



ORIGINAL ARTICLE

## Prevalence, Pattern and Determinants of Dating Violence among Young Persons in Benin City, Edo State

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### Keywords

Dating  
Violence;  
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### ABSTRACT

**Background:** Dating violence (DV) and its negative effects are a present public health issue of concern. The study was carried out to evaluate the prevalence, pattern and determinants of DV among young persons in Benin City.

**Methods:** A descriptive cross-sectional study was conducted in Benin City, Edo State among young persons aged 15-24 years. Two-stage sampling technique was used to select the respondents. The data was obtained from a pre-tested self-administered questionnaire adapted from WHO multi-country survey on domestic violence. Data was analysed using IBM SPSS version 22.0. The level of significance was  $p < 0.05$ .

**Results:** A total of 750 respondents with mean age  $20.65 \pm 2.01$  years participated in the study. The lifetime and one-year prevalence of DV was 396 (52.3%) and 354 (47.2%), respectively. A higher proportion of respondents suffered psychological violence with the lifetime and one-year prevalence of 339 (45.2%) and 294 (39.2%), respectively. Significant determinants of DV were age ( $p = 0.009$ ), aggressive behavior ( $p = 0.005$ ) and risky sexual behavior ( $p = 0.001$ )

**Conclusion:** The prevalence of DV was high among the respondents. Preventive DV interventions such as health education and peer counselling for this age group is advocated.

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### INTRODUCTION

Dating violence (DV) is a form of interpersonal violence that is a present public health issue of concern.<sup>1, 2</sup> Though dating violence is as old as human romantic

relationships, it has assumed a dimension in recent times (often involving the use of dangerous weapon and lethal force) especially among young adults.<sup>3</sup> Several terms are used to describe dating violence.

This include terms like relationship abuse, intimate partner violence, relationship violence, dating abuse, domestic abuse and domestic violence.<sup>4</sup> Dating violence can start early and last a lifetime. Most times, it starts with behaviors like teasing and naming calling which are less serious forms of DV. However, these behaviors can become abusive and develop into more serious forms of violence such as physical and psychological or emotional violence. Other forms are sexual, and a less encountered form is stalking.<sup>4</sup> Romantic relationships in which violence occurs have numerous negative health effects. Various studies have shown that DV is associated with negative mental and physical health outcomes such as anxiety and depression, use of tobacco, drugs and alcohol, antisocial behaviors and thought of suicide.<sup>9-11</sup> Although no official statistic on dating violence among young persons in Nigeria exists, a nationally representative household survey of 13-24 year old in Nigeria revealed that 16.4% of females and 8.4% of males experienced sexual abuse. Among females aged 18 to 24 years who experienced sexual abuse prior to age 18, romantic partners were the most common perpetrators of the first incident of sexual abuse.<sup>12</sup>

Links between DV and violence victimization and perpetration during adulthood have also been identified<sup>10</sup> and has attracted the attention of government agencies, researchers, counseling psychologists, civil society organizations, social commentators, and human right protection organizations.<sup>3</sup> Factors that increase the risk of DV include

belief that dating violence is acceptable, aggression towards peers and other aggressive behavior, substance use, early sexual activity and having multiple sexual partners as well as witnessing or experiencing violence in the home.<sup>4, 11</sup> Generally, DV of any kind in relationships is unacceptable. It prevents harmonious coexistence and cooperative social interactions among couples and hinders full development of the potentialities of individuals in the society.<sup>13</sup> In Nigeria, there is a dearth of knowledge of DV to guide preventive DV interventions among young persons. Findings from this study will help to increase the existing body of knowledge on the prevalence, pattern and determinants of DV. This will aid decision makers in the implementation of policies and health educational programmes that will provide young people with the tools to navigate conflict effectively and avoid violent behavior will lead to a prevention and elimination of DV.

## **METHODOLOGY**

The study was carried out in Benin City, Edo State which is one of the 36 states in Nigeria.<sup>14, 15</sup> Benin City is the capital of Edo State and comprises three (3) Local Government Areas (LGAs) namely: Egor, Oredo, and Ikpoba-Okha. Egor and Ikpoba-okha LGAs are made up of ten wards each while Oredo LGA has 12 wards. Young persons make up about 34% of the population in Benin City.<sup>15</sup> A descriptive cross-sectional study design was used for this study. The study was carried out among

young persons, age 15-24 years. A minimum sample size of 666 was determined using the formula for single proportion.<sup>16</sup> This was calculated considering a standard normal deviate of 1.96 at a significance level of 5%, degree of precision of 5%, 50.2% prevalence of DV among adolescents in Rivers State, Nigeria<sup>3</sup> and a 10% non-response rate.

