



Published in final edited form as:

Afr J Med Med Sci. 2014 September ; 43(Suppl 1): 51–60.

Prevalence and Correlates of Intimate Partner Violence among Male Civil Servants in Ibadan, Nigeria

A. A. Adejimi¹, O. I. Fawole², O. O. Sekoni¹, and D. N. Kyriacou³

¹Department of Community Medicine, University College Hospital, Ibadan, Nigeria

²Department of Epidemiology and Medical Statistics, University of Ibadan, Nigeria

³Department of Emergency Medicine, North Western University, Chicago

Abstract

Background—Intimate Partner violence (IPV) is one of the common forms of violence against women and is a global public health problem that transcends social, economic, religious and cultural groups. It is often perceived as a private problem or a normal part of life but it contributes greatly to morbidity and mortality.

Objective—To assess the prevalence and correlates of intimate partner violence by male civil servants in Oyo State Secretariat Ibadan, Nigeria.

Methods—A cross-sectional study was conducted using a multi-stage sampling technique. A total of 609 respondents completed a pre-tested self-administered questionnaire. Data were analysed using SPSS version 18 and STATA version 12. Chi-square statistic was used to test associations between categorical variables and predictors of perpetration of intimate partner violence were determined using logistic regression model at a level of statistical significance of 5%.

Result—The mean age was 38.8±9.9 years and about 74.5% were married. The prevalence of IPV perpetration in the 12 months preceding the study was 66.0%. The prevalence of controlling behaviour was 52.2%, psychological abuse – 31.2%, sexual violence – 23.0%, and physical violence – 11.7%. The predictors of perpetrating any form of IPV included previous history of physical fight with another woman [OR: 2.4 (95% CI: 1.30–3.40)], having a negative attitude towards wife beating [OR 2.5 [95% CI: 1.85–3.42], childhood exposure to parental IPV [OR: 2.1 (95% CI: 1.30–3.41)] and use of alcohol [OR: 1.6 (95% CI: 1.14–2.15)].

Conclusion—The different types of IPV were prevalent among the male civil servants, despite their educational status. Strategies to stop IPV should include male education to change attitudes that encourage violence in relationships to use of non-violent conflict resolution strategies. Education should also include the dangers of alcohol abuse and involvement in physical fights.

Corresponding author: Dr Adebola Afolake Adejimi, Department of Community Medicine, University College Hospital, P.M.B 5116, Ibadan, Oyo State, Nigeria. adebolaadejimi@yahoo.com Tel.: +2348033894761.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding organizations.

Introduction

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm or mal development (1). The inclusion of the word “power”, in addition to the phrase “use of physical force”, broadens the nature of a violent act and expands the conventional understanding of violence to include those acts that result from a power relationship, including threats and intimidation (1). Violence can be divided into three broad categories according to the characteristics of those committing the violent act. These categories are: self-directed violence, interpersonal violence and collective violence. Family violence, including intimate partner violence, is a subcategory of interpersonal violence which occurs largely between family members and intimate partners (1).

Violence against intimate partner is a global public health problem that transcends social, economic, religious and cultural groups. It is an act, behaviour or attitude which results in, or is likely to result in physical, sexual or psychological harm or suffering and it contributes greatly to morbidity and mortality (2). It includes acts of physical aggression (slapping, hitting, kicking or beating), psychological abuse (intimidation, constant belittling or humiliation), forced sexual intercourse or any other controlling behaviour (isolating a partner from family and friends, monitoring a partner’s movement or activities and restricting access to information or assistance)(2). These actions need not cause injury or death but they harm the recipients and pose a substantial burden on individuals and families (including the victims, the perpetrators and their children), communities and health care systems (3). Intimate partner violence is one of the commonest forms of violence against women (4). It happens behind closed doors and many partners suffer in silence. It is often seen as a “private” family issue or a normal part of life (4).

Intimate Partner Violence (IPV) is the third highest cause of death among people 15–44 years of age (4). According to the 2002 World Health Organization (WHO) World report on violence and health, the prevalence of physical intimate partner violence against women in the United States of America was 22%, Switzerland-21%, Nicaragua-28%, Philippines-10%, South Africa-13% and Nigeria-31%. In a 10-country study on women’s health and domestic violence conducted by WHO, between 15% and 71% of women reported physical or sexual violence perpetrated by the husband or partner (5). In many developing countries, traditional gender norms support male superiority and entitlement (2) while women have limited decision-making power (6). Studies from Africa showed that IPV is a major public health problem. For instance in Uganda, 40% of married men reported IPV perpetration (7). Also, lower age and lower educational status were independently associated with a higher likelihood of justifying IPV among men in Zambia and Kenya (8). In Sierra Leone, (66.7%) of women reported that they had been beaten by a male partner while 50% reported that they had been forced to have sexual intercourse by intimate partners (9). In Ile-Ife, Nigeria, 50.5% of the men reported perpetrating at least one episode of psychological abuse, 13.1% of them reported physical violence while 6.8% of them reported sexual abuse against their wives (10).

