



Thriving among married rural Nsukka women of Igbo extraction: contributions of domestic violence and psychological distress

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ABSTRACT

Married women represent a special population who do not only ensure the continuity of humans but also play important roles in child upbringing. However, the increasing rate of violence globally has enlisted them among the most vulnerable groups in the society. In times of violence, they are the most prone to become victims along with children. At home, there is also an increasing rate of abuse and violence against women by their spouses and there is a possibility that these may be contributors to low levels of thriving among women. This study investigated the roles of domestic violence and psychological distress in thriving among married women in an Igbo rural community. Respondents were 353 women selected from Nsukka Local Government Area of Enugu State, Nigeria. Their age ranged from 24-65 ($M = 33$, $SD = 2.3$). They responded to the Brief Inventory of Thriving, the Brief Resilience Scale, and the Revised Conflicts Tactics Scale. It was hypothesized that domestic violence and psychological distress would significantly influence thriving among married women. These hypotheses were tested using hierarchical multiple regression analysis. Results showed that domestic violence and psychological distress significantly predicted thriving among married women. Implications of the study were presented in line with a view to curtailing domestic violence and alleviating psychological distress among women.

Introduction

Married women represent a special population who do not only ensure the continuity of humans but also play important roles in nurturing the young generation and ensuring that they turn out to be responsible citizens of society. In recent years, however, married women have experienced among many other things, violence in the home as well as outside the home (Campbell, 2002; Testa, & Leonard, 2001). This generates so much psychological distress and consequently low levels of thriving/positive functioning and wellbeing (Heise, Ellsberg, Gottmoeller, 2002). Despite the high risk, not all women who are victims of domestic violence develop marital and individual psychological problems or suffer from domestic violence equally the same way. Individual differences in response to traumatic events may be more important than the severity of the event itself in predicting thriving and the presence of trauma symptoms (Carlson, McNutt, Choi, & Rose, 2002).

Because not all women who experience domestic violence (DV) will report it, statistics on the prevalence of the menace is lacking and where it exists, is a great misrepresentation of the real occurrence. DV is ravaging rural communities and it is necessary that interdisciplinary research efforts be focused on DV and its causes and consequences in rural communities. Also, because rural women may have the least access to social amenities/facilities and programs that enable rehabilitation after traumatic experiences, they are more prone than urban women to adjusting in life after traumatic events such as DV. This therefore necessitates research efforts at understanding the presence and effects of DV on women in rural communities. It is expected that findings from this research will not only serve

as facts but also inform policies.

The present study adopts thriving as a positive psychological construct which represents the presence of wellbeing and hope in an individual. Diener (2003) identified three criteria on which individual levels of thriving (also known as subjective wellbeing) could be defined. These criteria were virtue or holiness, cognitive evaluation of one's satisfaction with his or her life, and or the evaluation of positive affect over negative affect. Dolan and White (2007) also identified three general criteria for defining an individuals' thriving, happiness or subjective wellbeing which are objective-list accounts, mental-state accounts, and desire-fulfillment accounts. In more broad terms, some research (e.g., Diener 2003; Ryff 1995; Ryan & Deci 2001; Dolan & White, 2007; Chukwuorji, Iorfa, Ifeagwazi & Nzadibe, 2018) define subjective wellbeing as a pleasant emotional experience, virtue or holiness, actualization of human potential, subjective evaluation of life in positive terms, global sense of satisfaction with life and optimal psychological functioning among others.

