [] (b) Respondent and husband [] (c) Husband only [] (d) other []
- 30) Who usually makes decisions about health care for yourself (a) Respondent only [] (b) Respondent and husband [] (c) Husband only [] (d) others []
- 31) Who usually makes decisions about visits to your family or relatives (a) Respondent only [] (b) Respondent and husband [] (c) Husband only [] (d) others []
- 32) Ownership of asset (land or house) (a) respondent alone [] (b) Respondent and husband [] (c) Husband alone [] (d) None []
- 33) Working status of respondent (a) Working [] (b) Not working []
- In your own opinion is a husband justified in hitting or beating his wife in the following situations
- 34) If she goes out without telling him (a) Yes [] (b) No [] (c) Don't know []
- 35) If she neglects the children (a) Yes [] (b) No [] (c) Don't know []
- 36) If she argues with him (a) Yes [] (b) No [] (c) Don't know []
- 37) If she refuses to have sex with him (a) Yes [] (b) No [] (c) Don't know []
- 38) If she burns the food (a) Yes [] (b) No [] (c) Don't know []

SECTION D (PSYCHOLOGICAL VIOLENCE)

		Yes	No	Don't Know
38	Does your husband say something to humiliate you in front of others			
39	Does he insult you or make you feel bad about yourself			
40	Has he yelled or screamed at you			
41	Has he ever blamed you for his abusive or unhealthy behavior			
42	Does he withhold important information from you			
43	Does he threaten (verbally) to harm you or someone you care about			
44	Does he threaten (verbally) to have your children taken away			

45) Have you ever witnessed psychological abuse (just as the ones stated above) between your parents when growing up (a) Yes [] (b) no []

46) Have you ever sought help from psychological abuse (a) yes [] (b) No []

47) If yes to question 46, how often do you seek help (a) Often [] (b) Sometimes [] (c) Never []

48) If yes to 46 where did you seek help from (a) Own family member [] (b) Husband's family member [] (c) Social service organization [] (d) Religious leader [] (e) Physician [] (f) police []

(g) friend [] (h) someone else _____

IWE IFOROWANLENUWO

Abala A (Iwa ati ise isedale re)

- 1) Kiru ojo ibi re / /
- 2) Omo odun melo ni o je ni ojo ibi re to keyin odun
- 3) O ti to odun melo to ti se gbeyawo odun
- 4) Iwe melo lo ka (a) Mi o kawe Kankan [] (b) Iwe mefa [] (c) Girama [] (d) Iwe kika leyin girama []
- 5) Kini esin re (a) Onigbabo [] (b) Musulumi [] (c) Ibile []
- 6) Nibo lo n gbe (a) Ilu [] (b) Oko []
- 7) Kini eya ede re (a) Yoruba [] (b) Igbo [] (c) Hausa [] (d) Omiran
- 8) Iru ise wo lo n se (a) Oyiye (Profesona)/moneja [] (b) Ise ofisi/ Oja tita/ ise ti a ko [] (c) Ise oko/ ise aladani/ ise ti a ko []
- 8) Se won sowo fun o tabi won maan fun o ni nnkan fun ise ti o n se (a) Owo [] (b) nnkan [] (c) Owo ati nnkan [] (d) Mi o gba nnkan rara []
- 9) Elo lowo ti o n gba losu (a) O din si 18000 (egberun ejidinlogun) [] (b) o le si 18000 []
- 10) Se o ti bimo ri (a) beeni [] (b) beeko []
- 11) Omo melo lo ti bi ti o n gbe pelu re
- 12) Omo melo lo ti bi ti o wa laye ti ko gbe pelu re
- 13) Se o ti figba kan bi omo ri to ye sugbon leyin o se alaisi (a) beeni [] (b) beeko []
- 14) Omo melo lo salaisi
- 15) Ki n le mo boya mo gba daadaa , E ti bi omo melo (e.Siro 11+12+13)

16) Se oko re ni iyawo miran (a) beeni [] (b) beeko []

17) Pelu iwo, Iyawo melo ni oko re ni _____

18) Kini ipo re laarin awon iyawo _____

Abala B (Iwa ati Ise Isedale Oko re ati bi owo to n gba se jomo took re)