The negative consequences of intimate partner violence affect overall health of the victims and the perpetrators, the welfare of their children and the economic and social development of the nation (11). Violence against an intimate partner has been linked to many serious health problems in the immediate and long term. These include injuries, sometimes leading to death or disability, a variety of chronic physical condition, reproductive health problems, mental illness including suicide and unhealthy behaviour such as drug abuse (12).

Less work has been done to investigate the factors influencing men's risk of perpetrating violence against women. Such work is needed to inform the development of evidence based public health programs to reduce men's use of such violence. Understanding the risk factors that contribute to the perpetration of intimate partner violence is important in reducing such violence in our communities (2). This study assessed the prevalence and factors affecting perpetration of intimate partner violence by male civil servants in Ibadan, Nigeria against their female partners.

Methods

Study design and location

A descriptive cross-sectional study was conducted among the male civil servants in Ibadan, Oyo State, in the South-Western region of Nigeria. The study population comprised of male civil servants working in the selected ministries in the Oyo State Secretariat. They consisted of junior and senior staff in Oyo State civil service. Minimum sample size required for this study was estimated from a survey among the general population of married men in Ibadan (13).

Sampling technique

A multi-stage sampling technique was used in this study. Eight ministries were selected by simple random sampling (balloting), one after the other without replacement, from a sampling frame of all the fifteen ministries in Oyo State Secretariat, Ibadan. In each of the selected ministry, four departments were selected by balloting without replacement from the list of the departments. Each department was taken as a cluster and all consenting male civil servants, present in each department, in the selected ministries were interviewed.

Data collection

A pre-tested, semi-structured and self-administered questionnaire was used for data collection. Trained interviewers were available to assist those who required assistance in completing the questionnaires. Data were collected between April and July 2011. The questionnaire was developed using a measuring tool for intimate partner violence called Revised Conflict Tactics Scale (14, 15). The questions were modified to address the objectives of this study. The questionnaire elicited information on respondent's socio-demographic characteristics, perpetration of controlling behaviours, psychological abuse, sexual and physical violence and attitude towards wife beating using eleven hypothetical scenarios. Pre-testing of the questionnaire was conducted on 50 members of staff of the Federal Civil Service in Ibadan. Ambiguous questions were revised to ensure clarity. To ensure questionnaires were completed, research assistants were employed to explain the

questions to the respondents when necessary. Adequate steps were taken to ensure confidentiality.

Ethical approval was obtained from Oyo State Ethical Review Committee and permission to conduct this study was also given by the Head of Service, Oyo State Secretariat, Ibadan. Written informed consent was obtained from the participants of this study. Six hundred and nine respondents completed the questionnaires.

Data analysis

Data were analysed using SPSS version 18 and STATA version 12. Frequency distributions were presented with appropriate tables. Chi-square statistic was used to test associations between categorical variables and predictors of perpetration of intimate partner violence were determined using binary logistic regression. Level of statistical significance was fixed at 5% in all cases.

Study variables

The dependent variable was perpetration of intimate partner violence.

The independent variables included:

1. Socio-demographic data including age, marital status, educational attainment and grade level
2. Factors associated with intimate partner violence including childhood exposure to parental IPV, attitude towards physical IPV (wife beating), history of ever being involved in a physical fight with a woman, number of years in relationship and use of alcohol.

