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Prevalence and Factors Associated with Domestic Violence Amongst Married Women in Urban and Rural Areas of Kano State, Nigeria

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Abstract

Domestic violence against women, in its various forms, remains endemic in communities and countries globally and is coupled with contributing marital disharmonies, adverse health outcomes on the victims, their children, immediate families and the community. The study assessed and compared prevalence and factors associated with DV amongst married women in urban and rural areas of Kano, Nigeria. Using a comparative cross-sectional study design, 493 married women were studied. Multistage sampling technique was used to select respondents and data collected using an adapted structured interviewer administered questionnaire. Analysis was done using SPSS vs 25. The overall prevalence of DV was 23%; of which less than a quarter of the urban (17%) and over three quarters of the rural (83%) married women experienced at least one form of DV. Most reported forms in the urban vs rural were: verbal abuse (in form of humiliation, insults and threatening to attack) 15% vs 83%; physical abuse (in form of push, slap, and arm twisting) 6% vs 28%. Older age (women > 45 years) [p=0.00, AOR=0.228, 95% CI=0.096-0.539], and husband's non-smoking habit [p=0.00, AOR=0.226, 95% CI=0.110-0.467] were protective for the experience of domestic violence. DV was prevalent among married women particularly among those living in the rural area and the younger women. Women whose husbands engaged in smoking were more at risk. Efforts should be made to provide education and support for vulnerable women exposed to DV.

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Keywords: Domestic violence, Prevalence, Married women, Marital. Disharmonies, Kano state. factors, married, Kano

INTRODUCTION

Domestic violence (DV) against women, in its various forms, is endemic in communities and countries around the world, cutting across class, race, age, religion and national boundaries (Edwards KM, 2015). According to the United Nations Declaration, violence against women includes "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 deprivations of liberty, whether occurring in public or private life (United Nations, 2000; Sinha et al., 2012; Gokler et al., 2014). The most common type of violence against women worldwide is "domestic violence" or the physical, emotional and/or sexual abuse of women by their intimate partners or ex-partners" (WHO, 2021). There are other forms of violence, such as dowry harassment and wife inheritance, which are linked to traditional or customary practices and are limited to specific regions and communities (Salaudeen et al., 2010).

Violence against married women occurs in all countries, irrespective of the social, economic, religious or cultural differences (Nmadi et al., 2022). It interestingly continues to be a global epidemic that kills, tortures, and maims – physically, psychologically, sexually and economically. (Adu-Gyamfi, 2014). It is one of the most pervasive of human rights violations, denying women equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms (United Nation, 2000; Mohamadian et al., 2016). The Centers for Disease Control and Prevention (CDC) defines Intimate partner violence (IPV) as physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). (CDC, 2015; Hind et al., 2012).

Physical violence involves forceful physical contact that may vary from light pushes and slaps to severe beatings and lethal violence. Sexual abuse includes coercive and physical behaviors varying from trying to persuade someone to perform a sexual act against their will, ignoring "no" responses, to physically forced sex acts (CDC, 2015). The term psychological aggression (or emotional abuse) refers to acting in an offensive or degrading manner towards another, usually verbally, and may include threats, ridicule, withholding affection, and restrictions e.g., social isolation, financial control (Capaldi et al., 2012; CDC, 2015).

Even though most societies proscribe violence against women, the reality is that violations against women's rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. (Yoshioka and Choi, 2005). Moreover, when the violation takes place within the home, as is very often the case, the abuse is effectively condoned by the tacit silence and the passivity displayed by the state and the law-enforcing machinery (United Nations, 2000; Kaur and Garg 2008). Women of reproductive age are more vulnerable to abuse by intimate partners than by any other perpetrator. (Gebrewahd et al., 2020) The scourge of domestic violence is seen among many pregnant women worldwide, and in Africa a strong link between DV and Human Immunodeficiency Virus (HIV) infection has been shown by different researchers (Shamu et al., 2011; OnyekaIheako, 2017). The World Health Organization (WHO) multi-country study indicated that worldwide domestic violence was widespread in all the countries studied, with 13–61% reported ever having experienced physical violence by a partner, 6–59% reported sexual violence by a partner at some point in

their lives, and 20–75% reported experiencing one emotionally abusive act, or more, from a partner in their lifetime (OnyekaIheako, 2017).

