



PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG MALE LOCAL GOVERNMENT WORKERS IN EKITI STATE

Bewaji Damilola Olalere¹, Bamigboye Theresa Olaitan (Ph.D.)², Bewaji Kemi Tolulope³,

Basil PerfectGodsgift Nnamdi⁴, Olulope Adeola Olubunmi⁵

and Akpor Oluwaseyi Abiodun (Prof.)⁶

¹Faculty of Nursing, Afe Babalola University, Ado Ekiti.

Email: nrsbewaji@gmail.com

²Faculty of Nursing, Afe Babalola University, Ado Ekiti.

Email: bamigboyeto@abuad.edu.ng

³Department of Nursing, Afe Babalola University, Multi-system Hospital, Ado Ekiti.

Email: eyebiokinoluwakemi@gmail.com

⁴College of Nursing, UITH, Ilorin.

Email: bennebjnr@gmail.com

⁵Kwali General Hospital, Abuja.

Email: akbmine22@gmail.com

⁶Faculty of Nursing, Afe Babalola University, Ado Ekiti.

Email: akporoa@abuad.edu.ng

Cite this article:

Bewaji, D. O., Bamigboye, T. O., Bewaji, K. T., Basil, P. N., Olulope, A. O., Akpor, O. A. (2024), Prevalence of Intimate Partner Violence among Male Local Government Workers in Ekiti State. African Journal of Health, Nursing and Midwifery 7(4), 41-58. DOI: 10.52589/AJHNM-EJ1ZG4NR

Manuscript History

Received: 12 Aug 2024

Accepted: 4 Oct 2024

Published: 9 Oct 2024

Copyright © 2024 The Author(s). This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author and source are credited.

ABSTRACT: Intimate partner violence (IPV) against men is a global prevalent issue. It is the abuse that transpires within or outside a romantic relationship. It affects men and women equally but the cases of men are under-reported. The purpose of this study is to investigate the prevalence of intimate partner violence among male local government workers in Ekiti State. The study adopted a cross sectional descriptive research design using a quantitative method approach of data collection. Multistage sampling technique was used to select two hundred and eighteen (218) respondents from six local government areas in Ekiti State. Data were collected with the aid of adapted questionnaires. Descriptive and inferential statistics were used for data analysis. The result showed that the average age of the respondents was approximately 43 years with 67.9% being within 36-51 years old and 79.4% were married with an average length of 13 years in relationship. The overall prevalence of IPV was 94.5% with psychological violence being the most prevalent (89.0%), followed by psychological violence (78.9%), then by sexual (39.9%) and physical (19.3%). IPV against men is prevalent and it is mostly psychological. The fact that physical assault is minimal does not mean that men are undergoing IPV. Hence nurses and other health workers should screen men who present with psychological symptoms for necessary help.

KEYWORDS: Intimate partner violence, Nurses, Men, Psychological violence, Family.



INTRODUCTION

Intimate partner violence (IPV) against men has been recognized as a prevalent issue affecting a significant number of individuals across various countries annually (Kolbe & Büttner, 2020). Within the United States, the Centre for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) has provided empirical evidence indicating that a sizeable proportion of men, specifically 26%, reported experiencing various forms of intimate partner abuse, including sexual assault, physical violence, and/or stalking (CDC, 2022).

Intimate partner violence denotes the manifestation of assault, coercion, abuse or aggression that transpires within or outside a romantic relationship (CDC, 2022; Oseni et al., 2022). It is a worldwide social and health problem that affects many individuals and families and it is made up of physical, sexual, and psychological mistreatment of one partner by another. The term "intimate partner" pertains to individuals who are either current or former spouses as well as individuals who have been in a dating relationship (Mandi, 2016). Intimate partner violence can exhibit variation in frequency of occurrence and degree of severity. The scope of violence can vary from a single episode, which may potentially have long-lasting effects, to enduring and intense episodes spanning over several years (CDC, 2022). IPV poses a substantial risk to public health and safety that transcends geographical boundaries, cultural differences, religious beliefs, and socioeconomic status (Garcia-Vergara et al., 2022).

IPV is a phenomenon that does not discriminate based on gender; men over the years have been victims of IPV suffering from different types and degrees of IPV (Odunsi & Mohammed, 2021). Being historically ingrained within our society is the prevailing presumption or preconceived notion that men are expected to exhibit strength, fortitude, and suppress their emotional expression, men have had to endure cases of IPV as at the event that they report it, they are often subjected to stigmatization via derogatory labels such as "sissy" or "effeminate" among others (Gupta, 2020). Studies focused on IPV experienced by men have received relatively little attention and funding over the years, resulting in a significant knowledge gap until recently when the issue of women's perpetration of IPV and men's victimization is gaining increased attention (Lövestad & Krantz, 2012).

Intimate partner violence is common among employees of organizations, it does not know boundary (Branick et al., 2023); in a study conducted by PATH on an organization, 50% of the respondents disclosed that they have encounter abuse at work while 83% said abusers followed them to their workplace. Furthermore, in a study conducted among physicians, it was discovered that about 24% of the respondents confessed to having been victims of IPV with the highest being verbal type of IPV (Reibling et al., 2020). Whereas 1 in 10 health professionals were said to have experienced IPV in 2017 with male physicians being between 6-10% of this population (Reibling et al., 2016). Male lecturers (also a group of workers) are predominantly more than their female counterparts in Nigerian tertiary institutions (Olaogun et al., 2017), most of them are in one romantic relationships or the other as there is no policy against being in one provided it is a consensual relationship (Izediuno, 2021). Workers are also not shielded from the scourge of IPV among their other male counterparts, notably among the cases was an Assistant Professor who was physically and verbally abused by his wife in his office. The wife went to the extent of using her shoes on him while locking him up in the office; it took the intervention of the other staff of the facilities to rescue him (Times of India, 2022).



