



Physical Spousal Violence against Women and their Well-Being in Owerri Metropolis Imo State, Nigeria

Uchechukwu A. Nwobi¹David C. Nwogbo² & Okeke, O. Kaycee³

^{1&2}Department of Public Administration, National Open University of Nigeria

³Social Sciences Unit, School of General Studies, University of Nigeria Nsukka

Corresponding Author's E-mail: ucheanwobi@gmail.com

Abstract

The incessant scourge of physical spousal violence against women in Nigeria such as; biting, shoving, throwing, grabbing, choking and use of weapons among others have increased drastically, constituting great challenges to women's well-being despite a plethora of legal and regulatory mechanisms proscribing all kinds of violence in Nigeria. Specifically, the study aimed to ascertain the extent to which physical spousal violence against women worsened their well-being in Owerri metropolis Imo state, Nigeria. To effectuate the objective of the study, the study adopted a survey research. A multi stage sampling technique was used to select 108 women from the three local government areas in Owerri metropolis. The instrument used to generate primary data was a self-administered questionnaire while the secondary data was largely adopted from journals, textbooks, newspapers, web pages and government publications. Four point Likert scale, mean scores and percentages of the responses were employed. Feminist theory was used as the theoretical umbrella for this discourse. The study revealed that physical spousal violence against women to a very high extent has significantly worsened their well-being on healthcare, feeding, risk of training their children, homelessness, childcare, and deprivation of liberty, safety of lives, lost work, and self-esteem among others. The study recommended for housing and welfare policies for violated women, empowerment of women through microfinance and skill training, childcare support services via social security among others.

Keywords: Physical, Spouse, Violence, Women and Well-being.

Citation of article: Okereke, E. U. *et al.* (2022). Physical Spousal Violence against Women and their Well-Being in Owerri Metropolis Imo State, Nigeria. *African Journal of Politics and Administrative Studies (AJPAS)*, 15(2):156-177.

Date Submitted: 10/10/2022 **Date Accepted:** 29/11/2022 **Date Published:** December, 2022



Introduction

Physical spousal violence against women has been a persistent epidemic in Nigeria that violates women's basic rights and affects the physical well-being of concerned women, their families, and broader communities. It connotes any behaviour or intentional use of physical force within an intimate relationship with the potential for causing death, disability, injury or harm to those in the relationship. It could be perpetrated by a husband, wife, boyfriend or ex-partner *via* physical assault such as scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon and use of restraints or ones' body size, or strength against another person among others, (Owoaje & OlaOlorun 2012). This could result to harm, suffering or arbitrary deprivation of liberty.

Remarkably, as spousal abuse cuts across men and women, women are predominantly the worst heat in Owerri metropolis because several men still beat their wives and perpetrate other kinds of physical abuse on them instead of extending a hand of love and protection to them, (Akande, Olateru-Olagbegi & Ezekwem 2002). Some of the reasons attributed to the abuse were if a wife disobeys or challenges her husband or does not play her gendered role, habitual immoral life, the rejection of a spouse's sexual advances and as a form of discipline on her etc in order to maintain the husband's power and control, (Omorogiuwa, 2017). Hence, women became miserable because some were homeless without care for themselves and their children. Others experienced poor feeding as a result of lack of income and joblessness. In the same vein, they lack the basic necessities of life (such as food, shelter, clothing, sanitation, education and healthcare among others) necessary for a minimum standard of living, ("Basic needs", n.d).



Thus, these women in Owerri rarely report the violence inflicted on them for fear of being stigmatized by the society and lack of positive response from the society. In the light of that, women resigned themselves to the culture of silence as a result of ignorance of what constitutes their rights generally, (Okeke 2018). Furthermore, the violence continues to be extremely harsh causing very big problems to women's well-being despite a plethora of legal and regulatory mechanisms proscribing all kinds of violence against women, (Haaga, Aja, & Chukwuemeka 2015). Hence, the need for the study was raised. The contention was always premised on unimproved well-being. The experience of physical spousal violence made some women homeless, unable to take care of their health, children, education and family, (Omorogiuwa 2017). Other challenges were having fewer opportunities to choose how to live their lives, females faced epidemic level of violence and harassment, gender stereotypes, low self esteem and aspirations, (Browne & Millington 2015). Furthermore, women experienced poorer health care, more emotional distress, more suicidal thoughts attempts and unable to participate in issues concerning them and their homes, (Benebo, Schumann & Vaezghasemi 2018). Flowing from the identified lapses, the paper aimed to:

- Ascertain the extent to which physical spousal violence against women has worsened their well-being in Owerri metropolis Imo state, Nigeria.

