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EXPERIENCE OF DOMESTIC VIOLENCE VICTIMS: WOMEN AT PRAMPRAM COMMUNITY

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DECLARATION

We hereby declare that this project titled "Experience of Domestic Violence: Women at Prampram Community" was undertaken by the researchers and was supervised by Dr. Mary Opare (HOD). Except for specific references which have been duly acknowledged, it has not been submitted either in part or whole for any other degree or diploma elsewhere.

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DEDICATION

First and foremost, this work is dedicated to the Almighty God for his grace and blessings which have propelled us this far. Secondly, we also wish to dedicate this material to Beatrice Tawiah who through her suffering inspired us to do this research. Last but not the least we dedicate this material to all women who are victims of domestic violence.

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On the very onset of this report we would like to extend our sincere and heartfelt obligation towards all the personages who have helped us in this endeavour. Without their active guidance, help, cooperation and encouragement, we would not have made headway in the project.

We are ineffably indebted to our supervisor **Dr. Mary Opare (HOD)** for conscientious guidance and encouragement to accomplish this assignment.

We extend our gratitude to Prampram District Health Directorate for giving us this opportunity to conduct the research.

We also acknowledge with a deep sense of reverence, our gratitude towards our parents and members of our family, who has always supported us morally as well as economically.

Last but not least, our profound gratitude goes to all of our friends who directly or indirectly helped us to complete this project report.

Any omission in this brief acknowledgement does not mean lack of gratitude.

Thank you

McBright Yankson

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ABSTRACT

In this study, the topic, "Experience of Domestic Violence: Women at Prampram Community" was explored using a quantitative cross-sectional design. A sample size of 50 participants were recruited and Convenient sampling was employed for data collection using a questionnaire as a tool. Data obtained during this study was analysed with the use of the Statistical Packages of Social Sciences (SPSS) analytic software and Microsoft Word. The findings reveal 40% victims being 26 to 35 years, many, 44% were married, and 72% had jobs with 54% being a secondary level graduate. On partners, only, 6% were abusing drugs, 74% did not and 20% not known. On participants, 50% perceived the cause of abuse as monetary issue, 28% as a result of extra-marital affairs, 20% as a result of caring for the children and 2% not returning home early from work. On injury, 64% of the participants sustained injury as a result of the abuse. On physical defects, 42% had that and 58% were emotionally and psychologically affected. The findings of the research show that monetary issue, extra-marital affairs, caring for the children and women not returning home early from work were the possible causes for domestic violence. In the light of these findings, some recommendations have been made, particularly, national bodies such as the Domestic Violence and Victims Support Unit (DOVVSU) and Commission on Human Rights and Administrative Justice (CHRAJ) to create national awareness campaign against domestic violence through intensive media education for all women on the causes, effects and prevention of the menace.

CHAPTER ONE

BACKGROUND AND LITERATURE REVIEW

1.0 INTRODUCTION TO THE CHAPTER

This chapter is aimed at enlightening the reader on the background of the study, the problem statement, and purpose of the study, research objectives, significance of the study and operational definition of terms.

1.1 BACKGROUND OF THE STUDY

Domestic violence is abuse by one person against another in an intimate relationship including marriage, cohabitation, dating or relationships within families which is one of the most common forms of gender-based violence in the world (Abramsky et al., 2011; Ellsberg et al., 2008; Garcia-Moreno et al., 2006, 2013; USAID, 2006). International studies estimate that approximately 35 per cent of women across the world have experienced physical and or sexual violence at some point in their lives, largely in the form of domestic violence (García-Moreno et al., 2013; Appendix A). A recent systematic review has reported that at least one in seven homicides and over one third of all female homicides worldwide are perpetrated by an intimate partner violence (Stockl et al., 2013). Physical and sexual violence are not the only types of domestic violence perpetrated against women, emotionally abusive acts and controlling behaviour are experienced up to 75 percent of women worldwide (García-Moreno et al., 2005). Domestic violence is also associated with persistent forms of gender inequality and adverse health and economic outcomes among victims, including poor physical and mental health, higher risks of the human immunodeficiency virus (HIV) and other sexually transmitted diseases, restricted livelihood options and choices, lower human capital and lower productivity (García-Moreno et al., 2005, 2013; Moosa, 2012).

Civil society and governments around the world have acknowledged that Violence against Women and Girls (VAWG), is a violation of basic human rights and a global policy concern. In recognition of this international attention, eliminating all forms of violence against women and girls in the public and private spheres is one of the targets against which the Sustainable Development Goal number 5 aimed at achieving gender equality and empowering all women and girls. To further underscore the importance of tackling violence against all women and girls, the elimination and prevention of all forms of violence was chosen as the review theme at the 60th Session of the United Nation's (UN) Commission on the Status of Women in March 2016. Violence against women within private relations was drafted into international legislation in the 1970s, as women's movements in the United Kingdom and the United States of America (USA) drew attention to the extent of violence committed by intimate partners. Domestic violence was first recognised at the international policy level in 1993 in the Declaration on the Elimination of Violence against Women (DEVAW), which framed gender-based violence as a human rights violation. In these international declarations, sexual and gender-based violence were defined primarily as violence committed by men against women and girls. Declaration on the Elimination of Violence against Women (DEVAW) in particular articulated three inter-linked spheres in which sexual and gender based violence took place in the family (including marital rape, sexual abuse, female genital mutilation and dowry-related violence), in the community (including rape, sexual harassment and sex trafficking), and by the State (all forms of violence that are condoned or perpetrated by state actors). This approach was informed by feminist theories that considered violence against women to be fundamentally different from violence against men (Africa, 2010; Haraway, 1988; Yodanis, 2004). Emergent fields of sexuality and masculinities studies have shown that domestic violence takes place against women, some men and children (Hunnicutt, 2009; see also Institute of Development Studies et al., 2015).

DOMESTIC VIOLENCE IN GHANA

According to the Demographic and Health Survey (DHS) conducted in Ghana in 2008, 38.7% of ever-married women between the ages of 15 and 49 years reported having experienced physical, psychological or sexual violence by a husband or partner at some point in their lives. Many, 27.6% of Ghanaian males reported having experienced physical or psychological violence by their wife or partner (Ghana Statistical Service et al., 2009).

Considerable effort has been made in Ghana over the last three decades to reduce the incidence of domestic violence. Some of the first studies on domestic violence in Africa took place in the 1990s in Ghana, as well as in Tanzania, Uganda and South Africa (Hodgson, 2002; Ofei-Aboagye, 1994; Watts, Osam and Win, 1995). These studies were motivated by the actions of activist groups, which played an important role in the formulation and passing of domestic violence laws in Ghana (Bowman, 2002; Kimuna and Djamba, 2008; Schneider, 2008). Ghana's first legislation effort against domestic violence reflected the global momentum in pushing for women rights to be recognised as human rights (Cook, 2011), prompted by years of advocacy from key Civil Society Organisations (CSOs), women's rights organisations and international bodies. These actions made the Government of Ghana to enact a number of national laws to protect the rights and outlaw violence against women and girls. These included a provision in the 1992 Constitution that prohibited discrimination based on sex, the 1998 Criminal Code Amendment Act 6 and legal amendments criminalising certain harmful traditional practices such as widowhood rites (1984), female genital mutilation (FGM) (1995) and child abuse (1998) and in February 2007, Ghana's Parliament voted to enact the Domestic Violence Act (Act 732). The efforts to put the Domestic Violence Act in place in the late 1990s were accompanied by much publicity in the media where physical abuse of women by their partners became a regular theme in the media's report leading to the establishment of the Women and Juvenile Unit (WAJU) of the Ghana Police in 1998, a specialised unit that handled

crimes against women and children (Amoakohene, 2004). Efforts by civil society actors and NGOs resulted in successful mobilisation, advocacy, sensitisation and education about domestic violence, and the training of state officials on domestic violence and gender issues. Their efforts achieved momentum with the coming together of stakeholder CSOs into the National Coalition on Domestic Violence Legislation, established in 2003, which "at various times worked closely with, and at other times independently of, or even in conflict with, the State" (Adomako-Ampofo, 2008: 1).

Finally, in 2007, Ghana's Parliament voted to enact the Domestic Violence Act (Act 732). The actual Bill had been before Parliament since 2003 and was the "subject of heated debate" (Adomako-Ampofo, 2008). According to Takyiwaa Manuh, the "process leading to the passage of the law involved not only the introduction of new legislation, but also confronting a social system that tolerates various forms of violence against women and girls, especially in the context of gender relations and in the domestic sphere" (Manuh, 2007).

Ghana's domestic violence legislation takes a broader and arguably, culturally sensitive approach to access justice, when compared with other countries. Firstly, the 2007 Domestic Violence Act allows for mediation by alternative dispute resolution methods. Secondly, the definition of domestic violence used in Act 732 does not include reference to a specific sex. Thirdly, the Act acknowledges that perpetrators and survivors do not have to be married or related by blood ties, and applies to live-in household staff too. Fourthly, the definition of domestic violence includes various forms of economic abuse, in addition to more conventional definitions of sexual and physical violence. The Act also provides a working definition of domestic violence, and outlines a comprehensive legal framework for the prevention and protection against domestic violence. Notably, the law criminalises various acts of physical and sexual violence, economic and psychological abuse, and intimidation and harassment in domestic relations. Domestic violence against women by their intimate partner's is recognized

as a major international public health problem in both developed and developing countries West-Africa, Ghana. (Abramsky et al., 2011; Ellsberg et al., 2008; Garcia-Moreno et al., 2006, 2013; USAID, 2006).

1.2 PROBLEM STATEMENT

Some years back when one of the researchers was growing up, he lived with his grandparents from the father's side, during his primary education. His grandfather was an alcoholic and whenever he went out to drink and returned home, fought with the researcher's grandmother over trivial issues and drove them away from the house, this made the researcher's grandmother took the researcher and other two siblings to their church mission house for shelter most often. One day it became very serious to the point that his grandfather nearly burnt the house into ashes if not by the intervention of their neighbours, he also threatened to kill the grandmother on several occasions. The grandmother was admitted to the hospital several times because of the effects of what the husband was doing. The researcher's studies was also affected because the researcher was always with the grandmother taking care of her at the hospital coupled with the grandfather not willing to pay his school fees and household maintenance allowance. The researcher being the eldest of his siblings sometimes had to go the farm to fetch firewood and sold to help raise money and also got food for his siblings. This experience was discussed with the colleague where he also developed key interest in the menace and hence the topic awarded to do the study. There are other forms of domestic violence which the researchers have seen whiles growing up in various communities and how it affected the children leading them and their mothers to the streets and some of these children were not able to get the support they needed in life that has led them to wrong decisions and choices. In response to these problems, this study sought to ascertain the causes of domestic violence and also assess the effects of domestic violence on women in the Prampram community.

1.3 PURPOSE OF THE STUDY

The aim of this research study was to investigate the experiences of women who are victims of domestic violence in the Prampram community.

1.4 RESEARCH OBJECTIVES

The specific objectives of the study are:

1. To ascertain the causes of domestic violence against women at the Prampram community.
2. To assess the effect of domestic violence on women at Prampram community.

1.5 RESEARCH QUESTIONS

Questions for which the study seeks to answer are:

1. What are the causes of domestic violence against women in Prampram community?
2. What effects has domestic violence on women in Prampram community?

1.6 SIGNIFICANCE OF STUDY

This study was designed to serve as a basis for community to community reduction and possibly total eradication of domestic violence, though it will not be an easy fight but will pave way for the stakeholders in the health institutions, the police and policy makers do greater works with this research. The study is going to serve as a great source of literature for all who would want to conduct further research into the issue of women victims of domestic violence in communities and the country as a whole.

1.7 OPERATIONAL DEFINITION OF TERMS

Domestic: relating to local environment or on home setting.

Violence: is the use of aggression to achieve a desired goal without caring for the effects on the other individual

Domestic violence: is violence or other abuse by one person against another in a domestic setting.

Prevalence: the total number of an event occurring within a period.

Victimized: someone who suffers from an abusive act of a different person or partner.

Perpetrator: someone who commits a crime.

Sexual: having intimacy or sexual relation with someone.

Homicide: murdering another person

Depression: a health problem causing persistent loss of interest in activities and impairment in everyday life.

Experience: an event or occurrence which leaves an impression on someone.

1.8 LITERATURE REVIEW

This chapter provides an overview of previous research on knowledge and intranets, this was in order to scope out the key data collection requirements for the primary research to be conducted and it formed part of the emergent research design.

1. **To ascertain the causes of domestic violence on women at the Prampram community**

Worden and Calsen (2005) on attitudes and Beliefs about Domestic violence: Results of a public opinion survey II, Beliefs About causes. Using a qualitative method, through telephone interviewing of a random sample of 1,200 resident in six communities in the New York, structured question on direct and secondary experience with partner violence. The researchers reported in their findings that the most commonly mention causes were work- related or financial stress (37%), substance abuse (30%) anger and loss of control (28%), relationship problems (20%), early exposure to family, violence (17%), adultery or jealousy (15%) and perpetrators mental health problems (14%). In conclusion, the researchers found out that, the most commonly causes of domestic violence were work-related or financial stress, substance abuse, anger and loss of control, relationship problems, early exposure to family violence, adultery or jealousy and perpetrators mental health problems.