Nigeria is a middle-income country where workers are paid average wage compared with their counterparts in other developed worlds (Obiaraeri, 2019); besides, men (including local government workers) in Africa are always seen as breadwinners of the families (Dankyi & Minadzi, 2019) which put high expectations on them from their spouse to meet the family needs and inability to do this expose them to IPV especially psychological IPV as their wives may rain abuses on them for the lacks experienced in their homes. There is current dearth of comprehensive investigation on IPV among the male population (Oyediran et al., 2023) relating to the prevalence, hence the reason for this study. This study will help fill the gap in knowledge on prevalence in Ekiti state as other groups of men have been studied leaving this particular group out thereby contributing to filling the gap already created by lack of data covering Ekiti.

LITERATURE REVIEW

Intimate Partner Violence

IPV is a global social and health challenge with great public health effects (Benebo et al., 2018). It is defined as behaviours within a close partner relationship that leads to physical, psychological or sexual harassment by any of the partners (United Nations, 2015). The term "Intimate partner" pertains to individuals who are either current or former spouses as well as individuals who have been in a dating relationship (Mandi, 2016). IPV can exhibit variation in frequency of occurrence and degree of severity. The scope of violence can vary from a single episode, which may potentially have long-lasting effects, to enduring and intense episodes spanning over several years (Centre for Disease Control, 2022).

Intimate partner violence can occur between two individuals who are currently in, or have previously been in a close romantic relationship; it may be between homosexual or heterosexual partners while victims can be any of the partners (male or female) in dating, cohabiting or marriage relationship with this maltreatment occurring at home or outside (Howe, 2012). Women who experience IPV complain of worse health, emotional crisis and more thoughts and attempts of suicide more than those who do not experience it in their relationship (Benebo et al., 2018).

Prevalence of intimate partner violence

IPV among men has been in existence for a long time; it has only been given little attention (World Health Organisation, 2012, Hogan, 2016). Worldwide a substantial prevalence of IPV among men has been reported to be estimated to be about 17%. According to Gubi and Wandera, (2022) approximately one-third of men have experienced IPV, leading to severe physical harm, emotional trauma, and long-term consequences, such as sustained serious physical injuries, loss of self-esteem and confidence, poor physical and mental health, increased likelihood of alcoholism and drug abuse as a coping mechanism for the trauma inflicted by their partners.

The prevalence of IPV in a study conducted by Oseni et al. (2022) was 37.7% of which 20.3% were males and 79.9% were females. This is also similar to that of Dicola and Spar (2016) which states that IPV affects both men and women. Though the figure above represents the

percentage of respondents, generally worldwide, the prevalence of IPV among men was found to be 29.9% (Oseni et al, 2022) and between 20-30% (Dicola & Spar, 2016).

Further study shows it to be between 15-71% within the local Ethiopia, the highest Nigeria prevalence in the same study was 28.2 to 47.3 (Onigbogi et al., 2015). In other studies, it was found out that the prevalence of women who ever married that were ever beaten by their husband or partner lies between 17.5% to 48.4% (Kishor & Johnson, 2004; Oseni et al., 2022); whereas a nationwide study in Southern African countries indicated that the rate of IPV affects approximately 16% of men and around 18% of women meaning that nearly one in six men and nearly one in five women have experienced IPV (Andersson et al., 2007). In a study among elderly women in Lagos Nigeria, lifetime prevalence was found to be 73.3% (Oluwole et al., 2020), while the Nigeria demographic and health survey of 2018 shows that prevalence of IPV which women who ever had partner (15-49 years) was 36% Nigeria Population Commission, 2019).

Pattern of intimate partner violence

According to Oseni et al. (2022), the pattern of IPV cuts across the relationship between the crisis and certain factors like women's marital status, age, education level, and job. The research found that there is a strong connection between IPV and certain factors. For women, these factors include being between the ages of 31-45, being married, working in a non-government job, and earning less than N30,000 per month (which is the minimum wage in Nigeria). For men, being married and having a certain job was found to have a significant link with IPV, suggesting that certain jobs or work environments may increase the likelihood of IPV. However, the age and monthly income of male participants did not have a meaningful impact; additionally, the level of education did not have a significant association with the participants (John, 2010). In a similar view, Kishor and Johnson (2004) reported how common IPV was among different groups of people.

Theoretical Framework

The Ecological Model

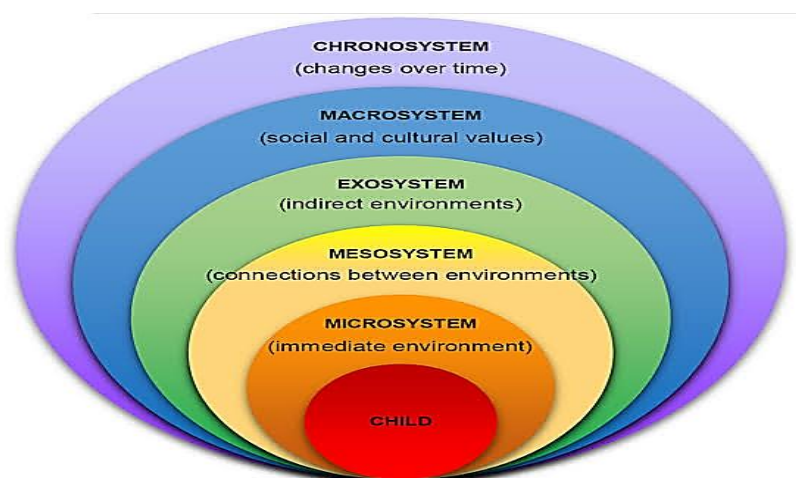


Figure 1: The Ecological Model

(Source: <https://rotel.pressbooks.pub/whole-child/chapter/ecological-theory-2/>)



