



Available [online@www.ctlsr.com](http://www.ctlsr.com)

CTLSR, VOL. 2 (2): 27-46 (December, 2023)



Current Trends in Life Science
Research

ISSN: 2814-1679

<https://doi.org/10.61867/pcub.v2i2b.060>

Knowledge, Perception and Preventive Practices of Women on Domestic Violence in Port-Harcourt Local Government Area Rivers State, Nigeria

Epelle, Rhoda¹ Amieye-Ofori² and Oyewole, Oyerinde³

Email: <Epellerhoda@gmail.com>

- 1. Department of Public Health, School of Public and Allied Health
Babcock University,
Iiishan-Remo Ogun State Nigeria
PMB 1244 Lagos, Nigeria
+234-817-479-9296*

Abstract

Background: Domestic violence against women is on the rise in Nigeria, with two out of every three women experiencing familial abuse, and many do not report abuse due to social humiliation and ridicule. This study, therefore investigated women's knowledge, perceptions, and preventive practices on domestic abuse in Port-Harcourt, Rivers State, Nigeria.

Methodology: A descriptive cross-sectional study was conducted among 424 women in Port-Harcourt Local Government Area of Rivers State, Nigeria, was derived from a population of 669,732 inhabitants. Data was collected using a pretested semi-structured self-administered

questionnaire. Data were analyzed using IBM SPSS 23.0 to generate descriptive and inferential statistics at a $p < 0.05$ level of significance.

Results: The mean score for knowledge was 5.18 ± 2.25 . More than half, (48.8%) of the respondents had moderate level of knowledge as regards to domestic violence, (55.4%) of the respondents had low perception towards domestic violence, and (64.6%) of the respondents had low preventive practices regarding domestic violence. There was a positive significant relationship between knowledge of domestic violence and preventive practices. ($r = 0.15^{**}$, $p = 0.002$) and between perception of domestic violence and preventive practices. ($r = 0.32^{**}$, $p < 0.001$). ******, *Correlation is significant at the 0.01 level (2-tailed)*.

Conclusion: Knowledge and perception have a significant impact on women's preventative behaviors among this study population. It was recommended that women in the study region should be educated and enlightened by the local government responsible for human affairs, and that key stakeholders should launch awareness programs to sensitize women about domestic abuse as soon as possible.

Keywords: Knowledge, Perception, Domestic Violence, Preventive Practices, Women Abuse

Introduction

Domestic violence (DV) is a problem in public health that affects human rights. Despite being well acknowledged on a global scale, there is still a lot of silence regarding it, especially in Sub-Saharan African nations (Ashimolowo & Otufale 2012; Watts & Garcia-Moreno (2011). When one person acts violently or abusively toward another in a domestic environment, such as a marriage or cohabitation, it is called domestic violence. Most couples will experience domestic abuse at some time in their relationship, which robs the victims of their pleasure and joy in marriage (Nwoke & Maxwell, 2020). Due to the fact that girls and women are typically, the victims and males are the main offenders of domestic violence, the two terms have practically become interchangeable over time (Oladepo, Yusuf, & Arulogun, 2011).

Both directly and indirectly, violence against women is linked to immediate and long-term negative health outcomes for women (World Health Organization, Global and regional estimates of violence against women Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013). Domestic violence affects both physical and mental health of women either directly such as injury and indirectly inform of chronic health conditions secondary to recurrent stress. As a result, the risk factors are a variety of acute and chronic diseases, as well as stress-related conditions' in women. Physical damage includes bruises and welts, lacerations and abrasions, abdominal or thoracic injuries, fractures and broken bones or teeth, vision and hearing loss, head injury, attempted strangulation, and back and neck injury (Oluwole, Onwumelu, & Okafor, 2020).

Over a third of women (35%) globally, have been physically and/or sexually abused by an intimate partner or sexually abused by a non-partner at some point in their lives (National Population, 2017). After the age of 15, one out of every three women in the world is estimated to have experienced physical and/or sexual violence from an intimate partner at some point in their lives. The reported prevalence of domestic violence varies by country and is linked to gender inequalities, which have an impact on norms, legislation, daily life, and resource access, resulting

in significantly more disadvantages for women than for men (Heise & Kotsadam, 2015). A WHO report on global and regional estimates of violence against women found that the global lifetime prevalence of domestic violence among ever-partnered women was 30%, and for Africa 37%.

