

Assessment of Family Violence Health Consequences among the Classified Married Women in Ogun State, Nigeria

EMMANUEL AKINYEMI ADENUGA, AYOBAMI ALADE OKUNDARE,
OLUFEMI OLUKAYODE KALESANWO
Olabisi Onabanjo University, Ago-Iwoye, Nigeria

Abstract. The purpose of this study was to assess the health consequences of family violence among women in Ogun State. Two (2) hypotheses were postulated, while Descriptive research design was used for this study. The population for this study is all married women in Ogun State. These women were categorized into four (4) as married women with children, without children, with pregnancy and without pregnancy. One Thousand two hundred (1200) respondents were used for this study. Self-structure questionnaire was used to collect data for the study. The reliability of the instrument was 0.92. Multiple regression was used to determine the acceptance and non - acceptance of the hypotheses formulated at $p < 0.05$. The result of the study indicated that PTSD, Dissociative disorder, Anxiety, Depression, Substance Abuse, and physical deformity were family violence health consequences among married women in Ogun State. Based on the findings of this study, some recommendations were made that Government should setup a legal body to attend to battered women to adjust to trauma; Women should be encouraged to discuss violence issues freely without any timidity; Churches and mosques should intensify effort in rendering marital counseling without limiting it to potential couples but follow it up after marriage.

Keywords: Family Violence, Health Consequences, Married Women, Family Violence Theories.

1. Introduction

Family Violence covers material, societal, poignant cruelty with acts of belligerence within relationships considered as family link akin to family connections (Gibbons, 2015). It is a pattern of offensive

behaviours by one kin against another. Its forms include physical belligerence or attack such as hitting, kicking, biting, shoving, restraining, slapping, throwing objects, threats, sexual abuse; emotional abuse; scheming or bossy; stalking; reflexive/stealthy abuse acknowledged as neglect; and economic deprivation (Seimeniuk, Krentz, Gish & Gill, 2010; Alokun, 2013). A family member could be subjected to more than one form of violence. These violence include forced Marriage and Underage Marriage; Physical Abuse or Battering; Sexual Abuse; Hard Labour or Child Labour, Emotional Abuse, Neglect and Abuse of Widows (Ayantayo, 2011). Irrespective of all the sociological types of family like polygamy, monogamy, extended, compound family, nuclear, and blend family existing among people family violence occurs.

A number of family violence cases abound in Nigeria which are seldomly reported or brought to the public particularly among the wealthy family due to its perceived dent on their family image comparing with family of low socio-economic status, (Kalesanwo & Adenuga, 2013). There are reports on spouse abuse mainly wife beating, while the police intervention is limited once there is no previous harms like loss of sight, hearing, power of speech, facial disfigurement or life threatening injuries; in fact, court and police were reluctant to intervene in many rural areas once the case did not exceed customary norms in the areas, (Ashimolowo & Otufale, 2012; Australian Bureau of Statistics [ABS], 2013; Bartels, 2010; Bellis, Hughes, Perkins & Bennett, 2013). Discriminatory laws exacerbated the problem owing to the penalty for sexual assault of a man that is more severe than the penalty for the same offence against a woman, (Kalesanwo & Adenuga, 2013).

A cursory look at the cause violence at home through Marital Power Theory, this theory affirm that power falls into power bases, power processes and power outcomes. The power bases consist of the chattels and resources that permit one partner to dominate over another. Power processes comprise the interactional techniques used by an individual to gain control; among the techniques are negotiation, assertiveness and problem-solving. Power outcome denote who really makes the decision among the partner (Dowse, Soldatic, Spangaro & van Toorn, 2016; Hellman, Johnson & Dobson, 2010; Howard & Linda, 2015; *Kelly & Julia, 2010*; Laing, 2010). Therefore, many women are prone to family violence because they lack power. In fact, many women remain in the violent home due to Traumatic Bond. As affirmed by Traumatic Bonding Theory, women continue to stay with an abuse partner due to power imbalance within the relationship and the intermittent nature of the violence (McCluskey, 2010; Nicholas, 2015; Phillips & Vandenbroek, 2014; Richards, 2011; Thompson & Smith, 2011; United Nations, 2010; (WHO), 2010).

Though the perpetrator dominates, the power relationships polarize over time, and women being the weaklings in the relationship become increasingly dependent on the perpetrator. The moments between abuse and positive displays of affection cement the legitimacy of the relationship causing Stockholm syndrome, (Ashimolowo & Otufale, 2012; ABS, 2013; Bartels, 2010). The violated women are intensely grateful for little affection which could be in kind or catch shown by the abuser, making them to rationalize the acts of family violence, and deny their anger. Therefore, they feel the need to occupy the abuser's mind to please, as they see the world from abuser's perspective, (Bellis, Hughes, Perkins & Bennett, 2013; Dowse, Soldatic, Spangaro & van Toorn, 2016).