For this study, the term DV includes violence against married women by an intimate partner, and by other family members, whether this violence occurs within or beyond the confines of the home. While recognizing that other forms of violence are equally worthy of attention, this research did not cover the form of violence inflicted on married women by strangers outside the home – in public places such as streets, workplaces or in custody, or in situations of civil conflict or war. Health problems among abused women are not limited to the acute consequences of abuse but include a variety of long-term poor health cosequences (Kaur and Garg 2008; WHO, 2021). Consequences of specific stressful events such as physical and sexual abuse include physical health problems, physical functioning limitations, the need for more diagnostic tests, frequent surgeries, and increased health care utilization (Tokuc et al., 2010). Debate regarding the magnitude of the problem is clouded by the fact that DV against married women is a crime that is under-recorded and under reported (Igba et al., 2018). When married women file a report or seek treatment, they may have to contend with police and health care officials who have not been trained to respond adequately or to keep consistent records (Kaur and Garg 2008). On the other hand, shame, fear of reprisal, lack of information about legal rights, lack of confidence in, or fear of, the legal system, and the legal costs involved make married women reluctant to report incidents of violence (Unite Nations, 2000; Sinha et al., 2012; OnyekaIheako, 2017). Although in recent times, studies have reported a higher proportion of DV in rural settings, more studies were conducted in urban settings, (Ajah et al, 2014; Khadilkar et al, 2018; Salaudeen et al, 2010) with dearth of comparative research on the determinants, prevention, and solution in the northern Nigerian environment. This study therefore assessed and compared the prevalence and types of domestic violence among married women in urban and rural areas. Findings of the study can inform stakeholders and institutions involved in management of survivors of domestic violence in Kano; a historically patriarchal society where traditional gender roles and norms have often placed men in positions of power and authority, while women have had more limited access to education, employment, and decision-making.

MATERIALS AND METHODS

Study Area

The study was conducted in Tarauni (urban) and Dawakin Kudu (rural) Local Government Areas (LGAs) of Kano State. Kano State is located in the north-western part of Nigeria. It has a population of 13,377,462 (projected from Nigeria 2006 census) and an area of 20,131 square kilometers with a population density of 467 inhabitants per square kilometer. Kano State has 44 Local Government Areas (LGA). Kano State borders Jigawa State to the northeast, Katsina State to the northwest, Kaduna State to the southwest and Bauchi State to the southeast; Kano State is noted for its famous markets and it is the most leading industrial center in the north (Ibrahim et al., 2017).

Tarauni LGA was created out of Kano Municipal LGA in October 1996. It is the second largest and second most densely populated LGA in the whole state with a projected population of 292,204 based on 2006 census result with population of children aged 0–59 months being 29,220 and women constituting 143,179 of the total population. Dawakin Kudu LGA is situated in the Kano Central Senatorial District of Kano State. The town is about 28 kilometers (km) south of Kano metropolis. It has an area of 384 km^2 with population of 225,389 (Nigeria

2006 census). It has 33 villages and 15 wards. Dawakin Kudu town is a rural settlement located within Dawakin Kudu LGA, with majority of its populace practicing subsistence farming all year round. They also engaged in rearing, petty trading and semi-skilled manual occupation (Ibrahim et al., 2017). The women are mostly housewives and largely dependent on their husband for their means of livelihood but some women engage in various occupation.

Study Design and Population
The study was a comparative cross-sectional study and the study population comprised of all married women residing in the selected LGAs. Married women who were away during the study and those were too sick to participate were excluded.

Sample Size Determination
Sample size for the study was estimated using the formula for comparing two proportions (Charles, 1987). The sample size of 502 for the study was estimated using a prevalence of domestic violence in rural area (77.3%); a prevalence of domestic violence in urban area (87.9%) and 95% confidence level, a 5% margin of error and 10% non-response (WHO, 2012). Hence, the sample size of 251 married women each in the urban and rural areas was obtained.

