



PREVALENCE AND DETERMINANTS OF INTIMATE PARTNER VIOLENCE AMONG ADULT RESIDENTS IN AN URBAN COMMUNITY, EDO STATE, NIGERIA

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ABSTRACT

Intimate Partner Violence (IPV) is a growing public health challenge globally and in Nigeria. This study assessed prevalence and determinants of IPV among adult residents in an urban community in Edo State, to help develop effective intervention to tackle this public health problem. The study was a community based descriptive cross sectional one. Interviewer administered pre-tested structured questionnaire was administered on 219 adult residents of Ogbe Community in Benin City, Edo State. Data collected were analysed using SPSS version 22.0 statistical software with statistical significance set at $p < 0.050$ and 95% Confidence Interval. The mean age (SD) of respondents was 30 ± 9 years. Lifetime and recent prevalence of IPV among respondents studied was 70 (32.0%) and 63 (28.2%) respectively. In relation to pattern of IPV, emotional (70 (32.0%); 55 (25.1%)), Sexual abuse (41 (18.7%); 34 (15.5%)), denial of opportunities (41 (%); 21 (9.6%)) and physical abuse (37 (16.9%); 23 (10.5%)), were reported by respondents for both lifetime and recent IPV respectively. Gender (OR=0.178; 95%CI=0.079-0.042); $p < 0.001$ and alcohol use by partner (OR=0.017; 95%CI=0.002-0.133; $p < 0.001$) were significant determinants identified influencing IPV. The prevalence of IPV is worrisome. There is need for appropriate multi-sectorial engagement and enforcement of relevant laws to tackle this problem.

Keywords: Adult, Determinants, intimate partner violence, prevalence, Residents, Urban

INTRODUCTION

An estimated 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. (Heise & Garcia-Moreno, 2002; WHO 2017). Most of this violence is perpetuated by an intimate partner. Globally, almost one third (30%) of women who have been in a relationship have reported experience of some forms of physical and/or sexual violence by their intimate partner in their lifetime. (Heise & Garcia-Moreno, 2002; WHO 2017). In addition, globally 38% of murders of women are committed by a male intimate partner while 7% of women have been sexually assaulted by someone other than a partner. Intimate partner violence (IPV) is a growing public health problem in several societies affecting people of vast socio-economic background. IPV is now considered a socially tolerated form of human rights violations with very strong and deep cultural roots perpetuated by 'culture of silence' (Heise & Garcia-Moreno, 2002; WHO 2017).

Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, emotional abuse and controlling behaviors by an intimate partner. They are often hidden crimes and ill-reported with devastating consequences for victims as well as society in general (Heise & Garcia-Moreno, 2002; WHO 2012). Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships. The most common perpetrators of violence against women are male intimate partners and or ex-partners (Heise & Garcia-



Moreno, 2002; WHO 2012). But it is important to note that men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them (WHO, 2012).

Intimate Partner Violence (IPV) can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV, complications of stress among other health challenges; through direct and indirect pathways (Garcia-Moreno, Jansen, Ellsberg, et al., 2005; WHO, 2017). A history of experiencing violence is a risk factor for many diseases and conditions such as functional disorders or stress related disorders i.e Irritable bowel syndrome, Fibromyalgia, Chronic pain syndrome, Depression, Anxiety and phobias, Suicidal ideation and acts etc. (Garcia-Moreno, Jansen, Ellsberg, et al., 2005; WHO, 2017).

Current research suggests that the influence of abuse can persist long after the violence has stopped. The more severe the abuse, the greater its impact on a woman's physical and mental health, and the impact over time of different types and multiple episodes of abuse appears to be cumulative (Garcia-Moreno, Jansen, Ellsberg et al., 2005; WHO, 2017). Men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms, and a sense of entitlement over women (WHO, 2017). Women are more likely to experience IPV if they have Low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence, male privilege, and women's subordinate status (WHO, 2017).

