**INFLUENCE OF DOMESTIC VIOLENCE ON THE HEALTH OF MARRIED AND CO-HABITING WOMEN IN GBARAIN CLAN OF BAYELSA STATE, NIGERIA.**

Faculty of Nursing Sciences

College of Health Sciences,

Niger Delta University

Wilberforce Island, Bayelsa State, Nigeria.

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**Covering Letter**

This is to certify that Adeyanju Awoniyi Babafemi; Ombe Ebilayefa TulaghaandBeredugo Letticia Ikiomoye are the authors of the manuscript attached to this letter on the “Influence of Domestic Violence on the Health of Married and Co-Habiting Women in Gbarain Clan of Bayelsa State, Nigeria.”

This manuscript has neither been submitted nor published elsewhere. Each co-author contributed in the area of writing the manuscript. All co-authors had read the final manuscript and agreed with its publication in the present form. There is no potential conflict of interest concerning the manuscript.

We shall be very grateful if our manuscript is considered

Yours truly,

Adeyanju, Awoniyi Babafemi

**INFLUENCE OF DOMESTIC VIOLENCE ON THE HEALTH OF MARRIED AND CO-HABITING WOMEN IN GBARAIN CLAN OF BAYELSA STATE, NIGERIA.**

**ADEYANJU AWONIYI BABAFEMI (RN, PHN, BNSC, MSC.)**

**DEPARTMENT OF COMMUNITY HEALTH NURSING,**

**FACULTY OF NURSING SCIENCES,**

**COLLEGE OF HEALTH SCIENCES,**

**NIGER DELTA UNIVERSITY,**

**AMASSOMA, WILBERFORCE ISLAND,**

**BAYELSA STATE, NIGERIA.**

**Email:** [**awoniyiadeyanju@yahoo.com**](mailto:awoniyiadeyanju@yahoo.com)

**OMBE EBILAYEFA TULAGHA (RN, RM, PHN, BNSC, MSC.)**

**DEPARTMENT OF COMMUNITY HEALTH NURSING,**

**FACULTY OF NURSING SCIENCES,**

**NIGER DELTA UNIVERSITY,**

**AMASSOMA, WILBERFORCE ISLAND,**

**BAYELSA STATE, NIGERIA.**

**BEREDUGO, LETTICIA IKIOMOYE (RN, RM, PHN, BNSC, MSC.)**

**DEPARTMENT OF COMMUNITY HEALTH NURSING,**

**FACULTY OF NURSING SCIENCES,**

**NIGER DELTA UNIVERSITY,**

**AMASSOMA, WILBERFORCE ISLAND,**

**BAYELSA STATE, NIGERIA.**

**Email:** [**letticiaikio@gmail.com**](mailto:letticiaikio@gmail.com)

**Corresponding Author:**

**Adeyanju, Awoniyi Babafemi (RN, PHN, BNSC, MSC.)**

**Department of community Health Nursing,**

**Faculty of Nursing Sciences,**

**College of Health Sciences,**

**Niger Delta University,**

**Amassoma, Wilberforce Island,**

**Bayelsa State, Nigeria.**

**Email:** [**awoniyiadeyanju@yahoo.com**](mailto:awoniyiadeyanju@yahoo.com)

**Abstract**

Domestic violence is affecting the health of women across the globe irrespective of their race, status and country. This study examined the influence of domestic violence on the health of married and co-habiting women in Gbarain, Bayelsa State of Nigeria. A cross-sectional descriptive survey involving questionnaires was used to obtained data from 123 respondents. A multi-stage sampling technique was used in selecting respondents for this study. Reliability of the instrument already exists as it is being adapted; but the instrument’s reliability was further tested using a test retest method. The correlation coefficient of 0.82 were arrived at before being used for data collection. Six subject matter experts assessed the extent to which the questionnaire measured the variables of interest and 84% of the subject matter experts agreed that the questionnaire was a valid tool. Ethical approval was received from the State Ministry of Health and informed consent of the respondents was sought before data collection and data collection took six weeks. Data were analyzed using descriptive and inferential statistics. The findings revealed that there exist positive forms of domestic violence, which are identified as physical, sexual and psychological that influence the health of married and co-habiting women. The study revealed physical violence such as: utilizing a weapon or restraints or merely using body, size or strength to hurt women, pushing, slapping and kicking whenever there is an argument. The study revealed psychological violence such as: post-traumatic stress disorder, psychological pain, depression, anxiety and threaten to divorce. The study further revealed sexual violence such as: intimidation, forcing women to have sex. Therefore, there was a strong correlation between physical and psychological violence which significantly affects the health of women unlike sexual violence which has weak correlation. The study helps in contributing to knowledge of the importance of women’s health in the society. The need to increase awareness, implement policies and enforce laws to abate violence against women becomes very important.

