

Prevalence and Correlates of Spouse Violence Among Women in a Primary Health Care Facility in Lagos Nigeria.

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ABSTRACT

Background: Violence against women is a major public health problem that affects millions of women each year worldwide. Spouse violence is said to have three broad dimensions: physical, psychological and sexual, but these often overlap in reality.

Aims: The aims of the study were to determine the prevalence of spouse violence among women of reproductive age group 15 to 50 yrs attending a primary care clinic in Yaba, Lagos state and to describe the patterns of spouse violence.

Method: Three hundred and twenty one participants, who were patients and/or mothers of (children) patients, were selected through a systematic sampling method; 265 of them eventually participated in the study (82.5% response rate). A questionnaire on domestic violence was used to collect data. The data were analyzed using SPSS version 10.

Results: The results showed a high life time prevalence rate of violence of 50.9 % among the women. The most commonly experienced physical abuse was demand for sex when the women did not want it (52.2%). Marital rape accounted for 21%. Controlling actions, associated with psychological trauma, were found in 71.9% of the participants; while about 35% had felt afraid of their partners at some time.

INTRODUCTION

Spouse/partner violence is a major public health problem that affects at least 3 to 6 million women

per year both in developed and developing nations (Sitterding et al, 2003). It has emerged as a focus of international attention and concern capable of causing a serious obstacle to development and peace and a violation of human rights (Heise et al, 1999).

Globally, domestic violence appears to exist in a "culture of silence" and denial of the seriousness of the health consequences of abuse at every level of the society, (Aderinto, 2003). It is even worrisome to note that in some studies, high percentages of women consented to wife battering (Oyediran et al, 2005 and Al-Nsour et al 2009).

The state of under reporting occurs because the denial and fear of social stigma often prevent women from reaching out for help (Garcia-Moreno et al, 2005). The victims rarely seek help or relief also because wife battering is considered an internal family matter by courts, police and local authorities and the women concerned are often counselled to be more tolerant (to absorb further abuse) while the abusers often go unpunished (Zimmerman, 1995).

The effects of partner violence can be tremendous and devastating to the victims' physical and mental health (Ilika et al, 2002). Domestic violence affects the reproductive life of the women and could increase the risk of unintended pregnancy with associated adverse pregnancy outcomes. In addition to the immediate traumatic effects, other associated long-term problems include chronic pain, physical disability, drug and alcohol misuse, depression and suicide (Heise et al, 1999). It also

affects the psychological welfare of the children who observe it among their parents and also the stability and general health of the family (Ilika et al, 2002).

For women aged 15 to 44 years, domestic violence is a major cause of death and disability according to Parliamentary Assembly of the Council of Europe (2002). In Nigeria, spouse violence is hardly reported (Aderinto, 2003) and too often, condoned (Effah-Chukwuma and Osarenren, 2001).

METHODS

Study design

The study was a cross sectional survey of women attending a primary health care facility in Lagos Nigeria using instruments designed to describe the prevalence and patterns of spouse violence.

Setting

The study was done in a primary health care facility, Harvey Road Health Centre and Maternity in Yaba, Mainland Local Government area of Lagos State.

This facility is run as a primary health care clinic but has a small inpatient facility for emergencies pending referral to secondary or tertiary health institutions. The study was carried out over a period of three months, March to May 2005 after an approval by the Ethics Committee and management of the centre.

It was selected because a primary health care setting often offers a safe and free environment for a woman to disclose her experiences

without fear of her husband and with better assurance of confidentiality (Ilika et al, 2002), whereas community based household studies might pose a risk of aggravating further violence against the women respondents or attacks on the investigator from suspicious partners (Jewkes et al, 2000; Leung et al, 1999). This study was at the maternity and gynecology clinics.

Participants

We elected to study women in the age group of 15 to 50 years most of whom usually form the actively reproductive women and those who were or had ever been in sexual relationships with men. The participants were those who attended the various clinics in the centre or who brought their children for treatment during the three- month period March to May 2005. The nature of the study was explained to the women and they were assured of confidentiality. The consents of the participants were obtained, and it was made clear that they were free to decline. The details of their primary physical diagnoses were beyond the scope of the study.

