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Prevalence, Pattern and Determinants of Domestic Violence Among Ante-Natal Clinic Attendees in a Secondary Health Facility in Benin City, Edo State.

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Keywords

Prevalence
Domestic violence
Benin City
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ABSTRACT

Background: Domestic Violence is a serious, preventable public health problem that affects millions of people. The abuse of women has serious ramifications because of its implications on their sexual and reproductive health as well as their overall well being and that of their households.

Objective: To assess the prevalence, patterns and determinants of domestic violence among antenatal attendees in Central Hospital, Benin City, Edo state.

Methods: This was a descriptive cross-sectional study among antenatal attendees selected using systematic sampling technique. Pre-tested structured, interviewer-administered questionnaire patterned after the WHO multi-country study questionnaire was the tool for data collection. Data was analyzed using IBM SPSS version 20.0 software. Bivariate analysis between socio-demographic variables and presence of domestic violence was done. Binary logistic regression was also done to determine significant predictors of domestic violence. The level of significance was set at $p < 0.05$.

Results: Four hundred antenatal attendees with mean age of 29.8 ± 4.4 years participated in the study. The prevalence of domestic violence among the respondents in the past 1 year was 53.3% and of these, 55.4% experienced it in the current pregnancy. A higher proportion of respondents (41.5%) suffered physical violence followed by those who suffered sexual violence (34.0%) and emotional violence (31.3%). There was no significant association between socio-demographic variables of the respondents and the experience of domestic violence.

Conclusion: Prevalence of domestic violence in the studied group was high. Implementation of programmes geared towards the prevention and elimination of domestic violence is advocated.

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INTRODUCTION

Domestic violence (DV), defined as any behaviour within a relationship that causes physical, psychological or sexual harm to those in the relationship, is a serious, preventable public health problem that affects millions of people.[1,2] People of all races, ethnicities, religions, sexes and classes can be perpetrators or victims of domestic violence.[3,4] Domestic violence occurs when one family member seeks to dominate another physically, financially, sexually, spiritually, socially or emotionally.[5] It usually involves a spouse or partner, but it can also be a child, elderly relative, or other family members. It is not usually a single incident but a pattern of behaviour that often escalates over time. It is one of the most pervasive of human rights violations, denying people equality, security, dignity, self-worth, and their right to enjoy fundamental freedom.[3]

While the term domestic violence is gender-neutral, women are more likely to experience physical injuries and incur psychological consequences. The terms "intimate partner violence" (IPV) and "wife beating" have also been used synonymously.[6] Domestic violence occurs in a cycle, known as the cycle of violence.[7] Four main forms of domestic violence have been documented. These are physical, sexual, emotional and economic abuse.[8] Studies show that abuse of women has serious ramifications because of its implications on their overall well being, sexual and reproductive health, its effects on children, the

welfare of their households and communities, and even the economic and social fabric of societies.[9]

Estimates of the prevalence and pattern of domestic violence against women vary widely given the private nature of the issue and women's reservations about disclosing it. However, lifetime prevalence of domestic violence against women has been documented to range from 15% to 71%.[3] The lack of official statistics in Nigeria makes assessing the extent of the problem an almost impossible task. However, several descriptive cross-sectional studies conducted in various parts of the country revealed that the prevalence of DV ranged from 28.5% to 78.8%.[10-14] The pattern of domestic violence ranged from physical assault,[10] sexual violence,[11] verbal[12] and emotional abuse[13] to a combination of these.[14]

A combination of individual, relationship, community and societal factors contribute to the risk of becoming a victim of domestic violence and this includes socio-demographic factors such as young age, low academic achievement, and marital instability (divorces or separations).[15] Other studies have shown that higher socio-economic status and higher levels of education among women are protective factors against women's risk of domestic violence.[16,17] This study was therefore conducted to assess the prevalence and patterns of domestic violence among pregnant women attending a secondary health facility in Benin City, Edo State.