Studies in sub-Saharan African and Asian on domestic violence reported prevalence rates ranging from 28% in Madagascar, Ethiopia (74%), India (57%) and Jordan (87%) (Yaya, Kunnuji, & Bishwajit, 2019). A study in Angola reported a prevalence of 41.1% with physical (32.3%), emotional (27.3%) and sexual (7.4%) (Ogum, et al., 2018). Another study in central region of Ghana reported a prevalence of 34%, with sexual and or physical forms (21.4%), emotional (24.6%) and economic (7.4%) (Benebo, Schumann, & Vaezghasemi, 2018).

Women's lifetime exposure to domestic violence from their current husband or partner is estimated to be 19% for emotional, 14% for physical, and 5% for sexual, according to reports from Nigeria's national population commission (National Population, 2017). Domestic partner violence prevalence in Nigeria has previously been reported to range from 31 to 61 % for psychological/emotional violence, 20 to 31 % for sexual violence, and 7 to 31 % for physical violence, according to previous studies (Mapayi, et al., 2018).

There are contributing factors that influence domestic violence but not direct causes, they are multilevel factors which range from individual, relational, community and societal factors. The individual risk factors include: low self-esteem, low education or income, young age, aggressive or delinquent behaviour as a youth, alcohol and drug use, depression and suicide attempts, anger and hostility, lack of nonviolent social problem-solving skills, economic stress (such as unemployment), emotional dependence, insecurity and so on. The relational factors include: relationship conflicts, dominance and control of the relationship by one partner over the other, families experiencing economic stress, unhealthy family relationships and interactions, witnessing violence between parents as a child, parents with less than a high school education. The community factors include: high unemployment rates, high poverty level, high rates of violence and crime, easy access to drugs and alcohol and weak community sanctions against domestic violence. The societal factors include: traditional gender norms and inequality, cultural norms that support aggression towards others, societal income inequality and weak health, educational, economic and social policies (CDC, 2022).

The incidence of domestic violence is usually greater when the rural area is located in an environment prevalent with other forms of violence such as communal clashes and intertribal war (Tella, Tobin-West, & Babatunde, 2020). Poverty, anger and transferred aggression prevailing in such areas further adds to the burden of domestic violence (Tella, Tobin-West, & Babatunde, 2020). For these reasons, many survivors in rural areas employ 'keeping silent', 'avoiding the perpetrators' and 'reporting to family members' as their other forms of coping strategy (Ashimolowo & Otufale, 2012), which is not a good way to mitigate domestic violence.

Thus, this study seeks to determine the knowledge, perception and preventive practices of domestic violence among women in Port-Harcourt local government area, Rivers State, through the use of the Health belief model (HBM).

Methodology

The study was a descriptive cross-sectional study carried out in five purposively selected districts in Port-Harcourt LGA, Rivers State, Nigeria among women. Using the Cochran formula for

known population, a sample size of 424 was calculated including a 10% attrition rate. The sample size was distributed into proportions based on the simple random sampling by balloting in their respective districts. Systematic sampling was used to select respondents from the selected houses till the total was achieved.

Research Instrument and Data Collection

Data was collected using a pretested semi-structured self-administered questionnaire which was divided into four sections. The first section was to collect demographic characteristics of respondents; the second section included the knowledge of domestic violence among women (Knowledge measured on 12-point scale); the third section included the perception of domestic violence among women (perception measured on a 26-point scale), and the fourth section included the preventive practices of domestic violence among women (preventive practices measured on a 16-point scale). Data for this study were collected by the researcher and four trained research assistants.

Data Analysis

Data analysis was carried out using the IBM SPSS version 23.0. Pearson correlation test was used to examine the relationship between knowledge, perception, and the preventive practices to know the extent to which variables affect the level of preventive practices. The results were presented using descriptive and inferential statistics at a $p < 0.05$ level of significance.

Ethical Consideration

Babcock University's Health Research Ethics Committee provided ethical approval (BUHREC NUMBER: 432/22). Written informed consent was obtained from each participant and all information provided by the respondent was kept confidential. Their right was respected throughout the study.

Results

The study recruited four hundred and twenty-four women from the five districts in Port-Harcourt LGA Rivers State. and the data analyses were based on these numbers (424). The response rate was 100%.

