



Attitudes and Factors Associated With Occurrence of Gender-Based Violence in Rural and Urban Households in Ibadan

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Abstract

Gender-Based Violence (GBV) is the resultant of gender-related power inequalities at both public and private spheres. GBV occurrence in rural and urban areas of Ibadan is the focus of this study. The study evaluated the attitude and factors associated with GBV occurrence among rural and urban households in Ibadan, Nigeria. Data were collected from 200 respondents in Ibadan using interview schedule and structured questionnaire. Descriptive (frequency counts and percentages) and inferential statistics (PPMC and Regression analysis) were used to analyse the data collected. Many of the respondents (53.3%) had a favourable attitude against GBV. Household size ($\beta = 0.204$), attitude against GBV ($\beta = -0.394$), family influence ($\beta = 0.287$), superiority complex ($\beta = 0.633$) and substance abuse ($\beta = 0.347$) were factors associated with the rate of GBV occurrence. Despite the favourable attitude of people against GBV, the menace is still prevalent in the society. The general public needs enlightenment on the jeopardy associated with GBV. It is therefore recommended that suitable strategies like social media advocacy and entertainment education be put in place to enlighten the populace on the magnitudes of GBV occurrence so as to abate it among inhabitants.

Keywords: Gender-based violence; Attitude; Gender inequalities; Urban and rural households.

1. Introduction

The occurrence of Gender-Based Violence GBV is endemic in the society. It knows no boundary and is not limited by age, race, power or even affluence as it ravages everywhere ranging from homes to learning institutions, and communities at large (Nnadi, 2012). Although it is considered to be experienced by everyone as a result of power inequality; women and girls are to a greater extent more affected. Women have been discriminated against from time past in diverse ways, such that male children are given preferential treatments over their female counterparts. Generally, attitude towards educating the girl-child has been unfavourable, even families with only female children were stigmatized because of the preference of sons over daughters (Adika *et al.*, 2013).

Ashimolowo and Otufale (2012), opined that the rate/extent and magnitude of violence against women and girls in the society is disquieting and poses a threat to the economic and social development of the society. Several efforts have been made to abase the menace of GBV with several outcries. To achieve effective results, a proper understanding of the attitudes and factors associated with occurrence of GBV is needed to bridge the gap of gender related issues in the society. A knowledge of these will aid in tackling the root cause of GBV as a societal problem. Thus, this research is designed to study the attitudes and factors associated with occurrence of GBV in rural and urban households in Ibadan, Oyo State of Nigeria.

1.1. Purpose of the Study

This study aimed at investigating the attitudes and factors associated with occurrence of GBV in the study area. Specifically, the objectives of this study were to:

- i. describe the personal characteristics of the respondents in the study area,
- ii. ascertain the attitude of the respondents towards GBV in the study area,
- iii. investigate the differences between the factors associated with occurrence of GBV in rural and urban households, and to;
- iv. examine the factors associated with occurrence of GBV in the study area.

2. Methodology

Ibadan is the capital city of Oyo State, Nigeria and the most populous city in the state. Agriculture is a major profession of the people and the climate favours the cultivation of crops like yam, maize, cassava, banana, plantain, palm tree, cocoa, and cashew. The city has eleven Local Government Areas (LGAs) with five of them being urban LGAs (Ibadan North, Ibadan North-East, Ibadan North West, Ibadan South-East, and Ibadan South-West) and the other six are semi-urban or rural LGAs (Akinyele, Egbeda, Ido, Lagelu, Ona Ara and Oluyole) in the city. Ibadan

was purposefully selected because it has urban, semi-urban and rural areas within it, which can give a wide variety of people with different perspectives.

