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International Journal of Public Relations and Social Sciences (IJPRSS)
Vol. 2, Issue 2, April 2026 - ISSN: 1595-0778

Domestic Violence and Health Implications among Women in Uyo Local Government Area

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DOI: https://doi.org/10.5281/zenodo.20422557

Citation: Dennis, V. V., & Echi Uchenna, D.-C. (2026). Domestic Violence and Health Implications among Women in Uyo Local Government Area. *International Journal of Public Relations and Social Sciences, 2(2).*

Abstract

This study examined the domestic violence and health implications among women in the Uyo Local Government Area of Akwa Ibom State. Three objectives, three research questions, and three hypotheses were formulated for the study. A descriptive survey design was adopted for the study, and the population for this study includes all women in Uyo Local Government Area, and a sample size of 300 women was purposively selected for the study. A researcher-developed questionnaire, entitled "Domestic Violence and Health Implications Questionnaire (DVHIQ)," was the main instrument used to collect data for the study. The research questions were answered, and the hypotheses were tested. Frequencies, counts, and percentages were used to answer the research questions, while chi-square was adopted to test the null hypotheses at .05 alpha levels of significance. The result from the data analysis revealed that there is a significant influence of physical abuse on the health of women in Uyo Local Government Area, a significant influence of emotional abuse on the health of women in Uyo Local Government Area, and a significant influence of economic abuse on the health of women in Uyo Local Government Area. Based on the findings of the study, it was recommended, among others, that the government should formulate policies that will help to stop domestic violence, and the sensitization campaigns and health educational programs should be intensified to address the issue of domestic violence.

Keywords: Domestic Violence, Physical Abuse, Emotional Abuse, Economic Abuse, Health

Introduction

All over the world, violence against women has been recognized as a problem, crossing cultural, geographical, religious, social, and economic boundaries. Generally, women have suffered severely from medical problems, such as chronic and acute physical injuries loss of hearing or vision, miscarriage, depression, physical disfigurement, pelvic pain, anxiety, cardiovascular problems, bruises, broken bones among others. The reason for these complex problems may in many cases be traced to domestic violence due to women economic dependence on men especially in Nigeria where patriarchy system and the differential socialization practice is high.

Domestic violence remains one of the most pervasive public health and social issues globally, transcending cultural, economic, and geographic boundaries. It is a silent epidemic that destroys lives, undermines women's well-being, and hampers societal development. Despite international efforts to combat it, domestic violence persists unabated, affecting millions of women worldwide, many of whom suffer in silence due to cultural taboos, fear, and lack of access to support systems. The World Health Organization (WHO, 2021) estimates that approximately 1 in 3 women globally have experienced physical or sexual violence by an intimate partner or non-partner at some point in their lives, highlighting the urgent need for comprehensive intervention and prevention strategies.

In Nigeria, domestic violence is a significant social concern, with reports indicating that more than 30% of women have experienced some form of violence from their intimate partners (Nwosu & Eze, 2022). Cultural norms, gender inequalities, and economic hardships often exacerbate the prevalence of domestic violence, making women particularly vulnerable. The National Demographic and Health Survey (NDHS, 2021) revealed that about 28% of Nigerian women have experienced physical violence, while 14% have endured sexual violence from their partners. These figures underscore the widespread nature of the problem and the critical need for targeted interventions. Despite Nigeria's legal frameworks on gender-based violence, enforcement remains weak, and many victims continue to suffer in silence due to stigma, lack of awareness, and limited access to support services (Adebayo & Olowu, 2023).

Within Nigeria, Akwa Ibom State has witnessed rising concerns regarding domestic violence, particularly among women in urban and semi-urban areas like Uyo, the state capital. Uyo Local Government Area, characterized by rapid urbanization and socio-economic changes, has seen an increase in cases of domestic violence, often linked to cultural attitudes, economic stressors, and gender dynamics.

