PREVALENCE AND DETERMINANTS OF INTIMATE PARTNER VIOLENCE TOWARDS FEMALE STUDENTS OF THE UNIVERSITY OF IBADAN, NIGERIA.

BY

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CERTIFICATION

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DEDICATION

This study is dedicated to God; my wife, Mrs. Chinyel Joseph Umana; my mother, Mrs. Comfort Edem Umana; and my late father, Elder Edem Ekpenyong Umana.

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ABSTRACT

Intimate Partner Violence (IPV) is pervasive, but under-reported by victims because of the associated stigma and fear of reprisals. In Nigeria, there is paucity of information on IPV burden among female university students. This study was therefore designed to assess the prevalence and determinants of IPV experienced by female students in the University of Ibadan, Nigeria.

The study was cross-sectional in design. A four-stage sampling technique was used in selecting the female halls (two undergraduate and one postgraduate), blocks, rooms, and an occupant selected by balloting in each room. A total of 1,100 undergraduate and 255 postgraduate female students were selected. A 43-item self-administered structured questionnaire was used to collect data on the sociodemographic characteristics, prevalence, types, determinants, awareness, and health consequences of IPV. Data were analysed using descriptive statistics and logistic regression at $p = 0.05$.

The mean age of the respondents was 22.8±3.9 years (postgraduate mean: 24.3±3.2 years; undergraduate mean: 20.1±3.2 years) and majority (93.8%) were single. Respondents comprised Yoruba (61.7%), Igbo (24.6%), Hausa (3.6%) and others (10.1%). The proportions of respondents who smoked, consumed alcohol and had a family history of IPV were 6.6%, 22.8% and 26.9% respectively. The life-time prevalence of IPV was 42.3% (postgraduate: 34.5%; undergraduate: 44.1%) and those for psychological, physical and sexual IPV were 41.8%, 7.9% and 6.6% respectively. Majority (61.9%) of the respondents who were aware of IPV did not experience it. Respondents who were less likely to have experienced IPV were postgraduate (OR= 0.64; 95% CI: 0.46-0.87), and married (OR= 0.53; 95% CI: 0.35-0.78) students. Life-time prevalence of IPV was higher among the undergraduates (OR=3.82; 95% CI: 1.08-13.40); smokers (OR= 2.46; 95% CI: 1.58-3.83); alcohol consumers (OR= 2.36; 95% CI: 1.82- 3.06); and those with family history of IPV (OR= 2.40; 95% CI: 1.88- 3.07). Recent experience (within the last one year) of violence was also more frequently reported by respondents who had a

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previous history of physical (62.5%) (OR= 2.65; 95% CI: 2.02-3.49) and sexual (53.2%) (OR= 1.63; 95% CI:1.12-2.35) violence. Injuries were sustained by sixty (4.4%) of the IPV victims and these included minor abrassions (60.7%), sprains (17.9%), and facial injuries (15.4%). Adverse effects of IPV on academic performance were reported by 10.3% of victims and these included loss of concentration (71.4%), interruption of studies (17.9%), loss of self-esteem (6.4%) and school absenteeism (4.3%). Majority (60.9%) of the victims of IPV did not seek help. Those who sought help went mainly to religious leaders (12.5%), hospitals (10.5%) and family members (4.9%).

The prevalence of intimate partner violence among the female students of the University of Ibadan was high, and the major predicting factors were low level of awareness, family history and previous history of physical and sexual violence. There is the need to design interventions to address modifiable risk factors like smoking and alcohol consumption, and encourage health seeking in order to reduce vulnerability and related health consequences.

Keywords: Intimate Partner Violence, University female students, Life-time experience.

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ABBREVIATIONS

AAS	Abuse Assessment Screen
ACOG	American College of Obstetricians and Gynaecologists
BJS	Bureau of Justice Statistics
AIDS	Acquired Immune Deficiency Syndrome
CAS	College Alcohol Study
CDC	Centres for Disease Control and Prevention
CSA	College Sexual Assault
CTS	Conflict Tactics Scale
ECWA	Evangelical Church of West Africa
EMSEH	Epidemiology, Medical Statistics, and Environmental Health
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
NCIPC	National Centre for Injury Prevention and Control
NCVS	National Crime Victimization Survey
NCWSV	National College Women Sexual Victimization study
NIJ	National Institute of Justice
SADHS	South African Demographic and Health Survey
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNICEF	United Nations Children and Emergency Fund
UNIFEM	United Nations Development Fund for Women
USA	United States of America
VAW	Violence Against Women
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Background information

Intimate partner violence (IPV) is a widespread international public health and human rights concern. It is a serious life-threatening problem primarily affecting women, girls, and children. Unfortunately adequate, appropriate, and comprehensive prevention and response are inadequate in most countries (Heise, Pitanguy and Germain, 2002). Intimate partner violence is an important barrier to social and economic development in all parts of the world. Intimate partner violence in developing countries takes place in a context of gender inequality and specific cultural beliefs or attitudes about gender roles. These beliefs and attitudes are especially those concerning male and female sexuality, and patterns of economic inequality (Heise, Pitanguy and Germain, 2002).

Forming relationships is an essential part of life for human beings. Most people need to be in healthy, mutually beneficial relationships in order to thrive. Unfortunately, many people suffer abuse within the context of their intimate relationships. Intimate partner violence may come in many forms such as emotional, verbal, physical, or sexual, and it often has serious long-term consequences for the individuals involved, their families, communities, and society as a whole (Okenwa, 2011).

Intimate partner abuse occurs in all countries and transcends social, economic, religious, and cultural groups (UNIFEM, 2002). Intimate partner violence is not restricted to married couples but also people in courtship and dating relationships. Intimate partner violence including sexual and physical assaults has been reported to affect 10% of American high school students, and up to 39% of college students in America (Silverman, Raj, Mucci and Hathaway, 2001). Between one in four, and one in five American women are raped during college (Fisher, Cullen and Turner, 2000). It is also known that IPV is perpetrated on female students by their male peers and teachers in

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school (Silverman, Raj, Mucci and Hathaway, 2001).

Intimate partner violence is associated with power inequalities: between women and men or between children and their caregivers, as well as with growing economic inequalities within and between countries. However, the main factor that gives rise to intimate partner violence is the power inequality between women and men. Although men may be abused, women are overwhelmingly the victims of intimate partner violence (WHO, 2003).

1.2 Justification/rationale of the study

Researches conducted in Europe and North America on violence against women, have provided increasing evidence of violence against women by intimate male partners (WHO, 2003). These researches (WHO, 2003) have increased awareness on the fact that violence against women is common and is a more serious problem than assumed. There have been increasing reports of intimate partner violence in educational settings from around the world. In the developing world, where economic imbalances are high, literacy rates low, basic universal education a goal rather than a reality, and the HIV pandemic often devastating, the question of gender violence and its impact on education and health is particularly important (WHO, 2003). Only few studies have been conducted on the prevalence and determinants of intimate partner violence among the female students of tertiary institutions in Nigeria.

Reliable and valid information on the nature, magnitude, and risk factors of intimate partner violence is important to prevent violence against women in Nigeria. There are very few literatures on the nature, magnitude, risk factors, and consequences of intimate partner violence among female university students in Nigeria. Most of the university students are within the age group that starts having relationships and courtships. And many of the female students may not be experienced in dating and courtship or mature enough to assert themselves and may be vulnerable to violence.

There is paucity of published quantitative studies of prevalence and determinants of intimate partner violence on the female students of universities in Nigeria. Also, many Nigerian campuses have no programmes to address this public health concern. However, making schools safe and equitable for young people is critical to learning. Prevention of

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intimate partner violence is more urgent in this period of AIDS pandemic especially since adolescents are more vulnerable to the infection (Bruce, 2006). Furthermore, young women are biologically, physiologically, socially, culturally, and economically more vulnerable to HIV infection than their male counterparts (Bruce, 2006). This study therefore targets the female university students because most of them are young and vulnerable to violence which is a risk factor for HIV infection. Additionally, the male students threaten the female students who are physically weaker than the males (Zindi, 2002). Information from this study will contribute to existing knowledge on IPV in Nigerian youths and aid in the prevention of violence.

The university campus is a place to target a research on intimate partner violence because data gathered can be used to generate information on the magnitude of IPV in the University of Ibadan. Hence, creating an important tool for strategizing the prevention and control of IPV. Additionally, creating awareness on intimate partner violence and inculcating discipline and morals in the students will help to prevent gender-based violence in our society (Brownridge, 2006). This study will also aid in educating the students on the types and forms of IPV.

This study aims to determine the prevalence, determinants, consequences of intimate partner violence to the female students of the University of Ibadan and victims' sources of support. It will provide useful and practicable recommendations that will be used to prevent or mitigate intimate partner violence in universities. The findings of this study will also be useful as a guide for the formulation of policies and regulations to end violence against women in campuses. Furthermore, it will fill in the existing gaps in information about violence against women in Nigeria, enhance understanding of partner abuse, and stimulate more research on IPV.

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1.3 Objectives of the study

1.3.1 Broad objective

To determine the prevalence and the determinants of intimate partner violence towards the female students of the University of Ibadan.

1.3.2 Specific objectives

1. To assess the female students' level of knowledge on the types of intimate partner violence.
2. To determine the prevalence of intimate partner violence experienced by the female students of the University of Ibadan.
3. To determine the types of intimate partner violence experienced by the female students.
4. To identify factors that protect or mitigate against violence against women.
5. To document the victims' sources of help or support.
6. To determine the health consequences of intimate partner violence in the students.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Definitions

Research on violence between intimate partners is full of definitional ambiguities with regards to the behaviours that are included and the terminology that is used to label partner violence. Partner violence studies have traditionally included the threat or actual use of physical, sexual, and psychological aggression among romantic couples; however, researchers in this area have recently included stalking behaviours in their studies on couple violence (Baldry, 2002; Barnett et al., 2005).

Even though some studies focus on only one type of violence, physical aggression, sexual violence, psychological abuse, and stalking have been found to co-occur (Baldry, 2002; Coker et al., 2008; McHugh and Frieze, 2006). Additionally, researchers often use a variety of terms to refer to violence within couple relationships such as domestic violence, spouse abuse, and battering (McHugh and Frieze, 2002). Recently, researchers have used the terms intimate partner violence and dating violence (Barnett et al., 2006). The term intimate partner violence is often reserved for describing aggression that occurs between cohabiting or married couples (Barnett et al., 2006; Coker et al., 2002) whereas dating violence generally refers to similar incidents among unmarried individuals who may or may not have a sexual relationship (Forbes et al., 2006; Gover, Kaukinen and Fox, 2008). Although much of the violence that occurs between college intimates could perhaps be classified as dating violence, some researchers adopt the more inclusive terms of intimate partner violence, partner violence, or relationship violence to refer to these abusive situations (Fang and Corso, 2007; Forke et al., 2008; Whitaker et al., 2007) to account for the constellation of relationships that exist among contemporary college students. Because of these definitional obscurities, this study will use the terms intimate partner violence and dating violence in accordance with the terminology used by the cited authors.

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2.1.1 Intimate partners

Intimate partners include current spouses, current non-marital partners, dating partners, including first dates (heterosexual or same-sex), boyfriends/girlfriends (heterosexual or same-sex), former marital partners, divorced spouses, former spouses, separated spouses, former non-marital partners, former dates (heterosexual or same-sex), former boyfriends/girlfriends (heterosexual or same-sex) (Saltzman, Fanslow, McMahon and Shelley, 2002). Intimate partners may or may not be cohabiting. The relationship need not involve sexual activities. If the victim and the perpetrator have a child in common but no current relationship, then by definition they are in the category of former marital partners or former non-marital partners (Saltzman, Fanslow, McMahon and Shelley, 2002).

2.1.2 Domestic violence

Domestic violence reflects various forms of violence perpetrated by a family member or a group of family members against another family member or a group of family members (husband - wife, parents - children, violence from in-laws or violence against the elderly) (Romedenne and Loi, 2006). However, the most common type of family violence is violence against women committed by an intimate partner, also referred to as wife beating or spousal violence. Most often, domestic violence and intimate partner violence are used interchangeably (Krantz and Garcia-Moreno, 2005).

2.1.3 Intimate partner violence

Intimate partner violence (IPV) in general has been defined as any violence within an intimate relationship perpetrated by one partner on the other. Thus, IPV against women can be seen as a form of violence against women occurring in an intimate relationship.

Violence against women (VAW) is defined in the United Nations Declaration on the Elimination of Violence against Women (1993) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". This includes physical, sexual, and

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psychological violence such as domestic violence; burning or acid throwing; sexual abuse, including rape and incest by family members; female genital mutilation; female feticide, and infanticide; sexual slavery; forced pregnancy; honour killings; dowry-related violence; violence in armed conflict such as murder; and emotional abuse such as coercion, and abusive language (United Nations, 1993).

Abduction of women and girls for prostitution, and forced marriage are also examples of violence against women. Such violence not only occurs in the family and in the general community, but is sometimes also condoned or perpetuated by the state through policies or the actions of agents of the state such as the police, military or immigration authorities, the majority of whom are men (Tjaden and Theonnes, 2000). Whereas there is a general definition of VAW as a phenomenon, IPV lacks such a definition.

Ganley and Schechter (1996) defined intimate partner violence (IPV) as a pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks, and also the economic coercion that adults or adolescents use against their intimate partners.

Children and Family Court Advisory and Support (USA) (2009) conceptualises IPV as patterns of behaviours characterised by the misuse of power and control by one person over another who are or have been in an intimate relationship. It may occur in mixed-gender and same-gender relationships and has profound consequences for the lives of children, individuals, families and communities. These can be physical, sexual, emotional, and/or psychological. The latter may include intimidation, harassment, damage to property, threats, and financial abuse.

The Centre for Disease Control (CDC), USA (2003), defined IPV as physical, sexual, or psychological harm by a current or former partner or spouse, occurring in heterosexual or same-sex couples and does not require sexual intimacy. Furthermore, the CDC views IPV as occurring on a continuum, ranging from one hit that may or may not impact on the victim to chronic, severe battering.

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The World Health Organisation (WHO) (2002) defines IPV as behaviours within an intimate relationship that cause physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours.

2.1.4 Victimization

This is the experience of intimate partner violence. It means the experience of any or all types of intimate partner violence.

2.1.4 Types of intimate partner violence

The definitions above suggest three main types of IPV: physical, sexual, and psychological/emotional. Saltzman et al. (2002) described them as follows:

2.1.4.1 Physical violence

Acts that constitute physical IPV encompass the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to the following: scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.

Physical abuse also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband's brother). Physical abuse is usually recurrent and escalates in both frequency and severity. Although most assaults on women do not result in death, they do result in physical injury and severe emotional distress. Physical injuries are the most tangible manifestations of domestic violence, yet they are frequently not reported by women and go unrecognized by the professionals who are mandated to intervene (Ilika, 2006).

2.1.4.2 Psychological/emotional violence

This includes trauma caused by acts, threats of acts, or coercive tactics. Psychological/ emotional abuse can include humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to

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make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. Other aspects are threats of physical or sexual violence using words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm. Others include, taking advantage of the victim, getting annoyed if the victim disagrees, prohibiting access to transportation or telephone, using the victim's children to control victim's behaviour, threatening loss of custody of children, smashing objects or destroying property and disclosing information that would tarnish the victim's reputation (Saltzman, Fanslow, McMahon and Shelley, 2002). Other behaviours may be considered emotionally abusive if they are perceived as such by the victim. Some of the behaviours listed above may not be perceived as psychologically or emotionally abusive by all victims. Operationalization of data elements related to psychological/emotional abuse will need to incorporate victim perception. Although any psychological/emotional abuse can be measured by the IPV surveillance system, some experts recommend that it only be considered a type of violence when there has also been prior physical or sexual violence, or the prior threat of physical or sexual violence (Saltzman, Fanslow, McMahon and Shelley, 2002).

2.1.4.3 Sexual violence

This type of IPV is defined by three main acts: use of physical force to compel a person to engage in a sexual act against her or his will, whether or not the act is completed; an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, for example, because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and abusive sexual contact. Sexual violence also includes acts such as sexual degradation, intentionally hurting someone during sex, assaults upon the genitals, including use of objects intra vaginally, orally, or anally, pursuing sex when someone is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted diseases (WHO, 2002).

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2.1.4.4 Economic abuse

Economic abuse is when perpetrators control or restrict access to all of the victims' resources, such as time, transportation, food, clothing, shelter, insurance, and money. There is interference with victim's ability to become self-sufficient, and control of victim's finances. When the victim leaves the violent relationship, the perpetrator may use economics as a way to maintain control or force her to return (Tjaden and Thoennes, 2000).

2.1.4.5 Stalking

Stalking refers to repeated harassing or threatening behaviours that an individual engages in such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. These actions may be accompanied by a credible threat of serious harm, and they may or may not be precursors to an assault or murder (Tjaden and Thoennes, 2000).

2.2 Magnitude of the problem

At least one in three of the world's female population has been either physically or sexually abused at some time in her life (Heise, Pitanguy and Germain, 2002). Although in most countries little research has been conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced (WHO, 2002). Intimate partner violence, including sexual violence, is perpetrated primarily by males against women and girls, and affects entire families, including children.

Developed countries: In a study conducted in the 50 states of America and the District of Columbia, nearly 25% of women were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or dating partner/acquaintance at some time in their lifetime. And approximately 1.3 million women were physically assaulted by an intimate partner annually in the United States (Tjaden and Thoennes, 2000). Intimate partner violence made up 20% of all nonfatal violent crimes experienced by American women in

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2001 (Rennison, 2003).

Initmate partner violence (IPV) is a pervasive societal problem affecting more than 32 million people in America. "Nearly 5.3million incidents of IPV occur each year in the United States of America among women aged 18 years and above. Intimate partner violence results in nearly two million injuries and 1,300 deaths nationwide" (Tjaden and Theonnes, 2000). Because most acts of IPV are not reported to the police and may be unrecognized as forms of violence, the above statistics probably underestimate the actual occurrence of violence. Only 20% of IPV rapes or sexual assaults, 25% of physical assaults, and 50% of stalking incidents directed towards women are reported, indicating a much greater problem than is seen through statistics (Tjaden and Thoennes, 2000; CDC, 2006).

The highest prevalene of IPV is found in females aged 16 to 24 years in the United States of America, so traditional college-age students may be at an increased risk (Bureau of Justice Statistics, 2000). Furthermore, at least one in five college students report some form of physical violence and abuse in their present or past dating relationships (Wasserman, 2003). In addition, Smith, Thompson, Tomaka and Buchanon (2005) cited six studies which indicated that the rate of physical violence in the intimate relationships of college students is most consistently estimated to be between 20% and 30% (Shook, Gerrity and Segrist, 2000; Spencer and Bryant, 2000). However, research results vary concerning prevalence of physical violence from 16% to 62% (Bureau of Justice Statistics, 2000), so it is assumed that physical violence is a common and perhaps difficult problem to measure in the relationship of college students.

Women are more likely to be victims of sexual violence than men: 78% of the victims of rape and sexual assault are women. Most perpetrators of sexual violence are men. Among acts of sexual violence committed against women since the age of 18 years, 100% of rapes, 92% of physical assaults, and 97% of stalking acts were perpetrated by men. In eight out of ten rape cases, the victim knew the perpetrator. Of people who reported sexual violence, 64% of women were raped, physically assaulted, or stalked by an intimate partner. This included a current or former spouse, cohabitating partner, boyfriend, or a date (Tjaden and Thoennes, 2000).

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Africa: In Cameroon, a study of sexual abuse in schools in the city of Yaoundé revealed that about 16% of the 1,688 surveyed students reported being abused (Mbassa, 2001). Approximately 15% of these attacks took place in schools. Of these, about 30% were perpetrated by classmates or other school friends of the victims, and about 8% by teachers, family friends, and neighbours and other acquaintances or strangers accounted for the rest.

Nigeria: Wife beating is one of the most common (31.3%) forms of violence against women by husbands or other intimate male partners (Fawole, Aderonmu and Fawole, 2005). Although violence against women is pervasive, there are only few studies documenting the magnitude of the problem especially among female university students in Nigeria. Fawole et al. (2003) found that 24% of young women had been violated by partners. She also reported a prevalence of 30.4% for sexual violence among young female hawkers in southwestern Nigeria (Fawole, Ajuwon, Osungbade and Faweya, 2003). In Ile Ife, Fatusi and Alatise (2006) reported a sexual abuse prevalence of 19.9% in a study on women's experiences of intimate partner violence.

