

Epidemiological Survey to Assess the Prevalence and Consequences of Domestic Violence among Married Women in Zage, Kano, Nigeria

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Abstract

Background: Domestic Violence refers to violence emanating from the household and within relationships defined by familial or emotional (former or present) attachment. It is the most common form of violence against women and affects women across the life span, from sex-selective abortion of female fetuses to forced suicide and abuse of older women. Domestic violence is evident to some degree in every society in the world. The main objective of the study was to assess the prevalence and consequences of domestic violence among married women. **Methods:** A community based cross-sectional study was conducted in Zage from December, 2018 to February, 2019. Data was collected using a pretested structured questionnaire. **Result:** From 300 respondents 45% were physically abused, among these hand and leg accounts for 65.3% and 7% had ever been harmed with sharp materials. Of all the participants 35% were sexually abused, among these 61.7% had sexual intercourse against their will two to five times per year. In this study the prevalence of psychological abuse was 95%. The study noted that nearly three in four women were experienced at least one incident of domestic violence in their lifetime. **Conclusion:** Alarmingly, more than three quarter of women who experienced any physical violence had severe acts that could threaten them in their lifetime. This needs an urgent attention at all levels of societal hierarchy including policymakers, stakeholders and professionals to alleviate the situation.

Keywords: Prevalence, consequences, Domestic, violence, Married women, Zage, Kano.

Background of the study

The World Health Organization (WHO) defines Gender Based Violence (GBV) as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation”. (WHO,2005). GBV is further explained by the WHO as „physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life“. The term, also applies to violence specifically targeted against men and boys (UNFPA 2012).

Gender Based Violence (GBV) is defined by the United Nations (UN) in the Convention on Elimination of all forms of Discrimination Against Women (CEDAW) as any act that is likely to or results in physical, sexual or psychological harm or suffering to women including threats or acts of coercion, arbitrary deprivation of liberty, private or public, in the family or community (UN, 2010).

Domestic violence is one type of GBV defined by the World Health Organization as “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners. It includes physical, sexual or psychological aggression or coercion and is a pattern of behavior employed by one person in a relationship to control the other. It can create health, social and economic costs for the individual, family and the society (WHO, 2005).

Domestic violence can be found in all age groups and socioeconomic strata and occurs in homosexual as well as heterosexual relationships. Historically most of those oppressed by domestic violence are women (Christina, 1994). Physical violence is any violent act using force that may cause

physical harm to a woman. It includes pinching, sapping, kicking with legs, biting or using any material like stick, belt, knife and gun to hurt the woman. A woman said to have physically abused if she had experienced one of the above violent acts (Amare, 2005).

A woman is said to have sexual violence if she had experienced one of the following: being forced to have sexual intercourse against her will, having sexual intercourse because she was afraid of what her partner might do if she did not, or being forced to do something sexual that she thought she was degrading or humiliating (WHO, 1997). Psychological or emotional abuse includes uttering humiliating words like insulting, physical intimidation and threats to hurt the woman or someone she likes (Amare, 2005).

Violence (physical, sexual or emotional abuse) against women is found at a higher rate globally and is given a health priority for intervention by the WHO (Garcia-Moreno, 2006, UN, 2004, WHO, 1997).

Studies from around the world demonstrate that violence during pregnancy is common in developing countries where it is as high as 32%, but in industrialized countries the prevalence is less than 12% (Peterson, 1997, Cambel J, 2004).

Violence against women often goes unnoticed and undocumented partly due to its taboo nature. Due to the sensitive nature of the problem accurate statistics on violence against women represents a great challenge. The health consequence on woman due to GBV is a serious problem worldwide which has devoid women from participating in socio economic development (Hiese L, 1993).

Women who suffered from physical or sexual abuse or both were more likely to report poor or very poor physical and mental health. They were also more likely to have had problems of walking, carrying out daily activities, pain, memory loss, dizziness, a reduced likelihood of contraceptive use, vaginal discharge, vaginal bleeding, pain during intercourse, chronic pelvic pain, urinary tract infection and medically treated pelvic inflammatory disease. Studies on the physical health consequences of Intimate Partner Violence (IPV) in developing countries like Ethiopia are rare (Ann et al, 2002, WHO, 2005).

