Ending domestic violence against women: assessment of knowledge and perceptions of women in Benin city, Edo State

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Abstract

Objective: To assess the knowledge and perception of Violence AgainstWomen in Benin City.

Methods: A descriptive cross-sectional design was utilized for this study. Study population comprised pregnant women attending routine Antenatal Clinic at Central Hospital, Benin City. Respondents were selected using a systematic sampling technique. Data was collected using a pre-tested structured interviewer-administered questionnaire comprising both open and closedended questions and analyzed using IBM SPSS version 21.0 software. The level of significance was set at $p < 0.05$.

Results: A total of 400 antenatal attendees with mean age of 29.8 ± 4.4 years participated in the study. Two hundred and ninety three (73.2%) of respondents had good knowledge of the meaning of domestic violence. A higher proportion of respondents 70.8% knew that physical violence was a form of DV while 36.8%, 32.3% and 28.5% knew physical, sexual and psychological violence as forms of violence respectively. Overall, only 5.0% respondents had good knowledge of VAW. Less than half(41.8%), had good perception of VAW. Being more submissive (76.8%), prayerful (74.5%) and obedient (66.8%) were recommendations on ways of ending VAW.

Conclusion: This study documented poor knowledge and perception of DV among the studied population. It is therefore imperative for all stake holders to ensure collective effort in improving the access to knowledge through awareness programmes which will in turn positively affect perception.

Keywords: Knowledge, perception, violence against women

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Mettre fin à la violence domestique contre les femmes: évaluation des connaissances et perceptions des femmes au Bénin ville, État d'Edo

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Resume
Objectif: évaluer la connaissance et la perception de la violence AgainstWomen au Bénin City.

Méthodes: Une étude transversale descriptive a été utilisée pour cette étude. La population étudiée comprenait les femmes enceintes fréquentant la clinique prénatals de routine à l'hôpital central, Bénin City. Les répondants ont été sélectionnés en utilisant une technique d'échantillonnage systématique. Les données ont été recueillies à l'aide d'un questionnaire administré par un intervieweur structuré pré-testé comprenant des questions ouvertes et closedended et analysé en utilisant la version IBM SPSS 21.0. Le niveau de signification a été fixé à $p < 0,05$.

Résultats: Un total de 400 participants prénatales avec l'âge moyen de 29,8 ± 4,4 ans ont participé à l'étude. Deux cent quatre-vingt-trois (73,2%) des répondants avaient une bonne connaissance de la signification de la violence domestique. Une proportion plus élevée des répondants 70,8% savaient que la violence physique était une forme de DV alors que 36,8%, 32,3% et 28,5% connaissaient la violence physique, sexuelle et psychologique que les formes de violence, respectivement. Dans l'ensemble, seulement 5,0% des répondants avaient une bonne connaissance de VAW. Moins de la moitié (41,8%), avait une bonne perception de VAW. Être plus soumis (76,8%), la prière (74,5%) et obéissant (66,8%) ont été des recommandations sur les moyens de mettre fin à VAW.

Conclusion: Cette étude a documenté la mauvaise connaissance et la perception de DV parmi la population étudiée. Il est donc impératif que toutes les parties prenantes pour assurer l'effort collectif pour améliorer l'accès aux connaissances par le biais des programmes de sensibilisation qui à son tour un effet positif sur la perception.

Mots-clés: Connaissance, perception, violence contre les femmes

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INTRODUCTION

Domestic Violence Against Women (DVAW), a public health problem assuming epidemic proportionsis one of the most pervasive of human rights violations, denying women equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms (1-3). It is a manifestation of historically unequal power relations between men and women, and has led to domination over and discrimination against women by men, as well as the prevention of the full advancement of women(4).

VAW occurs at every stage of womanhood, including during pregnancy and VAW during pregnancy has been identified as a key issue in maternal deaths (5,6). There is empirical evidence that domestic violence during pregnancy is more prevalent than pregnancy-relatedcomplications such as pre-eclampsia and gestational diabetes and has detrimental effects on the physical, social, reproductive and psychological well-being of the mother as well as presenting risk to the unborn baby. At its extreme, domestic violence can result in the death of the mother and her unborn child(7-10).