The ecological model is a conceptual framework that examines the complex relationships between individuals and their environment to understand intimate partner violence (IPV). This model, developed by the World Health Organization (WHO), recognizes that IPV is a multifaceted issue influenced by various factors at different levels. The ecological model provides a comprehensive approach to understanding IPV, identifying four interconnected levels of influence: individual, relational, community, and societal.

a) Individual level

The individual level focuses on personal characteristics, experiences, and background that may contribute to IPV perpetration or victimization. Demographic factors such as age, income, education, and employment status can play a role. Additionally, exposure to violence, trauma, and mental health issues can increase the likelihood of IPV involvement. For instance, individuals who have experienced childhood abuse or witnessed domestic violence may be more likely to engage in or tolerate IPV as adults.

b) Relational level

The relational level examines the dynamics within intimate relationships and social networks. Family and friends can influence an individual's behavior and attitudes towards IPV. Patriarchal control, financial dominance, and gender-based violence within families can contribute to a culture of oppression and increase the risk of IPV. Furthermore, social norms and expectations within relationships can perpetuate harmful gender stereotypes and condone violence.

c) Community level

The community level addresses the social and economic environment in which individuals live. Community poverty, lack of resources, and social disorganization can contribute to an increased risk of IPV. High-crime neighborhoods, unemployment, and substance abuse can create an environment of stress and conflict, escalating the likelihood of violence. Moreover, community norms and cultural values can either promote or discourage IPV. For example, communities with strong social support networks and resources for victims may reduce IPV incidence.

d) Societal level

The societal level encompasses the broader cultural, economic, and political context in which IPV occurs. Societal factors such as gender inequality, patriarchal norms, and discriminatory laws and policies can perpetuate IPV. Media representation, education, and healthcare systems can also contribute to a culture of violence or support. Additionally, societal expectations and norms around gender roles and relationships can influence individual attitudes and behaviors.

Intersections and interplay

The ecological model highlights the interconnectedness of these levels, demonstrating how individual, relational, community, and societal factors intersect and influence one another. For instance, societal gender norms can shape relational dynamics and individual attitudes towards IPV. Similarly, community resources and support can impact individual and relational factors. Understanding these intersections is crucial for developing effective IPV interventions.



Implications for Intervention and Prevention

The ecological model offers a comprehensive approach to addressing IPV, emphasizing the need for multi-level interventions. Strategies may include:

1. Individual-level interventions: Counseling, mental health services, and support groups for victims and perpetrators.
2. Relational-level interventions: Couples therapy, family counseling, and social support networks.
3. Community-level interventions: Community-based programs, resource provision, and social organization initiatives.
4. Societal-level interventions: Policy changes, education and awareness campaigns, and cultural shift initiatives.

The ecological model provides a distinction in understanding of intimate partner violence, recognizing the complex interplay of individual, relational, community, and societal factors. By addressing IPV at multiple levels, we can develop effective prevention and intervention strategies, ultimately working towards a society where individuals can thrive in safe and healthy relationships.

Relevance of Model to the Study

The Ecological Model is such a succinct one in explaining the issues surrounding intimate partner violence. It helps in understanding the fact that intimate partner violence does not just exist on its own but has many predictors that cause it. It helps to understand that the perpetrator must have been a victim of a certain anomaly in his or her growing up, besides it helps to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Besides helping to clarify these factors, the model also shows a way out of IPV by laying out in very clear manner how to prevent it. This is as the model suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact.

METHODOLOGY

This section contains the research design, research setting, target population, sample and sampling technique, instrument for data collection, validity and reliability of instrument, method of data collection, method of data analysis and ethical consideration.

Research Design

The study adopted cross sectional descriptive design using a mixed methods approach. For the quantitative aspect, a structured pre-tested, adapted questionnaire was used to collect data to assess the prevalence, health seeking behaviors and predictors of IPV among male local

governments in Ekiti State. For the qualitative aspect of the research, a structured interview guide developed by the researcher after extensive literature search was used to collect information from career men on the predictors, experience and health seeking behaviors following IPV.

Research Setting

This study was conducted in selected local government areas of Ekiti State. Ekiti State is situated entirely within the tropics, between longitudes 40°51' and 50°451' east of the Greenwich Meridian and latitudes 70°151' and 80°51' north of the Equator. Ekiti State lies south of Kwara and Kogi States, east of Osun State and bounded by Ondo State in the south, with a total land area of 5887.890sq km. It has 16 Local Government Councils. By the 1991 census, the population of Ekiti State was 1,647,822, the estimated population at its creation on October 1st 1996 was put at 1,750,000 with the capital located at Ado-Ekiti and the 2006 population census by the National Population Commission put the population of Ekiti State at 2,384,212 people. Ekiti has three senatorial districts: Ekiti Central senatorial district, Ekiti North senatorial district and Ekiti South senatorial district, with six federal constituencies.

Mainly an upland zone rising over 250 meters above sea level, Ekiti has a rhythmically undulating surface. The landscape consists of ancient plains broken by steep-sided outcropping dome rocks. These rocks may occur singularly or in groups or ridges and the most notable of these are to be found in Efon-Alaaye, Ikere-Ekiti and Okemesi-Ekiti.