Although disparities exist as to what the basic components of wellbeing are, two most common perspectives to wellbeing have gained prominence among researchers in psychology. These are: Psychological Wellbeing (PWB) and Subjective Wellbeing (SWB). Ryan and Deci (2001) noted that these perspectives are a product of two philosophies namely: eudaimonism and hedonism. According to Ryff (1989), PWB seems to be a combination of different conception of wellbeing from the Greek philosophers to modern theories like C. J. Jung's individuation and A. Maslow's self-actualization. A review by the OECD (2001) buttressed the point that subjective wellbeing

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covers a wide range of concepts. It does not just imply the absence of negative feelings but the personal/subjective experiences of thriving and more positive feelings over the negative ones. Thriving includes an individual's cognitive judgment of how satisfied he or she is with life from birth to present; or with specific areas of their life, and the hopes such individual has about the future. So therefore, thriving transcends domain specific satisfaction with life and extends to global assessment with time perspectives of wellbeing. An individual is said to be thriving when he/she not only reports the presence of more positive feelings above negative ones, but entertains hopes that the future could be successful. Thriving is acknowledging the presence of wellbeing yet, not denying the possible presence of illbeing and at the same time being optimistic about the future. Thus an individual is said to be thriving when he/she makes effort aimed at achieving optimal wellbeing. However, efforts at achieving optimal wellbeing can be marred or frustrated by events around an individual.

The thriving continuum model (Haight, Barba, Courts, & Tesh, 2002) posits that "thriving is a positive concept that exists as a continuum", and that "along this continuum, individuals grow and develop at different rates and in different ways based on interactions with the environment and the ongoing development of self". Stressful life events which may come in varying forms (violence, bereavement, displacement, divorce, etc.) may constitute adverse environments within which the individual grows thereby affecting thriving. Continued stress may therefore create a life characteristic of languishing and low levels of wellbeing. The present study screens for the presence of violence in the form of DV and the presence of psychological distress among married women living in a rural area. The associations with thriving is then explored as well to understand their effects on thriving.

Violence against women, both domestic and outside the home, is a global issue which has enormous consequences in all dimensions of women's health. Though violence occurs in different forms and settings, 'domestic violence' (DV) is considered as the most pervasive form (Heise, Ellsberg, & Gottmoeller, 2002). DV includes but may not be limited to violence perpetrated by spouse or family members, and manifested through physical, sexual, psychological, economic abuse (Khan, Kapoor, & Cooraswamy, 2000). DV against women is a violation of women's human rights beyond geographical, cultural, religious, social, and economic conditions. It is a common problem experienced by women all around the world to varying degrees and types. As an important public health concern, it has strong social, cultural, and psychological basis, and has devastating physical, emotional, social, and financial effects. Despite direct effects on women, it also affects women's children, families, and the society as a whole.

Globally, DV has been a subject of research interest since the early 70s but the detailed data indices continue to be low in the developing parts of the world (Garcia-moreno, Jansen, Ellsberg, Heise, & Watts, 2005). DV has grown to be considered as a legitimate human right issue as well as a significant threat to women's health and wellbeing. As one of the most pressing societal problems today (APA, 2002), DV against women represents a serious violation of women's human rights. It is an important cause of injury, and a risk factor for many physical and psychological health problems among women (Watts & Zimmerman, 2002). The World Health Organization (WHO) multi-country study reported that 15–71% of women had experienced violence at least once in their lifetime (WHO, 2005; Bhattacharya, Gunasekera, Goonesekera, Naved, & Zaman, 2003). DV exists and has continued to grow due to the "culture of silence" and is typically enmeshed in several factors operating at different levels of society (Koenig, Stephenson,

Ahmed, Jejeebhoy, & Campbell, 2006

The various labels definitions given to DV makes it very necessary to select and define the term for the purpose of this study. For the current study, the term "DV against women" was used to refer to violence against women by their husbands. Nonetheless, throughout the current study, violence, aggression, abuse, battering, and many similar terms were reviewed in order to cover all the harmful physical, psychological, sexual, and economic behaviour patterns from husbands/partners to wives/female partners. While appreciating that other forms of violence and different perpetration victimization types are also worthy of attention, this study primarily focused on DV in the home which may range from physical, economic and emotional. DV against women is a kind of gender-based violence, and it mainly occurs in a specific context of patriarchy where controls of women are tolerated (Dobash & Dobash, 1979; Stacey, 1993; Anderson, 1997; Walker, 1999). The social context of families in Nsukka is generally gender- stereotyped and male-dominated. Based on gender stereotypes and patriarchal values, husbands are expected to act in accordance with their powerful positions, and even behave violently to maintain it. Cultural values in Nsukka, Nigeria, place the primary responsibility on women for keeping the family together. Hence, women are expected to endure, sacrifice, and suffer silently in order to keep their families together.