In Nigeria, following the 2013 Demographic and Health Survey, the Life time prevalence of intimate partner violence was reported to be 16% for Physical and/or Sexual Intimate Partner Violence, while the past year prevalence of physical and/or sexual Intimate Partner Violence prior to the survey was 11 % (NPopC and ICF International, 2014). These figures could be highly under reported due to the background 'culture of Silence' that perpetuates this act and inadequate data collection and reporting system (Oladebo, Yusuf & Arulogun, 2011; Heise & Garcia-Moreno, 2002; WHO, 2017). Findings from some studies in Nigeria identified female sex and alcohol use as significant determinants of IPV among partners (Mapayi, Makanjuola, Mosaku, et al., 2013; Onigbogi, Odeyemi & Onigbogi, 2015; Balogun, Owoaje & Fawole, 2012). Meanwhile, the recent Federal law in Nigeria which was signed into law in May 2015 bans all forms of violence and other harmful traditional practices (HTPs), especially against women and the girl child (Violence against persons prohibition act (VAPPA), 2015). However, this violence against persons (prohibition act (VAPPA) applies only to the Federal Capital Territory (FCT) of Abuja and it is up to the discretion of each of the 36 states of Nigeria to domesticate the legislation in its territory (VAPPA, 2015).

Intimate Partner violence has drawn strong attention from the International community as evidenced by the World Health Assembly endorsement in May 2016, by Member States of a global plan of action on strengthening the role of the health systems in addressing interpersonal violence, in particular against women, the girl-child and children. In furtherance to this, this study assessed prevalence and determinants of IPV among adult residents in an urban community in Edo State, with a view to updating the literature on IPV and sensitise all relevant stakeholders on need to develop effective intervention to tackle this growing public health Challenge.

METHOD

The study was carried out in Ogbé Community, a cosmopolitan urban settlement located in Oredo Local Government Area (LGA) of Benin City in Edo State. The community is in the "heart" of Benin City, hosting the Oba's Palace and Samuel Ogbemudia Stadium,



with good interconnecting road networks, business centers, Banks, Police station, Schools, Market, Hotels etc, with an estimated population of 4000 people. The community is bounded to the South by Oguobo, Siluko to the North, Ekewan to the West and Airport Road to the East. Benin is the predominant ethnic group, Christianity the major Religion and the residents are primarily civil servants and traders (NPopC and ICF International, 2014).

A community based descriptive cross sectional study design was utilized for this study. This study involved adult residents (aged 18 years and above) currently in an intimate relationship (i.e cohabiting, married etc) and resident in Ogbe community, Oredo LGA who consented to participate in study. The study was conducted over 12 months between March 2016 and February 2017. Sample size of 219 was calculated using Cochran formula for descriptive studies based on lifetime prevalence of Intimate partner violence of 16% in Nigeria (NPopC and ICF International, 2014). A multistage sampling technique was utilized to recruit study participants involving the following stages; Stage 1, selection of Oredo LGA by balloting from the 3 LGAs that make up Benin City; Stage 2, selection of ward 1 from the list of 10 wards making up the selected LGA by balloting; Stage 3, selection of Ogbe Community from the list of communities that make up ward 1 by balloting; Stage 4, selection of Cluster B for study from the two clusters (A and B) that make up Ogbe Community by balloting and Stage, 5 selection of respondents and administration of questionnaire to all eligible adult residents of Ogbe Community who consented for study in cluster B until the required sample size was achieved. The entire Ogbe community was not surveyed owing to its large size. Data was collected using pretested structured questionnaires divided into sections covering socio-demographic characteristics, awareness, prevalence of IPV and factors influencing IPV among study participants. Data collected was sorted for completeness, entered into IBM (SPSS) statistical software version 22.0.