2.3 Prevalence of intimate partner violence

One of the most significant investigations of intimate partner violence (IPV) cross-culturally was sponsored by the WHO in 2005. This study collected data from women residing in several countries, and 15 locations within these countries. Interviewers obtained data from countries representing a widely diverse sample including 24,000 respondents from Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa and Montenegro, Thailand, and the United Republic of Tanzania. Lifetime prevalence of IPV ranged from 15% (Japan) to just over 70%. Prevalence in the year before the study again revealed large variability among samples: the lowest IPV rate was in Japan, with just under 5%, and the highest was in Ethiopia, which had a rate of almost 55%.

Globally: One of the earliest studies on college intimate partner violence (Makepeace, 1981) showed that approximately 20% of college students had experienced at least one incident of physical IPV. Since that time, prevalence of physical IPV among college students has ranged from 16.7% (Makepeace, 1986) to 48% (Amar and Gennaro, 2005). A study by Straus (2004) drew similar conclusions regarding prevalence of physical IPV

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using data from an international survey of college students at 31 universities in 16 countries. At the median university in the study, 29% of students reported that they had been physically violent towards an intimate partner within the past year, and that the prevalence ranged from 17% to 45%. This prevalence was significant because, "even at the university with the lowest prevalence, 17% of the students had physically assaulted an intimate partner in the previous 12 months" (Straus, 2004).

America: A convenience sample of 863 college women were recruited in a study for the assessment of IPV in the United States of America in 2003. This study used a correlational design, to report physical injury, mental health symptoms, and healthcare associated with violence in the dating experiences of college women. The subjects were between 18 and 25 years of age from a private, historically black university in the south, and a private college in the mid-Atlantic. The Abuse Assessment Screen, a physical injury checklist, and the Symptom Checklist—R-90 were completed by the participants. Almost half (48%) (n = 412) reported violence and of these, 39% (n =160) reported more than one form of violence. The most commonly reported injuries were scratches, bruises, welts, black eyes, swelling, or bust lip; and sore muscles, sprains, or pulls (Amar and Gennaro, 2005).

Another research was conducted to assess the prevalence of physical and psychological abuse among high school students. Subjects were students enrolled in health classes from seven large public high schools in Suffolk County, Long Island, New York (n=2,363). The sample was representative of each school's student body, as health education was a graduation requirement for all students in their junior or senior year. Approximately 88% of the subjects reported that they experienced at least one act of psychological abuse and 30% experienced physical violence in the previous year (O'Leary et al., 2008).

In a study to assess the prevalence of sexual assault in Houston, a sample of 148 sexually assaulted and not-sexually assaulted women was derived from a National Institute of Justice study that measured the effectiveness of protection orders and tested a safety intervention for abused women. Sexual assault was defined as a positive response to questions about forced vaginal, oral, or anal sex as asked on the severity of violence against women, Sexual Assault Subscale (Marshall, 1987). The study revealed that one

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hundred women (68%) reported sexual assault, at least once, by the intimate partner named in the application for a protection order. Among the 100 women reporting sexual assault, most (62%) reported an event of sexual assault within 90 days of applying for the protection order. There was no significant demographic differences between women reporting sexual assault and women reporting physical abuse only. Most women (79%) reported repeated episodes of sexual assault, including vaginal, oral, and anal penetration, with forced vaginal intercourse accounting for the highest percentage of sexual assault. Over half (55%) of the women reported a second sexual assault within one month of the first assault. The frequency of sexual assault was highest for white women. However, the type, frequency, and severity of sexual assault did not differ significantly by racial or ethnic group or country of birth (McFarlane and Malecha, 2005).

A study to describe the risk factors associated with experiencing sexual aggression was conducted among a sample of female adolescents in Michigan. The high school students completed a questionnaire containing a revised form of the Sexual Experiences Survey to assess sexual violence. Results from the study indicated that almost half (48%) of the female students reported experiencing sexual aggression (Maxwell et al., 2003).

Another study on prevalence of sexual violence enrolled 935 undergraduate female college students at a state university located in the southeastern United States of America. The convenience sample of students consisted of volunteers recruited from introductory psychology classes and the membership of sororities located on campus. Because the majority of students in introductory psychology classes were freshmen or sophomores, volunteers were recruited from sororities in an attempt to obtain data from juniors and seniors. The result showed that 27.2% of the participants reported unwanted sexual experiences, with 37% (n = 91) of these individuals indicating that they experienced more than one type of sexual aggression. Of the sample, 36% of the African American women and 26.3% of the white women reported unwanted sexual experiences. A Fisher's Exact Test (used to control for unequal sample sizes) revealed this difference to be marginally significant (p = 0.057). Being physically forced to engage in kissing or petting was the most commonly reported coercive experience with 13.3% of the sample reporting this experience. And 9.1% of the respondents also reported having engaged in unwanted

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sexual intercourse because they felt it was useless to try to stop their partner's sexual advances. The percentages of women who engaged in oral or anal (2.7%), or vaginal (3.2%) intercourse as a result of a man using his strength to hold and force them to engage in these acts were relatively low (Gross et al., 2011).

In a study using self-administered questionnaires to obtain prevalence estimates of relationship violence among urban college students aged 17 to 22 years, three colleges in Philadelphia were chosen to provide a demographically diverse sample. Using current online course rosters from each college, a random list of day classes was generated. All students attending class on the day of survey administration were eligible to participate. Violence was reported by 42.1% (n=383) of the students. Among 910 participants, 26.2% (n = 238) experienced emotional violence, 22.9% (n = 208) sexual, and 17.1% (n = 156) physical. Among 383 victims, 57.2% (n = 219) reported experience of one type of violence only, 28.5% (n = 109) of two types of violence, and 14.4% (n = 55) of three types of violence. Reported experience of violence was higher before college for each form of relationship violence. Of 383 victims, 46.2% (n = 177) were victims before college only, 31.3% (n = 120) were victims before and during college, and 22.5% (n = 86) were victims during college only. Before college, emotional violence was reported most often, followed by sexual and physical violence. During college, sexual violence and emotional violence were reported most often, followed by physical violence (Forke et al., 2008).

A study was conducted, using the baseline measurement of a cohort of 7,960 public school students (11 to 24 years) to explore various violent behaviours in Mexican youths. Multinomial logistic regression models were constructed with adolescent dating violence as the dependent variable. The results revealed that the prevalence of dating violence experience was 9.37% for psychological violence; 9.88% for physical violence, and 8.63% for both psychological and physical violence (Rivera-Rivera et al., 2007).

An anonymous survey with questions on gender-based violence, demographic and socio-economic characteristics, and childhood experiences with violence was administered to students at a major public university in Santiago. Descriptive statistics were generated to determine the prevalence and context of sexual violence experienced by female students.

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The result showed that nine percent of subjects reported that the most severe form of undesired sexual contact they had experienced since age 14 was rape; 6% indicated attempted rape; and 16% another form of sexual violence. Seventeen percent of subjects reported having experienced some form of undesired sexual contact in the past 12 months alone. Alcohol or other drugs had been used in most cases of rape or attempted rape by 6% of the victims (Lehrer et al., 2007).

Another study of physical dating violence among the students of the university of Santiago in Chile revealed that approximately 21% of the 970 subjects reported one or more incidents of physical violence not involving injury since age 14 years. And another 5.0% reported at least one incident resulting in injury during this period. The corresponding past-year estimates were 12.9% and 2.4%, respectively. More than one incident was reported by 44.3% of subjects who had ever experienced violence since age 14 years and by 72.7% of those who experienced an injury during this period (Lehrer et al., 2010).

Hamel (2005) reported that men and women physically and psychologically abused each other at equal rates. Basile (2004) found that psychological aggression was effectively bidirectional in cases where heterosexual and homosexual couples went to court for domestic disturbances. A 2007 study of Spanish college students (n = 1,886) aged 18 to 27 years found that psychological aggression (as measured by the Conflict Tactics Scale) was so pervasive in dating relationships that it could be regarded as a normalized element of dating, and that women were substantially more likely to exhibit psychological aggression (Munoz-Rivas et al., 2007). Similar findings have been reported in other studies (Welch, Deborah and Shulman, 2008).

Considering the prevalence of the distinct types of sexual assault such as physically forced and incapacitated sexual assault, studies conducted with university women have shown that incidents achieved by using physical force are less common than those not involving physical force (Fisher, Cullen and Turner, 2000). Few previous studies have examined incapacitated sexual assault using a definition similar to the one employed in the College Sexual Assault (CSA) Study. However, the Harvard School of Public Health College Alcohol Study (CAS) specifically asked about sexual intercourse when the

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victim was so intoxicated that she was unable to provide consent. In 2001, the prevalence of this type of rape was 3.2% and accounted for 72% of all rapes (Mohler-Kuo, Dowdall, Koss and Wechsler, 2004). Although the review focused primarily on sexual assault experienced by university women, a community-based study conducted by Testa et al. (2003) was relevant due to its distinction between forcible rape and incapacitated rape. Among a community-based sample of women aged 18 to 30 years, 9.4% reported experiencing nonconsensual sexual intercourse since the age of 14 years when incapacitated (Testa, Livingston and Leonard, 2003). This classification includes women who reported that they were incapacitated because of their use of alcohol or drugs and were not able to prevent unwanted sexual intercourse from taking place (8.4%), as well as women who reported having sexual intercourse when they did not want to because a man made them intoxicated by giving them alcohol or drugs without their knowledge (3.1%). The prevalence of incapacitated rape (9.4%) was roughly equivalent to the prevalence of forcible rape (10.7%).

In 2002, the National Crime Victimization Survey (NCVS) identified 247,730 incidents of rape or sexual assault, with the highest rates reported among 16 to 19 years old (10.4 per 1,000) and 20 to 24 years old women (5.4 per 1,000). Using items similar to the NCVS, the National College Women Sexual Victimization (NCWSV) study - a telephone survey with a national sample of 4,446 college women - found that 2.8% of college women had experienced a completed and/or attempted rape during that academic year and estimated that between 20% and 25% of women will experience a completed and/or attempted rape during their college career (Fisher, Cullen and Turner, 2000).

In the prospective study that followed students for the longest period of time, Humphrey and White (2000) surveyed women from one university beginning in the fall of their first year and ending in the spring of their fourth year. Annual prevalence rates were alarmingly high, although they declined slightly each year. In their first year of college, 31% of the women experienced some type of sexual assault; 6.4% experienced completed rape. In their fourth year of college, 24% of the women experienced a sexual assault; 3.9% experienced completed rape.

Asia: Prevalence of IPV from Hong Kong and mainland China vary. Xu et al. (2005)

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sampled about 600 women at a clinic in Fuzhou, China. Face-to-face measure modified from the WHO multi-country study were administered to determine the percentage of IPV in the sample. Results indicated that 43% of the women from a sample in mainland China reported having experienced IPV in their lifetime, and 26% had been abused in the year prior to the study. Another study by Chan, Brownridge, Tiwari, Fong and Leung (2008) concluded that IPV was still a significant problem in Hong Kong and Chinese societies. As part of a larger study employing face-to-face interviews in Hong Kong, the authors selected a sample of 1,870 women. The larger study utilized the Revised Conflict Tactics Scale (CTS2) to investigate prevalence of IPV. Prevalence figures in this study were lower than in the Xu et al. investigation (Lifetime prevalence was 8.5%, and the previous year figure was 4.5%).

Prevalence of intimate partner violence was assessed using a health care-based, cross-sectional study. Face-to-face interviews were conducted in an outpatient gynaecological clinic at a major teaching hospital in Fuzhou, China, in 2000. Computer-generated random numbers were used to randomly select patients who met the study criteria and were interested in participating. A total of 600 subjects participated in the study and the results showed that the lifetime prevalence of physical and sexual abuse was 38% and 16%, respectively, and prevalence of past year abuse was 21% and 12%, respectively. The lifetime prevalence of severe physical violence was 14%, and the prevalence of past year severe physical violence was 6%. For less severe physical violence, the prevalence rates were 24% and 15%, respectively. Of the respondents who were physically abused in their lifetime, 29% were also sexually abused by their partners; of those physically abused in the previous year, 24% were also sexually abused in the previous year. The prevalence of lifetime intimate partner violence (physical abuse, sexual abuse, or both) was 43%, and the prevalence of past year intimate partner violence was 26%. Among those who reported physical abuse in the previous year, 70% experienced less severe violence only. Among the less severe physical violence items, the most frequently occurring forms were “push/shove,” “drag,” and “slap” in 27%, 20%, and 13%, respectively, of the sample at least once during their lifetime and 14%, 12%, and 5%, respectively, in the previous year. For severe physical violence, the most frequently occurring acts were “hit with fist,” “kick” and “choke” in 8%, 6%, and 6%, respectively,

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of the sample at least once during their lifetime and 4%, 3%, and 2%, respectively, in the previous year. Among the three sexual abuse items, the most frequently occurring was forced sex, with 14% of the women having been forced by their partners to have sexual intercourse in their lifetime and 10% in the previous year (Xiao et al., 2005).

Weingourt et al. (2001) conducted a self report survey in Japan, which was completed by approximately 180 women. The results of the survey indicated that in the middle class sample in Sapporo in the north of Japan, close to 60% were psychologically abused by their partners, 30% were physically battered, and 25% were sexually abused.

In another study conducted by the Gender Equality Bureau, Cabinet Office, covering the whole of Japan in 2008, 24.9% of female respondents reported having experienced physical violence from an intimate partner. The percentage of female respondents who had been victims of psychological violence from an intimate partner was 16.8%. Among male and female respondents, 8.8% and 16.6% reported having experienced sexual violence from an intimate partner, respectively.

A convenient sample of 316 college students was recruited from two colleges in the central and southern Taiwan for a study on the prevalence of dating violence. The study design was descriptive, correlational and cross-sectional. The Conflict Tactic Scale II Taiwanese version was used for data collection. Dating violence was categorized into four types of violence: assault, injury, psychological aggression, and sexual coercion with two levels of severity, minor or severe, for each type. Most (69%) participants were female and aged between 18 and 29 years. About 75% of the participants reported having experienced some forms of dating violence. Some of them reported experiencing more than one form of violence. The most frequent type of violence experienced was psychological aggression (75%) followed by assault (49%). About 81% of participants were victims and perpetrators at the same time. Except for sexual coercion, females were the dominant perpetrators for the other types of violence (Huang, 2008).

Africa: A study to determine the prevalence of IPV against women who visited a public hospital in Botswana reported a lifetime prevalence of 49.7% and a previous year prevalence of 21.2% . The descriptive, cross-sectional survey was conducted among 320

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adult female participants aged 21 years and above (the lower age limit was chosen because of consent rules in Botswana) who sought medical care for themselves or their children in a public hospital in Botswana (Zungu et al., 2010).

Two population prevalence studies in South Africa have found that one in four women reported having been abused by an intimate partner (Jewkes, Watts, Abrahams, Penn-Kekana and Garcia-Moreno, 2000). Higher rates have been reported in sub-populations. A study among working men in Cape Town found that 42% of them reported the use of physical violence and nearly 16% reported use of sexual violence against an intimate partner with whom they had a relationship in the last 10 years (Abrahams, Jewkes, Hoffman and Laubscher, 2004). This one in four statistic placed the level of intimate partner violence in South Africa among the average range and similar to the United States of America. Statistics from other countries range between 15% to 67%. However, the first national femicide study completed in South Africa found an intimate femicide rate four times higher than that of the United States of America. It meant that four women were killed by an intimate partner everyday in South Africa (Mathews et al., 2004).

In a study of antenatal attendees in Soweto, 20% of the women reported a lifetime prevalence of sexual violence by an intimate partner, while 9.7% reported this occuring within the prevoius year. In another study of risk factors for teenage pregnancy, a third (31.9%) of the pregnant teenagers and nearly 18.1% of the non-pregnant teenagers reported having experienced forced sex or rape as their initial sexual experience (Silverman, Raj, Mucci and Hathaway, 2001). The South African Demographic and Health Survey (2002) found that the youngest age group (15 to 19 years) was twice as likely as the oldest age group (45 to 49 years) to report sexual violence.

A cross-sectional survey, using self-administered anonymous questionnaire and focus group discussion, was conducted among college female students in Mekelle, northern Ethiopia in March, 2007 to determine the prevalence and associated factors of gender-based violence. A total of 1,024 female students were recruited for the study. Prevalence was calculated using frequencies and logistic regression was used to estimate odds ratios and 95% confidence intervals. Among the respondents, the overall prevalence of gender-based violence (GBV) in lifetime and in the current year was found to be 62.1% and

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40.2% respectively. Prevalence of sexual violence in lifetime, since joining college and in the current academic year was 45.4%, 34.4% and 28.1% respectively, whereas the prevalence of physical violence in this order was 46.3%, 32.3% and 26.4% (Yaynshet, 2008).

Another cross-sectional study on prevalence of gender-based violence was conducted in Awassa, Ethiopia and recruited 1,330 female students from eight private and public colleges and one university for participation in the survey. Result showed that the lifetime prevalence of any gender-based violence (physical or sexual abuse) was 59.9%. Approximately 46.1% of participants reported experiencing any gender-based violence since enrolling in college, and the prevalence was 40.3% during the current academic year. The lifetime prevalence of sexual violence was 54.9%, and the prevalence of sexual abuse during the current academic year was 35.3%. Of the students who reported experiencing any gender-based violence in their lifetime, 18.5% experienced physical abuse only, 42.6% experienced sexual abuse only, and 38.9% experienced both physical and sexual abuse. A slightly higher proportion of students reported experience with sexual violence since enrolling in college and during the current academic year. Among students who reported experiencing any gender-based violence during the current academic year, 20.2% experienced physical abuse only, 57.7% experienced sexual abuse only and 22.1% experienced both physical and sexual abuse (Arnold et al., 2008).

Nigeria: A descriptive study with cross-sectional survey research design was conducted on the prevalence of wife beating in Ibadan. A 44-item self-administered questionnaire was used to interview 431 civil servants of the Oyo state government service. Results showed that prevalence of wife beating was 31.3%. Ninety one (42.5%) men had been perpetrators, while 44 (23.5%) women had been victims (Fawole et al., 2005).

Another survey was conducted with 820 married men from six urban communities in Ibadan, using interviewer administered questionnaire. Four focus group discussions were conducted and lifetime prevalence of perpetration of physical abuse was 25.1%, while psychological violence was 44.4%. Two hundred and forty (29.3%) had ever perpetrated

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sexual violence and 23.2% economic violence. At least one of these forms of violence had been perpetrated by 44.1% of the respondents (Fawole et al., 2009).

In Jos, 340 women were recruited at the antenatal clinic of the Evangelical Church of West Africa (ECWA) Hospital for a study on the prevalence of IPV. The subjects were recruited into the study sequentially from the antenatal clinic after they had given their informed verbal consent. Data was collected using the Abuse Assessment Screen (AAS). The results revealed that 63.2% of the subjects had experienced abuse. The pattern of abuse in the victims showed that 26.5% were physically abused, 38.0% had endured verbal insults, whereas sexual and emotional insults accounted for 10.7% and 1.4%, respectively. Some of the victims indicated a combination of physical and sexual abuse (7%), while14% had a combination of physical and verbal abuse (Gyuse and Ushie, 2009).

Another study on the prevalence of IPV in Nigeria was carried out among women of childbearing age in Anambra state. A systematic sampling method was used to select 300 women from the antenatal and infant welfare clinic of Neni Primary Health Centre after verbal informed consent was obtained. Forty-six percent of the women reported having experienced partner violence in the last twelve months prior to the study. Of the women who reported experiencing violence, 15.1% had the experience once in the last 12 months, while over 70% had it more than once. Of the types of violence, 30% was verbal, 15.8% physical, and 20.1% emotional. There was an overlap in the types of violence (Ilika et al., 2002).

A study was conducted in Nigeria to document the prevalence and predictors of IPV among women. Questionnaire data from 934 women visiting an obstetrics and gynaecology clinic in Lagos were analyzed using multivariable methods. The one year prevalence of IPV was 29%, with significant proportions reporting psychological (23%), physical (9%) and sexual (8%) abuse (Okenwa, 2011).