METHODOLOGY

The study was a descriptive cross-sectional study, carried out in Central Hospital, Benin City, Edo State. Central Hospital, the state owned hospital located near the city center is a 420-bed facility rendering primary and secondary care to the entire state. It also serves as a referral centre for other secondary and primary health care facilities. Ante-natal booking and routine antenatal clinic (ANC) takes place in the Obstetrics and Gynaecology Department of the facility, under 4 units. The study population was comprised of pregnant women attending antenatal clinic. All pregnant women coming for booking (first ANC attendance) were excluded from the study. The study was carried out over a 3 month period (March – July, 2010). A minimum sample size of 396 was calculated using the appropriate formulae for a descriptive study.[18] Systematic random sampling technique was used to select respondents from the 4 specialist units in the Obstetrics and Gynaecology Department. On the average, about 107 ANC patients were seen routinely per day. On each antenatal clinic day, using the list of antenatal patients scheduled for routine visit, patients were selected using an appropriate sampling interval and invited to participate in the study.

The instrument used to ascertain the study objectives was a questionnaire comprising open and closed ended questions, adapted from the validated questionnaire used for the World Health Organization (WHO) multi-country study.[3] The questions were grouped into sections to gather information on the socio-demographic characteristics of the antenatal clinic attendees and their spouses; prevalence of domestic violence in 1 year preceding the study and prevalence of domestic violence during present pregnancy. Physical, sexual and emotional/psychological violence were the forms of violence assessed. Physical violence was assessed using 6 questions which included being slapped or had something thrown at them; being pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged or beaten up; chocked or burnt on purpose; threatened to use or actually used a gun, knife or other weapon.

Sexual violence was assessed using 3 questions which included being physically forced to have sexual intercourse, had sexual intercourse because of fear of what partner might do, or forced to do something sexual that respondent found degrading. Emotional/psychological violence was assessed using 7 questions which included husband/spouse tried to keep respondents from seeing friends, tried to restrict contact with

respondent's family, got angry if respondent spoke to another man, suspected that respondent is unfaithful and expected respondent to seek permission before seeking healthcare.

Four research assistants were trained for 2 days on interviewing techniques and standardization of the study tool was carried out. A pre-test of the study instrument was conducted at the University of Benin Teaching Hospital, a tertiary hospital in Benin City, and corrections were effected prior to the commencement of the study. Ethical clearance was obtained. The study interviews were conducted in private rooms in the ante-natal clinic to help ensure discretion. Immense care was taken to establish rapport with the study participants before questionnaire administration. The study was described to the pregnant women, and the research staff explained to participants the value of honest answers to potentially sensitive questions to achieve accurate insights concerning the women's health and well-being. Written informed consent was obtained from respondents. In order to ensure confidentiality, serial numbers rather than names were used to identify the respondents. Respondents were informed that they had the right to decline participation or to withdraw from the study at any time they wished. Respondents were also informed that there were no penalties or loss of benefits for refusal to participate in the study or withdrawal from it. All data was kept secure and made available to only members of the research team. The WHO ethical and safety guidelines for research in domestic violence were observed.[19]

The questionnaires were screened for completeness by the researcher after which they were coded, entered into the IBM SPSS version 20.0 software and analysed. Socio-economic status of the respondents was computed based on the occupation of the respondents' spouses and the education of the respondent.[20] Test of associations were carried out using Chi squared tests or the Fisher's exact test where appropriate and binary logistic regression was used to further determine significant predictors of domestic violence. The level of significance was set at $p < 0.05$. Frequency tables were used to present the results.

RESULTS

A total of 400 questionnaires were filled and analyzed for this study. The mean age of the ante-natal clinic attendees was 29.3 ±4.4 years. The highest proportion of respondents was between age groups 25-29 years (38.5%) and 30-34 years (36.8%). A higher proportion of the respondents, 325 (81.2%) were married and 312 (78.0%) respondents were Christians. Majority of the respondents had completed one formal education or the other with the highest proportion having completed secondary education, 240 (60.0%). Most of the respondents fell within the socio-economic classs III and IV [138 (34.5%) and 140 (35.0%), respectively]. Majority, 296 (74.0%) of the respondents were multiparous (Table I).