As shown in Table 1 below, the mean age of women was 38.33 ± 13.63 years. The respondents ranged in age from 17 to 72 years, with more than a quarter 117 (27.6%) between the ages of 27 and 36 years. Less than half of the respondents, 163 (38.4%), were married, while the majority 222 (52.4%), had tertiary education. Only 88 (20.8%) of those polled had more than four children. More than half of the 220 (51.9%) respondents do not live with their partners. More than half 252 (59.4%) of the respondents were Christians (See, Table 1).

Socio-Demographic Characteristics of the Respondents

Table 1 Respondents' Socio-Demographic Characteristics

Socio-demographic variables for consideration	Respondents in this study N =424	
	Frequency (n)	Percentage (%)
Age (years)		
Mean age 38.33±13.63.		
17-26	100	23.6
27-36	117	27.6
37-46	91	21.5
47-56	59	13.9
57-66	45	10.6
67-76	12	2.8
Marital Status		
Married	163	38.4
Single	143	33.7
Widow	54	12.7
Divorced	64	15.1
Highest Level of Education		
Non formal	49	11.6
Primary	34	8.0
Secondary	119	28.1
Tertiary	222	52.4
Number of Children		
None	135	31.8
1-2	119	28.1
3-4	82	19.3
>4	88	20.8
Lives Together with Partner		
Yes	204	48.1
No	220	51.9
Religion		
Christian	252	59.4
Muslim	99	23.3
Others	73	17.2

As shown in Table 2 below, the level of knowledge of domestic violence revealed that less than half 191 (45.0%) of the respondents correctly described domestic violence as a patterned behavior in any relationship that is used to gain or maintain power or control over a partner. Correspondingly, less than half 186 (43.9%) of the respondents correctly stated that domestic violence is not only limited to women, while less than half 199 (46.9%) of the respondents correctly affirmed that domestic violence does not only occur in Africa.

Table 2 Respondents’ Level of Knowledge Regarding Domestic Violence

Knowledge items	Respondents N =424		
	Yes F (%)	No F (%)	I don’t know F (%)
Domestic violence is a patterned behaviour in any relationship that is used to gain or maintain power or control over a partner	191 (45.0)	92 (21.7)	141 (33.3)
Only women suffer domestic violence	196 (46.2)	186 (43.9)	42 (9.9)
Domestic violence occurs only in Africa	171 (40.3)	199 (46.9)	54 (12.7)
Domestic violence is seen as a means for a woman to be put under subjection	197 (46.5)	133 (31.4)	94 (22.2)
African Culture supports a man beating up his wife	193 (45.5)	177 (41.7)	54 (12.7)
Domestic violence only has physical effect on the woman	143 (33.7)	208 (49.1)	73 (17.2)
Domestic violence is a punishable offence by law.	227(53.5)	79 (18.6)	118 (27.8)
Domestic violence is an impulse control or anger management problem.	172 (40.6)	101 (23.8)	151 (35.6)
Women in abusive relationships need support and understanding, not judgement.	251 (59.2)	116 (27.4)	57 (13.4)
Survivors of abuse may have had great self-esteem at the beginning of the relationship.	128 (30.2)	87 (20.5)	209 (49.3)
The abuser act deliberately and with forethought.	110 (25.9)	130 (30.7)	184 (43.4)
It is believed that domestic violence is the most common, but least reported, crime in Nigeria.	246 (58.0)	84 (19.8)	94 (22.2)

A significant proportion 171 (40.3%) correctly stated that domestic violence is seen as a means for a woman to be put under subjection. Less than half 193 (45.5%) of the respondents support the notion that African culture supports a man beating up his wife. Less than a quarter 101 (23.8%) of the respondents debunked the notion that domestic violence is an impulse control or anger management problem. Majority 251 (59.2%) of the respondents correctly stated that women in abusive relationships need support and understanding, not judgement. Few 87 (20.5%) of the respondents stated that survivors of domestic abuse had low self- esteem at the beginning of the relationship. More than a quarter 110 (25.9%) of the respondents correctly stated that the abuser act deliberately and with forethought. More than half 246 (58.0%) of the respondents

believed that domestic violence is the most common, but least reported crime in Nigeria. The result revealed that the average knowledge score was 5.18 ± 2.25 , as only a few 33 (7.8%) of the respondents had high level of knowledge as regards to domestic violence.