Assessment of study variables

Perpetration of Intimate Partner Violence—The different types of intimate partner violence perpetrated within 12 months of this study were controlling behaviours, psychological/ emotional abuse, sexual violence and physical violence. To assess controlling behaviours, each respondent was asked if he tried to keep his partner from seeing her female friends, restricted his partner's contact with her family of birth, insisted on knowing where his partner was at all times, got angry/jealous if his partner talked with other men, frequently accused his partner of being unfaithful, or if the respondent expected his partner to ask for his permission before seeking health care for herself. To assess psychological/emotional abuse, each respondent was asked if he insulted or made his partner feel bad about herself, humiliated or disgraced her in front of other people, threatened to hurt his partner or someone she cared about, destroyed something belonging to his partner intentionally and if he did some things to scare or intimidate her on purpose. To assess sexual violence, each respondent was asked if he physically forced his partner to have sexual intercourse with him when she did not want it, if he threatened her to have sexual intercourse with her, if he forced her to do something sexually that she found humiliating or degrading (e.g. oral or anal sex) or if he made his partner have sexual intercourse with him without a condom when she indeed wanted to use it. To assess physical violence, each respondent was asked if he

slapped or threw something that could hurt at his partner, pushed, shoved or pulled his partner's hair, hit his partner with his fist or some object that could hurt, kicked, dragged or beat his partner up, tried to choke or burn his partner on purpose, or threatened to use or actually used a gun, knife, cutlass or other weapon against his partner. Respondents who gave a positive answer to any question had a score of 1 and negative answers to all questions had a score of 0. A score of 1 or more in any category of intimate partner violence was taken as perpetration of the type of IPV.

Attitude towards Physical Intimate Partner Violence—Attitude towards physical IPV (wife beating) was assessed using the respondents' attitudes or justifications of wife beating in eleven scenarios from the review of literature. Responses to the questions were arranged in this format: (Yes, No, Don't know). Questions were oriented so that pro-violent responses (Yes) had a score of one (1). Other responses (No, Don't know) had a score of zero (0). A score of zero was categorized as positive attitude to wife beating (respondents who did not support wife beating under any circumstance). Any respondent who scored at least 1 was categorized as having negative attitude to wife beating (respondents who justified wife beating in a least one scenario). The minimum possible score for those with supportive or negative attitude to wife beating was 1 and the maximum score was 11.

Results

Table 1 shows the socio-demographic characteristics of the respondents. The mean age of the respondent was 38.85 ± 9.95 years. Majority of the respondents were married, of Yoruba tribe and had tertiary education.

Figure 1 shows the prevalence of different types of intimate partner violence perpetrated in the last 12 months. More than half of the respondents perpetrated controlling behaviours against their intimate partners, about a third perpetrated psychological/emotional abuse, more than a fifth perpetrated sexual violence and more than a tenth perpetrated physical violence against their intimate partners in the last 12 months before the study.

Figure 2 shows the overall prevalence of perpetration of intimate partner violence. Sixty six percent of the respondents perpetrated at least one form of intimate partner violence in the 12 months preceding the study.

A total of 187 respondents (30.7%) had a negative attitude to wife beating by justifying or supporting wife beating in any of the eleven scenarios in Figure 3. Reasons for justifying wife beating among those with negative attitudes towards wife beating are shown as proportions. The highest proportion (41.7%) felt that it was acceptable for the husband to beat his wife if she asks whether he has a girlfriend. Other reasons given were disobedience to husband's instructions, unfaithfulness, late preparation of food and refusal to have sexual relations with the husband.

Table 2 shows that young age, being unmarried, higher level of education, childhood exposure to parental intimate partner violence, past history of a physical fight with another woman and alcohol use were significantly associated with perpetration of any form of intimate partner violence on bivariate analysis.

Table 3 shows the significant predictors of perpetration of any form of intimate partner violence on binary logistic regression. Respondents who had negative attitude to wife beating, who had been involved in a physical fight with another woman and who had childhood exposure to parental intimate partner violence had the highest odds of perpetrating intimate partner violence against their partners. Other respondents who were more likely to perpetrate any form of intimate partner violence were those with tertiary education, those who were 10 years or less in relationships and those who use alcohol.

Discussion

The prevalence of perpetration of intimate partner violence in this study was higher than the prevalence reported in other countries by men and women in Palestine (42.5%), South Africa (42.3%) and Uganda (40%) (7, 16, 17). The higher prevalence could be because this study assessed all the four types of IPV from literature while these other studies assessed one or two types of IPV. It also indicates that IPV perpetration is common among the civil servants and probably the general population as well. In a community-based survey on prevalence and perception of married men in Ibadan on intimate partner violence, 44.1% of them had perpetrated at least one form of violence against their partner (13). The study however did not assess controlling behaviour in intimate relationships and this might have accounted for the lower prevalence found. This study is unique in that it reported prevalence of controlling behaviour. The prevalence of perpetration of physical violence in intimate relationship among respondents is similar to the finding of a population-based survey in Iowa where 13.6% of men had perpetrated acts of physical abuse.(18) This is also similar to the findings of study conducted among married men in Ile-Ife (13.1%) and Ibadan (14.4%) (10, 13).