A research on the prevalence of IPV was conducted in the Sabo area of Ibadan. This descriptive cross-sectional survey, was done by randomly selecting a section of the community on one side of the major road which separates the community into two. All

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the houses on the selected side of the road were visited and every consenting adult female was interviewed either at home or in the neighbourhood Islamic school. Three hundred and forty-eight women (87%) had ever experienced some form of domestic violence. The most common types of lifetime violence were verbal abuse experienced by 302 (75.5%), followed by verbal threats, reported by 104 (26%). Lifetime history of physical violence was reported by 21 (5.3%) women. However, over half of the women (55.4%) reported that their first sexual intercourse was forced, and in almost all (96.8%) cases, the partner who forced them was their husband. Of the women studied, 260 (65%) had ever been forced to have sexual intercourse. The prevalence of intimate partner violence in the previous 12 months was 80 (20%); 69 (17.3%) had experienced only one form of violence while 11 (2.7%) had experienced between two to four forms of violence. The most common forms of violence reported in the 12 months preceding the study were verbal abuse and verbal threats by 62 (15.5%) and 15 (3.8%) women respectively; physical abuse was reported only by seven women (1.8%) (Owoaje and Olaolorun, 2006).

In Ibadan, a study was conducted to assess the attitudes, norms and experiences of sexual coercion among young people. Qualitative and quantitative data for the study were drawn from narrative workshops, a survey of adolescents and in-depth interviews with victims of rape. The study population included female students and apprentices aged fifteen to twenty-one years. Among the girls studied, 15% had experienced forced penetrative sex, over a quarter reported attempts to force sex and two in five reported being touched sexually against their wishes (Ajuwon et al., 2001).

Ajuwon et al. (2001) also surveyed 1,025 adolescent students and apprentices in Ibadan, Nigeria, to document their sexual behaviour and experience of sexual coercion including verbal threats, unwanted touch, unwanted kiss, assault, deception, drugging, attempted rape, and rape. Fifty-five per cent of all the subjects had been victims of at least one type of sexual coercion, the commonest being unwanted kiss and touch of breasts (47%). Although both males and females were victims of coercion, females were disproportionately affected: 68% of female students and 70% of apprentices had experienced one coercive behaviour, compared to 42% of male students and 40% of

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apprentices. Female apprentices fared worst, with 19% of them raped. The main perpetrators of the coercion were persons well known to the victims including neighbours, peers and boyfriends.

2. 4 Consequences of intimate partner violence

Research has brought an increased understanding of the impact of trauma, in general, and of violence against women, in particular. Both rape and intimate partner violence are associated with a host of short- and long-term problems, including physical injury and illness, psychological symptoms, economic costs, and death. It should be noted that part of what is known about the consequences of violence against women comes from studies of women who were seeking help, so it may not be representative of all victims. It is possible that these women suffered more severe trauma than women who did not seek help, and so represent the worst cases. The opposite is also possible: that women who come forward have suffered less fear and damage to their self-esteem, and therefore the worst cases remain hidden. Women who agree to participate in research may come from different social, ethnic, and economic backgrounds than those who do not participate. Finally, researchers do not always have the understanding or the resources to reach subgroups of victims who may either be at high risk for violence or face special challenges in recovery (Straus, 2004).

Acute effects of gender-based violence include morbidity and mortality secondary to physical abuse (Karamagi et al., 2006; United Nations, 2006). Long-term effects of gender-based violence include chronic pain, gynaecological morbidity, sexually transmitted diseases (including HIV), obesity, hypertension, smoking, depression, and suicide (Campbell, 2002).

According to Scarpa (2001) symptoms unique to adolescent victims of IPV are sudden personality changes, drop in school performance, withdrawal from usual school or social activities, promiscuous behaviour, sudden phobic behaviour, self-destructive or risk-

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taking behaviour, drug or alcohol use/abuse, development of eating disorders such as bulimia or anorexia and alienation from peers and/or family. In addition to undercutting the transformative power of education, gender-based violence also undermines adolescents' capacity to deal in a positive way with their sexuality and to reduce unintended pregnancies and sexually transmitted infections, including HIV (Mirsky, 2003).Victims of campus sexual assault face potential traumatization-intense fear and emotional numbing, loss of control, and the shattering of their trust and their belief in their ability to make sound judgements about the people and world around them (Karjane, Fisher and Cullen, 2002).

Scarpa, et al. (2002) found that psychological difficulties are heightened in college students who have experienced violence and suggest that they are at risk for potentially more severe problems related to mental disorders. Such emotional and behavioural difficulties have a negative impact on multiple facets of a student's life, including relationship difficulties, problems with concentration and academic achievement, drug/alcohol abuse, and other risky behaviours. Other symptoms include low perceived control, dysphoria, poor coping skills, and low self-esteem (Karjane, Fisher and Cullen, 2002). Abuse in dating relationships is also associated with an increased probability of future relationship abuse (Scarpa, 2001).

There is speculation that intimate partner violence may be related to career decision-making skills, readiness, and behaviours (Brown, Reedy, Fountain, Johnson and Dichiser, 2000; Chronister and McWhirter, 2004). Chronister, Wetterson and Brown (2004) noted that intimate partner violence interferes with women's education, career achievements and economic attainment. Albaugh and Nauta (2005) found that the frequency with which women had experienced sexual coercion was associated with lower career decision self-efficacy with respect to perceived ability to engage in accurate self-appraisal, select goals, and problem solving. These developmental and social concerns indicate that the nature of IPV for dating violence in late adolescence and early adulthood may set the stage for all significant relationships in the future.

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2.5 Attitude towards intimate partner violence

Researchers have found correlations between college students' beliefs supportive of relationship violence and perpetration of aggressive acts against intimate partners (Archer and Graham-Kevan, 2003; Nabors, Dietz and Jasinski, 2006) as well as associations between traditional gender role ideology and attitudes condoning the use of violence and actual perpetration of intimate partner violence (IPV) (Archer and Graham-Kevan, 2003; Brownridge, 2002). One study in 17 sub-Saharan African countries showed that intimate partner violence against women was widely accepted under certain circumstances by men and women in all the countries studied (Uthman, Moradi and Lawoko, 2009). Women were more likely to justify IPV than men. "Neglecting the children" was the most common reason agreed to by both women and men for justifying intimate partner violence followed by "going out without informing husband" and "arguing back with the husband". The WHO Multi-country study on women's health and domestic violence against women (Garcia- Moreno, Jansen, Ellsberg, Heise and Watts, 2005) found that the percentage of women who agreed with one or more justifications for "wife beating" varied from 6% to over 65%. Suspecting a wife of being unfaithful was the most commonly agreed justification. In all countries studied except Thailand, the overall acceptance that wife beating could be justified for some reason was significantly greater among women who had experienced physical or sexual intimate partner violence (or both) than among women who had never experienced such violence. Increasing wealth, educational attainment, urbanization, access to media and joint decision-making were all associated with decreased levels of justification of intimate partner violence against women in most countries.

There are cultural and traditional differences in the perception of what constitutes intimate partner violence. What is considered as partner violence by international organisations or in Europe and America may not be perceived as violence in Africa (Ilika, Okonkwo and Adugu, 2002; Heise, Ellsberg and Goheemoeller, 1999). Similarly, societal response to partner violence has cultural variations and perspectives. Perceptions of intimate partner violence by victims, perpetrators and the society impact on policies and programmes designed to eliminate such violence. And since community attitudes,

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sociocultural norms and values largely shape perceptions and response to violence, they are critical issues to be understood and considered in strategy and programme planning to tackle such violence. For example, formulation of legislation on partner violence will require that legislators or lawmakers representing a constituency be convinced that partner violence is harmful and wrong. Co-operation and collaboration among civil societies will also depend on their perception of partner violence. The attitude of victims of violence in particular is very crucial to the success of violence elimination programmes. Where the victim perceives partner violence as culturally acceptable, and a normal marriage experience built on male supremacy, she is most unlikely to report to appropriate health or law authorities, or respond appropriately to exiting the marriage.

Sometimes women internalize society's norms about, and acceptance of violence. A study in Nicaragua in 1999 found that 25% of rural and 15% of urban women believed that a husband was justified in beating his wife for neglecting the children or the house. About 23% of rural and 11% of urban women agreed that a husband is justified in beating his wife if she goes out without his permission (WHO, 2002). In Egypt, between 40% and 81% of women felt beatings were justified for reasons including neglecting the house or children, refusing sex, answering back or disobedience (Heise, Ellsberg and Goheemoeller, 1999). A research in the United Kingdom found that 50% of boys and 33% of girls thought that it was okay to hit a woman or to force her to have sex in certain circumstances. About 36% of boys believed they might personally hit a woman or force her to have sex (Burton, Kinsinger and Reagan, 1998).

A study on women's perception of intimate partner violence in a rural community in Anambra state revealed that the women generally condoned and were complacent with intimate partner violence, perceiving it as cultural and religious norms. The women felt that reprimands, beating and forced sex affecting their physical, mental and reproductive wellbeing were normal in marriage. They did not support reporting such cases to the police or divorcing the man, they preferred reporting to family members. Moreover, the women felt that exiting the marriage would not gain the support of family members. They also expressed fear for the uncertainty in re-marrying, means of livelihood after re-marriage, social stigmatization, and concern for their children. This study also revealed

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that sociocultural norms and structures favour partner violence in Anambra state of Nigeria (Ilika, 2005).

Another study in eastern Nigeria showed that 48% of victims of IPV reported to family members and only 1% reported to the police (Ilika, Okonkwo and Adogu, 2002). A study on intimate partner abuse in Ibadan reported that "not wanting children to suffer" (60.7%) and "hoping that partner will change" (28.8%) were reasons for remaining in abusive relationships (Fawole, Aderonmu and Fawole, 2005). This study further reported that female respondents justified reasons for various types of domestic violence, including beating, more than the males. Younger respondents had significantly worse attitudes, while married and educated respondents had better attitude. The current study will attempt to assess the relationship between attitudes towards intimate partner violence and the experience of intimate partner violence by the respondents.

2.6 Risk factors associated with intimate partner violence

Studies have shown that young age places women at relatively higher risk for intimate partner violence compared to older people (Ruiz-Perez et al., 2006; Xiao et al., 2005; Naved and Persson, 2005). Females who are 20 to 24 years, an age group commonly found on university campuses, have the highest risk of nonfatal intimate partner violence (Catalano, 2007). It is believed that delay in marriage by a woman would reduce her chances of experiencing intimate partner violence. Women who are separated, divorced or widowed are more likely to experience intimate partner violence than currently married women (Ruiz-Perez et al., 2006; Xiao et al., 2005). Women with young partners are at a higher risk of experiencing violence. Among almost 1,000 men in Punjab, Rajasthan and Tamil Nadu in India, reported use of sexual violence (for example forcing sex or having sex with an unwilling wife) in the 12 months preceding the research was highest (67%) among men below 25 years. It declined to 43% among men 36 to 50 years and to 11% in men over 50 years (Duvvury, Najak and Allendorf, 2002).

Childlessness has also been found to be associated with a significant higher risk of intimate partner violence (Koenig et al., 2006). Some studies have also shown that having three or more children is associated with intimate partner violence (Ruiz-Perez et al.,

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2006; Gage, 2005; McCloskey et al., 2005). This may be explained by the fact that women with a large number of children may be in relationships where negotiation about sex and birth control are difficult or practically impossible. It may be due to the fact that the greater the number of children a woman has, the greater the difficulties for her to be emotionally and economically independent from the male partner, and therefore, escaping the abusive relationship. Unions that are either explicitly polygamous or implicitly polygamous because of extramarital relationships on the part of the men are more likely than monogamous unions to be characterized more by intimate partner violence (McCloskey et al., 2005).

Many studies have revealed a negative relationship between education of both partners and intimate partner violence (Naved and Persson, 2005; Koenig et al., 2003; Haj-Yahia, 2000). There is a complex relationship between a woman's employment and intimate partner violence. According to Ruiz-Perez et al. (2006), a woman not having an employment is significantly associated with sexual intimate partner violence. Naved and Persson (2005) also posited that a woman's employment might increase marital conflict and violence against her. This happens more in unions where the man feels threatened of his perceived role as a "bread winner" as a result of the contributions of the woman to household maintenance. There may also be less violence when the woman is working and the man is not, because in such situations the woman is responsible for the family needs and as such this may be a form of protection for her against intimate partner violence.

Religious beliefs sometimes have effect on intimate partner violence. According to Oyediran and Isiugo-Abanihe (2005), the relationship between religious affiliation and intimate partner violence is likely to be mediated by social and demographic factors such as education. There is likely to be intimate partner violence in unions where the wife gets to know of her husband's involvement in extra-marital affairs. Marital duration has a significant effect on the chances of a woman experiencing intimate partner violence (Koenig et al., 2006). This is predicated on the fact that the length of stay in a union by a couple would enhance their ability to understand one another and they would have been able to evolve a process of internal conflict resolution. Intimate partner violence is more common in urban areas than rural areas (Naved and Persson, 2005; Hindin and Adair,

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2002). The implication of this is that there are some factors in the urbanization process that increases stress-induced violence.

Marital intimacy reduces the chances of occurrence of intimate partner violence. Gage (2005) buttressed this position when she reported that “if a woman described her partner as spending his free time with her, consulting her on various household-related issues, displaying affection towards her and respecting her wishes, the less likely she was to report intimate partner violence”. Extended family residence is inversely associated with risk of intimate partner violence (Koenig et al., 2006; Koenig et al., 2003). There is likely to be less intimate partner violence where the living structure is nuclear. The presence of in-laws in the household may give rise to some conflict, but at the same time may also prevent violence (Naved and Persson, 2005). Family structure is a potentially important factor associated with intimate partner violence.

In situations where men have lower educational level than their wives, they use intimate partner violence as a means of maintaining their dominant position in the family as prescribed by patriarchy (Xiao et al., 2005; Gage, 2005). Koenig et al. (2006) also found that higher levels of education among husbands were significantly negatively associated with intimate partner violence. Spousal age difference is an important variable in patriarchal settings, where most relationships are defined by age gap, especially in marital union. The larger the spousal age difference, the more difficult it may be for wives to express views contrary to their husbands and where this happens it engenders intimate partner violence (Oyediran and Isiugo-Abanihe, 2005).

Witnessing of violence between parents as a child emerges a strong predictor of subsequent intimate partner violence. This could be the result of poor emotional development or simply as a consequence of learning strategies to cope with conflict (Koenig et al., 2006; Naved and Persson, 2005; Gage, 2005). It is expected that past exposure to familial violence would be a significant determinant of intimate partner violence against women. Such women who witnessed violence between parents may construct attachment models along dominance-subordination and victim-perpetrator dimensions (Gage, 2005). Women in unions where the man or the woman believes that a man has justifications for wife abuse will experience intimate partner violence. It is an

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important correlate of sexual violence (Gage, 2005).

Participation in certain campus activities such as athletics and fraternities have been found to be associated with partner violence, particularly sexual aggression, among male college students. Much of the research on the link between athletic participation and violence against women has found that male athletes are over represented among men engaging in both sexual and nonsexual assault (Humphrey and Kahn, 2000). Forbes and colleagues (2006) conducted a study on freshman males at a private midwestern university. They found that those who participated in aggressive high school sports (such as football, basketball, wrestling, and soccer) were more likely to engage in more physical violence, psychological aggression, and sexual coercion toward a female partner than those who did not participate in aggressive high school sports. Conversely, Merten (2008) studied the acceptability of violence using couple interaction vignettes among undergraduate and found that only the "need to win" was related to the acceptability of dating violence whereas sports participation and competition were not associated. Other researchers have found associations between fraternity membership and sexual assault that may or may not occur within the context of a dating relationship (Brown, Sumner and Nocera, 2002; Humphrey and Kahn, 2000). Researchers have posited that the link between sexual aggression and fraternity/athletic team membership may be due to these groups frequently offering environments (such as party atmosphere) that are conducive to this form of violence (Humphrey and Kahn, 2000). Additionally, fraternity members and athletes have been found to use more controlled substances, which is a risk factor for partner violence, than college students who are not affiliated with these groups (Ford, 2007; McCabe et al., 2005; Park, Sher and Krull, 2008). Little is known, however, whether sorority membership is linked to dating violence. Although sorority members may be at high risk for experiencing sexual assault (Anderson and Danis, 2007), it is presently unknown whether they experience more violence within the context of an intimate relationship. As such, more research is needed on the relationship between athletic team, fraternity, and sorority membership and college partner violence.

Because the family is often considered society's most violent institution, it is important to look at the different forms of family violence simultaneously (Whitfield et al., 2003). One

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of the most consistent predictors of partner violence is a history of child abuse which includes physical abuse, sexual abuse, and neglect. Both contact and non-contact sexual abuse have been found to predict later intimate partner violence (Whitfield et al., 2003; Yoshihama and Horrocks, 2010). In addition, physical child abuse has been found to predict partner violence (Field and Caetano, 2005; Foshee et al., 2004; Herrenkohl et al., 2004; Manseua et al., 2008; Rich et al., 2005; Straus, 2004), both directly and indirectly through adolescent and adult problem behaviours (Fang and Corso, 2007; Raskin and Widom, 2003; Swinford et al., 2000). Although not studied as frequently, neglect has been found to be a predictor of intimate violence as well (Fang and Corso, 2007; Schwartz et al., 2006). As such, individuals who experience abuse within the family of origin may be vulnerable to recurrence of violence at the hands of an intimate partner. Children are not only affected by experiencing violence; they may also be impacted by observing violent incidents that occur between their parents. Although some studies have not found a connection between witnessing interparental violence (Lavoie et al., 2002), others have found an association between parental violence and partner violence perpetration and victimization (Brownridge, 2006; Ehrensaft et al., 2003; Gover et al., 2008). Despite strong empirical support for the association between witnessing parental violence in childhood and becoming involved in violent intimate relationships later in life, the findings in these studies are sometimes inconsistent. For example, in their study of male undergraduate students, Carr and VanDeusen (2002) found that although witnessing interparental violence did not predict sexual dating violence, observing violence between parents predicted physical dating violence perpetration. Also, Gover and colleagues (2008) found that witnessing violence between parents did not have a significant impact on dating violence perpetration among college students, but observing father-perpetrated violence was significantly associated with experience of physical dating violence for females. Consequently, it is important to consider a myriad of family violence experiences when conducting research on dating violence predictors.

Although researchers have found that lowered self-esteem is a negative outcome associated with experiencing partner violence (Anderson, 2002; Zlotnick, Johnson and Robert, 2006), others have found that decreased self-esteem may also be a risk factor for intimate aggression (Clements et al., 2005; Foshee et al., 2004). Lewis and colleagues

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(2002) categorized their sample of female undergraduates in the following manner to examine correlates of aggression: nonviolent, bidirectional aggression (both perpetrator and victim), perpetrator-only, and victim-only. They found that females reporting bidirectional dating aggression had significantly lower self-esteem than their non-violent counterparts. Interestingly, the victim-only group did not differ from the non-violent controls in terms of self-esteem (Lewis et al., 2002). There has been some other inconsistencies regarding the relationship between lowered self-esteem and relationship violence. For example, Forbes and Adams-Curtis (2001) examined personality factors associated with sexual coercion among college students. Contrary to their hypotheses, there was little evidence that self-esteem levels played a role in sexual coercion perpetration or victimization. Interestingly, these researchers found that lower childhood self-esteem predicted sexual violence among females.

Substance use, which includes alcohol consumption and illicit drug usage, has also been linked to physical, sexual, and psychological aggression and stalking behaviours in both general population and clinical samples (Drapkin et al., 2005). Alcohol use is commonly cited as a risk factor for partner violence (Barnett et al., 2005; Mahlstedt and Welsh, 2005) and some suggest that it is due to the role of alcohol either as a disinhibitor of social control or as a rationalization for violence (Flanzer, 2005). Using a convenience sample of college students, Luthra and Gidycz (2006) found that women and men who reported alcohol use were five times more likely to perpetrate violence against a dating partner than those who did not use alcohol. They also found that over half of their sample of female students experienced some form of sexual assault with 46% of these assaults involving alcohol consumption by the male perpetrator, the victim, or both. College students have been found to have high rates of alcohol use with 40% of full-time college students aged18 to 20 years reporting a binge drinking incident within the past month (Substance Abuse and Mental Health Services Administration, 2006). In addition to alcohol use, others have found that intimate partner violence has been associated with illicit drug use (El-Bassel et al., 2005; Lipsky et al., 2005). Harned (2002), found that more frequent alcohol and drug use was associated with an increased risk of physical dating violence among a random sample of college students. General substance use, however, was not associated with physical perpetration or victimization among the male

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respondents. Similarly, among their sample of women seeking medical care at a family practice clinic, Coker and colleagues (2000) found that male partners' drug or alcohol use was strongly associated with current intimate partner violence independently of the women's substance use. Other studies, such as one conducted by Lewis and colleagues (2002), did not find an association between substance use in general and dating violence, perhaps because they did not measure substance use at the time of the violent incident. Although substance use may be a risk factor for intimate partner violence, it is important to recognize that using controlled substances is "not a primary cause of the violence" as it is possible that this relationship is mediated by social, cultural, and personality factors (Gelles and Cavanaugh, 2005).