**Key Words:** Co-habiting, Domestic Violence, Health, Influence, Marriage and Women.

**Running Head:** Influence of Domestic Violence on the Health of Women.

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**Introduction**

According to the United Nations, violence against women is viewed as "any act of gender based violence that result in, or is probably going to result in, physical, sexual, or psychological damage or suffering to women, including dangers of such acts, compulsion or subjective hardship of freedom (United Nations, 1993). In current literature domestic violence (DV) is frequently used interchangeably with intimate partner violence (IPV) (Alokan, 2013, cited in Anolue & Uzoma, 2017).

Domestic violence is a global problem and has been a growing public health concern in most countries across the globe with endless stories of pain, sorrow and adverse health consequences following acts of violence against women (Agbonkhese & Onuoha, 2017). Domestic violence occurs in all countries including both the rich and the poor, developed or developing with no regard to cast, creed, colour, social status wealth, urban or rural residence or age of victim and aggressor. It is a danger that cuts across financial status, religious, cultural and class of individuals in various societies (Babu & Kar, 2010).

Domestic violence affects both sexes, but it is unsurprisingly common among women although it is under reported in both developed and developing countries but still a culturally acceptable practice in developing countries (Anolue & Uzoma, 2017).

A 2013 report of the World Health Organization showed that domestic violence affects 30% of women globally and is the most common forms of violence against women. The report further revealed that 38% of women killed were executed by their intimate partner (WHO, 2013). A national survey indicates that 42% of women reported incidence of violence and young women aged 18-24years are at more risk of domestic violence in developing country (NDHS, 2013). The increasing incidence of domestic violence with adverse health outcomes including psychological disturbances, physical harms and gynaecological problems remain worrisome.

The World Health Organization (WHO, 2010) defined domestic violence as a behaviour within an intimate relationship that causes physical, sexual or psychological damage, including demonstrations of physical hostility, sexual intimidation, psychological maltreatment and controlling behaviour within the home. Intimate Partner Violence affects both physical and emotional well-being of women and an extreme consequence which is unfortunately not uncommon is murder. Numerous women suffer in silence as it is often protected by family secrecy, cultural norms, fear and shame. The attendant social stigma makes many of these affected women remain silent and continue to bear the consequences of domestic violence from their partners (Anolue & Uzoma, 2017).

The incidence of violence against women is high and women of reproductive age are progressively defenseless against maltreatment by intimate partner (Fonck, Els, Kidula, Ndinya-Achola &Temmerman, 2005; Shamu, Abrahams, Temmerman, Musekiwa & Zarowsky, 2011). Surprisingly, pregnant women are casualties of domestic violence with associated adverse health outcomes including spontaneous abortion. The situation is often worse among infertile women who are faced with the verbal and physical assaults which results to psychosomatic illness with suicidal ideation and sometimes death.

