



Prevalence, Pattern and Correlates of Intimate Partner Violence among Married Men as Victims in Osogbo, Nigeria

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Authors' contributions

This work was carried out in collaboration between all the authors. Authors AAD and AAB conceptualized the study. Authors AAD, AAB, SOO and ATA wrote the protocol, and wrote the first draft of the manuscript. Authors AAD, SOO and AAB managed the analyses of the study. All authors read and approved the final manuscript.

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ABSTRACT

Aim: The burden of intimate partner violence in men as victims is under explored in Nigeria and in the catchment area of the present study. The aim of this study was to determine the prevalence pattern and correlates of intimate partner violence among married men as victims in Osogbo metropolis.

Study Design: A descriptive cross-sectional study.

Place and Duration of Study: This study was carried out in Osogbo metropolis between October and December, 2017.

Methodology: The study was conducted among 300 consenting married men between the ages of 18 and 65 years in Osogbo metropolis. A multistage sampling technique was used. A questionnaire designed based on literature searches and also adapted from conflicts tactics scale was self-administered by the respondents. Data was entered into the computer and analysed using Statistical Package for Social Sciences (SPSS) version 21. Frequency distribution tables, charts and graphs were generated from variables while cross tabulation and test statistics were done where applicable. Chi square was used to compare rates, ratios and proportions while fisher's exact test was used when cells had expected values less than 5. Logistic regression was used to avoid confounding effects. Level of significance was set with *P*-value less than .05.

Results: Majority of the respondents was currently in a monogamous relationship, employed and earns more than 1800 Naira minimum wage. More than half of the respondents had tertiary education and of Christian religion. The mean age of the respondents was 41.92±10.10 years. The prevalence of intimate partner violence was 31%, psychological abuse was 29.3%, physical abuse 14.7% while sexual abuse was 17%. The association between age of respondents, age of respondents' wives, income less than wives' and intimate partner violence was found to be statistically significant. Those whose wives were employed were 4.713 times more likely to have IPV and those who earn less than their wives' were 2.442 times more likely to have IPV.

Conclusion: The prevalence of IPV was found to be high among married men. The results of this study have shown the burden of intimate partner violence among married men. This can serve as a baseline for planning intervention. This is also useful in providing part of a data base in Nigeria that may be important for advocating policy reviews.

Keywords: Male; intimate partner violence; factors; pattern; determinant; prevalence; Osogbo; Nigeria.

1. INTRODUCTION

Intimate Partner Violence (IPV) is defined by World Health Organization as the range of sexually, psychologically and physically coercive behaviour that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation and threats by a current or former intimate partner [1]. The various types of IPV are physical, psychological/ emotional and sexual abuse. Physical abuse is the intentional use of physical force with the potential for causing harm, injury, disability and death [2]. Physical abuse includes, but not limited to scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, punching, burning, use of a weapon and use of restraints or one's body size or strength against another person [2,3]. Sexual abuse encompasses three categories: 1) use of force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation or to communicate unwillingness to engage in the sexual act and 3) abusive sexual contact [3]. Psychological abuse involves trauma to the victim caused by acts, threats of acts or coercive tactics. Psychological abuse can

include, but not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family and denying the victim access to money or other basic resources (3). Intimate partner violence affects all ethnic groups irrespective of culture, socioeconomic status and religion(4). Both male and female can be perpetrators and victims at a time or another [4].

The general notion about IPV is that men inflict pain on women but men can also be victims of IPV especially the non-violent or mildly violent forms [5-7]. The burden of IPV against men is largely unknown and unexplored [3,5,6,8]. Previous studies show that IPV against men occur, even women have been shown to be more aggressive in some relationships [6,9]. More than 50% of men in a study conducted in Ireland reported experiencing violence at home(9). Similar finding was noted in a US survey in which more men than women were victims of IPV [10].