Sampling Technique
A multistage sampling technique was employed to select respondents for this study.

Stage 1: Selection of 1 urban and 1 rural LGA each from the list of urban and rural LGAs respectively by simple random sampling. Tarauni LGA was selected from the list of urban LGAs and Dawakin Kudu LGA from the list of rural LGAs.

Stage 2: A list of the political wards in the two selected LGAs was obtained and used to select a ward each using simple random sampling technique by balloting.

Stage 3: From the two (2) selected wards, the separate list of settlements in the two wards of the sampled LGAs was obtained. One settlement was selected through simple random sampling by balloting.

Stage 4: The list of all the houses in each settlement was obtained from the LGA micro plan for supplemental polio immunization campaigns and used as the sampling frame. The sampling interval was obtained by dividing the number of houses by the sample size. A systematic sampling method was employed to select sample houses. The first house (starting point) was identified by selecting a number at random between one and the sampling interval from the table of random numbers. Subsequent houses were identified by adding the sampling interval to the serial number of the first sampled house. Where a compound was selected, only one house or flat was randomly selected from the group of houses or flats in the building using a table of random numbers.

Stage 5: One household was chosen in each selected house, where there were more than one household in a selected house, one household was selected using simple random sampling technique through balloting. A total of 502 households were selected for this survey.

Stage 6: In the selected household all married women were assessed to ascertain eligibility. Where only one married woman satisfied the eligibility criteria, informed consent was obtained and respondent interviewed. Where more than one married women were eligible, one was selected by simple random sampling through balloting.

Data Management and Analysis

Data was coded and entered into spread sheet on Microsoft Excel and analyzed using Statistical Package for the Social Sciences (SPSS) version 25 statistical software. Normally distributed quantitative variables were summarized and presented using mean and standard deviation, while qualitative variables were summarized and presented using frequencies and percentages. To determine the association between qualitative variables, a Chi-square test of association or Fisher's exact test (where appropriate) was used to test for association with a p-value of <0.05 considered as significant. The dependent variable was the prevalence of domestic violence while the independent variables included age, ethnicity, type of marriage, family type, highest educational attainment, occupation, husband's education, husband's occupation, husband's habit. Variables that were significantly associated with the experience of one form of domestic violence (at p value of <0.1) were further subjected to logistic regression analysis to adjust for possible confounders.

Ethical Considerations

Ethical approval was obtained from Kano State Ministry of Health Research Ethics Committee (MOH/Off/797/TI/1146). All necessary information was read to potential participants including assuring confidentiality, anonymity, benefits to the participants and freedom to withdraw at any time without any negative consequence. Once understood and accepted, the participants signed or thumb printed the informed consent form.

RESULTS

Of the 502 respondents approached in the two LGA, a total of 493 responded, giving a response rate of 98.2%. The mean ages and standard deviation (SD) of the respondents were found to be 36.21 ± 11.34 and 35.36 ± 8.83 years for urban and rural respondents respectively. Majority of the respondents were Hausa and Fulani by tribe with 40.7% and 57.7% respectively for urban and 39.6% and 59.6% respectively for rural; only 1.6% and 0.8% respectively were from other tribes (Babur, Kanuri, Nupe, Igbira and Igala). Most of the respondents in the urban and rural areas had more than five children 64% and 42% respectively, only few 2.8% and 10.2% had no child. Most of the respondents in both the urban and rural LGAs had only basic Islamic education (42% vs 47%). For occupation of the respondents, 51% urban and 32% rural were housewives and 31% urban and 42% rural were petty traders. Majority of the respondents in both groups, 97% earned a monthly income of <₦20,000. Close to a half of the urban men were businessmen (40%), 20% being civil servants with less than a quarter (13%) as farmers. Whereas, over a quarter of the rural men were civil servants (34%) and less than a quarter as farmers (22%). Smoking among husbands of the respondents was found to be commoner among the rural (13%) as compared to the urban (2%). None of the respondents reported alcohol ingestion, drug misuse or gambling. (table 1).