Intimate partner relationship should be a peaceful co-existence between the partners involved. Even though certain circumstances may cause disharmony, there is no justification for violence. This study also assessed men's attitudes to physical intimate partner violence. The proportion of men with negative attitudes towards physical intimate partner violence in this study was lower when compared with the findings of a study among men in Palestinian refugee camps where 60.1% of men expressed support for wife beating in at least one situation.(16) This may be as a result of higher educational and socio-economic status of the respondents in this study. Violence motivations were related to domination and control and also for punishment for wrong behaviour. Most African customs and tradition believe that women are meant to be under the control of men (19). A study of African families revealed that the control of female sexuality was similar to the control of property and might be accompanied with violence. The reasons for justifying physical IPV (wife beating) included unfaithfulness of a woman, disobedience and challenging the husband's authority. These observations are similar to those reported among women in Sub-Saharan Africa (20, 21) and suggest that interventions to sensitize men against intimate partner violence may need to address men's attitudes toward intimate partner violence.

Factors associated with perpetration of intimate partner violence on bivariate analysis included young age. This is consistent with findings of a South African study that found that younger aged men were significantly more likely to perpetrate physical violence against an

intimate partner than older men.(22) Binary logistic regression analysis showed that perpetration of any form of intimate partner violence was associated with increased likelihood of occurrence in an individual with a past history of physical fight with a woman. This is consistent with the findings of a study in South Africa where men with a previous abusive history were almost three times more likely to have perpetrated intimate partner violence.(23) Similarly, a prior history of violence perpetration against non-intimate partner was a strong risk factor for intimate partner violence (23, 24). Having a negative attitude towards wife beating was found to be associated with increased risk of perpetrating all form of intimate partner violence in relationships. Men who believed that it was acceptable to beat their wives had been found to have a two-fold risk of intimate partner violence perpetration (25). This risk increased as acceptance of violence increased. Men who believed that it is always acceptable to beat their wives had a four-fold increased risk of intimate partner violence perpetration compared to a two-fold increased risk among those who believed it is sometimes acceptable to beat their wives (26).

Childhood exposure to parental intimate partner violence was also found to be associated with increased risk of perpetrating all forms of intimate partner violence. Findings from a study in South African also showed that men who reported witnessing parental violence were almost 4 times as likely as men who had not witnessed such violence to report violence against their intimate partners.(22) Similar studies from South Africa, (27) South Asia, (28) and the United States of America (29) also found that exposure to parental violence during childhood was a significant predictor of physical violence against intimate partners. Men who witnessed parental violence may come to view such behaviour as the norm. Respondents with tertiary education and above were more likely to perpetrate any form of intimate partner violence. This is in contrast to previous finding from South Africa that men who had completed grade 12 and below were at greater risk of perpetrating physical violence against their partners than men with post-secondary education(22). Despite the level of education of the men in our study, perpetration of IPV was still high. The cultural values and attitude of these men could be responsible for this.

In this study, respondents who had been in relationships for 10 years or less were more likely to perpetrate any form of intimate partner violence, especially controlling behaviour and sexual violence. This could be attributed to long experience an individual gain in relationship, partners who had been together for a long time had less report of IPV. Respondents who use alcohol had increased risk of perpetrating all forms of intimate partner violence. This is consistent with the findings that harmful use of alcohol and illicit drug use are common risk factors associated with the experience and perpetration of intimate partner violence, most especially, sexual violence.(30) Cross-sectional studies from different low and middle income countries reported that men who misuse alcohol are 1.6 to 4.8 times more likely to perpetrate intimate partner violence (25, 26). The negative effects of alcohol use affect not only the drinker but their partners and other family members. Alcohol use causes social and interpersonal problems. Intimate partner violence in different forms was quite prevalence among the civil servants despite their educational status. Strategies for its control and prevention should include educating men through multidisciplinary approach and changing attitudes that encourage violence in relationships. Men should also be educated on the dangers of alcohol use and involvement in physical fight.