In recent years, there has been a greater understanding of the problem and an international consensus has been developed on the need to deal with the issue (11). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted by the United Nations General Assembly,(12) and the Platform for Action adopted at the Fourth International Conference on Women in Beijing in 1995,(13) all reflect this consensus.In Nigeria, the 2010 National Reproductive Health Policy lists 'reduction of domestic and sexual violence and ensuring proper management of victims' as one of its objectives.(14).However, progress has been slow because attitudes are deeply entrenched and to a large extent, effective strategies to address violence against women are still being defined(15).Even though most societies proscribe VAW, the reality is that violations of women's human rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. 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 family, community, state and the law-enforcing machinery(2,15,16).

Traditionally, in Nigeria, as in many other African countries, the beating of wives is widely sanctioned as a form of discipline. In beating their wives, husbands are of the opinion that they are instilling discipline in them, as they are regarded to be prone to indiscipline(17). This is especially so when the woman is economically dependent on the man. The society is basically patriarchal and a woman's place within the scheme is decidedly subordinate. VAW therefore functions as a means of enforcing conformity with the role of a woman within customary society (15,17,18). Also, Federal, state-level and customary laws contribute to the persistence of VAW, and in some cases directly condone certain forms(19).In most cases, the criminal justice system fails to offer protection and redress to women who have suffered violence. There is also a dearth in the provision of a protective framework for women seeking escape from domestic violence and to amend or repeal discriminatory laws(13,15).A culture of silence reinforces the stigma attached to the victim rather than condemning the perpetrator of such crimes. This explains the “acceptable” attitude of women and men to VAW, and why some persons even justify it (16).However the greatest barrier seem to be the women themselves as practice, women are actively discouraged from lifting the veil of silence over violent crimes in the home (2,16).

Studies researching on knowledge of intimate partner violence have mainly focused on knowledge of health care workers in making a diagnosis and in the management of intimate partner violence as well as knowledge on the availability of various domestic violence resources which has been adjudged as poor. (20-22).This study thus brings to the fore the knowledge of intimate partner violence from the point of view of the victims.

The cornerstone of any public health concern is prevention. However, the necessary knowledge base and attitude data upon which to develop more effective primary prevention media education programs are few. This study was thus carried out to assess the knowledge of and perception of VAW among women in Benin City.

MATERIALS AND METHODS

The study was carried out among booked pregnant women attending routine antenatal clinic of Central Hospital, Benin City, Edo State. Central hospital, the state owned hospital is located near the city center, rendering primary and secondary care to the entire state, and serves as a referral centre for other secondary and

primary health facilities. The study utilized a descriptive cross-sectional design.A minimum sample size of 396 was calculated using the appropriate formulae for a descriptive study (23).Systematic random sampling technique was used to select respondents. On the average, about 107 ANC patients were seen routinely per day. Using the total number of patients to be seen daily as the sampling frame, a sampling interval was calculated and used to recruit patients.

Data was collected using a pre-tested structured interviewer-administered questionnaire comprising both open and closedended questions and consisting of three sections.Section A comprised the socio-demographic characteristics of the respondents, section B consisted ofquestions that assessed respondents knowledge of domestic violence andsection C consisted ofquestions that assessed respondents' perception of domestic violence against women and recommendations for ending VAW. The study tool was peer reviewed and adjudged to be internally valid. Four research assistants weretrained for 2 days on interviewing techniques and standardization of the study tool was carried out. A pre-test of the study instrument was conducted in University of Benin Teaching Hospital, a tertiary hospital in Benin City, and corrections were effected prior to the commencement of the study.

Ethical clearance to conduct this research was obtained from the Department of Community Health, University of Benin. Permission was also sought from the Management of Central Hospital, and the Head of Department of Obstetrics and Gynaecology.The study interviews were conducted in private rooms in the ante-natal clinic to help ensure discretion. Immense care was taken to establish rapport with the study participants before questionnaire administration. The study was described to the respondents and the research staff explained the value of honest answers to potentially sensitive questions to achieve accurate insights concerning the women's health and well-being.Written informed consent was obtained from respondents. In order to ensure confidentiality, serial numbers rather than names were used to identify the respondents.Respondents were informed that they had the right to decline participation or to withdraw from the study at any time they wished.Respondents were also informed that there were no penalties or loss of benefits for refusal to participate in the study or withdrawal from it. All data was kept secure and made available to only members of the research team. The WHO ethical and safety guidelines for research in domestic violence were observed(24).

The questionnaires were screened for completeness by the researcher after which they were coded, entered into the IBM SPSS version 20.0 software and analysed. Socio-economic status of the respondents was computed based on the occupation of the respondents' spouses and the education of the respondent. A score of 1 was given to respondents' spouses who had skilled professions, 2 to respondents' spouses with semi-skilled profession occupation and 3 to respondents' spouses with unskilled profession. A score of zero was given to respondents with tertiary education, 1 to respondents with secondary education and 2 to respondents with primary education or none. An addition of the scores awarded to respondents and their spouses gave a composite score for social class with the highest class being I and the least class, V (25).