A two-stage sampling technique was used to select respondents for this study. Stage 1 comprised selection of wards. A list of wards in the three LGAs in Benin City (Egor, Oredo and Ikpoba-Okha) was obtained and one ward was selected from each LGA using simple random sampling technique by balloting. In stage two, cluster sampling technique was used to select respondents. Each ward is made up of communities and this served as a cluster unit. One cluster was selected from each of the 3 selected ward and residents who met the inclusion criteria (single persons aged 15 – 24 years and in a relationship for at least 6 month prior to the study) were invited to participate in the study.

Data were collected using a pretested structured self-administered questionnaire which was adapted from the WHO multi-country survey questionnaire on domestic violence<sup>17</sup> divided into sections to answer the study objectives. Life time and one-year prevalence of dating violence were assessed. Physical, sexual and emotional/psychological violence were the forms of violence assessed. Physical violence was assessed using six questions which included being slapped or

had something thrown at them; being pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged or beaten up; choked or burnt on purpose; threatened to use or actually used a gun, knife or other weapon. Sexual violence was assessed using three questions which included being physically forced to have sexual intercourse, had sexual intercourse because of fear of what partner might do, or forced to do something sexual that respondent found degrading. Emotional/psychological violence was assessed using seven questions which included husband/spouse tried to keep respondents from seeing friends, tried to restrict contact with respondent's family, got angry if respondent spoke to someone else, suspected that respondent is unfaithful and expected respondent to seek permission before seeking healthcare.

Any respondent that agreed to any of the questions was said to have experienced that form of DV and overall prevalence obtained if the respondent had suffered any form of DV. A respondent was said to engage in unhealthy behaviours if he/she admitted to excessive alcohol intake (consuming eight drinks or more per week for women and fifteen or more for men. One alcoholic drink equivalent contains roughly 14 grams of pure alcohol, found in 12 ounces of regular beer, which is usually about 5% alcohol, 5 ounces of wine, which is typically about 12% alcohol and 1.5 ounces of distilled spirits, which is about 40% alcohol)<sup>18</sup> smoking, substance abuse (e.g. NSAIDs and cannabis) or a combination of any. Risky

sexual behaviors included indulging in unprotected sexual intercourse, sexual experimentation and multiple sexual partners. Six research assistants were trained for two days on interviewing techniques and standardization of the study tool was carried out. The questionnaire was pre-tested at Ekiadolor community in Ovia North-East LGA, Edo State to enhance comprehensibility of data tools and corrections of observed errors were effected, enhancing the tool before its actual use.

Ethical clearance was sought and obtained from the Research Ethics Committee (REC), College of Medical Sciences, University of Benin. Permission to conduct the study was gotten from the various LGA authorities before commencement of the survey. The study interviews were conducted in private areas around the respondent's home to help ensure discretion. Care was taken to establish rapport with the respondents before questionnaire administration. The purpose of the study was described to the respondents, and the research assistants explained to them the value of honest answers to potentially sensitive questions to achieve accurate insights concerning dating violence. Written informed consent was obtained from the respondents. In order to ensure confidentiality, serial numbers rather than names were used to identify the respondents. They were assured that participation was voluntary, and that their responses were confidential and that they were free to withdraw at any time from the survey without prejudice in line with the Helsinki Declaration. All data was kept

secure and made available to only members of the research team. The WHO ethical and safety guidelines for research in domestic violence were observed.<sup>19</sup> Following the study, based on the findings, the respondents were educated on the health consequences of dating violence and possible measures to take to avoid them. The questionnaires were screened for completeness and inconsistencies, collated, coded and analyzed using the electronic statistical package IBM SPSS version 21.0. Univariate analysis was done to assess the distribution of socio-demographic variables. Bivariate analysis was used to determine the association between socio-demographic variables and prevalence of DV using Chi square test and Fisher's Exact Test as appropriate. A p-value of < 0.05 was considered statistically significant. Results were presented using figures, percentages and tables.

