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SOCIO-DEMOGRAPHIC FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE IN ILE-IFE, NIGERIA.

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Abstract

A cross sectional descriptive study was done of 373 women who attended the antenatal clinic and welfare units of a primary health center in Ile-Ife. The objective of this study was to determine, among a sample of women attending a primary health center in Ile-Ife, the socio-demographic factors associated with intimate partner violence.

Respondents were aged 18-37 years; the majority of them (73.8%) were aged 21-30 years (mean age was 24.9 ± 4.09). Three quarters (73.5%) were married in a monogamous setting and well over half (60.1%) were employed. The prevalence of intimate partner violence in the previous twelve months was 36.7%. Significant socio-demographic correlates of intimate partner violence were the age of the respondents (younger), marital status (single and separated), marriage type (polygamous), employment (being employed), level of education (secondary school education) and having children. Also, Respondent's and partner's use of alcohol were significantly associated with intimate partner violence.

Key words: Intimate Partner Violence, socio-demographic factors, Primary health care.

Background

Intimate Partner Violence is a widespread medical, psychological, social, and public health problem (Koziol-McLain, Coates, & Lowenstein, 2001). Domestic and intimate partner violence

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includes physical and sexual attacks against women in the home, within the family or within an intimate relationship. Women are more at risk of experiencing violence in intimate relationships than anywhere else. In no country in the world are women safe from this type of violence (García-Moreno, 2005). Globally, domestic violence appears to exist in a "culture of silence" and denial of the seriousness of the health consequences of abuse at every level of the society, (Aderinto, 2003). Violence against women is a major social problem in Nigeria, yet research on the determinants, prevention, and solutions is still in its early stage in the Nigerian environment. The objective of this study was to determine, among a sample of women attending a primary health center in Ile-Ife, the socio-demographic factors associated with intimate partner violence.

The prevalence of IPV varies worldwide; the 2002 World Health Organisation (WHO) report states that between 10% and 69% of women report a life time experience of some form of physical violence by their partners (WHO, 2002). In the developed world, an estimated 28% of all women report at least one episode of physical abuse (Hegarty and Roberts, 1998) whereas in developing countries, studies indicate a prevalence ranging from 18 – 67% (Coker and Richter, 1998; WHO, 1996).

Estimates of the prevalence of IPV in patients attending primary care practices range from 12 – 29% (Hamberger, Saunders and Honey, 1993; Elliot and Johnson, 1995). The life time prevalence in primary practice settings ranges from 20 – 39%. Rath, Jarrat and Leonardson (1989) found that 44% of battered women in two urban primary care practices had experienced minor physical abuse and 28% had experienced severe physical abuse. One study done in a Primary Health Centre in the South Eastern part of Nigeria quoted a one year prevalence of 46% (Iliaka, Okonkwo and Adoju, 2002).

RISK FACTORS FOR IPV

Literature has continuously shown that IPV has widespread consequences which spread beyond the physical into the psychological and social arena and out of the immediate into the long term arena. It then becomes important to establish the associated positive correlates of IPV to enable care givers to identify and respond to abused women. Jewkes, Lewin and Penn – Kekana (2002) found that domestic violence positively correlated with violence in childhood, low level of education, alcohol use, spousal boy child preference, conflict over spousal drinking, and frequent conflicts generally. The researchers however found no significant association between IPV and the partner's ages, employment, migrant status and marital status.

Macmillan and Wathen (2001) in a systematic review noted the risk indicators in the female (of being a victim) to include: witnessing abuse during childhood, being below 25 years of age, low socioeconomic status, less than high school education, unemployment, having a former partner or being currently separated or divorced, history of behavioural problems in childhood or adolescence, growing up without either or both parents, growing up with family conflict and having an unwanted pregnancy.

Another study found that IPV was significantly associated with being separated, being in a common law relationship or single, scoring positive for depression or somatic symptoms, having a male partner who was employed less than part time or having a partner with an alcohol or drug problem (Wathen, Jameison, Wilson, Daly, Worster, Macmillan and McMaster, 2007). Iliaka et al (2002) in Nigeria found that the type of marriage and partner's educational level positively correlated with IPV and the perceived reasons for violence in that study were economic demand, reproductive issues and alcohol/drugs.