19) odun wo loko re ni ojo ibi re to gbeyin _____

20) Kini ojo ibi oko re _____

21) Eya ede wo loko re n se (a) Yoruba [] (b) Ibo [] (c) Awusa []

22) Kini esin oko re (a) Onigbagbo [] (b) Musuluni [] (c) ibile []

23) Iwe melo ni oko re ka (a) Ko kawe Kankan [] (b) Iwe mefa [] (c) Girama [] (d) Iwe kika leyin girama []

24) Iru ise wo ni oko re n se (a) Oyiye (Profesona)/ moneja [] (b) Ise ofisi/ Oja tita/ ise ti a ko [] (c) Ise oko/ ise aladani/ ise ti a ko []

25) Se o le sope owo to n gba (a) ju eyi ti oko re n gba [] (b) din si eyi ti oko re n gba [] (c) bi nnkan kan naa ni [] (d) oko mi o gba owo Kankan []

Abala C (Wiwon Rironilagbara)

26) Ta lo n sako so bi o se maa lo owo ti o n gba (a) Iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) elomiran

27) Ta lo n maan se eto isuna owo to n wo le fun oko re (a) iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) elomiran []

28) Ta lo n maan se ipinnu lori ni ra nkan banta banta ninu ile (a) iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) elomiran []

29) Ta lo n maan se ipinnu lori ilera re (a) iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) elomiran []

30) Ta lo n maan se ipinnu lori ibewo si ebi ati ibatan re (a) iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) elomiran []

31) Nipa ile tabi ile ni ni (a) iwo nikan [] (b) iwo ati oko re [] (c) oko re nikan [] (d) Ko si rara []

32) Nipa ise sise a) Mo n sise [] b) mi o si se []

Ni ero re, se oko re jare lati na o ninu awon ise le wonyi

33) Bi o ba jade lai so fun (a) Beenì [] (b) Beeko [] (c) mi o mo []

34) Bi o ba saibikita fun omo re (a) Beenì [] (b) Beeko [] (c) mi o mo []

35) Bi o ba oko re jiyàn (a) Beenì [] (b) Beeko [] (c) mi o mo []

36) Bi o ba ko lati ba oko re ni aJosepo (a) Beenì [] (b) Beeko [] (c) mi o mo []

37) Bi o ba jo ounjè nina (a) Beenì [] (b) Beeko [] (c) mi o mo []

Abala D (Iwa Agbara Nipa Ti Okan Ati Iwa Hihu)

		Beeni	Beeko	Mi o mo
38	Se oko re maan fi o se yeye niwaju awon eniyan			
39	Se oko re maan so oro buruku si o tabi je ki o ro pe o dara			

40	Se o maan pariwo tabi han le o lori			
41	Se o maan ba o wi fun asise ati iwa palapala tire			
42	Se o maan fi oro Pataki pamo fun o			
43	Se o maan hale lati se ipalara fun o tabi eni ti o feran			
44	Se o maan hale lati mu omo re kuro			

45) Se ri iwa agbara nipa ti okan ati iwa hihu ti se laarin obi re nigba ti o n dagba (bi iru eyi ti a ko loke) (a) beeni [] (b) beeko []

46) Se o ti figba kan jade fun iranlowo ri lati inu iwa agbara nipa ti okan ati iwa hihu (a) beeni [] (b) beeko []

47) Bi o ba je oto igba melo ni o maan jade sita (a) Gbogbo igba [] (b) ekon kon [] (c) Rara []

48) Bi idahun re ba je beeni fun ibeere 46 Nibo ni o ti maan ri iranlowo (a) awon ebi re [] (b) ebi oko re [] (c) Apapo to n ranilowo [] (d) olori esin [] (e) onisegun [] (f) oloopa (g) ore (h) elomiran



MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.