Conceptual Clarifications and Literature Review

Physical violence

It means a planned deliberate use of physical force or power, vulnerable or real against oneself, another person, group, community, that either give rise to or has a probability of causing injury, psychological harm, death, mal-development or deprivation, (Rutherford, Zwi,



Grove&Butchart2007). Furthermore, World Health Organization in 2005 defined physical violence as any woman who is being slapped or thrown something at, hit with a fist or something else that can hurt her, kicked, dragged or beaten up, choked or burnt on purpose, threatened with or actually used a gun, knife or other weapons against her, (Bakare, Asuquo & Agomoh 2010). It usually occurs in the home, to display power and control perpetrated by one spouse against another.

Spouse Defined

The concept spouse entails “husband” and “wife” as any individual lawfully married to another individual, and “husband and wife” as any two individuals lawfully married to each other, regardless of the individuals’ sex, (Tate &Makuch 2016). Again, it connotes a person who is married to another person, and both of them are living together or with another person in marriage-like relationship devoid of any time frame, (Joanne 2017). It suffices to say that, a spouse describes a husband or wife in a marriage relationship who are living together in a home.

Woman Defined

It is a Latin word “femina” meaning woman. Femina became changed in the 14th century in order to associate the word female with the male. Interestingly, woman is traceable to the English word “wife” which is also related to man. Given the influence of Christianity, it became “this is the bone of my bone and the flesh of my flesh, she shall be called a woman, for she was taken out of the rib of a man”. For that, it’s a compound of “wife” and “man”, (Panchuk & Jones 2019). Usually, it is reserved for an adult, sometimes used to identify a female human regardless of age as in phrases like, “women’s right”. They are capable of giving birth, though older women who



have gone through menopause and some intersex women cannot, (“Women” 2020) and a Nigerian woman is seen as a divine being with a noble role of motherhood, (Azeez 2016).

Well-Being Defined

It is the level of wealth, comfort, material goods and necessities available to women as nurtured by quality and affordable food, housing, healthcare, education, economic and political stability, adequate infrastructures, safety of lives and property, (Nwude 2012). Again, it is the quality of life most often associated with health, education, food, nutrition, housing, household goods and services, childcare, (Steger 2018). To guarantee a woman’s well-being, she has to be protected from violence, fear of want of food and healthcare, (United Nations 2009). Everybody every time should have physical and economic access to adequate amounts of nutritious, safe and appropriate food to maintain a healthy and active life, (Akinyele 2009). It suffices to say that, a reasonable living should revolve around the above mentioned variables.

Empirical Review

The empirical review showcased that the paper titled: violence against Women: An exploration of the physical and mental health trends among immigrant and refugee women in Canada was authored by Guruge, Roche & Catallo (2012). It assessed the history of violence and the impairment of physical and mental health among 60 women participants from the Iranian and Sri Lankan, Tamil communities in Toronto, Canada. It was a pilot study and a cross sectional research. A convenience sampling technique was used. Findings revealed that the participants experienced various types of violence throughout their lifespan, with a recurring incidence of psychological abuse within twelve months. They also had physical and mental health impairment. The title of the paper was very long and clumsy. Significant results were arrived at



but the shortfall is that the study did not show the remedies to those challenges the findings revealed. Thus, generalization of the findings was difficult. The previous study was foreign, it used convenience sampling technique while the present study will be local and will use multi stage sampling method. In the same light, Osisiogu (2016) authored a work on physical abuse of women in the home: A Nigerian perspective. It examined the nature of physical abuse of women in the home by exploring the concept(s), research (Nigerian and international), theoretical explanations, and social responses in Abuja and Keffi, Nigeria. It was a qualitative research. Primary and secondary data were used. Findings revealed that societal responses to domestic violence in Nigeria continue to be influenced by the culture of patriarchy, religion, and indifference in the attitude of the criminal justice system. It recommended that criminal justice system should be more efficient in handling matters of physical and sexual abuse of women in the home and community. Adopting a 'zero tolerance' approach should also be employed. The study did not point out the total population and sample size used. As such, the sampling technique was not revealed.