Table 1: Socio demographic characteristics of respondents

Socio demographic characteristics	Urban f(%) (n=248)	Rural f(%) (n=245)	p-value
Age group(years)			
16-25	50(20.2)	31(12.7)	
26-35	81(32.7)	99(40.4)	0.003
36-45	66(26.6)	85(34.7)	
>45	51(20.6)	30(12.2)	
Type of marriage			
Monogamous	139(56)	113(46)	0.027
Polygamous	109(44)	132(54)	
Family type			
Nuclear	127(51)	80(33)	<0.001
Extended	121(49)	165(67)	
Number of children			
0	7(2.8)	25(10.2)	
1-4	82(33.1)	117(47.8)	<0.001
≥5	159(64.1)	103(42.0)	
Highest educational attainment			
Basic Islamic	104(41.9)	116(47.3)	
Primary	40(16.1)	38(15.5)	
Secondary	92(37.1)	72(29.4)	
Tertiary	12(4.8)	19(7.8)	0.195
Occupation			
Housewife	127(51.0)	79(32.0)	
Civil servant	13(5.0)	14(5.4)	
Petit trader	76(30.6)	102(41.6)	<0.001
Artisan	32(12.9)	50(20.4)	
Income(₦)			
<20,000	241(97.2)	235(97.1)	
≥20,000	7(2.8)	7(2.9)	1.000
Husband's highest education	46(18.5)	96(39.2)	
Basic Islamic	29(11.7)	13(5.3)	
Primary	125(50.4)	48(19.6)	<0.001
Secondary	48(19.4)	88(35.9)	
Tertiary			
Husband's occupation			
Petit trader	29(12)	22(9)	
Business	98(40)	59(24)	
Farmer	32(13)	54(22)	
Civil servant	50(20)	84(34)	
Others	39(16)	26(11)	<0.001
Husband's Smoking			
Yes	5(2)	31(13)	
No	243(98)	214(87)	<0.001

Table 2 shows the prevalence of DV among married women and overall prevalence of DVwas found to be 23%. Prevalence of experiencing at least one form of DV was much higher among married women in rural LGA (83%), as compared to married women in urban LGA within this study's recall period of 12 months. This difference was statistically significant with a p-value <0.05.

Table 2: Prevalence of at least one form of domestic violence among married women in Kano

Domestic violence	Urban (n=248)	Rural (n=245)	Total	p-value
Yes	19(16.8)	94(83.2)	113(100)	<0.001
No	229(60.3)	151(39.7)	380(100)	
Total	248(77.1)	245(22.9)	493(100)	

Table 3 shows different types of DV experienced by married women under the major categories of verbal, physical and sexual violence. The most common type of DV experienced by rural married women was verbal (33.8%) by means of humiliation or threats. Sexual violence was much higher among the rural respondents (24.5% vs 6.0%) Physical violence was also found to be commoner among rural women (11.4%) as compared to their urban counterparts (2.4%) and these differences were statistically significant. (p<0.001).

Table 3: Types of domestic violence experienced by married women in Kano

Type of DV*		Urban (n=248)	Rural (n=245)	p-value
Verbal/emotional	Yes	15(6.0)	83(33.9)	
	No	233(94.0)	162(66.1)	<0.001
Physical	Yes	6(2.4)	28(11.4)	
	No	242(97.6)	217(88.6)	<0.001
Sexual	Yes	15(6.0)	60(24.5)	
	No	233(94.0)	185(75.5)	<0.001

*multiple responses

Table 4 shows the various forms of DV experience in the two LGAs studied. Most common form of verbal abuse was humiliation, 78.9% in the urban group and 76.6% in the rural group. Also, experience of being slapped was the commonest form of physical abuse in the urban group (26.3%). For the rural group, experience of being pushed, shaken or something thrown on the victim was found to be the commonest (22.3%). Interestingly, forceful sexual intercourse and forceful sexual acts were common experiences in both study groups.