As shown in Table 2.2 below, respondents' level of knowledge was measured on a 12-points rating scale and was divided into low (0 - 4.9), moderate (5.0 - 8.9), and high (9.0 - 12.0). The result revealed that the average knowledge score was 5.18 ± 2.25 , as only a few 33 (7.8%) of the respondents had high level of knowledge as regards to domestic violence.

Table 2.2 Respondents' Categorization of Level of knowledge of Domestic Violence

Knowledge Proportion	Frequency (F)	Percentage (%)
Measured on a 12-points rating scale		
Low (0-4.9)	184	43.4
Moderate (5.0-8.9)	207	48.8
High (9.0-12.0)	33	7.8
Mean \pm SD		5.18 ± 2.25

As shown in Table 3 below, most 181 (42.7%) of the respondents strongly disagreed that it is okay for a man to hit a woman. Likewise, most 189 (44.6%) strongly disagreed that women who get hit by their partner deserve it, correspondingly, majority 173 (40.8%) of the respondents strongly disagreed that they would keep quiet if hit by their partners. Less than half 130 (30.7%) of the respondents strongly disagreed that women abused by their partner should not report it. More than half 218 (51.8%) of the respondents strongly affirmed that they would support a woman who was abused to get help.

Table 3 Respondent’s Perception towards Domestic Violence

Statements	SA	A	S D	D
It’s ok for a man to hit a woman	122 (28.8)	63 (14.9)	181 (42.7)	58 (13.7)
Women who get hit by their partner deserve it	111 (26.2)	73 (17.2)	189 (44.6)	51 (12.0)
If my partner hit me, I will keep quiet about it	126 (29.7)	68 (16.0)	173 (40.8)	57 (13.4)
Is not good for a woman who is abused by her partner to report	174 (41.0)	77 (18.2)	130 (30.7)	43 (10.1)
I will support a woman who was abused to get help	218 (51.4)	74 (17.5)	110 (25.9)	22 (5.2)
If I happened to be hit by my partner, I will report to the appropriate authorities.	196 (46.2)	90 (21.2)	105 (24.8)	33 (7.8)
If my partner hits me, I will hit back	79 (18.6)	106 (25.0)	149 (35.1)	90 (21.2)
A man can discipline his partner however he deems fit	85 (20.0)	98 (23.1)	182 (42.9)	59 (13.9)
I am afraid of being lonely/ alone that’s why I stay in an abusive relationship.	86 (20.3)	62 (14.6)	198 (46.7)	78 (18.4)
I don’t have stable financial support without my partner	80 (18.9)	84 (19.8)	196 (46.2)	64 (15.1)
I am afraid to tarnish my family’s name if i leave him	114 (26.9)	91 (21.5)	160 (37.7)	59 (13.9)
I think my friends will look down on me if I leave my partner.	97 (22.9)	110 (25.9)	166 (39.2)	51 (12.0)
I am afraid to leave my partner, due to the stigma that will be attached to the	150 (35.4)	81 (19.1)	137 (32.3)	56

SA- Strongly Agree, A- Agree, SD- Strongly Disagree, D- Disagree

Again, a significant proportion 196 (46.2%) of the respondents, strongly agreed that they would report to the appropriate authorities if they were hit by their partners. Less than half 149 (35.1%) of the respondents strongly disagreed that they would hit back if abused by their partners. Most 182 (42.9%) of the respondents strongly disagreed with the notion that a man can discipline his partner however he deems fit. About half 198 (46.7%) of the respondents strongly disagreed with the statement that they were afraid of being lonely/alone that is why they stayed in an abusive relationship. Less than half 196 (46.2%) of the respondents strongly disagreed that they do not have stable financial support without their partners. Less than half 160 (37.7%) of the respondents strongly disagreed that they were afraid to tarnish their family's image if they leave their partner. Less than half 166 (39.2%) of the respondents strongly disagreed that their friends would look down on them if they leave their partner. Similarly, less than half 137 (32.3%) of the respondents strongly disagreed that they were afraid of the stigma that will be attached to the children if they leave their partners.

As shown in table 3.2 below, the respondent's perception towards domestic violence was measured on a 26- points rating scale with a mean score of 12.69±6.93. The result revealed that more than half 235 (55.4%) of the respondents had poor perception towards domestic violence.