Tenkorang, Nwabunike & Sedziafa, (2015), reported that Nigeria like other countries is not excluded from violence against women and it is among the nations with a high prevalence of domestic violence and abuse in sub-Sahara Africa. Sixty-six percent of women are observed to endure male partner violence (Amnesty International, 2012). As in most African societies, the context of female domestic abuse in Nigeria is defined by women societal relations with men. Women are customarily obliged to give up their whole selves to their spouses, notwithstanding being locally accessible to satisfy male partner psychological, physical and sexual needs. In this way, women transgressions of these normal jobs lead to their being beaten up and coercion, in an attempt to restore traditional gender order and male power (Amoakohene, 2004; Okenwa, Lawoko & Jansson, 2009; Tenkorang & Owusu,Tenkorang, 2013).

In most Nigerian ethnic group, domestic abuse of a female partner is widely acceptable and justified as a part of their traditions and often goes unchallenged as its considered normal when it is actually disheartening. Among the Tiv people of Nigeria, beating of a female by her male partner is considered an act of love, and women have been made to acknowledge and some of the time energize its essence.

Domestic violence is wide spread in Nigeria and shows no sign of decline as cultural norms contributing to this practice remains unchallenged, one (1) in every three (3) women admits to being a victim of domestic violence. The overview likewise foundation observed that there has been an increase in domestic violence in the past 3 years ranging from 21% 2010 to 30% in 2012 (CLEEN, 2012).

Despite the spirited efforts made by World bodies such as the United Nations and Nigeria’s constitutions to eliminate discrimination and violence against women, and promote the idea of freedom, equality and justice, the Nigerian woman is often violated and without apology. Getting justice for a woman who is abused at the family level is most times difficult and wrongly treated by the law, leaving the victim dejected, rejected and demoralized (Bazza, 2009). However, till date the media reports different acts of domestic violence, where wife stabs husband to death, husband pours acid on wife, father rapes daughter, husband beats wife to stupor, 67year old man defiles eight-year-old girl, these and many more have made headlines in Bayelsa State (Radio Bayelsa Fm 93.1, 9th August, 2018). It becomes pertinent to determine the health consequences of domestic violence. It is against this background that this study aimed to determine the influence of domestic violence on the health of married and co-habiting women in selected communities within Gbarain clan of Bayelsa State of Nigeria.

**Purpose of the Study**

The purpose of this study is to determine the influence of domestic violence on the health of married and co-habiting women in selected communities in Gbarain Clan, Bayelsa State of Nigeria.

**Objectives of the Study**

The specific objectives of this study are to;

1. Determine the perception of women on the forms of domestic violence influence on their health in Gbarian clan in Yenagoa Local Government Area of Bayelsa State.

2. Determine the relationship between physical violence and health of married and co-habiting women in selected communities in Gbarain clan.

3. Examine the relationship between sexual violence and health of married and co-habiting women in selected communities.

4. Determine the relationship between psychological violence and the health of married and co-habiting women in Gbarain clan.

**Research Hypothesis**

The null hypothesis of the research is given as follows:

: Physical domestic violence does not affect the physical health of married and cohabiting women in Gbarain clan, Bayelsa State.

: Sexual domestic violence does not affect the sexual health of married and cohabiting women in Gbarain clan, Bayelsa State.

: Psychological domestic violence does not affect the psychological health of married and cohabiting women in Gbarain clan, Bayelsa State.

**Theoretical Framework**

Mental theory will be used to guide the study. The approach is centered on attributes related with people who misuse their accomplices include: low confidence, disconnection from social help, a control nature and a craving for power and control. These individual are probably going to be reluctant to assume liability for their very own activities, have extraordinary sentiments of desire and possessiveness, be excessively reliant on the person in question or potentially have certain psychological or mental issue.

A significant viewpoint in the mental hypothesis is power and control. In certain connections, brutality emerges out of an apparent desire for power and control. Where the abuser may utilize viciousness as a technique to pick up or keep up power and authority over the injured individual in view of troubles in directing displeasure and frequently forceful feeling or when they feel second rate compared to the next accomplice in instruction and financial foundation. For example, in our general public today, women have moved far from being only a "house spouse" and taken up the job as a lifelong lady, assumed control over employments that were recently held by men this has caused a power battle in the family which regularly prompts residential questions and misuse.

