

## **Pattern and Impact of Physical and Emotional Abuse on Women in Nigeria**

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### **Abstract**

Physical and emotional abuse has been recognised as the most common form of spousal abuse among women in Nigeria. This study aims to determine the pattern and impact of physical and emotional abuse among women in Nigeria. This research adopted the integrated ecological framework by Heise as its theoretical framework. A systematic review method was employed. Data were extracted from the articles with relevant information and also from the 2008, 2013, and 2018 Nigeria Demographic and Health Surveys. The prevalence of physical and emotional abuse is high and has risen substantially in recent years. The most commonly reported form of physical abuse by the women was being slapped by their spouses, while the most frequently reported form of emotional abuse was being insulted or being made to feel bad about themselves. Those most affected include those employed not for cash; those divorced, separated or widowed; those with primary education; those in the middle wealth quintile; those whose husbands get drunk very often; and those whose fathers beat their mothers. The most common types of injuries experienced by the victims of spousal abuse were cuts, bruises or aches, followed by eye injuries, sprains, dislocations, or burns. Physically and emotionally abused women were less likely to use antenatal care and delivery services, and more likely to experience pregnancy termination and lose a child under five years old. This study showed a high prevalence of physical and emotional abuse among women in Nigeria with a severe negative impact on their physical, mental and reproductive health. Routine screening for spousal abuse among women for early detection and intervention, women empowerment, and stiff penalties for the perpetrators were recommended to safeguard women's health and well-being.

**Keywords:** Abuse, physical, emotional, pattern, impact, women

### **Introduction**

Physical and emotional abuse has been recognised as the most common form of spousal abuse among women in Nigeria. They are sub-sets of Intimate Partner Violence (IPV) which generally refers to violence against women perpetrated by their husbands or their male partners in the event of not being legally married (World Health Organization, 2013). All social, economic, religious, and cultural groups are affected by it (Ellsberg & Heise, 2005). It is an

act, attitude, or circumstance that produces or is likely to cause bodily harm, sexual assault, or emotional anguish. (Ellsberg *et al.*, 2008). It covers physical abuse like slapping, hitting, kicking, or beating; emotional/psychological abuse like intimidation, constant belittling, or humiliation; forced sexual contact and other types of sexual coercion; or any other forms of controlling behaviour like isolating a partner from family and friends, watching a partner's every move, keeping tabs on their activities, and limiting access to information or assistance (Krug *et al.*, 2002a; World Health Organization, 2013). Activities that are violent by nature include threats and intimidation since they result from a power dynamic (Krug *et al.*, 2002b).

Any nonphysical action or attitude that aims to humiliate, intimidate, punish, or isolate another person is considered emotional abuse (Engel, 2002). Verbal abuse, domination, control, seclusion, mockery, or using private information for degrading purposes are all examples of emotional abuse (Follingstad, Coyne, & Gambone, 2005). The victim's emotional and psychological health is the primary focus of emotional abuse, which frequently comes before physical violence. According to Gondolf, Heckert, and Kimmel (2002), there is a strong association between physical and emotional abuse in batterer populations, and verbal abuse during the early stages of a relationship is a strong indicator of later violent spousal abuse (Schumacher & Leonard, 2005). As a result, there is an increasing focus on comprehending emotional abuse as a concept distinct from physical abuse, deserving of its own theories and prevention methods (O'Leary & Maiuro, 2001).

Even though marriage has many advantages, including the best conditions for childbirth and raising children, encouraging a healthy lifestyle, offering emotional support, and lowering depression, marriage issues may be disastrous if domestic violence is rampant (Tanimu *et al.*, 2016; Onigbogi *et al.*, 2015; Campbell, 2002). The elements connected to IPV and its three domains are the subject of increasing research (Sabri & Campbell, 2015; Aduloju *et al.*, 2015; Bamiwuye *et al.*, 2014). Physical and emotional abuse of women and other forms of Intimate partner violence reflects persistent gender inequality and severe forms of discrimination against women with a high potential for long-lasting effects (WHO, 2012). Despite the modernisation attained worldwide, many married women still experience abuse from their husbands. To fulfil the internationally agreed-upon Sustainable Development Goals (SDGs) such as Agenda 5, which aims to advance gender equality and provide all women and girls more power, spouses must embrace a zero-tolerance policy for violence against women (United Nations, 2015).