Violence against women in the home is regarded as private issue which needs to be shielded from external attention. A customs of stillness reinforces the victim's stigma instead the condemnation of the perpetrator of the crime. In fact, the criminal justice system in Nigeria provides little or no protection for women from family violence. The incidents of family violence noted across the country through a study is, 64.4 % women in work places had been beaten by a partner. 56.2% market women had experienced violence. 20% of urban and 29% of rural women could not acknowledge violence, (Hellman, Johnson & Dobson, 2010; Howard & Linda, 2015; *Kelly & Julia, 2010*; Laing, 2010; McCluskey, 2010; Nicholas, 2015; Phillips & Vandenbroek, 2014;

Richards, 2011; Thompson & Smith, 2011; United Nations 2010; WHO, 2010).

It has been noted that most homes are out of order as a result of violence, there is wary that the case post ill-health on the victims especially the women therefore. In Ogun State; violence at home become prevalence phrase in day-to-day language regardless of family status, and types, violence prevail, particularly wife beating and stalking leading to maiming of partner, (Kalesanwo & Adenuga 2013). Experts reported that not less than 42 cases of husband and wife fighting, out of 45 cases registered by Divisional Police, while customary court has nothing less than 20 cases of divorce on yearly basis. This is an indication that the study location is not free from the case of family violence (Kalesanwo & Adenuga 2013), with an observation that much study is yet to be done on family violence in this area. Therefore, it become imperative to study family violence focusing on it health implications among married women in Ogun State.

2. Objective

This study assessed health consequences of family violence among the classified married women in Ogun State, Nigeria; determined whether the family violence health implications are the same among the identified categories of married women; and also come-up with suggestions that could help in reducing the health implications to the nearest minimum.

3. Research Hypotheses

Family violence health consequences (PSTD, Dissociative disorder, Anxiety, Depression, Substance Abuse, and physical deformity) will not be relatively significant among married women in Ogun State.

Family violence health consequences will not be significantly the same among the married women with minor, without minor, with pregnancy and without pregnancy.

4. Methodology

The descriptive survey research design was used for the study. This method is considered appropriate because it helps to describe record, analyze, and interpret conditions, as they exist based on data gleaned. The population of this study was all married women in Ogun State, Nigeria. These women were categorised into four (4) as married women with minor, married women without minor, married women with pregnancy and married women without

pregnancy. The entire state was divided into four (4) strata, using division as a criterion. Three (3) Local Government Areas were randomly selected from each stratum, to make 12 Local Government Areas for the study. One hundred (100) respondents were randomly selected from each stratum, to make 1200 samples size for the study. The use of the divisions and sixty per cent (60%) of local government area in Ogun State permits fair representation for the generalization of the findings.

A self-structured questionnaire was used for this study. The questionnaire has 2 Sections. Section A elicit personal information of the respondents like

year of marriage, religion of the respondents and the category, this helped to describe the respondents while section B was designed in line with Likert-scale of four modified rating with weight allotted, to enable respondents indicate their extent of agreement disagreement with the statement supplied, and to collect information on the variables under study. Its reliability (r) through Pearson Product Moment Correlation Coefficient yielded 0.92. The data obtained were analyzed using frequency count (f) and percentage (%) to explain demographic data of the respondents, while multiple regression was used to determine the acceptance and non-acceptance of the hypotheses formulated.

5. Results

Hypothesis 1: Family violence health consequences (PSTD, Dissociative disorder, Anxiety, Depression, Substance Abuse, and physical deformity) will not be relatively significant among married women in Ogun State.

Table 1: Regression analysis showing relatively perceived family violence traumas among young adults

Variables	Unstandardized Coefficients	Standardized Coefficients	Beta	Rank	T.ratio
	B	Std Error			
Constant	31.210	1.1820			26.3920
PSTD	0.131	0.098	0.071	2 nd	3.2060
Dissociative disorder	1.020	0.081	0.305	1 st	12.4150
Anxiety	0.132	0.160	0.053	4 th	2.1635
Depression	0.133	0.061	0.054	3 rd	2.1640
Substance Abuse	0.130	0.158	0.050	5 th	2.1633
Physical Deformity	0.130	0.149	0.050	6 th	2.1623

