
**KNOWLEDGE AND ATTITUDE TOWARDS VIOLENCE AGAINST WOMEN
AMONG MALE HEALTH WORKERS IN AKURE SOUTH LOCAL
GOVERNMENT AREA, AKURE, ONDO-STATE**

Mayowa Opeyemi Adekola (RN, BNSc)
Department of Mental/Psychiatric Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State

Prof., Joseph Oyeniya Aina (RN, Ph.D)
Department of Mental Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State

Mary Ayodeji Gbenga-Epebinu (RN, RM, RPHN, BNSc, PGDE, M.Sc.)
Department of Nursing,
Faculty of Basic Medical Sciences,
Ekiti State University, Nigeria
ayodeji.epebinu@eksu.edu.ng

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ABSTRACT: *The research examined of knowledge and attitude towards violence against women among male health workers in Akure South Local Government Area, Akure, Ondo State. The study adopted a quantitative descriptive research design. A sample size of 191 respondents was determined using Cochran formula. Multistage sampling procedure was used to select 191 respondents from the population. A validated questionnaire was used with a Cronbach's alpha internal consistency ranging from 0.75 to 0.78 respectively. Data were collected and analyzed using SPSS version 27 to generate summaries of descriptive statistics and inferential statistics at $p=0.01$. Findings from the research show that 59% of the respondents have poor knowledge of violence against women while 41% of them have good knowledge. Result also revealed that 51% of the respondents have negative attitude towards VAW, while 49% have good knowledge of VAW. It is concluded that there was poor knowledge and negative attitude towards violence against women among male health workers in Akure south Local Government Area. The implication of this is high tendency for men to perpetrate the act of violence against women. It is therefore recommended among others that Nurses should put up measures such as; enlightenment programmes to ensure men are well oriented about issues related to violence against women, this creates positive influence on the knowledge and attitude of men towards violence against women.*

KEYWORDS: violence, education, religious belief, knowledge, attitude, women

INTRODUCTION

Knowledge and attitude towards violence against women (VAW) are main predictors of perpetration of VAW. The tendency for a man to be violent against a woman is determined by his level of knowledge and attitude towards violence against women. Some of the perpetrators are unaware that some of their behaviors are act of violence towards a woman. Some men view physical violence as a way of making a woman submit. Many don't even consider all other methods of violence as odd, they believe so far a woman has not been beaten up by a man, any other thing that may be done to her is insignificant. Some men in the society clearly show negative attitude towards VAW and show acceptance of perpetration of VAW. VAW is a scourge that ravages our immediate society, commonly experienced in every tribe within Nigeria and generally cuts across the world and its prevalence is so high, that sometimes it's not seen as a national ill but believed to be an acceptable way of life, especially in African Countries. Violence against women rages its ugly head among people of diverse backgrounds and socio-economic class, even people who are highly vast in other areas of life are big failures when it comes to women affairs; they are potential perpetrators of VAW and this may be as a result of their poor knowledge and bad attitude towards VAW.

Observation has revealed that in some local communities in Nigeria, violence is mostly viewed as what is necessary to be done to women who nag, disobey or want to take over the seat of dominance from the man, who is always revered as the head of the household. The poor perception by these local communities is as a result of their level of knowledge and attitude towards VAW. In Tenuche's (2011) study conducted in Benue and Kogi states like other tribes, it was discovered that there are cultural expectations of a woman and these causes violence where a woman refuses to fully observe them. For instance, keeling down to greet which some women may not want to do is identified as stubbornness, expecting the wife to go to the back of the husband, kneel down before talking to him for approval, improper dressing that does not show the culture of the tribe or the family's religion could lead to violence, the wife's visitation to her parents without the husband's permission could lead to violence. Likewise, a woman's refusal of brother in-law's sexual advances in Benue state as the culture demands could incur the in-law's disfavor as found by Tenuche.

The above report from Tenuche is evidence that corroborate the fact that women are being subjected to violence because of the perpetrators' poor knowledge and attitude towards VAW, which is linked to the culture of the people in this case. This is supported report from (Obi & Ozumba, 2017). From time immemorial, men have been dominating women almost in all facets of life and most especially in marriage. Women have always been disadvantaged by the marriage institution as African culture seem to support men than women thereby subject them to the will of their husbands. This belief of women being of less importance to their men counterpart is not restrained to races, ages, financial status, skin colour, social status of an individual, neither political power nor educational qualifications. For example, the incumbent President of Nigeria, Muhammed Buhari jokingly but with an overexcited expression made a sexist controversial statement in Germany while responding to the comments made by his wife, Aisha, doubting her support for her husband if he ran for the Nigerian election in 2019. He openly expressed that he did not know which party his wife belong to but "she belongs to my

kitchen and my living rooms and the other room” (Punch, Oct 14, 2016). This is arguably a reflection of the level of men’s understanding and attitude towards violence against women as this statement and the submission of many scholars on gender inequality confirm Nigeria as a patriarchal society, that is; a system of society controlled by men.