One of the distinctive characteristics of Ekiti State is its numerous hills, which often serve as the location for towns where a significant portion of the population resides. In fact, the name 'Ekiti' is derived from the local term for hill. Agriculture is the primary occupation of the people of Ekiti, and it is the main source of income for the majority of the state's population. More than 75% of the population relies on agriculture for their livelihood, with the sector providing income and employment opportunities. The state is known for producing a variety of crops, including cash crops like cocoa, oil palm, kolanut, plantain, bananas, cashew, citrus, and timber, as well as arable/food crops like rice, yam, cassava, maize, and cowpea.

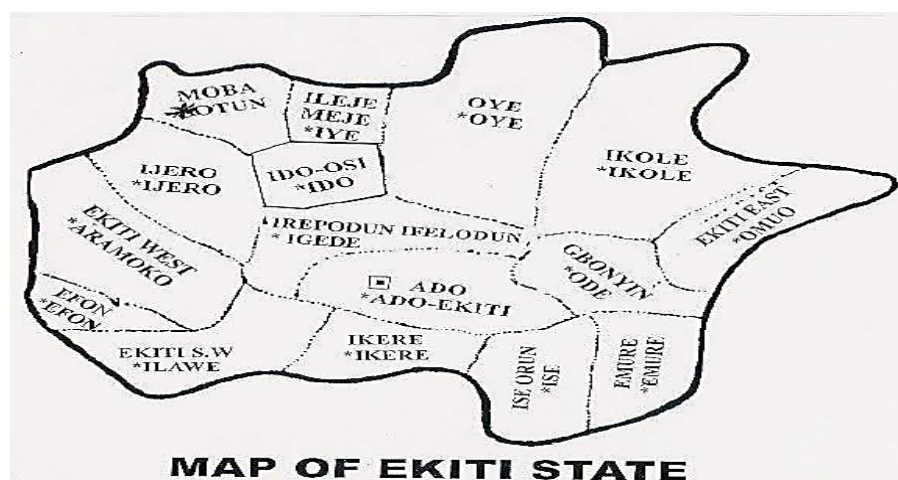


Figure 2: Map of Ekiti State

(Source: https://encryptedtbn0.gstatic.com/images?q=tbn:ANd9GcRDBYi4iCKVUtyHL9pFVi-n6TwJom_Bc0tsU2LSn0s6-Im_NAv-9g73Ts4&s=10)



Study Population

Male staff of Ijero, Ado, Ekiti South West, Emure, Ilejemeje and Oye Local Government Areas (LGA) representing all the three senatorial districts were recruited for the study. They were picked following balloting of local government areas in each Senatorial district.

Sample Size Determination

The sample size was calculated using the Mugenda and Mugenda formula (2003), which recommends that for a population under 10,000, a sample size between 10% and 30% is sufficient to represent the target population accurately. Based on this guideline, a 30% sample size was deemed adequate for providing a reliable representation of the population. The Mugenda formula will be used to determine the sample size for this study as follows;

Ekiti Central Senatorial District: Ado and Ijero LGAs: 541 male staff

Ekiti North Senatorial District: Oye and Ilejemeje LGAs: 578 male staff

Ekiti South Senatorial District: Ekiti Southwest and Emure 531 male staff

$N = \text{total population} = 1,650$

(Source: LGSC Data, 2023.)

12% of total population = $12/100 \times 1,650$

= 0.12×1650

= 198

Adding 10% attrition rate/non-responsive rate

10% = $10/100 \times 198$

= 0.1×198

= 19.8 approximately 20

$S = 198 + 20$

= 218

Sampling Technique

Multistage sampling technique was used

Stage One: All the three senatorial districts in Ekiti state were selected using purposive sampling technique.

Stage Two: Simple random sampling technique was used to select two local governments from each senatorial district using balloting.

Ekiti State has 3 senatorial districts, namely: Ekiti Central, Ekiti South and Ekiti North.



Ekiti Central has five local governments, namely: Ado, Efon, Ekiti West Local, Ijero and Irepodun/Ifelodun local government areas out of which Ado and Ijero local governments were randomly picked.

Ekiti South has six local government areas, namely: Ekiti East, Ekiti South West, Emure, Gbonyin, Ikere and Ise/Orun local government areas out of which Emure and Ekiti South West local government were randomly picked.

Ekiti North senatorial district has five local government areas, namely: Ido/Osi, Ikole, Ilejemeje, Moba and Oye local government areas out of which Oye and Ilejemeje local government areas were randomly picked.

Stage Three: Stratified sampling technique was used to determine the number of staff to be selected in each local government area based on their population in relation to the sample size.

Table 1: Sample size of each local government.

Local Government	No of male staff	Percentage	Sample size
Ado	213	$213/1650 \times 100 = 12.9\%$	$213/1650 \times 218 = 28.1$
Ijero	328	$328/1650 \times 100 = 19.88\%$	$328/1650 \times 218 = 43$
Ekiti SW	319	$319/1650 \times 100 = 19.33\%$	$319/1650 \times 218 = 42$
Emure	212	$212/1650 \times 100 = 12.85\%$	$212/1650 \times 218 = 28$
Oye	340	$340/1650 \times 100 = 20.61\%$	$340/1650 \times 218 = 45$
Ilejemeje	238	$238/1650 \times 100 = 14.42$	$238/1650 \times 218 = 32$
Total	1,650	100	218

Stage Four: Convenience Sampling technique was used to administer the questionnaire on the respondents.