Abuse destroys lives, shatters communities, and prevents progress (World Health Organization, 2013). It seriously affects the health and well-being of women, and it comes at a tremendous cost to people, healthcare systems, and society as a whole (Garcia-Moreno *et al.*, 2005). Physical and emotional abuse causes individual, family, and community poverty, which hinders national economic growth. Their harmful effects impact the victims' general health and the welfare of their children, making them a leading cause of disability and mortality (Garcia-Moreno *et al.*, 2016; World Health Organization, 2009). Body deformities, infections, unexpected pregnancies, unsafe abortions, pregnancy difficulties, and premature death are all risks associated with IPV (Tanimu *et al.*, 2016; Onigbogi *et al.*, 2015; WHO, 2012; Campbell, 2002). According to a multi-country study by the World Health Organization, the prevalence of IPV ranges from 4 percent to 75 percent worldwide (WHO, 2005). In a comparative survey of nine nations, including those in sub-Saharan Africa, Asia, and South America, it was discovered that between 18 and 48 percent of women and between 4 and 17 percent of women, respectively, reported having recently suffered physical or sexual assault (Hindi *et al.*, 2008). According to a different survey, the percentage of married women who reported experiencing physical or sexual IPV ranged from 17 percent in the Dominican Republic to 75 percent in Bangladesh (Hindi *et al.*, 2008).

In sub-Saharan Africa, the IPV prevalence ranges from 30.5 percent in Nigeria to 43.4 percent in Zimbabwe, 45.3 percent in Kenya, 45.5 percent in Mozambique, 53.9 percent in Zambia, and 57.6 percent in Cameroun (Bamiwuye *et al.*, 2014). According to a Tanzanian study, 61 percent of women experience physical or sexual IPV; the prevalence rates varied by sociodemographic factors, with younger women, women who dated younger males, and women with lower levels of education having substantially higher prevalence rates (Kapiga *et al.*, 2017). Thirty-six percent of women in urban sub-Saharan Africa said they had at least one type of IPV (Izugbara *et al.*, 2020). Thirty-one percent of South African women reported experiencing physical IPV (Gasset *et al.*, 2011). In Tanzania, 27% of women reported having engaged in physical or sexual IPV in the previous year (Kapiga *et al.*, 2017). In Ghana, almost 34% of women reported IPV in the last year; 21.4 % reported physical or sexual assault, and 24.6 % reported emotional abuse (Alangea *et al.*, 2018).

The harmful consequences of IPV on one's health and other factors have been amply supported by research. These include homicide, suicide attempts, poor mental health, and several unfavourable consequences in terms of reproductive health, including pregnancy termination,

gynecologic morbidities, and posttraumatic stress disorders (Pereira *et al.*, 2013; Nur, 2012; Hall *et al.*, 2014; Stephenson *et al.*, 2006; Jina *et al.*, 2013). It has been noted that the negative repercussions of IPV on the health and well-being of female victims can endure a lifetime (Antai, 2011; Sanz-Barbero *et al.*, 2019). Injuries, persistent pain, physical impairment, issues with sexual and reproductive health, including STDs, and mental diseases like depression, substance misuse, and suicide attempts are among them (Campbell *et al.*, 2002; Krug *et al.*, 2002b). In Spain, women who had experienced abuse had a higher frequency of chronic disease than women who had never experienced violence (Ruiz-Pérez *et al.*, 2007). Due to the difficulty in negotiating safer sexual practices and increased sexual risk-taking behaviour, violence is also a recognised risk factor for contracting HIV/AIDS, particularly for African women (Patrikar *et al.*, 2017; Campbell *et al.*, 2008; World Health Organization & UNAIDS, 2004). Still, examining their long-term impact on their reproductive health is equally essential, which informed this study's conduct. Severe physical IPV was strongly associated with divorce/separation, according to a survey on IPV conducted in rural Uganda in 2016 that ranged from 6.49 percent (extreme physical abuse) to 31.99 percent (emotional abuse) (Wagman *et al.*, 2016).