When IPV occurs among men, they are less likely to seek help and to report the event, especially in patriarchal settings [11-13]. Violence against men is typically in the

psychological or emotional domain, whereas men are more likely to initiate physical violence on their female partners [8]. Surveys from Nigeria have mostly focused on women as victims of IPV [11,14,15]. A previous study in northern Nigeria showed that just over half (55.4%) of the men surveyed had ever experienced violence at home, of which 82.4% were verbally and emotionally abused (8). A lower prevalence of female-to-male violence of 23.3% was reported from south-south Nigeria [16].

Poverty, social norms that reflect male dominance, interparental violence, experiencing child abuse, being raised in families with patriarchal values, and use of alcohol or drugs have been consistently associated with IPV directed at women [2,17]. However, it is not clear whether these factors operate in situations where men are the victims [17].

The consequences of IPV is grave as it affects overall health of the victims and the perpetrators, the welfare of their children and the economic and social development of the nation [18]. IPV has been linked to many serious health problems in the immediate and long term (1). These include injuries, disability, mental health disorders like depression, suicide and drug abuse and sometimes leading to death (1).

IPV poses a threat to the health of men [1,12,19,20]. The effect of IPV is profound affecting their physical and psychological health [12,13,19,20]. It also leads to morbidity and mortality, reduced productivity and reduced quality of life [13]. Whereas women who experience IPV may report it to authorities, it has been argued that men who experience such often encounter pressure against reporting, with those that do facing social stigma regarding their perceived lack of machismo and other denigrations of their masculinity [13]. Additionally, IPV against men is generally less recognized by society than IPV against women, which can act as a further block to men reporting their situation [13]. Partly, this is because, in general, in the society, men hold the power [13]. Therefore, as a group, it is hard to see men as the victim [13]. The toxic views of masculinity often prevent men from coming forward when they are victims of IPV [12]. The stigma, and the fear of not being believed, can be so strong that men simply do not report the abuse [12].

The prevalence and frequency of IPV against men is highly disputed, with different studies showing different conclusions for different

countries, and many countries have no data at all [13]. Few studies have examined prevalence, pattern and correlates of intimate partner violence in men as victims in Nigeria and it has been under explored in the catchment area of the present study. Despite the fact that IPV is not a women's issue or a men's issue but a relationship issue, previous studies have focused more on the prevalence of IPV amongst women in various parts of Nigeria. This raises a host of questions about why IPV is socially constructed to the point that male victims and female perpetrators are virtually invisible and this has major implications for society in general and public policy in particular.

Therefore, investigating the prevalence, pattern and correlates of IPV among men as victims is essential because it will reveal the magnitude of this hidden phenomenon and inform advocacy for prevention, management, and redress. It will provide empirical evidence, baseline data in our environment and provide basis for formulation of preventive strategies. It will also help to design systems and responses that are capable of actively and appropriately meeting the needs of victims.

2. MATERIALS AND METHODS

2.1 Ethics

Ethical approval for the study was obtained from Osun-State Ministry of Health. In addition, respondents were informed that participation is voluntary and they will not suffer any consequences if they choose not to participate. All information gathered was kept confidentially. Participants were identified using serial numbers.

2.2 Study Design

2.2.1 The study used a descriptive cross-sectional survey method

The study area was Osogbo metropolis. Osogbo is the state capitalcity of Osun. Osogbo city seats the Headquarters of both Osogbo Local Government Area (situated at Oke-Baale Area of the city) and Olorunda Local Government Area (situated at Igbonna Area of the city). It is some 88 kilometers by road Northeast of Ibadan. It is also 100 kilometers by road South of Ilorin and 115 kilometers Northwest of Akure. Osogbo shares boundary with Ikirun, Ilesa, Ede, Egbedore and Iragbiji and is easily accessible from any part of the state because of its central nature. It is about 48 km from Ife, 32 km from

Ilesa, 46 km from Iwo, 48 km from Ikire and 46 km from Ila-Orangun; The City boasted of a population of about 156,694 people, based on the 2006 Census [16]. The inhabitants are mainly Yoruba speaking, and majorly small-scale traders. There are three local governments in Osogbo and 10 wards per local government. The three local governments are Osogbo, Olorunda and Egbedore Local governments.

2.3 Sampling Technique

Multistage sampling technique was used.