Inclusion criteria

The inclusion criteria for this study are men who are full-time workers of local government in Ekiti State and those who are willing to participate in the study.

Exclusion criteria

Local government workers who are on leave during the study and those not willing to participate were excluded.

Research Instrument

A structured pre-tested, adapted interviewer administered questionnaire was used to collect quantitative data from male staff of the selected local government areas stated above. This is divided into five sections:

Section A provided information on the socio-demographic characteristics of the respondents. The items in this section included the age, gender, marital status, highest level of education,



annual income, type of family, partners characteristics and household characteristics such as the relatives that stays with them with options for respondents to pick from.

Section B assessed prevalence of IPV among male local government workers in Ekiti state using the Revised Conflict Tactics Scale (CTS2). The Revised Conflict Tactics Scale (Straus et al., 1996) is a 39-item measure of both the extent to which partners in a dating, cohabiting, or marital relationship engage in physical, sexual, psychological and sexual attacks on each other and also their use of reasoning or negotiation to deal with conflicts. The adapted version that was used for this study tends to know if respondents have been insulted or swore at by their partner, if they have been neglected by their partner, if their partners had explain their sides of disagreement to them, if their partners showed respect for their feelings on a matter, if their partners monitored them around, if they have been neglected by their partners, if they have been spited by their partners, if they have had sprain, cut or bruises as a result of fight with their partners, if they have fainted by being hit by their partners, if they have been pushed by their partners, if their arm or hair have been twisted by their partners, if they have had something thrown at them by their partners, if they have been punched or hit by their partners, if they have been choked or slapped or something belonging to them have been destroyed by their partners, if they have been attacked with knife or gun by their partners, if they be forced to have sex by their partners, if they have been forced to have sexual activities that they are not interested in, if they have been rewarded with money or things for sex or if they have been denied sex by their partners. The section had twenty-seven items with never, rarely, sometimes, always and often as options.

Validity of the research instrument

The instrument was subjected to face and content validity for its clarity, comprehensibility and appropriateness in line with the study objectives. A draft copy of the questionnaire was given to experts in the field of nursing and family violence, where the instrument was assessed for relevance in the subject matter, scope and coverage.

Reliability of the research instrument

Reliability is the ability of the instrument to consistently produce results at different times and different settings. Reliability of the questionnaire used for this study was tested at Irepodun/ Ifelodun local government secretariat with similar characteristics with the study population but were not part of the study sample. 22 respondents which is 10% of the calculated sample size were used for pilot study. The reliability of the questionnaire was tested using Cronbach Alpha function in SPSS to measure the internal consistency. Cronbach alpha of 0.8 which was adjudged to be highly reliable as a cut off point of 0.7 and above is considered reliable.

Method of data collection

The data was collected using an adapted questionnaire. The questionnaire was administered directly to the respondents by the researcher and research assistants. Voluntary consent was obtained from the respondents first; the questionnaire was prepared in English then translated into Yoruba. Six (6) research assistants were recruited for data collection; a training was provided by the principal investigator for the data collectors two days before the data collection on the objectives of the study, the measuring tools and the participants' recruitment strategies. The questionnaire assessed five sessions namely socio-demographic characteristics, prevalence of IPV, help-seeking behavior, predictors and perception of IPV adapting a validated conflict



tactics scale, attitudes toward seeking professional psychological help scale, questionnaires used Sprague et al., (2013) and Lanre et al., (2014)

Data analysis

The questionnaire was assessed for appropriateness and completeness. The data collected were cleaned, sorted and coded to ensure that there was no error or missing data. The data was subjected to analysis using Statistical Package for Social Sciences (SPSS) version 26.0. Descriptive statistics (mean, median, mode, standard deviation and simple percentage) were the major statistical tools used to meet research objectives and data were presented in the form of tables and chi-square was used to determine the relationship between variables. The significance was set at a 95% confidence level.

RESULTS AND FINDINGS

Socio-demographic Characteristics of the Respondents

Table 1 shows that the average age of the respondents was approximately 43 years, and more than half (67.9%) of them were within 36-51 years old. More than three quarters (79.4%) were married with an average length of 13 years in relationship, and notably, among the respondents, the average age at marriage was 29 years old. By religious affiliation, most (86.2%) of the respondents were Christians. Regarding educational status, more than three quarter (77.1%) had attained tertiary education, and majority (46.8%) earned within #50,000-#99,000 monthly.

Furthermore, details of their wives'/intimate partners' characteristics reveals that their average age was 39 years and majority (53.2%) were within 36-51 years old. Majority (84.4%) of them were Christians, and had obtained their tertiary education (63.3%). Moreover, most (46.3%) of them were Civil servants and earned #31,000-#50,000 monthly.

Table 2 shows the household characteristics of the respondents. More than half (61.9%) of the respondents had 1-3 children and 34.4% had no other relations living with them, while among those living with a member of their relations, the majority (19.3%) lived with their sisters. The majority of the respondents reported non-engagement of their partners in habits such as gambling (94.5%), alcohol intake (96.3%), cigarette smoking (99.1%), and substance intake like Indian hemp (99.1%). Notably, more than three-quarter (85.3%) of the respondents also reported that their family was not indebted to an individual, bank, cooperative, mortgage bank or in any form.