MATERIALS AND METHODS

Setting

The location of the study was Ile-Ife in Osun state, a city in the south western geographical zone of Nigeria. Enuwa Primary Health Care Centre is the largest of the Primary Health Care (PHC) facilities in the Ife central Local Government Area. It serves as the headquarters for primary health activities in the local government and has more qualified personnel and caters to the needs of more women and children than all the other health centres put together and so was used as a prototype of primary health care in Ile-Ife.

Ethical Considerations

The study protocol was approved by the Research and Ethical Committee of the Obafemi Awolowo University Teaching Hospitals Complex. Permission was also obtained from the office of the Director of the Primary Health Centres to carry out the study.

Recruitment

The infant welfare clinic and the antenatal clinic of the Enuwa Primary Health Centre holds every day and the Monday and Tuesday clinics were used. Women attending these clinics were consecutively recruited once they met the study inclusion criteria until the target study number was achieved.

Measures

Three instruments were used in this study. One of them, the Socio-demographic Data Interview Schedule, was designed by the author.

Socio-demographic Data Interview Schedule

A semi structured Socio-demographic data schedule was purposely designed for this study to elicit information on variables: age, marital status, marriage pattern, educational level and employment status.

CAGE questionnaire

The CAGE questionnaire, (CAGE being an acronym formed from the italicised letters in the questionnaire ie: cut/annoyed/guilty/eye opener) was developed by Ewing (1984) to screen for problem drinking, has been extensively validated for use in identifying alcoholism. CAGE is considered a validated screening technique and CAGE test scores equal to or greater than 2 has a sensitivity ranging from 43%- 94% and a specificity ranging from 70%-97% in detecting problem drinkers (Feillin, 2000).

Composite Abuse Scale (CAS)

The Composite Abuse Scale (CAS) is a 30 item validated research instrument. It is based on a concept of IPV that includes coercion and not simply violent acts arising out of conflict. It is recommended as an IPV research assessment tool by the National Centre for Injury Prevention and Control (Thompson, Basile, Hertz and Sitterle, 2006) because it has demonstrated a high level of reliability and validity in self-reported prevalence of IPV. The CAS measures four dimensions of abuse: (1) physical abuse (2) emotional abuse (3) severe combined abuse and (4) harassment. A preliminary cut-off score of 7 divides respondents into abused and non- abused. It has a Cronbach's alpha of > 0.85 (Hegarty, Bush and Sheehan, 2005). It was selected for its comprehensiveness and strong psychometric properties. It has been validated with a large sample of patients in primary care practice settings (Hegarty et al, 2005). A cut off score of 7 was adopted for this study in accordance with the findings of Hegarty and colleagues (2005).

Data Analysis

The data was analysed using the Statistical Package for Social Sciences (SPSS 11). The Chi Square was used to test for the differences in the responses between the groups. Logistic regression was used to test for the relationship between intimate partner violence and socio-demographic factors. The level of

significance was set at 0.05. Odds ratios and 95% Confidence Intervals were calculated for significant variables.

RESULTS

Socio-demographic characteristics of respondents

Four hundred eligible women who agreed to participate in the study were interviewed. However, twenty seven questionnaires were excluded from the study because the respondents did not provide adequate data on certain aspects of the questionnaire giving a response rate of 93%. The respondents were aged 18-37 years; the majority of them (73.8%) were aged 21-30 years (mean age 24.9 ± 4.09). Three quarters (73.5%) were married in a monogamous setting and a little above half (60.1%) were employed. Around three fourths (74.3%) had up to secondary school education.

Prevalence

One hundred and thirty seven (36.7%) of the women admitted having experienced partner violence in the last twelve months. The prevalence of alcohol use amongst respondents was 12.6% (47) while it was 35.4% (132) among their partners. Six percent of the respondents and 29.2% of the partners had alcohol related problems.

Relationship between IPV and socio-demographic factors

Bivariate Analysis

Marital status was significantly associated with the experience of violence. Women who reported violence were more likely to be single (66.7%) or separated (50.0%) compared to being married (35.0%) or cohabiting (34.5%) (x^2=11.54, df =3, p=0.009). A higher proportion of subjects in polygamous marriages experienced violence (48.9%) compared to those in monogamous marriages (32.5%) and the difference was also significant (x^2 =15.57, df =2, p= <0.001). Having children was associated with a statistically significant increase (x^2 =30.02, df =2, p= < 0.001) in violence as 23.3% (21) of those in violent relationships had no child while 28.7% (43) had one child and 54.9% (73) had 2 or more children.