Lifetime and recent prevalence of IPV was assessed based on a composite score system relating to the four domains of IPV. Each domain of IPV experienced by respondents was given a response score of '1' while no such experience had a score of '0', having a total percentage score of 1-100% was graded as ever experienced IPV and a score of 0 % was graded as Never Experienced IPV. Results was presented as prose, frequency tables and charts with bivariate analysis carried out in relation to outcome variable to identify factors associated with recent experience of IPV and logistic regression analysis to rule out confounders of IPV and identify predictors of IPV among respondents studied. Statistical significance was set at $p < 0.05$ and 95% confidence interval.

Ethical Clearance (CMS/REC/2017/009) was sought and obtained from the Research and Ethics Committee, College of Medical Sciences, University of Benin, Benin City. Institutional Approval was also sought from the Oredo Local Government Area, Edo state. Finally, Individual Consent was sort and obtained from the respondents who were assured of utmost confidentiality of information given before commencement of the study.

RESULTS

A total of 219 respondents participated in this study with mean (SD) age of 30(9) years. One hundred and forty nine (68.0%) male and 70 (32.0%) female respondents participated in the Study. Christianity 193(88.1%) was the predominant religion followed by African Traditional Religion 24 (11.0%) and Islam 2(0.9%). In relation to ethnicity 110 (50.2%) were Benin, followed by Esan 52(23.7%), Ibo 20(9.1%) and least was Etsako 2(0.9%). A total of 182 (83.1%) of respondents were married, 19(8.7%) cohabiting, 8



(3.7%) widow, 7(3.2%) divorced and 3(1.4%) separated. In relation to Educational Status 116(53.0%) had completed tertiary education, 83 (37.9%) completed secondary education, 13(5.9%) completed primary education while 7(3.2%) had no formal education. Also, 182 (83.1%) of respondents were employed while 37(16.9%) were unemployed. Finally with regard to ILO Skill level 104 (47.5%) were in skill level 2, followed by 55 (25.1%) in skill level 4, 34 (15.5%) in skill level 0, 14 (6.4%) in Skill level 3 and 12 (5.5%) in skill level 1. (See Table 1)

Table 1: Socio-demographic Characteristics of Respondents (n= 219)

Variable	Frequency	Percent
Age Group (Years)		
18-30	87	39.7
>30	132	60.3
Mean(SD)	30(9)	
Sex		
Male	149	68.0
Female	70	32.0
Religion		
Christianity	193	88.1
Islam	2	0.9
African Traditional Religion (ATR)	24	11.0
Educational Status		
No Formal	7	3.2
Primary Completed (1 ⁰)	13	5.9
Secondary Completed(2 ⁰)	83	37.9
Tertiary Completed(3 ⁰)	116	53.0



Marital Status		
Cohabiting	19	8.7
Married	182	83.1
Separated	3	1.4
Divorced	7	3.2
Widowed	8	3.7
Ethnic Group		
Benin	110	50.2
Esan	52	23.7
Ibo	20	9.1
Isoko	11	5.0
Yoruba	9	4.1
Ijaw	8	3.7
Ukwani	7	3.2
Etsako	2	0.9
Occupational Skill Level		
Skill Level 0	34	15.5
Skill Level 1	12	5.5
Skill Level 2	104	47.5
Skill Level 3	14	6.4
Skill Level 4	55	25.1
Employment Status		
Employed	182	83.1
Unemployed	37	16.9

In relation to level of awareness on IPV and Sources of Information (See Table 2)



Two hundred and ten (95.9%) of the respondents had heard of IPV, with 134 (61.2%) Media, 117 (53.4%) friends, while 14 (10.5%) religious places accounting as main source of information on IPV.

Table 2: AWARENESS AND SOURCES OF INFORMATION ON IPV WITH FACTORS THAT promote it

Variable	Frequency (n=219)	Percent (%)
Awareness of IPV		
Yes	210	95.9
No	9	4.1
Source of Information		
Media	134	61.2
Friends	117	53.4
Books	85	38.8
Family Members	46	21.0
School	34	15.5
Health Workers	39	17.8
Religious Places	14	6.4
Awareness of factors that promote IPV		
Alcohol Intake	184	84.0
Psychological Problem	165	75.5
Substance Abuse	81	37.0
Multiple Sexual Partner	95	43.4
Low Level of Education	68	31.1

In relation to experience of Intimate partner violence Table 3 shows that respondents reported emotional abuse (70(32.0%); 55(25.1%)),sexual abuse (41(18.7%);



34(15.5%)),physical abuse (37(16.9%); 23(10.5%)),and denial of opportunity and resources (41(18.7%); 21(9.6%)) in decreasing pattern of occurrence of IPV in relation to Lifetime and recent experiences among respondents.