The target population consist of males and females who have reached puberty age in Ibadan. Multi stage sampling technique was engaged for this study. Twenty percent of the semi-urban or rural (Akinyele LGA) and twenty percent of the urban (Ibadan North LGA) LGAs were selected randomly at the first stage. Twenty percent of the wards in the selected LGAs were chosen purposefully at the second stage because the study was to be conducted in areas that are considered to be semi-urban or rural and urban. Bodija/Secretariat/Awolowo/Obasa (Ward 10) and Bashorun/Oluwo/Ashi/Akingbola/ Ikolaba/Gate (Ward 5) were selected in the urban LGA, while Ajibade/Alabata/Elekuru (Ward 10) and Ojoo/Ajibode/Laniba (Ward 8) were selected for the semi-urban or rural LGA. At the third stage, twenty percent of the communities in the wards where purposefully selected - Awolowo and Ikolaba for the urban LGA and Elekuru and Ajibode for the semi-urban or rural LGA. At the last stage, due to the paucity of information on the number of households available in an area, the population projection from the 2006 census was used to project the proportionality of the population from each local government areas to be selected. Systematic random sampling was used to select 40 households and 60 households at every nth house (n = 5) from each of the semi-urban or rural and urban communities wherein a total of 200 respondents were selected.

The data for the study were obtained from primary sources using the quantitative method - structured questionnaire and interview schedule. The instrument for data collection was subjected to validity and reliability tests. Analyses of the data collected was done using descriptive statistics (frequencies, percentages and mean) and inferential statistics (Chi-square, Pearson Product Moment Correlation PPMC, T-Test and Regression analysis) at a significant level of $p \leq 0.05$.

3. Results and Discussions

3.1. Description of the Personal Characteristics of the Respondents in the Study Area

The mean age values of the respondents for the rural and urban areas are 38.68 and 32.45 years respectively, while the mean age for the total sample is 35.56 years (Table 1). This implies that most of the respondents are within their active age. The same number of male and female respondents was used for this study with 48.8 % female from the urban areas and 51.2 % female from the rural areas and vice versa for the male respondents. Majority of the respondents (53.8 %) were married, 43.8 % were single, 0.6 % were divorced or separated and 1.9 % were widowed. The study further showed that 1.3 % of the respondents sampled had no-formal education, 30 % of the respondents had vocational training, 0.6 % of the respondents had primary education, 20.6 % of the respondents had secondary education and 47.5 % of the respondents had tertiary educational background. This indicates an improvement in the literacy level of the people.

Respondents who were unemployed were 5.6 %, students were 22.5 %, civil servants were 11.9 %, people who work with private establishments were 16.3 % and those who are self-employed were 43.8 %. A greater percentage of the unemployed respondents (7.5 %), and self-employed respondents (58.8 %) reside in the rural areas, while more students (26.3 %), civil servants (15 %), and private firm workers (26.3 %) reside in the urban areas. It is evident that employment opportunities abound in the urban areas than in the rural areas, largely because establishments, offices, firms and companies are usually situated there. Unlike the rural areas where people farm to fend for themselves, the urban dwellers are able to access amenities like electricity, good roads, office space and comfort among many others.

Table-1. Personal characteristics of respondents in the study area (n = 200)

Variable	Characteristics	Rural % (n ₁ = 80)	Urban % (n ₂ = 120)	Total (%)
Age	≤30	37.5	51.3	44.4
	31 – 40	21.3	27.5	24.4
	41 – 50	18.7	11.3	15
	51 – 60	15	8.7	11.9
	≥61	7.5	1.2	4.3
	Mean age	38.68	32.45	35.56
Sex	Male	48.8	51.2	50.0
	Female	51.2	48.8	50.0
Marital status	Single	37.5	50.0	43.8
	Married	58.8	48.8	53.8
	Separated/divorced	1.2	0.0	0.6
	Widowed	2.5	1.2	1.9
Educational background	No formal education	2.5	0.0	1.3
	Vocational training	46.3	13.7	30.0
	Primary education	1.2	0.0	0.6
	Secondary education	30.0	11.3	20.6
	Tertiary education	20.0	75.0	47.5
Occupation	Unemployed	7.5	3.7	5.6
	Student	18.7	26.3	22.5
	Civil servant	8.7	15.0	11.9
	Private firm	6.3	26.3	16.3

	Self employed	58.8	28.7	43.8
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% = Percentage, n₁ = Number of respondents from the rural areas, n₂ = Number of respondents from the urban areas.