A total of 19 questions were used to assess knowledge under 4 domains. A score of 1 was awarded for a correct answer and 0 for a wrong answer, giving a minimum score of 0 and a maximum score of 19. Scores were converted to percentages and graded as poor knowledge(scores 49.9% and below), fair knowledge (scores between 50.0 to 69.9%) and good knowledge (scores 70.0% and above).Perception of domestic violence was assessed by asking if VAW was justifiable under any circumstance and circumstances where it was justifiable. Respondents who did not justify VAW under any circumstance were regarded as having a good perception while those who justified VAW under any circumstances were regarded to have a poor perception. Cronbach's Alpha was used to assess the internal consistency and reliability of the scoring tools. A score of 0.871and 0.916 was gotten for knowledge and perception questions respectively, indicating good reliability. Test of associations were carried out using Chi squared tests or the Fisher's exact test where appropriate and binary logistic regression was used to further determine significant predictors of the outcome variables (knowledge and perception). All the socio-demographic variables used at the bivariate level were included in the multivariate analysis. The enter method was used for the analyses. The level of significance was set at $p < 0.05$.Frequencytables were used to present the results.

RESULT

A total of 400 questionnaires were filled and analyzed for this study. The mean age of the ante-natal attendees was 29.3 ±4.4 years. Majority, 301 (65.3%) of respondents were between age groups 25-29 and 30-34 years. A higher proportion of the respondents, 325 (81.2%) were married and 312 (78.0%) respondents were Christians.Majority of the respondents had completed one formal education or the other with the highest proportion having completed secondary education 240 (60.0%). Most of the respondents fell within the socio-economic classsIII and IV. [138 (34.5%) and 140 (35.0%)] respectively. Majority, 296 (74.0%)of the respondents were multiparous. (Table 1)

Two hundred and ninety-three (73.2%) respondents had good knowledge of the meaning of domestic violence. Majority, 283 (70.8%) knew physical violence while 147 (36.8%), 129 (32.3%), and 114 (28.5%) knew verbal, emotional/psychological and sexual violence as forms of violence, respectively. Concerning knowledge of victims of domestic violence, a higher proportion, 262 (65.5%) of respondents knew that women were victims of domestic violence and 129 (32.3%) knew children were victims of domestic violence. Only 66 (16.5%) and 37 (9.3%) knew that men and the elderly were victims of domestic violence respectively. Overall, 232 (58.0%) had poor knowledge of domestic violence, 148 (37.0%) had fair knowledge of domestic violence while only 20 (5.0%) had good knowledge of domestic violence. (Table 2) There was no statistically significant association between age ($p = 0.894$), marital status ($p = 0.472$), religion ($p = 0.995$) parity ($p = 0.146$) and level of knowledge. However, level of good knowledge was significantly associated with level of education ($p = 0.031$) and socio-economic status ($p = 0.003$) (Table 3). This significance was lost at the multivariate level. (Table 4)

Almost three-fifth, 233 (58.2%) of the respondents believed that domestic violence against women was justified under any circumstance. Of these, 182 (78.1%) felt that DV was justified if she paid too little attention to the home, 172 (73.8%) felt that DV was justified if she neglected the children and 169 (72.5%) felt that DV was justified if she lacked respect for her husband's family. Least justifiable reasons for domestic violence were refusing to have sex with spouse 132 (53.6%), going out without husbands permission 125 (53.6%) and being suspected of witchcraft 92 (39.5%) (Table 5). Bivariate analysis revealed that age, marital status, religion, level of education and socio-economic status were not significantly associated with perception. ($p = 0.782$, 0.881, 0.446, 0.985 and 0.334, respectively). Good perception was significantly associated with parity, highest among the multiparous respondents ($p = 0.004$) (Table 6). This significance was maintained at the multivariate analysis level which showed that with an increase in parity, respondents were 1.322 more likely to have good perception. Multivariate analysis also revealed that with a decrease in socio-economic status, respondents were 0.708 times less likely to have good perception. This association was statistically significant ($p = 0.010$) (Table 7).