Violence is the deliberate and continuous abuse of anyone in a way that leads to pain, distress or injury. It is a rampant occurrence throughout Nigeria and wears many faces. It entails disrespect and lack of power that occur in women’s lives. It is a violation of human rights (Gracia & Merlo, 2016). It is any abusive treatment of one’s family member by another, thus violating the law of basic human rights. According to Ahiie (2018), he asserts that domestic violence entails intimate partners’ battery and others, sexual abuse of children, marital rape and other traditional practices that can cause harm to women. The United Nations defines violence against women as “any act of gender-based violence that leads to or is likely to cause physical, sexual, or mental suffering to women, including threats of such acts, coercion or arbitrary deprivation of freedom, whether occurring in public or private life”. (WHO 2019). Violence is also known as domestic abuse, and intimate partner violence. It is abusive behaviours by one partner(man) against another(woman) in an close/intimate relationship such as family, cohabitation, dating or marriage. Violence, so defined, has many pattern, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or statement of intention to inflict pain thereof; sexual abuse; emotional abuse; controlling or domineering; creating fear; harrassment; passive/covert abuse otherwise known as neglect; and economic deprivation (Seimeniuk, et al., 2017).

The common patterns of abuse reported were punching and kicking (40%), shouting at a partner (93%), and slapping or pushing (77%) (Seimeniuk, et al., 2017). This could be because of the acceptance of these abusive behaviours as ‘normal’ in the sense that the perpetrators of these acts, who are usually men have poor knowledge and bad attitude towards VAW. So also, Gender-based discrimination and inequality(a form of violence against women) can be shown through different patterns, including discriminatory laws, unequal opportunity to gain political and economic power, socially constructed standards of acceptable behavior of masculinity and femininity, and gender roles and stereotypes (UN Women, 2015).

Men are more likely to carry out violence if they have low education, maltreatment as a boy-child, exposure to domestic violence against their Mothers, harmful use of alcohol, unequal gender norms including attitudes embracing violence, and a sense of deserving some privileges over women (WHO, 2017). The above factors contribute largely to poor knowledge and bad attitude towards violence against women among men in our society.

VAW stands as a worldwide pandemic as more than 1 out of 3 women have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (OECD, 2019). Violence can negatively influence women’s physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings (WHO, 2017). In light of the above discoveries, the researcher embarked on a research to assess knowledge and identify attitude towards violence against women among male health workers in Akure South Local Government Area.

According to WHO (2019), VAW is a serious violation of human rights. Its consequence ranges from immediate to long-term multiple physical, sexual, and mental effect on women including death. It influences women's general well-being negatively and prevents them from fully participating in Society. The negative effect of violence is not only felt on women but also their families, the community and the country at large. It has tremendous costs, from greater health care and legal expenses and losses in productivity, impacting national budgets and overall development. Violence and abuse is not restricted to obvious physical violence. It can mean putting one in danger, kidnapping, unlawful imprisonment, criminal coercion, , trespassing, harassment and stalking (Seimeniuk, et al., 2017). But it is so unfortunate that men in our society restrict VAW to physical form only while all other forms of violence are considered irrelevant, this is obviously due to their poor knowledge about what violence against women actually means.

The Nigeria Demographic Health Survey (NDHS) 2013, (Olasunkanmi, 2012) indicates that 28 percent of women in Nigeria aged 15–49 have experienced some form of physical or sexual violence. About (35%) of women have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some point in their lives globally (de Waal et al., 2017). A WHO report on global and regional estimates of violence against women discovered that the global lifetime prevalence of intimate partner violence (IPV) among ever-partnered women was 30%, and for Africa 37%. Reports from the Nigerian National Population Commission estimated women's lifetime exposure to intimate partner's violence (IPV) from their current husband or partner at 19% for emotional IPV, 14% for physical IPV, and 5% for sexual IPV. Previous studies from Nigeria has revealed the prevalence of IPV to range from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence. Furthermore, studies conducted in different regions in Nigeria have reported prevalence of IPV ranging from 42% in the North, 29% in the South West, 78.8% South East, to 41% in the South-South (Obi & Ozumba, 2017).