Similarly, another study was aimed at strengthening the research on gender based violence with emphasis on physical violence among men and women in intimate relationships. It also reported the prevalence and factors associated with physical violence taking into account the hierarchical nature of the data. It was a descriptive cross sectional study. Multi stage cluster sampling technique was employed. The sample size was 1000. Mean, standard deviations, proportions and percentages were used to summarize variables. Findings revealed an increased need and importance of accounting for hierarchical structure of data. Most of the significant associations in bivariate analysis disappeared in the multilevel regression analysis. The study recommended



application of multilevel models methods, (Yusuf, Arulogun, Oladepo & Olowokeere 2011). Both the previous and present studies adopted multistage sampling technique. The study lacked details which make it difficult for readers and beneficiaries to know the way forward. In Ibadan, Azeez (2016) carried out a study on gender-based violence experiences and reactions in Ibadan metropolis Nigeria. The goal was to assess the respondents' responses to gender-based violence as a way-out of gender-based violence in Oyo State. Specifically, the study made enquiries about the level of awareness, effects and eventual victims of responses to non-physical gender-based violence. The study used multi-stage sampling techniques and 327 respondents were sampled. Data were coded and analyzed using Statistical Packages for Social Scientist (SPSS). Findings revealed that 68.5% respondents left redress for God; 7.3% took legal action and 9.7% fought the perpetrators. In effect, 83% of the perpetrators are likely to continue gender-based violence. The study recommended legal redress through media and local initiatives. Both the previous and present studies adopted multi stage sampling method. The total population of the study was not shown to enable us ascertain the right sample size.

Consequently, Kamimura, Ganta, Myers & Thomas (2014) conducted a study on intimate partner violence, physical and mental health among women utilizing community health services in Gujarat, India. The motive was to describe the lifetime prevalence of intimate partner violence and examine the association between intimate partner violence, health and well-being among women utilizing community health services to the economically disadvantaged in India. Sample size was 219 women utilizing community health services. Standardized instruments were used. Findings revealed that those with a lifetime history of violence reported poorer physical, mental, sexual, and emotional health compared to those without it. The study recommendations were not



clearly stated. The previous study was foreign while the present study will be local. In the light of the reviewed literature, researchers have investigated the broad physical spousal violence against women but few focused on Owerri metropolis Imo state, Nigeria. However, the inadequacies, incompleteness and incommensurability the current literature has not addressed, created the yawning knowledge gap which this study set to fill.

Hypothesis

- There is no significant relationship between the extent of physical spousal violence against women and their well-being in Owerri metropolis Imo state, Nigeria.

Theoretical Framework

The study was anchored on feminist theory. The major proponents are Mary Wollstonecraft (1794), Laura Cereta 15th century, Sojourner Truth (1851) who submits that women have limited rights due to men's flawed perception of women, (Brunell&Burkett 2020). Feminist theory gives a voice to women and highlights ways they can better their lives and if both sexes have the power of reason then liberty should apply to women, (Matthew-Richard 2017).

Tenets of the Theory to the Study: Feminist Theory has the following tenets; **(1)** It analyzes gender **(2)** It recognizes and reflects on the emotional live of women. **(3)** Explored the production of knowledge from a woman's perspective. **(4)** To liberate a woman's perspective from the discourse of a man's ideologies. **(5)** Our language is so masculine in nature and does not reflect women's experiences.

Application of the Theory to the Study

Feminist theory is relevant to the study because it has been lauded as the most influential in the study of gender issues. It analyzes the status of women and men in society aimed at using that



knowledge to better women's lives, (Eme 2015). Men's pervasive oppression and exploitation was displayed in Owerri metropolis *via* the use of physical violence such as scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning and use of weapons against their wives contrary to the provisions of the United Nations General Assembly to combat all types of violence against women, (Haaga, Aja, & Chukwuemeka 2015). Thus, the knowledge of feminist theory was used to safeguard women by protecting their gender rights against violence from men at homes in order to ensure that their rights are not impinged upon. To pull out of these challenges, spouses should be treated equally without violation. The affected women, who lost access to their healthcare, home, education, feeding, childcare, liberty, work, and self esteem, should be a priority for housing and welfare policies, childcare support services, empowerment of women, safety, employment, boosting of their self esteem etc, (Osisiogu 2016).