In recent years, the international community has increasingly recognized violence against women as a significant human rights and global health issue.

Studies have found that it occurs in all geographic regions, countries, cultures and socioeconomic classes, with some surveys showing that women in developing countries experience higher rates of violence than those in developed countries (Blanchfield L et al, 2008).

According to a World Health Organization (WHO) multi-country survey in 2000–2003, 30%–54% of women in Bangladesh and provinces of Ethiopia, Peru and Tanzania reported that they had experienced violence and 55%–95% of physically abused women had never sought help from formal agencies. Instead, women reached out to family and friends. Women generally seek help only when violence is severe. According to WHO the highest current rate of violence was in rural Ethiopia where 54% of women have experienced intimate partner violence (WHO, 2005).

Within Nigeria, GBV transcends region, religion and ethnicity, with physical and sexual abuse affecting as many as 35.1% of Igbo women and 34.3% of Hausa-Fulani women (NDHS 2013). Also, one woman in five (Gender in Nigeria Country report, 2012) in the Niger-Delta has reported either being raped or having experienced a rape attempt, while in parts of Northern Nigeria the estimate stands at one in three women.

Nigerian cultural traditions have included some practices, which tend to perpetuate violence against women and girls such as female genital mutilation, forced marriage and widowhood practices, including hair-shaving and restriction to the home (Effah - Chukwuma 2012). Women and girls also suffer from numerous forms of violence and these include acts that cause sexual harm such as rape and forced prostitution. Often, these groupings only reflect the nature of the violence and not the effects. Nigerian law is also infused with discriminatory practices against women, including an implied legal backing to the assault of a wife in Section 55 of the penal code, and, in Section 6 of the criminal code, a lack of legal recognition for rape within marriage. GBV also affects men in Nigeria and sexual violence has been a tactic to humiliate and disempower men in times of conflict.

The most pervasive form of GBV women and girls suffer is domestic violence, which cuts across all socioeconomic and cultural backgrounds (NDHS, 2013). This usually takes place in the home and

is perpetrated by family members or relations. Generally, various reports show a high incidence of GBV with varying prevalence rates across different geopolitical zones. According to the British Council Nigeria 2012 Gender Report, one in three of all women and girls aged 15 – 24 has been a victim of violence.

According to the 2013 National Health and Demographic Survey, 28% of women age 15-49 have experienced physical violence, at least once, since age 15, and 11% experienced physical violence within the 12 months prior to the survey. 7% of women age 15-49 report having experienced sexual violence at least once in their lifetime. Overall, 25% of ever-married women age 15-49 admit experiencing emotional, physical, or sexual violence from their spouses, and 19% report having been victims to one or more of these forms of violence between 2012 and 2013.

Although most studies charge men with perpetuation of domestic violence, there is lack of evidence affirming that male victims of the threat also exist (Ellsberg et al, 2008). Violence by intimate partners has been identified as a major cause of injury to women⁴. Different studies demonstrate that physical and sexual abuse of women has resulted in a wide range of negative health outcomes, such as gynecological disorders, HIV/AIDS, unwanted pregnancy, abortion, still birth, gastrointestinal disorders, chronic pain syndromes, and mental health disorders (Ellsberg et al, 2008, Loxton et al, 2006, Plichta and Falik, 2001, Romito et al, 2005). A study conducted among rape victims attending a hospital in Adigrat town, Ethiopia, found that physical and genital injuries, sexual and psychiatric problems were the common consequences of rape (Gessesew and Mesfin, 2004). While there is a considerable debate about the causes of violence against women, it is now universally accepted that there are a range of risk factors, such as poverty, alcohol, and drug use. The primary underlying factors which facilitate such abuse are beliefs about gender and the respective roles of men and women in society and in family life (Heise et al, 1999, Fals-Stewart, 2003).