Table I: Socio-Demographic Table Characteristics of Respondents

Characteristics	Frequency (n=400)	Percent
Age		
15-19	2	0.5
20-24	40	10.0
25-29	154	38.5
30-34	147	36.8
35-39	47	11.8
40-44	10	2.5
Marital status		
Married	325	81.2
Single	24	6.0
Co-habiting	46	11.5
Separated	3	0.8
Widowed	2	0.5
Religion		
Christianity	312	78.0
Islam	44	11.0
African traditional Religion	26	6.5
Others*	18	4.5
Level of completed education		
None	8	2.0
Primary	51	12.8
Secondary	240	60.0
Tertiary	101	25.2
Socio-economic status		
Class I	68	17.0
Class II	80	20.0
Class III	144	36.0
Class IV	92	23.0
Class V	16	4.0
Parity		
Nulliparity	78	19.5
Multiparity	296	74.0
Grandmultiparity	26	6.5

Mean age= 29.83±4.4years
**Other Religions included Eckankar and Grail message.

Two hundred and thirteen (53.3%) of the respondents reported having experienced at least one form of domestic violence 1 year preceeding the study of which 166 (41.5%) suffered physical violence, 136 (34.0%) suffered sexual violence and 125 (31.3%) of the respondents suffered emotional violence. Eighty three (20.8%) of the respondents had suffered all three forms of violence (Table II). Of those who had experienced domestic violence, 118 (55.4%) had experienced it in the index pregnancy of which 18 (8.5%) needed medical treatment and 8 (44.4%) required hospitalization.

Table II: Prevalence of Domestic Violence, n = 400

Prevalence	Frequency	Percent
Prevalence of any domestic violence	213	53.3
Physical violence	166	41.5
Sexual violence	136	34.0
Emotional violence	125	31.3
Physical, Emotional and Sexual violence	83	20.8
Emotional and sexual violence	29	7.3
Physical and sexual violence	11	2.8
Physical and Emotional violence	6	1.5

The most common forms of physical violence experienced by the respondents were being slapped or had something thrown at them, 132 (33.0%), being pushed or shoved, 104 (26.0%) and being hit with a fist or something else that could hurt them 60 (15.0%) (Table III).

Physical violence decreased with increasing age, being highest among respondents aged 15 – 24 years, 18 (42.9%) and lowest among respondents aged 35 - 44 years, 21 (36.8%). A higher proportion of married respondents, 139 (42.8%) had experienced physical violence compared to single, 10 (41.7%), cohabiting 16 (34.8%), and separated/divorced, 1 (20.0%) respondents. Experience of physical violence was also highest among respondents who practiced African Traditional Religion (ATR), 14 (53.8%) and least among the Christians 122 (39.1%). Physical violence was highest among respondents in social class IV, 48 (52.2%) and grand- multi parous women, 130 (56.1%) and was lowest among respondents in social class I, 23 (33.8%) and multi-parous women. The association between age, marital status, religion, socio-economic status, parity, and experience of physical violence was not statistically significant (Table IV).

Table III: Pattern of Domestic Violence

Pattern of violence	Frequency	Percent
PHYSICAL VIOLENCE		
Slapped or had something thrown at you	132	33.0
Pushed or shoved	104	26.0
Hit with a fist or something else that could hurt you	60	15.0
Kicked, dragged or beaten you up	48	12.0
Threatened to or actually used a gun, knife or other weapon	29	7.3
Chocked or burnt you on purpose	4	1.0
SEXUAL VIOLENCE		
Had sexual intercourse when you did not want to because of fear of what your partner might do	107	26.8
Physically forced you to have sexual intercourse when you didn't want to	61	15.3
Forced you to do something sexual that you found degrading or humiliating	22	5.5
EMOTIONAL VIOLENCE		
Ignored you and treated you indifferently	74	18.5
Insisted on knowing where you were at all times	59	14.8
Expected you to ask permission before seeking health care for yourself?	57	14.3
Tried to keep you from seeing friends	49	12.3
Got angry if you spoke to another man	34	8.5
Tried to restrict contact with your family	23	5.8
Suspected that you are unfaithful	16	4.0