**Methodology**

The research design utilized was descriptive cross sectional survey design. The setting of this study was three selected communities from the Gbarain clan of Yenagoa Local Government Area of Bayelsa State in Nigeria. These communities are Obunagha, Ogboloma and Okolobiri. Gbarain clan is made up of 13 communities with the aforementioned communities inclusive. Other communities that make up the Gbarain clan are Nedugo, Agbia, Okotiama, Ayama, Asaingbene, Koroama, Polaku, Kumbama and Tumama. These three communities were purposively selected from the thirteen communities and this was based on the level of the population of married and co-habiting women in the communities. These individual communities are governed by their respective paramount rulers, but the entire clan has a king that oversees the affairs of the clan as a whole.

The majority of the people of the clan are the Ijaws and their language is called Izon. They are mainly into farming and fishing. However, some of them work in the state and federal government employment as civil and public servants. The major religion of the people is the Christian religion, but some of them belong to traditional religion. The target population of this study consists of 614 married and co-habiting women in the three communities in Gbarain clan (INEC Registration, 2015)

Table 1: Distribution of Target Population and Sample size

|  |  |  |
| --- | --- | --- |
| Community | Population | Sample size |
| Obunagha  Okolobiri  Ogboloma  Total | 301  202  111  614 | 61  41  21  123 |

A Sample size determination technique by Nwanna (2010) which state that if a population is of many hundreds 20% would be applied. Therefore 123 married and co-habiting women were selected from the three communities (See table 1). A multi-stage sampling technique was used in selecting respondents for this study. Also to ensure sample representativeness, the proportionate sampling was adopted in the final selection of respondents.

***Stage 1*:** Identification of the total number of communities that make up the Gbarain clan, a total number of 13 communities was found.

***Stage 2:***  Stratification of communities into zones (North, Central and South)

***Stage 3*:** Purposive sampling technique was used to select 3 out of 13 communities that make up the Gbarain clan from the three zones.

***Stage*** *4*: The INEC Registration book was used to identify married and co-habiting women who fall into the age range of 18 to 60 years.

***Stage 5:*** Purposive sampling technique was used to select respondents for the study in their compound.

Each of this communities has families represented in each compound. To select the respondent of this study a purposive sampling was carried out across the household of each family in a compound to select the victim of domestic violence. The inclusion criteria were women currently in intimate relationship with a man for at least 2 years; married women who live in Obunagha, Ogboloma and Okolobiri who are within the age of 18 to 60 years and that gave verbal consent to participate in the study.

The instrument for data collection for this study was a semi-structured interview guide that was adapted from already existing instrument compiled by Michael Flood (2008). The questionnaire has four (4) sections (A, B, C and D). Section A consists of items on the socio-demographic data of respondents; section B determined the relationship between physical violence and health of the respondents; section C examined the relationship between sexual violence and health of the respondents; whilesection D was designed to determine the relationship between psychological violence and the health of married and co-habiting women in the selected communities.

Reliability of the instrument already exists as it is being adapted. However, the instrument’s reliability was also strengthened and was tested for reliability using a test retest method. The correlation coefficient and a reliability of 0.82 were arrived at before being used for data collection. Six subject matter experts assessed the extent to which the instrument measured the variables of interest. Eighty-four percent of the subject matter experts agreed that the semi-structured interview guide was a valid tool.

Permission was obtained from the paramount ruler of the Gbarain Community and from the ruler of each of the three selected communities to secure entrance into their community for the conduct of the research study. Ethical approval was received from the State Ministry of Health. An informed consent of the respondents was sought and the purpose of the study was explained to the respondents. Information provided by the respondents was treated confidentially and respondents’ anonymity was ensured.