Table 2: Socio-demographic characteristics of men and their wives/intimate partner

Respondents' characteristics			
Variable	Category	Frequency	Percent
Age (in years) Mean±SD= 43.18±7.69, Range= 23-62	20-35	45	20.6
	36-51	148	67.9
	52-67	25	11.5
Marital status	Never married	40	18.3
	Married	173	79.4
	Widower	2	0.9



	Divorced/separated	3	1.4
Length of relationship (in years)	Mean±SD= 13.46±8.85		
Age at marriage (in years)	Mean±SD= 29.22±6.49		
Religion	Christianity	188	86.2
	Islam	27	12.4
	Traditional	3	1.4
Educational status	Primary	3	1.4
	Secondary	33	15.1
	Tertiary	168	77.1
	ND	14	6.4
Partners' total monthly income (#)	30,000- 49,000	69	31.7
	50,000- 99,000	102	46.8
	100000- 149,000	8	3.7
	150,000- 200,000	22	10.1
	> 200,000	17	7.8
Wife/Intimate partner characteristics			
Age (in years) Mean±SD= 39.04±7.35	20-35	87	39.9
	36-51	116	53.2
	52-67	15	6.9
Religion	Christianity	184	84.4
	Islam	28	12.8
	Traditional	6	2.8
Educational status	Primary	10	4.6
	Secondary	51	23.4
	Tertiary	138	63.3
	No formal education	19	8.8
Occupational status	Unemployed	30	13.8
	Civil servant	101	46.3
	Self-employed	87	39.9
Total monthly income (#)	< 30,000	36	16.5
	31,000- 50,000	94	43.1
	51,000- 100,000	58	26.6
	101,000- 150,000	15	6.9
	151,000- 200,000	12	5.5
	> 200,000	3	1.4
	Total	218	100.0

Table 3: Household Characteristics of Respondents

Variable	Category	Frequency	Percent
Number of children	None	13	6.0
	1-3	135	61.9
	4-6	66	30.3
	>6	4	1.8



How many other relations are living with you?	One	68	31.2
	Two	42	19.3
	Three	33	15.1
	None	75	34.4
*Who are the people living in the same apartment with you?	Sisters	42	19.3
	Brothers	38	17.4
	Mother	26	11.9
	Father	10	4.6
	Mother-in-law	8	3.7
	Father-in-law	9	4.1
	Grandmother	1	0.5
	Mother, Brother, & Sister	1	0.5
	Brothers & Sisters	1	0.5
	Brothers & Mother	2	0.9
	Brothers & Mother-in-law	1	0.5
	Mother, Brother, & Sister	79	36.2
	Does your wife or intimate partner engage in gambling?	Yes	12
No		206	94.5
Does your wife or intimate partner drink alcohol?	Yes	8	3.7
	No	210	96.3
Does your wife or intimate partner smoke cigarettes?	Yes	2	0.9
	No	216	99.1
Does your wife or intimate partner use substances like Indian hemp?	Yes	2	0.9
	No	216	99.1
Is your family indebted to an individual, bank, cooperative, mortgage bank or in any form?	Yes	32	14.7
	No	186	85.3
	Total	218	100.0

Prevalence of IPV among male local government workers in selected local governments in Ekiti State

Table 3 shows that the overall prevalence of Intimate partner violence was 94.5% among the respondents and the most prevalent form of violence was psychological violence (89.0%). Physical violence has prevalence of 19.3%, verbal violence has 78.9%, sexual violence 39.9%.

Table 4: Prevalence of IPV

Variable	Category	Frequency	Percent
Verbal IPV	No	46	21.1
	Yes	172	78.9
Psychological IPV	No	24	11.0
	Yes	194	89.0
Physical IPV	Yes	42	19.3



	No	176	80.7
Sexual IPV	Yes	87	39.9
	No	131	60.1
Overall IPV	Yes	206	94.5
	No	12	5.5
	Total	218	100.0

Hypothesis testing

Hypothesis: There is no significant relationship between participants' sociodemographic profiles and the prevalence of IPV.

Table 4 shows that the age (p -value=0.047) and total monthly income (p -value=0.009) of the respondents is significantly associated with the prevalence of verbal violence. Also, their marital status (p -value=0.004) was found to be significantly associated with the prevalence of physical violence. Furthermore, the age (p -value=0.007) and total monthly income (p -value=0.001) of the respondents is significantly associated with the prevalence of sexual violence. Moreover, there was found no statistically significant relationship between the sociodemographic characteristics of respondents and the overall prevalence of intimate partner violence.

Table 5: Association between participants' sociodemographic profiles and the prevalence of IPV

Variable/ Category	Verbal Violence	Psychologic al Violence	Physical Violence	Sexual Violence	Overall IPV	Total
Age (in years)						
20-35	41(91.1)	41(91.1)	5(11.1)	27(60.0)	42(93.3)	45(100)
36-51	114(77.0)	131(88.5)	31(20.9)	50(33.8)	141(95.3)	148(100)
52-67	17(68.0)	22(88.0)	6(24.0)	10(40.0)	23(92.0)	25(100)
χ^2 , p -value	6.126, 0.047	0.266, 0.875	2.553, 0.279	9.890, 0.007	0.587, 0.746	
Marital status						
Never married	36(90.0)	38(95.0)	8(20.0)	16(40.0)	39(97.5)	40(100)
Married	131(75.7)	151(87.3)	30(17.3)	68(39.3)	162(93.6)	173(100)
Widower	2(100)	2(100)	2(100)	1(50.0)	2(100)	2(100)
Divorced/separated	3(100)	3(100)	2(66.7)	2(66.7)	3(100)	3(100)
χ^2 , p -value	5.347, 0.148	2.608, 0.456	13.140, 0.004	1.007, 0.800	1.228, 0.746	
Religion						
Christianity	147(78.2)	167(88.8)	34(18.1)	71(37.8)	176(93.6)	188(100)
Islam	23(85.2)	24(88.9)	8(29.6)	15(55.6)	27(100)	27(100)