The most common form of sexual violence experienced by the respondents was being made to have sexual intercourse when the respondent did not want to because of fear of what her partner might do, 107 (26.8%) (Table III). Experience of sexual violence was highest among respondents aged 25 – 34 years, 109 (36.2%) and was lowest among respondents aged 35 - 44 years, 15 (26.3%). Separated/widowed respondents had the highest proportion, 3 (60.0%) of experience of sexual violence, followed by single respondents, 10 (41.7%). Co-habiting respondents experienced sexual violence the least, 15 (32.6%). Experience of sexual violence was also highest among Muslim respondents, 18 (40.9%) and was least among the Christians, 102 (32.7%). Respondents in social class V, 7 (43.8%) had the highest proportion of experience of sexual violence while respondents in social class II, 25 (31.2%) had the least proportion of experience of sexual violence. Grand- multiparous

respondents, 112 (37.8%) had the highest proportion of experience of sexual violence. The association between parity and experience of sexual violence was statistically significant (p = 0.024) while associations between age, marital status, religion, socio-economic status, and experience of sexual violence were not statistically significant. (Table V).

Table IV: Socio-Demographic Variables and Prevalence of Physical Violence

Characteristic	Physical violence (n = 400)		Chi squared value	P-value
	YES (%) n = 166	NO (%) n = 234		
Age				
15-24	18 (42.9)	24 (57.1)	0.601	0.741
25-34	127 (42.2)	174 (57.8)		
35-44	21 (36.8)	36 (63.2)		
Marital Status				
Married	139 (42.8)	186 (57.2)	*1.860	0.594
Single	10 (41.7)	14 (58.3)		
Co-habiting	16 (34.8)	30 (65.2)		
Separated/Widowed	1 (20.0)	4 (80.0)		
Religion				
Christianity	122 (39.1)	190 (60.9)	3.610	0.307
Islam	21 (47.7)	23 (52.3)		
ATR	14 (53.8)	12 (46.2)		
Others	9 (50.0)	9 (50.0)		
Socio-Economic Status				
I	23 (33.8)	45 (66.2)	7.395	0.116
II	28 (35.0)	52 (65.0)		
III	60 (41.7)	84 (58.3)		
IV	48 (52.2)	44 (47.8)		
V	7 (43.8)	9 (56.2)		
Parity				
Nulliparous	26 (46.2)	52 (53.8)	2.955	0.228
Multiparous	10 (42.3)	16 (57.7)		
Grand multiparous	130 (56.1)	166 (43.9)		

*Fishers exact value

TableV: Socio-Demographic Variables and Prevalence of Sexual Violence

Characteristic	Sexual violence (n = 400)		Chi squared value	P-value
	YES (%) n = 136	NO (%) n = 264		
Age				
15-24	12 (28.6)	30 (71.4)	2.708	0.258
25-34	109 (36.2)	192 (63.8)		
35-44	15 (26.3)	42 (73.7)		
Marital Status				
Married	108 (33.2)	217 (66.8)	*2.395	0.512
Single	10 (41.7)	14 (58.3)		
Co-habiting	15 (32.6)	31 (67.4)		
Separated/Widowed	3 (60.0)	1(40.0)		
Religion				
Christianity	102 (32.7)	210 (67.3)	2.275	0.521
Islam	18 (40.9)	26 (59.1)		
ATR	8 (30.8)	18 (69.2)		
Others	8 (44.4)	10 (55.6)		
Socio-Economic Status				
I	25 (36.8)	43 (63.2)	1.704	0.796
II	25 (31.2)	55 (68.8)		
III	46 (31.9)	98 (68.1)		
IV	33 (35.9)	59 (64.1)		
V	7 (43.8)	9 (56.2)		
Parity				
Nulliparous	18 (23.1)	60 (76.9)	7.473	0.024
Multiparous	6 (23.1)	20 (76.9)		
Grand-multiparous	112 (37.8)	184 (62.2)		