2.3.1 First stage

From the three local governments in Osogbo metropolis, two local governments were chosen by simple random sampling using a balloting method.

2.3.2 Second stage

From the list of wards/ communities in two local government areas chosen, two wards each was chosen per local government area by simple random sampling making a total of 4 wards.

2.3.3 Third stage

The list of streets in the selected wards in the LGAs was obtained from the Lands and Housing Authority department of the local government council headquarters/offices. Two streets were selected by simple random sampling per ward making a total of eight streets.

2.3.4 Fourth stage

All houses in the selected street were included.

2.3.5 Fifth stage

All married men who met the inclusion criteria were included until sample size in each community was obtained.

2.4 Study Instruments

2.4.1 Quantitative method using semi-structured questionnaire

A semi-structured questionnaire was used as the survey instrument. The questionnaire was designed based on literature searches and also adapted from the Conflict Tactics Scale [17]. This was designed to seek information about the respondents' socio-demographic characteristics, previous infertility problem, questions on the pattern and experiences of married men intimate

partner violence. The questionnaire were adapted from conflict tactics scale which is a scale developed by Straus, M.A et al in 1973 [21]. It is a self administered instrument which has been used to evaluate violence within family and intimate relationships. Three sections were utilized; psychological, physical and sexual abuse. The psychological abuse aspect has 8 questions, physical abuse comprises of 17 questions while sexual abuse section encompasses 5 questions making a total of 30 questions. The respondents were asked to indicate a column which matches the frequency in the past year that his partner did any of the listed acts to them. The frequencies were never, twice, 3-5 times, 6-10 times, 11-20 times and not in the past year but did happen before. The questions were as follows:

2.4.1.1 Psychological abuse

My partner insulted, swore at me, called me fat or ugly, destroyed something belonging to me, shouted or yelled at me, stomped out of the room during disagreement, did something to spite me, threatened to hit me, accused me of being a lousy lover.

2.4.1.2 Physical abuse

My partner threw something that could hurt me, twisted my arm, shoved or pushed me, punched or hit me with something that could hurt, choked me, slammed me against the wall, beat me up, grabbed me, slapped me, kicked me, used a knife or gun on me, burned or scalded me on purpose, I felt physical pain the next day because of a fight with my partner, I had a sprain, bruise or small cut because of a fight with my partner, I had a broken bone from a fight with my partner, I went to see a doctor because of a fight with my partner.

2.4.1.3 Sexual abuse

My partner made me have sex without condom, insisted on sex when I did not want (but did not use force), used threat to make me have sex, used force (like hitting, holding down without weapon) to make me have sex, used force (like hitting, holding down or using weapon) to make me have oral or anal sex.

The research assistants were junior residents in the Department of Psychiatry, Ladoko Akintola University of Technology (LAUTECH) Teaching Hospital, Osogbo. The research assistants were trained about the

administration of the questionnaires for a period of 3 weeks, two times per week, to ensure uniformity.

2.5 Statistics

Questionnaires were sorted out to check for errors and omissions at the end of collection of data. Thereafter, data was entered into the computer and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Frequency distribution tables, charts and graphs were generated from variables while cross tabulation and test statistics were done where applicable. Chi square was used to compare rates, ratios and proportions while fisher's exact test was used when cells had expected values less than 5. Student T test was used to determine the association between the continuous variables and logistic regression was used to rule out confounders of IPV. Level of significance was set with *P*-value less than .05.

2.6 Measurement of Outcome Variables

The questions about pattern and determinants adapted from conflicts tactics scale were scored. Scoring was done by adding the response categories chosen by the participants. Summation of the scores was done per each pattern of IPV, mean score determined and used to categorize the types of IPV.

Response categories were: 1 = Once in the past year, 2 = Twice in the past year, 3 = 3-5 times in the past year, 4= 6-10 times in the past year, 5= 11-20 times in the past year, 6= More than 20 times in the past year, 0= This has never happened.

Response Category 7 ("Not in the past year, but it did happen before") is scored as 0.