One of the most controversial issues in intimate partner violence research surrounds the findings on gender as a predictor of victimization and perpetration. There has been mixed findings with regards to whether males or females are more likely to be perpetrators and/or victims of partner violence. Several researchers have found that females experience violence more often by an intimate partner than their male counterparts (Catalano, 2007; Gover et al., 2008; Slashinski, Coker and Davis, 2003; Tjaden and Thoennes, 2000). According to Rennison and Welchans (2000), women experience violence by intimates at approximately five times the rate of men. These findings that females experience more violence at the hands of their male partners support traditional notions of partner violence purported by feminist researchers (Johnson and Ferraro, 2000). Other researchers, however, contend that men and women use approximately equal levels of violence towards one another and report similar levels of violence (Anderson, 2002; Robertson and Murachver, 2007; Straus, 2008). Using data from the 2000 National Household Survey on Drug Abuse, Cunradi (2007) found that approximately the same proportion of men (3.1%) and women (3.2%) reported experiencing mutual intimate partner violence, which referred to situations in which the respondent both reported hitting or threatening a spouse or partner and was also personally hit or threatened with physical force within the past 12 months. Alternatively, some researchers report that women victimize men more often (Goldstein, Chesir-Teran and McFaul, 2008; Luthra and Gidycz, 2006; Whitaker et al., 2007; Williams and Frieze, 2005). In their convenience sample of college students, Gover and colleagues (2008)

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found that males were significantly less likely than females to perpetrate dating violence as being male decreased the odds of physical violence perpetration by 50%. It is important to note, however, that the males in their sample were also significantly less likely than the females to be victims of physical violence. As such, females were both more likely to be both victims and perpetrators of partner violence than males (Gover et al., 2008). Other researchers have reported similar results (Fang and Corso, 2007; Whitaker et al., 2007). Because of these divergent findings, it is difficult to make generalizations about the relationship between gender and intimate partner violence. The variation in gender differences and prevalence rates in partner violence may be attributed to several different factors. Researchers have been unable to reach a consensus on the definition of partner violence and estimates are therefore likely to vary depending on the behaviours examined (Barnett et al., 2005; National Centre for Injury Prevention and Control (NCIPC), 2003). For example, although several researchers have found gender symmetry in the perpetration and/or violence of physical and psychological partner violence (Anderson, 2002; Cunradi, 2007; Straus, 2008), women are more likely to be victims of other forms of violence such as stalking and sexual violence (Forbes and Adams-Curtis, 2001; Hamby, 2005; Pathe and Mullen, 2002; Tjaden and Thoennes, 2000). Even though women may engage in similar rates of violence, they also experience worse outcomes as a result of violence such as higher rates of injury and poorer mental health outcomes (Clements, Ogle and Sabourin, 2005; Holtzworth-Munroe, 2005; Romito and Grassi, 2007; Sev'er, 2002; Whitaker et al., 2007). Additionally, researchers who examine forms of violence separately are likely to report different estimates compared to those who combine physical, sexual, and psychological aggression in their measures (NCIPC, 2003). Prevalence differences may be due to divergent samples used (for example, convenience, general population, and shelter) or the level of data analyzed (for example, couple level data versus single reporter). Additionally, women may be more willing to admit to perpetrating violence compared to males as men may be afraid of the negative stigma associated with victimizing a woman in contemporary society (Gover et al., 2008; McHugh and Frieze, 2002).

Age, race, and socio-economic status are other commonly studied demographic characteristics that have been linked to intimate partner violence. In terms of race, Asian

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and Pacific Islanders generally have the lowest rates of intimate partner violence whereas African Americans, American Indians, and Alaskan Natives have the highest rates (Johnson and Ferraro, 2000; Tjaden and Thoennes, 2000). Weston and colleagues (2005) found that African American women experienced sexual aggression, threats of mild and severe intimate partner violence, and mild physical violence significantly more often than their Euro-American and Mexican American counterparts. Also, people from lower socio-economic classes have been found to be at higher risk for partner violence (Coker et al., 2000; Drapkin et al., 2005; Frias and Angel, 2005). Violence occurs in every age, racial and ethnic, and socio-demographic group, however, extant research suggests that there are some individuals who are more at risk for partner violence than others. Although not examined as frequently as other demographic characteristics, relationship status is another important factor to consider in dating violence research. In general, cohabiters have been found to have the highest rates of violence followed by married and dating couples (Johnson and Ferraro, 2000). Exclusivity of a romantic relationship may also be an important factor in partner violence research. Harned (2002) found that having a greater number of casual dating partners was associated with an increased risk of sexual dating violence among both male and female college students. Conversely, Gover and colleagues (2008) found that exclusively dating increased the risk of physical and psychological violence victimization and perpetration among college students. Others, however, have not found differences in rates of partner violence among exclusive and non-exclusive partners (Goldstein et al., 2008). Additionally, it is important to recognize that violence does not always end once a relationship is terminated; violence may also occur among former intimates (Baldry, 2006; McHugh and Frieze, 2006; Radosevich, 2000; Sev'er, 2002). Baldry (2006) conducted a study on female undergraduate students to examine negative behaviours that occur after the dissolution of an intimate relationship. It was found that those who were formerly in a relationship with men who were verbally and physically abusive during their partnership were more likely to be pursued in a harassing or violent manner after the relationship ended. As such, previous research indicates that it is important to consider the potential impact of a variety of relationship status factors when conducting partner violence research.

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2.7 Theoretical framework

Most researchers agree that there is no single factor that accounts for intimate partner violence (IPV) (Carlson, Worden, van Ryne and Bachman, 2003) and that there may be different types of violent people and violent relationships (Holtzworth-Munroe and Stuart, 1994; Johnson, 1995; Saunders and Hamill, 2003). Feminist scholars contend that issues of gender and power are the main causes of IPV (Dobash and Dobash, 1979; Stark and Flitcraft, 1991; Yllo, 1993) but sociologists from other traditions including family sociology argue that patriarchy is just one variable in a complex list of causes (Gelles, 1993; Straus, Gelles and Steinmetz, 1980). Salazar and Cook (2002) contend that researchers have been moving toward an ecological understanding of the nature and scope of violence. Researchers have indicated that violence occurs at many levels, including the levels of societies, families, relationships, individual perpetrators and victims (Carlson, 1984; Hotaling and Sugarman, 1986). In the past two decades, explanations for sexual and physical aggression that blamed the victim have become less pervasive (Klein, Campbell, Soler and Ghez, 1997).

One of the theories about why IPV occurs is the Family Violence approach. Family violence researchers suggest that socio-demographic factors of structural inequality influence the incidence of intimate partner assaults (Anderson, 1997). Sociologists, utilizing national surveys, find strong relationships between intimate partner violence and age, cohabiting status, unemployment, and socio-economic status that suggest that social structure may incite violence (Dekeserdy, 1995; Stets, 1991; Straus, Gelles and Steinmetz, 1980).

A related theory that has gained support is Goode's Resource Theory (Goode, 1971), which suggests that violence is an ultimate resource used to derive power within relationships. Goode argued that individuals lacking other means of power, such as income or professional status, are more likely to rely on violence to achieve greater power within the relationship. From this theoretical perspective, it is the power differences between partners, rather than individual socio-demographic position, that influence the use of violence.

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Feminist scholars argue that the cause of partner violence is based on gender and power and represents men's active attempts to maintain dominance and control over women (Yllo, 1993). Feminist scholars focus on the interplay between cultural constructs of femininity and structural conditions in the environment (Walker, 1984). Walker, (1985) has suggested that rigid sex role stereotyping during childhood and in marriage or other intimate relationships could cause distortions in the way women respond to violent behaviour. Women are taught to be dependent on others for their sense of security and well-being, and to accept the responsibility for keeping intimate and family relationships intact. Gender Theory proposes that violence is a resource for constructing masculinity, and thus the use of violence has different meanings for women and men (Connell, 1987; Ferree, 1990; West and Fenstermaker, 1995). Additionally, Gender Theory proposes that intimate partner violence will be affected by social processes that sustain men's societal dominance, such as cultural support for unions in which men have greater resources than their female partners (Anderson, 1997).

Theoretical explanations for the relationship between masculinity and partner violence have focused on gender role socialization (Crowell and Burgess, 1996; Harway and O'Neil, 1999; Thorne-Finch, 1992). Some researchers have theorized that the process of masculine socialization and internalization of cultural expectations may produce a restriction of vulnerable emotions (Brody, 1985; Levant, 1996). By early childhood and then consistently into adulthood, males are found to be less emotionally expressive than females. Because anger is one of only a few emotions that masculine-socialized men see as acceptable to express, it may be the most common emotion expressed during periods of distress. Men who rigidly adhere to gender norms for emotional expression are likely to convert a variety of emotions, such as fear and helplessness, into anger. Thus, gender rigidity increases the likelihood that emotions will be suppressed and converted into anger, a dynamic that is likely to increase acts of violence (Lisak, Hopper and Song, 1996).

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Few studies have integrated structural theories of violence and feminist scholar's position about gender and power (Stark and Flitcraft, 1996). However, a growing body of research on gender suggests that a more thorough understanding of gender relations must include simultaneous analyses of power structures formed around race or ethnicity, social class, and sexuality (Connell, 1987). Studies indicate that cultural constructions of masculinity and femininity are not the same for everyone. Rather, meanings of masculinity and femininity may differ among racial, ethnic, or socio-economic groups (Messerschmidt, 1993). For example, Stark and Flitcraft (1996) suggest that middle-class professional men maintain power and control in their household through control of economic resources, whereas these sources of power may not be available for working-class men as women entered the labour force. Thus, the significance of gender, in cases of intimate partner violence may be linked to racial or socio-economic inequality (Anderson, 1997). It is important to understand, as much as possible, the reasons that IPV exists and is maintained in order to prevent violence and facilitate disclosure and help-seeking.

Social learning theory proposes that individuals who experienced violence are more likely to use violence in the home than those who have experienced little or no violence. Children who either experience violence themselves or who witness violence between their parents are more likely to use violence when they grow up (Bandura, 1977).

2.8 Conceptual framework

The ecological framework was used in this study and is shown in figure 2.1. It is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, while others are more protected from it. This framework views interpersonal violence as the outcome of interaction among many factors at four levels: the individual, the relationship, the community, and the societal.

At the individual level, personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or

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personality disorders, alcohol and/or substance abuse and a history of behaving aggressively or having experienced abuse.

Personal relationships such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

Community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility and the existence of a local drug or gun trade.

Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts.

The ecological framework treats the interaction between factors at the different levels with equal importance to the influence of factors within a single level. For example, longitudinal studies suggest that complications associated with pregnancy and delivery, perhaps because they lead to neurological damage and psychological or personality disorder, seem to predict violence in youth and young adulthood mainly when they occur in combination with other problems within the family, such as poor parenting practices. The ecological framework helps explain the result (violence later in life) as the interaction of an individual risk factor, the consequences of complications during birth, and a relationship risk factor, the experience of poor parenting. This framework is also useful to identify and cluster intervention strategies based on the ecological level in which they act. For example, home visitation interventions act in the relationship level to strengthen the bond between parent and child by supporting positive parenting practices.

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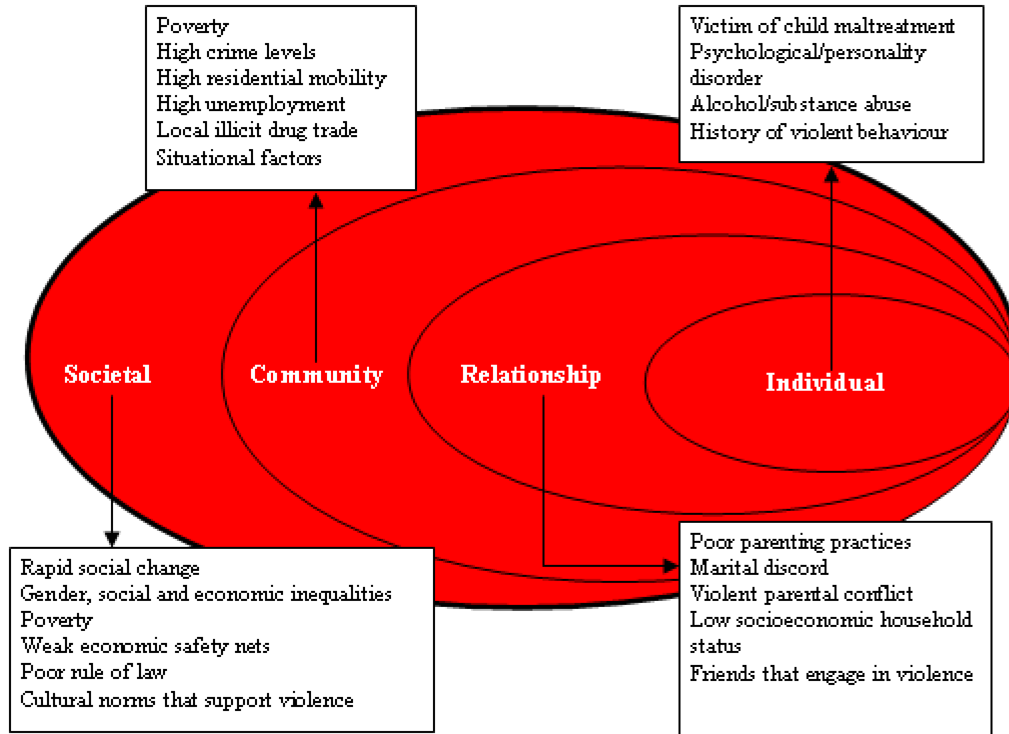

Figure 2.1: The ecological framework: examples of risk factors at each level

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CHAPTER THREE

MATERIALS AND METHODS

3.1 The study area

The study area was the University of Ibadan which is the oldest university in Nigeria. The campus is located eight kilometres from the centre of the major city of Ibadan, the capital of Oyo state in western Nigeria. From students' enrolment of 144 in 1948, the population of students increased steadily to approximately 18,000 in 2005/2006 session, with 35% postgraduate and 65% undergraduate. The university was founded on its own site on 17 November, 1948. The site of the university was leased to the colonial authorities by Ibadan chiefs for 999 years. The university was originally instituted as an independent external college of the University of London, then it was called the University College, Ibadan. A 500-bed teaching hospital was added to the university in 1957. The University of Ibadan became an independent university in 1962. Besides the College of Medicine, there are now ten other faculties: Arts, Science, Agriculture and Forestry, Social Sciences, Education, Veterinary Medicine, Technology, Law, Public Health and Dentistry.

The University of Ibadan has residential and sports facilities for staff and students. It is primarily residential with hostels for both male and female undergraduate and postgraduate students. The hostels are listed below:

Queen Elizabeth II Hall- (female, undergraduate)
Queen Idia Hall- (female, undergraduate)
Tedder Hall- (male, undergraduate)
Mellanby Hall- (male, undergraduate)
Sultan Bello Hall- (male, undergraduate)
Kuti hall- (male, undergraduate)
Nnamdi Azikiwe Hall- (male, undergraduate)

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Independence Hall- (male, undergraduate)

Abdulsalami Abubakar Hall- (mixed, postgraduate)

Tafawa Balewa Hall- (mixed, postgraduate)

Obafemi Awolowo Hall- - - - - - - - - - - - - - - - -(mixed, undergraduate and postgraduate)

Alexander Brown Hall- - - - - - -(Mixed, clinical medical, dental, physiotherapy students)

3.2 Study population

The study population was the female students resident in the hostels on campus. This was irrespective of age, ethnic group, year of study, marital status, socio-economic and religious affiliations.

3.3 Study design

The cross-sectional analytical survey design was used for this study. The study period was from April to July, 2008.

3.4 Sample size estimation

Kish's single population proportion formula was used to calculate the sample size. The sample size required for this study was calculated based on the assumption of the prevalence of intimate partner violence (IPV) among female students of the University of Ibadan to be 31% (0.31) (Fawole, 2005), with maximum discrepancy of ±3% (0.03) between the prevalence of IPV in the sample and the underlying population at 95% confidence level.

The formula used to calculate the sample size was:

$n = z^2 \times p \times 1 - p / d^2$

$$n = \frac{1.96^2 \times 0.31 \times 0.69}{0.03^2} = 913.$$

Adjustment for non response rate of 25% of the sample was estimated to be n + (n×25%)

= n × (100%+25%) = n×125% (1.25) = 913 × 1.25 = 1,141.25

n = minimum sample size required

z = the number of standard deviation at 95% confidence level (1.96)

p = proportion of target population estimated to have experienced violence (31% or 0.31)

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(Fawole, 2005)

d = acceptable margin of error at 95% confidence level (3% or 0.03)

3.5 Sampling technique

The multistage sampling technique was used in this study. In the first stage the six female hostels were stratified, based on the level of study programme, into those housing undergraduate, postgraduate and a mix of both undergraduate and postgraduate students. Students living in the private hostels, such as at Agbowo, were excluded from the study for logistic reasons, as their sampling frame could not be defined. There was difficulty identifying all the private hostels and ascertaining that non students living in such hostels were not inadvertently included in the study. The hostels included three undergraduate, two postgraduate, and one housing both undergraduate and postgraduate female students. In the second stage, one hostel each of undergraduate, postgraduate, and a mix of both undergraduate and postgraduate female students were selected from each stratum using simple random sampling technique. In the third stage, the systematic sampling technique was used to select rooms in the hostels. The undergraduate hostel comprised 297 rooms, with each accommodating four students. And there were 144 rooms in the postgraduate hostel, with each accommodating three female students. The undergraduate section of the hostel housing both undergraduate and postgraduate students consisted of 344 rooms with four students each, and 65 box-rooms with two students each. The postgraduate section consisted of 78 rooms housing four students each. The sampling frame was 3,438 (2,694 undergraduate and 744 postgraduate students) occupying 928 rooms in the hostels selected for the study. The sampling interval of three was determined by dividing the sampling frame (3,438) by the required sample size (1,141). Balloting was used to select the first sampling unit for the study from the first three rooms on each floor of the hostels. All consenting occupants in the first room and subsequently in every other third room on each floor were recruited for the study. This method ensured that a representative sample was used and the required sample size was achieved. The total participants for the study consisted of 1,100 undergraduate and 235 postgraduate students. Twenty participants did not indicate their study levels.

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3.6 Recruitment of participants

To ensure full support for the study, the hall wardens of the hostels were informed about the study to seek their permission and cooperation. Recruitment of the participants was done between April and July, 2008. The questionnaires were distributed and collected by female research assistants. All consenting occupants in the selected rooms were recruited for the study. The students who were not available in the selected rooms at first visit were revisited until recruited. There was one research assistant each for the undergraduate and postgraduate hostels. And two research assistants for the hostel housing a mix of undergraduate and postgraduate students. Each research assistant was resident in the hostels selected for the study, making a total of two undergraduate and two postgraduate students. The four research assistants received a one day training session that focused on the basic skills of data collection, the content of the questionnaire, and issues relating to intimate partner violence.

3.7 Data collection instrument

Self-administered anonymous questionnaire was developed in English by adapting the pertinent variables and terminologies of the different types of intimate partner violence (IPV) from the WHO Multi-Country Study on Women's Health and Domestic Violence against Women (WHO, 2006). The adoptions included socio-demographic/background characteristics of the respondents and their partners, family history of violence, history of childhood abuse, awareness of IPV, perception of IPV, and history of substance use. Others included violence experiences (physical, sexual, and psychological) and their frequencies, health consequences, sources of help by victims, and triggers of IPV. Perception questions related to intimate partner violence and sensitive questions such as violence experiences were placed in the last part of the questionnaire. This was done to reduce any offensive reactions and minimize non response rates. Contributions from an expert on gender-based violence, relevant literature, and colleagues were used to develop the questionnaire.

The questionnaire was pre-tested on 15 randomly selected female students of the Ibadan Polytechnic, a tertiary institution in close proximity to the University of Ibadan. After the pilot study, some of the questions were amended for comprehension and clarity before

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data collection commenced. The instrument consisted of a semi-structured self-administered questionnaire, which comprised 43 questions. Responses to the questions were varied; in some questions the respondents answered `yes' or `no' or `agree' or `disagree' as appropriate, while in others one correct answer from a list of options was ticked, and three questions on recommendations, and partner's age and occupation were open-ended.