After approval, the researchers collected data from the respondents and explanations of the questions were made for those who lack understanding when necessary. The study was conducted within six (6) weeks by the researchers and the instrument were retrieved immediately after completion.

Data were analyzed with both descriptive and inferential statistical tools. The simple percentage was used to answer demographic data, while mean, standard deviation and model summary of simple regression analyses were utilized to achieve the research objectives. On the alternative, the null hypotheses were tested with Pearson Product Moment Correlation Coefficient. All null hypotheses were tested at 0.05 level of significance.

**Results**

The data presented in Table 2 shows that 80 (65%) of the respondents were within 18-32 years, 30 (24%) were from 33-46 years and 13 (11%) were 47- 60 years of ages.

Table 2: Socio-demographic characteristics of Respondents

|  |  |  |
| --- | --- | --- |
| Age  18-32 years  33-46 years  47-60 years  Total  Marital Status  Married  Co-habiting  Total  Educational Level  Primary  Secondary  Tertiary  No formal Education  Total  Occupation  Fishing  Farming  Business  Civil servant  House Wife  Total  Religion  Christianity  Pagans  Total  Number of Children  0-5  6 and above  Total  Communities  Obunagha  Okolobiri  Ogboloma  Total | Frequencies  80  30  13  123  Frequencies  48  75  *123*  Frequencies  25  81  8  9  *123*  Frequencies  11  77  13  17  5  *123*  Frequencies  106  17  *123*  Frequencies  115  8  *123*  Frequencies  61  41  21  123 | Percentage (%)  65  24  11  100  Percentage (%)  39  61  100  Percentage (%)  20  66  7  7  100  Percentage (%)  9  63  10  14  4  100  Percentage (%)  86  14  100  Percentage (%)  93  7  100  Percentage (%)  50  39  11  100 |

Table 2 also indicates that 48 (39%) of the total respondents were married and 75 (61%) were co-habiting. The data reveals that 25 (20%) of the total respondents were primary, 81 (66%) were with secondary, 8 (7%) with tertiary and (97%) with no formal educational levels. The data presented that 11 (9%) of the total respondents were fishing, 77 (63%) were with farming, 13 (10%) with business, 17 (14%) were civil servants and 5 (4%) with others forms of occupation.

Table 2 further shows that 106 (86%) of the total respondents were from Christianity, and 17 (14%) were Pagan groups. It also reveals that 115 (93%) of the total respondents were with 0-5 and 8 (7%) with 6 and above number of children. The data also presented that 61 (50 percent) of the total respondents were from Obunagha, 41 (39%) were from Okolobiri and 21 (11%) were from Ogboloma Communities.

Table 3: Simple percentage analysis of women perception on the forms of domestic violence on their health

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Form of domestic violence** | **A** | **F** | **S** | **N** | **Total** | **Decision** |
| 1 | Physical violence is one of the domestic issues experience by women from their partners in the house. | 72  (59) | 41  (33) | 8  (7) | 2  (1) | 123  (100) | Accepted |
| 2 | Sexual violence is another form of domestic violence experience by women from their partners in the house. | 56  (46) | 42  (34) | 17  (13) | 8  (7) | 123  (100) | Accepted |
| 3 | Psychological violence is one of the domestic violence’s encounter by women from their partners in the house. | 40  (33) | 54  (44) | 13  (11) | 16  (12) | 123  (100) | Accepted |
| **4** | **Total Percentage** | **56**  **(46)** | **46**  **(37)** | **13**  **(10)** | **8**  **(7)** | **123**  **(100)** | **Accepted** |

Cut-off percentage = 50; N = 123

Table 3 shows that, 56 (46%) of the total respondents says always, 46 (37%) says frequent, 13 (10%) goes with sometimes and 8 (7%) for never on their perception of domestic violence influence on the health of women. On the whole, 102 (83%) of the total respondents says always and frequently; while 21 (17%) goes with sometimes and never on their perception of domestic violence on the health of women in Gbarain Clan. This implies that greater percentage of the respondents subscribed to the existence of positive forms of domestic violence influence on the health of married and co-habiting women in Gbarain Clan in Yenagoa Local Government Area of Bayelsa State.