Certain limitations of this study should be recognized. The cross-sectional design of the survey did not allow causal relationship to be established. The self-reported nature of this study could have made the respondents underestimate or overestimate the extent to which violence was used in relationships especially since the partners were not interviewed. Recall bias could also have occurred but this was minimized by assessing intimate partner violence in the last 12 months. Although the respondents represented different socio-economic class, they were all in the working class. Also, they had at least primary education therefore findings may not be generalized to the general population particularly those with no formal education or extremes of socio-economic class. Social desirability bias cannot be ruled out in the participants' responses. This was minimized by ensuring confidentiality and encouraging the respondents to be as sincere as possible. The anonymous nature of the survey made it impossible to identify specific individuals who may require help and support. However, the data provide unique insights into intimate partner violence and its effects on the population which is useful in planning community health services and interventions. Despite these limitations, the study provides useful information about intimate partner violence among men at the population level.

Acknowledgments

Data analysis and writing of this paper was supported by the Medical Education Partnership Initiative in Nigeria (MEPIN) project funded by Fogarty International Center, the Office of AIDS Research, and the National Human Genome Research Institute of the National Institute of Health, the Health Resources and Services Administration (HRSA) and the Office of the U. S. Global AIDS Coordinator under Award Number R24TW008878.

References

1. WHO. World Report on Violence and Health. World Health Organization; 2002. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/
2. Krug, EG.; Dahlberg, LL.; Mercy, JA.; Zwi, AB.; Lazono, R., editors. World Report on Violence and Health. World Health Organization; 2002.
3. Kimberg LS. Addressing Intimate Partner Violence with Male Patients: A Review and Introduction of Pilot Guidelines. *J Gen Intern Med*. 2008; 23(12):2071–8. [PubMed: 18830771]
4. WHO. Gender Based Violence 2010. Sep 20. 2010 Available from: <http://www.who.int/gender/violence/en>
5. Gracia-Moreno C, Janse HA, Ellsberg M, Heise L, Watts CH. WHO Multi-country study on women's health and domestic violence against women. Initial result on prevalence, health outcomes and women's responses. 2005
6. WHO. Combating Gender-Based Violence: A key to Achieving the MDGs. 2005
7. Speizer IS. Intimate Partner Violence Attitudes and Experience Among Women and Men in Uganda. *Journal of Interpersonal Violence*. 2009; 25(7):1224–41. [PubMed: 19758975]
8. Lawoko S. Predictors of Attitudes Towards Intimate Partner Violence: A Comparative Study of Men in Zambia and Kenya. *Journal of Interpersonal Violence*. 2008; 23(8):1056–74. [PubMed: 18292405]
9. Coker AL, Richter DL. Violence against women in Sierra Leone: Frequency and correlates of intimate partner violence and forced sexual intercourse. *Afr J Reprod Health*. 1998; 2(1):61–72. [PubMed: 10214430]
10. Fatusi AO, Alatisie OI. Intimate partner violence in Ile-Ife. *Gender and Behaviour*. 2006; 4(2):764–81.
11. Carrillo, R. Battered Dreams: Violence Against Women as an Obstacle to Development. UNIFEM, editor. New York: United Nations Development Fund for Women; 1992. p. 38