Studies conducted in sub-Saharan African and Asian countries showed an IPV rate ranging from 28% in Madagascar, 74% in Ethiopia, and 57% in India to 87% in Jordan (de Waal et al., 2017). In a multi-country study conducted in 10 different countries, a rate ranging from 18.5 to 75.8% was reported; domestic violence by an intimate partner alone had a rate of 15.5 to 70.9%, while violence by non-partners ranged between 5.1 and 64.6%. The prevalence estimates of intimate partner violence fluctuates between 23.2% in high-income Countries and 24.6% in the Western Pacific Region to 37% in the Eastern Mediterranean Region, and 37.7% in the South-East Asia Region. One of the responsible factors for these records of incidences of violence is the level of knowledge and attitude of men towards violence against women. Violence against women can cause short-term and long-term physical and mental health problems.

The short-term physical consequences of violence can include minor injuries or serious conditions. The short term effects include; bruises, cuts, broken bones, or injuries to organs and other parts of the body. The long-term mental health consequences of violence against women include; Post-traumatic Stress Disorder(PTSD), Depression and anxiety (Choi & Hyun, 2017). Incidence of violence against women rages among people of different social class,

backgrounds, even people who are highly knowledgeable in other areas of life, when it comes to women affairs.

This study will look at the knowledge and attitudes about violence against women. Although quite a lot has been done on violence against women generally, most of the studies carried out has been in the outside Nigeria, while few studies in Nigeria has cover the knowledge and attitude about violence against women. There exists a dearth of information on knowledge of and attitude towards violence against women among male workers, hence the need for a study that can elicit information on knowledge and attitude of men towards violence against women. Therefore, in view of these, the researchers embarked on assessment of knowledge and identification of attitude about violence against women among male health workers in Akure South Local Government Areas, Akure, Ondo State. The specific objectives were to:

1. assess the knowledge about violence against women among the respondents;
2. identify the attitude of respondents towards violence against women;
3. determine the relationship between religious belief and respondents' knowledge about violence against women;
4. determine the relationship between respondents' level of education and their knowledge about violence against women;
5. determine the relationship between religious belief and respondents' attitude towards violence against women; and
6. determine the relationship between level of education and respondents' attitude towards violence against women;

Research Questions

The following research questions were answered in this study

1. What is the level of knowledge about violence against women among respondents?
2. What is the attitude towards violence against women among respondents?

Hypotheses

The following research hypotheses were tested in this study

Ho1: There is no relationship between religious belief and respondents' knowledge about violence against women.

Ho2: There is no relationship between respondents' level of education and their knowledge about violence against women.

Ho3: There is no relationship between religious belief and respondents' attitude towards violence against women.

Ho4: There is no relationship between level of education and respondents' attitude towards violence against women.

METHODOLOGY

This study adopted a quantitative research design and descriptive method because it is the most suitable design for the research problem. It assessed knowledge and attitude about violence against women among male health workers in Akure South Local Government Area, Akure, Ondo-State. Akure is the capital of Ondo State, it lies in the South Western part of Nigeria. There are two major Local Government Areas within Akure, these are; Akure South and Akure

North Local Government areas. Akure South Local Government is the research setting for the research. Akure south is one of the local government area in Ondo state with headquarters in Akure. It has an area of 331 km and a population of 178,672 Males and 181,596 Females and a total 360,268 residents. There are twenty-one Government health institutions within Akure South Local Government these include; Mother and Child Hospital, Oke- Aro, UNIMED Teaching Hospital Akure, Neuro-psychiatric Hospital Oda-road, Leprosy Control Clinic Agoreti, Federal University of Technology Medical Center,(FUTA), 16 Primary Health care centers in different locations within Akure South Local Government.

There are sixteen Primary health institutions, four Secondary health institutions, and one tertiary health institution within Akure South Local Government Random selection of one secondary facility and four primary facilities was done by balloting on the basis of ratio 1:4, and the only tertiary institution available was selected. Therefore Six out of the twenty-one health institutions were selected for the research purpose.

The total population was the 645 Male health workers in Akure South Local Government Area of Akure, Ondo State. The sample size was calculated using Cochran's formula.

Cochran's formula - $n = \frac{Z^2 pq}{e^2}$

where:

e = desired level of precision

e = 5% (0.05)

p = 0.5

q = 1 - p

= 0.5

Z = 1 - 96

n_0 = Cochran's sample size recommendation

$n_0 = \frac{[(1-96)^2 (0.5) (0.5)]}{(0.05)^2}$

= 385

To determine the research sample size we use the formula

$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$

Where:

n_0 = Cochran's sample size recommendation

N = The population size

n = The adjusted sample size

$n_0 = 385$

N = 318

n = 385

$1 + \frac{385 - 1}{318}$

n = 174.21

n = 174

Therefore the sample size is 174.

10% attrition = 17.4 this is approximately 17.

Therefore calculated sample size + attrition = 191.

Thus, 191 male workers were selected from the health institutions in Akure South Local Government Area in Akure, Ondo State for the study.