Sampling

A systematic sampling method was used. The prevalence rates from some of the studies that have been done in Nigeria varied from 28% to 81%. Five of such available were Odujinrin, 1993 (81%); Okemgbo et al, 2002 (78.8%); Ilika et al, 2002 (46.3%); WHO, 2002 (31%) and Ameh and Abdul, 2004 (28%). The average value of these five, 53% was used to calculate the sample size to be to be around 316.

A systematic sample period was used, taking a sampling frame provided by the medical record department of 2,016. The sampling interval was calculated to be 6 and thus every sixth woman estimated who belonged to the stated age group coming to the clinic as a patient or accompanying her child to the clinic was eligible to participate in the study. Two hundred and sixty five of the 321

women that initially agreed to be part of the study eventually completed the questionnaire for analysis.

Instrument

The instrument used a questionnaire on domestic violence and women's health

This questionnaire was designed to detect exposure to violence in current and past relationships by Dobash (1996). It has three sections which are controlling behaviour, violent incidents and consequent injuries. The controlling behaviour dimension has 8 questions while violent incidents, which consist of physical, psychological and sexual abuse has 20. Responses of 'often', 'sometimes' and 'rarely' were considered positive or exposure to abuse while 'never' was regarded as negative or no exposure. The consequent injuries section has 15 questions. Finally, also included were questions about participants being asked about domestic violence by general practitioners. The questionnaire was used by Bradley et al, (2002) for a similar study in Dublin. . The instrument was translated into the Yoruba language (Ohaeri et al, 1990) by experienced clinical nurses and an expert in Yoruba language and was back-translated into English.

Data Analysis

Data analysis was done using the Statistical Package for Social Sciences version 10, SPSS 10. The sociodemographic characteristics of the subjects were described. Tests of statistical significance, including χ^2 for categorical variables and t-tests for continuous ones were carried out as appropriate.

RESULTS

Sociodemographic characteristics

Out of the 321 questionnaires administered, two hundred and sixty five were returned (82.5% response rate.) Two hundred and forty four women representing 94.2% of the

participants claimed they were still actively involved in relationships while 12 (4.6%) claimed they had been in relationships before but not at the time of the study. Two hundred and nineteen of the participants (82.6%) were living with their spouses, 26 (9.8%) living alone while 18 (6.8%) were either living with their parents or with friends or other relations.

Two hundred and twenty eight (86.0%) claimed they were the only partners their spouses had while 21 (7.9%) and 6 (2.3 %) claimed their spouses had 2 or more than 2 wives/partners, respectively.

Prevalence and patterns of spouse violence

One hundred and eighty-nine (71.9%) of the participants claimed that they had been affected by the controlling actions of their partners hence they had to be careful about what they said or did at home.

About 35% of the participants reported feeling afraid of either their current or previous partners.

Violent incidents

The overall prevalence rate of abuse involving violence was found to be 50.9% (i.e. both lifetime and previous year abuse. The most commonly experienced abuse of this form was demand for sex when the women did not want it (53.2%) followed by being forced to do something against one's will (28.3%). Eighteen percent considered the frequency as 'often' and 'sometimes' while 70.6% had never experienced this.

Marital rape (being forced to have sex by an intimate partner), was reported by 56 participants thus the prevalence rate was 21.2% with 16.3% in the often and sometimes categories while; 206(78.8%) participants reported no forced sexual experiences. Closely following sexual abuse among the violent incidents was physical abuse of being slapped on the body, arms or legs (21.1%). The least common event was of the spouse trying to strangle, burn or drown his partner (2.7%).