Similar to the situation across sub-Saharan Africa with a substantially higher prevalence of Intimate Partner Violence (estimated at 37 percent), as compared to the global prevalence of 30 percent (WHO, 2013); earlier research from Nigeria showed a high prevalence of IPV ranging from 7 to 31 percent for physical violence, 20 to 31 percent for sexual violence, and 31 to 61 percent for psychological/emotional abuse (Mapayi *et al.*, 2013). Additionally, investigations carried out in various parts of Nigeria revealed that the prevalence of IPV varied from 42 percent in the North (Tanimu *et al.*, 2016), 29 percent in the South West (Okenwa *et al.*, 2018), 78.8 percent in the South East (Okemgbo *et al.*, 2018), to 41 percent in the South-South (Dienye *et al.*, 2018). Other studies conducted across Nigeria also reported similarly high physical and emotional abuse prevalence rates, and it is believed that numerous variables, such as the challenging economic climate, social media, the immaturity of the couple, and childlessness in marriage, might be blamed for the rise in IPV in Nigeria (Aduloju *et al.*, 2015; Bamiwuye *et al.*, 2014).

Given the high prevalence of physical and emotional abuse among married women in Nigeria, and their adverse effects on these women, their children and families and the community at large, it is imperative to examine the trend of these conditions and their impact on the victims, particularly, with the consistently increasing poverty rates and other risk factors of the

phenomenon. This study aims to determine the pattern and impact of physical and emotional abuse among married women in Nigeria.

### **Methodology**

A systematic review method was employed; this involves a comprehensive and systematic search of the major electronic databases (including PubMed and Web of Science), as well as African Journals Online repository and Google Scholar to locate all relevant published works that address one or more of the critical concepts examined in the paper. The terms used were "physical abuse", "emotional abuse", "intimate partner violence", "spousal abuse", "effects of intimate partner violence", and "impact of spousal abuse". Data were extracted from the articles with relevant information and also from the 2008, 2013, and 2018 Nigeria Demographic and Health Surveys. Finally, a systematic integration and presentation of the findings was done.

### **Theoretical framework**

This research adopted the integrated ecological framework by Heise (1998) as its theoretical framework. According to the framework, various elements in the social environment (including the personal history of the individual concerned, the microsystem, the exosystem and the macrosystem) impact IPV and other types of gender-based violence.

- The personal history of the individual concerned involves issues such as witnessing marital violence as a child, being abused as a child, and having an absent or rejecting father
- The microsystem involves issues such as male dominance in the family, male control of wealth in the family, use of alcohol, and the presence of marital conflict
- The exosystem involves issues such as low socio-economic status or unemployment, isolation of a woman and family, and delinquent peer association
- The macrosystem involves issues such as male entitlement/ownership of women, masculinity linked to aggression and dominance, rigid gender roles, acceptance of interpersonal violence, and acceptance of physical chastisement

The results of several worldwide research show evidence that IPV is caused by the interaction of factors that span multiple societal levels of influence. The literature has repeatedly identified many risk factors for IPV, including being a young woman, having little education, living in poverty, having experienced parental violence, having been sexually abused as a kid, and generally accepting violence (Sabri & Campbell, 2015; Rapp *et al.*, 2012; Jewkes, 2002). The

interplay of social, cultural, political, economic, and biological elements underlies the complex social issue of abuse of women in intimate relationships (Dahlberg & Butchart, 2005). The views, prevalence, and manifestations of IPV are influenced by social, cultural, and religious beliefs worldwide. In some traditional societies, a man's right to physically punish his wife is often viewed as the cause of wife-beating (Krug *et al.*, 2002b; Gage & Thomas, 2017; Linos *et al.*, 2013). Traditional ideas of what men and women should and shouldn't do are frequently the basis for cultural excuses for violence. Societies sometimes make distinctions between "acceptable" and "unacceptable" degrees of violence as well as between "just" and "unjust" causes of abuse (Rani *et al.*, 2004). This perception gives some people, mainly husbands or more senior family members, the authority to physically chastise a woman for specific offences. The prevalence of intimate partner violence may be higher in environments where the behaviour is accepted as usual and where it is believed that marriage gives men unrestricted authority over and access to their wives sexually, according to research from various contexts (Rani *et al.*, 2004).

According to research conducted in Nigeria, where husbands have the legal right to abuse their wives physically, the odds of spousal violence at the state level appeared significantly higher (Linus *et al.*, 2013). Additionally, the protective effect of higher status on the likelihood that women will experience IPV was reversed (Benebo *et al.*, 2018). Nigerian men are willing to follow the traditions that call for them to manage their homes and correct their partners when necessary (Benebo *et al.*, 2018). Although men can also be targets of this kind of violence, men commit the vast majority of IPV worldwide against women, and women are disproportionately injured by IPV (Caldwell *et al.*, 2012; Carmo *et al.*, 2011).

