

Pattern of Domestic Violence among Married Women Attending Antenatal Clinics in Esan West Local Government Area of Edo State, Nigeria

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Abstract

This study aims to investigate the prevalence and pattern of domestic violence among married women attending antenatal clinics. The study was a cross-sectional study design. Using a multistage sampling technique, 700 women attending antenatal clinics were randomly sampled from 7 clinics/health centers in Esan West Local Government Area of Edo State. Data were collected using pretested questionnaires after informed consent was obtained. The data were analyzed using descriptive and inference statistics. The study recorded a 78.57% response rate. Overall, 550 antenatal women participated in the study and the prevalence of domestic violence was 76.0% (n=418). While all the women that reported domestic violence were verbally assaulted, 42.58% (n=178) of them also reported being physically assaulted. The wife's age, religion, education, employment status, years of marriage, number and gender of children did not significantly affect ($p>0.05$) the degree of verbal assault. However, wife's age (0.000), level of education (0.000), number of children (0.001) and years of marriage (0.013) significantly influenced physical assault; that is, older women or those with higher education or many children or who have been married for long are less likely to be physically assaulted. This study showed that the prevalence of domestic violence is high among married women in the study population. While this study calls for the investigation of the factors involved, the need for interventions and addressing the issue herein studied by agencies involved cannot be overemphasized.

Keywords

Domestic Violence, Married Women, Verbal Assault, Physical Assault, Public Health Issue

1. Introduction

Domestic violence is defined as "any act or omission committed within the framework of the family, by one of its members, that undermines the life, the bodily or psychological integrity, or the liberty of another member of the same family, or that seriously harms the development of his or her personality" [1]. According to Joda et al [2], these acts include rape (forced sex), physical abuse, verbal abuse, incest, Female Genital Cutting, denial of food, denial of time for relaxation, forced marriage and child marriage. The true incidence of domestic violence is not known; however, in most Africa countries, violence has become normative and to a large extent accepted [3, 4] and according to Leclerc-

Madlala [5], it is presented as one of the few ways, which men have to assert their masculinity.

Considering the fact that globally, at least one in three women is believed to have experienced some form of gender-based abuse during her lifetime [6], it can be said therefore that violence against women has become one public health issue of our time and a problem that continues to be scrutinized by the World Health Organization [7]. Although, now recognized as one of the most insidious, shocking and underreported form of violence, violence against women has continued to attract considerable attention in international social policy and public health circles [8]. The situation in Nigeria is far from clear as only a few studies based on small sample sizes, secondary data and case studies have been done [9-11] and not much is being done to prevent it.

The problem becomes more worrisome in the Nigeria context as many cultures condone physical chastisement of women as a husband's marital prerogative, limiting the range of behaviours they consider as abuse [12]. For example, in Sharia law (Islamic law practiced in the northern part of Nigeria by the predominantly Muslim population), the husband may withdraw maintenance to his wife if she refuses him sexual intercourse [13, 14]. Rape of a wife is generally not recognized as an offence by customary laws in Nigeria and is not penalized even when the wife suffers bodily harm in the course of the husband forcefully having sex with her [2]. Hence, the necessity of this study to investigate the prevalence of violence against women and the pattern of this act among married women attending antenatal clinics.

2. Materials and Methods

Study Design: This study was a cross-sectional survey of women attending antenatal clinics in Esan West Local Government Area of Edo State, Nigeria.

Study Area: This study was conducted amongst the Esan speaking ethnic community that occupies Esan West Local Government Area in central Edo State. The area lies between latitude 60 40° N 60 45° N and longitude 60 05° E 60 10 ° E [15] with Ekpoma as the administrative headquarters. Esan West Local Government Area is made up of 10 political wards comprising 14 different culturally recognized quarters namely Eguare, Ujoelen, Ujemen, Ihumudumu, Illeh, Igor, Emuhi, Uhiele, Emaudo, Uke, Idumebo, Ukpenu, Irukepen and Ikekogbe. The Local Government Area houses several educational institutions including the State owned University- the Ambrose Alli University, several private and public secondary and primary schools, health care centres and several Maternity Centres and General Hospitals. The area is consists of multi-ethnic nationalities as follows; the Ishans who predominant, as well as the Benins, Igbos, Yorubas, Urhobos, Itsekiris, Ijaws, Hausas and Fulani and foreigners

Inclusion criteria: This study was targeted at all Esan speaking married women age 15 years and above who were as at the time of the study living with husbands and who were migrant and attending antenatal clinics. Divorced women and those who are not living with their husbands were excluded. The criterion for inclusion is to be "living with husband for at least six months" at the time of the study. Hence, the study investigated violence to wife for the last six months.

Sampling Procedures: The study employed the multi-stage sampling technique involving four stages. In the first stage, the Local Government Area (LGA) was stratified into quarters. In the second stage, 7 clinics were randomly selected from the 14 quarters. In the third stage, 100 married women attending clinic were randomly recruited from each of the clinic. This sampling procedure was adopted because of the problem of having the entire population at the same time in the same place.