*Fishers exact value

The most common forms of emotional violence experienced by the respondents were being ignored and treated indifferently, 74 (18.5%), insisted on knowing where respondent was at all times, 59 (14.8%) and expected respondent to ask permission before seeking health care for herself, 57 (14.3%) (Table III). Experience of emotional violence was also highest among respondents aged 25 – 34 years, 101 (33.6%) and was lowest among respondents aged 35 - 44 years, 12 (21.1%). Separated/widowed respondents had the highest proportion, 3 (60.0%) of experience of emotional violence compared to single, 9 (37.5%), married, 99 (30.5%) and cohabiting, 14 (30.4%) respondents. Experience of emotional violence was also highest among respondents who practiced other religions (Eckankar and Amok), 7 (38.8%) and was least among the Christians, 96 (30.8%). Emotional violence was highest among respondents in social class V, 7 (43.8%) and grand- multi parous women, 99 (33.4%) and lowest among respondents in social class III, 42 (29.2%) and multi-parous women, 5 (19.2%). The association between age, marital status, religion, socio-economic status, parity and experience of emotional violence was not statistically significant. (Table VI).

Overall, domestic violence was highest among respondents in age group 25 – 34 years, 167 (55.5%) and was least among respondents in age group 35 – 44 years, 24 (42.1%). The association between age group and experience of DV was not statistically significant (p = 0.177). Domestic violence was also higher among the separated/widowed respondents, 3 (60.0%) and lowest among married respondents, 172 (52.9%). This association was not statistically significant (p = 993). Experience of domestic violence was highest among Muslim respondents, 29 (65.9%) and was least among the Christians, 158 (50.6%). The association between marital status and experience of DV was not statistically significant (p = 0.229). Respondents in social class IV, 54 (58.7%) had the highest proportion of experience of domestic violence while respondents in social class II, 39 (48.8%) had the least proportion of experience of domestic violence. Grand- multiparous respondents, 166 (56.1%) had the highest proportion of experience of domestic violence however, the association between parity and domestic violence was not statistically significant (p = 0.151) (Table

Table VI : Socio-Demographic Variables a nd Prevalence of Emotional Violence

Characteristic	Emotional violence (n= 400)		Chi squared value	P-value
	YES (%) n = 125	NO (%) n = 275		
Age				
15-24	12 (28.6)	30 (71.4)	3.643	0.162
25-34	101 (33.6)	200 (66.4)		
35-44	12 (21.1)	45 (78.9)		
Marital Status				
Married	99 (30.5)	226 (69.5)	*2.589	0.471
Single	9 (37.5)	15 (62.5)		
Co-habiting	14 (30.4)	32 (69.6)		
Separated/Widowed	3 (60.0)	2 (40.0)		
Religion				
Christianity	96 (30.8)	216 (69.2)	1.866	0.618
Islam	16 (36.4)	28 (63.6)		
ATR	6 (23.1)	20 (76.9)		
Others	7 (38.9)	11 (61.1)		
Socio-Economic Status				
I	22 (32.4)	46 (67.6)	1.630	0.806
II	24 (30.0)	56 (70.0)		
III	42 (29.2)	102 (70.8)		
IV	30 (32.6)	62 (67.4)		
V	7 (43.8)	9 (56.2)		
Parity				
Nulliparous	21 (26.9)	57 (73.1)	3.092	0.213
Multiparous	5 (19.2)	21 (80.8)		
Grand-multiparous	99 (33.4)	197 (66.6)		

*Fishers exact value

Table VII: Socio-Demographic Variables and Prevalence of Domestic Violence

Characteristic	Domestic violence (n = 400)		Chi squared value	P-value
	YES (%) n = 213	NO (%) n = 187		
Age				
15-24	22 (52.4)	20 (47.6)	3.459	0.177
25-34	167 (55.5)	134 (44.5)		
35-44	24 (42.1)	33 (57.9)		
Marital Status				
Married	172 (52.9)	153 (47.1)	*0.232	0.993
Single	13 (54.2)	11 (45.8)		
Co-habiting	25 (54.3)	21 (45.7)		
Separated/Widowed	3 (60.0)	2 (40.0)		
Religion				
Christianity	158 (50.6)	154 (49.4)	4.338	0.229
Islam	29 (65.9)	15 (34.1)		
ATR	15 (57.7)	11 (42.3)		
Others	11 (61.1)	7 (38.9)		
Socio-Economic Status				
I	35 (51.5)	33 (48.5)	1.904	0.758
II	39 (48.8)	41 (51.2)		
III	77 (53.5)	67 (46.5)		
IV	54 (58.7)	38 (41.3)		
V	8 (50.0)	8 (50.0)		
Parity				
Nulliparous	36 (46.2)	42 (53.8)	3.781	0.151
Multiparous	11 (42.3)	15 (57.7)		
Grand multiparous	166 (56.1)	130 (43.9)		