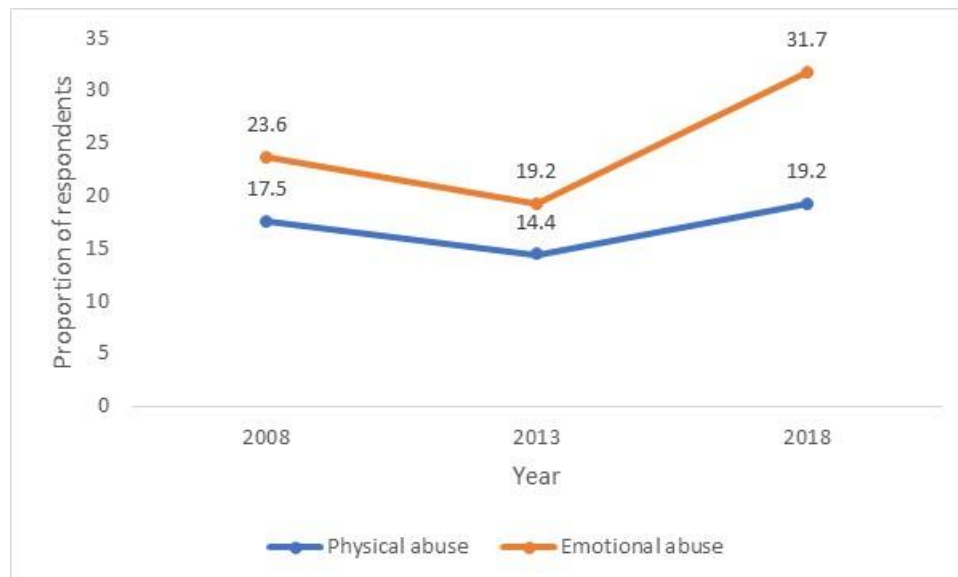
## **Results and Discussion**

### **Prevalence of physical and emotional abuse among women in Nigeria**

Studies conducted across Nigeria majorly reported high physical and emotional abuse prevalence rates among women, with emotional abuse being the most common type across the country. A hospital-based study in Kano, Nigeria, found that 42.0 percent of women had suffered IPV, with 46.6 percent having experienced emotional/psychological violence, 29.0 percent experiencing physical violence, and 21.9 percent experiencing sexual abuse (Tanimu *et al.*, 2016). Research conducted in various regions of Nigeria discovered that the kind of marriage and the partner's alcohol usage were significant predictors of IPV (Tanimu *et al.*, 2016; Onigbogi *et al.*, 2015). According to a household survey of IPV in two states of Nigeria, the prevalence of IPV during the most recent pregnancy was 22 percent in Cross River and 9

percent in Bauchi, with the risk being lower for low-income partners with higher education (Ansari *et al.*, 2016). A hospital-based study in southwestern Nigeria found that 31.2 percent of women had IPV related to infertility and that IPV predictors included unemployment and chronic marital infertility (Adulogu *et al.*, 2015). In a study of male civil servants in Ibadan, Nigeria, 31.2 percent of the men admitted to sexual abuse, 23 percent admitted to psychological abuse, and 11.7 percent admitted to physical violence against their intimate partners the previous year. About 30.7 percent of the men supported wife beating under certain conditions (Adejimi *et al.*, 2014).

The findings from studies conducted across Nigeria align with the results of the previous Nigeria Demographic and Health Surveys in which emotional abuse was the most prevalent form of spousal abuse among women, followed by physical abuse (NPC, Nigeria & ICF Macro, 2009; NPC, Nigeria & ICF International, 2014; NPC, Nigeria & ICF, 2019). An examination of the trend of the phenomenon shows that while the prevalence of emotional abuse decreased from 23.6 percent in 2008 to 19.2 percent in 2013, it rose substantially to 31.7 percent in 2018. Also, while the prevalence of physical abuse fell from 17.5 percent in 2008 to 14.4 percent in 2013, it increased considerably to 19.2 percent in 2018. (Figure 1).



**Figure 1: Prevalence of physical and emotional abuse among women in Nigeria**

### **Most common forms of physical and emotional abuse among women in Nigeria**

The most commonly reported form of physical abuse by the women was being slapped by their spouses, while the most frequently reported form of emotional abuse was being insulted or being made to feel bad about themselves (Table 1).