The Conflicts Tactics Scale was scored by adding the response categories chosen by the participant. Summation of the scores was done per each pattern of IPV and the mean scores were calculated per pattern. Concerning physical abuse, the mean score was 1.2100 therefore, those that had a total score of 0 were considered as not abused while those with score 1 and above were considered as physically abused. For sexual abuse with mean score of 0.9500, those that had a total score of 0 were considered as not sexually abused while those that had total score of 1 and above were considered as sexually abused. For psychological abuse, the

mean score was 5.0067 so those that had total score of 0 to 4 were considered as having no psychological abuse while those that had a total score of 5 and above were considered as psychologically abused. All those who reported at least one instance of physical abuse or at least one instance of sexual abuse or instances of psychological abuse that translated to a score of 5 and above were considered to have IPV, which means that a single type of IPV qualifies for categorization as having experienced IPV.

The socio-demographic characteristics of the respondents are as shown in Table 1. The mean age of the respondents was 41.92 (± 10.10) years. The respondents were mainly married in a monogamous family setting. Men whose ages ranged from 40 years and above constituted more than half of the respondents. Christians constituted more than half of the entire respondents.

3. RESULTS

3.1 Socio-Demographic Characteristics of the Respondents

The socio-demographic characteristics of the respondents are as shown in Table 1. The mean age of the respondents was 41.92 (± 10.10) years. The respondents were mainly married in a monogamous family setting. Men whose ages ranged from 40 years and above constituted more than half of the respondents. Christians constituted more than half of the entire respondents.

3.2 Prevalence of Intimate Partner Violence among the Respondents

The prevalence of Intimate partner violence is as depicted in Fig. 1. About one third of the respondents 93 (31%) were exposed to intimate partner violence using the respondents who scored up to and above mean in any of the three types of IPV. About two third of the respondents 207 (69%) were not exposed to IPV. The respondents who had any of the three types of intimate partner violence were classified as having IPV. There was overlap of the three types of IPV because some had more than one type of IPV.

Table 2 shows the patterns of each type of IPV in the study population. The most prevalent type of IPV was psychological abuse (29.3%).

Table 3 shows the socio-demographic factors associated with intimate partner violence among the respondents. There was also a significant association between IPV and age of respondents. Fifty two (38.0%) whose ages were below forty experienced IPV while forty one (25.2%) of those whose ages were 40 years and above experienced IPV. (Chi-square=5.704, p=0.017).

There were no statistically significant associations between IPV and marital status, marriage pattern, religion and number of wives.

Table 4, shows the association between family characteristics and intimate partner violence among the respondents. There was significant association between age of wife and IPV. Seventy one (35.7%) of those respondents below forty years of age experienced IPV while twenty two (21.8%) of those respondents above forty years of age experienced IPV. (Chi-square =6.048, p= 0.014).

There was also a significant association between IPV and fertility problem. Four (80%) of those who had fertility problem were exposed to IPV while significantly less proportion (30.2) of those without fertility problem were exposed to IPV (chi-square=5.708, p=0.034).

There were no statistically significant associations between IPV and Wife's religion, having no children and number of children.

Table 5 shows the socioeconomic factors associated with intimate partner violence among the respondents. There was a statistically significant association between intimate partner violence and partner's employment. Eighty nine (34%) respondents whose wives are employed experienced IPV while 10.5% of those whose wives are not employed experienced IPV (Chi-square= 8.527,p=0.003).

The association between IPV and income of wife.

Twenty six (44.1%) of respondents whose wife had more income experienced IPV while 27.8% of those whose income was more than wife's experienced IPV. (Chi-square= 5.863, p= 0.015).

There were no statistically significant associations between IPV and level of education, occupation and respondents employment status.

Ref: reference point which is the variable to which others are being compared Association between intimate partner violence and other variables in respondents using logistic regression are as shown in Table 6.