Table 1: Distribution of Male Workers in selected health institutions within Akure South Local Government Area

S/N	CLASSIFICATION	N	Number of Male Health Workers	Sample Calculation	Sample Size
1.	Primary health institutions	4	56	$56/318 * 191$	34
2.	Secondary health institution	1	67	$67/318 * 191$	40
3.	Tertiary health institution	1	195	$195/318 * 191$	117
	Total	6	318		191

The sampling technique used in this study was multistage sampling procedure.

Stage one, the twenty-one health institutions were stratified into three groups; one tertiary, four secondary, and sixteen primary health institutions. The only tertiary institution was selected, then one secondary institution and four primary institutions were selected by balloting at ratio 1:4, making a total of six selected institutions.

Stage two; The total no of male workers in the 6 selected institutions were obtained from records and summed up to 318, Sample size was calculated by using Cochran's formular (191), Samples to be selected from each institution was determined by proportionate sampling technique.

Stage three; Data was collected from Respondents through the aid of questionnaire by accidental sampling technique. (see table A).

The Instrument for data collection is a 33 items validated questionnaire that elicited information relevant to the objectives of the study. The items on the research instrument are grouped under three sections that included:

Section A consists of 10 questions that assess socio-demographic characteristics such as; marital status, ethnicity, religion, level of education, salary grade level.

Section B consists of 12 questions that assessed the respondents' level of knowledge of violence against women. The items are 12. The questionnaires were distributed to 191 respondents. Their level of knowledge was determined by the percentage score of correct and incorrect answers to the questions. Total percentage of correct response above 50% denotes good knowledge of respondents towards VAW, and vice visa.

Section C consists of 11 questions which assessed the respondents' attitude towards violence against women.

To ensure the face and content validity, the questionnaire was designed based on the objectives of the study, was scrutinised by experts in the field. To ascertain the internal consistency and

stability of the instrument, a pilot test was conducted among male health workers in Lagos. 20 questionnaires (i.e 10% of the proposed sample size) were administered to the respondents who met the criteria. The overall reliability index 0.838, for section B (0.890) and section C (0.870) of Cronbach's Alpha was obtained to ensure internal consistency of the instrument.

The research assistants were adequately trained on issues like; privacy, confidentiality, consent seeking, and how to administer the questionnaires. The questionnaires were distributed to the respondents at their various offices and duty posts after information about the purpose of the study and questionnaires were retrieved on the spot and checked for completeness and clarity. All questionnaires administered were assessed for completeness, coded and processed using Statistical Package for the Social Sciences (SPSS) version 27.0 and data was analyzed using descriptive statistic via tables, frequency, mean, standard deviation and percentage. The hypotheses were tested using inferential statistics of Chi-square and logistic regression at 0.05 level of significance.

DATA PRESENTATION AND ANALYSIS

Table 2: Socio demographics of respondents

Socio-demographic Data		Frequency (N)	Percentage (%)
Marital Status	Married	78	40.8
	Single	61	31.9
	Separated	14	7.3
	Divorced	25	13.1
	Widowed	13	6.8
	Total	191	100
Ethnicity	Yoruba	129	67.5
	Igbo	45	23.6
	Hausa	17	8.9
	Total	191	100.0
Religion	Christianity	111	58.1
	Islam	45	23.6
	Traditional	35	18.3
	Total	191	100.0
Level of Education	Primary	27	14.1
	Secondary	39	20.4
	Tertiary	124	64.9
	Post-Graduate	1	0.5
	Total	191	100.0
Salary grade level	1-4	39	20.4
	5-8	105	55.0
	9-12	36	18.8
	13-above	11	5.8
	Total	191	100.0
Wife level of education	Primary	11	14.1
	Secondary	21	26.9
	Tertiary	39	50.0

	Post-Graduate	7	9.0
	Total	78	100.0
Does Your wife work	Yes	52	66.7
	No	26	33.3
	Total	78	100.0
What does she do?	Civil Servant	30	57.7
	Self Employed	10	19.2
	Private sector employed	12	23.1
	Total	52	100.0
Do you know your wife's income?	Yes	32	62.0
	No	18	35.0
	Total	50	97.0
How much is she earning?	<30,000	7	22.0
	30,000-50,000	22	69.0
	50,000-70,000	2	6.3
	>70,00	1	3.1
	Total	32	100

Table 2 above shows the Social demographic variables of the respondents in the research. In the first variable; the marital status, the groups that have the highest number of respondents are the married and single with 78(41%) and 61(32%) respectively. Similarly, on the ethnicity variable, the Yoruba and Igbo have the highest frequencies of the distribution with 129 (68%) and 45 (24%) respectively. Religious status of respondents shows that Christians and Muslims are the most significant respondents in the research with 111 (58%) and 45 (24%) respectively. Even though Christians are of larger percentage. On the level of education variable, majority; 124 (65%) of the respondents falls within tertiary level while the rest such as primary, secondary and post graduate were just few.