## **RESULTS**

A total of 750 respondents with mean age  $20.7 \pm 2.01$  years participated in this study. A higher proportion of the respondents, 529 (70.5%) were between the age group of 20-24 years and 471 (62.8%) respondents were females. Majority, 595 (79.4%) of the respondents had secondary level of education, while 151 (20.4%) had tertiary level of education. Only 4 (0.5%) respondents had primary level of education. Majority of the respondents, 699 (93.2%) did not live with their partners. (Table 1)

**Table 1: Socio-demographic Characteristics of Respondents**

Variables	Frequency (n = 750)	Percent
<b>Age group (years)</b>		
15-19	221	29.5
20-24	529	70.5
<b>Mean age (SD) = 20.7 (2.01) years</b>		
<b>Sex</b>		
Male	279	37.2
Female	471	62.8
<b>Level of education</b>		
Primary	4	0.5
Secondary	595	79.4
Tertiary	151	20.1
<b>Cohabiting with partner</b>		
Yes	51	6.8
No	699	93.2

**Table 2: Prevalence of Dating Violence among Respondents**

Variables	Frequency (n = 750)	Percent
<b>Lifetime prevalence of DV</b>		
All forms of DV	396	52.3
Psychological	339	45.2
Sexual	99	13.2
Physical	90	12.0
<b>One-year prevalence of DV</b>		
All forms of DV	354	47.2
Psychological	294	39.2
Sexual	84	11.2
Physical	81	10.8

The lifetime prevalence of dating violence was 396 (52.3%), of which psychological was the highest with a prevalence of 339 (45.2%), followed by sexual 99 (13.2%) and physical 90 (12.0%) violence. Also, one-year prevalence of all forms of dating violence among respondents was 354 (47.2%), while the prevalence of psychological form of dating violence was 294 (39.2%) followed by sexual 84 (11.2%) and physical 81 (10.8%) forms of DV. (Table 2)

The most predominant form of psychological violence among respondents was that spouses got angry if respondents spoke to another man/woman, 237 (69.9%) while the least was being restricted from seeing family members, 41 (12.1%). The most predominant form of physical violence among respondents was being pushed or shoved 71 (71.7%) while the least predominant form was being choked or burnt on purpose which was 9 (9.1%). A higher proportion 84 (93%) of respondents who experienced sexual violence said they were forced to have sexual intercourse while being forced to do something sexual that respondents regarded humiliating and having sexual intercourse out of fear 48 (6.4%) was the least form of sexual violence. (Table 3) About half 384 (51.2%) admitted to have had aggressive behavior, while 361 (48.1%) had engaged in unhealthy behaviors such as excessive alcohol intake, smoking and substance abuse. Three hundred and sixteen (42.1%) had indulged in risky sexual behavior at a point in their relationships.

Table 4 showed that a higher proportion 168 (53.2%) of respondents who had experienced DV in one-year preceding the study had indulged in risky sexual behavior as compared to 148 (46.8%) respondents who had not experienced DV in one-year preceding the study. The association between risky sexual behavior and one-year prevalence of DV was statistically significant ( $p = 0.001$ ). A higher proportion of the respondents 205 (53.4%) who had experienced DV in one-year preceding the study admitted to having aggressive behavior.

**Table 3: Pattern of Dating Violence among Respondents**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Psychological violence (n = 339)*</b>		
Got angry if you spoke to another man/woman	237	69.9
Suspected that you are unfaithful	192	56.6
Insisted on knowing where you were at all times	162	47.8
Ignored you and treated you indifferently	146	43.1
Tried to keep you from seeing friends	113	33.3
Expected you to ask permission before seeking health care for yourself	86	25.4
Tried to restrict contact with your family	41	12.1
<b>Physical violence (n = 99)*</b>		
Pushed or shoved you	71	71.7
Slapped you	44	44.4
Pinched or hit you with an object that could hurt you	24	24.2
Kicked or beat you up	22	22.2
Threatened to use or actually used a gun, knife or sharp object against you	19	19.2
Choked or burnt you on purpose	9	9.1
<b>Sexual violence (n = 90)*</b>		
Forced you to have sexual intercourse	84	93.3
Forced you to do something sexual that you regarded humiliating	48	53.3
Had sexual intercourse when you did not want to because you were afraid of what your partner might do	48	53.3

\*Multiple responses

as opposed to 179 (46.6%) respondents who did experience DV in one-year preceding the study. The association between aggressive behavior and one-year prevalence of DV was statistically significant ( $p = 0.005$ ). More respondents 198 (54.8%) who had experienced DV in one-year preceding the study, had relationships engaged in unhealthy behaviors as against 163 (45.2%) who had never experienced DV in one-year preceding the study. The association between engagement in unhealthy behaviors and one-year prevalence of DV was statistically significant ( $p < 0.001$ ).