Table 3: Experience of Intimate Partner Violence (IPV) among respondents

Experience of IPV	Lifetime Prevalence (Freq. %)	Recent Prevalence (Freq. %)
Sexual Abuse		
Ever	41(18.7)	34(15.5)
Never	178(81.3)	185(84.5)
Physical Abuse		
Ever	37(16.9)	23(10.5)
Never	182(83.1)	196(89.5)
Emotional Abuse		
Ever	70(32.0)	55(25.1)
Never	149(68.0)	164(74.9)
Denial of opportunity and Resources		
Ever	41(18.7)	21(9.4)
Never	178(81.3)	198(90.4)

While in relation to Lifetime and recent prevalence of intimate partner violence 70(32.0%) and 63 (28.8%) respondents reported such experiences respectively (See Fig.1)

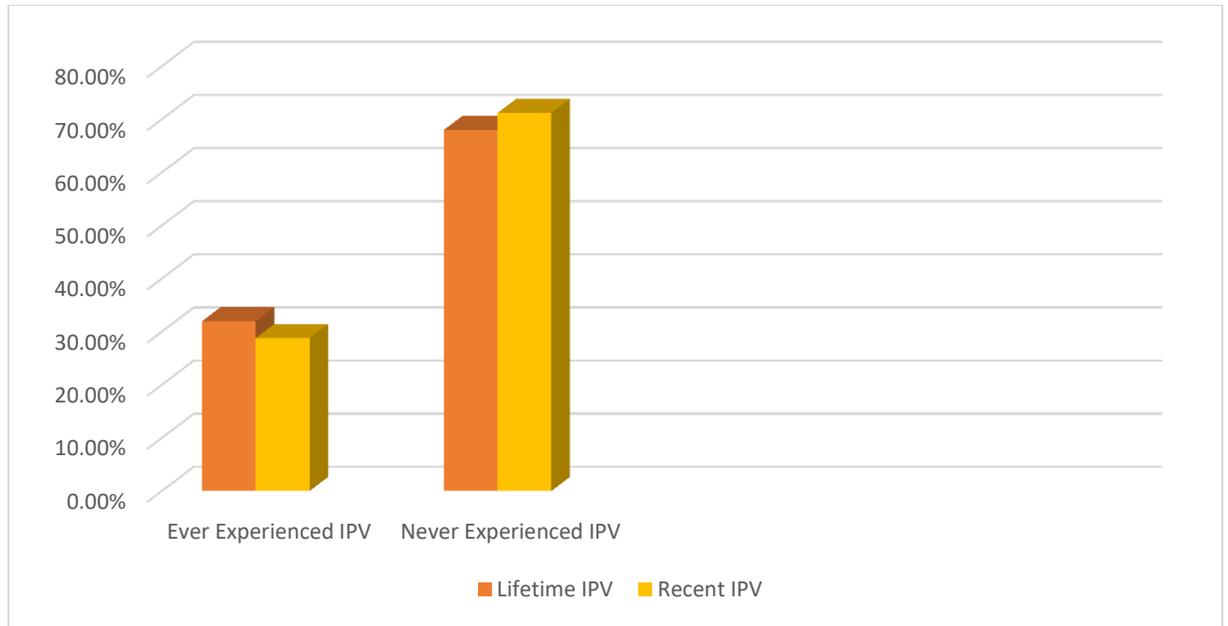


Fig 1 Prevalence of Intimate Partner Violence (IPV) among Respondents

Table 4: Determinants of recent Intimate Partner Violence (IPV) among respondents