Methodology

A survey study was conducted in Owerri metropolis with an estimated population of about 403,425, (National Bureau of Statistics 2011). A multi stage sampling technique was adopted. Three local governments were purposively selected as Owerri West, Owerri North and Owerri Municipal as the sampling frame. Secondly, 6 communities were randomly selected from Owerri West and Owerri North respectively: Obinze, Ihiagwa, Nekede, Uratta, Emekuku and Nazi. Regarding Owerri Municipal, no community was selected because their settlements are not known as communities but villages and residential areas. It comprises of 5 villages as follows: Umuroronjo, Amawom, Umuonyeche, Umuodu and Umuoyima and residential areas such as Ikenegbu, Aladimma, World Bank housing estate etc. Thirdly, random sampling was used to select 12 villages from the communities in Owerri West, Owerri North respectively. They are



Umueje, Umuanunu, Umuelem, Nakaramoche, Umudibia, Umualum, Ezeogba, Ezedibia, Akwakuma, Amakohia, Umuakali and Umuezuo while 5 villages and 1 residential area were selected from Owerri Municipal. Finally, 6 women were randomly selected from each of the villages which summed up to a total number of 108 respondents. A self-administered questionnaire was used in collecting primary data to compliment the secondary data largely adopted from journals, textbooks, newspapers, web pages and government publications. A four point Likert scale was used. Data was analyzed using mean item and percentages.

Data Presentation, Findings and Discussion

Data was presented bearing in mind the objective and hypothesis of the study.

Table 1: Percentage, Decision, Mean Scores and Ranking of Respondents on the Extent to which Physical Spousal Violence against Women has worsened their Well-being on the following:

S/N	Questionnaire Items	Very High Extent 4	High Extent 3	Moderate Extent 2	Low Extent 1	Mean	Decision	Ranking
1	Health care	106(98%)	-(0%)	2(2%)	-(0%)	3.96	Accepted	1st
2	Feeding	75(69%)	30(28%)	3(3%)	-(0%)	3.66	Accepted	6th
3	Risk of training their children	55(50%)	45(41%)	4(4%)	4(4%)	3.39	Accepted	9th
4	Homelessness	88(81%)	15(14%)	4(4%)	1(1%)	3.75	Accepted	4th
5	Childcare	90(83%)	11(10%)	3(3%)	4(4%)	3.73	Accepted	5th
6	Deprivation of Liberty	99(92%)	2(2%)	1(1%)	6(5%)	3.79	Accepted	3rd
7	Safety of lives & property	20(18%)	80(74%)	5(5%)	3(3%)	3.08	Accepted	10th
8	Lost work	68(63%)	32(30%)	-(0%)	8(7%)	3.48	Accepted	8th
9	Low self esteem	103(95%)	4(4%)	-(0%)	1(1%)	3.93	Accepted	2nd
10	Longevity	81(75%)	19(18%)	6(5%)	2(2%)	3.65	Accepted	7th
	Total	785	238	28	29	36.42		

**Grand Mean****3.64** Accepted

Source: Authors Field Work (2022).

$$\text{Mean } (\bar{X}) = \frac{\sum fx}{N}$$

Data on Table 1: showed that all the items ranging from 1 to 10 had mean scores above the criterion mean of **2.5**. That indicated acceptance. The grand mean of **(3.64)** was above the criterion mean. The result of the study confirmed that there was a significant relationship between the extent of physical spousal violence against women and their worsened well-being.

On that premise, the following findings were deciphered:

- The healthcare of most physically violated women was worsened to a very high extent.
- Women feeding and nutritional value declined to a high extent because of lost of resources.
- Paucity of fund subjected women to risk of inability of training themselves and children.
- Majority of the women became homeless since they were denied access to family resources.
- In the same vein, women were unable to take care of their children's needs.
- Women's liberty was deprived because of their being isolated from the society.
- They lost their properties because of displacement from their homes in search of shelter.
- A significant numbers of them lost their jobs because they were indisposed to work.
- It lowered the self esteem of women and made them to be withdrawn from the society.
- A significant number of them lost their lives in the course of experiencing physical violence.