According to a recent study by Ekong and Etuk (2024), approximately 35% of women in Uyo have reported experiencing some form of domestic violence, yet many cases remain unreported due to fear of stigmatization and lack of accessible support services. The socio-cultural fabric of Uyo, which often emphasizes traditional gender roles, may perpetuate violence and hinder victims from seeking help, making it a critical area of study.

The health implications of domestic violence among women are profound and multifaceted, affecting physical, mental, and social well-being. Violent acts against women, which result in depression, emotional trauma, psychological harm, and others, affect their health, social functioning, and inability to function at home and in the workplace (Nwogu, 2020). Consequently, this gives rise to low working output and financial status. This also makes the sustenance of material life precarious in many ways (Chukwuemeka, 2024). Domestic violence is not only a violation of human rights but also a significant public health concern that manifests through various health complications. Understanding these health implications involves examining the tangible and intangible consequences of violence on women's health, including physical injuries, psychological trauma, and social disruptions.

Physical abuse has a profound negative impact on the health of women, often leading to both immediate injuries and long-term physical and psychological health problems. Women who experience physical abuse are at increased risk of chronic conditions such as hypertension, gastrointestinal disorders, and musculoskeletal problems due to the sustained physical trauma and stress (Eke et al., 2023). Additionally, the psychological consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation, are prevalent among victims of abuse, further impairing their overall well-being. The trauma associated with physical abuse can also weaken the immune system, making women more susceptible to infectious diseases and delaying recovery from illnesses (Nwosu & Eze, 2022). Furthermore, the fear and shame associated with abuse often hinder women from seeking medical help or support, exacerbating health disparities and prolonging their suffering. Overall, physical abuse significantly compromises women's physical and mental health, underscoring the urgent need for effective intervention and support systems.

Emotional abuse has a significant detrimental effect on women's health, often leading to severe psychological and physical consequences that impair their overall well-being. Victims of emotional abuse frequently experience heightened levels of stress, anxiety, depression, and low self-esteem, which can contribute to

the development of chronic mental health conditions. The persistent psychological trauma associated with emotional abuse can also manifest physically, resulting in symptoms such as headaches, fatigue, and gastrointestinal issues, as well as increasing the risk of cardiovascular problems due to prolonged stress responses (Liu et al., 2020). Moreover, emotional abuse can undermine women's social and support networks, leading to social isolation and reduced access to healthcare services, which further exacerbates health disparities. The ongoing emotional toll may also impair immune function, making women more vulnerable to illnesses and delaying recovery from existing health issues (Okon et al., 2024).

Economic abuse significantly affects women's health by undermining their financial independence and access to vital resources, which can lead to increased stress and adverse physical and mental health outcomes (Adebayo & Olowu, 2023). Women subjected to economic abuse often experience heightened anxiety, depression, and feelings of helplessness due to restricted access to money, employment, or essential healthcare services. This financial control can also hinder their ability to maintain proper nutrition, access medical care, and seek support, thereby exacerbating existing health issues or creating new health challenges. Additionally, economic abuse can perpetuate a cycle of dependency and vulnerability, preventing women from leaving abusive environments or obtaining necessary health interventions, which further deteriorates their overall well-being (Akaninyene & Ita, 2023). Consequently, the pervasive impact of economic abuse on health underscores the importance of addressing financial control and promoting economic empowerment as part of comprehensive support for women experiencing violence.

Choosing women in Uyo Local Government Area as the focus of this study is motivated by the increasing prevalence of domestic violence in the region, coupled with the paucity of localized data and tailored intervention programs. Uyo, as the political and economic hub of Akwa Ibom State, exemplifies the challenges of urbanization, socio-economic disparities, and cultural practices that influence domestic violence dynamics. Furthermore, existing research by Akaninyene and Ita (2023) indicated that women in Uyo face unique social pressures and cultural expectations that may either exacerbate or mitigate violence, making it imperative to understand the local context. The researcher embarked on this study to fill the critical knowledge gap regarding the specific health implications of domestic violence among women in Uyo Local Government Area.