*Fishers exact val

Table VIII: Logistic Regression Model for Determinants of Domestic Violence.

Predictors	B (regression co-efficient)	Odds ratio	95% CI for OR		P-value
			Lower	Upper	
Age	-0.035	0.965	0.919	1.014	0.156
Marital status					
Married	- 0.050	0.951	0.571	1.584	0.848
Non-married		1			
Religion					
Christians	-0.427	0.653	0.399	1.067	0.089
Other religions		1			
Socio-economic status	0.056	1.058	0.882	1.268	0.544
Parity					
Nullipara	-0.415	0.660	0.385	1.132	0.131
Multipara		1			

***Reference category, R = 19.1% - 26.0%, CI = Confidence Interval**

VII).Binary logistic regression revealed that a year increase in age reduced domestic violence by 0.035. This was more likely by an odds ratio of 0.965. (p = 0.156, CI = 0.919 – 1.014). Being married decreased the prevalence of domestic violence by 0.050, and this was more likely by an odds ratio of 0.951 (p = 0.848, CI = 0.571 – 1.584). Christians were 0.427 times less likely to experience domestic violence, compared with other religions. This was more likely by an odds ratio of 0.653 (p = 0.089, CI = 0.399 – 1.067). With a decrease in the respondents socio-economic status, the prevalence of domestic violence increased by 0.056. This was more likely by an odds ratio of 1.058 (p = 0.544, CI = 0.884 – 1.268). Nulli-parous women were 0.415 less likely to experience domestic violence than multiparous women. This was more likely by an odds ratio of 0.660 (p =0.131, CI = 0.385 - 1.132) (Table VIII).

DISCUSSION

A higher proportion of the women interviewed fell between the ages of 25 – 29 years and 30 – 34 years respectively. This represents a large proportion of women within the reproductive age range. Women who were 19 years and younger represented less than 1% of the respondents and this low rate might suggest that these teenagers were probably unmarried. This finding is not surprising as the attitudes of most Nigerians are still very deeply rooted in cultures and religion which encourage a form of ostracism of unmarried teenage mothers, making them more than twice as unlikely to book their pregnancies compared to women above 25 years as previously documented.[21,22]

Majority of the women attending the antenatal clinic had some form of formal education. This is in agreement with a study done in Ibadan, Nigeria, in 2010 which showed that women with formal education (especially secondary level and above) are more likely to seek professional health services during pregnancy.[22] Hence, women with low level of education may experience an inability to access health care services which may result in poor pregnancy outcomes.

Attendance of ANC was higher among multiparous women but was found to be low among women who were primigravidae or grandmultiparae. This result is similar to that of a study conducted in the Copperbelt province of Zambia in 2012 which showed that high parity and gravidity had a negative effect on antenatal clinic attendance.[23] This may be attributed to the fact that with more pregnancies which have gone on to successful deliveries, most women tend to become overconfident in their 'abilities' to carry pregnancies to term and many begin to seek other unorthodox means of child birth. On the other hand, primigravidae become aware of their pregnancies late due to inability to recognize pregnancy symptoms and therefore tend to register late or not at all.