All communications should be addressed to

the Honorable Commissioner quoting

Our Ref. No. AD 13/ 479/ 682

24th October, 2014

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

Attention: Popoola Toluwanimi

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

In response of your letter requesting for Renewal of your Research Proposal titled:

“Empowerment and Psychological Intimate Partner Violence among Married Women in Ibadan North Local Government”

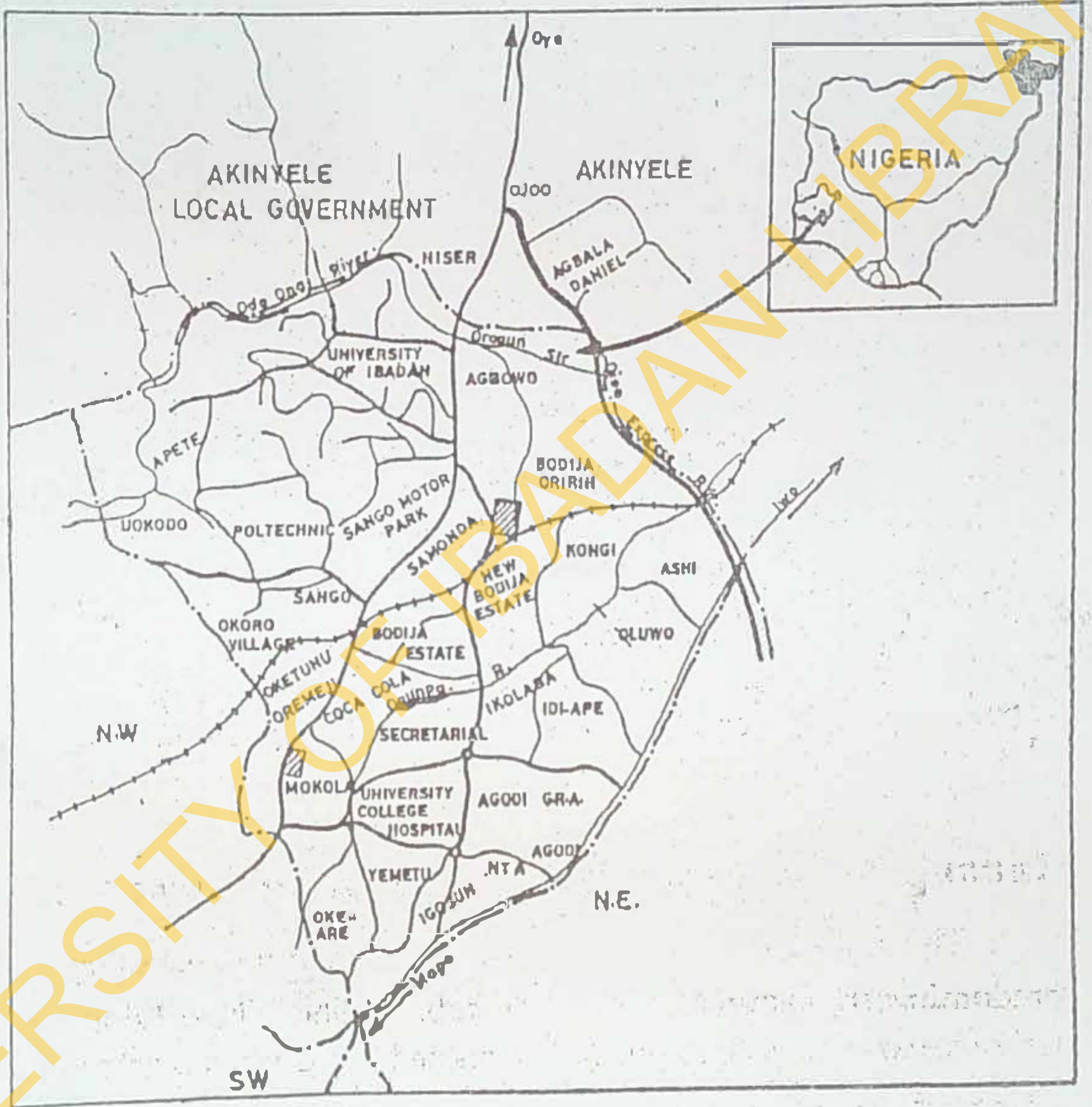
2. The committee has noted your compliance with all the ethical concerns raised in the initial review of the proposal. In the light of this, I am pleased to convey to you the approval of committee for the implementation of the Research Proposal in Oyo State, Nigeria.

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

4. Wishing you all the best.

Signature & Date
Sola Akande (Dr)

Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee



Ibadan North Local Govt. in Oyo State