Ethical consideration: Approval was sought for and obtained from the Chief Medical Director of the clinics used.

Informed consent of each participant was sought and obtained, and they were assured of the confidentiality of their responses. The study was conducted in compliance with the Declaration on the Right of the subject [16].

Data collection: One hundred married women who met the inclusion criteria were recruited and administered questionnaires from each of the clinic. Respondents were recruited from four private hospitals and three community health centers. Data were collected by designed close-ended questions which have previously been pre-tested. It contains information on socio-demographic profile (section 1), experience of domestic violence and pattern of the violence by husband (section 2). The questionnaires were administered with the help of female trained medical students of Ambrose Alli University, Ekpoma. Participants who agreed to be included in the study completed a questionnaire with their help and this was done in about 10 - 20 minutes for each participant.

Data analysis: The collected questionnaires were then cleaned and coded for data analysis. Respondent answers were presented in degree using figures from 4 to 0, with 4 representing always, 3; most times, 2; sometimes, 1; less time and 0 representing Never. Following this sequence, other questions were classified. The obtained data were subjected to statistical analyses using SPSS version 17 and descriptive statistics and chi-square analysis was done and presented with suitable tables.

3. Results

Of the total 700 respondents studied, 150 did not meet the requirements. The response rate therefore was 78.57%. Among the 550 suitable samples, 4.4% were below 20 years, 89.4% were between 20 years and 39 years while 6.3% were above 40 years. Majority of the respondents (94.9%) were Christians. While 2.6% have no formal education, 9.5%, 33.8% and 54.2% have primary, secondary and tertiary education as their highest level of education respectively. 30.2% were employed while 33.5% were self employed and 36.4% were full house wives. As at the time of this study, 16% of the studied population have duration of marriage less than a year but greater than six months while 68%, 12.4% and 3.6% have duration of marriage between 1 year and 10 years, 11 – 20 years and 20 years and above respectively.

Of the total 550 respondents, 41.1% answered "no" response to domestic violence, however, 100% agreed domestic violence occur in marriages. Additionally, 99.3% said there have been times of misunderstanding between them and husband in the past. However, only 24% claimed not to be domestically assaulted by their husbands within the last six month while the remaining 76% reported some degree of domestic assaults. Interestingly, the whole 76% (n=418) reported being verbally assaulted by husband for the last six months while 32.40% (n=178) of them reported physical assault by husband for the last six months.

Age of wife, religion, educational status, employment status, age of marriage, number and gender of children did

not significantly influence ($p>0.05$) verbal assault of wives by husbands (see table 1). On the other hand, age of wife, educational status, age of marriage and number of children

significantly influenced ($p<0.05$) the degree of physical assault of wives by husbands (see table 2).

Table 1. Cross tabulation of verbal assault by husband with wife's socio-demographic profile.

Demographic characteristics		Degree of verbal assault					Total	p value
		4	3	2	1	0		
Age	< 20	2	6	4	4	8	24	0.885 $p>0.05$
	20 – 39	40	100	154	76	122	492	
	40 +	6	12	10	4	2	34	
Religion	Christian	44	110	160	80	128	522	0.888 $p>0.05$
	Islam	4	6	4	4	2	20	
	Others	0	2	4	0	2	8	
Education	0	0	6	6	0	2	14	0.461 $p>0.05$
	1 ⁰	8	4	16	4	20	52	
	2 ⁰	20	40	50	38	38	186	
Employment	3 ⁰	20	68	96	42	72	298	0.606 $p>0.05$
	FHW	18	52	62	18	50	200	
	SE	14	40	48	36	46	186	
Marital age	GE	16	26	58	30	36	166	0.636 $p>0.05$
	6 month +	8	18	22	12	28	88	
	1 – 10 years	28	84	118	54	90	374	
No of children	11 – 20 year	10	6	24	16	12	68	0.284 $p>0.05$
	21 +	2	10	4	2	2	20	
	No response	10	38	52	22	60	182	
Gender of children	None	8	8	8	16	14	54	0.465 $p>0.05$
	1 – 3	22	60	88	34	44	248	
	4 – 6	6	10	16	10	14	56	
	7 +	2	2	4	2	0	10	
	No response	12	38	56	24	62	192	
	Female only	12	26	24	24	22	108	
	Male only	8	20	40	18	14	100	$p>0.05$
	Mix sex	16	34	48	18	34	150	

Table 2. Cross tabulation of verbal assault by husband with wife's socio-demographic profile.

