

Patterns of Spousal Abuse as Perceived by Female Health Workers in Ibadan, Nigeria

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Abstract

Context: Spousal abuse is a form of domestic violence seldom reported especially among educated elites to law enforcement agencies in Nigeria. Nevertheless, it occurs, though shrouded in secrecy with health consequences relating to reproductive, physical, social and mental health of the victims. Health care providers need to be in good emotional health status to be able to provide quality of care to patients or clients.

Objective: To determine pattern of spousal abuse as perceived by female health care workers in Ibadan, Nigeria and their coping strategies.

Design, Setting and Subjects: The study was a cross sectional descriptive study. Using a structured questionnaire, a survey was carried out among a randomly selected group of female doctors, pharmacists, radiographers, laboratory technologists, community health officers, hospital assistants and other cadres of health care workers selected from six notable hospitals in Ibadan, Nigeria. Their demographic data were sought, as well as the patterns of abuse they suffered from their husbands and their coping strategies.

Results: The subjects suffered many patterns of abuses from their husbands: psychosexual (husband had sex by force 32.2%, denied sex when wife wanted it 29.3%, cared less whether wife enjoyed sex 34.6%); verbal (shouted at wife, 31.1%); physical (received slaps, 23.6%). Major perceived reasons for abuse from husbands were family finance 40.4% and sexual life 26.8%. Major coping strategies were prayer 74.7% and speak less with husband 54.3%.

Conclusion: Female health workers need education on marital compatibility and adjustment.

Key Words: Domestic Abuse, Health Workers, Coping Strategies [Trop J Obstet Gynaecol, 2006, 23:167-170]

Introduction

Recently, global attention is increasingly being directed on the need to address human rights violation in all countries as an integral part of true democracy. Foremost among human rights issues requiring urgent attention is the Sexual and Reproductive Rights of Women¹. Wife abuse is an integral part of domestic violence and, often time, wife abuse is regarded being responsible for most domestic violence at the expense of other forms of domestic violence (child abuse, husband/men abuse and elder abuse)². Violence against women leads to major reproductive health consequences³. Violence against wives or wife-battering occurs at every level of society. It occurs more frequently in relationships with a high degree of conflict which couples are unable to resolve through negotiation and compromise⁴. However, spouse abuse among educated Nigerians is one form of violence seldom reported in literature or even in law courts².

Wife abuse occurs in marital relationship through intimidation or force to control the wife. In many cases, it may be in the form of verbal, sexual and/or physical abuse, leading to serious health consequences for the wife and, on a few occasions, may lead to permanent damage or death. Review of experts' views and findings revealed that male partners usually use violence to maintain dominance and control over

partners. Domestic violence seems to be a daily occurrence with attendant gynaecological and psychological implications⁵.

In many developing countries today, women are sexually exploited, molested and assaulted under the guise of culture and or religion. Also women have no one to report sexual and other forms of violence to as they are also made to feel guilty, ashamed and responsible for having been sexually molested, harassed or assaulted while the assailant is set free or protected⁶.

Health workers by virtue of their training are expected to be role models in all matters relating to health. They are also expected to enjoy a level of health status that make them physically, mentally, socially and emotionally prepared to care for their patients or clients. Is the pattern of spousal abuse directed at female health care workers different from that of the general population? How do they respond in such situations? This study was conducted to find out the prevalence of spousal abuse among female health workers in Ibadan, ascertain why female health workers

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were abused by their husbands and identify the coping mechanisms adopted by female health workers in Ibadan in such situations.

Materials and Methods

The survey was carried out in six purposively selected hospitals; Adeoyo Hospital, Ring Road Hospital, Jericho Nursing Home, Oni Memorial Hospital, Oluyoro Catholic Hospital, Oke-Offa and University College Hospital, all situated in Ibadan, Nigeria. Data were collected between April and July 2005 using a questionnaire. Respondents were well briefed about their rights to participate or not to participate and perceived benefits to them and their professions. A respondent was expected to put “X” or, where necessary, a letter or figure in spaces provided, as they deemed appropriate. The questionnaire was pilot tested among health care workers who were not part of the sample. Three hundred female health workers were randomly selected from the six health facilities in Ibadan, to participate in the study. Data were described using simple frequency and percentage.