Gender- based violence estimates show that currently, between 8-70% of women is assaulted physically and sexually by their male partners at least once in their life time worldwide (Heise et al, 1999). In accordance with Zambia Demography and Health Survey (ZDHS) data, 27% of married women were beaten by their partners, and about 13% of the 15-19 years old were sexually coerced (CSO, 2002). A hospital-based study in Nairobi reported a 61.5% prevalence of sexual violence and a 38.5% prevalence of physical abuse. The majority (72.3%), of the victims of the gender-based violence was married, and alcohol consumption was a significant contributor in 10.1% of the cases (Saidi et al, 2008). A study conducted in South East, Nigeria, showed that 58.9% of women faced attacks during pregnancy, and 21.3% had forced sexual intercourse (Okemgbo et al, 2002). Reports from the WHO show that most victims of gender-based violence are unable to reveal the violence they face due to stigma, shame, or other social and cultural factors (WHO, 2005, Krug et al, 2002).

Thus, this study was aimed at assessing the prevalence and consequences of domestic violence among married women in Zage, Kano, Nigeria.

Methodology

Study area and study design

The study was conducted in Zage which is one of the towns found in Kano municipal. According to 2006, national housing and population census the projected estimated population of the Zage was 40,000. A cross-sectional community-based study was conducted among married women using interviewer-administered questionnaire from December, 2018 to February, 2019.

Inclusion and exclusion criteria

Respondents lived at least for 6 months in the study area were included and respondents who were critically ill and other mental problems that prevents to get the required information were excluded from the study.

Sample size determination

In this study, manual calculation of the sample size using Morgan and Krejcie (1970) formula was used for sample size determination as stated below:

$$S = \frac{X^2NP(1-P)}{d^2(N-1) + X^2P(1-P)}$$

Where:

S = Required sample size

X^2 = The table value of the chi-square at desired confidence (**3.841**)

N = Study Population size (**1367**)

P = Population proportion assumed to be **0.50** since this would provide maximum sample size

d^2 = Degree of accuracy of the result expressed as proportion **0.050**

$$\frac{3.841 \times 1367 \times 0.5 \times 0.5}{0.0025 \times 1366 + 3.841 \times 0.5 \times 0.5}$$

$$\frac{3.841 \times 1367 \times 0.5 \times 0.5}{0.0025 \times 1366 + 3.841 \times 0.5 \times 0.5}$$

$$\frac{1312.66175}{4.37525} = 300$$

$$4.37525$$

Hence **300** respondents

Data collection procedures

The questionnaire was adopted from WHO multi country study on women health and life events. The variables included socio-demographic characteristics of the respondent and her partner, direct questions about the lifetime experience of different forms of violence like if she was ever beaten by her partner, questions of perceived outcomes of abuse and suggestions to ameliorate the problem. Data was collected using interviewer administered questionnaire.

Data quality management

The data quality management was assured using WHO multi country study adopted questionnaires. On pretesting each questionnaire was evaluated for its acceptance, completeness and being understood by the interviewee. After data collection each questionnaire was checked for its completeness and those which were not filled completely were discarded.

Data analysis procedure

Data were analyzed using Statistical Package for Social Science (SPSS) software version 16.0 at that time with the help of the Statistician. The descriptive statistical method was used to analyze frequencies and percentages.

Ethical consideration

Informed consent was obtained from the study participants after a brief explanation of the benefit of the study. Participants' confidentiality of information was assured by excluding names as identification in the questionnaire. The data collection was conducted using WHO suggested alternatives to minimize harm to respondents.

Result

Socio-demographic characteristics

A total of 300 respondents were interviewed, giving 100% response rate. Among all, 75(25%) of respondents were 31-35 years of age. The socio-economic characteristics of the study showed that, among all respondents, 180(60%) of respondents attended formal education, among this 145(48.3%) of respondents were primary school completed, 35(11.7%) of respondents were secondary school completed, while 120(40%) of respondents reported that they were took informal education (were illiterate and only read and write). Similarly, results of occupational status of respondents indicated, 200(66.7%) of respondents were house wives, 70 (23.3%) were Government employee, 25(8.3%) were Merchants and 5(1.7%) farmers (Table 1).