Demographic characteristics		Degree of Physical assault					Total	p value
		4	3	2	1	0		
Age	< 20	2	2	4	2	14	24	0.000 $p<0.05$
	20 – 39	0	24	56	76	336	492	
	40 +	2	0	4	6	22	34	
Religion	Christian	4	22	60	82	354	522	0.707 $p>0.05$
	Islam	0	2	2	2	14	20	
	Others	0	2	2	0	4	8	
Education	0	0	4	0	0	10	14	0.000 $p<0.05$
	1 ⁰	0	4	8	8	32	52	
	2 ⁰	2	12	30	40	102	186	
Employment	3 ⁰	2	6	26	36	228	298	0.540 $p>0.05$
	FHW	2	12	22	40	144	220	
	SE	0	10	24	16	134	184	
Marital age	GE	2	4	18	28	114	166	0.013 $p<0.05$
	6month +	2	6	6	12	62	88	
	1 – 10 years	0	16	36	66	256	374	
No of children	11 – 20 year	0	4	14	4	46	68	0.001 $p<0.05$
	21 +	2	0	8	2	8	20	
	No response	2	6	10	24	140	182	
Gender of children	None	0	6	4	10	34	54	0.252 $p>0.05$
	1 – 3	0	10	38	44	156	248	
	4 – 6	0	4	10	4	38	56	
	7 +	2	0	2	2	4	10	
	No response	2	8	10	30	142	192	
	Female only	0	2	14	22	70	108	
	Male only	0	4	20	12	64	100	$p>0.05$
	Mix sex	2	12	20	20	96	150	

4. Discussion

The family, which makes up the population, is a result of the union between a man and wife, it is important to critically review the activities that may affect its peaceful co-existence. Thus, there is a need for an assessment of the family health with respect to domestic violence against wives, which may cause a breach of the intention of marriage. According to our findings, all married women agreed that domestic violence exist in marriages and 99.3% married women reported a form of misunderstanding with husband in the past. Interestingly, in the last six months a vast majority of the married pregnant women (76.0%) reported being verbally assaulted and of these 32.40% reported being physically assaulted. Similar findings have been documented in other part of Nigeria and elsewhere [17-26]. Specifically, Odujirin [27], reported a prevalence of 68.1% for verbal abuse and 31.4 percent for both verbal and physical abuse among married women in Lagos while several African studies reported a prevalence of 13- 49% for physical assault [28]. Of course, it has been shown that wife violence and other forms of physical abuse by husbands, especially in developing countries is not an uncommon phenomenon [29-31]. Worldwide, one of the most common forms of abuses directed at women is physical violence by their husbands or other intimate male partners [23-34], hence, the results of this study are in agreement with other studies.

Specifically, two population prevalence studies in South Africa found that one in four women is being abused by an intimate partner [35, 36]. A study among working men in Cape Town showed 42% to report physical violence and nearly 16% to report sexual violence against an intimate partner [37]. In the present study however, the prevalence of verbal assault by husband in the six months period was found to be about three in four while physical assault was about eight in twenty-five married women. This statistic in Esan West Local Government places the level of wife violence a little above that of South Africa where Simpson [3] and Wood and Jewkes [4] reported that violence has become normative and to a large extent accepted. According to Leclerc-Madlala [5], it is presented as one of the few ways men have to assert their masculinity. The reason for the far higher prevalence of verbal assault to physical assault may be due to the fact that most violent encounter start verbally and may not necessarily end in the physical for many reasons. However, Schmel and Schenker [38] documented that physical assault may be under reported due to cultural issues and that women may be ashamed to report such.

Interestingly, it is noted that none of the women's demographic characteristics significantly has power over verbal assaults. As shown in table 1, whether a woman is educated, employed, aged or fertile; she was verbally assaulted by husband. However, wife's age, level of education and years of marriage significantly affected the degree of physical assault by husbands. In another words,

older wives, educated wives and wives in longer marriages are less likely to be physically assaulted by husbands. Indeed, there is an emerging consensus that there is interplay of personal/ demographic characteristics, situational, social and cultural factors to cause domestic violence and or abuse [39-42]. Although our study did not assesses the triggering factors for domestic violence, Omorodion [9], for example, documented refusal to respect the husband, abusing the husband and insufficient food allowance as the leading initiation of marital violence. Recent studies reported infidelity, neglects of children, non consultation of husband, wife refusal to have sex, and late preparation of food among others as the major factors resulting to domestic violence [43-45]. Others strongly suggest that the major factors associated with partner violence in Nigeria have their roots in the cultural framework of the society [19, 21, 46-49].

5. Conclusion

Conclusively, considering the health implication of violence against women and the fact it may be under reported by reason of shame and culture, coupled with the high prevalence of verbal and physical assaults reported in our study, domestic violence in marriage calls for re-consideration. All forms of violence are common in the family, but it is the physical aspect of it that frequently draws the society's attention to this terrible malaise in the family. Physical violence may actually be a pointer that other forms of violence are taking place unnoticed in the family. Verbal violence is difficult to report because there may be no immediate harm, but can be as harmful in the long run as the physical type. It is therefore necessary for all stakeholders in the family viz health workers, government and government agencies like the police, social welfare units and NGOs to develop new strategies for identifying and dealing with all forms of domestic violence. There is a need for advocacy and campaign against all forms of domestic violence in the family.

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