Results

All the 300 copies of the questionnaire administered were returned and found usable for data analysis. However, there were some missing cases in items relating to demographic data in some copies of the questionnaire.

Demographic Characteristics

The mean age of subjects was 35.5 6.8 years. The distributions per profession were; medical doctors 3.9%, 2.1%, dentists 2.9%, pharmacist nurses/midwives 61.1%, physiotherapists 2.9%, radiologists 1.4%, laboratory technologists 2.5%, community health officers 12.9%, hospital assistants, 7.9%, and others 2.4%, 94.6% were in monogamous and 5.4% in polygamous relationships. Also majority 90.0% were Christians 9.3% Muslims and 0.7% traditionalists. Majority 78.1% were legally married and living with their spouses, 16.8% were divorced and living separately in the same city while 0.6% were cohabiting without legal marriage. Out of 300 subjects, 77.0% were younger in age than their husbands, 8.3% older, 7.7% of the same age group and 7.0% did not give any response. The mean age of the subjects at marriage was 26.3 3.4 years and that of their husbands was 31.0 3.9 years. The mean years of marital experience was 9.3 6.3 years.

Table 1 reveals that female health workers suffered various forms of abuse from their spouses. Under psychosocial abuse, 32.3% reported that their husbands cared less whether they enjoy sex or not, also 31.0% were forced to have sex and 27.3% were denied sex. Also under verbal abuse, 35.3% reported that their husbands shouted at them while 29% were tongue lashed.

Table 1: Nature of Spousal Abuse Among Female Health Workers in Ibadan

Nature	Frequency	%
Psychosexual		
Care not whether I enjoy having sex with him	97	32.3
Forces me to have sex	93	31.0
Deny me sex	82	27.3
Verbal Abuse		
Shouts at me	106	35.3
Abuses me (Tongue lashes)	87	29.0
Curses me	40	13.3
Emotional Abuse		
Fail to sleep at home	40	13.3
Threatens to separate	37	12.3
Threatens to divorce	31	10.3
Humiliates me in the presence of		
Our children	66	22.0
His or my family member	55	18.3
His or my friend	50	16.7
Physical Abuse		
Slaps me	66	22.0
Kicks me	36	12.0
Throws things at me	30	10.0

Emotional abuse seemed to be less form of abuse suffered as 13.3% of the subjects had their husbands walked out to sleep elsewhere and 12.3% of them said their husbands threatened to separate. It is of note that as high as 22% were humiliated by their spouses in the presence of their children, which has serious implications for children psychological development. Also, 22.0% were physically abused through slapping by their husbands.

Table 2: Perceived Reasons Why Female Health Workers Were Abused by Their Spouses

Reason	Frequency	%
Family Finance	113	37.7
Sexual Life	75	25.0
Communication	74	24.7
House Keeping	74	24.7
Demand/Nature of My Work	71	23.7
Interference By In-Laws	68	22.7
Interference From Friends	63	21.0
Desire For More Children	57	19.0
Child Rearing	50	16.7
Feeding	49	16.3
Religious Life	41	13.7
Infidelity	39	13.0

In Table 2, the six major reasons that female health workers perceived they were abused by their husbands were; family finance 37.7%, sexual life 25.0%, spousal communication 24.7%, house keeping 24.7%, nature/demand of work 23.7%, interference by in-laws 22.7% and interference from friends 21.0%.

Table 3: Female Health Workers Coping Strategies Against Abuse by Their Spouses

Coping strategy	Frequency	%
Pray about the problem	224	74.7
Speak less with husband at home	163	54.3
Seek intervention from religious leader	146	48.7
Seek intervention from friends	114	38.0
Singing	57	19.0
Find excuse to stay off home	42	14.0
Drink	39	13.0
Seek the help of a social worker	35	11.7
Seek intervention from law enforcement officer	26	8.7
Listening to music	18	6.0

• Subjects were free to tick many coping strategies

Table 3 indicates that 74.7% of the subjects prayed when they were abused, 54.3% spoke less with husbands at home and 48.7% sought intervention from religious leaders.

In Table 4, in terms of psychosexual abuse, female radiographers' responses of (58.3%) showed they suffered more than any other groups. They also recorded highest responses of (33.3%) in terms of

emotional abuse than other groups. Physiotherapists' responses show they received more verbal abuse (66.7%) and physical abuse (50%) from their spouses than any other. Hospital Assistants were more humiliated by their spouses with responses of 51.5%.