Bates, Schuler, Forzani and Khairal (2004) on socioeconomic factors and Processes Associated with domestic violence in Rural Bangladesh. Using qualitative method, in-depth interviews and small group discussions were conducted with married women. The researchers reported in their findings that of about 1200 women surveyed 67% had ever experienced domestic violence and 35% had done so in the past years. In conclusion, women's social and economic circumstances may influence their risk of domestic violence in complex and contradictory ways. Findings also suggest a disconnection between women's emerging expectations and their current realities.

A similar study was undertaken by Horn, Puffer, Roesoh and Lehmann (2014), on women's perception of effects of war on intimate partner violence and gender roles in two post-conflict West African countries: consequences and unexpected opportunities. Using focus group discussion (14 participant) and individual interviews (20 in number) in two locations in Sierra Leone and two in Liberia. The researchers' findings were cause of intimate partner violence (IPV) to be linked with other difficulties faced by women in these settings, including the financial dependence on men, traditional gender expectations and social changes that took place during and after wars in those countries. It was concluded that IPV was a significant problem women in Sierra Leone and Liberia. The interactions between war experiences and financial and cultural issues are multi- faceted and not uniformly positive or negative.

Semahegn and Mengistie (2015) on domestic violence against women and associated factors in Ethiopia; systematic review. Using a quantitative method, cross-sectional study design with a community based studies (15-49years) were included for review. They reported in their findings lifetime prevalence of domestic violence against women by husband or intimate partner among 10 studies ranged from 30 to 78%. Lifetime domestic physical violence by husband ranged from 31 to 76%. Lifetime sexual violence against women ranged from 19.2 to 59%. The mean lifetime prevalence of domestic emotional violence was 51.7%. Significant number of women experienced violence during pregnancy. Domestic violence significantly associated with alcohol consumption, family history of violence, occupation, religion, educational status, residence and decision making. In conclusion, domestic violence against women was relatively high in different parts of Ethiopia. Domestic violence has a direct relationship with socio-demographic characteristics of the victim as well as perpetrator. Therefore, appropriate activities needed to tackle associated factor of domestic violence against women or prevent and control the problem to save women from being victim.

Gebrezgi, Badi, Cherkose and Weldehaweria (2015) on Factors associated with intimate partner physical violence among women attending antenatal care in shire Endaselassie town, Tigray, northern Ethiopia: a cross-sectional study, July 2015. Using a quantitative and qualitative method, a cross-sectional study conducted from May 3 to July 6, 2015. They reported in their findings the prevalence of intimate partner physical violence in pregnancy was 20.6%. Age at first marriage greater than or equal to 17 years women with no formal education, rural dwellers, intimate partners with no formal education and intimate partner alcohol consumption were factors associated with intimate partner physical violence towards pregnant women. In conclusion, nearly one fifth of women surveyed experienced intimate partner physical violence during pregnancy. Early marriage, rural dwelling, intimate partner alcohol consumption, and educational status were causes associated with intimate partner physical violence during pregnancy. Urgent attention to women's rights and health is essential at all levels to alleviate the problem and its risk factors in Tigray regional state of Ethiopia.

Rotheram-Borus, Tomlinson, Le Roux, and Stein (2014) Alcohol Use, Partner Violence, and Depression a Cluster Randomized Controlled Trial Among Urban South African Mothers Over 3 Years. Using quantitative and qualitative method, all pregnant women in 24 Cape Town neighbourhoods were recruited into a cluster randomized control trial by neighbourhood to either: (1) a standard care condition (n¼12 neighbourhoods, n¼594 mothers); or (2) a home-visiting intervention condition (n¼12 neighbourhoods, n¼644 mothers). The researchers reported in their findings relative to standard care, intervention mothers were significantly less likely to report depressive symptoms and more positive quality of life at 36 months. Alcohol use was significantly related to use over time, but was also related to depression and HIV status at each assessment and partner violence at 36 months. They concluded that alcohol, partner violence, and depression are significantly related over time. A home visiting intervention

improved the emotional health of low-income mothers even when depression was not initially targeted.

Ofori-Atta, Cooper, Akpalu, Osei, Doku, Crick, Flisher and Mental Health and Poverty Project (MHAPP) Programme Consortium (2010) conducted a research on common understandings of women's mental illness in Ghana. Using a qualitative method of study, interviews and focus group discussions, they reported in their findings that issues related to being the weaker sex, adultery, and physical abuse, infertility hormones, requiring too much love, witchcraft and poverty were surrounding their perceptions of the causes of domestic violence. In conclusion, the study revealed multiplicity of divergent perceptions surrounding domestic violence leading to mental illness. For this to be resolved there should be an inter-sectorial work and policies that prioritize gender mainstreaming in order to improve economic cultural and social status of women.

Ajayi and Soyinka-Airewele (2018) on key triggers of domestic violence in Ghana, A victim centred analysis. Using a survey research design, 385 questionnaire were administered and in-depth interviews conducted with willing females victims of domestic abuse. The findings of the study identified alcoholism, patriarchal social structures, financial subjugation and male response to women's growing economic independence as key triggers of domestic violence. In conclusion, the researchers suggested that there is the need for a focused interrogation of the changing causes, impact and policy implications of intimate partner and domestic violence.

2. To assess the effect of domestic violence on women at Prampram community.

Chemtob and Carlson, (2004) on psychological effects of domestic violence on children and their Mothers. They used qualitative method to study exposure to domestic violence on a child scale; PTSD scale for children and adolescents for Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Demographic Questionnaire, adult exposure to domestic violence- adult scale, post-traumatic diagnostic scale (PTDS), Dissociative Experiences Scale (DES),

parenting scale, state-trait anger expression inventory (STAS), Beck Depression inventory were administered to participants. The researchers reported in their findings that a total of 92% of the mothers had sought of psychiatric services in their lifetime and full 28% had been hospitalized for psychiatric reasons. However, just 32% had sought psychiatric service for a child. In conclusion, they stated that children and their mothers are potential for related serious persisting mental disorders in violent homes with respect to other psychological difficulties, there were moderate positive correlation PTSD in the children with Dissociation and angers, but not with measures of parenting in the mothers.

Coker, Brandt and Smith (2002) on physical and mental health effects of intimate partner violence for men and women. Using qualitative method, random-digit-telephone survey and question about violent victimization and health status indicators. The findings of 28% of 6790 women and 22.9% of 7122 men had experienced sexual or psychological intimate partner violence during their lifetime, abuse of power control on women sexual of intimate partner violence, 95% verbal abuse alone , 95% victimization was associated with an increased poor health, depressive symptoms, substance use, developing chronic disease, chronic mental illness and an injury. They concluded both physical and psychological intimate partner violence are associated with significant physical and mental health consequences for both male and female victims.

Vinck and Phuong (2015) an association of exposure to intimate partner physical violence and potentially traumatic war related events with mental health In Liberia. Using quantitative method, cross-sectional multi-stage stratified cluster random survey of 4501 adults using structured interviews. The main outcome measures are prevalence of intimate partner physical violence, exposure to potentially traumatic war-related events, symptoms of [post-traumatic stress disorder (PTSD) and depression. They reported in their findings, among adult women, 37.7% reported lifetime exposure to intimate partner physical violence and 24.4% reported

incidence of intimate partner physical violence over one year recall period. Among men 23.2% reported severely beaten by their spouse over their lifetime, incidence over one year overall was 12.2. Among adult residents in Liberia 10.6% met criteria per symptoms of depression and 12.6% met criteria per symptoms of post trauma stress disorder. It was concluded that among women experiencing intimate partner physical violence was associated with symptoms of post trauma stress disorder. Depression after adjusting per exposure to potentially traumatic war societies that needs to be recognised and addressed as part of the reconstruction effort.

Vinck and Pham (2010) an association of exposure to violence and potential traumatic events with self-reported physical and mental status in the Central African Republic. Using quantitative method, multistage stratified cluster random survey of 1879 adults, 18 years or older in selected households. They reported in their findings the Crude Mortality Rate (CMR) was 4.9 deaths (95% confidence interval [CI], 4.6-5.1) per 1000 population per month and self-reported CMR due to violence was 0.8 deaths (95% CI, 0.6-1.0) per 1000 population per month. 35% reported their physical health status as been good or very bad. Prevalence of symptoms of depression and anxiety were 55.3% and 52.5% respectively. Exposure to violence and self-reported physical health were statistically associated with mental health outcome (P<.001). Anxiety symptom scores were higher for respondents in the northern prefectures than these in the south (t=2.5, P=.01). In conclusion, a high proportion of adult respondents in CAR reported witnessing or having personally experienced traumatic events over the course of the conflicts, and more than half met symptom criteria for depression and anxiety.

A similar study by Nkosi and Van der Wath (2012) on Mental Health Effects of Domestic Experienced By Women in a Low Socio-Economic Area in Gauteng, South Africa. Using a qualitative, contextual, explorative and descriptive research design. Data was purposefully collected from women attending the clinic in a Primary Health Care (PHC) mobile in low socio-economic area in Gauteng. Participants were between ages of 18-59years. Three were married

and seven were cohabiting. Six were unemployed, and one receiving a disability grant and three were employed, either normally or part-time making 10 participants in total, from transcribed interviews and using Tesch's method of qualitative data analysis. They reported in their finding that women exposed to domestic violence related the mental health effects in terms of physical, psychological spiritual and social experiences. Physical pain relating to emotional hurt, anxiety and sadness. The violation they experienced was reflected in social isolation and distrust towards men. The mental health effects included symptoms associated with major depressive disorders, anxiety disorders and post-traumatic stress disorders. They concluded women in low socio-economic areas are exposed to domestic violence. The PHC system might be the only hope for those women with limited resources. The PHC practice should have guidelines for the management of domestic violence. This should include screening for domestic violence in an empathetic way, provide supportive interventions, including appropriate referral guidelines and adequate resources.

Machisa, Christofides and Jewkes (2018) on social support factors associated with psychological resilience among women survivors of intimate partner violence in Gauteng, South Africa. Using a cross-sectional study, multi-stage random sampling to select 501 women. Structured multi-country study on women's health and domestic violence questionnaire was used to measure lifetime experience of physical and sexual intimate partner violence. Only 189 women who had experienced lifetime intimate partner violence. They reported in their findings that 42% of women scored below the threshold for post-traumatic stress disorder (PTSD) women who binge drank, experienced severe intimate partner violence in the past 12 months. In conclusion social support indicators including social connectedness, stronger network ties and perceived supportive communities are key factors in fostering resilience among abused women. Interventions should aim to promote stronger and supportive social networks and increase women's utilization of personal support services.

Ofori-Atta, Cooper, Akpalu, Osei, Doku, Lund, Flisher and MHAPP Programme Consortium (2010) on common understandings of women's mental illness in Ghana, using a qualitative method of study, interviews and focus group discussion. The researchers reported in their findings that women in Ghana are more affected by mental disorders, the most common been depression. Though men also exhibit some mental disorders. In conclusion, the study provide qualitative insights surrounding perceptions of main causes of mental illness in Ghana.

Coker, Smith, Thompson, Mckeown, Bethea and Davis (2002) on social support protects against the negative effects of partner violence on mental health. Using qualitative method, cross- sectional survey, clinic interview and follow up interview, the researchers reported in their findings sexual, physical or psychological abuse, was associated with poor perceived mental and physical health, substance abuse, symptoms of post-traumatic stress disorder (PTSD), current depression, anxiety and suicide ideation. In conclusion healthcare providers can be instrumental in identifying intimate partner violence and helping women develop skills, resources and support networks to address intimate partner violence. Physicians, family or friends may provide needed social support.

CHAPTER TWO

RESEARCH METHODS

2.0 INTRODUCTION TO THE CHAPTER

This chapter deals with the methodological approach to the conduct of the study. The chapter provides information about the research design and study population, sample and sampling method, method of data collection, pre-testing, ethical consideration and limitations of the study and how the study report was disseminated.

2.1 RESEARCH DESIGN

A quantitative cross-sectional survey was conducted to investigate the causes of domestic violence, and assess the effect of domestic violence on women at the Prampram community. Cross-sectional method entails gathering of data from primary sources within a specified period aimed at achieving the objectives of the research. Quantitative approach on the other hand emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through questionnaires and surveys, or by manipulating pre-existing statistical data using computational techniques (Welman, Kruger & Mitchell, 2005).

2.2 RESEARCH SETTING

The Ningo-Prampram district was carved out of the then Dangbe West district into Shai Osudoku and Ningo-Prampram districts by the LI 2132 in 2012 and the Local Government Act of 1993 (Act 462). The Local Government Act of 1993, (ACT 462) and the National Development Planning System Act of 1994 (ACT 480) designate the District Assembly as the Planning Authority with the mandate to plan, initiate and implement development programmes at the local level. With the decentralized system of development, the Assembly as the planning authority is expected to initiate and coordinate the processes of planning, programming,

budgeting and implementation of district plans, programmes and projects including integration of population policies and issues, as they pertain to the needs of particular districts and communities.

Location and size

Ningo-Prampram district covers a total land area of about 622.2 square kilometres. The district is located about 15 km to the east of Tema and about 40 km from Accra, the capital of Ghana. The district is bounded in the north by Shai-Osudoku district, south by the Gulf of Guinea, in the east by the Ada East district and to the west by Kpone-Katamanso district. The district's proximity to Tema and Accra makes it easy for community members to have access to many social facilities and infrastructure, such as, good roads, water, hospitals and electricity. The district also serves as a dormitory for workers in many industries in Tema and Accra metropolis.