Table 3.2 Respondents' Perception Categorization

Respondents' perception measured on a 26-points rating scale	Frequency (F)	Percentage (%)
Poor (0-12.9)	235	55.4
Excellent (13.0-26.0)	189	44.6
Mean ±SD		12.69 ± 6.93

As shown in Table 4 below the result of the descriptive analysis as regards to respondents preventive practices, showed that less than half 129 (30.4%) of the respondents strongly agreed to seek help from family and friends, while less than half 137 (32.3%) strongly disagreed that they will keep quiet about experiencing domestic violence. About a quarter 109 (25.7%) of the respondents strongly agreed to go to the hospital for treatment while, most 143 (33.7%) of the respondents strongly disagreed to become a workaholic to forget their sorrows and pains.

Table 4 Respondents Preventive Practices against Domestic Violence

Statements	SA	A	S D	D
I will seek help from family and friends	129(30.4)	41(9.7)	147 (34.7)	107 (25.2)
I will keep quiet about experiencing domestic violence	148 (34.9)	73 (17.2)	137 (32.3)	66 (15.6)
I will go to the hospital for treatment	109 (25.7)	75 (17.7)	137 (32.3)	103 (24.3)
I will become a workaholic to forget my sorrows and pains	115 (27.1)	71 (16.7)	143 (33.7)	95 (22.4)
I will walk away from the relationship/ marriage for the sake of my mental health	114 (26.9)	55 (13.0)	157 (37.0)	98 (23.1)
I will attend counselling session	105 (24.8)	66 (15.6)	158 (37.3)	95 (22.4)
I will retaliate back at my partner.	38 (9.0)	84 (19.8)	230 (54.2)	72 (17.0)
I will kill my partner and keep it a secret.	81 (19.1)	67 (15.8)	213 (50.2)	63 (14.9)

SA- Strongly Agree, A- Agree, SD- Strongly Disagree, D- Disagree

Similarly, less than half 157 (37.0%) of the respondents strongly disagreed to walk away from the relationship/marriage for the sake of their mental health. Less than a quarter 105 (24.8%) of the respondents strongly agreed to attend counselling session. Majority 230 (54.2%) of the respondents strongly disagreed that they would retaliate back at their partner. Half 213 (50.2%) of the respondents strongly disagreed that they would kill their partner and keep it a secret.

As shown in table 4.2 below, it was measured on a 16- points rating scale with a mean score of 6.82 ± 4.15 , which was divided into low (0-7.9), and high (8-16.0). The result showed that majority 274 (64.6%) of the respondents had low preventive practices regarding domestic violence.

Table 4.2 Respondents Preventive Practices against Domestic Violence

Preventive practices items	Frequency (F)	Percentage (%)
Low (0-7.9)	274	64.6
High (8-16.0)	150	35.4
Mean \pm SD		6.82 ± 4.15

Test of Hypotheses.

Two hypotheses were tested in this study to determine knowledge, perception, and preventive practice of domestic violence. In testing these hypotheses, Pearson correlation analysis and linear regression was conducted at 0.05 level of significance. The decision rule was that if the p-value computed was less than or equal to 0.05, the null hypotheses will be rejected in favor of the alternative hypotheses and vice versa.

H_{A1}: There will be a significant relationship between the women's knowledge and their preventive practices towards domestic violence.

Relationship between Knowledge of Domestic Violence and Preventive practices

The result of Pearson bivariate correlation analysis showed a positive significant relationship between knowledge of domestic violence and preventive practices. ($r = 0.15^{**}$, $p = 0.002$). A further regression analysis showed that knowledge contributed 2% to respondents' preventive practices. Hence, the null hypothesis is hereby rejected in favour of the alternative hypothesis.

Table 5 Pearson Bivariate Correlation Showing Relationship & Regression Analysis Showing the Association between Knowledge and Preventive Practices

Knowledge	Pearson correlation (r^2)	Sig. (2 tailed)
Preventive Practices	0.15**	0.002.

Model	R	R Square	Adjusted R ²	B	Beta	P
1 Knowledge	0.151 ^a	.023	.020	0.28	0.15	0.002

******, *Correlation is significant at the 0.01 level (2-tailed)*

H_{A2}: There will be a significant relationship between the women's perception and their preventive practices towards domestic violence.