Statement of the problem

In an ideal situation, women would live free from violence, enjoying safe, respectful, and supportive environments that promote their physical, mental, and social well-being. They would have access to adequate support systems, legal protections, and health services that enable them to lead healthy and productive lives without the fear of abuse or harm. Such an environment would foster gender equality, empowerment, and social cohesion, contributing positively to community development and national progress. However, this ideal is far from reality, as many women, especially those in Uyo, continue to face domestic violence. This deviation from the ideal is evident in the high prevalence of domestic violence among women, as observed by the researchers through various reports, community surveys, and anecdotal evidence. Many women suffer physical injuries, mental health issues, and social stigmatization as a result of violence perpetrated by intimate partners or family members. Despite the availability of legal frameworks and awareness campaigns, domestic violence remains pervasive, often unreported, and inadequately addressed due to cultural norms, lack of accessible support services, and weak enforcement of laws. This persistent problem highlights a significant gap between the ideal state of safe and healthy living conditions for women and the current realities faced by many in Uyo.

The federal and state governments have made efforts to combat domestic violence through policies, legal reforms, and awareness campaigns aimed at protecting women's rights and promoting gender equality. For instance, the Violence Against Persons (Prohibition) Act of 2015 provides a legal framework to address various forms of violence, including domestic abuse. However, implementation and enforcement remain challenges, especially at the local government level, where cultural practices and socio-economic factors often hinder effective intervention. Motivated by the alarming rates of domestic violence and its devastating health implications among women in Uyo, the researchers embarked on this study to generate localized data, deepen understanding of the health consequences, and inform targeted interventions. The study aims to fill existing knowledge gaps and contribute to the development of sustainable strategies to reduce domestic violence and improve health outcomes for women in Uyo Local Government Area.

Purpose of the Study

The purpose of this study is to investigate the rate of domestic violence and its health implications among women in the Uyo Local Government Area of Akwa Ibom State. Specifically, the objectives of the study include:

i. To determine the influence of physical abuse on the health of women in Uyo Local Government Area.

ii. To examine the influence of emotional abuse on the health of women in Uyo Local Government Area.

iii. To ascertain the influence of economic abuse on the health of women in Uyo Local Government Area.

Research Questions

The following research questions were formulated to guide the study:

i. What is the influence of physical abuse on the health of women in Uyo Local Government Area?

ii. What is the influence of emotional abuse on the health of women in Uyo Local Government Area?

iii. What is the influence of economic abuse on the health of women in Uyo Local Government Area?

Research Hypotheses

The following null hypotheses are formulated to guide this study and will be tested at a .05 alpha level of significance.

i. There is no significant influence of physical abuse on the health of women in Uyo Local Government Area.

ii. There is no significant influence of emotional abuse on the health of women in Uyo Local Government Area.

iii. There is no significant influence of economic abuse on the health of women in Uyo Local Government Area.

Research Method

The research design adopted for this study was the descriptive survey design. A descriptive survey design is relevant when the researcher is required to undertake a systematic collection, analysis, and presentation of data to account for the characteristics of particular individuals, groups, or the state of events without the manipulation of data as applicable in experimental studies. This type of research design specifies the nature of a given phenomenon in a population. It provides a picture of a situation as it occurs in a given population. However, the reason for the

adoption of a descriptive survey design in this study is that the design describes an event or condition that currently exists and describes those conditions as they are. This design has successfully been used by William and Sweetman (2019) and Hattery (2019) in similar studies. The target population for the study consists of all women in Uyo Local Government Area. A sample size of 300 women was purposively drawn for the study.