Economy

The Ningo-Prampram district is largely rural. The predominance of rural population reflects in the occupational distribution with agriculture as the dominant occupation. About 90 percent of the total land area is arable land and about 25 percent is mainly savannah grassland suitable for livestock farming. The major crops grown in the district are cassava, maize, mango, banana, vegetables (tomato, okro, pepper) and rice. The district border on the Gulf of Guinea with a coastline stretching over 37 kilometres gives the district vast fishing potential. This potential is currently under great exploitation by many households in the district. Irrigation agriculture is practiced on a medium scale in the district. About 15.6 percent of crop farmers are engaged in irrigation agriculture under the Dawhenya Irrigation Scheme with the remaining depending on rain (rain fed agriculture). The total land area at the scheme site is 480 hectares. Currently, the developed area of the scheme is 240 hectares. The main Irrigation Scheme has reservoir with a capacity of 5.6 million cubic meters of water for 5 irrigation. The farmers have organized

themselves into co-operative societies which are registered under the Department of Co - operatives. There are a number of manufacturing activities in the district that provide employment opportunities for the people. The activities cover production of agricultural inputs (e.g. RANNAH Fish Feed Company), carpentry (e.g. MELGREP Company), block making companies and small scale aluminium industries that produce cooking utensils. Although agriculture dominates in the district, the leading sectors in terms of revenue to the district Assembly and remunerations to workers is the housing development sector. Financial reports from the District Assembly indicate that the highest contribution to internally generated revenue comes from building permit applications and fines. This is followed closely by business operating permits.

Population Size and Distribution

A fundamental demographic parameter is the number of individuals in a population (Elberton et al., 1992). The population of Ningo-Prampram district by age, sex, sex ratio and type of locality in 2010. The total population of the district is 70,923 out of which 47.3% are males and 52.7% females. Also, 41.7 percent of the population live in urban localities and the remaining 58.3 percent are in rural localities. This therefore calls for more attention in the rural areas since a greater portion of the district population are there. The highest proportions (14.3%) of the population are in 0-4 year age group, followed by 5-9 years age group (12.5%) and 10-14 years age group (10.9%). The lowest proportion is the oldest age group, 95 years and older (0.1%). The distribution of the population by sex also shows the highest proportions among males (15.4%) and among females (13.4%) are in the 0-4 year's age group. The proportions of the population 0-4 years in urban locality and in rural locality are almost similar, 14.4 percent and 14.3 percent, respectively. The district population has a very youthful structure with most of it in the young age groups less than 15 years. Furthermore, the population decreases in each subsequent age group as age increases. The decreasing nature of the

population may be attributed to high mortality rate as age increases and also, to some extent, to migration.

2.3 TARGET POPULATION

The target population was "the entire aggregation of respondents that meet the designated set of criteria" (Burns & Grove 1997). The research was conducted among all women at Prampram District.

2.3.1 INCLUSIVE CRITERIA

- All women from the age of 18 and above available during the time of data collection were included.
- All women from the age of 18 and above who are mentally stable during data collection were included.
- All women from the age of 18 and above who are willing to participate were included.
- All married women and cohabiting were included.

2.3.2 EXCLUSIVE CRITERIA

- All mentally unstable women were excluded.
- All women who are not willing to participate were excluded.
- All women who will not be available during the data collection.
- All women below the ages of 18 years were excluded.

2.4 SAMPLING METHOD AND SAMPLE SIZE

Sampling method refers to the process of selecting a representative group from the population under study. There are two major types of sampling methods which are probability sampling and non-probability sampling.

Convenience sampling method (non-probability sampling) was used for this study and the study samples are usually people who meet the entry criteria and are easily accessible to the researcher.

CALCULATION OF THE SAMPLE SIZE

The Krejcie and Morgan's statistical tool was used to determine the sample size for the study.

$$n = \frac{Z^2pq}{d^2}$$

Where:

n = sample size,

z = reliability coefficient of 1.96

d = margin of error of 0.05

p = proportion of population estimated = 5% = 0.05 and

q = 1- p = 1-0.05 = 0.95

$$n = \frac{1.96^2 (0.05) (0.95)}{(0.05)^2}$$

$$n = 72.90$$

Approximately n= 73

Due to time and money factors, our sample size was reduced to 50 women from the age of 18 and above.

Hence, 50 women were used for the study.

2.5 DATA COLLECTION TOOL

Data collection tool adopted for this research was a semi-structured questionnaire that comprised of both close and open-ended questions.

The questionnaire comprises of three sections.

Section A: Demographic data of participant,

Section B: Causes of domestic violence and

Section C: Effect of domestic violence.

2.5.1 DATA ANALYSIS

According to the OECD glossary of statistical terms, data analysis is the process of transforming raw data into useful information, often presented in the form of a published analytical article, in order to add value to the statistical output. Data obtained during this study was analysed with the use of the SPSS analytic software. The data would then be portrayed in the form of graphs, charts, histograms and tables for the reader with the help of Microsoft Word.

2.6 DATA COLLECTION PROCEDURE

Data collection was done through questionnaire administration. On the day of data collection, the purpose of the study was explained to the participant and verbal consents were sought from the women before the questionnaire administration was filled. After completing the questionnaire, the researchers checked for accuracy.

2.7 VALIDITY AND RELIABILITY OF THE STUDY

Validity refers to the extent to which a measurement approaches what it is designed to measure (Welman, Kruger & Mitchell, 2005).

Reliability refers to how consistent a measurement is when performed by different observers under the same conditions or by the same observer under different conditions. To ensure accuracy of the information, questionnaire was presented to the supervisor for validation. Data handling and storage were done where questionnaires were numbered to allow easy identification in the sequence in which they would be filled and collected. Questionnaires were tried for errors and competences before the data was entered using Microsoft Excel Spread Sheet and Statistical Packages of Social Sciences (SPSS) analytic software.

2.7.1 PRE-TESTING TOOL

The questionnaires were pretested using women from Miotso town near Prampram community. The pre-testing was used to identify challenges associated with the respondents' understanding of the questions. Through the pre-testing, errors were corrected in the questionnaire before the final data collection.

2.8 ETHICAL CONSIDERATION

An introductory letter from the Department of Nursing of Central University was sent to the District Assembly of the Ningo-Prampram for permission to carry out the study. Study participants were adequately informed of the purpose, nature, procedures, risks and hazards of the study. They were informed that, all answers provided during the interview are purposely for academic use and will not be disclosed to anyone that is why names should not be provided for privacy reasons. Participants were informed that due to confidentiality and privacy they can withdraw from research studies anytime they do not feel like continuing the study. Verbal and

informed consent was obtained from them during the data collection. Participants were not forced to take part in the study.

2.9 LIMITATIONS TO THE STUDY

The main limitation was time constraint in conducting this study since it was carried out in addition to other academic commitments, unwillingness of some participant to participate, language barrier and financial challenges due to higher expenses expected to be incurred.

CHAPTER THREE

STUDY FINDINGS AND DISCUSSIONS

3.0 INTRODUCTION TO CHAPTER

This is the last chapter of the study. It presents the study findings and discussions, conclusions and recommendations of the study. The data has been presented in sections so as to cater for all the research objectives. Discussion of the research findings are presented after the data analysis. Conclusions and recommendations are then drawn based on the findings of the study.

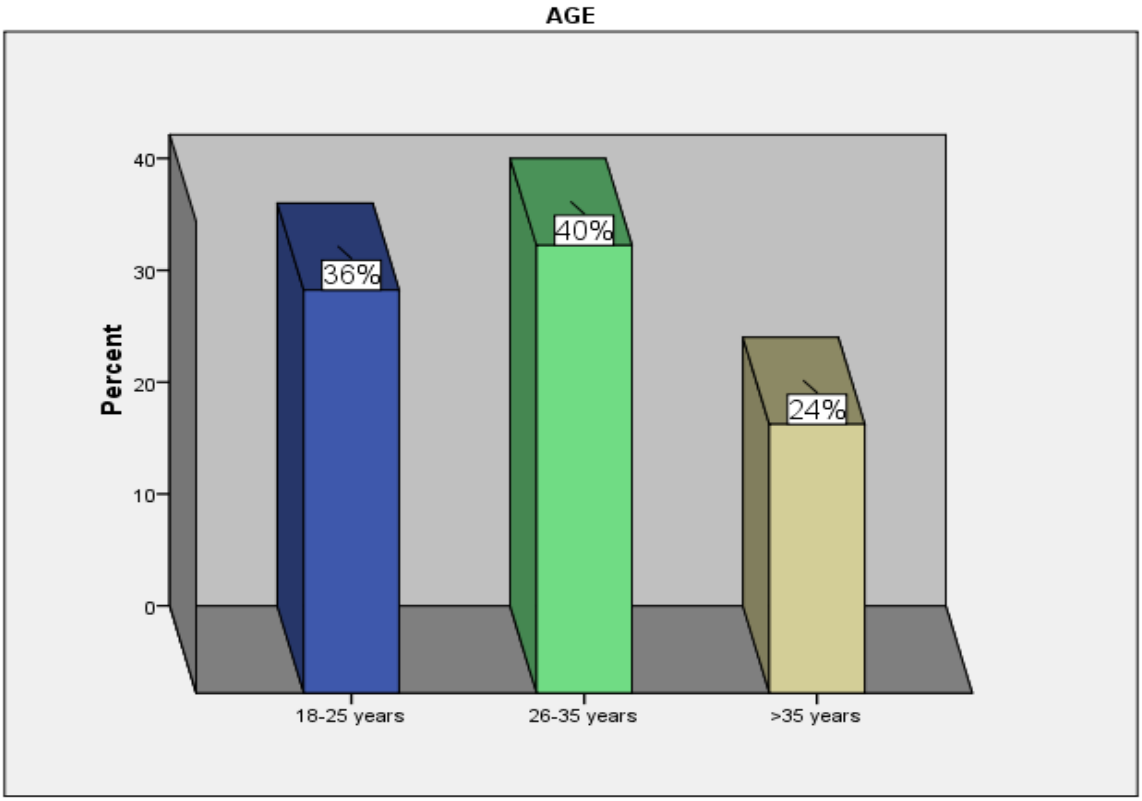
3.1 APPROACH TO DATA ANALYSIS

The questionnaires collected from the field were numbered and coded for input into a Microsoft Excel Application. Data was analysed with both Microsoft Excel and SPSS (Statistical Package for Social Sciences version 21) applications. Data were presented in frequency counts, percentages and bar charts for discussions.

3.2 FINDINGS

3.2.1 BACKGROUND INFORMATION

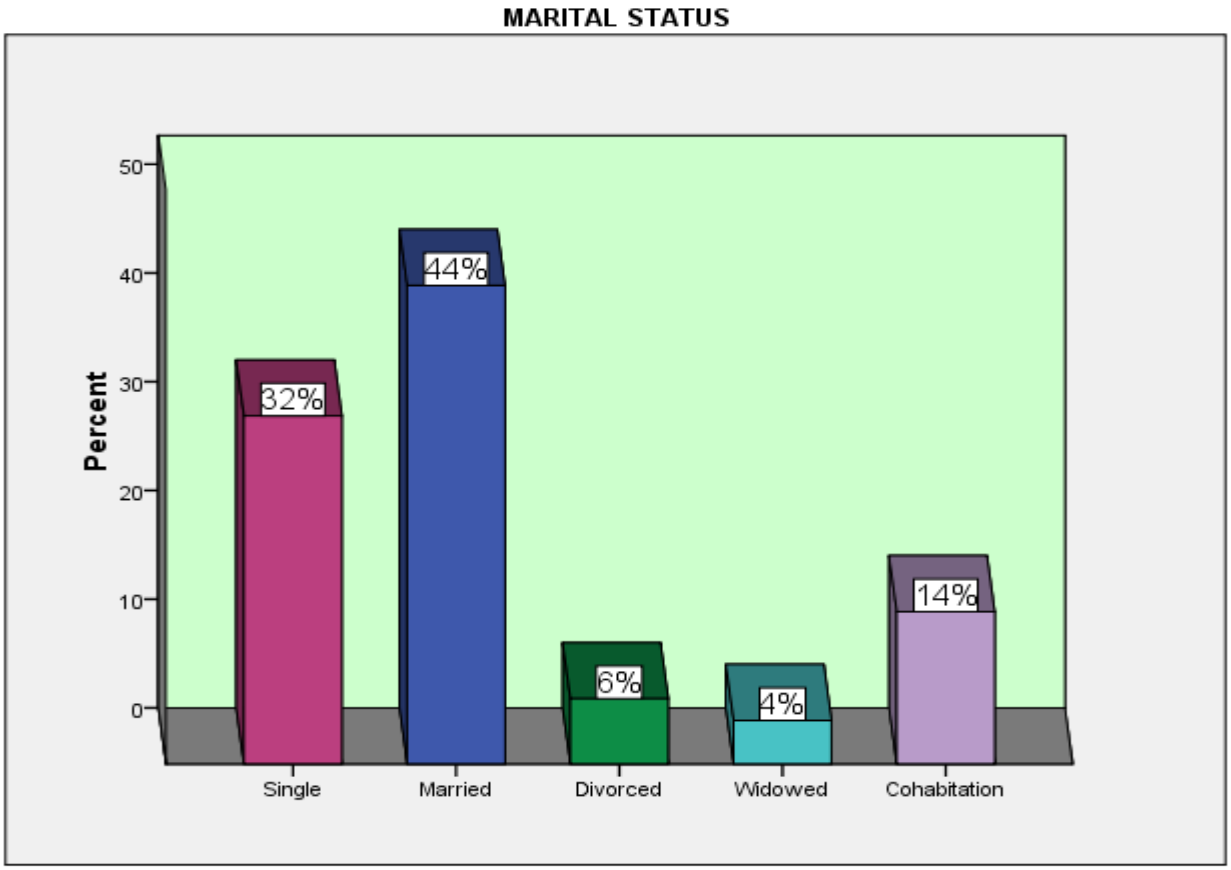
Figure 1: AGE OF PARTICIPANTS



Source: Field survey, 2019,

The above figure indicates many, forty percent (40.0%) of the respondents were between the ages of 26-35 years, followed by the ages of 18-25 years which was thirty-six percent (36.0%) and twenty-four percent representing the ages of 35 years and above.