12. Heise, LL.; Ellsberg, M.; Gottemoeller, M. Ending Violence Against Women. Baltimore, MD: Johns Hopkins University School of Public Health, Center for Communication Program; 1999.
13. Fawole OL, Salawu TA, Asekun Olanrinmoye EO. Intimate Partner Violence: Prevalence and Perceptions of Married men in Ibadan, Nigeria. *Int'l Quarterly of Community Health Education*. 2010; 30(4):349–64.
14. Straus MA, Hamby SL, Boney-McCoy S, Sugarman DB. The Revised Conflict Tactics Scale (CTS2): development and preliminary psychometric data. *Journal of Family Issues*. 1996; 17:283–316.
15. Thompson, MP.; Basile, KC.; Hertz, MF.; Sitterle, D. Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2006.
16. Khawaja M, Linos N, El-Roueiheb Z. Attitudes of Men and Women Towards Wife Beating: Findings from Palestinian Refugee Camps in Jordan. *Journal of Family Violence*. 2008; 23:211–8.
17. Abrahams N, Jewkes R, Laubscher R. Intimate partner violence: prevalence and risk factors for men in Cape Town, South Africa. *Violence Vict*. 2006; 21:247–64. [PubMed: 16642742]
18. Peek-Asa C, Zwerling C, Young T, Stromquist AM, Burmeister LF, Merchant JA. A population based study of reporting patterns and characteristics of men who abuse their female partners. *Injury Prevention*. 2005; 11:180–5. [PubMed: 15933412]
19. Musa, B. Violence Against Women: Controlling Violence against Women in Nigeria. Abuja, Nigeria: Federal Ministry of Women Affairs and Social Development; 1997.
20. Koenig M, Lutalo T, Wabwire-Mangen F, Kiwanuka N, Wagman J, Zhao F. Domestic violence in rural Uganda: Evidence from a community based study. *Bulletin of the World Health Organization*. 2003; 81:153–60. [PubMed: 12751427]
21. Hindin, MJ. Understanding women's attitude towards wife beating in Zimbabwe. *Bulletin of World Health Organisation*; 2003.
22. Gupta J, Silverman JG, Hemenway D, Acevedo-Garcia D, Stein DJ, Williams DR. Physical violence against intimate partners and related, exposures to violence among South African men. *Canadian Medical Association Journal*. 2008; 179(6):535–41. [PubMed: 18779527]
23. Jewkes R. Rape perpetration by young, rural South African men: prevalence, patterns and risk factors. *Social Science and Medicine*. 2006; 63(11):2949–61. [PubMed: 16962222]
24. Söchtig I, Fairbrother N, Koch WJ. Sexual assault of women: Prevention efforts and risk factors. *Violence Against Women*. 2004; 10(1):73–93.
25. Abrahams N. Sexual violence against intimate partners in Cape Town: prevalence and risk factors reported by men. *Bulletin of the World Health Organization*. 2004; 82(5):330–7. [PubMed: 15298223]
26. Johnson KB, Das MB. Spousal violence in Bangladesh as reported by men: prevalence and risk factors. *Journal of Interpersonal Violence*. 2009; 24(6):977–95. [PubMed: 18523237]
27. Abrahams N, Jewkes R. Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *Am J Public Health Education*. 2005; 95:1811–6.
28. Martin SL, Moracco KE, Garro J. Domestic violence across generations: findings from Northern India. *International Journal of Epidemiology*. 2002; 31:560–72. [PubMed: 12055156]
29. Ehrensaft MK, Cohen P, Brown J. Intergenerational transmission of partner violence: a 20-year prospective study. *J Consult Clin Psychol*. 2003; 71:741–53. [PubMed: 12924679]
30. Graham, K., editor. *Unhappy hours: alcohol and partner aggression in the Americas*. Washington DC: Pan American Health Organization; 2008.

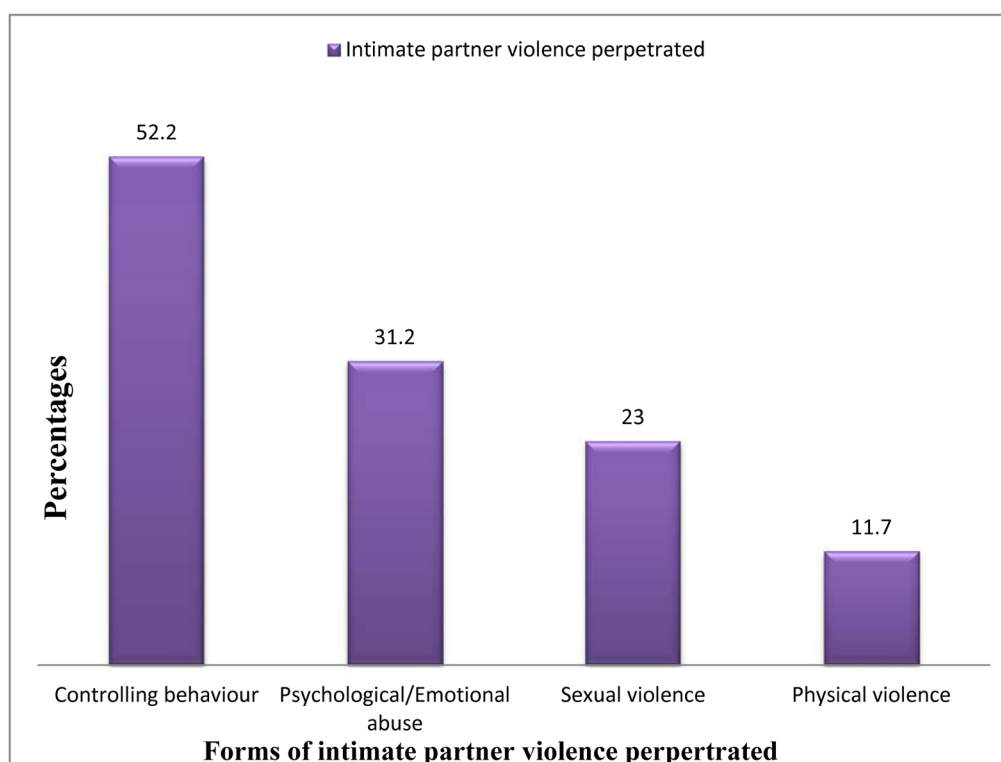


Figure 1.
Prevalence of different forms of intimate partner violence perpetrated in the last 12 months of the study