Source: Field Survey, 2018

Table 2 indicates that more respondents in the urban areas (67.1 %) strongly agreed that perpetrators of GBV should be put to justice than those in the rural areas (44.7 %), 59.2 % of the respondents in the urban areas strongly agreed that a male child should be involved in domestic chores than those in the rural areas (44.7 %) and 73.7 % in the urban areas strongly agreed that violence should not be used to threaten another person than those in the rural areas (61.9 %).

More respondents in the rural areas (57.9 %) strongly agreed that women usually pretend that they do not want to have intercourse because they do not want to seem loose, but they are really hoping the man will force or persuade them, while only 10.5 % in the urban areas strongly agreed to this. Similarly, 20.1 % in the rural areas also strongly agreed that a male child is more important than a female child while only 9.2 % supported this in the urban areas. This reveals that respondents in the rural areas attach more importance to male child over female child. This result corroborates with Flood and Pease (2006) in Adika et al. (2013) that individual attitude towards violence is largely dependent on their beliefs about the roles of men and women for instance, people whose attitude towards gender roles are more traditional are prone to support violence against women, while those whose attitude towards gender roles are more egalitarian accept violence against women less.

The results further revealed that in the rural areas, 56.6 % of the respondents strongly disagreed that GBV is a personal issue, and as a result, no third party should interfere. In the urban areas, 48.7% also strongly disagreed with it. This could be because people in the rural areas engage socialization more to maintain social order than those in the urban areas that uses social control to maintain order in the society. More respondents in the rural areas (59.2%) strongly disagreed that perpetrators of GBV have good reasons for violating others, than those in the urban areas (38.2%).

Table-2. Frequency distribution of respondents on their attitude towards GBV based on location

Attitude towards GBV	Location	SA %	A %	U %	D %	SD %
GBV is a negative trend in the society	Rural	77.5	22.5	0.0	5.0	0.0
	Urban	72.3	18.8	1.3	3.8	3.8
Allowing women equal opportunities as men in the society is good	Rural	59.2	25.0	0.0	9.2	6.6
	Urban	48.7	34.2	9.2	6.6	1.3
Perpetrators of GBV should be put to justice	Rural	44.7	7.9	4.0	17.1	26.3
	Urban	67.1	25.0	6.6	1.3	0.0
Victims of GBV are supposed to seek help	Rural	71.0	21.1	5.3	2.6	0.0
	Urban	63.2	35.5	1.3	0.0	0.0
Law enforcement agencies should be proactive against GBV	Rural	68.4	21.1	2.6	4.0	4.0
	Urban	61.9	27.6	5.3	2.6	2.6
People should not be ashamed to talk about GBV	Rural	59.2	21.1	2.6	6.6	10.5
	Urban	63.2	23.7	6.6	2.6	4.0
Men and boys are also vulnerable to sexual abuse	Rural	38.2	7.9	10.5	22.4	21.1
	Urban	31.6	35.5	7.9	2.6	22.4
GBV should not be a part of human daily activities	Rural	67.1	19.7	4.0	7.9	1.3
	Urban	76.3	13.2	7.9	2.6	0.0
Violence should not be used to threaten another person	Rural	61.9	1.3	7.9	14.5	14.5
	Urban	73.7	14.5	2.6	1.3	7.9
A female child should have equal access to inherit her father's properties like a male child	Rural	63.2	13.2	10.5	13.2	0.0
	Urban	57.9	39.5	1.3	0.0	1.3
People who are violated should not be ashamed of themselves	Rural	51.3	20.1	4.0	5.3	18.4
	Urban	42.1	25.0	11.8	9.2	11.8
Everyone should gratify his/her immediate urges on any other person around	Rural	2.6	13.2	6.6	13.2	64.5
	Urban	7.9	23.7	14.5	6.6	47.3
In some situations, a man should beat a woman	Rural	11.8	17.1	0.0	9.2	61.8
	Urban	7.9	18.4	2.6	19.7	61.8
In some situations, a woman should beat a man	Rural	14.5	10.5	2.6	10.5	61.8
	Urban	7.9	14.5	4.0	20.1	52.6
Perpetrators of GBV have good reasons for violating others	Rural	2.6	23.7	1.3	13.2	59.2
	Urban	11.8	17.1	11.8	20.1	38.2
GBV is a personal issue, as a result, no third party should interfere	Rural	14.5	17.1	4.0	7.9	56.6
	Urban	5.3	13.2	13.2	19.7	48.7
Women usually pretend that they do not want to have intercourse because they do not want to seem loose, but they are really hoping the man will persist, persuade or pressure them	Rural	57.9	9.2	10.5	7.9	14.5
	Urban	10.5	26.3	20.1	18.4	23.7
A male child is more important than a female child	Rural	20.1	2.6	6.6	11.8	57.9
	Urban	9.2	4.0	5.3	19.7	61.8