Figure 2: MARITAL STATUS



Source: Field survey, 2019

The figure above indicates forty-four percent (44%) of the participants were married, thirty-two percent (32%) of the participant were single, fourteen percent (14%) of the participants were cohabiting, six percent (6%) of the participant were divorced and four percent (4%) of the participants were widows.

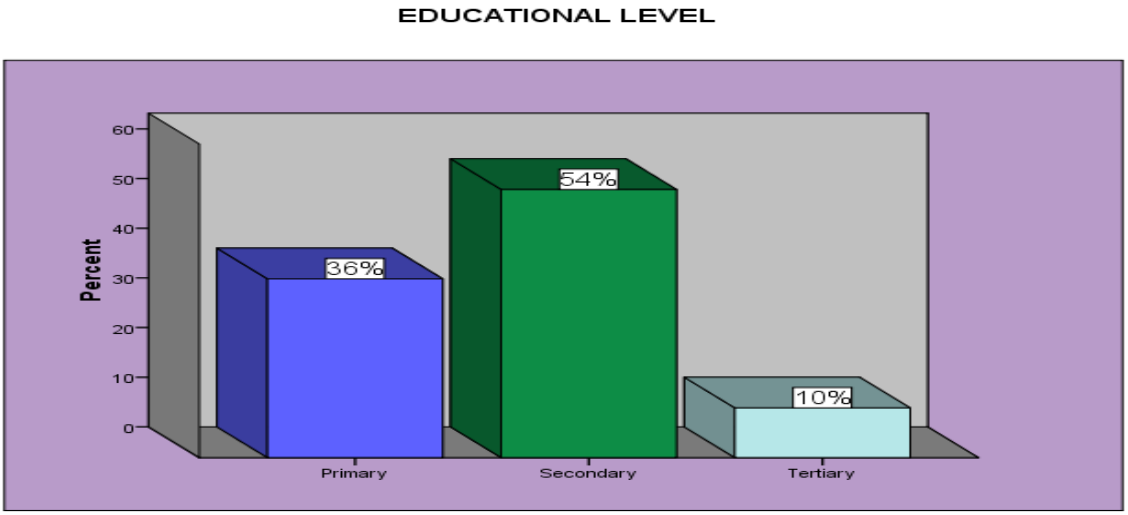
Table 1: RELIGION OF PARTICIPANT

Response	Frequency	Percent
Christianity	33	66.0
Islamic	12	24.0
Traditional	5	10.0
Total	50	100.0

Source: Field survey, 2019

The above table indicates that many, sixty-six percent (66%) of the participants were Christians, twenty-four percent (24%) of the participants were Muslims and ten percent of the participants were (10%) were traditionalist.

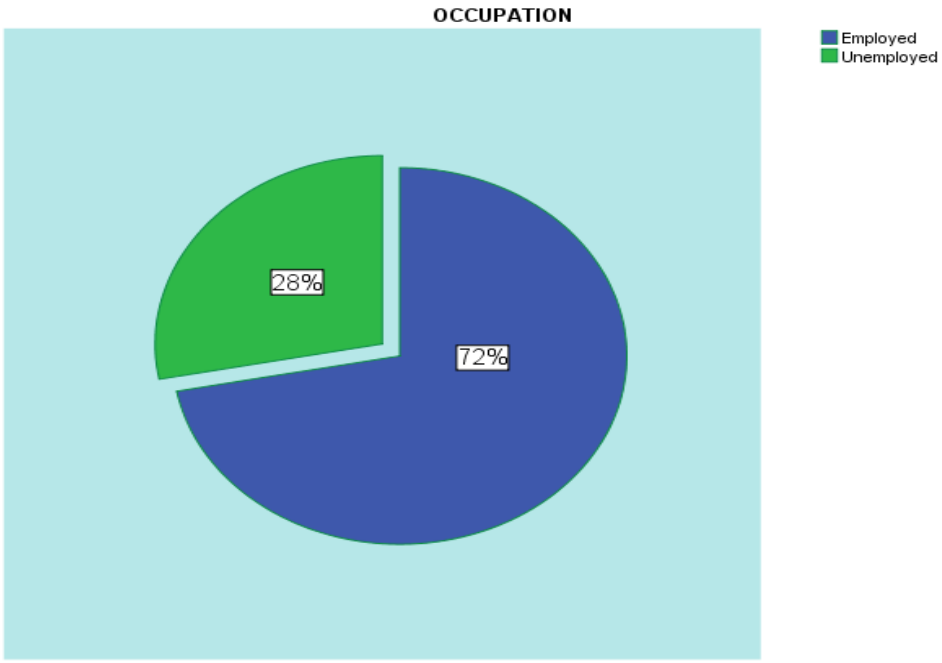
Figure 3: EDUCATIONAL LEVEL



Source: Field survey, 2019

The above figure indicates many, fifty-four percent (54%) of the participants completed secondary education level, followed by thirty-six percent (36%) of the participants who were in the primary level and ten percent (10%) of the participants had completed tertiary level education.

Figure 4: OCCUPATION



Source: Field survey, 2019

Analysis from the figure above indicates majority, seventy-two percent (72%) of the participants were employed while twenty-eight percent (28%) of the participants were unemployed.

Table 2: ETHNIC GROUP

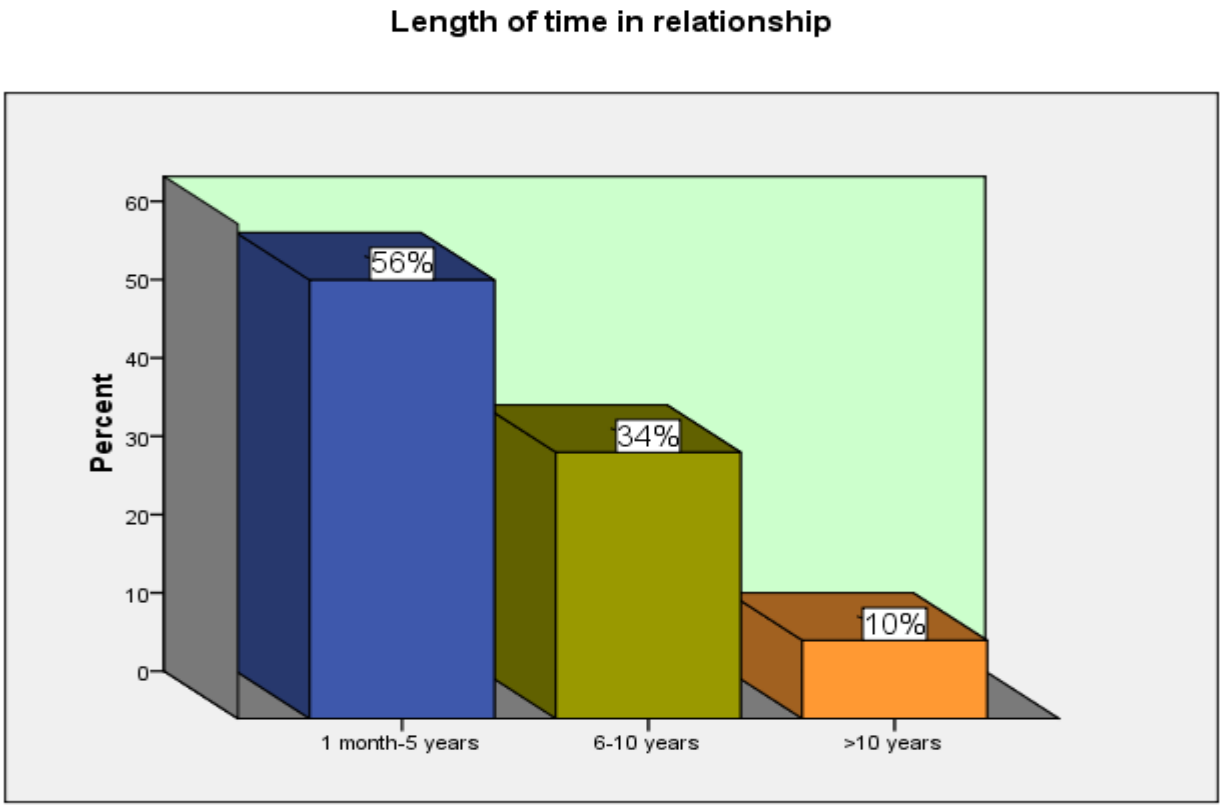
Response	Frequency	Percent
Akan	5	10.0
Ewe	8	16.0
Dangbe	15	30.0
Ga	10	20.0
Others	12	24.0
Total	50	100.0

Source: Field survey, 2019

The table above shows that many, thirty percent (30%) of the participants were from Dangbe group, followed by twenty-four percent (24%) who were from the others (Northern Region and the Upper East Region), twenty percent (20%) of the participants were from the Ga group, sixteen percent (16%) of the participants were from the Ewe group and ten percent (10%) of the participants were from the Akan group.

3.2.2 CAUSES OF DOMESTIC VIOLENCE AGAINST WOMEN AT PRAMPRAM COMMUNITY.

Figure 5: LENGTH OF TIME IN RELATIONSHIP



Source: Field survey, 2019

Analysis from the figure above shows many, fifty-six percent (56%) of the participants had been in the relationship between the periods of 1 month to 5 years, followed by thirty-four percent (34%) of the participants who had been in the relationship between the period of 6-10 years and ten percent (10%) of the participants had been in the relationship for more than 10 years.

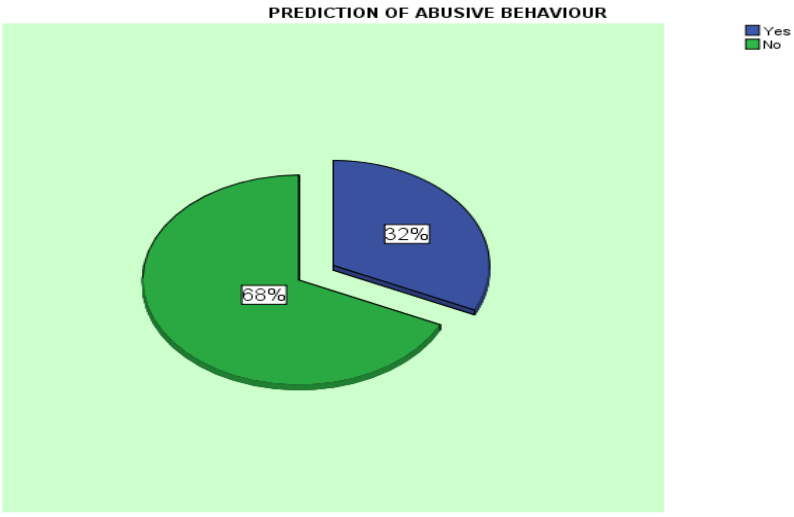
Table 3: COURTSHIP TREATMENT

Response	Frequency	Percent
Yes	8	16.0
No	33	66.0
Sometimes	9	18.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the table above indicates many, sixty-six percent (66%) of the participants were not treated badly when they started with the courtship, eighteen percent (18%) of the participants responded that they were sometimes treated badly when they started with the courtship and sixteen percent (16%) of the participants said they were badly treated when they started with the courtship.

Figure 6: PREDICTION OF ABUSIVE BEHAVIOUR



Source: field survey 2019

The figure above indicates as many as sixty-eight percent (68%) of the participants did not find any clue of abusive behaviour in their partner while thirty-two percent (32%) of the participants found abusive behaviour in their partners.