A large body of research empirically evaluated the impact of DV on women's marital and individual psychological outcomes (Testa & Leonard, 2001). They concluded that experiences of DV have negative consequences for both women's marital functioning and psychological wellbeing. DV is related to many psychological outcomes in women's lives (Golding, 1999). In a meta-analysis study on women victims of DV, Golding (1999) reported the rates of mental health problems that generally exceeded the rates found in general populations. Across studies, the weighted mean prevalence was 63.8% for post-traumatic stress disorder (PTSD), 47.6% for depression, 17.9% for suicidality, 18.5% for alcohol abuse or dependence, and 8.9% for drug abuse or dependence. The present research adopted thriving (subjective wellbeing) as a broad spectrum of wellbeing indices to be studied in relation to DV.

Research has shaded light on DV as it affects the various domains of women's life in most parts of the world. However, most of these research have been conducted in civilized societies and little knowledge exists about DV among rural women in Nigeria. Thus, the importance of knowledge of the prevalence and associated factors of DV among rural women in Nsukka is necessary in order to contribute to existing literature on global DV against women and establish a holistic healthy environment.

Psychological distress is commonly used as an indicator of the mental health status of a population in public health, but it is still a relatively vague concept. Psychological distress is defined as a state of emotional suffering characterized by undifferentiated combinations of symptoms ranging from depression and general anxiety to personality traits, functional disabilities, and behavioural problems (Russ et al., 2012). Associated with somatic symptoms such as insomnia, headaches, and lack of energy, psychological distress has been variedly described as an emotional disturbance that may impact on the social functioning and day-to-day living of individuals (Wheaton, 2007). It is a medical concern, especially when accompanied by other symptoms that, together, satisfy the diagnostic criteria for a psychiatric disorder (Phillips, 2009). Serious psychological distress is reported to be highest (15.4%) among women exposed to lifetime DV compared to those not exposed to among those with no lifetime experience of DV

(Edwards, Black, Dhingra, McKnight-Eily, Perry, 2009)

There is a dearth in literature that assess the mental health status of rural women and its association with the occurrence of violent incidents. The present study strives to fill the gaps by investigating the relationship between DV and mental health status of women in a rural area. This study will help add to existing literature, as well as assist the policy makers for planning and implementing appropriate interventions. In this regard therefore, it is necessary that research investigates not just the prevalence of DV in a rural Nigerian Igbo community, but also, the presence of psychological distress among married women in Igbo rural community and the roles of DV and psychological distress in thriving among married women in an Igbo rural community. It was hypothesized that (1) DV will not statistically predict thriving among married women in Nsukka, and (2) Psychological distress will not significantly predict thriving among women in Nsukka.

Method

Participants

Participants for the present study were 353 married women selected from Nsukka community. Majority (99.5%) were Christians, while other religious groups were represented with an insignificant 0.5%. With regard to the various denominations of the Christians, 41.9% were Roman Catholics, 30.2% belonged to churches grouped under Christian Council of Nigeria (CCN, e.g. Anglicans, Methodists, etc.), 22.8% belonged to churches grouped as Christian Pentecostal Fellowship of Nigeria (CPFN, e.g., RCCG, Deeper Life, Winners, etc.), and 5.1% were Jehovah's Witnesses. The composition of the sample with regard to educational attainment was as follows: SSCE (60.2%), OND/NCE (13.1%), HND/Bachelor's degree (26.0%), Masters' degree/PhD (0.7%).