Variable	Intimate Partner		Test Statistic	P-value/ 95%CI
	Never	Ever		
	(n=149) Freq. (%)	(n=70) Freq. (%)		
Age Group (Years)				
18-30	51(58.6)	36(41.4)	$\chi^2=5.885$	0.015
>30	98(74.2)	34(25.8)		
Sex				
Male	123(82.6)	26(17.4)	OR=0.178	< 0.001 (0.079-0.042)
Female	26(31.7)	44(62.9)		
Religion				



Christianity	131(67.9)	62(32.1)	Fisher's Exacts=0.607	0.717
Islam	16(66.7)	8(33.3)		
African Traditional Religion (ATR)	2(100.0)	0(0.0)		
Educational Status				
No Formal	2(28.6)	5(71.4)	$\chi^2=1.208$	0.547
Primary Completed (1 ⁰)	10(76.9)	3(23.1)		
Secondary Completed(2 ⁰)	61(73.5)	22(26.5)		
Tertiary Completed(3 ⁰)	76(65.5)	40(32.0)		
Marital Status				
Married	125(68.7)	57(31.3)	Fishers Exact=13.302	0.004
Separated	3(100.0)	0(0.0)		
Divorced	1(14.3)	6(85.7)		
Widowed	8(100.0)	0(0.0)		
Cohabiting	12(65.5)	7(36.8)		
Ethnic Group				
Benin	78(70.9)	31(29.1)	Fishers Exact=13.302	>0.999
Esan	27(51.9)	0(0.0)		
Ibo	14(70.0)	6(30.0)		
Isoko	10(90.9)	1(9.1)		
Yoruba	7(77.8)	2(22.2)		



Ijaw	8(100.0)	0(0.0)		
Ukwani	3(42.9)	4(57.1)		
Etsako	2(100.0)	0(0.0)		
Occupational Level				
Skill Level 0	20(58.8)	14(41.2)	$\chi^2=18.383$	>0.999
Skill Level 1	4(33.3)	8(66.7)		
Skill Level 2	78(75.0)	26(25.0)		
Skill Level 3	11(78.6)	3(21.4)		
Skill Level 4	36(65.5)	19(34.5)		
Employment Status				
Employed	23(62.2)	14(37.8)	$\chi^2=23.798$	>0.999
Unemployed	126(69.2)	56(30.8)		
Alcohol Consumption by partner				
No	128(74.9)	43(25.1)	OR-0.017	0.002-0.133
Yes	21(43.8)	27(56.2)	1	

In relation to determinants of IPV younger age group ($p=0.015$) being divorced ($p=0.004$), female gender ($p < 0.001$) and alcohol consumption by partner ($p < 0.001$) were significant risk factors for IPV among respondents studied.

DISCUSSION

About two third of the respondents studied were males compared to one third for female. This is slightly different from findings from study conducted in some states in Nigeria where the male: female ratio of respondents was 1:1 (Iliyasu, Abubakar, Aliyu, et al., 2011). This observation from our study could possibly influence findings of the study more in favour from a male point of view. Over four fifth of the respondents had at least completed secondary level of education with over two fifth of them with completed tertiary level of education. This finding was slightly different from that of a study conducted in Kaduna, Enugu and Oyo where 44% of respondents studied had tertiary level of education (Oladepo, Yusuf & Arulogun, 2011). This finding is encouraging describing a possible increasing emphasis on higher education among the study population; possibly to increase chance for better job opportunity due to the competitive



cosmopolitan nature of the study area. In addition finding from the Nigeria Demographic and Health survey in 2013 had also reported a high level of educational literacy among study population in Benin City, Edo State (NPopC and ICF International, 2014).