Table 1 presents the parameter estimate (B), the standard Error (SE), T-ratio and the probability level of association between the independent variables family violence and the dependent variable health consequences on married women. The Table showed that Dissociative disorder was the highest consequence (b = 1.020; t = 12.4150; p < 0.05). The second was PSTD (b = 0.131; t = 3.2060; p < 0.05). In order of rank Depression was the third significant health consequences of family violence on married women (b = 0.133; t = 2.1640; p < 0.05). The forth was Anxiety (b = 0.132; t = 2.1640; p < 0.05), Substance Abuse was the fifth (b = 0.130; t = 2.1633; p < 0.05) while Physical Deformity (b = 0.130; t = 2.1623; p < 0.05) being the sixth consequences was also significant. The result shows that family violence health consequences (PSTD, Dissociative disorder, Anxiety, Depression, Substance Abuse, and physical deformity) were relatively significant among married women. Therefore, the hypothesis 1 was rejected.

Hypothesis 2: Family violence health consequences will not be significantly the same among the married women with minor, without minor, with pregnancy and without pregnancy

Table 2: Summary of Regression Analysis of Family Violence Health Consequences among the married women with minor, without minor, with pregnancy and without pregnancy

Multiple R	R	Adjusted	SS	MS	F	Sig. P	Remark
0.002	0.316	0.089	1048.985	1.358	36.667	0.05	Reject

Table 2 indicates that there is strong correlation among the four categories of married women identified and family violence health consequences (R = 0.316). This implies that family violence health consequences were significant among the four categories of married women identified. Based on the Adjusted R-square = 0.089, the result shows that the 8.9% of the total variance in family violence health consequences among the categories of married women identified is due to other factors not included in this study. From table 2 also, the F-ratio shows that the adjusted R-square value = 0.089 is significant (F_(6,1996) = 36.667; p < 0.05). This indicates that the adjusted R-square value is not due to chance; therefore, hypothesis 3 which stated that family violence health consequences will not be significantly the same among the married women with minor, without minor, with pregnancy and without pregnancy was hereby rejected.

6. Discussion

Based on data collected, coded and analyzed, the result shows that family violence health consequences such as PTSD, Dissociative disorder, Anxiety, Depression, Substance Abuse and physical deformity were relatively significant among married women. The result corroborates Ashimolowo & Otufale, (2012); ABS, (2013); Bartels, (2010); Bellis, Hughes, Perkins & Bennett, (2013) assertion that family violence post health problems married women either with or without children; and with or without pregnancy.

They experienced loss of health, dignity, security, and freedom of self-determination with the visible signs of assault, which occur to the face, head, neck, breasts, abdomen, back and genitals. The consequence impaired their relationships, and capacity to provide their children's needs (Dowse, Soldatic, Spangaro & van Toorn, 2016; Howard & Linda, 2015; Laing, 2010; Kalesanwo & Adenuga 2013). Also support the assertion of Thompson & Smith, (2011); United Nations (2010) and WHO, (2010) that violence account for a substantial proportion of the injuries that bring married women to hospital emergency units. This is in line with the submission of Phillips & Vandenbroek, (2014) and Richards, (2011) that violated married women are prone to PTSD, Dissociative disorder, Anxiety, Depression, Substance Abuse and physical deformity. And psychological problems like depression and substance abuse is common among married women, (Hellman, Johnson & Dobson, 2010).

The study also revealed that family violence health consequences were significant among the four categories of married women identified and the health consequences were the same among the married women with or without children, with or without pregnancy. The result corroborates Ashimolowo & Otufale, 2012; ABS, 2013; Bartels, 2010; Bellis, Hughes, Perkins & Bennett, 2013) assertion that family violence post health problems married women either with or without children; and with or without pregnancy.

7. Conclusion

Based on the findings of this study the researcher concluded that family violence health consequences among married women in Ogun State include PTSD, Dissociative disorder, Anxiety, Depression, Substance Abuse, and physical irrespective of the category of married women; the consequence is that

family violence affect married women in Ogun State, while there is slight family types also influence it.

8. Recommendations

As the result of the findings of this study, the researchers hereby suggest the following recommendations that:

- Government should setup a legal body to attend to battered women to adjust to trauma.
- Women should be encouraged to discuss violence issues freely without any timidity.
- Churches and mosques should intensify effort in rendering marital counseling without limiting it to potential couples but follow it up after marriage.
- Marriage counseling should be part of the activities of the social and information department of the local government to discourage going to loveless marriage to compliment the effort of the churches and mosques.
- Health professionals should be trained on how to help violated married women by knowing all the referral centres where the women can be helped, like local women aid group, the police community safety unit if any, etc.
- Women economic should be boosted through empowerment programme by government and relevant agencies to reduce their absolute dependence on partner.

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