DISCUSSION

The age group of the respondents is a reflection of the female reproductive age group. This age group is similar to findings in other studies(7,9,11,26,27).It is not surprising that few of the respondents were at the extremes of ages in the reproductive bracket (15-19years and 40-44 years). This may be due to the fact that teenagers are unlikely to book their pregnancies because of shame and stigmatization especially if they are unmarried as well as for financial reasons. Also, women who are approaching the end of their reproductive years are more likely to have completed their family size. Also, most respondents were married. Marriage is seen as an "unspoken prerequisite for procreation" in our society and those who have not had one form of marriage or the other are seen as irresponsible and largely incapable of taking care of children.

This study revealed that knowledge on domestic violence was poor as only one in twenty respondents had good knowledge. However, this is at variance withstudies done by Ameh and Abdul in Zaria and Efetie and Salami in Abuja which showed that more than half of the respondents had good knowledge(26,27).This may be because the questions used in assessing knowledge in this study was more exhaustive and assessed in different domains. This studyhasbuttressed the fact that domestic violence is a subject rather experienced than discussed, due to its societal and cultural dimensions. Also, due to lack of knowledge of domestic violence, many victims may not even consider themselves as such, compounding the issue of under-reporting of this crime.(15,16)Most cases go unreported usually

as a result of embarrassment, fear of retaliation, economic dependency, and privacy of the family as well as self-blameattitudes of the victims.(16) These contribute to create a climate of tolerance that reduces inhibitions against violence and makes it more difficult for women to come forward.Intimate partner violence against women thus remains a complex issue to research as the extent and forms of its occurrence still remains largely hidden(1,2,16).

A greater proportion of respondents were moreaware of women as victims of domestic violence compared to that against children. This could be attributed to the belief that such treatment serve as a form of discipline to the children.This is similar to a study carried out in Guyana in 2008(28).Children who are victims of domestic violence or whose mothers are victims are more likely to become perpetrators themselves in the future. They also tend to have difficulties at school and in developing close and positive relationships among other health and behavioural problems such as delinquency, aggressiveness, depression, sleep deprivation, anorexia(1,15,17).Few women also knew that men and the elderly were victims of domestic violence. This is not surprising as our culture considers these groups of people as highly respectable and are therefore less predisposed to domestic violence when compared to women and where it occurs, itis not seen as such, also due to cultural beliefs. Sexual violence was the least known type of domestic violence. This is at variance with a study done in Ogun state which revealed that most respondents had good knowledge(29). This may be attributed to the fact that most cases are not really perceived as such but as the perpetrator's right mostly due to cultural beliefs. Sexual abuse increases the risk of sexually-transmitted diseases including HIV/AIDS, vaginal bleeding, urinary tract infectionsetc (1-3).

Perception of intimate partner violence was poor among the studied group as almost three-fifth of the respondents believed that domestic violence against women was justified under any circumstance citing various reasons for its justification. This finding is in consonance with findings from a comparative analysis of 17 sub-Saharan countries, (30) a population based study conducted in Nigeria,16among civil servants in Ibadan, (31) and even among menin Yenagoa (32). This study buttresses the fact that there is a great degree of cultural and social acceptance of the issue even from the perspective of the victims, hence difficulty in curbing it. Thus, for there to be an effective advancement of policies and programmes geared towards eliminating violence against women, perceptions must change through health education and proper enlightenment. Multiparous women had better perception of intimate violence than nulliparous women. This may be due to the older age of these women and the "wiser knowledge" associated with increasing age and parity.

Poor perception of domestic violence may increase its prevalence and this has a number of effects on the victim and the family as a whole. Intimate partner violence, asides from the injuries which in severe cases may be fatal, have far-reaching consequences from a range of medical problems such as depression, post-traumatic stress disorder, insomnia, fear, suicidal tendencies etc. This is corroborated by studieswhich have shown a close correlation between domestic violence and suicide(33-35).Pregnant women are particularly vulnerable to such attacks and these may often predispose them to pregnancy-related complications such as haemorrhage, miscarriage and death(6-10).Routine DV screening, spousal involvement in antenatal care have been shown to reduce the incidence, prevalence and severity of DV, although the former is not fully accepted as it is believed to be intrusive and unnecessary(36,37).

CONCLUSION

This study documented poor knowledge and perception of DV among the studied population. This study suggests that proactive efforts are needed to improve knowledge and change these norms.It is therefore imperative for all stake holders involved in the prevention of DV to ensure collective effort in improving the access to knowledge through awareness programmes and promotion of health education which will in turn positively affect perception.