Table 4: Forms of domestic violence

Forms of domestic violence*	Urban n=19	Rural n=94	P value
Verbal abuse	15(15.3)	83(84.7)	
Humiliation	15(78.9)	72(76.6)	
Threatened to hurt	4(21.1)	28(29.8)	
Insult	15(78.9)	67(71.3)	<0.001
Physical abuse	6(17.6)	28(82.4)	
Push, shake or throw something	2(10.5)	21(22.3)	
Slap	5(26.3)	20(21.3)	
Twist arm	1(5.3)	18(19.1)	
Punch with fist	1(5.3)	0(0.0)	
Kick, drag or beats	1(5.3)	15(16.0)	
Try to choke or burn	0(0)	5(5.3)	
Attack with knife or weapon	0(0)	5(5.3)	<0.001**
Sexual abuse	15(20)	60(80)	
Forceful sexual intercourse	15(78.9)	60(63.8)	
Forceful sexual acts	15(78.9)	59(62.8)	<0.001

**Multiple responses
** Fisher's Exact Test

After adjusting for confounders as shown in Table 5, age and husband's smoking status remains significant predictors of domestic violence; women aged >45 years were 77% less likely to experience domestic violence compared to those below 45 years (p=0.00, AOR=0.228, 95% CI=0.096-0.539). Women whose husbands do not smoke were 77% less likely to experience domestic violence compared to women married to smokers (p=0.00, AOR=0.226, 95% CI=0.110-0.467).

Table 5: Predictors of domestic violence in Kano, Nigeria

Variables	Crude OR	P value	Adjusted OR	95% CI	
				Lower	Upper
Age group(years)					
16-45	1		1		
>45	4.385	0.001*	0.228	0.096	0.539
Type of marriage					
Monogamous					
Polygamous	0.637	0.200	1.404	0.835	2.359
Family type	1		1		
Nuclear	0.571	0.138	1.503	0.878	2.575
Extended	1		1		
Occupation					
Employed	1.120	0.601	0.893	0.584	1.365
Unemployed	1		1		
Husband's educational level					.
Formal	0.744	0.392	1.236	0.761	2.008
Non-formal	1		1		
Smoking					
No	4.892	<0.001*	0.226	0.110	0.467
Yes	1		1		

*significant at p value <0.05

DISCUSSION

The study found the overall prevalence of domestic violence in the preceding 12-month recall was 23%, with less than a quarter urban married women (17%) and over three quarters rural married women (83%) experiencing at least one form of domestic violence. The commonest types of domestic violence in the urban area were verbal and sexual abuse (6.0%) followed by physical abuse (2.4%). On the other hand, verbal abuse (33.8%) was the commonest form among rural married women, followed by sexual abuse (24.5%) and the least was physical abuse (11.4%). Women aged less than forty-five years and having husbands with smoking habits were more likely to experience abuse. Other forms of abuse include refusal of husbands to provide basic needs like food, clothing, pay hospital bills and sexual deprivation. The reasons found to be associated with experience of at least one form of domestic violence were lack of education, poverty, poor parental upbringing, negative influence of in-laws, wife disrespect for husbands and laziness. Some of the consequences of domestic violence were found to be headaches, body aches, anger, bad moods, poor appetite, poor sleep, social withdrawal.

The prevalence from this study differs from that of another study conducted in Kano, where a prevalence of 7.4% was reported from the sampled married women (Iliyasu, 2013). This much lower prevalence could be because the study was hospital based and was carried out amongst pregnant women, therefore might have excluded many married non-pregnant women who were victims of DV. A lower prevalence of DV was also reported in Edo state (Okogbo, 2017). This may be because the study focused on examining incidents of violence that occurred within a period of only six months. A higher prevalence was found in a study carried out in Lagos (Onigbogi et al., 2015), this may be due to differences in ethnic groups of the respondents as majority were Yoruba, educated up to tertiary levels with a good number of them being professionals. Thus, disclosure of maltreatment may be higher. In line with the high prevalence of DV found among rural dwellers in this study, a study carried out in a rural LGA in Ogun state revealed a high burden of eight in ten women experiencing DV (Olaitan, 2018). Similarly, a higher prevalence was noted in a comparative study of urban and rural areas of southeast Nigeria; 97% rural versus 81% urban (Ajah et al., 2014). Similarly, a slightly low prevalence was observed in Ethiopia (Semahegn et al., 2013), likely because most of the respondents had no formal education and majority were housewives. Findings from a multicenter study revealed a prevalence ranging from 7% in urban areas to 57% in rural areas (Stockl et al., 2014). Lower prevalence in the study could be explained by the fact that the study was conducted among young women aged 15 to 25 years, thus missing out older women experiencing DV by an intimate partner. Findings from studies carried out in some rural areas revealed a lower prevalence compared to that obtained in this study: in southeast Nigeria, Cambodia and western Turkey (Yount et al., 2006; Gokler et al., 2014; OnyekaIheako, 2017).