Table 4: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the relationship between physical violence and health of married and co-habiting women

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variables** | **N** | **∑X**  **∑Y** | **∑X2**  **∑Y2** | **∑XY** | **r-cal.** |
| Physical Violence | 123 | 1506 | 18992 | 28106 | 0.668 |
| Health of Married and Co-habiting Women | 123 | 2256 | 42324 |

Table 4 shows that, a positive relationship coefficient value of 0.668 exists between physical violence and health of married and co-habiting women in Gbaran Clan. Consequent upon the relationship between the two variables, the positive r-value is still subjected to Pearson Product Moment Correlation Coefficient (PPMC) analysis in order to confirm if the existed relationship between the two variables is significant or not (see Table 7).

Table 5: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the relationship between sexual violence and health of married and co-habiting women.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variables** | **N** | **∑X**  **∑Y** | **∑X2**  **∑Y2** | **∑XY** | **r-cal.** |
| Sexual Violence | 123 | 1493 | 18459 | 27455 | 0.126 |
| Health of Married and Co-habiting Women | 123 | 2256 | 42324 |

Table 5 reveals that, a positive relationship coefficient value of 0.126 exists between sexual violence and health of married and co-habiting women in Gbarain Clan. Consequent upon the relationship between the independent and the dependent variables, the positive r-value is further subjected to the same Pearson Product Moment Correlation Coefficient (PPMC) analysis in order to authenticate if the relationship is significant or not (see Table 8).

Table 6: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the relationship between psychological violence and health of married and co-habiting women in Gbarain Clan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variables** | **N** | **∑X**  **∑Y** | **∑X2**  **∑Y2** | **∑XY** | **r-cal.** |
| Psychological Violence | 123 | 1480 | 18494 | 27668 | 0.649 |
| Health of Married and Co-habiting Women | 123 | 2256 | 42324 |

Table 6 shows that, a positive relationship coefficient value of 0.649 exists between psychological violence and health of married and co-habiting women in Gbarain Clan. Consequent upon the relationship between the two variables, the positive r-value is again subjected to Pearson Product Moment Correlation Coefficient (PPMC) analysis in order to ascertain if the relationship between the two variables is significant or not (see Table 9).

Research Hypothesis 1

There is no significant relationship between physical violence and health of married and co-habiting women in Yenagoa Government Area of Bayelsa State.

Table 7: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the influence of physical violence on the health of married and co-habiting women.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variables | N | ΣX  ΣY | ΣX2  ΣY2 | ΣXY | Df | r.cal. | r.crit. | Sig. | Decision at P < 0.05 |
| Physical Violence | 123 | 1506 | 18992 | 28106 | 121 | 0.668 | 0.195 | 0.000 | \* |
| Health of  Married and  Co-habiting  Women | 123 | 2256 | 42324 |

**\* =** Significant at 0.05 alpha Level; N = 123.

Table 7 shows that the Pearson Product Moment Correlation Coefficient (PPMC) analysis is significant at p < 0.05 alpha level because, the calculated r- value of 0.668 is greater than the critical table r-value of 0.195 at 0.05 alpha level with 121 degrees of freedom. Hence, the null hypothesis is rejected. The alternative hypothesis which states there is a significant influence of physical violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State is upheld.

**Research Hypothesis 2**

There is no significant influence of sexual violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State.