A male child should be involved in domestic chores	Rural	44.7	22.4	9.2	7.9	15.9
	Urban	59.2	22.4	9.2	5.3	4.0
Only female children should be involved with domestic chores	Rural	13.2	6.6	9.2	23.7	46.1
	Urban	10.5	4.0	6.6	19.7	59.2

% = Percentage. SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree.

Source: Field Survey, 2018

3.2. Categorization of Respondents’ Attitudes against GBV Occurrence

The index was categorized into favourable and unfavourable attitudes against GBV occurrence. Analysis of the results in Table 3 shows that most (52.5 %) of the respondents had a favourable attitude against GBV occurrence as opposed to the 47.5 % who had unfavourable attitude. This implies that majority of the respondents in the study area are against GBV occurrence.

More respondents (53.7 %) from the urban areas expressed favourable attitudes against GBV occurrence than those in the rural areas (51.3 %). The attitude of most of the respondents implies abhorrence for GBV, especially in the urban areas.

Table-3. Categorization of respondents’ attitudes against GBV occurrence

Attitude of respondents in the study area	Rural (%)	Urban (%)	Total (%)	Max. Score	Min. score	Mean	Std. Dev.
Favourable (68-89)	51.3	53.7	52.5	89	52	68.08	7.35
Unfavourable (52-67)	48.7	46.3	47.5				
Total	100.0	100.0	100.0				

% = Percentage, Std. Dev. = Standard Deviation

Source: Field Survey, 2018

3.3. Factors Associated with GBV Occurrence in the Study Area

Superiority complex (pride or arrogance), peer pressure, dressing of women and substance abuse (alcohol, marijuana, and cigarette) are the most important factors associated with GBV occurrence with the mean value of 1.00, 0.96, 0.93 and 0.93 respectively. The factors that were least considered to be associated with GBV are heredity, perpetrators of GBV being close relatives and culture with mean values of 0.57, 0.69, and 0.78 respectively. None of the factors had a mean value lower than 0.50. This implies that all the factors listed were considered to be associated with GBV.

Table-4. Frequency distribution of factors associated with GBV occurrence

Factors associated with GBV occurrence	Yes (%)	No (%)	Mean	Rank
Peer pressure	95.6	4.4	0.96	2 nd
Media	81.3	18.8	0.81	15 th
Family influence	86.9	13.1	0.87	8 th
Culture	77.5	22.5	0.78	16 th
Poverty	88.1	11.9	0.88	6 th
Frustration	91.9	8.1	0.92	5 th
Heredity	56.9	43.1	0.57	18 th
Dressing of women	92.5	7.5	0.93	3 rd
Demand for respect from the opposite gender	81.9	18.1	0.82	14 th
Substance abuse (alcohol, marijuana, cigarette (e.t.c.))	93.1	6.9	0.93	3 rd
Unemployment	86.3	13.8	0.86	9 th
Lack of awareness of women’s rights	85.6	14.4	0.86	9 th
Lack of awareness of where to seek help	87.5	12.5	0.88	6 th
Lack of awareness of how to seek help	83.7	16.3	0.84	13 th
Fear of stigma of GBV	85.6	14.4	0.86	9 th
Inferiority complex because of one’s physical appearance (fat, tall, slim, dentition etc.)	81.2	18.8	0.81	12 th
Perpetrators of GBV are usually close relatives	69.4	30.6	0.69	17 th
Superiority complex, pride or arrogance	100.0	0.0	1.00	1 st

% = Percentage.