SECTION A

Table 1. Socio-demographic characteristics of the respondents (N=300)

Variable	Frequency(n =300)	Percentage
Age (years)		
< 40	137	45.6
≥ 40	163	54.4
Mean age 41.92 (±10.10)		
Marital Status		
Cohabiting	11	3.7
Married	289	96.3
Pattern of Marriage		
Monogamous	282	94.0
Polygamous	18	6.0
Religion		
Christianity	156	52.0
Islam	144	48.0
Number of wives		
One wife	282	94.0
2 or more wives	18	6.0

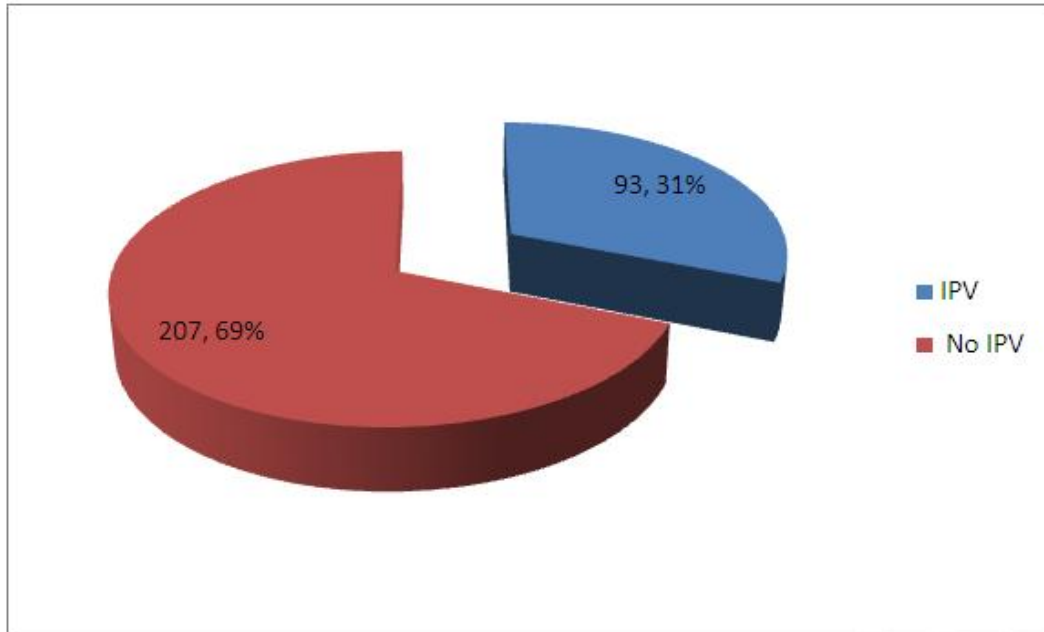


Fig. 1. Prevalence of intimate partner violence

Table 2. Pattern of intimate partner violence experienced by victims

Variables	Frequency	Percent (%)
Psychological Abuse	88	29.3
Physical Abuse	44	14.7
Sexual Abuse	51	17.0

Table 3. Association between socio-demographic characteristics and IPV

Variable	Intimate partner violence		Chi-square	Degree of freedom	P value
	Yes n(%)	No n(%)			
Age group(years)					
< 40	52(38.0)	85(62.0)	5.704	1	0.017*
≥ 40	41(25.2)	122(74.8)			
Marital Status					
Cohabiting	4 (36.4)	7 (63.6)	0.154**	1	0.743
Married	89 (30.8)	200 (69.2)			
Marriage Pattern					
Monogamous	86(30.5)	196 (69.5)	0.557	1	0.455
Polygamous	7(38.9)	11 (61.1)			
Religion					
Christianity	41(26.3)	115(73.7)	3.381	1	0.066
Islam	52(36.1)	92(63.9)			
Number of wives					
One wife	86 (30.5)	196 (69.5)	0.557	1	0.455
2 or more wives	7 (38.9)	11 (61.1)			