Research Question 1: What is the respondents' level of knowledge about violence against women?

Table 3: Knowledge level on violence against women among the respondents

S/N	Questions	True	Percent	False	Percent
1.	Violence against women include physical battering only	136	71.2	55	28.8
2.	Depriving women financial benefits is not a form of violence	88	47.1	99	52.9
3.	The act of jealousy towards a woman is not a violence	33	17.3	158	82.7
4.	Giving threatening look to create fear in women is a form of violence	30	16.0	158	84.0
5.	Depriving women of their human right is a form of violence	65	34.2	125	65.8
6.	Depriving women the right to employment is a form of violence	65	34.8	122	65.2
7.	Shouting at women is a form of violence	75	39.3	116	60.7
8.	Religious enforcement on women is not a form of violence	164	85.9	27	14.1
9.	Media portraying women as objects of sex is a form of violence	123	64.4	68	35.6
10.	Limiting women right to education is not a form of violence	60	31.4	131	68.6
11.	Refusal of men to allow their spouse use birth control methods is a form of violence	56	29.3	135	70.7
12.	Male supremacy in all things is a form of violence	56	29.6	133	70.4

Table 3 shows the information on knowledge about violence against women among the respondents. It reveals that respondents have poor knowledge of violence against women as majority of them responded “true” to negative statements such as; violence against women include physical battering only 136 (71%), religious enforcement on women is not a form of violence 164 (86%), and only a minority responded “true” to positive statements such as; the acts of jealousy towards a woman is a form of violence 33(17%), Refusal of men to allow their spouse use birth control methods is a form of violence 56 (29%), Male supremacy in all things is a form of violence 56(29%). Depriving women the right to employment is a form of violence 65(35%), Giving threatening look to create fear in women is a form of violence 30(16%). Depriving women of their human right is a form of violence 65(34%), and shouting at women is a form of violence 75(39%). As reflected by the responses, it is obvious that majority of the respondents consider physical battering as the only form of violence while the other forms such as; religious violence, financial violence and psychological violence are not considered as VAW.

Table 4: Correct and incorrect responses on knowledge-related questions

S/N	Question	Correct Response	Percent	Incorrect Response	Percent
1.	Violence against women include physical battering only (Physical violence)	55	28.8	136	71.2
2.	Depriving women financial benefits is not a form of violence (financial violence)	99	52.9	88	47.1
3.	The act of jealousy towards a woman is not a violence	158	82.7	33	17.3
4.	Giving threatening look to create fear in women is a form of violence	30	16.0	158	84.0
5.	Depriving women of their human right is a form of violence	65	34.2	125	65.8
6.	Depriving women the right to employment is a form of violence (Financial violence)	65	34.8	122	65.2
7.	Shouting at women is a form of violence (Emotional violence)	75	39.3	116	60.7
8.	Religious enforcement on women is not a form of violence (Religious violence)	27	14.1	164	85.9
9.	Media portraying women as objects of sex is a form of violence	123	64.4	68	35.6
10.	Limiting women right to education is not a form of violence	131	68.6	60	31.4
11.	Refusal of men to allow their spouse use birth control methods is a form of violence	56	29.3	135	70.7
12.	Male supremacy in all things is a form of violence (Psychological violence)	56	29.6	133	70.4
	TOTAL		41.3		58.8

Table 4 shows the percentage of correct and incorrect responses to questions assessing respondents’ knowledge about VAW. Total percentage of correct responses denotes good knowledge of respondents about VAW, while total percentage of incorrect responses denotes poor knowledge of respondents about VAW. The outcome generally revealed that 58.8% of the respondents have poor knowledge of VAW, while 41.3% of them have good knowledge of VAW.

Research Question 2: What is the attitude towards violence against women among respondents?