Relationship between Knowledge of Domestic Violence and Preventive practices

The result of Pearson bivariate correlation analysis showed a positive significant relationship between perception of domestic violence and preventive practices. ($r = 0.32^{**}$, $p < 0.001$). A further regression analysis showed that perception contributed 10% to respondents' preventive practices. Hence, the null hypothesis is hereby rejected in favour of the alternative hypothesis.

Table 6 Pearson Bivariate Correlation Showing Relationship & Regression Analysis Showing the Association between Perception and Preventive Practices

Perception	Pearson correlation (r^2)		Sig. (2 tailed)			
Preventive Practices	0.32**		< 0.001.			

Model	R	R Square	Adjusted R ²	B	Beta	P
1 Perception	0.32 ^a	.102	.100	0.19	0.32	< 0.001

******, *Correlation is significant at the 0.01 level (2-tailed)*

Discussion

This study provides critical information on women's existing knowledge, perceptions, and preventative behaviors about domestic abuse, which may be utilized to plan future implementation to improve women's welfare in Port Harcourt LGA. The response rate in the current study was 100% which corresponds to the studies reported by Nmadu, et al., (2022) and Oche, et al., (2020). The response rate in this study, however, was greater than in previous investigations (Arora, et al., 2021; Abeid, et al., 2015; AbuTaleb, et al., 2012). The lack of reaction might be ascribed to a lack of time and a heavy workload.

The respondents in the current study were between the ages of 17 - 72 years, with most of the respondents within the age bracket of 27 and 36 years and a mean age of 38.33±13.63. This finding is similar to the mean age reported by Adinma et al., (2019). However, other similar studies had reported lower mean age (Nmadu et al., 2022; Mtaita et al., 2021). The disparity in mean age could be attributed to the study area and categories of respondents interviewed. Less than half of the respondents were married, while the majority had tertiary education. Of those polled only a few of the respondents had more than four children. More than half of the respondents do not live with their partners. More than half of the respondents were Christians.

The current study found insufficient level of knowledge among the respondents, this is evidently so, because only a few of the respondents could correctly define domestic violence This was in contrast to the findings of similar studies conducted in Sokoto, and Kaduna north- western Nigeria (Adinma et al., 2019; Oche, et al., 2020). However, other similar studies found insufficient knowledge among study participants (Mtaita et al., 2021; Ramsay et al., 2012). The respondents in the current study stated that culture plays an important role in domestic violence, this corresponds to other studies where it has been reported that cultural practices influence domestic violence. Domestic violence, according to feminist studies, is a result of patriarchy, a system that encourages male supremacy by providing males authority to dominate and control women (Dobash & Dobash, 2017; Hamberger et al., 2017). Domestic violence has been linked to a number of interconnected elements, including patriarchy, cultural views, community norms, unemployment, and low levels of education, according to some academics (Jewkes and Morrell, 2018; Mshweshwe, 2018). Domestic violence is also linked to masculinity ideology, which is an

affirmation of patriarchal attitudes, beliefs, and behaviors ascribed to males throughout their socialization (Graaff & Heineken, 2017; Moolman, 2017; Ratele, 2015).

According to studies, husbands continue to be considered as house leaders with the right to wield control over wives in many African cultural situations (Mshweshwe, 2018; Sikweyiya et al., 2020). For example, in circumstances when a wife has violated gender standards, the use of violence by males is deemed culturally legitimate since husbands are entitled to lead the family, maintain order, and gender hierarchy, which is a vital aspect of a functional marriage (Akangbe Tomisin, 2020; Tonsing & Tonsing, 2019). In this sense, males frequently think that they are entitled to unique marriage privileges, such as endless sex, which they may get by systematic violence and compulsion (Mshweshwe, 2018; Sikweyiya et al., 2020). The present study found an association between knowledge of domestic violence and preventive practices against domestic violence. This corresponds with similar studies where knowledge was associated with preventive practices (Ramsay et al., 2012; AbuTaleb, et al., 2012).