Traditional	2(66.7)	3(100)	0(0)	1(33.3)	3(100)	3(100)
χ^2 , <i>p</i> -value	0.967, 0.617	0.376, 0.828	2.749, 0.253	3.170, 0.205	2.026, 0.363	
Educational status						
Primary	2(66.7)	3(100)	1(33.3)	2(66.7)	3(100)	3(100)
Secondary	27(81.8)	27(81.8)	8(24.2)	15(45.5)	31(93.9)	33(100)
Tertiary	130(77.4)	150(89.3)	32(19.0)	68(40.5)	158(94.0)	168(100)
ND	13(92.9)	14(100)	1(7.1)	2(14.3)	14(100)	14(100)
χ^2 , <i>p</i> -value	2.309, 0.511	3.851, 0.278	2.235, 0.525	5.174, 0.159	1.075, 0.783	
What is your total monthly income?						
30,000- 49,000	49(71.0)	58(84.1)	15(21.7)	19(27.5)	64(92.8)	69(100)
50,000- 99,000	78(76.5)	95(93.1)	13(12.7)	42(41.2)	96(94.1)	102(100)
100000- 149,000	6(75.0)	7(87.5)	3(37.5)	2(25.0)	7(87.5)	8(100)
150,000- 200,000	22(100)	17(77.3)	6(27.3)	10(45.5)	22(100)	22(100)
> 200,000	17(100)	17(100)	5(29.4)	14(82.4)	17(100)	17(100)
χ^2 , <i>p</i> -value	13.441, 0.009	8.708, 0.069	6.802, 0.147	18.267, 0.001	3.455, 0.485	
Total	172(78.9)	194(89.0)	42(19.3)	87(39.9)	206(94.5)	218(100)

DISCUSSION

The finding from this study showed that the overall prevalence of Intimate partner violence was 94.5% which showed high prevalence. This could be due to the fact that IPV against men is common among low income earners which a substantial part of the respondents belong to. Aside from this, local governments in Nigeria experience challenges with financial autonomy as a tier of government because the state governments still control their allocation against the backdrop of the clear stand of Nigeria constitution which gave them autonomy. Even though the shared allocation is paid directly into their accounts, the state governments still control how it is used, making them have little to pay workers salary leading to workers being owed salaries which in turn leads to inability to meet up with family responsibilities resulting in IPV of one form or the other. This situation has led some local government workers to venture into some menial jobs with the intention of meeting family needs, yet some are still lagging behind, there is therefore need to strengthen the autonomy of the local governments in Nigeria in order for them to stand firm and meet up with workers' welfare in order to promote peace in their families and in the society at large.

The high prevalence of IPV in this study is against Hadush et al. (2023) who found out that the prevalence rate of IPV to be 48.3% among refugee women in Ethiopia. This is also in contrast with the study by Oseni et al. (2022) and Asekun-Olarinmoye et al. (2019) which found out in



a multinational study that the prevalence of IPV was up to 48.4% and 25.7%, respectively. These variations are due to the difference in settings of the studies and in the levels of education of the respondents as the women in IDP camp may not bother on some of the parameters that measures IPV.

The result from this study also showed that the most prevalent form of violence was psychological violence with about nine tenth of the respondents reported to have undergone it. This could possibly be due to the fact that most women believe that emotional and verbal maltreatment is their most potent weapon against men as they may not be able to handle them physically, women carry these out through keeping malice, nagging, silent treatment among others. This finding agrees with that of Dokkedahl et al. (2019), Dokkedahl et al. (2022) and Tesfaw and Muluneh (2022) who found that psychological IPV is the highest form of IPV with 35% to 49% prevalence rate among men and women as compared to the physical and sexual IPV subtypes. Furthermore, the study showed that the most severe form of violence was physical violence with a mean score of 15.11 ± 7.88 ; this is because it is the most life threatening of all forms of IPV. This finding is in agreement with Aguerrebere et al. 2021, that states that physical and sexual violence is 3.06 times sever than other forms of IPV.

CONCLUSION

A total number of two hundred and eighteen respondents were recruited for the study from six local government areas in Ekiti state. The sociodemographic Characteristics revealed that the mean age was 43 years and that of their spouses being 39 years with most of them having attained tertiary education. The study revealed that there was high prevalence of IPV with psychological violence being the highest occurring IPV and as a result of this, nurses must screen for IPV among men and offer intervention for management and treatment of IPV.

IMPLICATIONS FOR NURSING

The outcomes of this research have implications for nursing education, nursing practice, nursing administration and nursing research.

Nursing education

The high prevalence of IPV calls for concern and need to be included in the nursing curriculum for nurses to be equipped with the skills required in violence prevention, mitigation and resolution.

Nursing practice

It is necessary to screen men with psychological related symptoms for IPV at every opportunity they have to visit the health facility.

It is important to provide education and counseling to men who have been screened and confirmed for IPV on the necessary steps to follow in reporting the incident to the appropriate authority.



Follow up visits may be necessary for men who are victims of IPV in order to mitigate and resolve the causes of IPV identified.

Nursing administration

Due to the high prevalence and low help seeking behaviors of IPV victims, Nursing administrators are encouraged to build capacity of nurses to enhance effective detection, screening, intervention, treatment and follow up of IPV cases

Nursing research

Data generated from this study will add to the existing studies on IPV. Results from the study also provided additional information about prevalence, help seeking behaviors and perceptions of IPV among male local government workers in Ekiti state which could serve as a useful data to other researchers who will find this area of study interesting to advance the evidence base for IPV.