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TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Characteristics	Frequency (n=400)	Percent
Age		
15-19	2	0.5
20-24	40	10.0
25-29	154	38.5
30-34	147	36.8
35-39	47	11.8
40-44	10	2.5
Marital status		
Married	325	81.2
Co-habiting	46	11.5
Single	24	6.0
Separated	3	0.8
Widowed	2	0.5
Religion		
Christianity	312	78.0
Islam	44	11.0
African traditional Religion	26	6.5
Others*	18	4.5
Level of completed education		
None	8	2.0
Primary	51	12.8
Secondary	240	60.0
Tertiary	101	25.2
Socioeconomic index		
Class I	68	17.0
Class II	80	20.0
Class III	144	36.0
Class IV	92	23.0
Class V	16	4.0
Parity		
Nulliparity	78	19.5
Multiparity	296	74.0
Grandmultiparity	26	6.5

Mean age= 29.83±4.4years
**Other religionsgroupsinclude Eckankar and Grail message.

TABLE 2: RESPONDENTS' KNOWLEDGE OF DOMESTIC VIOLENCE

KNOWLEDGE	FREQUENCY (n = 400)	PERCENT
Knowledge of meaning of DV		
Correct	293	73.2
Incorrect	107	26.8
Knowledge of forms of DV		
Physical	283	70.8
Verbal	147	36.8
Emotional/psychological	129	32.3
Sexual	114	28.5
Knowledge of victims of DV		
Women	262	65.5
Children	129	32.3
Men	66	16.5
Elderly	37	9.3
All of the above	37	9.3
Knowledge of health effects of violence against women during pregnancy		
Miscarriage	262	65.5
Injury to the baby	244	61.0
Bleeding	237	59.3
Death	236	59.0
Complication during labour	229	57.3
Delayed booking of pregnancy	204	51.0
Insufficient weight gain	194	48.5
Low birth weight	187	46.8
Fractures	185	46.3
Overall knowledge score		
Poor	232	58.0
Fair	148	37.0
Good	20	5.0

TABLE 3: SOCIO-DEMOGRAPHIC VARIABLES AND KNOWLEDGE OF DOMESTIC VIOLENCE

VARIABLE	TOTAL KNOWLEDGE SCORE			X^2	P-VALUE
	POOR (%) (n = 232)	FAIR (%) (n = 148)	GOOD (%) (n = 20)	VALUE	
Age group (years)					
15-19	1 (50.0)	1 (50.0)	0 (0.0)	*5.215	0.894
20-24	28 (70.0)	11 (27.5)	1 (2.5)		
25-29	89 (57.8)	55 (35.7)	10 (6.5)		
30-34	81 (55.1)	59 (40.1)	7 (4.8)		
35-35	26 (55.3)	19 (40.4)	2 (4.3)		
40-44	7 (70.0)	3 (30.0)	0 (0.0)		
Marital status					
Single	186 (57.2)	125 (38.5)	14 (6.1)	*7.494	0.472
Married	15 (62.5)	8 (33.3)	1 (7.7)		
Cohabiting	26 (56.5)	15 (32.6)	5 (5.9)		
Separated	3 (100.0)	0 (0.0)	0 (0.0)		
Widowed	2 (100.0)	0 (0.0)	0 (0.0)		
Religion					
Christian	183 (57.2)	113 (36.2)	16 (5.1)	*0.862	0.995
Islam	25 (56.8)	17 (38.6)	2 (4.5)		
ATR	14 (53.8)	11 (42.3)	1 (3.8)		
Others	10 (55.6)	7 (38.9)	1 (5.6)		
Parity					
Nulliparous	53 (67.9)	20 (25.6)	5 (6.4)	*6.496	0.146
Multiparous	163 (55.1)	118 (399)	15 (5.1)		
Grand-multiparous	16 (61.5)	10 (38.5)	0 (0.0)		
Level of Education					
No formal education	4 (50.0)	4 (50.0)	0 (0.0)	*13.870	0.031
Primary	37 (72.5)	14 (27.5)	0 (0.0)		
Secondary	144 (60.0)	85 (35.4)	11 (4.6)		
Tertiary	47 (46.5)	45 (44.6)	9 (8.9)		
Socio-economic status					
I	29 (42.6)	31 (45.6)	8 (11.8)	23.575	0.003
II	47 (58.8)	33 (41.2)	0 (0.0)		
III	90 (62.5)	48 (33.3)	6 (4.2)		
IV	57 (62.0)	32 (34.8)	3 (3.3)		
V	9 (56.2)	4 (25.0)	3 (18.8)		

*Fisher's exact

TABLE 4: LOGISTIC REGRESSION MODEL FOR DETERMINANTS OF KNOWLEDGE OF VIOLENCE.