Table 1. Socio demographic characteristics of married women in Zage, Kano, Nigeria (n=300)

Characteristics	Frequencies	Percentages %
Ages N= 300		
20-25	40	13.3
26-30	65	21.7
31-35	75	25
36-40	72	24
41+	48	16
Education N=300		
Illiterate	75	25
Can read and write	45	15
Primary	145	48.3
Secondary and above	35	11.7
Occupation N=300		
House wife	200	66.7
Farmers	5	1.7
Government employee	70	23.3
Merchants	25	8.3

About 45% of the respondents were physically abused by their husband. Among them, 50% have been physically abused two to five times per year. Of 300 respondents 196(65.3%) were beaten and 7% of them were injured by sharp materials (Table 2).

Table 2. Prevalence of physical abuse among married women in Zage, Kano, Nigeria (n=300)

Characteristics	Frequencies (n=300)	Percentages (%)
Ever been beaten by her husband		
Yes	135	45
No	165	55
Duration of physical abuse		
Once	90	30
2-5 times	150	50
>5 times	60	20
Materials used for beating		
Sticks	24	8
Hand and legs	196	65.3
Belt	65	21.7
Others	15	5
Ever been harmed with sharp materials		
Yes	21	7
No	279	93

Of 300 respondents 105 (35%) have encountered unwanted sex. Among these 61.7% had sexual intercourse against their will two to five times per year. Out of 105 respondents who faced forced sex 96(32%) disclosed the situation to others, of them 150(50%) open up to their close friends. Among 204 respondents who did not disclose the situation, 142(47.3%) were ashamed to talk about the situation to others (Table 3).

Table 3. Prevalence of sexual abuse among married women in Zage, Kano, Nigeria (n=300)

Characteristics	Frequencies (n=300)	Percentages (%)
Ever been forced to have sex		
Yes	105	35
No	195	65
Frequencies of forced sex		
Once	60	20
2-5 times	185	61.7
>5 times	55	18.3
Ever told to others		
Yes	96	32
No	204	68
To whom ever told		
Close friends	150	50
Family	120	40
Police	5	1.7
Elders	15	5
Others	10	3.3
The reason not tell to anybody		
Didn't know what to do	45	15
Feeling of shame	142	47.3
Afraid of the public reaction	75	25
Afraid of my husband	27	9
Others	11	3.7

From the total of 300 respondent's majority of them (95%) were insulted by their husband. Among these, 85.3% have been insulted two to five times per year. Out of 300 respondents 14 (4.7%) were humiliated by their husbands in public areas. Thirty-one (10.3%) of the respondents' beloved ones was insulted by their husband. Regarding their work 61(20.3%) of the interviewees were undermined by their husbands. Among 300 participants 109(36.3%), 160(53.3%) and 140(46.7%); their husbands control their daily activity, had no freedom to decide on important issues and business issues respectively (Table 4).

Table 4. Prevalence of psychological violence among married women in Zage, Kano, Nigeria (n=300)

Characteristics	Frequencies (n=300)	Percentages (%)
Ever been insulted		
Yes	285	95
No	15	5
Frequencies of been insulted		
Once	10	3.3
2-5 times	256	85.3
>5 times	34	11.3
Ever been insulted in front of others		
Yes	14	4.7
No	286	95.3
Relatives ever been insulted by husband		
Yes	31	10.3
No	269	89.7
Your work ever been undermined		

by your husband		
Yes	61	20.3
No	239	79.7
Ever got freedom to work		
Yes	198	66
No	102	34
Allowed to have social participation		
Yes	251	83.7
No	49	16.3
Daily activities ever controlled by husband		
Yes	109	36.3
No	191	63.7
Women who have freedom to decide on things		
Yes	160	53.3
No	140	46.7

From the total of 300 informants who have been victims of physical abuse 165(55%) of them faced different types of physical injury following the abuse. Women, who left their home after facing domestic violence accounts for 34%, Far from those who experience drinking, smoking and chewing 'chat' 206 (68.7%) are free from such acts to forget the violence. Finally, about 158 (52.7%) and 112(37.3%) were unable to do their day to day activities and absent from work from a total of 300 women respectively (Table5).