Almost all the respondents studied had heard of IPV, with main source of information being the media and friends. This high level of awareness could be explained by the observation that a vast majority of respondents in this study had completed tertiary level of education and this could have exposed them to a wide range of information about different issues of public concern including intimate partner violence. Respondents in this study were also aware of the perpetrators and that alcohol, psychological disorders, other substance use, keeping multiple sexual partners, low level of education are risk factors that promote IPV. Furthermore, findings from this study showed that alcohol use among partner was a significant factor that promotes IPV. A reason for this finding could be that alcohol use is widely believed to increase sexual desire, capacity and also increase aggressive behavior and dis-inhibition among users, especially in men. Low level of education may also translate to poor understanding of IPV and this could predispose persons to becoming either victims or perpetrators of IPV. Respondents in this study were aware the perpetrators of IPV, which include partner and husband. This finding was in line with findings of a study done in Ibadan where partners were the major perpetrators of date rape (Oshiname, Ogunwale & Ajuwon, 2013).

From our study we identified emotional and sexual abuse as the predominant forms of IPV reported by respondents, 32% and 28.8% of the respondents studied had experienced IPV in their lifetime and recent 6 months prior to commencement of the study. This finding is similar to a study carried out in Ile-Ife, South western Nigeria (Mapayi, Makanjuola, Mosaku, et al., 2013); but in contrast to high prevalence of IPV reported among married women in Lagos, Nigeria although similarly emotional violence was highest reported among the study participants (Onigbogi, Odeyemi & Onigbogi, 2015). This finding could be due to the fact that most respondents in this study had high levels of education, high awareness and understanding of IPV and were gainfully employed and such were confident participating in the study and reporting its occurrence.

It was also revealed that more females than males suffer IPV from this study (Female: Male ratio 4:1). This finding is similar to findings from a Nigerian study which showed that females suffer physical violence more than males (Oladepo, Yusuf & Arulogun, O.S. 2011) and other studies (Garcia-Moreno, Jansen, Ellsberg, Heise et al., 2005; WHO, 2012,WHO 2017).

This study further identified a significantly higher occurrence of IPV in all its domains among females than males. Respondents reported a higher level of emotional and sexual abuse. Intimate partner violence could have more far reaching detrimental effect on victims due to the fact that the perpetrator is a partner. Emotional and sexual abuse especially rape can have long term consequences resulting in low self-esteem and integrity, emotional pain and trauma, creating a sense of betrayal and denial, nightmares and haunt by fear and feelings of shame and or guilt, depression, suicidal ideation/attempt and suicide among others. This finding is similar to a multicenter Nigerian study where females were found to suffer physical violence more than males (Oladepo, Yusuf & Arulogun, 2011). This might be due to cultural permissiveness that justifies male physical aggression against women especially in African cultures. Our study identified female gender and alcohol use as determinants of IPV among the respondents. These findings are similar to reports from South western Nigeria where alcohol was identified as key determinant of IPV among the respondents (Mapayi, Makanjuola, Mosaku, et al., 2013; Onigbogi, Odeyemi & Onigbogi, 2015; Balogun,



Owoaje & Fawole, 2012). This may be due to the cultural perspective on gender sensitivity to IPV as female are considered weaker sex and are not expected to complain about partner abuse due to the 'culture of silence' in relation to such matters.

Conclusion/Recommendation

Majority of respondents were aware of the term IPV. A third of respondents and over a quarter had experienced IPV in their lifetime and recent past; with female gender and alcohol use identified as determinants for IPV among partners. There is need for appropriate multi-sectorial engagement and enforcement of relevant laws to tackle this problem. There is need to provide channels or avenues for victims of IPV to complain and get support. Women groups, Non-Governmental Organisations, relevant government agencies etc. need to provide awareness for IPV, and especially target male folks. Education on IPV should be incorporated into primary and secondary schools subjects.

Limitation of Study

The findings from this study were subject to self-reporting and this could have influenced result outcome. Data collected from the respondents might be subject to recall bias however timelines were introduced to help minimize this bias. In addition, the questionnaires were observer rated, thus some respondents may have responded in a manner to impress the interviewer.

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