Table 5: Attitude of respondents toward violence against women

S/N	Questions	Agree	Percent	Disagree	Percent
1.	Bullying women makes me happy	95	49.7	96	50.3
2.	Violence against women is a norm	162	86.6	25	13.4
3.	Tradition supporting violence against women should be ignored	58	31.2	128	68.8
4.	Women abusers should be reported	134	70.2	57	29.8
5.	Women should be allowed to express their feelings	131	68.6	60	31.4
6.	Female genital mutilation should be discouraged	86	45.0	105	55.0
7.	Men should be preferred to women in leadership	71	37.2	120	62.8
8.	Rape in Marriage is not an offense	112	58.6	79	41.4
9.	Sad that women are being beaten	99	51.8	92	48.2
10.	Culture permitting wives to be beaten by husbands should not be discouraged	156	81.7	35	18.3
11.	Abusers of women should be prosecuted	154	81.9	34	18.1

Table 5 shows the information on attitude toward violence against women among respondents. It reveals some level of fair attitude towards violence against women among the respondents but the result is not satisfactory. The response revealed that quite a number of the respondents had negative attitude towards violence against women, as they agreed on some violence promoting statements such as; Violence against women is a norm 162 (87%), Rape in marriage is not an offense 112(59%), Culture permitting wives to be beaten by husbands should not be discouraged 156(82%). Likewise majority of the respondents disagree with violence discouraging statements such as; Tradition supporting violence against women should be ignored 128(69%), Female genital mutilation should be discouraged 105(55%). While, there are quite a number of respondents who agreed that violence against women is odd as revealed by their response to questions such as; Women abusers should be reported 134(70%), women should be allowed to express their feelings 131 (69%), Sad that women are being beaten 99(52%), and women abusers should be prosecuted 154(82|%). As reflected by the responses, majority of the respondents have supportive attitudes towards violence practices against women.

Table 6: Correct and incorrect responses on attitude-related questions

S/N	questions	Correct response	Percent	Incorrect response	Percent
1	Bullying women makes me happy	96	50.3	95	49.7
2	Violence against women is a norm	25	13.4	162	86.6
3	Tradition supporting violence against women should be ignored	58	31.2	128	68.8
4	Women abusers should be reported	134	70.2	57	29.8
5	Women should be allowed to express their feelings	131	68.6	60	31.4
6	Female genital mutilation should be discouraged	86	45.0	105	55.0
7	Men should be preferred to women in leadership	120	62.8	71	37.2
8	Rape in Marriage is not an offense	79	41.4	112	58.6
9	Sad that women are being beaten	99	51.8	92	48.2
10	Culture permitting wives to be beaten by husbands should not be discouraged	35	18.3	156	81.7
11	Abusers of women should be prosecuted	154	81.9	34	18.1
Total			48.7		51.3

Table 6 shows percentage of correct and incorrect responses on questions designed to identify respondents' attitudes towards VAW. Total percentage of correct responses denotes good attitude of respondents towards VAW, while total percentage of incorrect responses denotes negative attitude of respondents towards VAW. The outcome of the research generally reveals negative attitude towards violence against women among male health workers in Akure South Local Government. 48.7% of the respondents had a good attitude towards VAW, while 51.3% had a negative attitude towards VAW.

Hypotheses Testing

H₀₁: There is no relationship between religious belief, and knowledge of respondents about violence against women

Table 7: Relationship between religious belief and knowledge of respondents about violence against women

Correlations		1	2	3	4
1	Religion	1			
2	Violence against women include physical battering only	.249**	1		
3	Depriving women financial benefits	-.230**	-.107	1	
3	Male supremacy is a form of violence	.020	-.304**	.133	1

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

Table 7 shows the results of Pearson's correlation conducted to determine the relationship between religious belief and knowledge of respondents about violence against women. It shows

that there was a strong relationship between religious belief, and knowledge of respondents about violence against women. For instance, violence against women include physical battering only ($r=.249$ and $p< 0.01$). Therefore, the hypothesis should be rejected.

H₀₂: There is no relationship between level of education, and knowledge of respondents about violence against women.

Table 8: Relationship between level of education, and knowledge of respondents about violence against women

Correlations		1	2	3	4
1	Level of Education	1			
2	Depriving women the freedom of expression	-.577**	1		
3	Depriving women the right to employment	-.365**	.239**	1	
4	Shouting is a form of violence	-.424**	.095	.848**	1

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

Table 8 Shows the results of Pearson's correlation conducted to determine the relationship between level of education and knowledge of respondents about violence against women. It shows that there was a strong relationship between level of education and knowledge of respondents about violence against women. For instance, depriving women of the right to employment ($r=.239$ and $p< 0.01$), also shouting is a form of violence ($r=.848$ and $p< 0.01$). Therefore, the hypothesis should be rejected.

H₀₃: There is no relationship between religious belief and respondents' attitude towards violence against women.

Table 9: Relationship between religious beliefs and respondents' attitude towards violence against women

Correlations		1	2	3	4
1	Religion	1			
2	Bullying women makes me happy	-.202**	1		
3	Violence is a norm	-.013	-.264**	1	
4	Tradition supporting violence against women should be ignored	-.090	.576**	-.462**	1

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

Table 9 shows the results of Pearson's correlation conducted to determine the relationship between religious beliefs and attitude of violence against women. It shows that there was a strong relationship between religious belief and respondents' attitude towards violence against women. For instance, Tradition supporting violence against women should be ignored ($r=.576$ and $p< 0.01$), Therefore, the hypothesis should be rejected.