Discussion

Evidently, the statistics on table 1 item 1 in the study showed that majority of the respondents confirmed that, physical spousal violence against women worsened their healthcare to a very



high extent as follows; (mean score(x) = 3.96 > 2.5). It came first (1st) in ranking. In that direction, women and their families were burdened by hospital bills, inability to receive medical attention and hospitalization because of increased hospital bills when survivors required medical care for physical injuries like bruises, broken bones, head injuries, poor sleep, hypertension, lacerations and internal bleeding without sufficient attention. Pregnant women also experienced greater risk of miscarriage, pre-term labour and injury to or death of the fetus, (Oluremi 2015). Similarly, Tara & Licoze (2019) submit that, men coercive and controlling behaviour limited women's decision about their healthcare, family planning and large household purchases. Thus, women opportunity to access maternal healthcare services, family planning, large household purchases and health facilities for child bearing became reduced. More of the care they received was from family members, traditional healers and traditional birth attendants.

In the same manner, the opinion of respondents on table 1 item 1 indicate that feeding was identified by (mean score (\bar{x}) = 3.66 > 2.5). In terms of ranking it took sixth position. That demonstrated that physical spousal violence worsened the risk of poor nutritional outcomes because of withdrawal of food by abusive family members. As a result of that, women did not have access to food which translated to their inability to make decisions for themselves and their family including the choice of brands and quantities of food prepared in an attempt to care for themselves and their children. Besides, the feeding of the children was more closely controlled by their mothers through the will of their husbands who curtailed the ability of violated women to make decisions, (Ackerson & Subramanian 2008). Those that suffered depression were untreated and had little energy to take their children to the clinic. Some breast feeding mothers could not eat for days and it resulted to body weakness and loss of energy, (Chai 2016).



Furthermore, the study showcased that on risk of training children; (mean score \bar{x}) = 3.39 > 2.5) and it attained the ninth (9th) position. That was in consonance with the fact that women undergoing physical violence suffered high risk of training their children and they pass through disruption, (Dryden-Edward & Stopper 2019). Again, the economic loss to households has the potential to result in vulnerability such as re-direction of funds away from long-term planning like children's education, (Merino, Scriver, Mueller, O'Brien-Milne, Ama, Fenny & Duvvury 2019).

Regarding homelessness, the respondents' opinion on table 1 item 4 revealed that,(mean score \bar{x}) = 3.75 > 2.5) and ranked number four in position. It demonstrated that several women were forced to vacate their homes to find safety elsewhere in the course of trying to escape physical spousal violence. As these women vacated their houses, it led to disruption of children in their schooling, friendship, link to community, cultural activities and violated their sense of safety and belonging at homes, children poorer academic outcomes, low school attendance, learning difficulties and when violence became chronic and sustained, it gave rise to trauma that distorted survivors sense of identity and concept of others resulting to social isolation and inability to relate with others, ("Children exposure to domestic and family violence: Key issues and responses", 2015). In the same context, Michele (2018) attested to the fact that, women and children were obliged to live with their friends and relatives far away from school. Thus, were unable to participate socially and academically because they suffered lack of space at home to study, had limited access to computer for homework, increased anxiety, stress, meant to live in a noisy environment, overcrowded accommodation that affected their sleep. Children who lived in



the refugee camps were vulnerable to being teased and bullied at school because of the stigma associated with refugee accommodation.

In a similar context, the respondents' perceptions on childcare as indicated in table 1: item 5, revealed the following: (mean score \bar{x}) = 3.73 > 2.5) and took 5th position in ranking. Laying credence to the findings, children whose mothers experienced abuse had increased risk of their mother's having a significant reduction on control of resources and ability to take part in decision making of the family. As a result of that, the capacity to direct family resources by these women to childcare was significantly reduced which led to anxiety, depression and violence against their peers. Children also sustained injuries in an attempt to shield their mothers from being beaten, Islahi & Ahmad (2015). In addition, Kachiputu & Mwale (2016) concurred that violence withheld child's financial support, school fees; uniforms were not provided, some had their textbooks and exercise books burnt. Those whose parents fought or insulted themselves were hurt because of the frequent beating and tongue lashing of their mother.

Obviously, the result of the findings was indicative of the fact that liberty of violated women was significantly worsened as the respondents uncovered in table 1 item 6 above; (mean score \bar{x}) = 3.79 > 2.5) with third (3rd) position. In that direction, women often lacked freedom to move from home to access medical facility hence, their well-being was impeded. Again, most of the abused women did not have fund to access health facility. Amidst that, family members opted for women to remain in their homes rather than risk moving about. In the light of this, camps for internally displaced persons and refugees sometimes become sites of confinement for women, which limited their access to resources as they could not leave the premises. Furthermore,



women's financial dependence on their spouses and other family members increased their vulnerability to paucity of fund and decreased their voice and bargaining power within the household, (United Nation 2019).