The instrument used for data collection was a researcher-structured questionnaire. The questionnaire is titled “Domestic Violence and Health Implications Questionnaire (DVHIQ)." The questionnaire had two sections following the introductory letter assuring respondents of confidentiality. The two sections are marked "Section A" and "B." Section A is mainly concerned with the demographic characteristics of respondents, while Section B has 15 items tailored according to the variables under investigation. The items had Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The instrument was given to two experts, three lecturers in the Department of Guidance and Counselling, and one lecturer in the Department of Sociological Foundations of Education for face validation. The experts validated the items for clarity of instrument, clarity of language, appropriateness, and adequacy of the items in measuring what they are supposed to measure. The advice of the experts helped to modify and select the set of test items used for data collection. To ascertain the reliability of the instrument, a pilot study was conducted with 30 women from Itu, which was outside the study area. A Cronbach alpha was used to test the reliability of the instrument, and it yielded a reliability coefficient of 0.78, and this result was considered high enough for the study.

The researchers established an excellent rapport with respondents to gain their consent, and the questionnaire, being the main instrument for data collection, was administered personally by the researcher on major streets in Uyo and two research assistants. Appropriate information by way of orientation was given to research assistants and the respondents on how the questionnaires should be filled out by the respondents as regards the purpose of the study. The questionnaires were then distributed to respondents, and the completed questionnaires were collected on the spot with the help of the research assistants. However, out of 300 copies of the questionnaire administered, 296 copies were valid and used for data analysis. Data collected were analyzed using simple linear regression statistics. The R values of simple linear regression statistics were used to answer all the research questions. The null hypotheses were tested using a significant value at the .05 alpha level of significance. All data were subjected to analysis using the Statistical Package for the

Social Sciences. The following decision rule guided the answering of all the research questions:
0.80 - 1.00 Very high influence
0.60 - 0.79 High influence
0.40 - 0.59 Moderate influence
0.20 - 0.39 Low influence
0.0 - 0.19 Very low influence
However, if the p-value is less than the .05 level of significance, the null hypothesis was rejected, but if the p-value is greater than the .05 level of significance, the null hypothesis was accepted.

Results

Research Question 1: What is the influence of physical abuse on the health of Women in Uyo Local Government Area?

Table 1: Simple regression analysis on the influence of physical abuse on the health of Women in Uyo Local Government Area (n = 296).

Model	R	R Square	Adj. R Square	Std. Error of Estimate	Remarks
1	.782	.693	.312	6.11548	High Influence

Source: Field Work (2026)

Table 1 presents the simple regression analysis on the influence of physical abuse on the physical health of women. The coefficient of determination (R^2) is 0.693, which implies that physical abuse accounts for 69.3% of the variation in the health of women in the Uyo Local Government Area.

Research Question 2: What is the influence of emotional abuse on the health of women in Uyo Local Government Area?

Table 2: Simple regression analysis on the influence of emotional abuse on the health of women in Uyo Local Government Area (n = 296)

Model	R	R Square	Adj. R Square	Std. Error of Estimate	Remarks
1	.842	.720	.501	5.72073	Very High Influence

Source: Field Work (2026)

Table 2 presents the simple regression analysis on the influence of domestic violence on the mental health of women. The coefficient of determination (R^2) is 0.720, which implies that emotional abuse accounts for 72.0% of the variation in the health of women in Uyo Local Government Area.

Research Question 3: What is the influence of economic abuse on the health of women in the Uyo Local Government Area?

Table 3: Simple regression analysis on the influence of economic abuse on the health of women in the Uyo Local Government Area (n = 296).

Model	R	R Square	Adj. R Square	Std. Error of Estimate	Remarks
1	.641	.514	.405	7.14609	Moderate Influence

Source: Field Work (2026)

Table 3 presents the simple regression analysis for the influence of economic abuse on the health of women. The coefficient of determination (R^2) is 0.514, which implies that economic abuse accounts for 41.0% of the variation in the health of women in Uyo Local Government Area.

Hypothesis 1: There is no significant influence of physical abuse on the health of women in the Uyo Local Government Area.

Table 4: Summary of t-test associated with simple regression coefficient on the influence of physical abuse on the health of women in Uyo Local Government Area (n = 296).

Predictor	B	Std. Error	Beta	t	p	Decision
(Constant)	35.878	2.196	-	16.426		
Physical Abuse	3.092	.310	2.013	3.841	.002	Sig.