Perpetrators and Non-perpetrators of Intimate Partner Violence

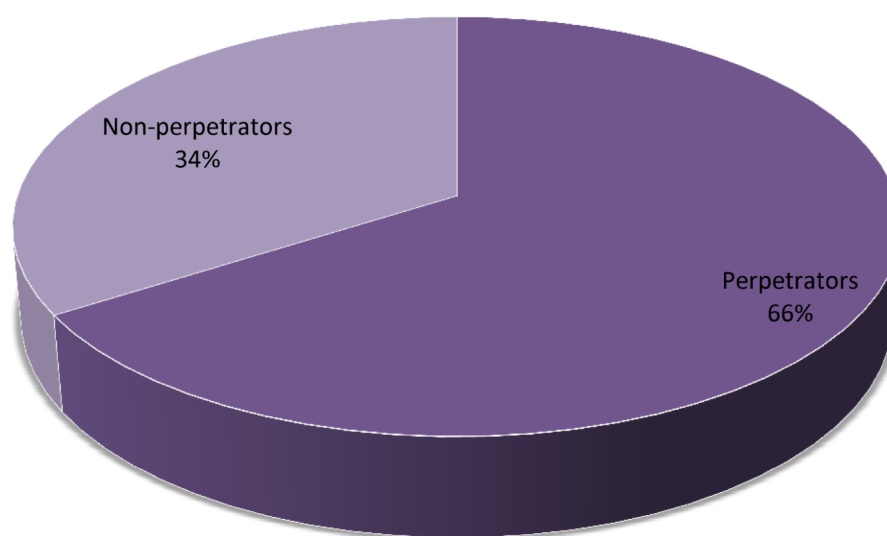


Figure 2.
Overall Prevalence of Intimate Partner Violence Perpetrated 12 months before the study