H₀₄: There is no relationship between level of education and respondents' attitude towards violence against women.

Table 10: Relationship between Level of Education and Respondents' Attitude Towards Violence Against Women

Correlations		1	2	3	4
1	Level of Education	1			
2	Sad that women are being beaten	-.001	1		
3	Cultures permitting wives to be beaten by husband	-.708**	.407**	1	
4	Abusers of women should be prosecuted	-.501**	.270**	.796**	1

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

Table 10 shows the results of Pearson's correlation conducted to determine the relationship between level of education and respondents' attitude towards violence against women. It shows that there was a strong relationship between level of education and respondents' attitude towards violence against women. For instance, Women abusers should be prosecuted ($r=.796$ and $p < 0.01$), Therefore, the hypothesis should be rejected.

DISCUSSION OF FINDINGS

The overall findings from the study reveals that 58.8% of the respondents have poor knowledge of VAW, while 41.3% of them have good knowledge of VAW, this is an indication that there is poor knowledge of violence against women among male workers in Akure South Local Government, The outcome of this study is in agreement with findings from a study by (Chang et al, 2017). It was reported that most respondents (64.3%) had poor knowledge on intimate partner violence against women (VAW). Findings from this study is fairly supported by report from a study carried out by (Nnebue, et al 2018) it shows that only 20% of the respondents had good knowledge of VAW, while the remaining 80% had poor knowledge.

Research on Men's attitude and knowledge towards gender based violence against women in Yenagoa, Bayelsa state by (Sukeri & Man, 2013) shows that only about 35% of the respondents had good knowledge of VAW while 75% of them had poor knowledge of VAW, this is also in support of findings from the above study. Contrary to the outcome of this research, in a study carried out by (NCAS 2021), findings reveals that most respondents have good knowledge of key aspects of violence against women and support gender equality. However, geographical locations and cultural differences of the researches settings could be responsible for these differences in findings. So also in contrast to findings from this study (Ruddle, Pina & Vasquez, 2017), in their study reported that 67% of respondents had moderate knowledge scores and 27% had poor knowledge scores. However, geographical locations and cultural differences are suspected contributory factors to these disparities.

The outcome of the research also reveals negative attitude towards violence against women among male health workers in Akure South Local Government. 48.7% of the respondents had

a good attitude towards VAW, while 51.3% had a negative attitude towards VAW. Findings from this research is supported by report from a research carried out by (Walker, Bowen, Brown & Sleath 2015), it was reported that the majority of the respondents (62.5%) agreed that women were inferior to men from a cultural perspective. This is a reflection of negative attitude towards violence against women.

The outcome of this study is closely related to report from a study by (Semahegn & Mengistie, 2015); 46.3% of the respondents had a good attitude towards VAW, while 53.7% had negative attitude towards VAW. This study is supported by findings by (Kamlesh et al 2018), in their study, it was reported that 19% of respondents had favourable attitude scores towards domestic violence (VAW), in other words, larger percentage of them had negative attitudes towards VAW. In contrast to findings from this study, a study carried out by (Ezeah, 2013) reveals that most respondents support gender equality and do not endorse attitudes supportive of VAW. However, geographical locations and cultural differences of the researches settings could be responsible for these differences in findings.

Research result shows that there was a strong relationship between religious belief and knowledge of respondents about violence against women. For instance, violence against women include physical battering only($r=.249$ and $p < 0.01$). Findings show that there was a strong relationship between level of education and knowledge of respondents about violence against women. For instance, depriving women of the right to employment ($r=.239$ and $p < 0.01$), also shouting is a form of violence ($r=.848$ and $p < 0.01$). Research result further shows that there was a strong relationship between religious belief and respondents' attitude towards violence against women. For instance, Tradition supporting violence against women should be ignored ($r=.576$ and $p < 0.01$). It was revealed that there was a strong relationship between level of education and respondents' attitude towards violence against women.

CONCLUSION

The reason why violence against women is being perpetrated by many men in our society is not far-fetched, because based on the outcome of the research study, it is obvious that male health workers in Akure South Local Government Area have poor knowledge & negative attitude towards violence against women.

Recommendations

Based on the findings from this study, it is recommended that Nurses; as health care providers and promoters who are majorly interested in the total wellbeing of their clients, should put up measures within their capacities such as; introduction of enlightenment programmes in the Community, to ensure men generally are well oriented about issues related to violence against women, this in returns creates positive influence on the knowledge and attitude of men towards violence against women, consequently it will facilitate a drastic reduction in the rate at which VAW is being perpetrated by men, this automatically puts women at advantage of physical and psychological wellbeing.