Table 1. Patterns of violent / abuse experienced by spouse. (N=265)

Types of abuse	Percentage of women affected (life time prevalence)
Demand for sex when not desired by the spouse	53.2%
Being forced to do things against the spouse will	28.3%
Marital rape	21.2%
Slapped on body, arms, legs	21.1%
Spouse trying to strangle, burn or drown the partner	2.7%
Injury suffered from physical assault	21.9%

Table 1 shows that 58 of the women (21.9%) had suffered at least an injury following a physical assault by a sexual partner in their lifetime. The commonest occurring injury was infliction of cuts, bruises or marks on the faces of 7.2 % of the women. The least reported was non- specific internal injury, which accounted for 1.5 %.

Table 2. Logistics regression analysis: Respondents' experience of violent incident by demographic characteristics, personal characteristics and contextual factors

Factors	Total No	No (%) exposed to domestic violence	P value	OR (C.I)
Age				
15-24	39	20 (51.3)		
25-34	155	86 (55.5)		
35-44	60	28 (46.7)		1.2162
45-50	4	1 (25)	0.4271	(0.7503 – 1.9715)
No of children				
2 and below	240	124 (51.7)		1.7815
3 and more	18	11 (61.1)	0.0821	(0.9291 – 3.4160)
Pregnant in the past year				
Yes	150	78 (52)		0.9976
No	104	56 (53.8)	0.9941	(0.5284 – 1.8834)
Religion				
Christianity	203	108 (53.2)		
Islam	52	25 (48.1)		1.3603
Others	1	1 (100)	0.3814	(0.6830 – 2.7095)
Currently in paid employment				
Yes full time	112	48 (42.9)		
Yes, part time	70	43 (61.4)	0.0431*	0.6834
No	73	43 (58.9)		(0.4725– 0.9883)
How many wives the partner has				
Respondent only				
2	221	112 (50.7)		
More than two	21	12 (57.1)	0.5757	1.2343
Not married	6	4 (66.7)		(0.5905 – 2.5802)
	1	1 (100)		
Ever felt afraid of your current/previous partner?				
Never	166	70 (42.2)		
Rarely	17	12 (70.6)		
Sometimes	57	40 (70.2)	0.0196*	0.6953
Often	17	13 (76.5)		(0.5125– 0.9434)

Dependent variable = Exposure to domestic violence

* Significant. O R = Odds Ratios C.I = Confidence Interval

A multivariate logistic regression to determine the relationship between GHQ scores (as the dependent variable) and some demographic, personal and contextual factors (as covariates) showed that fear of partner, being pregnant in the past year, and increased number of wives the partner has all have odds ratios of more than one and have significant t-tests. (Table 2). Although the odds ratios of employment status and religion of practice were more than 1, their t-values were not significant.

DISCUSSION

Prevalence and types of spouse abuse

A high prevalence rate (51%) of violent incidents due to partner violence among women of childbearing age was found in this study. This is lower than the 87% reported by Al-Nsour et al (2009). The results in this study are comparable with other studies in Africa where 28% to 81% of women reported being abused by male partners (Ilika et al 2002, Odujinrin, 1993 and Ameh and Abdul, 2004).

The most common abuse was demand for sex when the woman did not want it (52.2%). Twenty one percent had been forced to have sex by their partners with a response rate of 5.7% as often, 10.6% sometimes and 4.7% rarely. Sexual violence was the commonest type of gender abuse found by Fawole et al (2003) and Odimegwu (2001). The high percentage of abused pregnant and nursing women in this study is particularly notable.

In Nigeria, it is cut culturally unacceptable to batter a pregnant or lactating mother. In a study conducted among generally pregnant women in Jos, Nigeria, 8.4% of the women sought medical attention as a result of injuries inflicted on them by their spouses (Gyuse and Ushie, 2009). Paste on the other hand what constitutes violence, especially verbal, psychological violence or demand for sex could be subjective and some of the women actually regarded these as

normal and culturally acceptable (Ilika et al 2002). Controlling actions, which are associated with psychological trauma, had a high prevalence among the participants (71.9%). Ilika et al, 2002 found verbal and emotional abuse rates of 30.9 % and 20.1% respectively. Emotional abuse was the commonest type of abuse (47.5%) in Al-Nsour's study (2009). Among pregnant women in Abuja, Nigeria, psychological type of abuse accounted for 66.4% (Efetie and Salami, 2007). This shows that psychological abuse, which appears mostly hidden from others, is high in the Nigerian society.