Women who were employed recorded a significantly higher prevalence of violence (43.3%) than those who were not employed (26.8%). Those who had primary education (38.7%) and secondary education (44.1%) experienced more violence than those who had tertiary education (1.8%) or no education (25.0%) the difference also being statistically significant (x^2 =36.91, df =3, p= < 0.001). Those who experienced violence were also

significantly younger 85.4% of them being between 21 and 30 years old (Table I).

Taking alcohol increased the risk of violence in the relationship for both the respondents and their partners. Also, positivity on the CAGE instrument (signifying alcohol related problems) was significantly associated with being violent for the partners alone (x^2 =24.52, df =1, p< 0.001) but not the respondents (Table II). Also, the use of other substances e.g. tobacco and cannabis, by the partners was significantly associated with violence (x^2 =35.37, df =1, p=<0.001).

Logistic Regression

In the regression model constructed the socio-demographic variables which were significant on bivariate levels were assessed and it was found that being married or cohabiting with a partner reduced the chances of violence by six fold and fivefold respectively compared with being single. Respondents that were older also had lower odds for being in violent relationships than the younger ones.

Women were three times more likely to report violence in their relationships if they earned above eight thousand naira compared with those who had no earning power and having two or more children increased the chances of reporting violence by six fold compared with their childless counterparts (Table III). Also, respondents were six times more likely to e alcohol users if they were in violent relationships.

Discussion

The demographic distribution of subjects in this study is characteristic of a young population which is a common phenomenon in most developing countries of West African sub-region. The present study evaluated the relationship between intimate partner violence (IPV) and some specific characteristics of women and their relationships to provide information about the prevalence of IPV and its relationship with certain socio-demographic factors. The findings revealed a high prevalence (36.7%) of partner violence among women of childbearing age in the studied area within the past year.

This rate included all forms of abuse by an intimate partner (physical, sexual and emotional/psychological) and falls within the upper limit of annual rates reported in worldwide studies using clinical sample. The rate in this study is consistent with other studies in developing nations. In a study in a primary

care setting in eastern Nigeria, Iliaka found that 46% of women admitted to having been abused in the past year.

Risk Factors for Intimate Partner Violence

Most of the socio-demographic variables that were significant on bivariate level remained so at multivariate analysis. However, two other variables, the marriage pattern as well as the educational status variable, were not significant in the multivariate model, indicating that the significant bivariate relationships resulted from the interaction of these variables with other variables in the model.

The six fold increase in odds of alcohol use that was found among women in violent relationships in this study is comparable with other studies. White and Chen (2002) and Weinsheimer, Schermer, Malcoe, Balduf and Bloomfield (2005) also found a six fold increase. Other data controlling for partner alcohol use are conflicting. Some analyses show that the wife's drinking was not significantly related to assaults after controlling for husband drinking and other covariates (Chase, O'Farrell and Murphy 2003; Kaufman and Straus, 1989). It is interesting to note that in this study, though partner's drinking was significantly correlated with violence in the relationship on bivariate analysis, on multivariate analysis, this relationship disappeared. This may mirror the fact that there are many interactions between these factors as they pertain to violence and more qualitative and longitudinal studies are required to tease out the nature of this interaction.

The most compelling evidence found in the investigation of the association of alcohol problems and IPV indicates that each partner's drinking has an effect on the occurrence of IPV, and that IPV is greatest in relationships when both partners are problem drinkers. Treatment of problem drinking in men usually results in a decrease in IPV (Weinsheimer et al, 2005).

Limitations of the Study

1. The study is subject to both recall and reporting bias because all measures of IPV were based on self report, though it is expected that the estimates derived from this study will be no less reliable than those of other self-report surveys in which self-report is used.
2. The cross-sectional nature of the study limits the ability to determine the temporal nature of the relationships among intimate partner violence and socio-demographic variables and thus prospective studies are needed to tease out the intricacies in these relationships.