Table 8: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the influence of sexual violence on the health of married and co-habiting women,

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variables | N | ΣX  ΣY | ΣX2  ΣY2 | ΣXY | Df | r.cal. | r.crit. | Sig. | Decision at P < 0.05 |
| Sexual Violence | 123 | 1493 | 18459 | 27455 | 121 | 0.126 | 0.195 | 0.000 | NS |
| Health of  Married and  Co-habiting  Women | 123 | 2256 | 42324 |

**NS =** Not Significant at 0.05 alpha Level; N = 123.

Table 8 reveals that the Pearson Product Moment Correlation Coefficient (PPMC) analysis is not significant at p < 0.05 alpha level because, the calculated r- value of 0.126 is less than the critical table r-value of 0.195 at 0.05 alpha level with 121 degrees of freedom. Hence, the null hypothesis is accepted. The null hypothesis which states that, there is no significant influence of sexual violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State is retained.

**Research Hypothesis 3**

There is no significant influence of psychological violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State.

Table 9: Pearson Product Moment Correlation Coefficient (PPMC) analysis of the influence of psychological violence on the health of married and co-habiting women.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variables | N | ΣX  ΣY | ΣX2  ΣY2 | ΣXY | Df | r.cal. | r.crit. | Sig. | Decision at P < 0.05 |
| Psychological Violence | 123 | 1480 | 18494 | 27668 | 121 | 0.649 | 0.195 | 0.000 | \* |
| Health of  Married and  Co-habiting  Women | 123 | 2256 | 42324 |

**\* =** Significant at 0.05 alpha Level; N = 123.

Table 9 shows that the Pearson Product Moment Correlation Coefficient (PPMC) analysis is significant at p < 0.05 alpha level because, the calculated r- value of 0.649is greater than the critical table r-value of 0.195 at 0.05 alpha level with 121 degrees of freedom. Hence, the null hypothesis is rejected. The alternative hypothesis which states there is a significant influence of psychological violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State is upheld.

**Discussion**

Findings revealed that most of the respondents are between the age of 18 – 32 years, and the marital status of respondents showed that majority were co-habiting and had secondary education. Majority were farmers and mostly from Obunagha community.

The findings revealed that there exist positive forms of domestic violence, which are identified as physical, sexual and psychological that influence the health of married and co-habiting women. This was supported by Siemeniuk, Krentz, Gish and Gill (2010) that domestic violence has many forms, including physical aggression, emotional abuse, reproductive and sexual abuse, which can range from subtle, coercive forms to marital rape and to violence. This was also supported by Smith, Chen, Basile, Gilbert, Merrick, Patel, Walling and Jain (2017) that women have been harmed because of domestic violence which include sexual violence, physical violence, or stalking by an intimate partner in their lifetime.

**Influence of physical violence on the health of married and co-habiting women**

The study revealed physical violence such as: utilizing a weapon or restraints or merely using body, size or strength to hurt women. They stated further that they experience additional physical violence like: pushing, slapping and kicking whenever there is an argument. This was supported by Oluremi (2015) who posits that physical brutality is the utilization of power in a manner that harms the person in question or puts her in danger of being harmed, expressing it incorporates beating, kicking, slapping, punching, chocking, and imprisonment.

There is a significant influence of physical violence on the health of married and co-habiting women. The null hypothesis was therefore rejected. This simply implies that, physical violence contributes to the health of married and co-habiting women. It was observed that, a positive relationship value of 0.668 existed between physical violence and the health of married and co-habiting women. The finding of this study is in agreement with findings by Ogbonaya et al (2013) who reported that physical intimate partner violence contributes to higher prevalence of depression during pregnancy among abused women than those who do not experience domestic violence. Similarly, Sakar (2008) revealed that there is a significant increased risk for low birth weight infants, pre-term delivery and neonatal death and also affected breast-feeding postpartum and also a report by WHO which stated that there is a relatively higher incidence of pregnancy complications like spontaneous abortion and abruptio placenta among pregnant women who experience physical violence at home than those who do not. Similarly, the findings are in line with report by Ellsberg and Heise (2005) who noted that domestic violence again is associated with serious health problems such as serious injuries gynecological disorders, adverse pregnancy outcomes and mental health disorders.