Source: Field Survey, 2018

3.4. Factors Associated with GBV Occurrence based on Respondents’ Location

More people in the rural areas agreed that substance abuse (100%), unemployment (93.8%) and heredity (76.3%) are factors associated with GBV than those in the urban areas. Respondents from both urban and rural areas agreed that superiority complex (100%) is a factor associated with GBV. Table 5 further showed that respondents from the urban areas considered lack of awareness on where to seek help (92.5%) and lack of awareness on how to seek help (90.0%) as factors associated with GBV than those in the rural areas. This shows that what the respondents considered to be important factors associated with GBV differ. This could be attributed to the level of exposure between rural and urban dwellers.

Table-5. Frequency distribution of factors associated with GBV occurrence based on location

The factors that are associated with GBV	Location	Yes (%)	No (%)
Peer pressure	Rural	95.0	5.0
	Urban	96.3	3.7
Media	Rural	86.3	13.7
	Urban	76.3	23.7
Family influence	Rural	92.5	7.5
	Urban	81.3	18.8
Culture	Rural	80.0	20.0
	Urban	75.0	25.0
Poverty	Rural	88.8	11.2
	Urban	87.5	13.5
Frustration	Rural	92.5	7.5
	Urban	91.3	8.7
Heredity	Rural	76.3	23.7
	Urban	37.5	62.5
Dressing of women	Rural	97.5	2.5
	Urban	87.5	13.5
Demand for respect from the opposite gender	Rural	81.3	18.8
	Urban	82.5	17.5
Substance abuse (alcohol, marijuana, cigarette e.t.c)	Rural	100	0.0
	Urban	86.3	13.7
Unemployment	Rural	93.8	6.2
	Urban	78.8	21.2
Lack of awareness of women’s rights	Rural	86.3	14.7
	Urban	85.0	15.0
Lack of awareness of where to seek help	Rural	82.5	18.5
	Urban	92.5	7.5
Lack of awareness of how to seek help	Rural	77.5	22.5
	Urban	90.0	10.0
Fear of stigma of GBV	Rural	83.8	17.2
	Urban	87.5	13.5
Inferiority complex because of one’s physical appearance (fat, tall, slim, dentition etc.)	Rural	86.3	13.7
	Urban	76.3	23.7
Perpetrators of GBV are usually close relatives	Rural	65.0	35.0
	Urban	73.8	27.2
Superiority complex, pride or arrogance	Rural	100.0	0.0
	Urban	100.0	0.0

% = Percentage

Source: Field Survey, 2018

3.5. Test of Hypotheses

3.5.1. Relationship between the Personal Characteristics of the Respondents and the Rate of GBV Occurrence

H₀1. There is no significant relationship between the respondents’ personal characteristics and the factors associated with occurrence of GBV in the study area.

The Chi-square analysis in Table 6 revealed a significant relationship between educational qualification and the factors associated with occurrence of GBV ($X^2 = 11.312$; $p < 0.05$). The significant relationship between educational qualification of respondents and the factors associated with occurrence of GBV is an indication that individuals’ educational qualification has influence on the factors associated with GBV occurrence. In other words, individuals with less educational qualification may likely indulge in GBV than the more educated individual.

However, sex ($X^2 = 0.000$, $p > 0.05$), marital status ($X^2 = 1.325$, $p > 0.05$), and occupation ($X^2 = 4.818$, $p > 0.05$) are not significantly related to the rate of GBV occurrence. In other words, sex, marital status, religion, family type, marriage type and occupation do not have significant effects on the factors associated with GBV occurrence.

Table 7 revealed that there is no significant relationship between respondents’ age ($r = - 0.066$, $p > 0.05$) and factors associated with GBV occurrence.

Table-6. Chi-square analysis showing the relationship between respondents’ selected personal characteristics and the rate of GBV occurrence

Variable	X ²	df	p	Decision
Sex	0.000	1	0.585	Not significant
Marital status	1.325	3	0.723	Not significant
Educational level	11.312	4	0.023	Significant
Occupation	4.818	4	0.306	Not significant

X² = Chi Square, df = Degree of Freedom, p = Level of Significance

Table-7. Pearson Product Moment Correlation Analysis showing the relationship between respondents' selected personal characteristics and the rate of GBV occurrence

Variable	r	P	Decision
Age	-0.066	0.408	Not significant

r = Pearson Correlation, p = Level of Significance.
Source: Field Survey, 2018

3.5.2. Relationship between the Attitude of the Respondents towards GBV and the Factors Associated with Occurrence of GBV in the Study Area

H₀₂. There is no significant relationship between the attitude of the respondents towards GBV and the factors associated with occurrence of GBV in the study area.