*Significant ** Fisher's exact test

Table 4. Association between family characteristics and IPV

Variable	Intimate partner violence		Chi-square	Degree of freedom	P value
	Yes	No			
Age of Wife					
< 40	71 (35.7)	128(64.3)	6.048	1	0.014*
≥ 40	22(21.8)	79(78.2)			
Wife's Religion					
Christianity	42(26.3)	118(73.8)	3.617	1	0.057
Islam	51(36.4)	89(63.6)			
Fertility Problem					
Yes	4 (80.0)	1(20)	5.708**	1	0.0034*
No	89(30.2)	206(69.8)			
Do you have children					
Yes	88(31.1)	195 (68.9)	0.021	1	0.884
No	5 (29.4)	12 (70.6)			
Number of children					
Below 5 years	78 (31.7)	168 (68.3)	0.329	1	0.566
More than 5 years	10 (27.0)	27 (73.0)			

*Significant ** Fisher's exact test

Variables were individually entered into a binary logistic regression model with intimate partner violence as the outcome variable and the significant predictors of intimate partner violence is as depicted in Table 6. Partner employed and incomes compared to the partner were significant. The odds for intimate partner violence were 2.442 times higher in those whose income was less than their partners'. Also, the odds for intimate partner violence were 4.713 times higher in those whose partners' were employed.

4. DISCUSSION

This study examined the prevalence, pattern and correlates of intimate partner violence among married men as victims in Osogbo Metropolis. In this study, the mean age of respondents was 41.92 (\pm 10.10) years. Majority of the respondents (91.4%) had post-primary school education. The high literacy level among the respondents might be due to the fact that the study was carried out in South-western part of Nigeria where education is believed to be a legacy. Majority of the respondents were married in monogamous family settings.

The prevalence of IPV among respondents was 31%. This prevalence is consistent with a U.S survey that reported 40% of men being victims of IPV [10]. Violence pervades many people's lives around the world, to many, staying out of violence's way is by avoiding dangerous places, to others, it is not easy to escape because that

threat is in their house [22]. In this study, all forms of abuse by an intimate partner that is psychological, physical and sexual were reported. Psychological abuse was found to be more common which is in keeping with findings from another study [7].

There was a statistically significant association between intimate partner violence and partner's employment. Eighty nine (34%) respondents whose wives are employed experienced IPV while 10.5% of those whose wives are not employed experienced IPV. This is in keeping with previous finding by Mirrlees-Black in the British Crime Survey Self-completion Questionnaire in London in which it was found that employment status was a vulnerability factor in male victims of IPV [23].

There was also a significant association between IPV and fertility problem. Four (80%) of those who had fertility problem were exposed to IPV while significantly less proportion (30.2) of those without fertility problem were exposed to IPV. This may be as a result of the importance our society places on child bearing in this part of the world and tension associated with infertility in Nigeria. This may lead to increase friction in such homes.

There was also a significant association between IPV and age of respondents. Fifty two (38.0%) whose ages were below forty experienced IPV while forty one (25.2%) of those whose ages

were 40 years and above experienced IPV. This is similar to findings in a previous study in which it was found that male victims were in the 20-40 age bracket [24].

Table 5. Association between socio-economic characteristics and IPV

Variable	Intimate partner violence		Chi –square	Degree of freedom	P value
	Yes n (%)	No n (%)			
Employment Status					
Yes	89 (31.1)	197(68.9)	0.401**	1	1.000
No	4 (28.6)	10 (71.4)			
Income more than partner?					
Yes	67(27.8)	174(72.2)	5.863	1	0.015*
No	26(44.1)	33(55.9)			
Partner’s Employment Status					
Yes	89 (34.0)	173 (66.0)	8.527**	1	0.003*
No	4 (10.5)	34 (89.5)			
Level of education					
No formal education	0(0)	1 (100)	5.217	3	0.157
Primary	5 (20)	20(80)			
Secondary	24(25.3)	71(74.7)			
Tertiary	64(35.8)	115(64.2)			
Partner Level of Education					
No formal education	0(0)	2(100)	3.328**	3	0.255
Primary	3(17.6)	14(82.4)			
Secondary	27(28.4)	68(71.6)			
Tertiary	63(33.9)	123(66.1)			
Income Pattern					
Income less than 18000	9 (34.6)	17 (65.4)	0.174	1	0.677
Income≥ 18000	84 (30.7)	190 (69.3)			
Wife’s Income Pattern					
Income less than 18000	22 (23.9)	70 (76.1)	3.116	1	0.078
Income≥ 18000	71 (34.1)	137 (65.9)			
Occupation					
Unemployed	5 (12.8)	34 (87.2)	7.819	3	0.05
Unskilled	25 (32.1)	53 (67.9)			
Artisan	30 (31.6)	65 (68.4)			
Professionals	33 (37.5)	55 (62.5)			
Wife’s Occupation					
Unemployed	4 (28.6)	10 (71.4)	0.676***	3	0.881
Unskilled	6 (37.5)	10 (62.5)			
Artisan	44 (29.3)	106 (70.7)			
Professionals	39 (32.5)	81 (67.5)			