## DISCUSSION

A number of studies have been published on dating violence in young persons' relationships in advanced societies however,

same cannot be said of developing societies like Nigeria.<sup>3</sup> This study documents the prevalence, pattern and the factors associated with dating violence among young persons in Benin City. The mean age of the respondents was 20 years. This is the age which is socially acceptable for being in a relationship as most parents and guardians frown at their children or wards in relationships at younger ages.<sup>20</sup> Moreover, as one ages, societal expectations of finding suitable partners with the intention of marriage are high. Although positive romantic relationships have the potential to promote emotional development and provide foundational experiences for future relationships, negative physical, sexual, and emotional experiences in early romantic relationships have numerous negative health effects.<sup>21</sup>

**Table 4: Factors associated with One-year Prevalence of DV among Respondents**

Variables	One-year prevalence of DV		Test statistics	p-value
	Yes (n=354) n (%)	No (n=396) n (%)		
<b>Age group</b>				
15-19	88 (39.8)	133 (60.2)	$\chi = 6.849$	0.009
20-24	266 (50.3)	263 (49.7)		
<b>Sex</b>				
Male	141 (50.5)	138 (49.5)	$\chi = 1.986$	0.159
Female	213 (45.2)	258 (54.8)		
<b>Cohabiting</b>				
Yes	34 (66.7)	17 (33.3)	$\chi = 3.804$	0.51
No	320 (45.8)	379 (54.8)		
<b>Level of education</b>				
Primary	1 (25.0)	3 (75.0)	Fisher's exact = 7.759	0.012
Secondary	267 (44.9)	328 (55.1)		
Tertiary	86 (57.0)	65 (43.0)		
<b>Risky sexual behavior</b>				
Yes			$\chi = 12.080$	0.001
No	168 (53.2) 186 (42.9)	148 (46.8) 248 (57.1)		
<b>Aggressive behavior</b>				
Yes	205 (53.4)	179 (46.6)	$\chi = 7.795$	0.005
No	149 (40.7)	217 (59.3)		
<b>Engagement in unhealthy behaviors</b>				
Yes	198 (54.8)	163 (45.2)	$\chi = 16.334$	<0.001
No	156 (40.1)	233 (59.9)		

This emphasizes why interventions should be focused on dating violence particularly among this young age group.

A high proportion of the respondents were females. This could be attributed to the fact that females tend to attain sexual maturity earlier than males hence tend to go into relationships earlier than their male counterpart of the same age bracket. This could lead to cross generational dating and a higher probability of being victims of dating violence from these older, supposedly experienced males. Health education addressing the issues of dating should be

targeted at this age range at various points of the family, educational, social and religious structure. More than half of the respondents experienced dating violence in the course of their relationship which is in consonance with a study done in Rivers state, Nigeria.<sup>3</sup> This high proportion of dating violence echoes the need for attention to the issues of dating violence particularly among this age group. Psychological violence was the most reported form of dating violence which is similar to a study done in Ibadan, Nigerian in 2014.<sup>22</sup>

About one-third of respondents had partners who had suspected they were unfaithful. The reasons for this could be attributed to the wide use of social media which has made the process of socialization quite easy thus creating a platform for easy communication among individuals in a society which could be mistaking for infidelity. The occurrence of insecurity in a relationship creates an avenue for other forms of dating violence<sup>23</sup> like names calling, insults, monitoring of partner's whereabouts and telephone and mail conversations. Ultimately, more severe forms like restraining or preventing partners from seeing friends and physical violence may occur. Although the least reported forms of DV were physical and sexual violence, its proportion is high and calls for further attention. There is also a possibility of under-reporting as such issues are usually kept in secrecy with most people unwilling to divulge such information for fear of being stigmatized or labeled inappropriately within the society. These forms of dating violence have a variety of outcomes<sup>7</sup> particularly if not identified and addressed. Thus, efforts should be made to encourage individuals who are victims to seek help early enough. This could be achieved by setting up youth friendly centers where these people can call on without being judged and attended to with empathy, ultimate confidentiality and proffer effective solutions. Educational and rehabilitative measures should also be put in place to help these individuals going forward.

The study also revealed that having an aggressive behaviour, indulging in unhealthy and risky sexual behaviour were significantly associated with dating violence. Reasons for these findings could be that the loss of self and touch with reality associated with excessive alcohol intake and substance use could make certain individuals vulnerable to dating violence. These young persons could end up with various consequences of dating violence such as depression and suicidal ideation as well as substance abuse<sup>24-25</sup> This emphasizes the need for implementation of effective strategies geared at sensitizing the persons in the society on the importance of good socially acceptable behaviors which could be passed across in schools, by religious authorities and parents and guardians.

**Conclusion:** The prevalence of DV was high in the studied population and psychological form of dating violence was the most reported. Form. Determinants of dating violence among respondents were aggressive, unhealthy and risky sexual behaviors.

**Recommendation:** Health educational activities that provide young people with the needed tools to effectively prevent dating violence should be targeted at various points of the family, educational, social and religious structure.

**Conflict of interest:** Authors declare no conflict of interest.

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