The respondent's opinion on safety of lives and property of women worsened as revealed in table 1 item 7; (mean score $(\bar{x}) = 3.08 > 2.5$) with a 10th position. In the same vein, witnessing violence between parents disrupted a child's sense of safety and security. Overtime, the children internalized bad relationships, employed controlling and manipulative behavior themselves and perceived violence as normal within marriage which made them prone to replicating such behavior at adulthood, ("Domestic violence and abusive relationship", n.d.). Beyond that, husbands that flogged their wives in the presence of their children were likely to have their kids grow up at home to witness violence, become abusers themselves, may struggle to form a relationship in adult life, likely to use violence when they perceive threat in school and community, enveloped in insecurity, anger and withdrawn from the society for fear of being abused by their mates and those who are aware of their predicaments. Besides, they will become afraid of intimate relationship when is appropriate for them to marry. Above all, they may deviate from being vulnerable to being used for criminal activities and gangs, ("Foundation for partnership initiative in the Niger Delta", 2018).

It was distinct from table 1 item 8 in the study that,(mean score $(\bar{x}) = 3.48 > 2.5$) and ranked eight (8th) in position. That means that women loss of job worsened because of violence.

Flowing from that direction, "Family violence and workplace" (n.d.) explained that the performance of women at workplace was affected by violence because of their recurring



absence. That reduced productivity and cost of running the organization causing disruption and threat to women's safety and their co-workers as well. It also interfered with the women ability to work which gave rise to loss of job as confirmed by, ("What are some other effects" 2019). This is in consonance with Fisher (n.d.) who said that, about 50% of women that experienced spousal violence either quit or were forced to leave their jobs which translated to a total income loss for the women and their family at large. Even poorer strata of the population where the women often need to generate income for their family subsistence had their participation and productivity in the market also affected.

On the frontier of low self-esteem as indicated in table 1 item 9 above: (mean score \bar{x}) = 3.93 > 2.5) and was the second (2nd) in ranking meaning that from respondent's opinion, violence worsened women self-esteem. Similarly, Okemini & Adekola (2012) agreed that women who suffered physical spousal violence have low participation in community development, very low self-esteem, inferiority complex and incapable of taking part in societal affairs due to poor health. In the same context, they felt valueless, unable to please their partner, incapable, helpless, have the tendency of destroying themselves and never wanted to disclose it to others. As the abusive words of their abusers continue, their self-esteem became very low. That led to suicide attempts, some stopped work because of loss of trust on their spouse and went into isolation on account of anger, ("violence against women and its consequences", 2014).

The result of the finding on longevity as seen on table 1 item 10 indicates that, (mean score \bar{x}) = 3.65 > 2.5). This variable ranked 7th position. This established that most women who experienced physical spousal violence to a high extent short-lived. Merino, Scriver, Mueller,



O'Brien-Milne, Ama, Fenny & Duvvury (2019) concurred that it reduced the life span of several women because of their inability to care for themselves, their children, death or long-term injury and lack of peace of mind that intensified fear in women. In consonance to that, United Nations Women (2019) revealed that out of 87,000 women that were globally killed purposely in 2017, 50,000 (approximately 58%) died because of physical spousal relationship. Besides, an estimated 137 women were killed across the world by their family member daily and more than 30,000 (1/3) women killed purposely were put to death by their spouse.

Conclusion

The primary conclusion to draw from this study is that, it provided convincing evidence that physical spousal violence against women is a severe and perverse challenge with worsened and devastating effects on their well-being in Owerri metropolis Imo state to a very high extent. The paper argued that, women could not receive medical attention because of cost, they had poor nutritional outcome since their spouse withdrew income for food. Furthermore, children financial supports for education were redirected and withheld because of women's dependence on their spouses. Again, children who witnessed violence meted on their parent internalized such bad relationship. It suffices to say that, violence in general inflicted injuries on them and decreased the life span of women as a result of lack of care.

Recommendations

The study recommends the following:

- Healthcare sectors should help to identify early the abused women, refer to appropriate care and give them necessary treatment and support to feel safe, respected and not stigmatized.