This study documented a high prevalence of domestic violence among respondents. These results are at variance with the results of a study done in Ogun State, Nigeria, where it was documented that a majority of women had never experienced any form of domestic violence and only 18.0% had experienced verbal abuse.[24] However, Amnesty International documented domestic violence in Nigeria to be on the increase with up to 33.3% of women experiencing violence in their lifetime.[25] These varying results may be attributed to the sensitive nature of the subject of domestic violence. The society till today still expects silence on domestic violence especially against women and children as the sufferer rather than the perpetuator is often the subject of criticism.[24]

Among respondents who had experienced domestic violence, physical violence accounted for the highest proportion and over four-fifths had suffered at least 3 forms of violence. Also, 8.5% had experienced physical violence even during pregnancy. This is at variance with the result of a study done in Nsukka, Nigeria, in 2013 which showed that verbal violence was more common than physical violence.[26] Many victims of violence are less likely to associate insults and verbal abuse with domestic violence as they would with various forms of physical violence. Although these women bear no physical scars they are made to feel inferior to men as well as psychologically dependent on them, seeking their approval even before seeking health services. Physically violent acts such as slapping, pushing, shoving and throwing something at the victim were more predominant than the use of deadly weapons (gun, knife etc.) or chocking or burning the victim. A similar result was obtained in a study carried out by Obi and Ozumba in South-East Nigeria in 2007 which revealed that the commonest forms of physical abuse were slapping and pushing the victim.[27] Many acts of domestic abuse are done on the spur of the moment and not planned ahead. This would explain the lower prevalence of more immediately deadly forms. Due to the apparently none life-

threatening nature of most of these acts, the victim may continue to forbear while the acts slowly escalate, eventually leading to death. The highest proportion of those who experienced physical violence was found among respondents aged 25 – 34 years as well as those who were separated. This is similar to the results of a study done in Ogun State, Nigeria, which revealed that silence was one of the main coping mechanisms of married women.[24] This observation can be explained by the fact that the African culture permits a husband to assume a form of "ownership" of his wife which would otherwise be unheard of in any other form of relationship. Women in such abusive relationships are often slow to recognize and less willing to report in any form, the abuse which they suffer. However this relationship between marital status and prevalence of physical violence was not statistically significant.

Prevalence of domestic violence was found to be higher among women who practiced Islam, a higher proportion of whom had suffered sexual violence and emotional violence as opposed to physical violence which was found to be most prevalent among those who practiced African Traditional Religion. Several studies and articles have expounded on the fact that while Christianity and Islam do not promote or encourage domestic violence, the subservience required of women as taught by the religions is sometimes misinterpreted as men being superior and therefore justified in 'chastising' their wives.[28] Many women are forced under a false interpretation of the religion they practice, to forebear bodily harm and forced sexual intercourse and count it all as being a form of submissiveness to their husbands. The association between religion and prevalence of domestic violence was however not statistically significant.

Domestic violence was most prevalent among families with low socio-economic status with the highest prevalence found among those in social class IV, most of which was attributed to physical violence. Sexual and emotional violence was however found to be more prevalent among those in social class V. This result is similar to that of a study conducted in Sango-Ota, Nigeria, in 2011. The study revealed that prevailing socio-economic status of the family is the most potent predictor of domestic violence. The researchers concluded that higher socio-economic status was protective and improved socio-economic status lead to significant reduction in incidence of domestic violence.[29] It can therefore be surmised that improvement of the status of women in the family by female empowerment and girl child education will eventually lead to a reduction in the incidence of domestic violence.

Larger family sizes and therefore high parity has been linked to low socioeconomic status. It is therefore not surprising that all forms of violence: physical, emotional and sexual, were most prevalent among women who were grandmultiparae. This association between parity and prevalence of domestic violence was not statistically significant. Children of such low income earning families become disadvantaged not only economically and in terms of opportunities but also emotionally and psychologically as they are raised in an environment where violence directed towards them, their mothers or both, is considered the norm.

CONCLUSION

Prevalence of domestic violence in the studied group was high as over half (53.3%) of the respondents reported having experienced at least one form of domestic violence in the 1 year preceeding the study. Physical violence was the most common pattern of violence, followed by sexual and emotional violence. The socio-demographic characteristics of the woman had no effect on the prevalence and pattern of abuse.

RECOMMENDATION

There is need for further studies in this subject matter in order to identify and ultimately eliminate all the risk factors for DV.

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