3. One could also question whether the woman's report of her partner's drinking is valid. Collateral or proxy report of a partner's drinking is known to be a reliable measure of alcohol consumption and in fact, the collateral tends to underreport drinking and related consequences.

Conclusions

This study has demonstrated the magnitude of intimate partner violence among the study population and the socio-demographic factors that significantly interact with IPV.

The significant socio-demographic characteristics of the respondents in violent relationships were a single marital status; a polygamous marriage pattern; secondary school education; having children and being young. The association between intimate partner violence and partner's use of alcohol and other psychoactive substances in the study population was significant.

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TABLE I: Association between Socio-demographic Characteristics of Respondent and Experience of violence in their relationship

Variables	No Violence (%)	Violence (%)	x^2 value	df	P value
Age					
≤20	48 (70.6)	20 (29.4)			
21-25	97 (60.2)	64 (39.8)	20.47	3	<0.001
26-30	62 (54.4)	52 (45.6)			
≥31	29 (96.7)	1 (3.3)			
Marital Status					
Single	4 (33.3)	12 (66.7)			
Cohabiting	52 (65.0)	28 (35.0)	11.54	3	0.009
Married	175 (65.5)	92 (34.5)			
Separated	5(50%)	5(50%)			
Marriage Pattern					
Monogamous	185 (67.8)	88 (32.2)	15.57	2	0.001
Polygamous	48 (51.1)	36 (48.9)			
Employed					
No	109 (73.2)	40 (26.8)	10.43	1	0.001
Yes	127 (56.7)	97 (43.3)			
Level of Education					
None	6 (75.0)	2 (25.0)			
Primary	19 (61.3)	12 (38.7)	36.91	3	<0.001
Secondary	155 (55.9)	122 (44.1)			
Tertiary	56 (98.2)	1 (1.8)			
Income					
None	109 (73.2)	40 (26.8)			
1000-8000	88 (55.0)	72 (45.0)			
8001-25000	39 (66.1)	20 (33.9)	19.79	3	0.001
>25000	0 (0)	5 (100)			
Number of children					

None	69 (76.7)	21 (23.3)			<0.001
1 child	107 (71.3)	43 (28.7)	30.02	2	
≥2 children	60 (45.1)	73 (54.9)			

TABLE II: Association between violence and psychoactive substance use by both respondents and their partners.

Variable	No violence	Violence	x^2 value	df	P value
Alcohol use					
Negative	217 (66.6)	109 (33.4)	12.08	1	<0.001
Positive	19 (40.4)	28 (59.6)			
Alcohol use (Partner)			32.85	1	<0.001
Negative	178 (73.8)	63 (26.2)			
Positive	58 (43.3)	74 (56.7)			
Partner takes other substances			35.37	1	<0.001
Negative	230 (68.0)	108 (32.0)			
Positive	6 (17.1)	29 (82.9)			
CAGE			0.27	1	0.6
Negative	222 (63.6)	127 (36.4)			
Positive	14 (58.3)	10 (41.7)			
Partner's CAGE					
Negative	188 (71.2)	76 (28.8)	24.52	1	<0.001
Positive	48 (44.0)	61 (56.0)			

TABLE III: Association between IPV and selected sociodemographic variables using binary logistic regression.

Variables	Odds Ratio (OR)	P value	95% CI
Age			
≤20 years (ref)	1	-	
21-25	1.06	0.89	0.47 – 2.36
26-30	0.69	0.44	0.27 – 1.78
≥31	0.009	<0.001	0.001 – 0.08
Marital status			
Single (ref)	1	-	
Cohabiting	0.20	0.003	0.07 – 0.58
Married	0.17	0.001	0.06 – 0.47
Number of children			
None (ref)	1	-	
1 child	1.31	0.42	0.67 – 2.55
≥2 children	6.30	<0.001	3.01 – 13.20
Income			
None (ref)	1	-	
1000-8000	1.74	0.08	0.94 – 3.21
Respondents alcohol use			
No alcohol (ref)	1	-	
Takes alcohol	9.14	<0.001	2.94-28.38
Partners alcohol use			
No alcohol (ref)	1	-	
Partner takes alcohol	0.83	0.77	0.24-2.90

*ref indicates the reference point which is the variable to which others are being compared