Instruments

A total of three measures were used in this present study: The Brief Inventory of Thriving

(BIT); the Brief Symptoms Inventory and the Revised Conflicts Tactics Scale-Short Form.

Brief Inventory of Thriving

The BIT (Su, Tay & Diener, 2014) was used to assess participants' perceived levels of thriving. It is a 5-point Likert-type scale, consisting of 10 items, responded to on a response format ranging from strongly disagree (1) to strongly agree (5). It consists of items such as "There are people who appreciate me as a person", "I feel a sense of belonging to my community", "I feel good most of the time", etc. All items are directly scored. Possible range of scores was from 10-50. High scores indicate the presence of subjective wellbeing while low scores reflect a negative evaluation of one's life and consequently low levels or possible absence of wellbeing. The validity and reliability of the BIT has been demonstrated in various studies, including a study in Nigeria (Chukwuorji, Iorfa, Nzeadibe, & Ifeagwazi, 2017). Su, Tay, and Diener (2014) reported a reliability coefficient of $\alpha = .90$, and in the current study, the BIT had a good internal consistency reliability ($\alpha = .80$).

Brief Symptoms Inventory

The Brief Symptom Inventory (BSI) developed by Derogatis (1993) consists of 53 items covering nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation and Psychoticism; and three

global indices of distress. Items for each dimension of the BSI were selected based on a factor analysis of the SCL-R-90, with the highest loading items on each dimension selected for the BSI (Derogatis, 1993; Derogatis & Cleary, 1977; Derogatis & Spencer, 1982). Sample items include: during the past 7 days, how much were you distressed by nervousness or shakiness inside; during the past 7 days, how much were you distressed by faintness or dizziness the idea that someone else can control your thoughts; feeling others are to blame for most of your troubles during the past 7 days; etc.. In the present study, the BSI yielded a good internal consistency reliability ($\alpha = .86$).

Revised Conflicts Tactics Scale-Short Form

The Revised Conflicts Tactics Scale- Short Form (RCTS-SF) was developed by Straus, Hamby, Boney-McCoy & Sugarman (1996). It consists of 20 items which assess respondents' perception of intimate partner violence. Participants respond to it on an 8 point Likert Type scale ranging from never happened to always happens. Sample items include: My partner insulted or swore or shouted or yelled at me; I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner; My partner pushed, shoved, or slapped me; etc. The internal consistency reliability in the present study was good ($\alpha = .82$).

Procedure

Respondents identified as married women in a church program were purposively selected and approached in their homes by the researchers and other trained research assistants and asked to participate in the study. The researchers explained the nature of the study to the participants, what they were required to do and who was undertaking the research. Participants were informed that they were free to withdraw at any stage of the study. Those who gave consent were given the questionnaires to fill. They were also encouraged to answer the questions as honestly as possible. Inclusion criteria revolved around being resident in rural Nsukka community, being married for at least a year, and being able to read and write in English language. The researcher examined the completed questionnaires and encouraged participants to respond to all the items in order to obtain complete data. In total, 400 questionnaires were distributed, and a return rate of 88.25% was recorded. This was because about 47 questionnaires were discarded due to incomplete information by the respondents.

Design/ Statistics

This is a cross-sectional survey research. Pearson's correlation (r) analysis was conducted among the study variables while hierarchical multiple regressions were employed to statistically test the hypotheses for the study. The data obtained from respondents were analysed with the use of the Statistical Package for the Social Sciences (SPSS) 21.0.

Results

Means, standard deviations, along with intercorrelations of the study variables are presented in Table 1. The results of hierarchical multiple regression for predictors of mental health appear in Table 2.

Pearson correlation results showed significant positive correlations between thriving and educational qualification and monthly income. These positive correlations mean that as educational qualification increased, participants tended to report higher levels of thriving. Also, participants who had higher income reported higher levels of thriving. A significant negative correlation was observed between thriving and psychological distress and domestic violence.