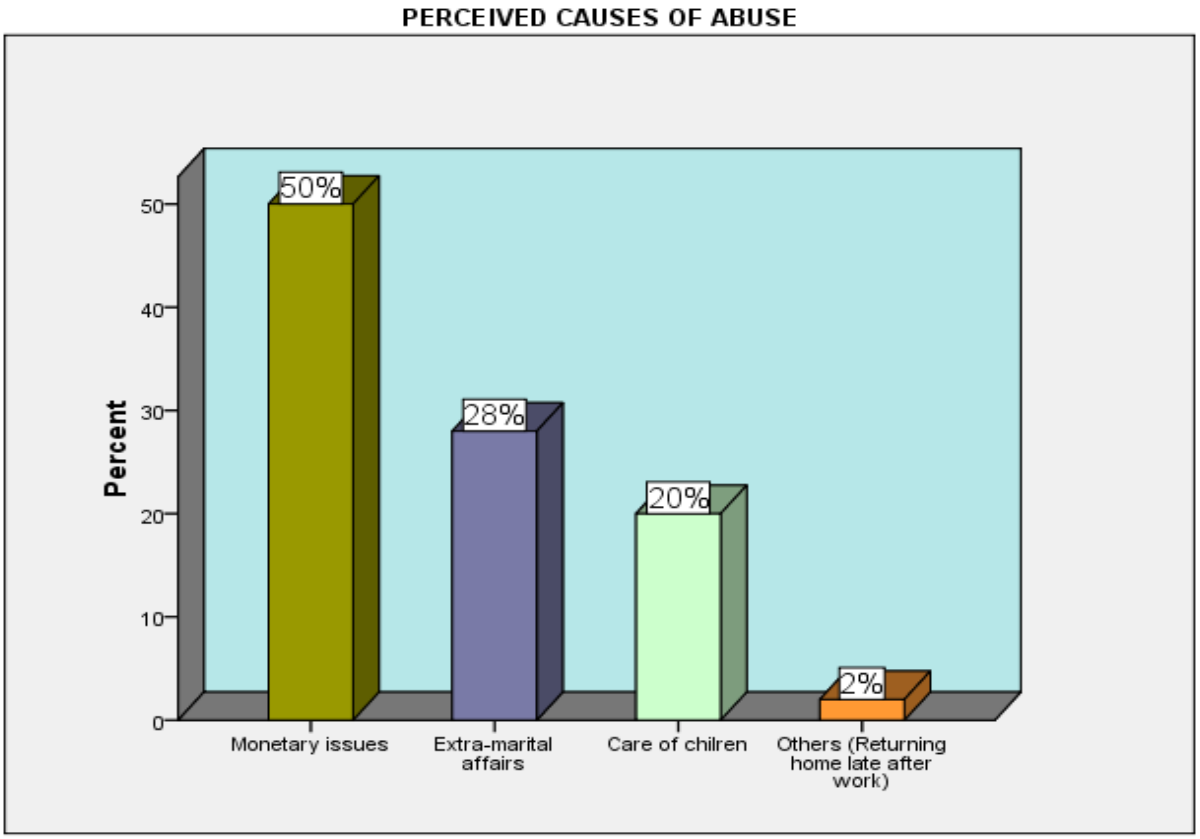
Table 4: COMMENCEMENT PERIOD OF ABUSE

Response	Frequency	Percent
When got married	15	30.0
When got pregnant	15	30.0
When the first child was born	19	38.0
Others (Lack of attention due to work)	1	2.0
Total	50	100.0

Source: Field survey, 2019

The table above shows many, thirty-eight percent (38%) of the participants said the abuse started when the first child was born, thirty percent (30%) responded that the abuse started when they got married, thirty percent (30%) responded that the abuse started when she got pregnant and two percent (2%) responded that the abuse started when she gave all her attention to her work.

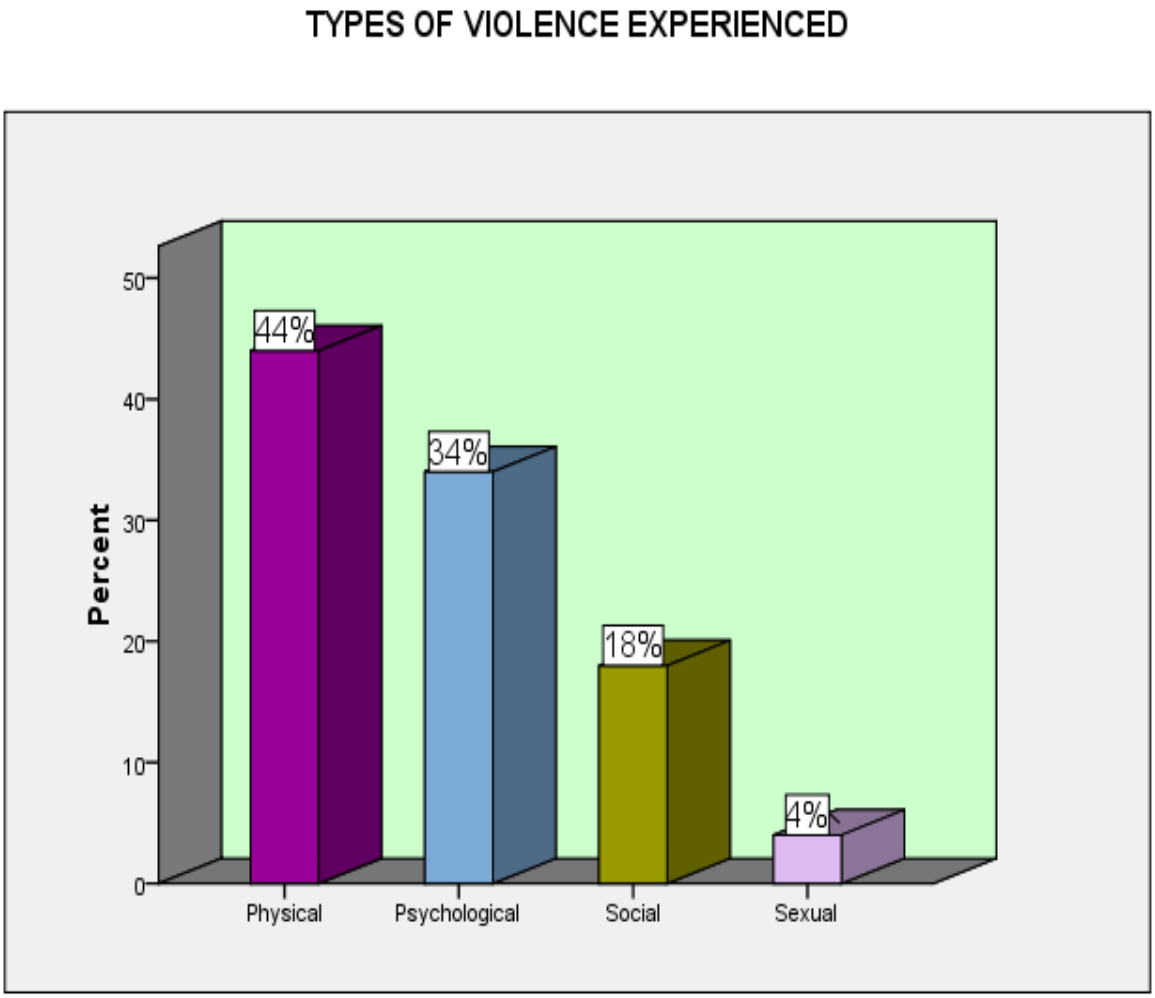
Figure 7: PERCEIVED CAUSES OF ABUSE



Source: Field survey, 2019

Many, fifty percent (50%) of the participants perceived that the cause of the abuse was as a result of monetary issue, twenty-eight percent (28%) of the participants perceived that the cause of the abuse was as a result of extra-marital affairs, twenty percent (20%) of the participants perceived that the cause was as a result of care of children and two percent (2%) of the participants perceived that the cause of the abuse was as a result of returning home late after work.

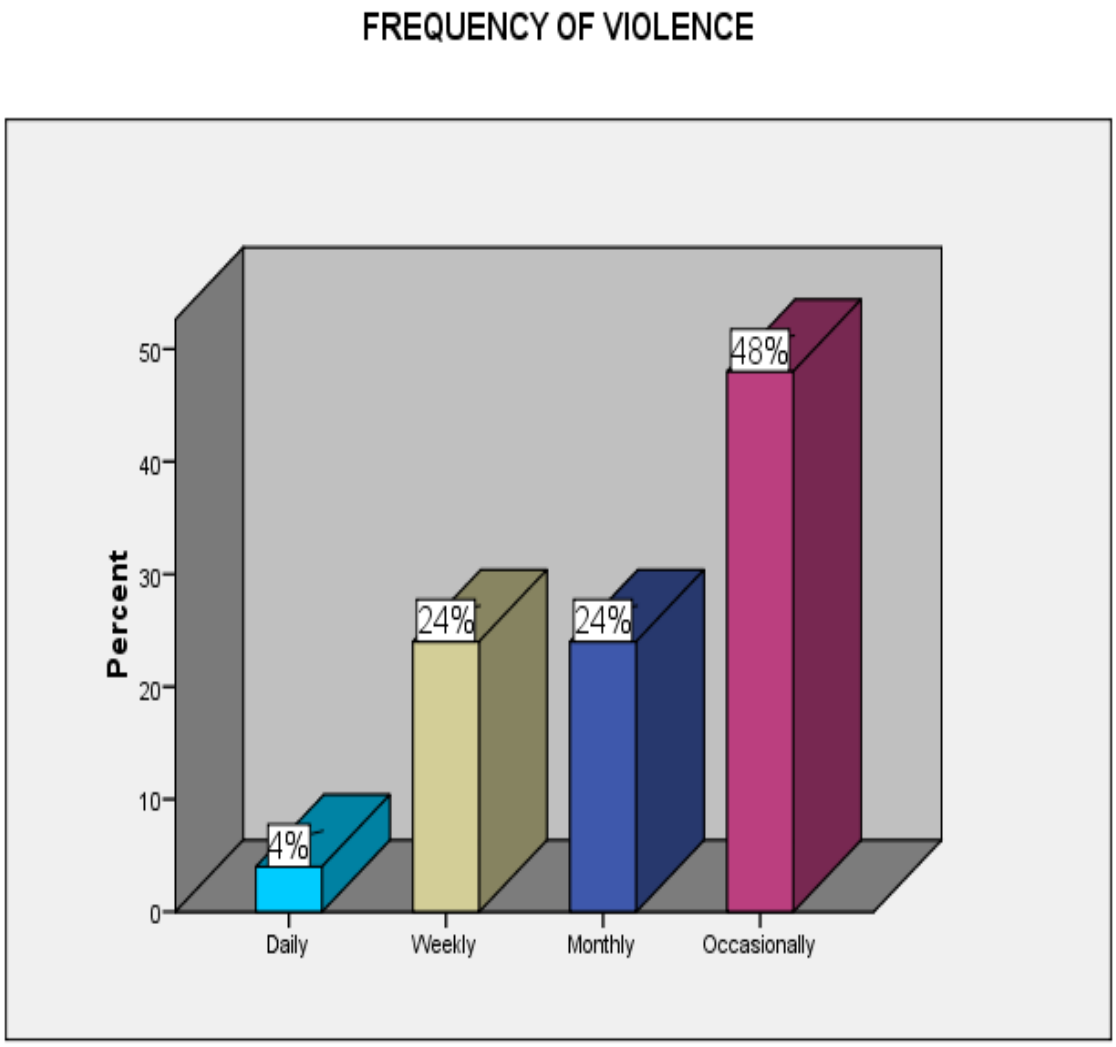
Figure 8: TYPES OF VIOLENCE EXPERIENCED



Source: Field survey, 2019

The figure above indicates many, forty-four percent (44%) of the participants experienced physical violence, followed by thirty-four percent (34%) of the participants did experience psychological violence, eighteen percent (18%) of the participant's experienced social violence and four percent (4%) of the participants experienced sexual violence.

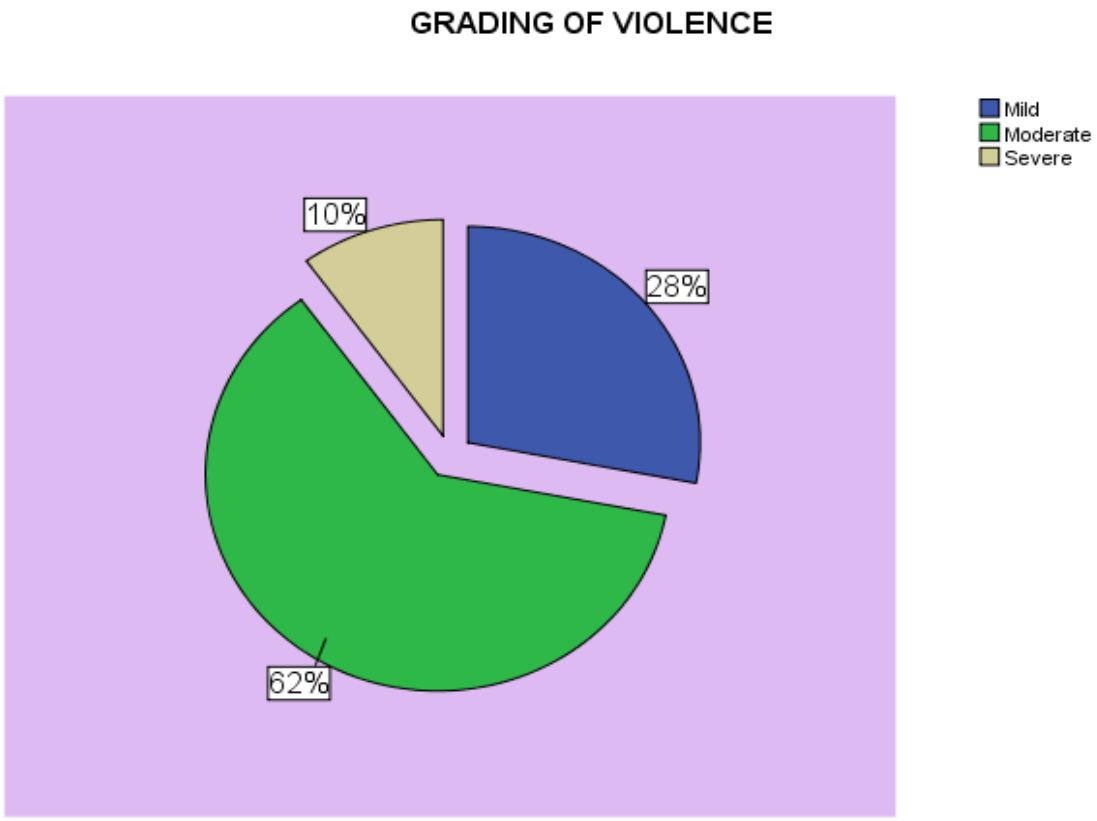
Figure 9: FREQUENCY OF VIOLENCE



Source: Field survey, 2019

The above figure shows that many, forty-eight percent (48%) of the participants were occasionally abused, followed by twenty-four percent (24%) of the participants who had their abuse occurring on monthly basis, twenty-four percent (24%) of the participants were abused on weekly basis and four percent (4%) were abused on daily basis.