Table 8 indicated that there is no significant relationship between attitude of respondents' towards GBV and the factors associated with occurrence of GBV in the study area (r = 0.123, p = 0.120). This implies that attitude does not influence the factors associated with occurrence of GBV. Attitude of the respondents towards GBV does not determine if they experience GBV personally. The more favourable their attitude is against GBV the less they experience GBV.

Table-8. Pearson Product Moment Correlation Analysis showing the relationship between attitude of the respondents towards GBV and the rate of its occurrence

Variable	R	p	Decision
Attitude vs. factors associated with occurrence of GBV	0.123	0.120	Not significant

r = Pearson Correlation, p = Level of Significance.
Source: Field Survey, 2018

3.5.3. Difference between the Factors Associated with Occurrence of GBV in Rural Households and Urban Households

H₀₃. There is no significant difference between the factors associated with occurrence of GBV in rural households and urban households.

Table 9 showed that there is a significant difference in the rate of GBV occurrence in rural and urban households (t = - 2.124, p = 0.035). This implies that the factors associated with occurrence of GBV differs between the rural and urban households.

Table-9. Difference between the factors associated with occurrence of GBV in rural households and urban households

Difference between the factors associated with occurrence of GBV in rural households and urban households	T	df	Mean	p	Decision
	- 2.124	157.799		0.035	Significant
Rural			15.65		
Urban			14.85		

t = test of difference, df = degree of freedom, p = Level of Significance.
Source: Field Survey, 2018

3.5.4. Factors Contributing to GBV

H₀₄. There is no significant contribution of the personal characteristics and the attitude of the respondents towards GBV to the factors associated with occurrence of GBV.

Table 10 revealed a R² value 0.616. This indicates that the independent variables explain 61.6 % factors associated with occurrence of GBV. The results indicated that respondents' attitude against GBV (β = -0.123), peer pressure (β = 0.239), family influence (β = 0.488), and substance abuse (β = 0.306) are significant factors associated with occurrence of GBV. On the other hand, respondents' age, education, marital status were not significantly associated with occurrence of GBV (Table 10).

The relationship between respondents' attitude towards GBV occurrence and factors associated with occurrence of GBV was found to be negatively related with a negative coefficient. This suggests that individuals with favourable disposition against GBV are less likely to experience GBV. Family influence was found to positively contribute to occurrence of GBV. This connotes that households with much family interference are more likely to experience GBV.

The positive and significant relationship between substance abuse and occurrence of GBV suggests that individuals who engage in taking illicit drugs or substances are more likely to perpetrate GBV.

Table-10. Determinants of GBV occurrence

Model	B	SE	p
Age	- 0.066	0.017	0.204
Sex	- 0.125	0.304	0.058
Education	- 0.016	0.121	0.420
Marital status	- 0.008	0.332	0.462
Attitude	- 0.123	0.0014	0.060
Peer pressure	0.239	0.829	0.001

Family influence	0.488	0.477	0.000
Superiority complex	-	-	0.000
Substance abuse	0.306	0.751	0.000

$R^2 = 0.616$; $R = 0.785$; Adj. $R = 0.534$ (significant at 1%)

p = Level of Significance.

Source: Field Survey, 2018

4. Conclusion

On the whole, it can be deduced that people have a favourable attitude against GBV occurrence and a lot of factors are associated with it. The favourable attitude of respondents against GBV does not infer that people do not experience it, it only indicates repugnance of its occurrence and seeking measures to avoid it at all cost. Thus, deliberate actions to combat GBV occurrence needs to be put in place. Social media advocacy, edutainment, engaging respected community elders, encouraging girls to speak out and mobilizing boys and young men as change agents can be effective ways to influence attitude and cause a change.

In the urban areas, the data collection in some locations was inhibited/limited due to the high walls and estate security policy. Future research can focus on assessing the effect of various interventions used to mitigate GBV on the attitude of people and its occurrence.

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