**Table 1: Forms of physical and emotional abuse experienced by women in Nigeria**

Variables	NDHS 2008 Condition (%)	NDHS 2013 Condition (%)	NDHS 2018 Condition (%)
<b>Physical abuse</b>			
Most common forms experienced	Slapped her (16.0)	Slapped her (12.7)	Slapped her (16.0)
	Kicked, dragged, or beat her up (6.0)	Pushed, shook, or threw something at her (6.7)	Kicked, dragged, or beat her up (9.0)
	Pushed, shook, or threw something at her (5.4)	Kicked, dragged, or beat her up (5.2)	Pushed, shook, or threw something at her (7.0)
<b>Emotional violence</b>			
Most common forms experienced	Insulted her or made her feel bad about herself (16.6)	Insulted her or made her feel bad about herself (15.5)	Insulted her or made her feel bad about herself (28.0)
	Said or did something to humiliate her in front of others (14.9)	Said or did something to humiliate her in front of others (10.7)	Said or did something to humiliate her in front of others (10.7)

**Factors associated with physical and emotional abuse among women in Nigeria**

The proportion of respondents with physical or emotional abuse was consistently and significantly highest among respondents who were employed not for cash; those who were divorced, separated or widowed; those with primary education; those in the middle wealth quintile; those whose husbands get drunk very often, and those whose fathers beat their mothers (Table 2). The higher prevalence of physical and emotional abuse among those employed not for cash is not surprising as they bear a double tragedy of work stress, which makes it difficult for them to fulfil their duties at home, and the financial burden of not being paid in cash. Similar to the finding in this study, high levels of conflict have been observed in marriages when the female has full-time work (Kamp Dush & Taylor, 2012). Full-time jobs are often more taxing for women than men since they regularly conflict with additional duties at home. Also, due to



their long work hours, the effects of work stress on women may make it more difficult for them to handle interpersonal issues.

**Table 2: Factors associated with physical and emotional abuse among women in Nigeria**

<b>Variables</b>	<b>NDHS 2008 Condition (%)</b>	<b>NDHS 2013 Condition (%)</b>	<b>NDHS 2018 Condition (%)</b>
<b>Current age</b>			
Lowest prevalence	15-19 (22.4)	15-19 (14.9)	15-19 (23.4)
Highest prevalence	30-39 (30.8)	30-39 (27.2)	25-29 (37.9)
<b>Employed past 12 months</b>			
Lowest prevalence	Not employed (25.6)	Not employed (18.0)	Not employed (31.6)
Highest prevalence*	Employed not for cash (38.0)	Employed not for cash (45.5)	Employed not for cash (48.5)
<b>Number of living children</b>			
Lowest prevalence	0 (22.7)	0 (16.5)	0 (31.8)
Highest prevalence	5+ (34.4)	3-4 (26.7)	3-4 (38.4)
<b>Marital status and duration</b>			
Lowest prevalence	Married only once, 0-4 years (24.4)	Married or living together (23.5)	Married or living together (35.4)
Highest prevalence*	Divorced/separated /widowed (43.5)	Divorced/separated /widowed (40.7)	Divorced/separated /widowed (49.2)
<b>Residence</b>			
Lowest prevalence	Urban (27.5)	Rural (22.8)	Urban (33.5)
Highest prevalence	Rural (31.9)	Urban (27.4)	Rural (38.3)
<b>Zone</b>			
Lowest prevalence	South West (17.6)	North West (11.6)	South West (20.3)
Highest prevalence	South-South (45.8)	South-South (35.8)	North Central (50.1)
<b>Education</b>			
Lowest prevalence	More than secondary (21.0)	No education (16.2)	More than secondary (25.6)
Highest prevalence*	Primary (38.1)	Primary (34.5)	Primary (40.4)
<b>Wealth quintile</b>			
Lowest prevalence	Highest (26.3)	Lowest (15.4)	Highest (28.9)
Highest prevalence*	Middle (35.0)	Middle (29.3)	Middle (39.8)

**Husband's/partner's alcohol consumption**

Lowest prevalence	N/A	Does not drink alcohol (18.9)	Does not drink alcohol (30.2)
Highest prevalence*	N/A	Gets drunk very often (68.7)	Gets drunk very often (82.9)

**Respondent's father beat her mother**

Lowest prevalence	No (26.3)	No (26.3)	No (31.7)
Highest prevalence*	Yes (53.3)	Yes (53.3)	Yes (65.5)

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\*Consistently and significantly highest; NA: Not available