It is recommended that Government should put up measures to upgrade the knowledge of men and reform their attitudes towards violence against women. It should not be assumed that

religious belief and educational attainment are sufficient factors to address the issue of violence against women in our society, but rather awareness should be made in various religious bodies such as; Churches & Mosques, educational institutions and in the communities at large, through sensitization, organization of seminars and workshops and introduction of courses that can enlighten and boost men's knowledge about violence against women in the schools' curriculum.

Implication for Nurses

This study enables Nurses; as health care providers and promoters to identify one of the major factors responsible for psychological and sometimes physical trauma in their female clients and thereby give them a direction of exactly where to start addressing the problem that is; providing adequate orientation to men about issues related to violence against women, this in returns creates positive influence on the knowledge and attitude of men towards violence against women, consequently it will facilitate a drastic reduction in the rate at which VAW is being perpetrated by men, this will eventually keep women in a good mental and physical state, also families and the communities at large will be at advantage.

References

- Ahiie, O.N. (2018). Prevalence of Domestic Violence in Nigeria: Implications for Counseling. *Edo Journal of Counseling*, 2(1), 56 – 67
- Chang, H. Y., Lin, C. Y., & Liu, S. Y. (2017). Three-tier five-level preventive strategy for domestic violence and sexual violence prevention in Taiwan. *Journal of the Formosan Medical Association*, 7–8. <http://doi.org/10.1016/j.jfma.2017.08.007>
- Choi, E. Y., & Hyun, H. J. (2016). A Predictive Model of Domestic Violence in Multicultural Families Focusing on Perpetrator. *Asian Nursing Research*, 10(3), 213–220. <http://doi.org/10.1016/j.anr.2016.04.004>
- de Waal, M. M., Dekker, J. J. M., Kikkert, M. J., Kleinhesselink, M. D., & Goudriaan, A. E. (2017). Gender differences in characteristics of physical and sexual victimization in patients with dual diagnosis: a cross-sectional study. *BMC Psychiatry*, 17(1), 270. <http://doi.org/10.1186/s12888-017-1413-0>
- Ezeah, P. (2013). Socio-Economic and Cultural Processes Associated with Domestic Violence in Rural Nigeria. A study of Uzo Uwani Local Government Area of Enugu State. *Bangladesh Journal of Sociology* 10(1), 92-100.
- Gracia, E., & Merlo, J. (2016). Intimate partner violence against women and the Nordic paradox. *Social Science & Medicine*, 157, 27–30.
- Obi, S. N. and B.C. Ozumba (2017) Factors associated with domestic violence in South-East Nigeria. *Journal of obstetrics and gynaecology*, 27(1), 75 – 78.
- Ozcan, N. K., Günaydin, S., & Çitil, E. T. (2016). Domestic Violence Against Women In Turkey: A Systematic Review And Meta Analysis. *Archives of Psychiatric Nursing*, 30(5), 620–629.
- Ruddle, A., Pina, A., & Vasquez, E. (2017). Domestic violence offending behaviors: A review of the literature examining childhood exposure, implicit theories, trait aggression and anger rumination as predictive factors. *Aggression and Violent Behavior*, 34, 154–165.
- Semahegn, A., & Mengistie, B. (2015). Domestic violence against women and associated factors in Ethiopia: Systematic review. *Reproductive Health*, 12(1).

- Siemienuk, R.A.; Krentz, H.B; Gish J.A. & Gill, M.J. (2017). Domestic violence screening: Prevalence and outcomes in a Canadian HIV population. *AIDS Patient Care and STDs*.
- Sukeri, S., & Man, N. N. N. (2017). Escaping domestic violence: A qualitative study of women who left their abusive husbands. *Journal of Taibah University Medical Sciences*. <http://doi.org/10.1016/j.jtumed.2017.05.009>
- Tenuche, M. (2011). The Burden of Marital Vows: A Study of Domestic Violence in Benue and Kogi States, North Central, Nigeria. *Journal of Research in Peace, Gender and Development*. 1(16), 192-203.
- UN Women (2015). *Virtual knowledge centre to end violence against women. Promoting primary prevention*. Geneva
- Walker, K., Bowen, E., Brown, S., & Sleath, E. (2015). Desistance From Intimate Partner Violence. *Journal of Interpersonal Violence*, 30(15), 2726–2750.
- WHO (2017). Globalization [Online]. World health Organisation. Available: <http://www.who.int/trade/glossary/story043/en/> [Accessed 3rd July 2020]
- WHO (2019). Global and regional estimates of violence against women. World health Organisation. Available: <http://www.who.globalhealth.org>.