The questionnaire addressed the following issues: socio-demographic characteristics, to have an insight into the students' background; information on social behaviour, such as smoking status and alcohol consumption, was also solicited; knowledge about intimate partner violence to enable the documentation of the level of awareness of the female students on intimate partner violence. Other issues addressed included: personal experience of violence against women, which enabled the documentation of the prevalence of intimate partner violence, and from the view of the victims; history of childhood abuse to document the relationship between abuse in childhood and abuse in adult life; reasons justifying violence and questions on approval of wife beating were asked to document attitudes of the female students towards intimate partner violence.

In addition, responses to questions on situations or circumstances that may trigger partner abuse such as "refusing him sex", "disobeying him", "when he is drunk", "financial problems", "difficulties at work", "when he is unemployed", "food not ready on time", "when there is problem with his or your family", "when he is jealous of you " and "no particular reason" were documented. Other issues addressed by the questionnaire were: health consequences of intimate partner violence to ask about the various sequelae of violent relationships; sources of help to determine where the victims of intimate partner violence sought help.

The questionnaire was essentially self-administered by the respondents. However, the research assistants were available for any questions and clarification. The results were entered into a computer and analyzed using the SPSS (version 15.0) statistical software package with assistance from a statistician.

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3.8 Limitations of study

The magnitude of intimate partner violence (IPV) might have been underestimated. This is because the information was collected from victims who were still in campus during the data collection period. Some students could have dropped out or absented themselves from the university because of violence. As any cross-sectional study, cause and effect relationship was not possible to establish for the factors dealt in the study because it is difficult to know which occurred first (the exposure or outcome variable).

Only students resident in the on-campus hostels participated in the study, and it is unknown whether their responses would have differed from students resident in off-campus hostels. The retrospective nature of some of the variables (such as child maltreatment) may have made some of the estimates unreliable due to memory loss (Hussey, Chang and Kotch, 2006). Additionally, some respondents may have been reluctant to report on sensitive topics such as partner violence violence due to social desirability bias, which refers to the tendency to represent oneself favourably (Groves et al., 2004). The respondents were told to complete the questionnaires in private because of the sensitive nature of the subject studied. Similarly, the respondents were asked to report on their partners' violence towards them, which may have resulted in over- or under-reporting of some of the behaviours.

3.9 Ethical considerations

The World Health Organization guidelines for research on violence against women (WHO, 2001) were followed while conducting this study. The guidelines are international and are:

a. The safety of respondents and the research team is paramount, and should guide all project decisions.

b. Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence.

c. Protecting confidentiality is essential to ensure both women's safety and data quality.

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d. All research team members should be carefully selected and receive specialized training and on-going support.

e. The study design must include actions aimed at reducing any possible distress caused to the participants by the research.

f. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.

g. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.

h. Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

Ethical approval for this study was obtained from the Oyo State Research Ethical Review Committee. The participants were informed about the possibility to decline or withdraw at any point during the research and gave verbal informed consent before data collection.

Efforts were made to overcome ethical concerns of the participants due to the sensitivity of the subject under study, by carefully designing and structuring the questionnaire; clear explanation about the purpose and usefulness of the study and by excluding names and any other form of identification from the questionnaire in order to assure anonymity and confidentiality of information. The questionnaires were filled out in private and returned to the research assistants for safe keeping and data entry. The research assistants were trained on data collection and the importance of strict confidentiality. The respondents were also informed that they could be referred, if they required a counselor.

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CHAPTER FOUR

RESULTS

This chapter presents the results from the questionnaire survey which included information on socio-economic characteristics of the respondents and their partners, knowledge, attitude, and consequences of intimate partner violence (IPV). The prevalence, types, and risk factors of IPV experienced by the respondents are presented. Sources of help used by victims, associated factors and predictors of IPV are also included in this chapter.

4.1 Socio-demographic characteristics of respondents

Table 1 shows that out of the 1355 respondents, almost half (45.1%) were 20 to 24 years of age, 29.4% were below 20 years and others were above 24 years. Majority (91.7%) were single and in terms of educational attainment, about half (53.9%) of the respondents were in their first to third year of study and 27.2% in their fouth to sixth year. More than half of the respondents (61.7%) were Yorubas, followed by the Ibos (24.6%). Most (85.3%) of them were Christians and 13.4% were Moslems. Majority (82.6%) of the respondents were sponsored by their parents.

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Table 1: Frequency distribution of respondents' socio-demographic characteristics

Variables	Frequency (n=1355)	Percentage (%)
Age group (years)		
<20	399	29.4
20-24	611	45.1
25-29	262	19.3
30-34	58	4.3
35+	25	1.9
Marital status		
Single	1242	91.7
Married	107	7.9
Separated	3	0.2
Widowed	2	0.1
Divorced	1	0.1
Study level		
1st - 3rd year	731	53.9
4th - 6th year	369	27.2
Masters degree	218	16.1
Ph.D	17	1.3
No response	20	1.5
Ethnic group		
Yoruba	836	61.7
Ibo	334	24.6
Hausa	49	3.6
No response	136	10.1
Religion		
Christianity	1156	85.3
Islam	182	13.4
Traditional	14	1.1
No response	3	0.2
Sponsor		
Father	898	66.3
Mother	221	16.3
Husband/boyfriend	97	7.2
Other relatives	51	3.7
Government/scholarship	6	0.4
No response	82	6.1

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4.2 Respondents' lifestyle factors

Out of the total respondents (1355), only 6.6% smoked cigarettes. Those who consumed alcohol, and witnessed interparental violence were 22.8%, and 26.9% respectively (Table 2).

Table 2: Frequency distribution of respondents' lifestyle factors

Variables	Frequency (n=1355)	Percentage (%)
Smoking status		
Yes	89	6.6
No	1266	93.4
Alcohol consumption		
Yes	309	22.8
No	1046	77.2
Witness interparental violence		
Yes	364	26.9
No	991	73.1

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4.3 Respondents' dating status

Figure 4.1 shows that out of the total number of respondents (1355), 66% had intimate partners.

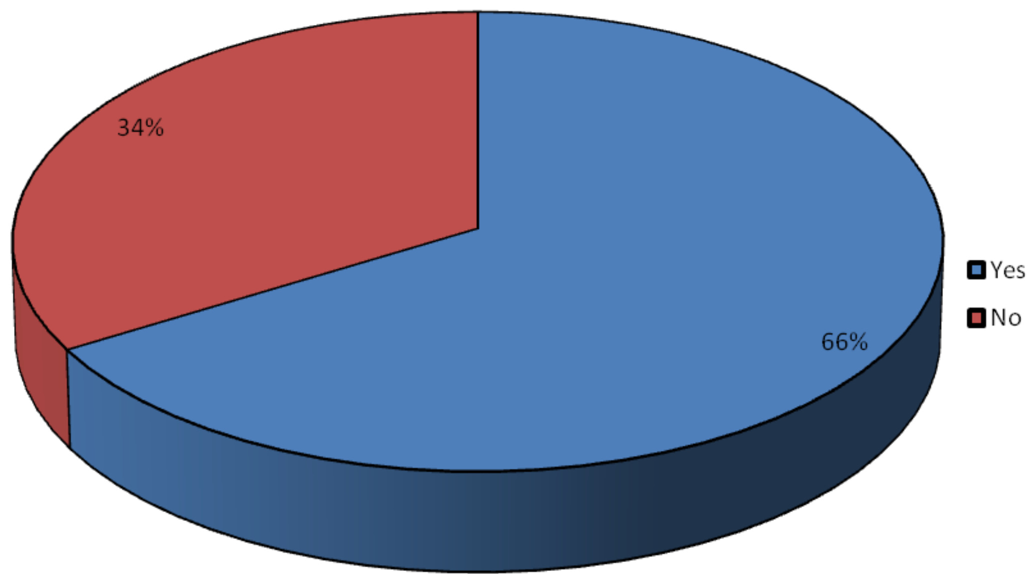

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Figure 4.1: Proportion of respondents with intimate partners

4.4 Partners' socio-demographic characteristics and lifestyle

Table 3 shows that 67.8% of the respondents' intimate partners were between 25 and 34 years of age, 22.6% were below 25 years and 9.6% were above 34 years. A few (11.2%) smoked cigarettes, and 49.4% consumed alcohol. Most (90.2%) had tertiary education, and 5.4% had primary education. Majority (73.3%) were Yoruba, over 70% were Christians, and 19.2% were Moslems.

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Table 3: Frequency distribution of partners' socio-demographic characteristics and lifestyle

Variables	Frequency (n=901)	Percentage (%)
Age group (years)		
<20	32	3.6
20-24	171	19.0
25-29	354	39.3
30-34	258	28.5
35-39	60	6.7
40+	26	2.9
Smoking status		
Yes	101	11.2
No	800	86.6
Alcohol consumption		
Yes	445	49.4
No	414	45.9
No response	42	4.7
Educational status		
Primary	48	5.4
Secondary	20	2.2
Tertiary	813	90.2
No response	20	2.2
Ethnic group		
Yoruba	660	73.3
Ibo	107	11.9
Hausa	55	6.1
*Others	65	7.2
No response	14	1.5
Religion		
Christianity	686	76.1
Islam	173	19.2
Traditional	14	1.6
**Others	8	0.9
No response	20	2.2
History of physical fight		
Yes	78	8.7
No	740	82.1
No response	83	9.2

*Minority ethnic groups in Nigeria
**Atheists, Grail message

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4.5 Awareness of intimate partner violence

Awareness of the forms of violence was high. The minimum knowledge scores for all types of intimate partner violence (IPV) was zero. The maximum knowledge scores for psychological, physical, sexual, and all IPV were 11, 4, 4, and 19 respectively. The mean knowledge scores were: psychological (7.8±3.7); physical (3.1±1.6); sexual (3.1±1.6); and all IPV (14.0±6.7) (Table 4).

Table 4: Knowledge scores for intimate partner violence

Intimate	Knowledge scores			
partner violence	Minimum	Maximum	Mean	Standard deviation
All types	0.0	19.0	14.0	6.7
Psychological	0.0	11.0	7.8	3.7
Physical	0.0	4.0	3.1	1.6
Sexual	0.0	4.0	3.1	1.6

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4.6 Level of knowledge on the types of intimate partner violence

More than half (58.2%) of the respondents could identify all three types of violence. Sexual violence (77.9%) was the most recognized type followed by physical (74.5%), and psychological (61.2%) violence (Table 5).

Table 5: Frequency distribution of knowledge on types of intimate partner violence

Knowledge of violence	Number	Percentage (%)
All types	789	58.2
Psychological	829	61.2
Physical	1010	74.5
Sexual	1056	77.9

*Multiple responses present

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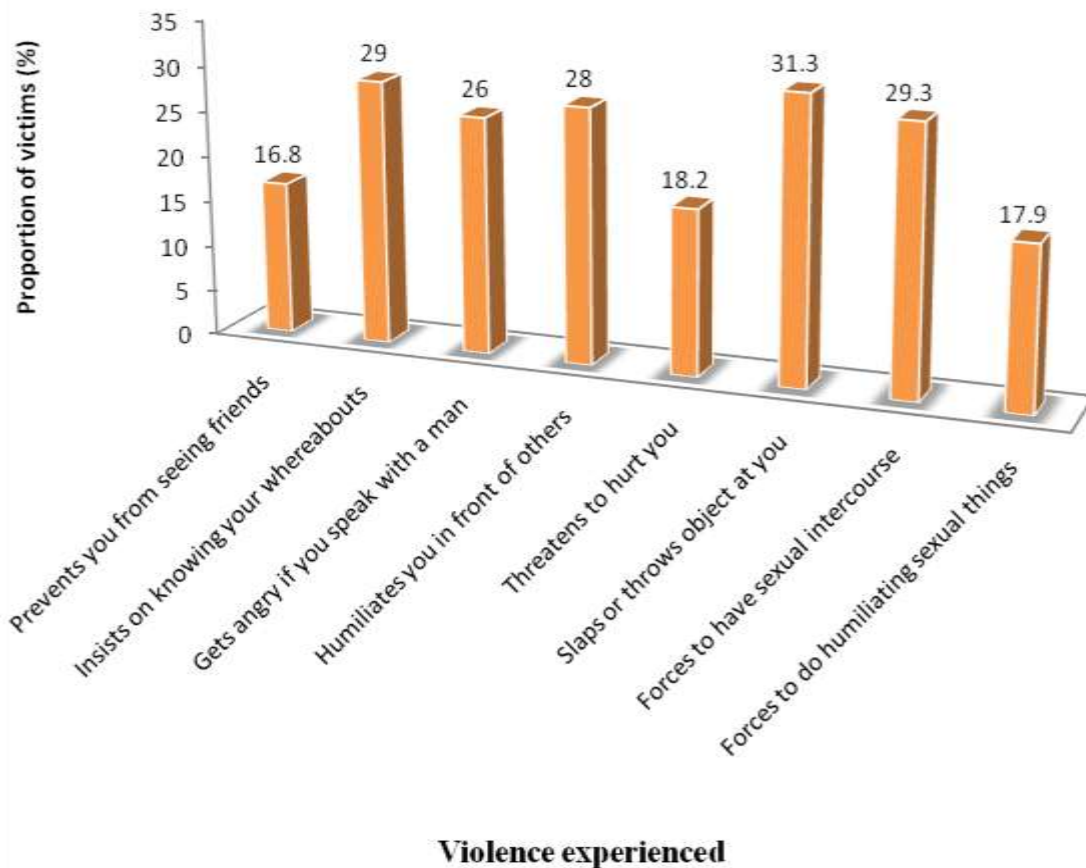
4.7 Experience of intimate partner violence

Figure 4.2 shows the proportion of victims whose partners often prevented from seeing friends (16.8%), insisted on knowing their whereabouts (29.0%), got angry if they spoke with other men (26.0%), and forced to have sexual intercourse (29.3%). Other forms of violence experienced included being slapped (31.3%), and humiliation (28.0%), among others.



*Multiple responses present

Figure 4.2: Common intimate partner violence experienced by students

4.8 History of childhood abuse

Reported childhood physical, psychological, and sexual abuse by respondents were 28.2%, 6.6%, and 9.6% respectively (Table 6).

Table 6: Frequency distribution of experience of childhood abuse

Characteristics	Number (n=1355)	Percentage (%)
Before the age of 15, did your parents or guardians ever severely hit you with a fist, kick you, or push you?	382	28.2
Before the age of 15, did anyone less than 5 years older than you use physical force to touch you in a sexual way?	130	9.6
Before the age of 15, did anyone undress or do things to belittle you?	90	6.6

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4.9 Attitude towards intimate partner violence

The respondents' expectations, beliefs, understanding or perceptions of intimate partner violence are shown in Table 7. Some (58.8%) of the respondents believed that a good woman obeys her husband even if she disagrees with his views, family problems should be discussed within the family (67.9%), and if a man beats his wife others should interfere (41.2%). The respondents agreed (19.3%) that it is necessary for a man to show his wife/partner who the boss is in the home, and it is a woman's obligation to have sex with her husband anytime he wants it (36.4%).

Table 7: Frequency distribution of attitude towards intimate partner violence

Characteristics	Agree n(%)	Don't know n(%)	Disagree n(%)	Total n(%)
A good woman obeys her husband even if she disagrees with his views	797(58.8)	268(19.8)	290(21.4)	1355(100)
Family problems should be discussed within the family	920(67.9)	233(17.2)	202(14.9)	1355(100)
It is necessary for a man to show his wife/partner who is boss at home	261(19.3)	326(24.0)	768(56.7)	1355(100)
A woman should choose her friends even if her partner disagrees	343(25.3)	396(29.2)	616(45.5)	1355(100)
It's a woman obligation to have sex with her husband anytime he wants it	493(36.4)	347(25.6)	515(38.0)	1355(100)
If a man beats his wife others should interfere	558(41.2)	423(31.2)	374(27.6)	1355(100)

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4.10 Perceived reasons for wife beating

The reasons why a man could beat his wife are shown in Table 8. Majority (over 75%) of the respondents did not support wife beating.

Table 8: Frequency distribution of reasons for a man to beat his wife

Characteristics	Yes n(%)	No n(%)	Don't know n(%)	Total n(%)
She does not complete her household work to his satisfaction	16(1.2)	1189(87.7)	150(11.1)	1355(100)
She disobeys him	18(1.3)	1187(87.6)	150(11.1)	1355(100)
She refuses to have sexual intercourse	17(1.2)	1173(86.6)	165(12.2)	1355(100)
She asks him whether he has other girlfriends	12(0.9)	1141(84.2)	202(14.9)	1355(100)
He suspects that she is unfaithful	28(2.0)	1124(83.0)	203(15.0)	1355(100)
He finds out that she has been unfaithful	84(6.2)	1037(76.5)	234(17.3)	1355(100)

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4.11 Perceived reasons why a woman may refuse her husband sex

The respondents believed that a woman could refuse her partner sex for the following reasons: if she is sick (56.3%); does not want sex at the time (37.5%); if husband is drunk (49.7%); and maltreats her (41.0%) (Table 9).

Table 9: Frequency distribution of reasons for a woman to refuse her partner sex

Characteristics	Yes N(%)	No N(%)	Don't know N(%)	Total N(%)
She does not feel like having sex at the time	508(37.5)	502(37.0)	345(25.5)	1355(100)
He is drunk	674(49.7)	384(28.4)	297(21.9)	1355(100)
She is sick	763(56.3)	334(24.7)	258(19.0)	1355(100)
He maltreats her	556(41.0)	423(31.3)	376(27.7)	1355(100)

4.12 Consequences of intimate partner violence (IPV)

As Table 10 depicts, 60% of the victims of physical violence sustained injury at least once. Injuries sustained included: cuts, punctures, bites (55.0%); scratches, abrasions, bruises (48.3%); and sprains, dislocations (18.3%). Adverse effect on physical and mental health was mentioned by 94.5% of victims of IPV. Academic performance of victims was affected by loss of concentration (71.1%), loss of self-confidence (68.9%), and absenteeism (56.0%).

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Table 10: Frequency distribution of consequences of intimate partner violence

Characteristics	Frequency(n)	Percentage(%)
Ever injured as a result of physical violence by partner		
Yes	60	56.1
No	47	43.9
Total	**107**	**100.0**
Number of times injured		
Once/twice	36	60.0
Several times (3 or 4 times)	18	30.0
More than 4 times	6	10.0
Total	**60**	**100.0**
Types of injury*		
Cuts, punctures, bites	33	55.0
Scratches, abrasions, bruises	29	48.3
Penetrating injuries, deep cuts	14	23.3
Sprains, dislocations	11	18.3
Ear injuries, eye injuries	8	13.3
Fractures	5	8.3
Broken teeth	5	8.3
Injuries to the genitals	5	8.5
No response	7	11.7
Effect of partner's behaviour on physical or mental health		
Effect	542	94.5
No effect	26	4.6
No response	5	0.9
Total	**573**	**100.0**
Effect of partner's violent behaviour on studies*		
Unable to concentrate	407	71.1
Lost self-confidence	395	68.9
Unable to study/sick leave	321	56.0
Studies not affected	30	5.2
Partner interrupted my studies	22	3.8
No response	14	2.4

*Multiple responses present

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4. 13 Factors that initiate intimate partner violence

Figure 4.3 shows the triggers of violence. These included disobedience (20.9%), financial problems (15.2%), refusing sex (14.5%), jealousy (13.4%), and drunkenness (9.9%).