- There should be housing and welfare policies. To achieve this, the government should provide outreach support, financial assistance and incentives to women who are victims of homelessness and welfare challenges as a result of physical spousal violence.
- Government should provide social security for childcare through earmarking of fund by the government for the abused to meet their needs in line with international best practices.
- A law to amputate the finger of abusers should be made and enforced by the government. This will reduce the threat on safety of lives and untimely death of the abused.
- To eliminate loss of job, there should be empowerment of women through microfinance and skill training. To achieve this, there has to be community mobilization and group based participatory education that will encompass the women to generate critical reflections on the skills needed to generate income themselves and unequal relationships.
- Effort should be made to provide effective community based support services and opportunities, provided through public health experts networking with nongovernmental organizations and voluntary organizations to create social support network.

References

- Ackerson, L. K. & Subramanian, V. (2008) Domestic violence and chronic malnutrition among women and children in India. *American Journal of Epidemiology*, 167(10), 1188-1196.
- Akande, J. Olateru-Olagbegi, B. & Ezekwem, U. (2002) *For a world free of violence against women in Nigeria*. Lagos Nigeria: New Testament Printers.
- Akinyele, I. O. (2009) *Ensuring food and nutrition security in rural Nigeria: An assessment of the challenges, information needs and analytical capacity*. Abuja: IFPRI.
- Azeez, A. (2016): Gender-based violence experiences and reactions in Ibadan metropolis Nigeria. *Advances in Multidisciplinary Research Journal*, 2(2), 147–156.



Bakare, M. O. Asuquo, M. D. & Agomoh, A. O. (2010) Domestic violence and Nigeria women: A review of the present state. *Nigerian Journal of Psychiatry*, 8(2): 5-14.

Basic needs (2016). Retrieved from <http://pallipedia.org>.

Benebo, O. F. Schumann, B. & Vaezghasemi, M. (2018) Intimate partner violence against women in Nigeria: A multilevel study investigating the effect of women's status and community norms. *BMC Women's Health*, 18(136) 1-17.

Browne, E. & Millington, K. A. (2015). *Social development and human development: Topic guide*. United Kingdom: Birmingham Oxford: GSDRC, University of Birmingham / Heart.

Brunell, L. & Burkett, E. (2020). Feminist sociology. Retrieved from <https://www.britannica.com>.

Chai, J. (2016). *Intimate partner violence and poor child growth*. Geneva, Switzerland: World Health Organization. Retrieved from www.who.int.

Children exposure to domestic and family violence: Key issues and responses (2015). Retrieved from <http://www.aifs.gov.au>.

Domestic violence and abusive relationship (n.d.). Retrieved from <http://www.healthcaredirect.gov.au>.

Dryden-Edward, R. & Stopper, M. C. (2019) Domestic violence. Retrieved from <http://www.medicinenet.com>.

Eme, O. U. (2015) Sociological implication of gender-based violence in Nigeria. *IOSR Journal of Humanities and Social Science*, 20(11), 97-104.

Family Violence and Workplace (n.d.). Retrieved from <http://www.humanservices.alberta.ca>.

Fisher, B. S. (n.d.) Antecedents to and Consequences of Violence against Women and Family Violence Overview. Violence against Women and Family Violence: *Developments in Research, Practice and Policy*, Retrieved from https://www.ncjrs.gov/pdffiles1/nij/199701_sectionii.pdf.

Foundation for Partnership Initiative in the Niger Delta (2018) Domestic violence in Rivers state: A threat to social and family stability. VAWG: FFP. Retrieved from <http://www.fundforpeace.org>.

Guruge, S. Roche, B. & Catallo, C. (2012) Violence against women: An exploration of the physical and mental health trends among immigrant and refugee women in Canada.



Nursing Research and Practice. Canada: Hindawi Publishing Corporation. Retrieved from www.hindawi.com.

Haaga, P. T. Aja, E. F. & Chukwuemeka, O. A. (2015) Violence against women and its implications for peace and security in Nigeria, *International Journal of Peace and Conflict Studies*, 2(3):27-40.

I.L.O. (2016). Basic needs. Retrieved from <http://pallipedia.org>.

Islahi, F. & Ahmad, N. (2015). Consequences of violence against women on their health and well-being: An overview. *An International Journal of Kolkata Centre for Contemporary Studies*, 1(6), 1-12.

Joanne, (2017). Why does the definition of spouse matter for health care consent? Retrieved from <https://www.nidus.ca/why-does-the-definition-of-spouse-matter-for-health-care-consent>.