The current study found low perception among study respondents. This low perception and insufficient knowledge amounted to respondent's low preventive practices. The present study respondent's belief that it is okay for a man to hit a woman, and they believe that woman who gets hit deserve it. This finding supports other similar studies (Shah, et al., 2012). The current study findings are consistent with the findings of the National Family Health Survey (NFHS), which found that 41% of women thought husbands were justified in slapping their wives if the latter showed disrespect to their in-laws, and a sizable 35% thought they deserved a brutal beating at the hands of their spouses if they neglected doing household chores or caring for their children. According to research, a substantial number of Nigerian women believed that a man is justified in beating or assaulting his wife; 66.4% of ever-married women and 50.4% of unmarried women, respectively, voiced permission for wife-beating (Oyediran & Isiugo-Abanihe, 2005).

Conclusion

The study findings draw inferences on knowledge and perception as they relate to domestic violence prevention methods. According to the findings of the study, knowledge and perception have a significant beneficial impact on women's preventative behaviours in the Port Harcourt Local Government Area. In terms of knowledge, the study found that it was insufficient to bring about preventative actions. The study suggests that women in the study region should be educated and enlightened by the local government responsible for human affairs, and that key stakeholders should launch awareness programs to sensitize women about domestic abuse as soon as possible. The survey findings also revealed that perception was low among women, as most women feel that women are traditionally expected to be unnecessarily submissive to their partners. As a result, the study indicates that more effort should be made by key stakeholders and the government to modify women's perceptions of domestic abuse.

REFERENCES

- Abeid, M., Muganyizi, P., Massawe, S. et al. Knowledge and attitude towards rape and child sexual abuse – a community-based cross-sectional study in Rural Tanzania. *BMC Public Health* 15, 428 (2015). <https://doi.org/10.1186/s12889-015-1757-7>
- AbuTaleb, Najwa & Dashti, Tareq & Alasfour, Shaimaa & Shazly, Medhat & Kamel, Mohamed. (2012). Knowledge and perception of domestic violence among primary care physicians and nurses: A comparative study. *Alexandria Journal of Medicine*. 48. 83–89. 10.1016/j.ajme.2011.07.014.
- Adinma, J., Oguaka, V., Ugbaja, J., Umeononihu, O., Adinma-Obiajulu, N. and Okeke, O. (2019) Experience of, and Perception on Gender Based Violence (GBV) by Pregnant Women in Southeastern Nigeria. *Advances in Reproductive Sciences*, 7, 113-124. doi: 10.4236/arsci.2019.74013.
- Akangbe Tomisin, A. (2020). Culture, religion and help-seeking for intimate partner violence victims in Nigeria: a narrative review. *Culture*, 3(2), 56-62.
- Arora, S., Rege, S., Bhate-Deosthali, P. et al. Knowledge, attitudes and practices of health care providers trained in responding to violence against women: a pre- and post-intervention study. *BMC Public Health* 21, 1973 (2021). <https://doi.org/10.1186/s12889-021-12042-7>
- Ashimolowo, O., & Otufale, G. (2012). Assessment of Domestic Violence among Women in Ogun State, Nigeria. *Greener Journal of Social Studies*.
- Benebo, F., 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*.
- Centers for Disease Control and Prevention (2022). The Division of Violence Prevention’s Strategic Vision. Retrieved from https://www.cdc.gov/violenceprevention/publichealthissue/strategicvision.html?CDC_AA_refVal
- Dobash, R. E., & Dobash, R. P. (2017). When women are murdered. The handbook of homicide, 131-148.
- Graaff, K., & Heineken, L. (2017). Masculinities and gender-based violence in South Africa: A study of a masculinities-focused intervention programme. *Development Southern Africa*, 34(5), 622-634.
- Hamberger, L. K., Larsen, S. E., & Lehrner, A. (2017). Coercive control in intimate partner violence. *Aggression and Violent Behavior*, 37, 1-11.
- Heise, L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *Lancet Glob Health*.
- Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social Science & Medicine*, 1603–1617.