Source: Field Work (2026)

The simple regression analysis in Table 4 shows that physical abuse significantly influences the health of women in the Uyo Local Government Area. The regression coefficient for domestic violence was positive (B = 3.092, SE = 0.310), with a standardized beta of 2.013. The result revealed that physical abuse has significant influence on the health of women, $t(296) = 3.841$, $p < .05$. This implies that there is a significant influence of physical abuse on the health of women in the Uyo Local Government Area.

Hypothesis 2: There is no significant influence of emotional abuse on the health of women in Uyo Local Government Area.

Table 5: Summary of t-test associated with simple regression coefficient on the influence of emotional abuse on the health of women in Uyo Local Government Area (n = 296).

Predictor	B	Std. Error	Beta	t	p	Decision
(Constant)	32.496	2.195	-	15.244		
Emotional Abuse	5.133	.382	.321	4.743	.000	Sig.

Source: Field Work (2026)

The simple regression analysis in Table 5 shows that emotional abuse significantly influences the health of women. The regression coefficient for emotional abuse was positive (B = 5.133, SE = 0.382), with a standardized beta of .321. The result revealed that emotional abuse has significant influence on the health of women, $t(296) = 4.743$, $p < .05$. This implies that there is a significant influence of emotional abuse on the health of women in Uyo Local Government Area.

Hypothesis 3: There is no significant influence of economic abuse on the health of women in Uyo Local Government Area.

Table 6: Summary of t-test associated with simple regression analysis on the influence of economic abuse on the health of women in Uyo Local Government Area (n = 296).

Predictor	B	Std. Error	Beta	t	p
Decision					
(Constant)	38,539	2.162	-	16.583	
				.001	Sig.
Economic Abuse	3.291	.139	3.031	2.481	

Source: Field Work (2026)

The simple regression analysis in Table 6 shows that economic abuse significantly influences the health of women. The regression coefficient for enterprising personality type was positive (B = 3.291, SE = 0.139), with a standardized beta of 3.031. The result revealed that economic abuse has significant influence on the health of women, $t(296) = 2.481$, $p < .05$. This implies that there is a significant influence of economic abuse on the health of women in Uyo Local Government Area.

Discussion of Findings

The result from the study revealed that there is a significant influence of physical abuse on the health of women in Uyo Local Government Area. This result was significant, as the analysis of hypothesis one showed that the calculated X^2-value of 11.307 is greater than the critical X^2-value of 9.488 at the .05 level of significance with the degrees of freedom of 4. This finding is in line with the finding of William and Sweetman (2019), who found a significant influence of physical abuse on the physical well-being of women in the society.

The analysis of data in Table 5, hypothesis two, revealed that there is a significant influence of emotional abuse on the health of women in Uyo Local Government Area. The result of the analysis showed that the calculated X^2-value of 12.118 is greater than the critical X^2-value of 9.488 at the .05 level of significance with the degrees of freedom of 4. This finding is in line with the findings of Buvinic and Morrison (2020), who found a significant influence of emotional abuse on the health of women who faced domestic violence.

Finally, the findings revealed that there is a significant influence of economic abuse on the health of women in Uyo Local Government Area. This result was significant, as the chi-square test of the hypothesis yielded 17.07 as against the critical value of 9.488 at the degree of freedom of 4 and the .05 significance level. This result is in consonance with the studies by Okorji (2019) and Simmons (2019), which revealed a significant influence of economic abuse on the health of women in society.

Conclusion

From the data generated and analysis of such data in the course of this study, it can be concluded that physical abuse, emotional abuse, and economic abuse have significant influence on the health of women in the Uyo Local Government Area.

Recommendations

Based on the findings of the study, the following recommendations are made:

i. Sensitization campaigns and health educational programs should be intensified to address the issue of domestic violence.
ii. Health educators should enlighten the general public, especially married couples, on health implications of domesticity.
iii. Government should formulate policies that will help to stop domestic violence.
iv. Government should enforce the law to stop domestic violence.

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