Predictors	B (regression co-efficient)	Odds ratio	95% CI for OR		P – value
			Lower	Upper	
Age	0.011	1.011	0.957	1.067	0.700
Level of Education	0.396	1.486	0.970	2.277	0.069
Marital status					
Ever-married	-0.152	0.859	0.510	1.448	0.569
Never-married		1			
Religion					
Christians	0.132	1.141	0.701	1.858	0.596
Other religions		1			
Socio-economic status	-0.049	0.952	0.742	1.221	0.699
Parity	0.092	1.097	0.940	1.279	0.240

***Reference category, R^2= 27.1% - 36.0%, CI = Confidence Interval**

TABLE 5: RESPONDENTSPERCEPTION OF DOMESTIC VIOLENCE AGAINST WOMEN

PERCEPTION	FREQUENCY	PERCENT
DV justifiable under any circumstance (n = 400)		
Yes	233	58.2
No	167	41.8
Conditions where DV is Justifiable (n = 233)		
Paying too little attention to the home	182	78.1
Neglect of children	172	73.8
Lack of respect for spouse 's family	169	72.5
Nagging/challenging spouse's behaviour	149	63.9
Suspicion of marital infidelity	139	59.7
Refusal to have sex with spouse	132	56.7
Going out without spouse's permission	125	53.6
Suspicion of witchcraft	92	39.5
Recommendations for ending DV (n = 400)		
Submissive	307	76.8
Prayer	298	74.5
Obedient	267	66.8
Better understanding	189	47.3
Tolerant	125	31.3

TABLE 6: SOCIO-DEMOGRAPHIC VARIABLES AND PERCEPTION OF DOMESTIC VIOLENCE AGAINST WOMEN

VARIABLE	PERCEPTION		χ^2 VALUE	P-VALUE
	GOOD	POOR		
Age group (years)				
15-19	1 (50.0)	1 (50.0)	*2.660	0.782
20-24	24 (60.0)	16 (40.0)		
25-29	91 (59.1)	63 (40.9)		
30-34	87 (59.2)	60 (40.8)		
35-35	23 (48.9)	24 (51.1)		
40-44	7 (70.0)	3 (30.0)		
Marital status				
Single	188 (57.8)	137 (42.2)	*1.502	0.881
Married	15 (62.5)	9 (37.5)		
Cohabiting	26 (56.5)	20 (43.5)		
Separated	2 (66.7)	1 (33.3)		
Widowed	2 (100.0)	0 (0.0)		
Religion				
Christian	183 (58.7)	129 (41.3)	2.701	0.446
Islam	22 (50.0)	22 (50.0)		
ATR	15 (57.7)	11 (42. 3)		
Others	13 (72.2)	5 (27.8)		
Parity				
Nulliparous	47 (60.3)	31 (39.7)	*11.223	0.004
Multiparous	179 (60.5)	117 (39.5)		
Grand-multiparous	7 (26.9)	19 (73.1)		
Level of Education				
No formal education	5 (62.5)	3 (37.5)	*0.218	0.985
Primary	30(58.8)	21 (41.2)		
Secondary	138 (57.5)	102 (42.5)		
Tertiary	60 (59.4)	41 (40.6)		
Socio- economic status				
I	37 (54.4)	31 (45.6)	4.586	0.334
II	41 (51.2)	39 (48.8)		
III	84 (58.3)	60 (41.7)		
IV	60 (65.2)	32 (34.8)		
V	11 (68.8)	5 (31.2)		

*Fisher's exact

TABLE 7: LOGISTIC REGRESSION MODEL FOR DETERMINANTS OF PERCEPTION OF VIOLENCE.

Predictors	B (regression co-efficient)	Odds ratio	95% CI for OR		P – value
			Lower	Upper	
Age	-0.041	0.960	0.907	1.015	0.147
Level of Education	-0.281	0.755	0.492	1.158	0.198
Marital status					
Ever-married	-0.071	0.931	0.552	1.573	0.790
Never-married		1			
Religion					
Christians	-0.010	0.990	0.605	1.621	0.969
Other religions		1			
Socio-economic status	-0.345	0.708	0.545	0.920	0.010
Parity	0.279	1.322	1.128	1.549	0.001

***Reference category, R^2= 48.0% - 65.0%, CI = Confidence Interval**