**Impact of Physical and Emotional Abuse on Married Women in Nigeria**

Globally, both directly and indirectly, violence against women is linked to short- and long-term adverse health effects for women and children, and Nigerian women are no exemption (WHO, 2013). Women who had undergone IPV reported worse health, more significant emotional distress, and more suicidal thoughts and attempts than women who had not had IPV, according to a WHO multi-country research (Garcia-Moreno *et al.*, 2005). Women comprise two out of every three victims of family/intimate partner-related homicide (WHO, 2013), Hindin *et al.*, 2008). IPV restricts a woman's ability to make choices about her reproductive health, increasing her risk of STIs and unintended births. Partner abuse during pregnancy has been linked to poor prenatal and postnatal care attendance, which raises the risk of preterm births, low birth weight babies, and neonatal intensive care admission (Hindin *et al.*, 2008).

Physical and emotional abuse during pregnancy can result in physical injuries, haemorrhage, mental health disorders and poor attendance to antenatal and postnatal care (Martin *et al.*, 2006; Mahenge *et al.*, 2013). Pregnant women subjected to IPV have a higher chance of developing mental health issues such as depression, PTSD, suicidal thoughts, and psychosis (Martin *et al.*, 2006; Mahenge *et al.*, 2013; Lau & Chan, 2007). Fetal and neonatal complications associated with IPV include miscarriage, prematurity and its consequences, low birth weight, premature separation of the placenta, stillbirth, preterm delivery and neonatal intensive care admission (El Kady *et al.*, 2005; Fanslow *et al.*, 2008).

Several short-term adverse effects and long-term negative impacts of physical and emotional abuse have been documented among married women in Nigeria. Findings from the Nigeria Demographic and Health Surveys showed a high prevalence of different types of injuries

among women following spousal violence. The most common injuries include cuts, bruises or aches, followed by eye injuries, sprains, dislocations, or burns. In addition, the prevalence of women who had experienced any injury in the past 12 months rose from 32.1 percent in 2008 to 33.0 percent in 2013 and 33.4 percent in 2018. Reports from studies conducted across Nigeria also show that in addition to causing injuries to women which has resulted in death in several cases, physical and mental abuse have serious adverse effects on their reproductive health, utilisation of antenatal care services, and the health and well-being of their children.

A study by Ononokpono and Azfredrick (2014) which utilised data from the 2008 Nigeria Demographic and Health Survey, reported that physical spousal abuse was associated with low use of antenatal care, while emotionally abused women were less likely to use delivery assistance from skilled health care providers despite the effectiveness of these interventions in preventing maternal and neonatal death. Another study which utilised data from the 2013 Nigeria Demographic and Health Survey established an association between spousal abuse and termination of pregnancy (Solanke, 2016). Women who had ever experienced spousal physical violence were 9 percent more likely to experience pregnancy termination, and women who had ever experienced spousal emotional violence were 33 percent more likely to experience pregnancy termination. Also, study results from a nationally representative sample of mothers aged 15 to 49 showed that women exposed to IPV were 1.5 times more likely to lose a child under five than those not exposed (Osuorah *et al.*, 2012). It follows that there is now a severe risk to the health and welfare of women and children in Nigeria due to physical and emotional abuse of women. These findings underscore the need for family members, health workers, community and religious leaders, maternal and child health issues stakeholders, and women's rights activists to screen pregnant women for spousal abuse for early detection and intervention to safeguard their health and well-being.

**Table 3: Types of injuries sustained by women in Nigeria following spousal violence**

<b>Types of Injuries</b>	<b>NDHS 2008 Percentage</b>	<b>NDHS 2013 Percentage</b>	<b>NDHS 2018 Percentage</b>
Cuts, injuries or aches	28.2	28.8	29.7
Severe burns	6.9	NA	NA
Eye injuries, sprains, dislocations, or burns	13.4	13.3	13.6

Deep wounds, broken bones, broken teeth, or any other serious injury	6.7	6.6	10.2
Any of these injuries	32.1	33.0	33.4

### Conclusion and Recommendations

This study showed a high prevalence of physical and emotional abuse among women in Nigeria with a severe negative impact on their physical, mental and reproductive health. Family members, health workers, community and religious leaders, maternal and child health issues stakeholders, and women's rights activists should periodically screen pregnant women for spousal abuse for early detection and intervention to safeguard their health and well-being. In addition, the government should prioritise women's empowerment through female education, female employment, and female emancipation (through promulgation and enforcement of the necessary laws to protect women's rights and safety). Finally, perpetrators of women abuse should face stiff penalties to serve as deterrents to others.

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