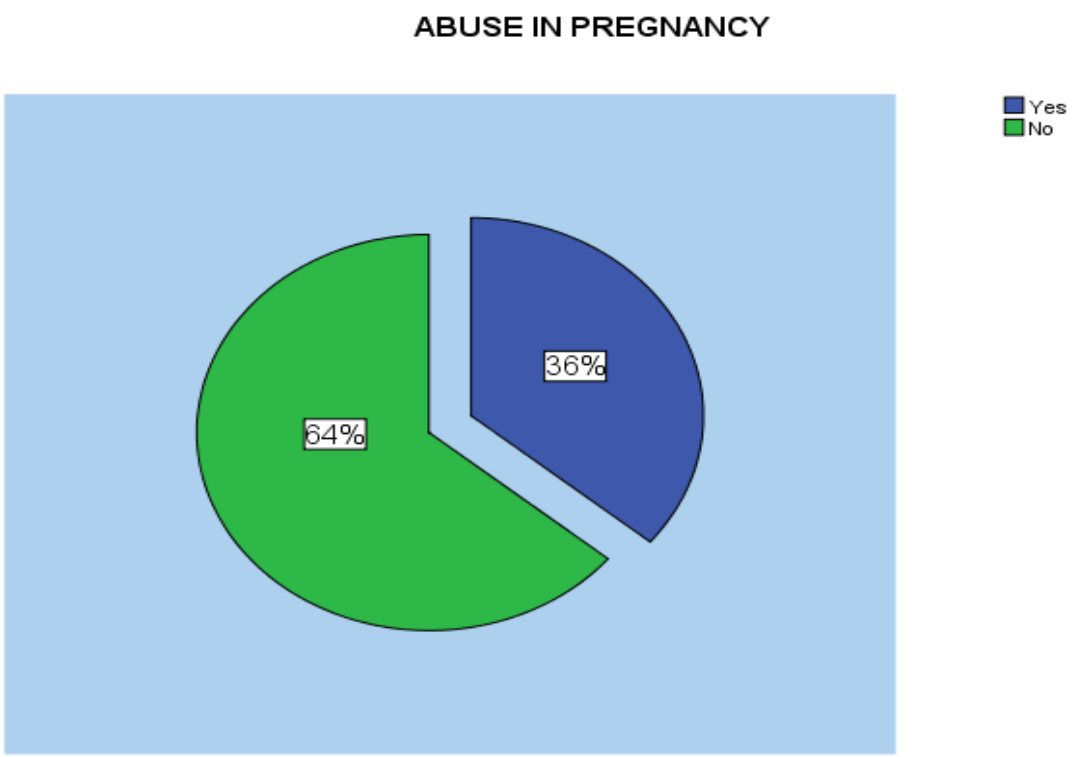
Figure 10: GRADING OF VIOLENCE



Source: Field survey, 2019

The above figure indicates many, sixty-two percent (62%) of the participants had rated the abuse they experienced as moderate, twenty-eight percent (28%) of the participants graded the level of the abuse as mild and ten percent (10%) graded the level of the abuse as severe.

Figure 11: ABUSE IN PREGNANCY



Source: Field survey, 2019

Analyses from the above figure indicates many, sixty-four percent (64%) of the participants were not abused during pregnancy while thirty- six (36%) of the participants had experienced an abuse when they were pregnant.

Table 5: ABUSER USE OF DRUG

Response	Frequency	Percent
Yes	3	6.0
No	37	74.0
I don't know	10	20.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates majority, seventy-four (74%) of the participants responded that their partners does not have any drug abuse problem, twenty percent (20%) of the participants stated that they do not know if their partners abuses drugs and six percent (6%) of the participants said their partners abuses drug.

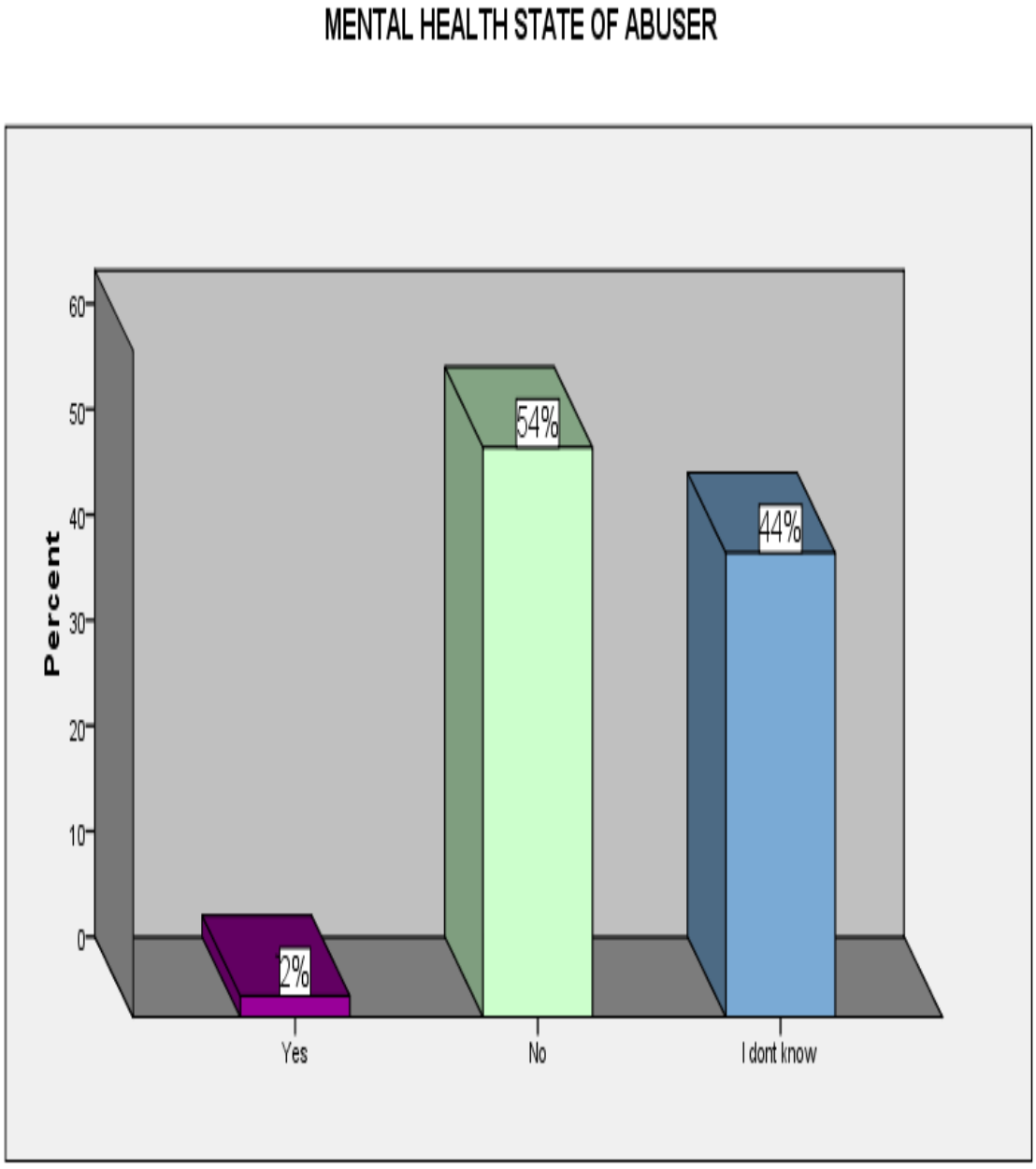
Table 6: ABUSER USE OF ALCOHOL

Response	Frequency	Percent
Yes	29	58.0
No	19	38.0
I don't know	2	4.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates many, fifty-eight percent (58%) of the participants responded that their partners have problem with alcohol consumption, thirty-eight percent (38%) of the participants stated that their partners does not have any problem with alcohol consumption and four percent (4%) of the participants responded they do not know if their partners consumes alcoholic beverages.

Figure 12: MENTAL HEALTH STATE OF ABUSR



Source: Field survey, 2019

The above figure indicates many, fifty-four percent (54%) of the participants responded that their partners does not have any mental health problems, forty-four percent (44%) of the participants responded that they do not know if their partners have any mental health problems and two percent (2%) of the participants responded that partner has mental problem.

Table 7: RELATIONSHIP WITH ABUSER

Response	Frequency	Percent
Husband	26	52.0
Intimate partner	24	48.0
Total	50	100.0

Source: Field survey, 2019

The data in the table above indicates many, fifty-two percent (52%) of the participants stated that the abuser was their husband while forty-eight percent stated that the abuser was their intimate partners.

3.2.3 EFFECTS OF DOMESTIC VIOLENCE ON WOMEN AT PRAMPRAM

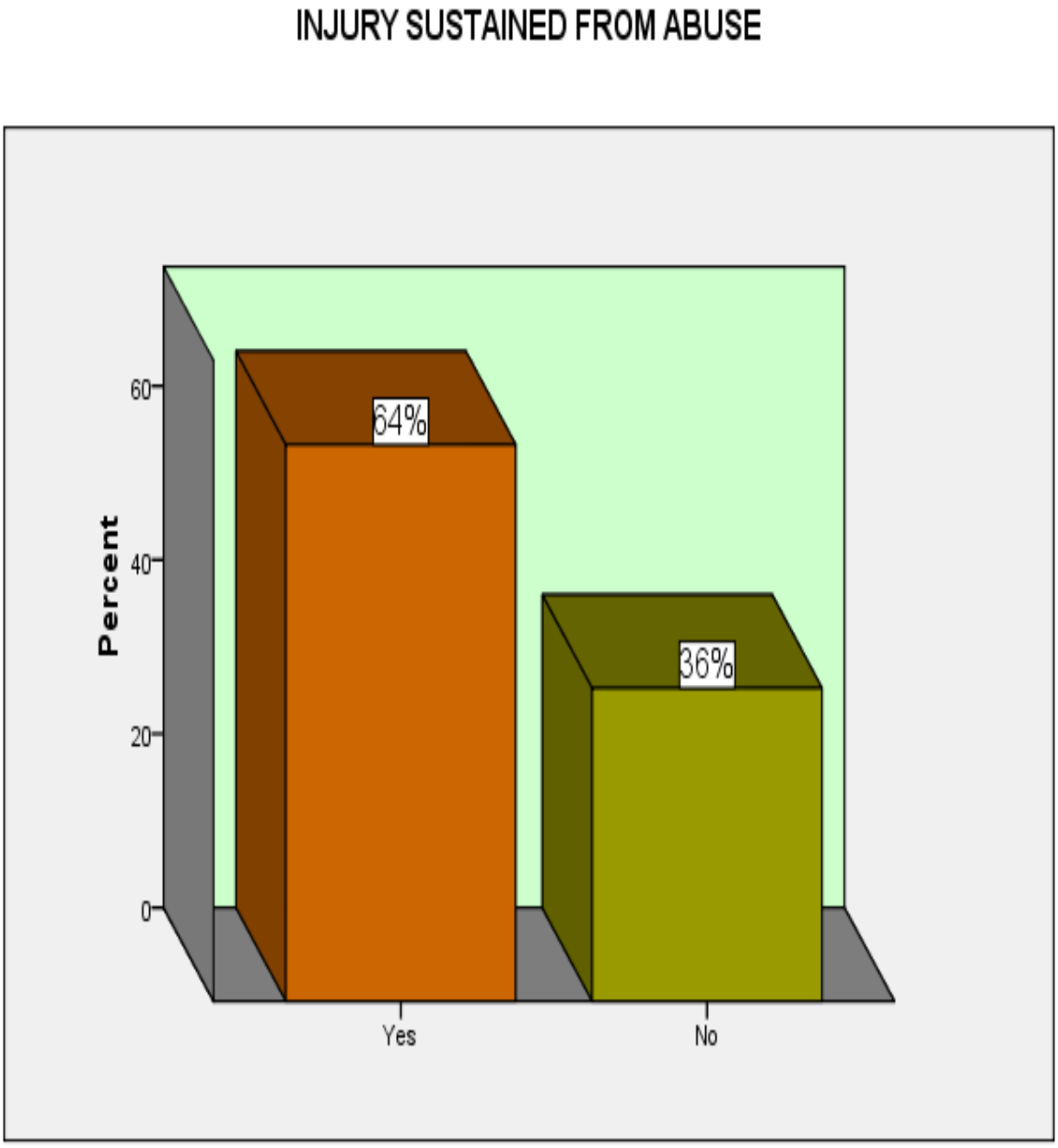
Table 8: TIME OF LAST EPISODE OF ABUSE

Response	Frequency	Percent
This week	7	14.0
Last week	18	36.0
A month ago	23	46.0
One year ago	2	4.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates per the day of data collection many, forty-six percent (46%) of the participants had their last episode of abuse one month ago, thirty-six percent (36%) of the participants stated their last episode took place last week, fourteen percent (14%) of the participants stated that their last episode of abuse took place this week and four percent (4%) of the participants stated that their last episode of abuse took place one year ago.