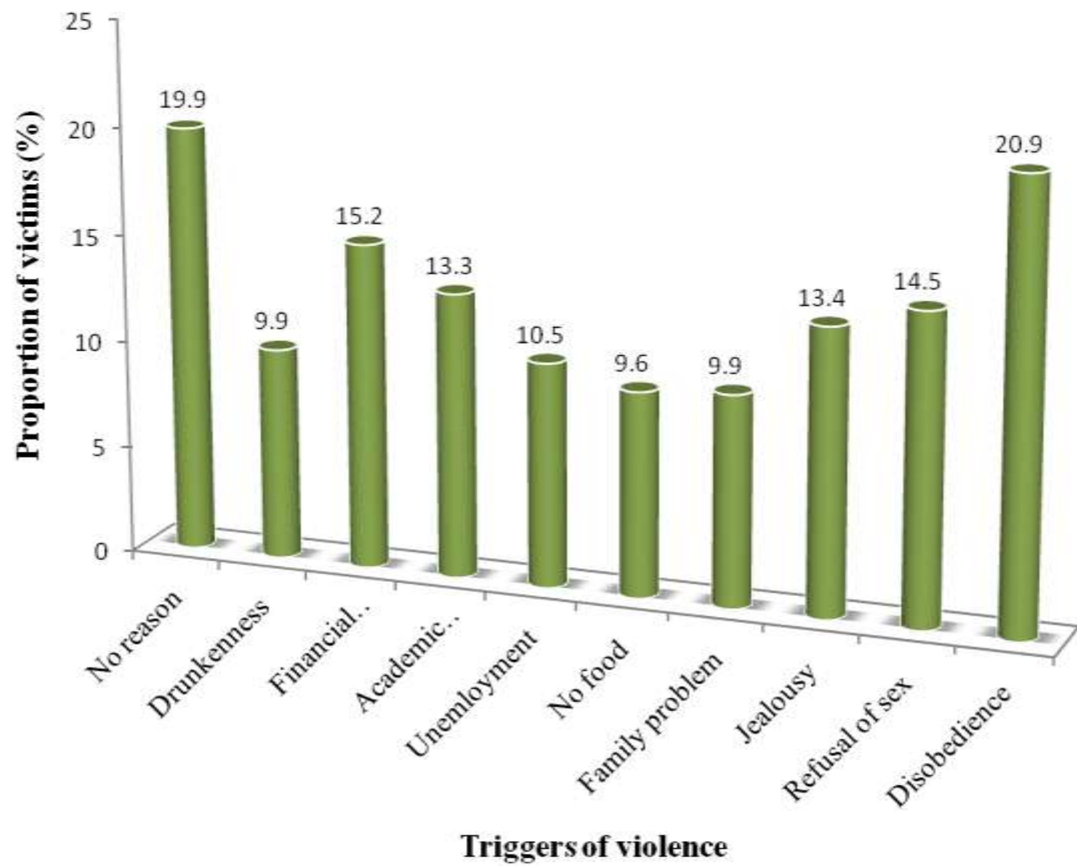

Figure 4.3: Triggers of intimate partner violence

4.14 Sources of help and reasons for seeking help following violence

Table 11 shows that 60.9% of the victims (573) of any intimate partner violence did not seek help, 12.5% reported to religious leaders, 14.2% to hospitals, and 3.7% to the police. The reasons for seeking help included encouragement by family members (9.4%), and being tired of enduring violence (8.9%).

Table 11: Frequency distribution of sources of help and reasons for seeking help by victims of intimate partner violence

	Frequency(n=573)	Percentage(%)
Sources of help		
Did not seek help	349	60.9
Hospital/sick bay	81	14.2
Priest/religious leader	72	12.5
Family member	50	8.7
Police	21	3.7
Reasons for seeking help		
Encouraged by friends/family	54	9.4
Could not endure anymore	51	8.9
Relationship terminated	10	1.8
Injured	5	0.9
No response	453	79

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4.15 Types of intimate partner violence experienced

Figure 4.4 indicates that the lifetime prevalence of any IPV was 42.3% and those of psychological, physical and sexual IPV were 41.8%, 7.9%, and 6.6% respectively.

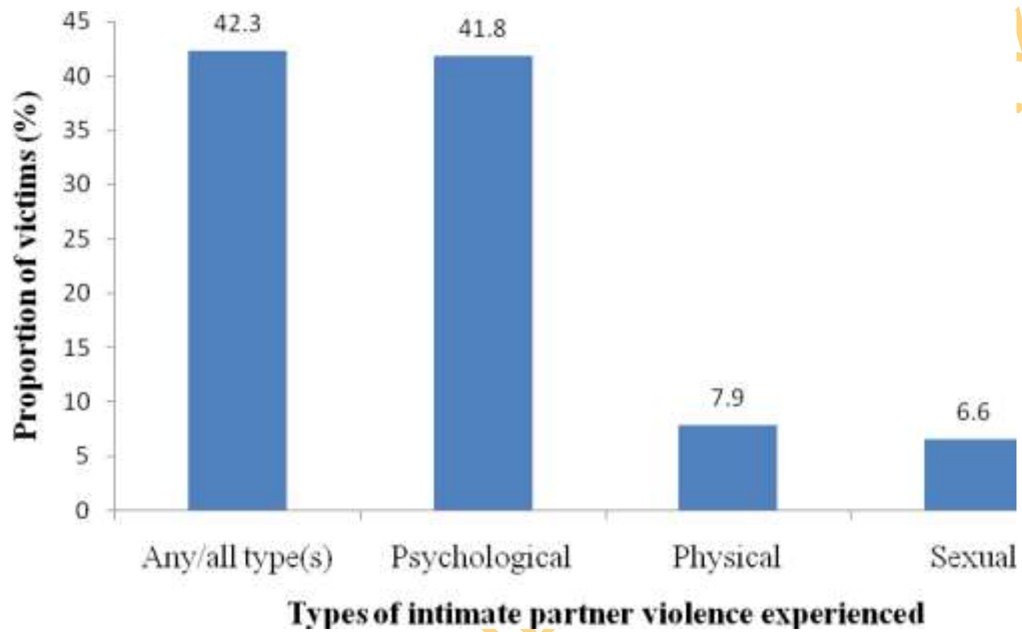

Figure 4.4: Frequency distribution of types of intimate partner violence experienced

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4.16 Number of types of intimate partner violence experienced

Figure 4.5 shows that 3.0% of the respondents experienced the three types of IPV, 8.0% any two types, and 31.3% any one type of IPV.

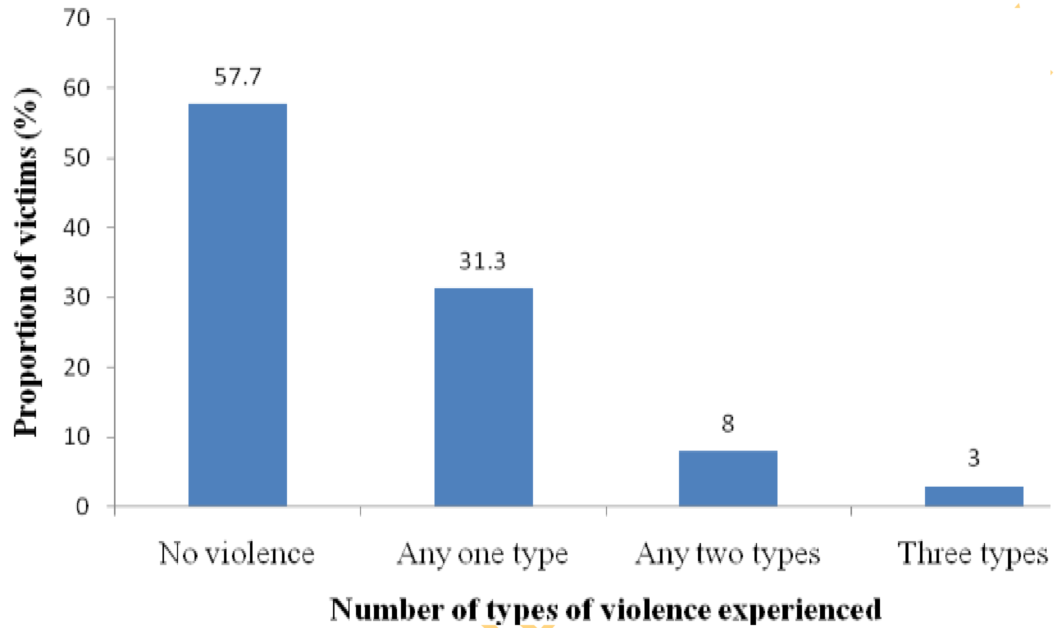

Figure 4.5: Frequency distribution of number of types of violence experienced

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4.17 Association between demographic factors and experience of intimate partner violence

Violence was higher among respondents below 25 years of age than those above 25 years (74.4% vs. 25.6%) and significantly higher among single than married respondents (88.7% vs. 10.6%). Respondents in their first to third year of study (57.4%) experienced significantly more violence than those above third year. There was no significant difference in experience of violence between respondents from the different ethnic groups (Table 12).

Table 12: Background characteristics by experience of intimate partner violence

Characteristics	Experience of violence Yes n=573(%)	No n=782(%)	Total n=1355(%)	χ2-value	p-value
Age group (yrs)					
<20	169(29.5)	230(29.4)	399(29.4)		
20-24	257(44.9)	354(45.3)	611(45.1)		
25-29	102(17.8)	160(20.5)	262(19.3)	6.62	0.157
30+	45(7.8)	38(4.8)	83(6.2)		
Marital status					
Single	508(88.7)	734(93.9)	1242(91.7)		
Married	61(10.6)	46(5.8)	107(7.9)	11.94	0.003
Separated	4(0.7)	2(0.3)	6(0.4)		
Level of study					
1st-3rd year	329(57.4)	402(51.4)	731(53.9)		
4th-6th year	156(27.2)	213(27.2)	369(27.2)	8.54	0.014
Postgraduate	88(15.4)	167(21.4)	255(18.9)		
Ethnic group					
Yoruba	351(61.3)	485(62.0)	836(61.7)	0.08	0.775
Others	222(38.7)	297(38.0)	519(38.3)		

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4.18 Association between respondents' lifestyle and intimate partner violence

Respondents who smoked cigarettes experienced more violence compared to non smokers (62.9% vs. 40.8%), and those who consumed alcohol experienced more violence compared to non drinkers (58.6% vs. 37.5%) (Table 13).

Table 13: Respondents' lifestyle by prevalence of intimate partner violence

Characteristics	Intimate partner violence		Total	χ^2-value	p-value
	Yes n=573(%)	No n=782(%)	n=1355(%)		
Smoking status					
Yes	56(62.9)	33(37.1)	89(100.0)		
No	517(40.8)	749(59.2)	1266(100.0)	16.617	<0.001
Alcohol consumption					
Yes	181(58.6)	128(41.4)	309(100.0)		
No	392(37.5)	654(62.5)	1046(100.0)	45.514	<0.001
Use of illicit drugs					
Yes	3(33.3)	6(66.7)	9(100.0)		
No	570(42.3)	776(57.7)	1346(100.0)	0.298	0.585

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4.19 Association between respondents' childhood experience and intimate partner violence

Table 14 shows that the respondents with history of childhood sexual abuse experienced more violence compared to those without such history (53.2% vs. 41.2%). Violence was higher in respondents with history of childhood physical abuse compared to those who were not physically abused (62.5% vs. 38.6%). Also, more of those who witnessed domestic violence experienced more violence compared to those who did not witness it (58.0% vs. 36.5%).

Table 14: Respondents' childhood experience by prevalence of intimate partner violence

Characteristics	Intimate partner violence		Total	$\chi2$-value	p-value
	Yes n=573(%)	No n=782(%)	n=1355(%)		
History of interparental violence					
Yes	211(58.0)	153(42.0)	364(100.0)		
No	362(36.5)	629(63.5)	991(100.0)	50.434	<0.001
Beaten/mistreated by male since <15years					
Yes	175(62.5)	105(37.5)	280(100.0)		
No	385(38.6)	613(61.4)	998(100.0)	50.834	<0.001
*Don't know	13(16.9)	64(83.1)	77(100.0)		
Forced to have sex/perform sexual act since <15years					
Yes	66(53.2)	58(46.8)	124(100.0)		
No	507(41.2)	724(58.8)	1231(100.0)	6.691	0.010

*Excluded from analysis

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4.20 Association between partners' lifestyle/status and intimate partner violence

Table 15 shows that respondents with partners who smoked cigarettes experienced more violence compared to those with partners who did not smoke (67.3% vs. 40.9%). Violence was higher among respondents whose partners consumed alcohol compared to those with partners who did not consume alcohol (58.0% vs. 34.9%). Respondents with partners who had history of physical fight experienced more violence compared to those whose partners did not fight (66.7% vs. 39.5%). Experience of violence was higher among respondents whose partners had secondary education compared to those with partners who had tertiary education (60.3% vs. 42.0%). These were all statistically significant.

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Table 15: Partners' lifestyle/status by experience of violence

Partner characteristics	Experience of violence		Total	χ2-value	p-value
	Yes n(%)	No n(%)	n(%)		
Smoking status					
Yes	68(67.3)	33(32.7)	101(100.0)		
No	505(40.9)	729(59.1)	1234(100.0)	26.565	<0.001
Total	**573(42.3)**	**762(57.7)**	**1335(100.0)**		
Alcohol consumption					
Yes	270(58.0)	195(42.0)	465(100.0)		
No	303(34.9)	565(65.1)	868(100.0)	66.250	<0.001
Total	**573(42.9)**	**760(57.1)**	**1333(100.0)**		
Educational status					
Up to secondary	41(60.3)	27(39.7)	68(100.0)		
Tertiary	532(42.0)	735(58.0)	1267(100.0)	8.831	0.003
Total	**573(42.9)**	**762(57.1)**	**1335(100.0)**		
History of physical fight					
Yes	52(66.7)	26(33.3)	78(100.0)		
No	472(39.5)	722(60.5)	1194(100.0)	22.263	<0.001
*Don't know	49(59.0)	34(41.0)	83(100.0)		
Total	**573(42.3)**	**782(57.7)**	**1355(100.0)**		

*Excluded from analysis

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4.21 Association between knowledge of intimate partner violence and victimization

Table 16 shows that less experience of any intimate partner violence (IPV) was reported by respondents who were knowledgeable of any IPV compared to those who had no such knowledge (38.1% vs. 61.9%). Less psychological violence was reported by respondents who were knowledgeable of psychological violence compared to those who were not (38.2% vs. 61.8%). Less experience of physical violence was reported by respondents who were knowledgeable of physical violence compared to those with no such knowledge (7.5% vs. 92.5%), although not statistically significant. And there was less experience of sexual violence reported by respondents who were knowledgeable of sexual violence compared to those with no such knowledge (5.5% vs. 94.5%).

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Table 16: Respondents' knowledge of types of intimate partner violence (IPV) by experience of types of IPV

Characteristics	Experiences n(%) Yes	No	n(%) Total	χ2	p-value
		Any IPV			
Knowledgeable	301(38.1)	488(61.9)	789(100.0)		
Not knowledgeable	272(48.1)	294(51.9)	566(100.0)	13.254	<0.001
Total	**573(42.3)**	**782(57.7)**	**1355(100.0)**		
		Psychological violence			
Knowledgeable	317(38.2)	512(61.8)	829(100.0)		
Not knowledgeable	249(47.3)	277(52.7)	526(100.0)	10.955	<0.001
Total	**566(41.8)**	**789(58.2)**	**1355(100.0)**		
		Physical violence			
Knowledgeable	76(7.5)	934(92.5)	1010(100.0)		
Not knowledgeable	31(9.0)	314(91.0)	345(100.0)	0.754	0.385
Total	**107(7.9)**	**1248(92.1)**	**1355(100.0)**		
		Sexual violence			
Knowledgeable	58(5.5)	998(94.5)	1056(100.0)		
Not knowledgeable	31(10.4)	268(89.6)	299(100.0)	9.026	0.003
Total	**89(6.6)**	**1266(93.4)**	**1355(100.0)**		

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4.22 Determinants of intimate partner violence

Table 17 shows that respondents in study levels of fourth year and above had less likelihood of experiencing violence. Respondents who consumed alcohol, smoked cigarettes, had history of interparental violence, and were single had higher likelihood of experiencing violence.

Table 17: Logistic regression of predictors of intimate partner violence

Variables	Odds Ratio	Confidence Interval	p-value
Level of study			
1st-3rd year	1.000		
4th-6th year	0.895	0.695-1.152	0.389
Postgraduate	0.644	0.479-0.866	0.004
Smoking status			
Yes	1.459	0.880-2.420	0.143
No	1.000		
Alcohol consumption			
Yes	2.272	1.685-3.063	<0.001
No	1.000		
History of interparental violence			
Yes	2.542	1.965-3.288	<0.001
No	1.000		
Marital status			
Single	3.223	2.042-5.085	<0.001
Married	1.000		

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4.23 Determinants of intimate partner violence perpetration

Table 18 shows that respondents' partners with primary and secondary education had higher odds of perpetrating violence. Partners who consumed alcohol, smoked cigarette, were mistreated and sexually abused at childhood, and were involved in fights had higher odds of perpetrating violence.

Table 18: Logistic regression of predictors of intimate partner violence perpetration

Characteristics	Odds Ratio	Confidence Interval	p-value
Partner's education			
Primary	2.038	1.036-4.008	0.345
Secondary	1.377	0.539-3.521	0.479
Tertiary	1.000		
Partner's history of fighting			
Yes	2.434	1.036-4.008	0.002
No	1.000		
Partner mistreated by male since <15 years			
Yes	2.699	2.007-3.629	<0.001
No	1.000		
Partner forced to have sex since <15years			
Yes	1.005	0.659-1.533	0.981
No	1.000		
Partner's smoking status			
Yes	1.624	0.972-2.715	0.064
No	1.000		
Partner's alcohol consumption			
Yes	1.913	1.459-2.509	<0.001
No	1.000		

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CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Prevalence/types of intimate partner violence

This study attempted to document the prevalence and determinants of intimate partner violence (IPV) among a sample of Nigerian female undergraduate and postgraduate students. Results indicate that IPV against women in Nigeria broadly manifests itself in forms such as physical hurt, sexual assault and harassment, and psychological abuse. In the sample of female students, it was found that intimate partner violence is a prevalent problem, affecting over forty percent of these students. About one in three students surveyed in this study reported experience of at least any one type of IPV. Psychological violence was the most common type experienced by the students. The prevalence of IPV in this study is similar to the reported estimates in other samples of intimate partner violence among female students and young adult females. A lifetime prevalence of 42.1% was reported among college students in Philadelphia (Forke et al., 2008), 48% among undergraduates in mid-Atlantic and south of United States of America (USA) (Amar and Gennaro, 2005), and 17 to 45% in the international survey of college students at 31 universities (Straus, 2004). Zungu et al. (2010) reported a prevalence of 49.7% among women aged 21 years and above, who visited a public hospital in Botswana. And a prevalence of 46% was reported among adult females in Anambra state of Nigeria (Ilika et al., 2002).

However, the prevalence of IPV in this study was higher than estimates reported for other female students, and women of reproductive age in some parts of the world: 27.2% was reported among undergraduate females in south-eastern United States of America (Gross et al., 2011); 20% among antenatal attendees in Soweto (Silverman et al., 2001); and 29% for women visiting Obstetrics and Gynaecology clinic in Lagos (Okenwa, 2011). The higher prevalence of IPV in this study could be as a result of the difference in age and

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educational status of the respondents. Research has shown that university female students are at greater risk than women of a comparable age in the general population (Fisher, Cullen and Turner, 2000), and more educated women (as seen in university campuses) end up experiencing more violence (Straus, 2004). Prevalence of IPV in this study was lower than estimates from some studies on female university students, and adult females in the general population: 88% reported for college students in New York (O'Leary et al., 2008); 68% among sexually and non-sexually assaulted women in Houston (McFarlane and Melacha, 2005); 75% among undergraduates from central and southern Taiwan (Huang, 2008); 62.1% for female college students in Mekelle, Ethiopia (Yaynshet, 2008); and 85% for adult females in Sabo area of Ibadan (Owoaje and Olaolorun, 2006). This could be because of varied definitions used for assessing intimate partner violence in these studies. Research suggests that part of the difficulty in determining the prevalence of intimate partner violence is how to define abuse (DeKeseredy and Schwartz, 2001).

Much attention has focused on issues surrounding physical and sexual violence of young women. However, psychological abuse was the most common form of violence experienced by the participants in this study. This finding is consistent with previous descriptions appearing in the literature of intimate partner violence in college (Albaugh and Nauta, 2005; Neufeld, McNamara and Ertl, 1999). The reason why psychological abuse was the most reported could be that majority of female students easily identify psychological forms of violence. And may not identify other types of violence as such, maybe because the acts and behaviours were seen as part of normal life. In a study where female college students were required to define the abuse they experienced, majority described psychological abuse (Albaugh and Nauta, 2005). Besides, research suggests that the majority of women who experience intimate partner violence in college report it as psychological abuse (Albaugh and Nauta, 2005; Neufeld, McNamara and Ertl, 1999). Education and creation of awareness on the types of intimate partner violence in the universities, could provide more valid estimates of the various types of IPV.

In addition, it was found that students in their fourth year and above reported a lower prevalence of partner violence than students in their first to third year of study. This could be due to the fact that most of the students in the lower study levels were also young and

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inexperienced about dating and were therefore vulnerable to violence.

5.2 Determinants of intimate partner violence

Alcohol consumption and witnessing domestic violence as a child were statistically significant risk factors of lifetime experience of IPV. The role of alcohol use by male partners is likely to be complex. The dis-inhibition associated with alcohol may result in a low threshold to violence. Alcohol use and partner neglect that may result from such use may also facilitate development of marital or relationship tension that may result in violence. Alcohol use has also been reported to be associated with having multiple sexual partners (Weiser et al., 2006), an issue that may also fuel couple discord. Furthermore, some partners may intentionally use alcohol in order to get tipsy or drunk, thereby engaging in antisocial behaviours such as violence against their partners (Weiser et al., 2006).