Kachiputu, P. & Mwale, M. (2016) Effects of domestic violence on children's education: The case study of Mpemba in Blantyre district, Malawi. *Journal of Psychological Abnormalities*, 5(152), 1-5.

Kamimura, A. Ganta, V. Myers, k. & Thomas, T. (2014) Intimate partner violence and physical and mental health among women utilizing community health services in Gujarat, India. *BMC Women's Health*, 14(127), 1-11.

Matthew-Richard, H. (2017). What are the main features of feminism. Retrieved from <https://www.quora.com>.

Merino, G. A., Scriver, S. Mueller, J. L. O'Brien-Milne, L. Ama P. Fenny, A. P. & Nata Duvvury, N. (2019). The health and economic costs of violence against women and girls on survivors, their families and communities in Ghana. Retrieved from <https://www.intechopen.com/online-first/the-health-and-economic-costs-of-violence-against-women-and-girls-on-survivors-their-families-and-co>.

Michele, L. (2018) Domestic violence and education: Examining the impact of domestic violence on young children, children and young people and potential role of schools. *Frontiers Psychology*, 9(2094), 1-11.

National Bureau of Statistics. (2011). *Annual abstract of statistics*. Federal Republic of Nigeria: N.B.S.

Nwude, C. (2012). The politics of minimum wage: Unresolved issues. *Asian Journal of Empirical Research*, 3(4), 477-492.



- Okeke, C. C.(2018) Women empowerment and development in Nigeria.*Nwafor Orizu Journal Of Educational Research &Development*, 318-324.
- Okemini, E. B. & Adekola, G. (2012). Violence against women in Ikwerre ethnic nationality of Nigeria: Challenges for gender equity and development. *Studies in Sociology of Science*,3(2), 6-12.
- Oluremi, F. D. (2015).Domestic violence against women in Nigeria.*European Journal of Psychological Research*, 2(1), 24-33.
- Omorogiuwa, T. B. E. (2017).The public perception of the impacts of domestic violence against women. *Mediterranean Journal of Social Sciences*,8(1), 293-298.
- Osiogun, U. C. (2016).The physical abuse of women in the home: A Nigerianperspective. *Humanities and Social Sciences Review*,5(3), 379–394.
- Owoaje, E. T. & OlaOlorun, F. M. (2012) Women at risk of physical intimate partner violence: A cross sectional analysis of a low-income community in southwest, Nigeria. *African Journal of Reproductive Health*, 16(1), 43-54.
- Panchuk, M. & Jones, R. (2019). What's the word woman. Retrieved from <https://www.wkms.org>.
- Rutherford A, Zwi, A. B. Grove, N. J. &Butchart, A. (2007) Violence: A glossary. *Journal of Epidemiology and Community Health*,61(8), 676–680.
- Steger, M. F. (2018) Meaning of well-being. In E. Diener, S. Oishi and L. Tay, (Eds), *Handbook of well-being*. Salt lake-city, UT: DEF Publishers.
- Tara, H. & Licoze, A. (2019). Women experience of intimate partner violence and intake of antenatal care in Sofala, Mozambique. Retrieved from <https://journals.plos.org>.
- Tate, A. &Makuch, C. (2016). IRS regulations clarify definition of spouse for federal tax purposes in light of Obergefell v. Hodges. Retrieved from <https://www.wealthdirector.com>.
- United Nation (2019) Women deprived of liberty: Report of the working group on the issue of discrimination against women in law and in practice. Retrieved from <http://www.awid.org>.
- United Nations Women, (2019). Facts and figures: Ending violence against women. Retrieved from <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>



Violence against women and its consequences (2014). Retrieved from <http://www.scielo.br>.

What are some other effects of violence against women? (2019). Retrieved from <http://www.womenshealth.gov>.

Womem, (2020). In KJV Dictionary Definition. Retrieved from <https://av1611.com>.

Yaya, S. Kunnuji, O. N. M.& Bishwajit, G.(2019) Intimate partner violence: A potential challenge forwomen’s health in Angola. *Challenges*, 10(21), 1-11.

Yusuf O. B. Arulogun O. S. Oladepo O. & Olowokeere F. (2011)Physical violence among intimate partners in Nigeria: A multi level analysis.*Journal of Public Health and Epidemiology*,3(5), 240-247.