Risk factors associated with spouse violence

Thirty five percent of the participants had felt afraid of either their present or previous partners at some point in time in their lives. This is worrisome, as it seems many women endure living with spouses they fear. Ezegwui, et al, (2003) in a study also in Nigeria, had reported. 3.4% of women being afraid of their partners. It is possible that more women are living under the atmosphere of terror today than previously. All the ethnic groups in Nigeria have strong patriarchal structure, that is, socioculturally the males still have the domineering influence on females. Many males in spite of western education and awareness, unfortunately still consider females as their "properties" who must succumb to their wishes. Although the two most prominent religions (Christianity and Islam) practised in Nigeria advocate peaceful coexistence among mankind, yet their prescriptions of females' submissive behaviour towards their husbands have been misinterpreted as unfettered license to suppress and maltreat the female partners. It is very unfortunate that some religious adherents even force young girls and women to marry and expectedly such women are subjected to various forms of domestic abuse in such hostile relationships. The law enforcement agents' poor attitude towards wife battering and other abuses of females

in which they often trivialize the issue and consider them as mere domestic affair and make the male abusers to go scot free, rather encourages further abuse and emboldens the offenders.

In a city like Lagos, with an estimated fifteen million people, the cost of living is very prohibitive. Economic hardships make women more dependent and vulnerable. Many people dwell in congested accommodation with poor local and general infrastructures. Unemployment and underemployment are prevalent. All these make life stressful and may result in displaced aggression onto spouses. A risk factor for spouse violence found in this study was unemployment. Forty three point nine percent were involved in full time jobs and 27.4% had part time jobs while 28.6 % of the participants were jobless. Almost 60% of those who were jobless in this study were exposed to spouse violence and this was statistically significant. The main reason for violence in Ilika's study was economic hardship (56 %). This was also found to be the most common factor for spouse abuse in another Nigerian study (Aimakhu et al, 2004).

Fertility in marriage and sex preferences have been suggested to be strong factors in spouse violence, especially lack of male children (Ezegwui et al, 2003 and Ilika et al, 2002). In this study, having more than two children was commoner among women who experienced domestic violence than those having two or less. However, this was not statistically significant. The cost of caring for a family with two or more children in the city would most likely be more economically demanding. In the past, the usual African practice of children helping out in agriculture has now shifted mainly to the education of the children by their parents. Unemployed women are usually more economically dependent on their husbands and are likely more disposed to have many children since their lack of gainful employment makes them full time housewives.

The type of marriage was found to influence spouse violence. Violence

was found to be higher in polygamous marriages- 57% in those with 2 wives, and 66.7% in those having more than 2 wives compared with 50.7% in monogamous marriages. This is similar to the findings of Ilika et al, (2002). In a polygamous marriage, the man has to share his time of intimacy with the wives. Wife and sibling rivalry and jealousy exist in such homes. If the total number of children and wives the man has to care for is high, eventually there is increased economic pressure on him which may lead to marital conflict and violence.

CONCLUSION

This study and related ones done in this country have shown high prevalence rates of domestic violence against women.

It is hereby recommended that the human rights organizations that have been working against this social malady should collaborate more with health practitioners so as to reveal the exact danger associated with it, that it is not just a social problem but a serious health concern.

Victims of domestic violence should be encouraged to summon courage to report to close confidants, health workers and human rights activists and women supports organisations close to their communities. Community based primary prevention and enlightenment programmes will also go a long way in eliminating violence. Priests, community leaders, the police and other law enforcement agencies stop regarding domestic violence require strong advocacy interventions as ordinary domestic problems requiring no intervention.

This study was not without its limitation, as the male risk factors were not well elaborated on in this study. Also, the pregnancy outcome in those suffering from abuse was not included with this study.

Acknowledgement

Our profound gratitude goes to the management and staff of Harvey Road Health Centre and Maternity for

their immense support and permission to allow their patients to be part of this study.

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