Almost sixty percent of the respondents who consumed alcohol experienced violence. This finding of a positive association of alcohol consumption with intimate partner violence is consistent with previous reports. For instance, Lipsky et al., (2005) reported a significant association between alcohol intake and violence among adult women seen at an emergency department. Most students are simply unable to gauge the amount of alcohol consumed, and are unaware of the effects of new drugs or alcohol. Some students may be unfamiliar with the point at which their cognitive ability is so impaired that they cannot protect themselves. Students may also be unaware of the image of vulnerability projected by a visibly intoxicated individual. Collectively, these findings are consistent with the reports indicating that women who consume alcohol and use illicit drugs are frequently viewed by men as being sexually available (Abbey, Zawacki and McAuslan, 2000; Testa, Livingston and Leonard, 2003) and thus may be targets of sexual predators.

Childhood physical and sexual abuse was significantly associated with violence in adulthood in this study. This is consistent with results from researches that showed that women who were victims of physical and sexual abuse during childhood have a greater risk of violence during their adult relationships, as compared with women with no such

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childhood history (UNICEF, 2000). Also, research suggests that having experienced abuse (as an adult) in the past makes women more susceptible to finding themselves in similarly abusive situations, with an increased probability of future relationship abuse (Scarpa, 2001). One hypothesis is that victims of early sexual abuse are left with fewer skills for protecting themselves, perhaps feel less sure of their self-worth, and have a less clear definition of their personal limits. And are therefore more vulnerable to violence. These could be among the factors that increase the possibilities of future violence (Scarpa, 2001). This information is useful in terms of assessing for risk factors of IPV in the university campuses. Students who have been in past abusive relationships or family situations can be made aware of the potential of finding themselves in a similar situation in the future. Educational programming could be aimed at students with a history of abuse to maximize prevention efforts and prevent stigmatization.

In the present study, participants who reported witnessing domestic violence as children had a 2.5-fold increased risk of experiencing IPV. This is consistent with investigators (Ellsberg, Pena, Herrera, Liljestrand and Winkvist, 1999; Martin et al., 2002) who examined the relationship between lifetime experiences of gender-based violence and witnessing domestic violence during childhood. Social learning theory proposed that individuals who experienced violence are more likely to use violence in the home than those who had experienced little or no violence. Children who either experience violence or who witness violence between their parents are more likely to use violence when they grow up (Bandura, 1977). Children are not only affected by experiencing violence, they may also be impacted by observing violent incidents that occur between their parents. Researches have found an association between interparental violence and partner violence perpetration and victimization (Brownridge, 2006; Ehrensaft et al., 2003; Gover et al., 2008; Whitfield et al., 2003).

Despite strong empirical support for the association between witnessing interparental violence in childhood and becoming involved in violent intimate relationships later in life, the findings in these studies are sometimes inconsistent. For example, in their study of male undergraduate students, Carr and VanDeusen (2002) found that although witnessing interparental violence did not predict sexual dating violence, observing

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violence between parents predicted physical dating violence perpetration. Also, Gover and colleagues (2008) found that witnessing violence between parents did not have a significant impact on dating violence perpetration among college students, but observing father-perpetrated violence was significantly associated with physical dating violence victimization for females. Consequently, it is important to consider a myriad of family violence experiences when conducting research on dating violence predictors.

Awareness of the types of IPV, and acts/behaviours that constitute IPV by the students had a protective effect on experiencing violence. Creating more awareness on IPV in the campuses protects against the occurence of IPV. About half of the respondents were unaware of acts and behaviours that were abusive and this shows some level of ignorance on IPV among the students. This is a reflection of the poor quality of or even non existence of proper reproductive health education in our universities and at home, where such issues in many cultures are regarded as secrets.

5.3 Attitude to intimate partner violence (IPV)

This study revealed that a very small percentage (6.2%) of the female students supported IPV. This could be attributed to the higher level of education in this study population. This is in contrast to a study where Nigerian women in the general population supported wife beating, as evident from 66.4% and 50.4% of ever-married and unmarried women respectively who agreed that a husband is justified for hitting or beating his wife under the conditions examined in the study (Odimegwu, 2001). Kolawole (2005) showed that support for wife beating was negatively associated with education. Although higher education was not the only factor found in his study to discourage domestic wife beating, it is the only variable that policy makers could easily manipulate to ensure close conjugal relationship that would minimize violence against women. Also Antia (2008) reported that women with higher level of education have less tolerant attitudes towards IPV. Furthermore, domestic violence is deep-rooted in many African societies, including Nigeria, where wife beating is considered a prerogative of men and a purely domestic matter by the society (Odimegwu, 2001). Domestic violence is therefore one of the

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greatest barriers to ending the subordination of women.

The attitude of victims of violence is crucial to the success of anti-violence intervention programmes. If the victim perceives IPV to be an integral part of marriage or relationship, she is unlikely to report such incidents of violence to appropriate school authorities, or to leave the marriage or relationship. Furthermore, a direct relationship has been found between positive attitudes toward violence against women and the actual occurrence of violence against women (Hanson, Cadsky, Harris and Lalonde, 1997).

5.4 Sources of help

Majority (60.9%) of the victims of intimate partner violence in this study did not seek help. This is similar to a study in Anambra state where 75% of the victims did not report episodes of IPV (Ikechebelu, Ezechukwu, Ndinechi and Ikechebelu, 2008). It is similarly consistent with findings from other studies where victims accepted it as their lot for fear of being stigmatized (Ilika, 2005). However, it contrasts with the finding in a study in eastern Nigeria, where all the respondents reported IPV to someone (Ilika, Okonkwo and Adogu, 2002). Some of the victims may have decided to keep the abuse to themselves because they felt at fault for their situation. Anderson et al. (2003) have suggested that the internalization of blame makes it difficult to report or escape, as the victim takes responsibility for repairing the damage.

Refusal to seek help may be due to the shame of being exposed and stigma attached to being abused. It may also be due to the fact that the majority of the abuse was psychological rather than physical. Research suggests that women who sustain less severe forms of physical or sexual abuse may view these incidents as normal or not serious (Scarpa, 2001). The victims may also have concealed their abuse because they wanted their peers to believe that they had a good relationship. Chung (2007) found that the pressure to be in a relationship was cited as a reason young women with violent boyfriends did not tell anyone of the abuse.

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Furthermore, it is considered improper for women to report their abuse or to speak openly about it. The ways women construct and respond to their abuse fit into an agenda of proper femininity or, what Ho and Tsang (2002) refer to as the socially scripted way of being a woman. The cultural scripts that organise gender relations in Nigeria associate women with docility, proper femininity with inferiority, silence, quietude and inaction, especially in their dealings with men. As a result of this, women often presume that the best way to act when abused is to be 'good' and to keep silent about it. As women abide by a cultural code of silence regarding their abuse, men often have the impression that there is no price to pay for being violent towards women. And so the violent abuse of women continues (Ho and Tsang, 2002). It has been suggested that some women do not see the abuse as serious, they have a fear of being blamed, a fear of retaliation by their partners, or they have fallen into the societal practice of minimization and denial (Bornstein, 2006). This is of importance for campus counselors. The feelings of shame, embarrassment, fear and denial can keep the victims isolated and in the abusive relationship. Reassurance and efforts to combat these feelings by the counselors could assist in the rehabilitation of the victims.

Majority (89.7%) of the female students who experienced violence did not know how handle IPV or where to get help. This has great implication for education, particularly in the form of awareness creation, training and skill acquisition. In addition, the younger students may be at even greater risk than adults for physical and psychological harm given their lack of experience on dating, desire for independence, and reliance on support from inexperienced peers (Callahan, Tolman and Saunders, 2003). These factors limit their ability to respond to violence and access effective intervention.

It is also discernible from this study that only a few (5.8%) students reported their episodes of violence to the police. Majority of them rather went to religious leaders and health care centres for help. This is in contrast to studies in developed countries where 20 to 26% of the victims reported to the police (Heise et al., 2000). The attitude of not reporting to the police also follows the cultural norms and tradition that sanction reporting family issues to the law enforcement agents. For instance, in the Ibo tradition, reporting one's husband to the police is viewed as an affront to the husband and

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disrespect to family members and elders whose extended family member roles include arbitrating in such matters (Ilika, 2005). Moreover, reporting to the police is seen as a waste of time in Nigeria because the perpetrator can always go free because majority in the police are male. And some police officers are sometimes the perpetrators of violence against women and may condone it.

Many (8.7%) of the victims reported to family members. This is consistent with the norms of many traditions in Nigeria where intimate relationship is regarded as an issue that involves the family and not just a personal affair. Furthermore, women are generally reluctant to disclose abuse because of the feeling of self-blame, shame, loyalty to the abuser or fear (Heise, Ellsberg and Goheemoeller, 1999).

The low proportion of respondents who reported IPV in this study corroborates the finding in a study that showed the weakness or inability of social organizations, the police and medical services who are in positions of responsibility to provide support to abused women (Heise et al., 2000). Some of the single respondents may have refused to report IPV because of fear of their parents' reaction to the revelation of their engagement in premarital relationships. These fears serve to further isolate the students from social support that has the potential of helping them cope with their negative experiences. It also denies them the ability to take action against the perpetrators, if they so wish. Another explanation for the underreporting of violence is that perpetrators of violence against young girls are often people closely related to them including spouses, neighbours, stepfathers, relatives and courtship partners, hence, victims are unable to speak out (Heise et al., 2000).

5.5 Consequences of intimate partner violence

The respondents in this study indicated that the most prevalent type of abuse was psychological abuse. The violent experiences had some consequences on their personal and academic life. Additional concern is warranted because of research suggesting that psychological abuse is frequently a precursor to and an accompaniment of physical abuse (Albaugh and Nauta, 2005; Gover et al., 2008). Because psychological consequences of violence continue throughout young adulthood (Ackard and Neumark-Sztainer, 2002;

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Olshen, McVeigh and Wunsch-hitzig, 2007), further studies are needed to explore psychological violence, particularly its relationship to future occurence.

This study showed that many of the victims of IPV reported performance difficulties including absenteeism, interrupted studies, inability to concentrate or study and loss of self-confidence. These are similar to what was obtained in other studies (Yohannes, 2003). Sexual, physical, or psychological IPV can lead to various psychological consequences such as depression, anxiety and low self-esteem for victims (Coker, Davis and Arias, 2002). Studies in Nicaragua (Ellsberg, 2000) and Pakistan (Fiktee, 1999) showed that women who had been abused suffered more depression than women who had not been abused. Severe emotional distress and depression have been identified with victims of intimate partner violence (Yohannes, 2003). Also, self-reported effects of IPV by victims in Ile Ife mainly included depression, fear/anxiety, and suicidal ideation (Fatusi and Alatise, 2006). Studies have also shown that the psychological experience of victims of violence can be revealed in fear, anxiety, self-blame and low self-esteem (Yohannes, 2003). This can result in poor academic performance, fewer career choices, decreased or lost economic opportunities and possible job failure.

Over 70% of the victims of intimate partner violence reported loss of concentration as a consequence of abuse. Research has shown that the emotional and behavioural difficulties experienced by college women who have been in abusive relationships have a negative impact on multiple facets of their lives, including creating relationship difficulties, problems with concentration, drug/alcohol abuse, and other risky behaviours. These behaviours can and often do interfere with their educational and career achievement, which affects their economic attainment (Chronister, Wetterson and Brown, 2004; Scarpa et al., 2002). The impact of abuse on university students is important for staff and counselors to understand. Falling grades, missing classes, and lack of focus could be an indicator for campus staff, and counselors that a female student may be in an abusive relationship. In terms of prevention, all of those in the university environment should be educated and encouraged to see falling grades and lack of focus as a potential indicator and something that should be addressed immediately. There is evidence of the impact of sexual harassment on academic performance. The Southern African Network of

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Tertiary Educational Institutions Challenging Sexual Harassment and Sexual Violence argues that the behaviour by male students and teachers distorts female educational choices, restricts their movement and opportunities to contribute to university life, and affects institutional performance (Omale, 2000). Furthermore, it was reported in a study among female students in Ethiopia that as high as 26.7% of the victims of IPV were forced to drop out of school because of the various consequences of IPV (Mekonnen and Asresash, 2006).

Only a few (4.4%) respondents in this study were injured as a result of IPV. Of these, 60% were injured once and the rest more than once. Injuries similar to what was reported in this study have been reported in studies both in Nigeria and around the world (Fawole, Ajuwon, Osungbade and Faweya, 2003; Heise, Pitanguy and Germain, 2002; Lehrer et al., 2007). In general, victims of repeated violence over time experience more serious consequences than victims of one-time incidents (Johnson, 2005). A study showed that as many as 42% of women who were physically assaulted since age 18 years reported injuries during their most recent experience of violence and the injuries were minor (Tjaden and Thoennes, 2000). More severe physical consequences of IPV may occur depending on severity and frequency of violence (Campbell, 2002). The injuries could serve as triggers to assess the existence of a violent dating experience in campus.

About 16.7% of the injured victims of IPV in this study were hospitalized due to the injuries they sustained. Only 6.7% of the injured told the health worker the real cause of their injuries. It has been reported that IPV is associated with an overuse of health services and unmet need for services, as well as strained relationships with health providers (Plichta, 2004). Abused women spend greater number of days in hospital bed than never abused women, and women who experienced the three types of IPV were more likely to spend more days in hospital bed than those never abused (Ruiz-Perez, Plazaola-Castaño and Del Río-Lozano, 2007). Almost sixty percent of the victims of IPV reported taking sick leave as a result of the violence they experienced. Although the presence of these physical injuries does not provide conclusive evidence of intimate partner violence, they can urge the doctor or nurse to screen carefully. Further research can determine which screening technique is best for female university students. It is

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however suggested in this study that few victims reported or sought help from health care centres. And removing perceived barriers to seeking treatment, disclosing or reporting intimate partner violence would improve health promotion activities.

5.6 Conclusions

Results from this study confirm the high prevalence of all types of intimate partner violence (IPV) and suggest that primary and secondary prevention of IPV is needed in Nigeria. Findings of high lifetime prevalence (42.3%) among female students in the University of Ibadan provide evidence that IPV persists in this population of young women. This also suggests that the university campus is a place to target surveillance and screening for intimate partner violence.

Intimate partner violence was more prevalent among respondents in the younger age group, in their lower years of study, with history of childhood abuse, cigarette smokers, alcohol consumers and those with history of interparental violence. Being married and a high level of awareness on what constitutes IPV were protective against IPV. Male perpetrators of violence were mainly among the older age group, with low level of education, cigarette smokers, alcohol consumers and those with history of physical fight.

Psychological abuse was the most frequently reported form of violence experienced by the female students. Psychological abuse is an important focus of violence prevention, since it can cause poor outcomes and may predispose victims to other forms of violence. Findings also suggest that the risk factors for IPV among the female students are similar to risk factors for IPV in general. Adopting gender-based violence prevention and counseling intervention programmes in university settings may be beneficial. And educational efforts focusing on healthy relationships should begin early in life.

There was a high level of awareness on the types and forms of intimate partner violence (IPV) among the female students of the University of Ibadan. And awareness of IPV was protective of IPV experience to the female students. Programmes aimed at creating

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awareness on IPV in the campus have the potential of minimizing violence.

Intimate partner violence resulted in injuries and affected academic performance of the female students. A close attention to female students with injuries and those with falling grades could reveal the involvement of such students in abusive relationships. And steps could be taken to address their situation and help them.

Majority of the victims of IPV did not seek help. Interventions to improve help-seeking and create awareness on the available means of seeking help could expose more cases of IPV. Encouraging anonymous and confidential reporting of cases of abuse by the university authorities could minimize stigma and improve on reporting by victims of IPV.

5.7 Recommendations

1. The low proportion of the victims who sought help suggests that perhaps more can be done to encourage reporting. When reports of intimate partner violence (IPV) are handled properly and effectively, the process can be important to the recovery and healing of the victims, as well as the identification, punishment, and deterrence of perpetration. University authority should thus seek out and implement strategies that encourage reporting of IPV and ensure that the reports are being handled properly. One such strategy is anonymous and confidential reporting. It has been suggested that university administrators believe that policies allowing for confidential and anonymous reporting encourage reporting (Karjane, Fisher and Cullen, 2005).

2. The prevalence of IPV was high in the study population, particularly among undergraduate respondents in their first to third year of study. It is thus critical that IPV prevention strategies and messages should be designed such that female students are educated (and as soon after enrollment as possible) about these facts. The students should be informed of the risk factors associated with violence, such as alcohol intake and substance abuse. For many students, college offers an environment notorious for encouraging excessive drinking and experimenting with illicit drugs. Creating awareness on the risks of alcohol and substance use could deter the students from engaging in such

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acts. The sales of alcohol in the campus and vicinity should be banned. This will reduce the risk of perpetration of violence and victimization associated with alcohol consumption.

3. Education and awareness on the types and forms of intimate partner violence should be provided for the students. The findings in this study suggest that awareness of what constitutes IPV is protective against violence. This can be done by periodic public lectures, enlightenment campaigns, posters and in campus clubs.

4. Some students experience IPV after entering the university, but many students who experience IPV in the campus may have been victims of violence prior to entering the university. Since students who have experienced violence before entering the university have a much greater chance of experiencing violence in the university, it is important that awareness programming reflects this reality. This is in an effort to prevent recurrence of violence.

5. Lectures should include teaching the students effective sexual assault resistance strategies to reduce harm, particularly with respect to strategies for protection from men that the students know and trust; educating students about how to increase their assertiveness and self-efficacy; conveying knowledge about how to report to the police or school officials, and the availability of different types of services on and off campus; and stressing the importance of reporting incidents of attempted and completed sexual assault to the hall warden, security and the sick bay.

6. Secondary and tertiary prevention could be delivered in the form of providing training for all medical personnel at the sick bay for victims of abuse to get help, and referral information from the hall wardens or school medical personnel. Victims of abuse should consult medical personnel at the general clinic along with other patients to minimize stigmatization. Recognition of signs and symptoms of violence by university and health personnel would permit early intervention and reports to proper authorities if needed. The hostel staff and lecturers should develop a high index of suspicion, and identify and assist at-risk students with education, early intervention, referral, and treatment programmes.

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Educational interventions should also include relationship communication skills-building as a means of primary prevention. These programmes could be operated through the lecturers, peers, the sick bays/health centres, clubs, religious groups, or any other campus groups that could have special influence on students.

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Appendix 1

Questionnaire

PREVALENCE AND DETERMINANTS OF INTIMATE PARTNER VIOLENCE TOWARDS FEMALE STUDENTS OF THE UNIVERSITY OF IBADAN, NIGERIA.

Hello, my name is Umana Joe. I am a postgraduate student conducting a survey in the University of Ibadan to learn about female students' health and life experiences. I want to assure you that all of your answers will be kept strictly secret. No record of your name or address will be kept. You have the right to stop your participation at any time, or skip any questions that you don't want to answer. Thank you for your anticipated co-operation in answering the questions honestly. Your experiences could be very helpful to other women in Nigeria.

SECTION 1: SOCIO-DEMOGRAPHIC DATA

1.Your age in years (as at your last birthday)....................

2. Marital status

1. [ ] Single, never married 2. [ ] Married 3. [ ] Separated

4. [ ] Widowed 5. [ ] Divorced

3. What is your level of study in this university?

1. [ ] Undergraduate (1st-3rd year) 2. [ ] Undergraduate (4th-6th year)

3. [ ] Masters degree programme 4. [ ] Ph.d programme

5. [ ] Others (specify)...

4. Who pays your school fees?

1. [ ] Mother 2. [ ] Father 3. [ ] Husband/boyfriend 4. [ ]Relatives

5. [ ] Government/scholarship 6. [ ] Others (specify).........................

5. Tribe

1. [ ] Hausa 2. [ ] Yoruba 3. [ ] Ibo 4. [ ] Others (specify).................

6. Religion

1. [ ] Christianity 2. [ ] Islam 3. [ ] Traditional 4. [ ] Others (specify)......

7. Do you smoke cigarettes?

1. [ ] Yes 2. [ ] No

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8. If yes to question No. 7, on the average how many sticks per day?

1. [ ] 1-5 2. [ ] 6-10 3. [ ] 11-20 4. [ ] 21 and above

9. Do you take alcoholic drinks?

1. [ ] Yes 2. [ ] No

10. If yes to question No. 9, on the average what is your frequency?

1. [ ] Everyday or nearly everyday 2. [ ] Once or twice a week

3. [ ] 1-3 times a month 4. [ ] Occasionally, less than once a month

5. [ ] Other (specify)...