Figure 13: INJURY SUSTAINED FROM ABUSE



Source: Field survey, 2019

The above figure indicates many, sixty-four percent (64%) of the participant's sustained injury as result of the abuse while thirty-six percent (36%) of the participants did not sustain any injury.

Table 9: EFFECTS OF INCIDENCE

Response	Frequency	Percent
Psychological	10	20.0
Emotional	19	38.0
Physical	21	42.0
Total	50	100.0

Source: Field survey, 2019

The above table shows many, forty-two percent (42%) of the participants had physical effect followed by thirty-eight percent (38%) who had emotional effect and twenty percent (20%) of the participants had psychological effect.

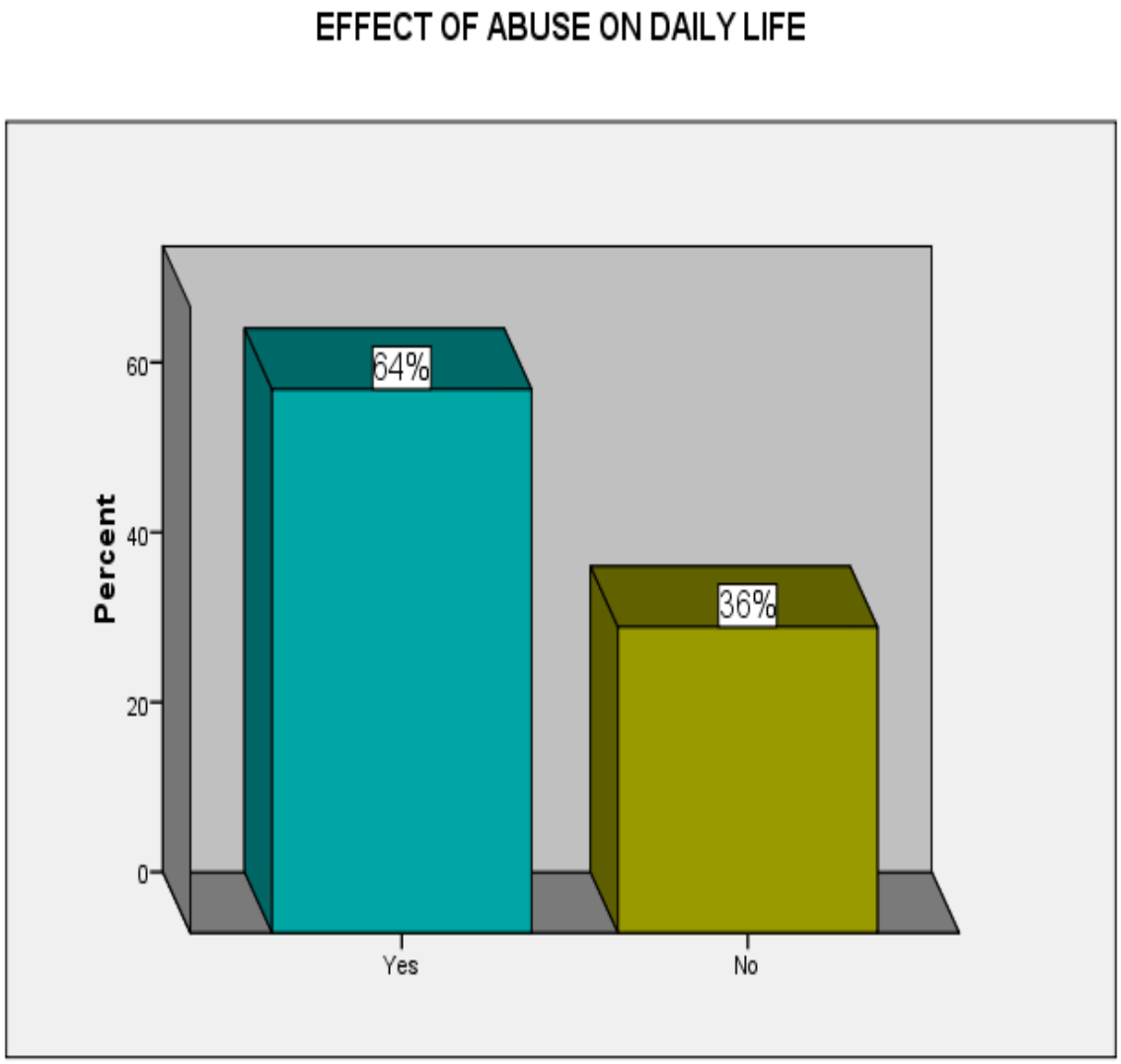
Table 10: DECISION ON REFLECTION

Response	Frequency	Percent
Suicidal ideas	8	16.0
Divorce	14	28.0
Separation for a while	28	56.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates many, fifty-six percent (56%) of the participants decided to separate themselves from their partners for a while, twenty-eight percent (28%) of the participants decided to divorce their partners upon reflection of incidence and sixteen percent (16%) of the participants decided to commit suicide.

Figure 14: EFFECT OF ABUSE ON DAILY LIFE



Source: Field survey, 2019

The above figure indicates many, sixty-four percent (64%) of the participants responded that their daily life activities were affected while thirty-six percent (36%) of the participants stated that their daily life activities were not affected.

Table 11: CURRENT RELATIONSHIP WITH ABUSER

Response	Frequency	Percent
Yes	36	72.0
No	5	10.0
Sometimes	9	18.0
Total	50	100.0

Source: Field survey, 2019

The above table indicates majority, seventy-two percent (72%) of the participant were still in contact or living with the abuser, eighteen percent (18%) of the participants responded that they sometimes comes into contact with the abuser and ten percent (10%) responded that they were not living with or in contact with their abusers anymore.

Table 12: CONFIDING IN OTHERS ON ISSUE

Response	Frequency	Percent
Yes	44	88.0
No	6	12.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates majority, eighty-eight percent (88%) of participants had confided in someone while twelve percent (12%) stated they had not confided in anyone.

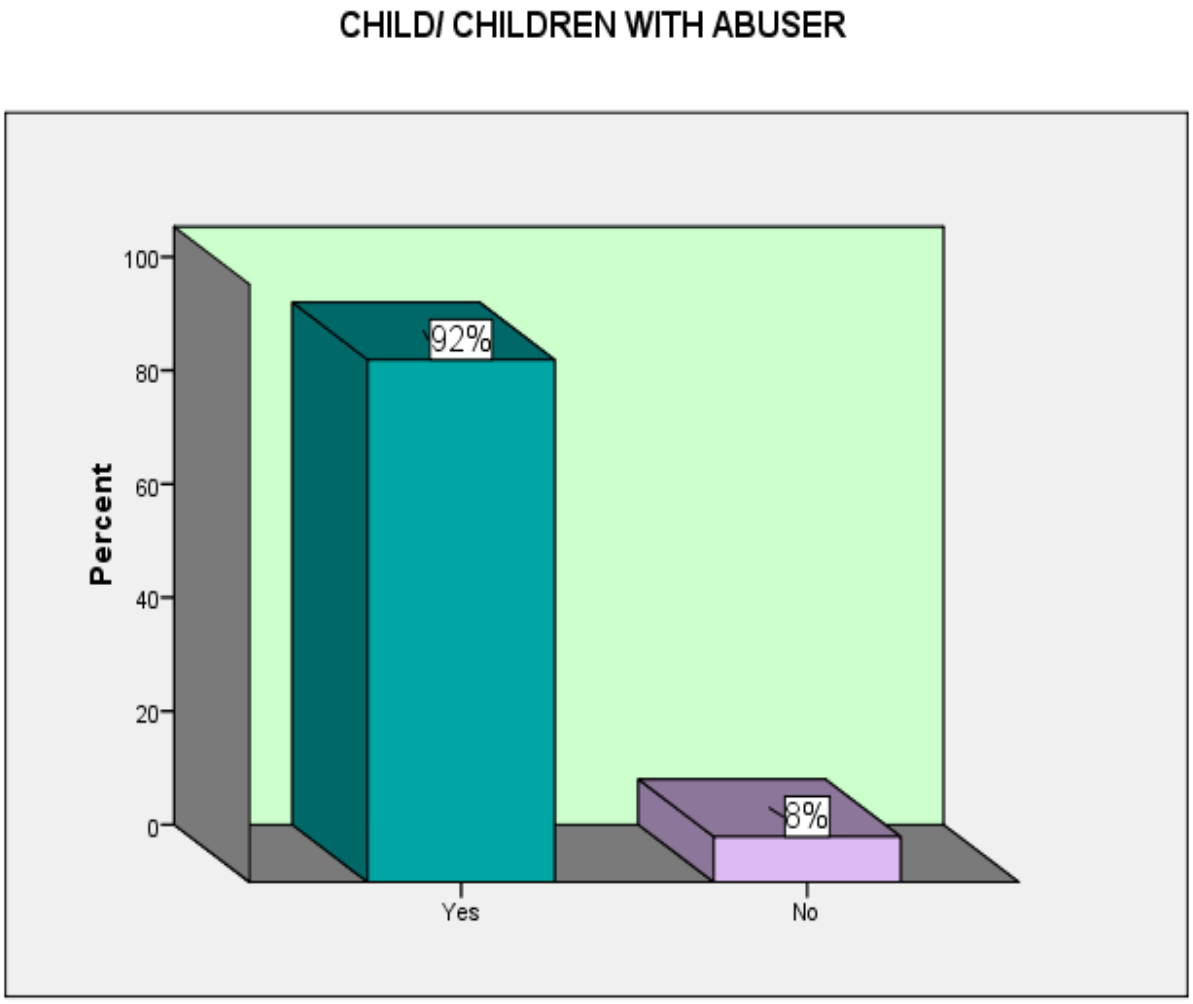
Table 13: CONFIDANT ON THE ISSUE

Response	Frequency	Percent
Friend	11	22.0
Family member	26	52.0
Spiritual leader	4	8.0
Police	3	6.0
No one	6	12.0
Total	50	100.0

Source: Field survey, 2019

The above table indicates many, fifty-two percent (52%) of participants confided in family members, twenty-two percent (22%) of participants confided in their friends, twelve percent (12%) of participants did not confided in anyone, eight percent (8%) confided in their spiritual leaders, and six percent (6%) confided in the police personnel.

Figure 15: CHILD/ CHILDREN WITH THE ABUSER



Source: Field survey, 2019

The above figure shows majority, ninety-two percent (92%) of participants stated that they had children with the abuser while eight percent (8%) of participants stated that they had no children with the abuser.

Table 14: CHILD/ CHILDREN AS WITNESS TO ABUSE PROCESS

Response	Frequency	Percent
Yes	26	52.0
No	24	48.0
Total	50	100.0

Source: Field survey, 2019

The above table indicates many, fifty-two percent (52%) of participants stated that their children witnessed the abuse process while forty-eight percent (48%) of participants stated that their children did not witness the abuse process.

Table 15: CHILDREN INCLUSIVE IN THE ABUSE

Response	Frequency	Percent
Yes	8	16.0
No	42	84.0
Total	50	100.0

Source: Field survey, 2019

The above table shows majority, eighty-four percent (84%) of participants stated that their children were not involved in the abuse process while sixteen percent (16%) of participants had their children involved in the abuse process.

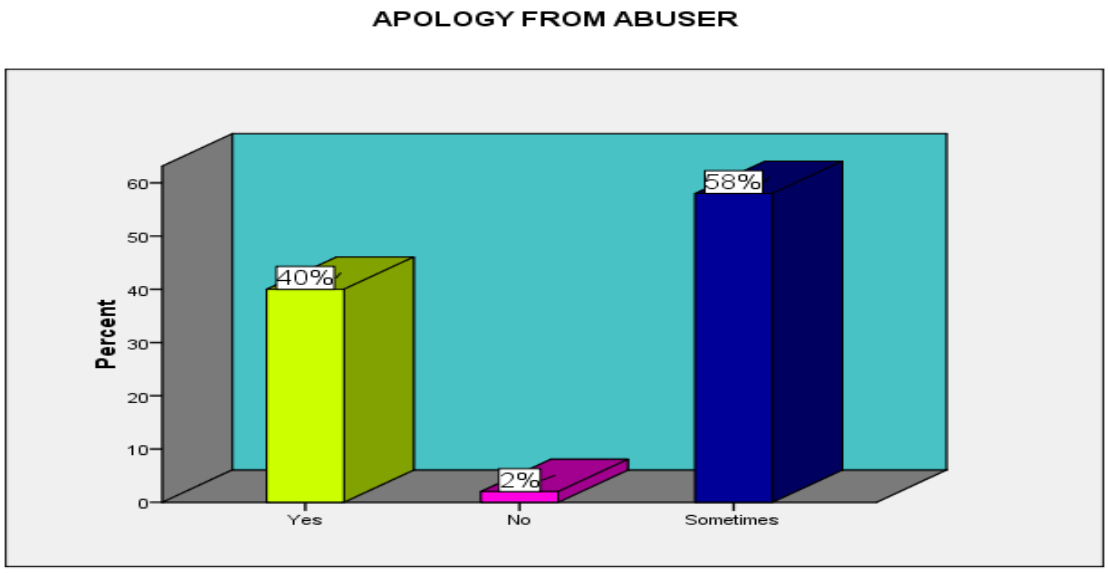
Table 16: INJURY IN THE COURSE OF PROTECTING CHILD/ CHILDREN

Response	Frequency	Percent
Yes	6	12.0
No	44	88.0
Total	50	100.0

Source: Field survey, 2019

Analysis from the above table indicates majority, eighty-eight percent (88%) did not have any injury in the course of protecting child or children while twelve percent (12%) of participants stated that they were injured in the course of protecting their children.