Discussion

It is obvious from the outcome of this study that about 20.0% of female health workers that participated in this study were abused in one form or the other by their spouses for perceived various reasons. This is of serious concern as health workers are expected to be role models and be able to give counselling in areas of physical, mental, social and emotional health to their clients (even if it is first line of counselling services). That psychosexual abuse was the most common pattern of abuse suffered by all female health professionals in this study call for concern. It is important to note that apart from suffering psychosexual abuse (18.2%), which is low compared to many other professionals, female medical doctors in this study did not suffer any other form of spousal abuse. This may perhaps be due to the high level of respect given to medical doctors generally in the Nigerian society, even among members of their families.

Table 4: Patterns of Abuse Among Professional Health Workers

Professionals	Patterns of Abuse				
	Psychosexual (with 3 items)	Verbal (with 3 items)	Emotional (with 3 items)	Humiliation (with 3 items)	Physical (with 3 items)
Medical Doctors n=11	6 (18.2%)	0	0	0	0
Dentists n=6	4 (16.7%)	8 (33.3%)	3 (16.7%)	2 (11.1%)	3 (16.7%)
Pharmacists n=8	3 (16.7%)	6 (33.3%)	2 (8.3%)	3 (12.5%)	0
Nurses/Midwives n=171	173 (33.7%)	145 (28.3%)	57 (11.1%)	93 (18.1%)	75 (14.6%)
Physiotherapists n=8	11 (45.8%)	16 (66.7%)	6 (25%)	10 (41.7%)	12 (50%)
Radiographers n=4	7 (58.3%)	5 (41.7%)	4 (33.3%)	4 (33.3%)	4 (33.3%)
Laboratory Technologists n=7	9 (42.9%)	9 (42.9%)	5 (23.8%)	7 (33.3%)	5 (23.8%)
Community Health Officers n=36	29 (26.9%)	13 (12%)	9 (8.3%)	13 (12%)	7 (6.5%)
Hospital Assistants n=22	25 (37.9%)	26 (39.4%)	21 (31.8%)	34 (51.5%)	22 (33.3%)
Others n=07	6 (28.6%)	5 (23.8%)	3 (14.3%)	0	4 (19.0%)

It is also important to note that there are both implicit and explicit relationships between violence and reproductive ill health⁷. Generally, violence against women can lead to death, broken bones, miscarriages, anxiety, depression or even the abused attempting to commit suicide. Studies have found that between 25 and 60% of women say they have been beaten raped or abused by their husbands or sex partners⁸. The findings in this study confirmed the view that domestic violence is a serious problem in African countries, exacerbated by customary norms which permit husbands to assault their wives at least to a certain degree. The synergy of earning income and at the same time fulfilling household chores, meeting sexual needs as well as complaints about nature of work as found in this study is also supported by the notion that given the fact that a mothers' wage-earning work is vital to family survival as her equally demanding domestic work, it seems logical that families would facilitate the integration of mothers' dual roles^{3,9}.

It is important to note that in coping strategies, 74.7% prayed while 48.7% sought for spiritual help, whereas 11.7% sought help from social workers. It is significant to note that apart from speaking less with husband at home and drinking, all other coping strategies may be considered worthwhile. This is because alternatives

coping strategies like smoking, thinking about suicide, finding love elsewhere, running away from home, fighting back, have serious psychosocial health implications for women and their children. In a study on prevalence and pattern of smoking behaviour among health workers in Ibadan, 50% believed that their religious leaders could help as against 22% who believed that their professional colleagues could help them to quit smoking. Based on the outcome of this study, it is recommended that education about marital adjustments be part of General Studies course during professional preparation of health workers. Also, the continuing education programmes for health professionals (even if it is in-house workshops/seminars) may need to include strategies of coping with adverse domestic situations. This is particularly essential for health professionals because of the nature of their work.

Some of the weaknesses of this study were failure of the researchers to utilize focus group discussions to generate qualitative data to add to the quantitative data obtained from questionnaire administration. Information from such an approach may have enriched the outcome of the study. Another limitation is that the scope of the study was confined to Ibadan, thus the outcome of the study may not be generalisable to other parts of Oyo State or the country.

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