11. Do you occasionally take drugs (e.g. marijuana, cocaine, heroine etc)?

1. [ ] Yes 2. [ ] No

12. Did you as a child sometimes see your parents quarelling or fighting at home?

1. [ ] Yes 2. [ ] No

If you are married or have a boyfriend or a (sexual) partner, please answer questions 13 to 20, otherwise proceed to question 21.

13. Your husband's/partner's/boyfriend's age in years (as at his last birthday)...........

14. Does your husband/partner/boyfriend smoke cigarette?

1. [ ] Never 2. [ ] 1-5 sticks of cigarette per day 3. [ ] 6-10 sticks of cigarette per day

4. [ ] 11-20 sticks of cigarette per day 5. [ ] 21 and above sticks of cigarette per day

15. Does your husband/partner/boyfriend take drinks containing alcohol?

1. [ ] Never 2. [ ] Everyday or nearly everyday 3. [ ] Once or twice a week
4. [ ] 1-3 times a month 5. [ ] Occasionally, less than once a month
6. [ ] Other (specify).......................

16. What is his educational status?

1. [ ] None 2. [ ] Primary education 3. [ ] Secondary education
4. [ ] Tertiary education

17. What kind of work does your husband/partner/boyfriend do?
...

18. What is his ethnic group?

1. [ ] Hausa 2. [ ] Yoruba 3. [ ] Igbo

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19. What is his religion?

1. [ ] Christianity 2. [ ] Islam 3. [ ] Traditional 4. [ ] Other (specify).......................

20. Since you met your husband/partner/boyfriend, has he been involved in a physical fight with another man?

1. [ ] Yes 2. [ ] No 3. [ ] Don't know/don't remember

SECTION 2: KNOWLEDGE ABOUT INTIMATE PARTNER VIOLENCE

21. In your opinion, which of the following actions by a man would you consider as intimate partner violence?

		YES	NO
A	Tries to keep his wife/girlfriend from seeing her friends		
B	Tries to restrict contact with her family of birth		
C	Insists on knowing where his wife/girlfriend is at all times		
D	Ignores his wife/girlfriend and treats her indifferently		
E	Gets angry if she speaks with another man		
F	Is often suspicious that his wife/girlfriend is unfaithful		
G	Expects his wife/girlfriend to ask his permission before seeking healthcare		
H	Insulted his wife/girlfriend or made her feel bad about herself		
I	Belittle his wife/girlfriend, humiliate her in front of other people		
J	Done things to scare or intimidate his wife/girlfriend on purpose (e.g. the way he looked at her, by yelling and smashing things)		
K	Threatening to hurt her or someone she cares about		
L	Slapped her or threw something at her that could hurt her		
M	Pushed her or shoved or pulled her hair		
N	Hit her with his fist or with some object that could hurt her		
O	Kicked her, dragged her or beat her up		
P	Threatened to use or actually used a gun, knife or other weapon against her		
Q	Physically force her to have sexual intercourse		
R	Choke or burn her on purpose		
S	Deny her money in order to hurt her		

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SECTION 3: PREVALENCE OF INTIMATE PARTNER VIOLENCE

Please you are required to tick yes or no to question 22 and if you tick yes, also indicate by ticking the number of times that the action occured within the last 12 months.

	YES	NO	If yes, how many times in the last 12 months did he do it?		
			Once or twice	A few(3-5) times	Many(more than 5) times
a. Tried to keep you from seeing your friends					
b. Tried to restrict contact with your family of birth					
c. Insisted on knowing where you are at all times					
d. Ignored you and treated you indifferently					
e. Gets angry if you speak with another man					
f. Is often suspicious that you are unfaithful					
g. Expected you to ask his permission before seeking health care for yourself					
h. Insulted you or made you feel bad about yourself					
i. Belittled you/humiliated you in front of other people					
j. Did things to scare or intimidate you on purpose (e.g. by the way he looks at you, by yelling and smashing things)					
k. Threatened to hurt you or someone you care about					
l. Slapped you or threw something at you that could hurt you					
m. Pushed you or shoved or pulls your hair					
n. Hits you with his fist or with some object that could hurt you					
o. Kicked you, dragged you or beat you up					
p. Threatened to use or actually used a gun, knife or other weapon against you					
q. Physically forced you to have sexual intercourse when you did not want to					
r. Choked or burned you on purpose					
s. Denied you money or other material things in order to hurt you					
t. Had sexual intercourse with him because you were afraid of what he might do to you					
u. Forced you to do something sexually that you found degrading or humiliating					
v. Refused to have sex with you in order to hurt you					

22. Has your husband/partner ever done the following to you?

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23. Since the age of 15 years, has any male other than your husband/partner/ boyfriend ever beaten you or physically mistreated you in any way?

1. [ ] Yes 2. [ ] No

24. If yes to question 23, who did this to you? (tick the boxes that correspond to your answer and indicate the number of times it occured). If no to question 23, skip question 24 please.

	YES	NO	Once or twice	A few(3-5) times	Many(more than 5) times
a. Father					
b. Step father					
c. Other male family member					
d. Male teacher/lecturer					
e. Male police/soldier					
f. Male friend of family					
g. Stranger					
h. Someone at work					
i. Priest/male religious leader					
j. Other (specify)					

25. Since the age of 15 years, has any male other than your husband/partner/ boyfriend ever forced you to have sex or to perform a sexual act when you did not want to?

1. [ ] Yes 2. [ ] No

26. If yes to question 25, who did this to you? (tick the boxes that correspond to your answer and indicate the number of times it occured). If no to question 25, skip question 26 please.

	YES	NO	Once or twice	A few(3-5) times	Many(more than 5) times
a. Father					
b. Step father					
c. Other male family member					
d. Male teacher/lecturer					
e. Male police/soldier					
f. Male friend of family					
g. Stranger					
h. Someone at work					
i. Priest/male religious leader					
j. Other (specify)					

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SECTION 4: HISTORY OF CHILDHOOD ABUSE

Please you are required to answer yes or no to question 27, and if yes also indicate the number of times it occured.

27. Before the age of 15 years, did you experience any of the following?

	YES	NO	If yes, how many times did it occur before your 15th birthday?		
			Once or twice	A few(3-5) times	Many(more than 5) times
a. Were you severely beaten by your parents or guardian?					
b. Did any man naked himself or masturbate before you?					
c. Did any man fondle you or have sexual penetration with you?					

SECTION 5: ATTITUDE TOWARDS INTIMATE PARTNER VIOLENCE

People have different ideas about family life and what is acceptable behaviour for a man and a woman in the home.

28. I would want to know whether you generally agree or disagree with the following statements.

	Strongly agree	Agree	Don't know	Strongly disagree
a. A good woman obeys her husband/intimate partner even if she disagrees with his views				
b. Family problems should only be discussed with people in the family				
c. It is necessary for a man to show his wife/partner who the boss is in the home				
d. A woman should be able to choose her own friends even if her husband/partner disapproves				
e. It is a woman's obligation to have sex with her husband/partner anytime he wants it				
f. If a man beats his wife, others should intefere				

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29. In your opinion, do you feel a man has a good reason to beat his wife if...

	Yes	No	Don't know
a. She does not complete her household work to his satisfaction			
b. She disobeys him			
c. She refuses to have sexual intercourse with him			
d. She asks him whether he has other girlfriends			
e. He suspects that she is unfaithful			
f. He finds out that she has been unfaithful			
g. She does not feel like having sex at the time			
h. He is drunk			
i. She is sick			
j. He maltreats her			

SECTION 6: HEALTH CONSEQUENCES OF INTIMATE PARTNER VIOLENCE

Health consequences refer to physical harm to the body such as cuts, burns, sprains, broken bones or broken teeth etc.

31.Have you ever been injured as a result of physical violence by your husband/ partner?

1. [ ] Yes 2. [ ] No 3. [ ] Don't know

32. If yes to question No 31, how many times in your life have you been injured by (any of) your husband or partner. If no to question No 31, proceed to question No. 36.

1. [ ] Once/ twice 2. [ ] Several (3-5) times 3. [ ] More than 5 times
4. [ ] Don't know/don't remember

33.What type of injury did you have?

	Yes	No
a) Cuts, punctures, bites	[ ]	[ ]
b) Scratch, abrasion, bruises	[ ]	[ ]
c) Sprains, dislocation	[ ]	[ ]
d) Burns	[ ]	[ ]
e) Penetrating injury, deep cut	[ ]	[ ]
f) Broken ear drum, eye injuries	[ ]	[ ]
g) Fractures, broken bones	[ ]	[ ]

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h)	Broken teeth	[ ]	[ ]
i)	Internal injuries	[ ]	[ ]

j) Other (specify)..

34. Have you ever had to spend night(s) in a hospital due to injuries from your husband/partner?

1. [ ] Yes 2. [ ] No

35. Did you tell the health worker the real cause of your injury?

1. [ ] Yes 2. [ ] No

SECTION 7: IMPACT AND COPING WITH INTIMATE PARTNER VIOLENCE

36. Are there particular situations that tend to make your husband/intimate partner to be violent?

		Yes	No
a.	No particular reason	[ ]	[ ]
b.	When he is drunk	[ ]	[ ]
c.	When he has money problem	[ ]	[ ]
d.	When he has difficulties at work	[ ]	[ ]
e.	When he is unemployed	[ ]	[ ]
f.	When there is no food at home	[ ]	[ ]
g.	When there is problem with his or your families	[ ]	[ ]
h.	When you are pregnant	[ ]	[ ]
i.	When he is jealous of you	[ ]	[ ]
j.	When you refuse him sex	[ ]	[ ]
k.	When you are disobedient	[ ]	[ ]

37. Would you say that your husband's/partner's behaviour has affected your physical and/or mental health?

1. [ ] No effect 2. [ ] A little 3. [ ] A lot

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38. In what way if any has your husband's/partner's violent behaviour affected your studies?

1. [ ] Studies not affected
2. [ ] Partner interrupted my studies
3. [ ] Unable to concentrate
4. [ ] Unable to study/sick leave
5. [ ] Lost self-confidence
6. [ ] Others (specify)................

39. Did you ever go to any of the following for help?

	Yes	No
a. Police	[ ]	[ ]
b. Hospital or health centre	[ ]	[ ]
c. Social service/shelter	[ ]	[ ]
d. Legal advice centre/court	[ ]	[ ]
e. Traditional/local leader	[ ]	[ ]
f. Women's organization	[ ]	[ ]
g. Priest/religious leader	[ ]	[ ]
h. Others (specify)	[ ]	[ ]
i. Did not go for help	[ ]	[ ]

40. If you went for help, what were the reasons that made you to go for help?

1. [ ] Encouraged by friends/family
2. [ ] Could not endure anymore
3. [ ] Badly injured
4. [ ] He threatened or tried to kill me
5. [ ] Thrown out of the home
6. [ ] Other (specify)......

41. What was the main reason why you left your husband/partner?

1. [ ] Never left him
2. [ ] Encouraged by friends/family
3. [ ] Could not endure anymore
4. [ ] Badly injured
5. [ ] He threatened or tried to kill me
6. [ ] Thrown out of the home
7. [ ] Other (specify)

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42. If you continued staying with your husband/partner despite his behaviour, what were the reasons that made you stay?

1. [ ] Did not want to leave the children
2. [ ] Sanctity of marriage
3. [ ] Didn't want to bring shame to the family
4. [ ] I love him
5. [ ] My family said I should stay
6. [ ] I forgave him
7. [ ] He threatened me/the children
8. [ ] Nowhere to go
9. [ ] Didn't want to be single
10. [ ] Thought he would change
11. [ ] Violence normal/not serious

43. What are your suggestions or recommendations for stopping intimate partner violence?

....

....

....

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

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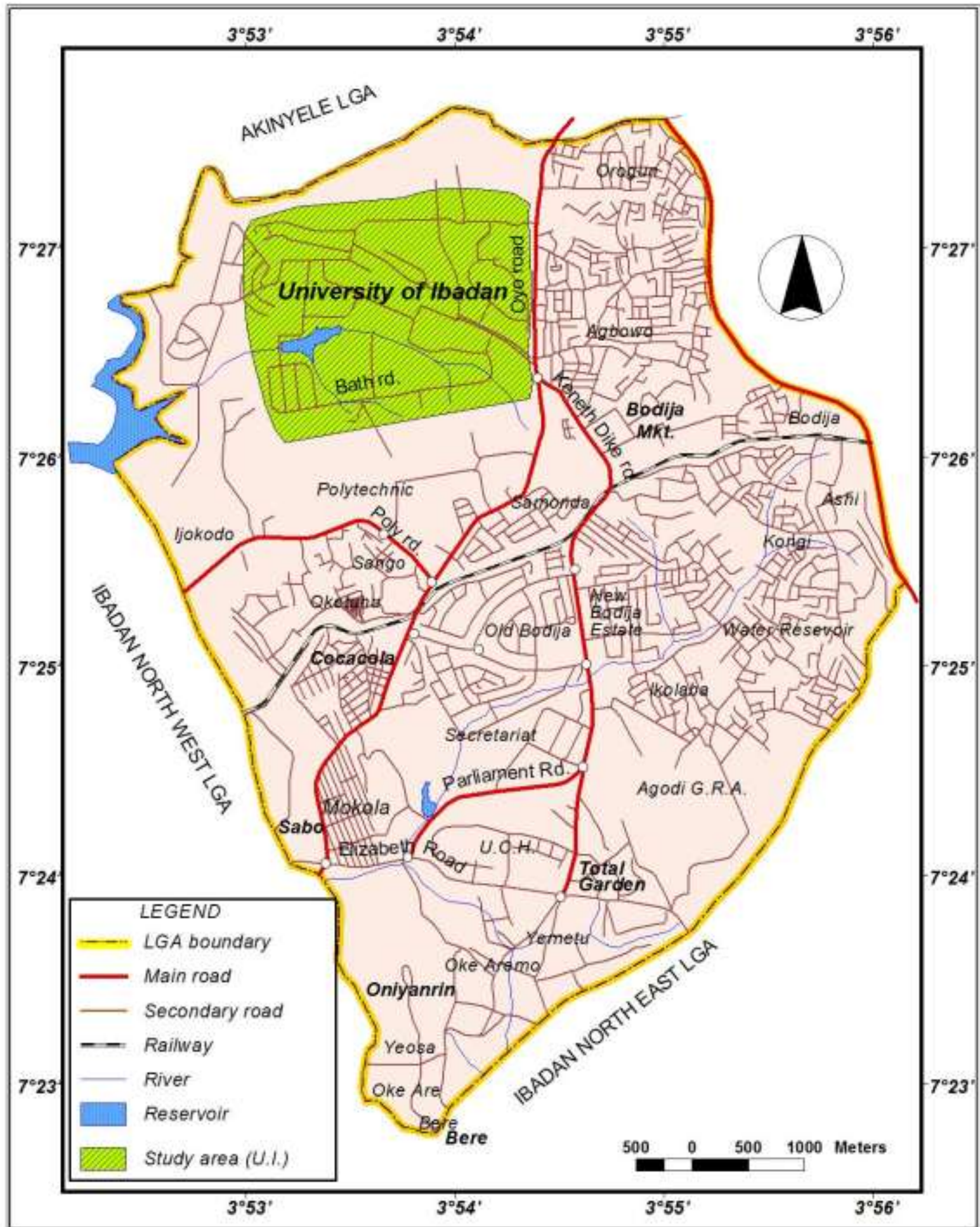
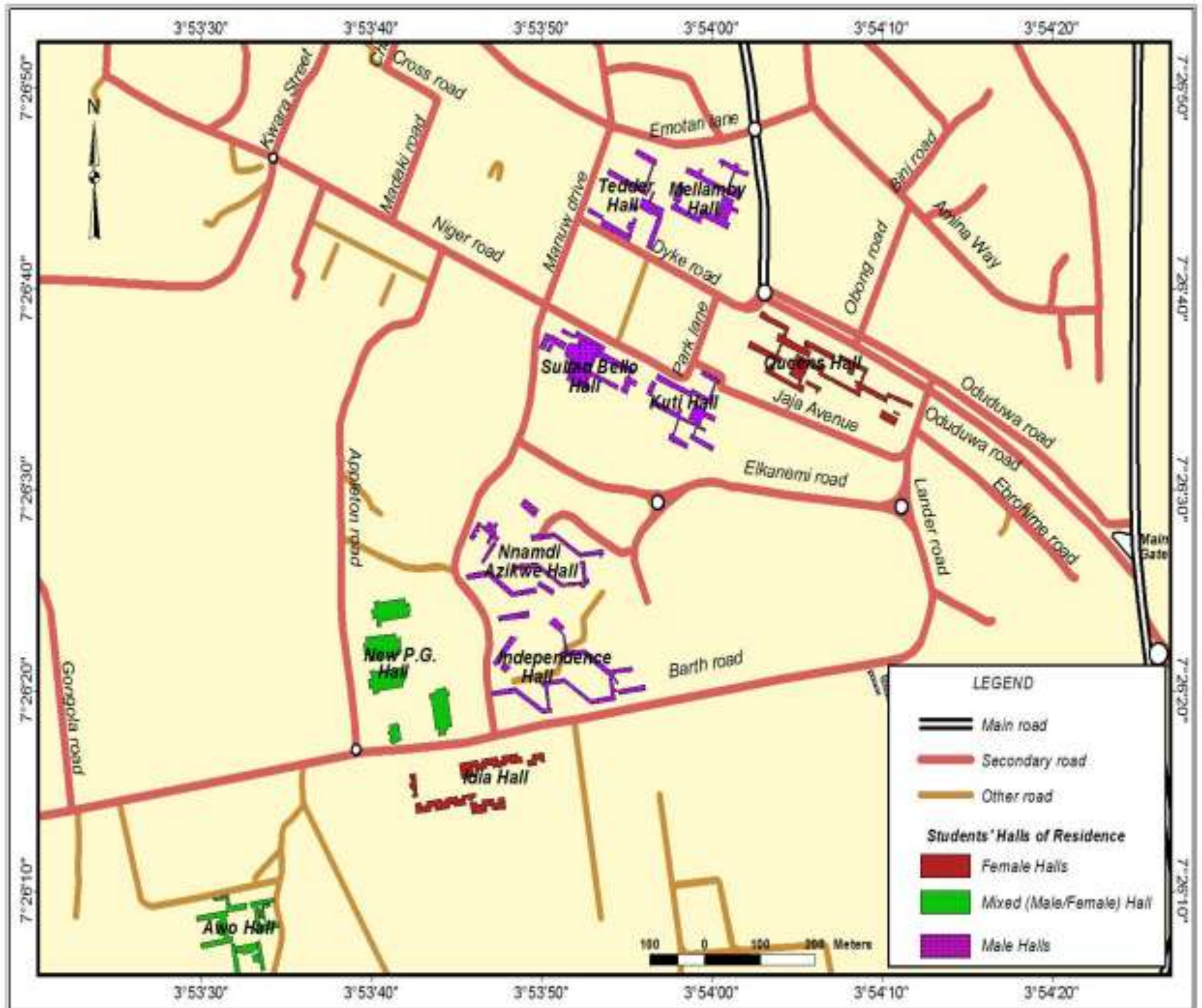
APENDIX 2



Map of Ibadan North L.G.A. showing the location of the University of Ibadan

APENDIX 3



Map of University of Ibadan showing selected students' halls of residence for the study

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APPENDIX 4

TELEGRAMS....... TELEPHONE.......

MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. ....
All communications should be addressed to the Honourable Commissioner quoting
Our Ref. No: AD 13/479/167

Date: 4th November, 2011

The Principal Investigator,
Department of Epidemiology, Medical Statistics
And Environmental Health,
Faculty of Public Health,
College of Medicine,
University of Ibadan,
Ibadan.

Attention: Joseph Edem UMANA.

Ethical Approval for the Implementation of Your Research Proposal in Oyo State.

This acknowledges the receipt of the corrected version of your Research Proposal titled *"Prevalence and Determinants of Intimate Partner Violence towards Female Students of the University of Ibadan, Nigeria".*

The Committee has noted your compliance with all the ethical concerns raised in the initial review of the proposal. In the light of this, I am pleased to convey, to you, the approval of the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

Please, note that the committee will monitor, closely, and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of the findings as this will help in policy making in the health sector.

Wishing you all the best

Mrs. V.A. Adepoju,
Director, Planning, Research & Statistics Division
Secretary, Oyo State Research Ethical Review Committee.