Table 1 Table showing intercorrelations between study variables

	1	2	3	4	5	6	7
1. Age	-						
2. Educational Qualification	.19*	-					
3. Length of Marriage	.44**	.050	-				
4. Living with Partner	-.02	-.07	-.01	-			
5. Monthly Income	.25**	.68**	.14	-.03	-		
6. Psychological Distress	.03	-.23**	-.01	-.01	-.28**	-	
7. Thriving	.04	.22**	-.10	-.15	.19**	-.30***	-
8. Domestic Violence	.20*	.06	.10	.08*	.14	.84**	-.86**

Note. $N = 153$, * $p < .05$, ** $p < .01$, *** $p < .001$. Educational Qualification: 1 = none, 2 = primary, 3 = secondary, 4 = BSc, 5 = MSc/PhD. Length of marriage: 1 = Less than 1 year, 2 = 1-5 years, 3 = 6-10 years, 4 = 11-15 years, 5 = 16-20 years, 6 = 21 above. Living with partner: 1 = Yes, 2 = No. Monthly Income: 1 = Below 19, 000, 2 = 19, 000-45, 000, 3 = 46,000-99,000, 4 = 100, 000 above.

Table 2: Hierarchical multiple regression table showing predictors of thriving

Variable	Step 1 B	Step 2 β	Step 3 β
<i>Controls</i>			
Age	.05*	.04*	.07*
Educational Qualification	.14*	.14*	.12*
Length of Marriage	.10*	.09*	.02*
Living with Partner	-.15*	-.15*	-.15*
Monthly Income	.14*	.15*	.15*
<i>Predictors</i>			
Domestic Violence		-.19*	-.18*
Psychological Distress			-.27***
Adjusted R^2	.06*	.06**	.12**
ΔR^2	.09*	.01**	.06**
ΔF	2.79*	5.10**	10.48**

Note. $N = 153$, * $p < .05$, ** $p < .01$, *** $p < .001$.

The regression model above in which thriving was entered as the criterion variable shows that when the demographic variables were collectively entered into step 1 of the equation as controls, they accounted for a significant 6% variance observed in thriving. This variance was statistically significant. All the control variables significantly predicted thriving of married women as follows: age ($\beta = .05, p < .05$), educational qualification ($\beta = .14, p < .05$), length of marriage ($\beta = .10, p < .05$), living with partner? ($\beta = -.15, p < .05$) and monthly income ($\beta = .14, p < .05$).

When domestic violence was entered into step 2 of the equation, it accounted for an additional significant 1% increase in the variance observed in thriving among married women. Domestic violence was a significant negative predictor of thriving ($\beta = -.19, p < .05$). When Psychological distress was entered into step 3 of the equation, it accounted for an additional and significant 6% variance observed in thriving. Psychological distress was a significant negative predictor of thriving ($\beta = -.27, p < .001$).

Discussion

Even the most satisfied couples experience problems in their marital relationships. Couples may respond to these relationship problems using a number of behaviours, ranging from calm discussion to severe physical aggression (Frye, 2006). It would be ideal if all couples use calm discussion, nevertheless locally, nationally and internationally representative surveys, and relevant empirical studies demonstrate high prevalence rates for DV. Therefore, the present research studied DV and psychological distress in relation to thriving among married women in a rural community. Results showed that DV significantly predicted thriving. Women who reported high levels of DV tended to thrive less. Thus, the first null hypothesis

which stated that DV will not predict thriving among married women was rejected.