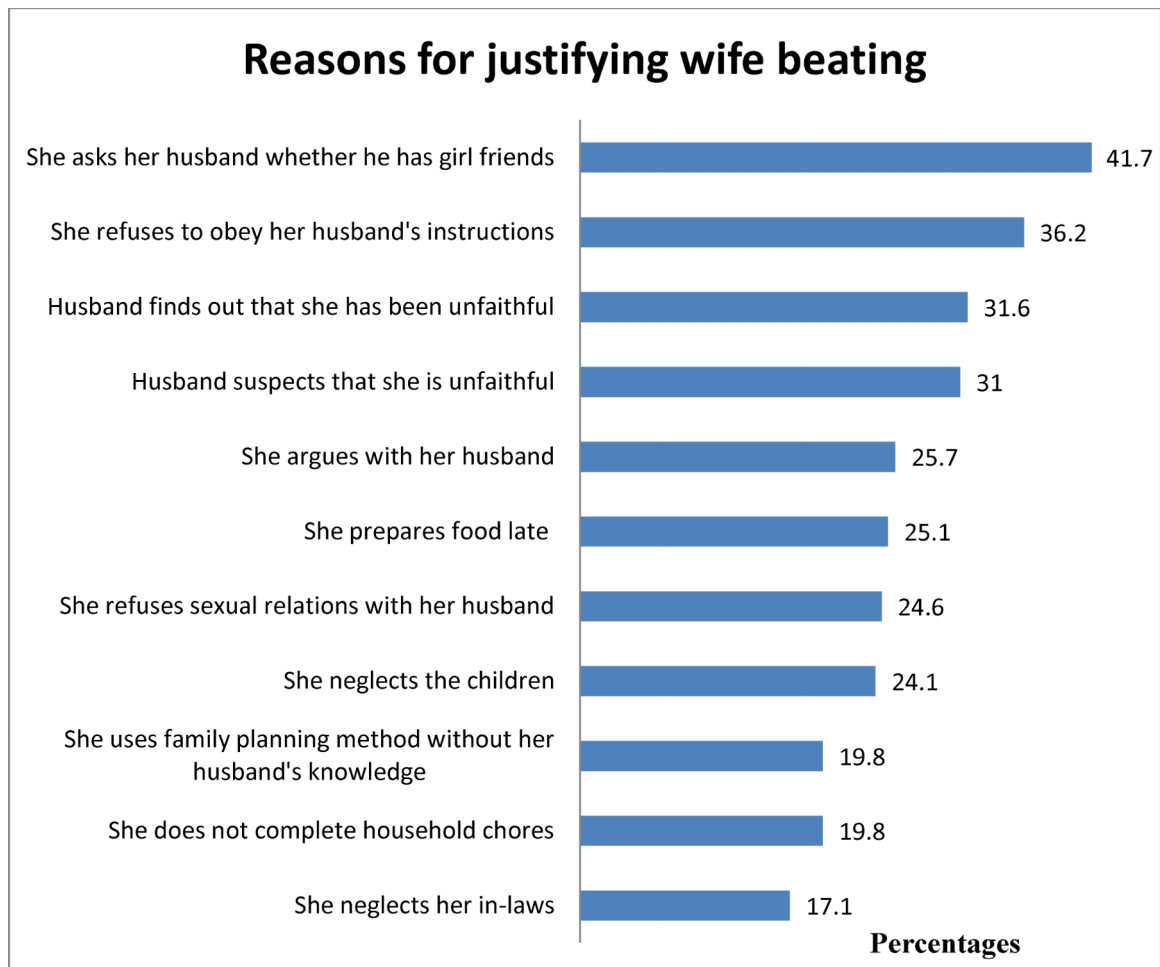


Figure 3.

Reasons for which wife beating was justified among the respondents with negative attitudes towards wife beating

Table 1

Socio-demographic characteristics of the respondents (N =609)

Socio – demographic characteristic	n	%
Age (years)		
20–29	132	21.7
30–39	188	30.9
40–49	184	30.2
50	105	17.2
Marital Status		
Single	137	22.5
Married	454	74.5
Cohabiting	5	0.8
Others *	13	2.2
Educational level		
Primary	11	1.8
Secondary	112	18.4
Tertiary	486	79.8
Religion		
Christianity	398	65.4
Islam	211	34.6
Tribe		
Yoruba	588	96.6
Hausa	4	0.6
Igbo	17	2.8
Grade level		
Junior officer	300	49.3
Senior officer	309	50.7

* Separated, Divorced, Widowed

Table 2

Factors associated with perpetration of intimate partner violence

Respondents' characteristics	Perpetration of any form of Intimate partner violence		Statistics χ^2	p-value
	Yes n (%)	No n (%)		
Age (years)				
20–29	102 (77.3)	30 (22.7)		
30–39	122 (64.9)	66 (35.1)		
40–49	113 (61.4)	71 (38.6)	10.09	0.018
50	65 (61.9)	40 (38.1)		
Marital Status				
Currently married	282 (62.1)	172 (37.9)		
Not currently married	120 (77.4)	35 (22.6)	12.06	0.001
Level of education				
Primary	5 (45.5)	6 (54.5)		
Secondary	62 (55.4)	50 (44.6)		
Tertiary	335 (68.9)	151 (31.1)	9.58	0.008
Grade level				
Junior officer	220 (73.3)	80 (26.7)		
Senior officer	182 (58.9)	127 (41.1)	14.13	<0.0001
Current use of alcohol				
Yes	125(76.7)	38(23.3)		
No	277(62.1)	169(37.9)	11.31	0.001
Childhood exposure to parental violence				
Yes	53(81.5)	12(18.5)		
No	349(64.2)	195(35.8)	9.05	0.005
Ever had a physical fight with another woman				
Yes	49(86.0)	8(14.0)		
No	353(63.9)	199(36.1)	11.16	0.001

Table 3

Predictors for Perpetration of any form of Intimate Partner Violence

Characteristics	Odds ratio	95% confidence interval	p-value
Level of education			
Tertiary and above	1.652	1.12–2.28	0.002
Secondary and below	1		
Childhood exposure to parental IPV			
Yes	2.105	1.30–3.41	0.002
No	1		
Ever involved in a physical fight with another woman			
Yes	2.448	1.43–4.18	0.001
No	1		
Length of relationship			
10 years	1.57	1.06–2.32	0.024
11 years	1		
Negative attitude to wife beating			
Yes	2.514	1.85–3.42	<0.0001
No	1		
Use of alcohol			
Yes	1.570	1.14–2.16	0.006
No	1		

Variables not retained in logistic regression model included-age, marital status, grade level, average monthly income, use of cigarette and presence of children in relationship.