- Mapayi, B., Makanjuola, R., Mosaku, S., Adewuya, O., Afolabi, O., & Aloba, O. (2018). Impact of intimate partner violence on anxiety and depression amongst women in Ile-Ife, Nigeria. *Arch Womens Ment Health*.
- Moolman, B. (2017). Negotiating masculinities and authority through intersecting discourses of tradition and modernity in South Africa. *Norma*, 12(1), 38-47.
- Mshweshwe, L. (2018). Support for Abused Rural Women in the Eastern Cape: Views of Survivors and Service Providers. University of Johannesburg (South Africa).
- Mtaita, C.; Likindikoki, S.; McGowan, M.; Mpembeni, R.; Safary, E.; Jahn, A. Knowledge, Experience and Perception of Gender-Based Violence Health Services: A Mixed Methods Study on Adolescent Girls and Young Women in Tanzania. *Int. J. Environ. Res. Public Health* 2021, 18, 8575. <https://doi.org/10.3390/ijerph18168575>
- National Population. (2017). *Nigeria Demographic and Health Survey 2013 - Final Report*. Nigeria and Rockville, Maryland, USA: NPC/Nigeria and ICF International.
- Nmadu, A. G., Jafaru, A., Dahiru, T., Joshua, I. A., Nwankwo, B., & Mohammed-Durosinlorun, A. (2022). Cross-sectional study on knowledge, attitude and prevalence of domestic violence among women in Kaduna, north-western Nigeria. *BMJ open*, 12(3), e051626. <https://doi.org/10.1136/bmjopen-2021-051626>
- Nwoke, P. L., & Maxwell, E. (2020). Personality Factors as Correlates of Domestic Violence among Married Couples in Rivers State Nigeria: Implication for Counselling. *International Journal of Innovative Psychology & Social Development*.
- Oche, O. M., Adamu, H., Abubakar, A., Aliyu, M. S., & Dogondaji, A. S. (2020). Intimate Partner Violence in Pregnancy: Knowledge and Experiences of Pregnant Women and Controlling Behavior of Male Partners in Sokoto, Northwest Nigeria. *International journal of reproductive medicine*, 2020, 7626741. <https://doi.org/10.1155/2020/7626741>
- Ogum Alangea, D., Addo-Lartey, A., Sikweyiya, Y., Chirwa, E., Coker-Appiah, D., & Jewkes, R. (2018). Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: baseline findings from a cluster randomised controlled trial. *PLoS ONE*.
- Oladepo, O., Yusuf, O., & Arulogun, O. (2011). Factors influencing gender based violence among men and women in selected states in Nigeria. *Afr J Reprod Health*.
- Oluwole, E. O., Onwumelu, N. C., & Okafor, I. P. (2020). Prevalence and determinants of intimate partner violence among adult women in an urban community in Lagos, Southwest Nigeria. *Pan African Medical Journal*.
- Oyediran, K. A., & Isiugo-Abanihe, U. C. (2005). Perceptions of Nigerian women on domestic violence: Evidence from 2003 Nigeria Demographic and Health Survey. *African journal of reproductive health*, 38-53.
- Ramsay, J., Rutterford, C., Gregory, A., Dunne, D., Eldridge, S., Sharp, D., & Feder, G. (2012). Domestic violence: knowledge, attitudes, and clinical practice of selected UK primary healthcare clinicians. *The British journal of general practice: the journal of*

the Royal College of General Practitioners, 62(602), e647–e655.
<https://doi.org/10.3399/bjgp12X654623>

- Ratele, K. (2015). Working through resistance in engaging boys and men towards gender equality and progressive masculinities. *Culture, Health & Sexuality*, 17(sup2), 144-158.
- Shah, S. H., Rajani, K., Kataria, L., Trivedi, A., Patel, S., & Mehta, K. (2012). Perception and prevalence of domestic violence in the study population. *Industrial psychiatry journal*, 21(2), 137–143. <https://doi.org/10.4103/0972-6748.119624>
- Sikweyiya, Y., Addo-Lartey, A. A., Alangea, D. O., Dako-Gyeke, P., Chirwa, E. D., Coker-Appiah, D., ... & Jewkes, R. (2020). Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. *BMC public health*, 20, 1-11.
- Tella, A., Tobin-West, C., & Babatunde, S. (2020). EXPERIENCE OF DOMESTIC VIOLENCE AMONG PREGNANT WOMEN IN RURAL AND URBAN AREAS OF NIGER DELTA REGION OF NIGERIA: RISKFACTORS, HELP-SEEKING RESOURCES AND COPING STRATEGIES. *Ann Ibd. Pg. Med* .
- Tonsing, J. C., & Tonsing, K. N. (2019). Understanding the role of patriarchal ideology in intimate partner violence among South Asian women in Hong Kong. *International Social Work*, 62(1), 161-171.
- 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*. Retrieved January 10, 2022, from <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>