The commonest type of DV found from this study in the urban area was sexual violence in form of forceful sexual intercourse and forceful sexual acts, occurring among almost a quarter of the respondents. This differs from findings of a study in northwestern Nigeria which found verbal violence as the commonest and this may be as a result of the study being strictly conducted in a rural area and amongst pregnant women (Iliyasu, 2013). On the other hand, verbal violence was found to be most common in the rural area, with over three-quarter respondent experiencing it in the 12 months' period preceding the study. This is similar to a study conducted in rural northwest Nigeria (Ashimi and Amole, 2015) and Turkey (Gokler et al., 2014) and likely due to similarities of low educational exposure among the women and high economic dependence on the husbands. Interestingly, sexual violence was found to be

prevalent among both groups with close to a quarter urban women and over three quarters rural married women experiencing it. This is similar with studies done in Lagos and Cote d' Ivore which revealed a high occurrence of sexual violence (Esere et al., 2009; Shuman, 2016). This is also similar to a study in India which revealed that in traditional societies where men are considered superior to women and are responsible for the family life, there is a higher level of sexual violence against women (Mohamadian, 2016).

The experience of physical abuse found in this current study was lower than the one reported in another study conducted by Semahegn *et al*. (2013) in Northwest Ethiopia. This may be because majority of the women were orthodox Christians so can freely express and disclose their marital problems, and almost all (98.9%) of their husbands were alcoholics. Similarly, findings on various types of DV varies from that of a study in India, which found higher prevalence of verbal, physical and sexual abuse (Jismary et al., 2016). Most common form of verbal abuse experienced by victims of DV was humiliation, which occurred in 78.9% of the urban group and 76.6% of those in the rural group. For physical abuse, slap was the commonest form amongst the urban married women, 26.3%, this finding was similar to a study in Lagos, Nigeria and Mangalore (Onigboyi et al., 2015; Chrism et al., 2018) where about a half of the respondents were slapped, and other studies in India and Turkey (Aswar et al., 2013; Tokuc et al., 2010). These authors reported that the consequences of DV in their studies included physical/medical problems like injuries, bruises, cuts, body aches, body weakness and stress.

Predictors of experience of at least one form of DV from this study include age of <45years and husband's smoking habit. Women less than 45 years old were more likely to experience at least one form of DV than those above 45years. Similarly, those whose husbands smoked experienced more DV than those whose husbands did not smoke. Older women may have more experience, have gained some mastery in conflict resolution and thus manage potential triggers better. Also, social habits such as smoking may contribute to the pathway of DV. The finding of this study is in line with a study in Saudi Arabia and India (Barnawi, 2017 and Sarkar, 2013), but differs from other studies in Southeast Nigeria and India (OnyekaIheako, 2017; Khadilkar et al., 2018). Possible reasons being religious and socio-cultural differences. Since DV remains a sensitive issue, often shrouded in secrecy, the findings of this study may have been limited by some information bias. However, it generated useful and setting specific information for future interventions that target DV.

CONCLUSION

Domestic violence was prevalent among married women particularly those living in rural areas, younger women and those whose husbands engaged in cigarette smoking. This is an obstacle to the achievement of the objective of good health for all at all ages. Efforts should be made to provide setting specific support to women at risk of domestic violence.

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