*Significant ** Fisher’s exact test ***Likelihood ratio used

Table 6. Association between intimate partner violence and other variables in respondents using logistic regression

Variables	B	Odds ratio	P value	95% CI for EXP (B)	
				Lower	Upper
Age (years)					
< 40 (ref)	1	1			
≥ 40	0.397	1.487	0.247	0.760	2.909
Age of wife (years)					
< 40 (ref)	1	1			
≥ 40	0.620	1.859	0.111	0.867	3.987
Fertility problem					
No (ref)	1	1			
Yes	1.918	6.807	0.094	0.720	64.344
Income more than partners'					
No (ref)	1	1			
Yes	0.893	2.442	0.006	1.295	4.604
Partner employed					
No (ref)	1	1			
Yes	1.550	4.713	0.005	1.587	13.998

There was also significant association between age of wife and IPV. Seventy one (35.7%) of those respondents below forty years of age experienced IPV while twenty two (21.8%) of those respondents above forty years of age experienced IPV. This could be explained by the possibility that those below 40 years of age are still relatively new in the intimate relationship and are still not coping well compared to those older who might have gained experiences over the years considering the fact that the study asked about experiences of violence in the previous year.

4.1 The Association between IPV and Partner's Employment

Eighty nine (34%) respondents whose wives were employed experienced IPV while 10.5% of those whose wives were not employed experienced IPV. The results of different studies produced a somewhat inconsistent profile of the socio-economic status of male victims of IPV (23, 24). On the one hand, it showed that male victimization is more likely among lower economic men (24). By contrast, the findings of the 1996 British Crime survey indicated that professional and skilled men were more likely than any other category of men to be victimized (23) However other similar studies have not reported a similar association hence this may be a subject for further research.

4.2 The Association between IPV and Income of Wife

Twenty six (44.1%) of respondents whose wife had more income experienced IPV while 27.8%

of those whose income was more than wife's experienced IPV. This is in keeping with previous study in which men were found to be more likely to be victimized by their female partners when they have little economic power and bring few economic resources to the relationship (19).

There were no statistically significant associations between IPV and marriage pattern, religion, respondent's employment status and level of education.

This observation reinforces the urgency required to stem the tide in view of IPV deleterious effect. To stem the tide of IPV, all sectors must work together at the community, national and international levels to increase and enforce penalty for abusers.

5. CONCLUSION

The association between age of respondents, age of respondents' wife, fertility problem, and income disparity and intimate partner violence was found to be statistically significant. Those whose wife were employed were 4.713 times more likely to have IPV and those who earn less than their wives' were 2.442 times more likely to have IPV.

The burden of IPV is of great concern. From this study, it can be deduced that IPV against men is an important public health problem. It will require collaboration from various sectors to resolve it.

This study is one of the first in south western Nigeria to study IPV among male. It is therefore useful in providing part of a data base in our

country that may be used for advocating policy reviews and development to protect the rights of men. It also paves the way for more research into this phenomenon in our society because it is an important public health issue.

6. LIMITATIONS OF THE STUDY

A limitation of this study is the fact that other factors such as alcohol and smoking which are associated with IPV were not included. Also questions about self- defense were not included in the study.

CONSENT

All participants gave a written informed written consent.

ETHICAL APPROVAL

Approval to undertake the study was obtained from health planning, research and statistics department of ministry of health Osun State Nigeria to ascertain that the methodology does not contravene guidelines for research involving human subjects.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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