FUTURE STUDY

Expanding the scope of the study to other states in the South West, Nigeria is suggested since the scope of this study is limited to Ekiti State. Exploration of the experience of IPV among other groups of male workers in other sectors is also suggested.

REFERENCES

- Andersson, N., Ho-Foster, A., Mitchell, S., Scheepers, E., & Goldstein, S. (2007). Risk factors for domestic physical violence: national cross-sectional household surveys in eight southern African countries. *BMC Women's Health*, 7(1), 11. doi:10.1186/1472-6874-7-11
- Benebo, F. O., Schumann, B., & Vaezghasemi, M. (2018). Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BMC Women's Health*, 18(1), 136. doi:10.1186/s12905-018-0628-7
- Branicki, L., Kalfa, S., Pullen, A., & Brammer, S. (2023). Corporate responses to intimate partner violence. *Journal of Business Ethics*, 187(4), 1–21. doi:10.1007/s10551-023-05461-6
- Center for Disease Control, (CDC) (2023) Fast facts: Preventing intimate partner violence. Retrieved 4 December 2023, from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- García-Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. WHO (2005). multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses [Internet]. Geneva: WHO Press, World Health Organization; p. 206. Available from: http://whqlibdoc.who.int/publications/2005/924159358X_eng.pdf
- Gubi, D., & Wandera, S. O. (2022). Prevalence and correlates of intimate partner violence among ever-married men in Uganda: a cross-sectional survey. *BMC Public Health*, 22(1), 535. doi:10.1186/s12889-022-12945-z



- Gupta J. (2020). What does coronavirus mean for violence against women? <https://womensmediacenter.com/news-features/what-does-coronavirus-mean-for-violence-against-women>
- Hogan, K. (2016) Men's experiences of female-perpetrated intimate partner violence: A qualitative exploration. School of Psychology Faculty of Health and Social Sciences, University of the West of England,
- Howe, Tasha R. (2012). "Families in crisis: violence, abuse, and neglect: intimate partner violence: marital rape". In Howe, Tasha R. (ed.). *Marriages and families in the 21st century a bioecological approach*. Chichester, West Sussex Malden, Massachusetts: John Wiley & Sons. ISBN 978-1-4051-9501-0.
- Izediuno (2021, September 10). Relationships between male lecturers, female students must be consensual – OAU. *Daily Post* <https://dailypost.ng/2021/09/10/relationships-between-male-lecturers-female-students-must-be-consensual-oau/>.
- John I.A. (2010). Screening for intimate partner violence in healthcare in Kano, Nigeria: Barriers and challenges for healthcare professionals. Stockholm: Institutionen för folkhälsovetenskap/Department of Public Health Sciences; 2010.
- Kishor S, Johnson K. (2004). Profiling domestic violence: A multi-country study. Calverton, MD: MEASURE DHS+, ORC Macro.
- Kolbe, V., & Büttner, A. (2020). Domestic violence against men-prevalence and risk factors. *Deutsches Arzteblatt International*, 117(31–32), 534–541. doi:10.3238/arztebl.2020.0534
- Lövestad, S., & Krantz, G. (2012). Men's and women's exposure and perpetration of partner violence: an epidemiological study from Sweden. *BMC Public Health*, 12(1), 945. doi:10.1186/1471-2458-12-945
- National Population Commission, (2019). Nigeria Demographic and Health Survey(2018) Abuja, Nigeria. *The DHS Program*. Rockville, Maryland, USA
- Obiaraeri N.(2019, May 21)). Decimation of Nigeria's middle Class. *Punch Newspaper*. https://punchng.com/decimation-of-middle-class/#goggle_vignette
- Onigbogi MO, Odeyemi KA, Onigbogi OO (2015). Prevalence and Factors Associated with Intimate Partner Violence among Married Women in an Urban Community in Lagos State, Nigeria. *Afr J Reprod Health*. :91-100. PMID: 26103699.
- Oseni, T. I. A., Salam, T. O., Ilori, T., & Momoh, M. O. (2022). Prevalence and pattern of intimate partner violence among men and women in Edo State, Southern Nigeria. *African Journal of Primary Health Care & Family Medicine*, 14(1). doi:10.4102/phcfm.v14i1.3147
- Oyediran K, Spencer CM, Stith SM. Men as Victims of Intimate Partner Violence in Cameroon and Sierra Leone. *J Interpers Violence*. 2023 Mar;38(5-6):5211-5235. doi: 10.1177/08862605221120883. Epub 2022 Aug 26. PMID: 36029010.
- Reibling, E. T., Distelberg, B., Guptill, M., & Hernandez, B. C. (2020). Intimate partner violence experienced by physicians. *Journal of Primary Care & Community Health*, 11, 2150132720965077. doi:10.1177/2150132720965077
- Times of India (2022). Viral video: Wife beats up Berhampur University Assistant Professor. TOI.<https://timesofindia.indiatimes.com/videos/viral-videos/viral-video-wife-beats-up-berhampur-university-assistant-professor/videoshow/93700615.cms>
- United Nations. The World's Women (2015). Trends and Statistics [Internet]. New York: United Nations, Department of Economic and Social Affairs, Statistics Division; 2015 [cited 19 Feb 2018]. p. 232. Available from: <https://www.un.org/development/desa/publications/the-worlds-women-2015.html>
- World Health Organization. (2013). Global and regional estimates of violence against women Prevalence and health effects of intimate partner violence and non-partner sexual violence [Internet]. World Health Organization. Italy: World Health Organization;]. Available from: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>