Figure 16: APOLOGY FROM ABUSER



Source: Field survey, 2019

The above figure indicates many, fifty-eight percent (58%) of participants stated that the abuser sometimes apologized after the incident, followed by forty percent (40%) of the participant who responded that the abuser apologized to them and two percent (2%) of participants stated that the abuser did not apologize to them.

3.3 DISCUSSION

3.3.1 SOCIO- DEMOGRAPHIC DATA

From the findings of the study many, 20 (40%) of the victimised women were between the ages of 26 to 35 years old, twenty-two (22) representing forty-four percent (44%) of the participants were married, thirty-three (33) representing sixty-six percent (66%) of the participants were found to be Christians. As many as twenty-seven (27) participants representing fifty-four percent (54%) of the women had had secondary level of education. Majority, seventy-two percent (72%) of the participants were employed and thirty percent (30%) of the participant were from the Dangbe group. This is similar to a study by Nkosi and Van der Wath (2012) which shows that participants were between ages of 18-59years, three were married and seven were cohabiting. Six were unemployed, and three were employed.

3.3.2 CAUSES OF DOMESTIC VIOLENCE AGAINST WOMEN AT THE PRAMPRAM COMMUNITY

Sixty-six percent (66%) of participants were not treated badly when they started with the courtship, eighteen percent (18%) of the participants responded that they were sometimes treated badly when they started with the courtship and sixteen percent (16%) of the participants said they were badly treated when they started with the courtship.

Many, thirty-eight percent (38%) of participants stated that, partners abusive behaviour started when the first child was born, followed by thirty percent (30%) of participants who stated that partners abusive behaviour started when they got married, thirty percent (30%) responded that the abuse started when she got pregnant and two percent (2%) responded that the abuse started when she gave all her attention to her work. Many, fifty percent (50%) of the participants perceived that the cause of the abuse was as a result of monetary issue, twenty-eight percent (28%) of the participants perceived that the cause of the abuse was as a result of extra-marital affairs, twenty percent (20%) of the participants perceived that the cause was as a result of care

of children and two percent (2%) of the participants perceived that the cause of the abuse was as a result of returning home late from work. This is in relation to a study conducted by Worden and Calsen (2005) who reported in their findings that the most commonly mention causes were financial stress (37%). As many as forty-four percent (44%) of the participant's experienced physical violence, followed by thirty-four percent (34%) of the participants who experienced psychological violence, eighteen percent (18%) of the participant's experienced social violence and four percent (4%) of the participants experienced sexual violence. Sixty-four percent (64%) of the participants recorded there was no violence when they were pregnant while thirty- six percent (36%) of the participants had experienced an abuse when they were pregnant. These findings are in relation to a study conducted by Gebrezgi et al (2015) who reported in their findings that the prevalence of intimate partner physical violence in pregnancy was 20.6%.

Seventy-four (74%) of the participants responded that their partners does not have any drug abuse problem, twenty percent (20%) of the participants stated that they do not know if their partners abuses drugs and six percent (6%) of the participants said their partners abuses drug. Fifty-eight percent (58%) of the participants responded that their partners have problem with alcohol consumption, thirty-eight percent (38%) of the participants stated that their partners does not have any problem with alcohol consumption and four percent (4%) of the participants responded they do not know if their partners consumes alcoholic beverages.

Fifty-four percent (54%) of the participants responded that their partners does not have any mental health problems, forty-four percent (44%) of the participants responded that they do not know if their partners have any mental health problems and two percent (2%) of the participants responded that their partner had mental problem. These findings are in relation to a study conducted by Worden and Calsen (2005) who reported in their findings that the most commonly mentioned causes were financial stress (37%), substance abuse (30%) anger and

loss of control (28%), relationship problems (20%), early exposure to family, violence (17%), adultery (15%) and perpetrators of mental health problems (14%).

As many as fifty-two percent (52%) of the participants stated that the abuser was their husband while forty-eight percent (48%) stated that the abuser was their intimate partner. These findings are in relation to a research conducted by Semahegn and Mengistie (2015) who reported in their findings that lifetime prevalence of domestic violence against women by husband or intimate partner among 10 studies ranged from 30 to 78%. Lifetime domestic physical violence by husband ranged from 31 to 76%. Significant number of women experienced violence during pregnancy.

3.3.3 EFFECTS OF DOMESTIC VIOLENCE ON WOMEN AT PRAMPRAM

Sixty-four percent (64%) of the participant's sustained injury as result of the abuse while thirty-six percent (36%) of the participants did not sustain any injury. Forty-two percent (42%) of the participants had physical effect followed by thirty-eight percent (38%) who had emotional effect and twenty percent (20%) of the participants had psychological effect. Sixty-four percent (64%) of the participants responded that their daily life activities were affected while thirty-six percent (36%) of the participants stated that their daily life activities were not affected.

Fifty-six percent (56%) of the participants decided to separate themselves from their partners for a while, twenty-eight percent (28%) of the participants decided to divorce their partners upon reflection of incidence and sixteen percent (16%) of the participants decided to commit suicide. These findings are in relation to a research conducted by Nkosi and Van der Wath, (2012) who reported in their finding that women exposed to domestic violence related the mental health effects in terms of physical, psychological, spiritual and social experiences. Physical pain relating to emotional hurt anxiety and sadness. The violation they experienced was reflected in social isolation and symptoms associated with major depressive disorders, anxiety disorders and post-traumatic stress disorders

Findings from the study shows indicates per the day of data collection many, forty-six percent (46%) of the participants had their last episode of abuse one month ago, thirty-six percent (36%) of the participants stated their last episode took place last week, fourteen percent (14%) of the participants stated that their last episode of abuse took place this week and four percent (4%) of the participants stated that their last episode of abuse took place one year ago.

These findings are in relation to a research conducted by Vinck and Pham (2015) who reported in their findings that among adult women, 37.7% reported lifetime exposure to intimate partner physical violence and 24.4% reported incidence of intimate partner physical violence over one year recall period.

3.4 CONCLUSION

The researched data draws the following conclusions from the study. Domestic violence is one of the main problems affecting women health globally due to that the study was conducted to ascertain the causes of domestic violence in Prampram community against women, findings from the study shows that majority of the causes is financial problems, extra-marital affairs, care of the children and women not making time for their partner. Further into the study was to assess the effects of domestic violence on the women at Prampram community, it was found out that most of the women had physical effects on their body, some going through psychological trauma and others having emotional breakdown effects.

3.5 RECOMMENDATIONS

Domestic violence is the most common form of violence against women and its consequences affect many areas of the lives of victims. Domestic violence can take a number of forms such as physical assault, sexual abuse and rape, threats and intimidation and should be recognised as a crime. The researchers have made the following recommendations based on the findings and the measures to be taken regarding victims of domestic violence through the agencies of the government bodies and non-governmental organizations;

1. National bodies such as the Domestic Violence and Victims Support Unit (DOVVSU) and Commission on Human Rights and Administrative Justice (CHRAJ) to create national awareness campaign against domestic violence through intensive media education for all women on the causes, effects and prevention of the menace.
2. Government and non-governmental agencies to help victims of domestic violence by opening rehabilitation centres and shelters where women can receive psychological and emotional support.
3. Ministry of Gender, Children and Social protection to develop action plans in co-operation with women's non-governmental organisations in order to create a general climate where domestic violence is rejected.
4. Government and non-governmental agencies to organise adequate training for people who deal with victims of domestic violence such as health care staff, police and social workers.
5. Government and non-governmental agencies to start education on gender equality and non-violent behaviour at a very early stage and to ensure adequate training for teachers on the issue of domestic violence and gender equality.

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APPENDICES

QUESTIONNAIRE

INTRODUCTION

Dear respondent,

We are Level 400 nursing students from Central University, Miotso-Prampram. We are conducting a study on the topic; **Experience of Domestic Violence victims; women at Prampram and to find the causes and effects it has on women.**

The study is purely for academic purpose. Your identity would neither be required nor disclosed in any way and the results would be generalized and no one would know who said this or that. Please kindly share your honest opinion with us.

It is important to know that, if you want to stop at any time or take a break you can do so and if any question is asked and you do not want to answer, feel free to tell us.

More expectedly, this interaction would last 30 minutes or more.

Please tick [╱] or write as appropriate.

Before we start, if you have any question you can please ask.

Please are you are interested in filling the questionnaire?

- Yes [ ]
- No [ ]

Thank you for taking time to participate in this study.

SECTION A. SOCIODEMOGRAPHIC DATA

1. Age

1. 18-25 years [ ] 2. 26-35 years [ ] 3. >35 years [ ]

2. Marital status

1. Single [ ] 2. Married [ ] 3. Divorced [ ]

4. Widowed [ ] 5. Cohabitation [ ]

3. Religion

1. Christianity [ ] 2. Islamic [ ] 3.Traditional [ ]

4. Educational level

1. Primary [ ] 2. Secondary [ ] 3.Tertiary [ ]

5. Occupation:

1. Employed [ ] 2. Unemployed [ ]

6. Ethnic Group:

1. Akan [ ] 2. Ewe [ ] 3. Dambge [ ] 4. Ga [ ]

5. Others (specify) ……

SECTION B: CAUSES OF DOMESTIC VIOLENCE

1. How long have you been in the relationship?

1. 0-5 years [ ] 2. 6-10 years [ ] 3. >10 years [ ]

2. Was he treating you bad when you started with the courtship?

1. Yes [ ] 2. No [ ] 3. Sometimes [ ]

3. Did you find any clue of abusive behaviour in him?

1. Yes [ ] 2. No [ ]

4. When did the abuse start?

   1. When we got married [ ] 2. When I got pregnant [ ]

   3. When the first child was born [ ] 4. Others specify …….

5. What do you perceive to be the cause of the abuse?

   1. Monetary issues [ ] 2. Extra marital affair [ ]

   3. Care of children [ ] 4. Others (specify) …….

6. What type of the violence did you go through?

   1. Physical [ ] 2. Psychological [ ]

   3. Social [ ] 4. Sexual [ ]

7. What is the frequency of the violence?

   1. Daily [ ] 2. Weekly [ ]

   3. Monthly [ ] 4. Occasionally [ ]

8. Grading of the violence.

   1. Mild [ ] 2. Moderate [ ] 3. Severe [ ]

9. Has your partner ever abuse you when you were pregnant?

   1. Yes [ ] 2. No [ ]

10. Does the abuser have a drug problem?

    1. Yes [ ] 2. No [ ] 3. I don't know [ ]

11. Does the abuser have an alcohol problem?

    1. Yes [ ] 2. No [ ] 3. I don't know [ ]

12. Does this person have a history of clinically diagnosed mental health problems?

    1. Yes [ ] 2. No [ ] 3. I don't know [ ]

13. What is your relationship to the person who is abusing you?

    1. Husband [ ] 2. Intimate Partner [ ]

14. When did the last episode of abuse take place?

1. This week [ ] 2. Last week [ ]

3. A month ago [ ] 4. One year ago [ ]

SECTION C: EFFECTS OF DOMESTIC ABUSE

1. Have you ever tried defending yourself during the abuse?

   1. Yes [ ] 2. No [ ]

2. Have you sustained any injuries, diseases or pregnancy as a result of the abuse?

   1. Yes [ ] 2. No [ ]

3. What type of effect came as a result of the incident?

   1. Psychological [ ] 2. Emotional [ ]

   3. Physical [ ] 3. Others (specify)……

4. What comes to your mind when you remember that such an incident occurred?

   1. Suicidal ideas [ ] 2. Divorce [ ]

   3. Separation for a while [ ] 4.Others (specify)……

5. Has the abuse affected your daily life activities?

   1. Yes [ ] 2. No [ ]

6. Are you still living with or in close contact with your abuser?

   1. Yes [ ] 2. No [ ] 3. Sometimes [ ]

7. How many times were you abused before telling someone?

   1. 1-3 times [ ] 2. 4-6 times [ ] 3. >6 times [ ]

8. If you are still in an abusive relationship, have you confided in anyone?

   1. Yes [ ] 2. No [ ]

9. If yes, whom have you told about the abuse?

   1. Friend [ ] 2. Family member [ ] 3.Spiritual leader [ ]

   4. Police [ ] 5. No one [ ]

10. Did you have any children while with the abuser?

1. Yes [ ] 2. No [ ]

11. Did the children witness any abuse on you from your partner?

1. Yes [ ] 2. No [ ]

12. Were the children abused by your partner?

1. Yes [ ] 2. No [ ]

13. Have you ever been injured as a result of trying to protect your children?

1. Yes [ ] 2. No [ ]

14. Did he ever apologize?

1. Yes [ ] 2. No [ ] 3. Sometimes [ ]