Table 5. Consequences of domestic violence among married women in Zage, Kano, Nigeria (n=300)

Characteristics	Frequencies (n=300)	Percentages (%)
Any injury following physical abuse		
Yes	165	55
No	135	45
Ever got medical care for the injury		
Yes	126	42
No	174	58
Ever left home in fear of the abuse		
Yes	102	34
No	198	66
Ever smoke, chew chat or drunk to forget the abuse		
Yes	94	31.3
No	206	68.7
Ever failed to do daily activities following the abuse		
Yes	158	52.7
No	142	47.3
Absent from work following the abuse		
Yes	112	37.3
No	188	62.7

Discussion

In this paper we have incorporated domestic violence with the prevalence and their respective consequences of physical, sexual and psychological violence. This study assessed lifetime prevalence of domestic violence which was found to be 50%, which is similar to the report from Gondar Zuria 50.8% and also higher than the result conducted by WHO in ten countries representing diverse cultural settings including Ethiopia (Tegbar, 2004, Garcia-Moreno, 2006). Although WHO report states that at least one in every three women is beaten, coerced in to sex or otherwise abused in her life time, we found that about three fourth of women had domestic violence in their life time (Women Affair, 2004). However, previous studies from Northern and Southern Ethiopia show that the lifetime prevalence of intimate partner violence varies from 50 to 71% which is nearly comparable with our finding (Garcia-Moreno, 2006).

Our result shows that the prevalence of physical violence is 45% which is comparable with the finding from research around Butajira (49%) but higher than the result of the study conducted in Gondar (32.2%) (Tegbar, 2004, Gossaye, 2003). The fact that 65.3% of the victims of physical abuse were kicked by hands or legs and 7% were attacked by sharp materials shows that women are suffering from severe forms of violence. The study conducted around Agaro, West Ethiopia in 2005 showed that the prevalence of physical injury among victims of IPV was 37.3% which is less than our finding (Amare, 2005).

The study conducted in West Ethiopia revealed that about two third (66.9%) of the participating women were verbally insulted and made feel bad about themselves for at least once in their life time. One for every three (34.8%) women was ever humiliated in front of other persons. Whereas our study reveals that 95% of respondents was insulted and 4.7% of participants were humiliated in front of others (Sileshi G, 2012).

The magnitude of emotional abuse is also high with more than a third of the women living with physical intimidation while 38.27% were deprived of the liberty to go out and do what they need This goes in line with research reports that psychological abuse almost always accompanies physical abuse.

We have found that prevalence of sexual violence was (35 %), which is less than the study conducted in Butajira (59%); but more than the result showed in Gondar Zuria (19.5%) (Tegbar, 2004, Gossaye, 2003).

Conclusion

Domestic violence against women was relatively high in different parts of Nigeria. Domestic violence against women is widely observed in the study area with the prevalence of psychological abuse 95%, physical abuse 45% and sexual abuse 61.7%. The study noted that nearly three in four women were experienced at least one incident of domestic violence in their lifetime. More than half of women experienced domestic violence against women by their husband or intimate partner at their home. The problem has direct relationship with different socio-demographic characteristics of the victim as well as perpetrator. Approximately three quarter of women accepted wife beating if husband has at least one justified reason.

Recommendation

Based on these findings we recommend concerned bodies to increase the awareness of the society about the impacts of domestic violence through IEC (Information, Education and Communication) provide the needs of victims and implement the existing legal punishment policies by raising the awareness of policy-making bodies about the prevalence and consequence of domestic violence.

Data availability

The data used to support the findings of this study are available from the corresponding author upon request.

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