**Influence of sexual violence on the health of married and co-habiting women**

The study further revealed sexual violence such as: intimidation, forcing women to have sex, having sex with women who is unable to refuse due to disability or illness and experience sexually transmitted infection as a form of sexual violence. This was in line with Oluremi (2015), findings that sexual violence involves all types of rapes, provocation or misuse, which includes compelling an individual to take part in sexual activities, and conjugal assault. This was also supported by Ellsberg (2006) that domestic violence against women is associated with serious health problems that affects both women and their children, including serious injuries are sustained from violence at home, gynecological disorders, adverse pregnancy outcomes, mental health disorders and sexually transmitted infections. There is no significant influence of physical violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State. This simply implies that, sexual violence does not significantly contribute to health problems of married and co-habiting women. The study observed that, a positive weak relationship value of 0.126 existed between sexual violence and the health of married and co-habiting women. This finding is contrary to study by Sakar (2008) who revealed that women who are sexually abused and battered experience high levels of anxiety, depression and often engage in alcohol and drug abuse. Similarly, Ellsberg and Heise (2005) noted that sexual violence against women can result in sexually transmitted infection among women.

**Influence of psychological violence on the health of married and co-habiting women**

The study revealed psychological violence such as: post-traumatic stress disorder, psychological pain, depression, anxiety, as well as threaten to divorce. There is a significant influence of psychological violence on the health of married and co-habiting women in Yenagoa Government Area of Bayelsa State. The null hypothesis was therefore rejected. This simply implies that, psychological violence contributes to the health of married and co-habiting women. The study observed that, a positive relationship value of 0.649 existed between psychological violence and the health of married and co-habiting women. This finding is in agreement with study by Pico-Alfonso et al (2006) who reported that psychological violence and other forms of violence results in mental health issues among women who are abused unlike those who are not abused. Suicidal ideation including post-traumatic stress disorder, depression, and anxiety are higher among the abused group that non-abused group. This implies that psychological violence has an adverse effect on the health of married and cohabitating partners which is supported by Burton, Duvvury and Varia, (2000) who posited that domestic violence is associated with mental health consequences which have a high burden on the health care system for the treatment of the physical and mental disorders.

Conclusively, this study has provided a great understanding of domestic violence and the extent of influence on health of the women in Obunagha Community, Okolobiri Community and Ogboloma Community all in Gbarain Clan in Yenagoa Local Government Area of Bayelsa State, Nigeria. The study showed that physical and psychological violence significantly affects the health of women unlike sexual violence. The need to correct a tradition of domestic violence as a disciplinary tool among some men in Gbarain communities of Bayelsa States needs to be corrected with immediate effect.

**Implication for nursing practice**

The health impacts of domestic violence are numerous and can be mild or very severe lasting for a life time. Domestic violence is a serious threat to the health of women in the world and arises from several factors which needs to be addressed to curtail this human right abuse. The various forms of domestic violence include threats, stalking, emotional, physical, and sexual assault by a spouse or partner, and this has significant influences on the well-being of women. These violence needs to be addressed and nurses are often contacted as professional health providers and as such, they need to be adequately enlightened with the burden of the problem and the various means needed to address this menace. Furthermore, the role of counseling cannot be over emphasized as most women who are violated end up with mental issues including suicidal ideation apart from the physical harm they may experience. Nurses taking the necessary steps becomes eminent to reduce the burden of this problem in our society.

**Recommendations and suggestions for further studies**

Massive awareness creation and education against domestic violence should be ensured by individuals, groups, traditional and religious leaders as well as government and non-government organizations. Legislation against domestic violence should be enforced; and the cultural and traditional perception of domestic violence as means of discipline should be looked into by Traditional rulers by making communal customary laws against such act.

Further studies could be on domestic violence and mental health outcomes among infertile women in Bayelsa State as well as economic implication of domestic violence in Bayelsa State.

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