This finding is in agreement with previous studies. For instance, Eshelman and Levendosky (2012) reported significant effects of psychological, sexual, and physical violence on mental health symptoms of women. Other research (e.g., Pico-Alfonso et al., 2006; Taft, Resick, Watkins, & Panuzio, 2009; Carlson et al., 2002) also seem to confirm the present findings. DV (whether as physical or sexual or psychological violence) has deleterious impacts on women's subjective wellbeing and thriving. Considerable evidence indicates that women who were victims of DV experience more psychological problems than non-battered women both among community and help-seeking samples (Pico-Alfonso et al., 2006). Specifically, being exposed to injury, physical violence, and sexual violence were associated with less thriving. It is worthy of note also that women may more easily recognize physical and sexual harm caused by the husbands compared to other types, because these forceful types involve obvious acts and behaviours. Our findings is in line with the overall DV and wellbeing literature demonstrating that DV has very harmful mental health effects on victims.

The present study demonstrates the significant impacts of DV on women's thriving levels. Thus, the primary implication is the need for mental health professionals to attend to the devastating effects of DV on mental health and thriving of women. APA (2002) stated that the prevalence of DV, combined with the severity of its impacts at many levels, necessitates the psychologists to be knowledgeable about a wide variety of issues related to DV. From APA's perspective, whether or not mental health professionals intend to specialize in working with victimized women, it is ethical and moral to be informed and

trained in appropriate assessment and intervention techniques. This is because those involved in domestic violence have special treatment needs. In order to address the situation, mental health professionals need appropriate knowledge and skills regarding the issue.

This study further revealed that psychological distress significantly predicted thriving among married women. This means that married women who reported the presence of more psychological distress, also reported lower levels of thriving. Thus, the second hypothesis which stated that there will be no statistically significant effect of psychological distress on subjective wellbeing of women was rejected. This present finding corresponds with previous research on psychological distress and subjective wellbeing (e.g., Wersbe, Lieb, Meyer, Hofer, & Gloster, 2018; Jeon, Buettner, & Grant, 2018) confirming that anxiety, depression and stress predict subjective wellbeing. These research confirm that this prediction is often negative such that higher levels of psychological distress predict lower levels of psychological wellbeing. The current evidence raises the importance for mental health professionals not only to focus on women's DV experiences, but also address the aspects of their psychological distress and wellbeing levels.

The current study showed that women with lower education, occupation, and income were more likely to report higher levels of DV. Thus, women need to be empowered through education and employment in order to feel a better sense of control and mastery of their own lives to combat violent relationships. This strength would contribute a great deal in women's overall adjustment and well-being. Women's relatively low education and employment opportunities compared to men set particular tasks on multiple stakeholders (that is, education, health, and criminal justice systems) to provide equality and justice for all women across rural communities in Nigeria. Accordingly, apart from relieving psychological distress of victimization, assisting to find educational and occupational alternatives, and motivating women to recover and rebuild their lives may be important tasks of mental health professionals.

Limitations of the Study and Suggestions for further research

The present study is not without limitations. Firstly, the cross-sectional and correlational nature of the design for this present research prevents conclusions regarding causal relations between the variables. The sample size, although a little bit large, may not be very useful in making generalizations for the whole Nigerian women. There is therefore need for caution in making such generalizations. The sample population of the current study was limited to only married women in Nsukka thereby limiting conclusions that could be made regarding the women who are just engaged, may be cohabiting or in other forms or relationships. Also the present research design did not allow the exploration of whether the DV experienced was mutual for both parties. Bartholomew and Cobb (2011) suggest that relationship studies should involve both partners in order to have a hold of relational dynamics and outcomes. The study of thriving can be best approached using temporal frames in order to understand how well or often statements made by individuals can be generalized as being true over a period of time. The causal relationship between DV, psychological distress and thriving can be delineated through a longitudinal approach and prospective studies. Future studies should consider using more representative samples that cut across different occupations, localities and experiences.

Conclusion

Results of this study replicate and extend previous research showing the association between DV and wellbeing/thriving. Importantly, given that there is limited research in this area among rural women. We suggest that further research be conducted to create a holistic representation of the plight of the rural women from the psychological perspective. This will help government agencies and other organisations target grass root mobilization against DV.

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