Gender Based Violence among Married Persons in Awka Town from a Glocalizing Context: A Comparative Study of Mental Health and Loneliness.

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ABSTRACT

Aim: The study considered if mental health and loneliness would have comparativeness on gender based violence in glocalizing context in Awka town.

Method: 149 married persons serve as participants. Systematic sampling technique was used for participants' selection. They comprised of 71 male and 78 female. Their age ranged from 23-53 years with mean age of 39.66 and standard deviation of 8.76. Conflict Tactics Scales, Short Warwick–Edinburgh Mental Well-Being Scale and UCLA Loneliness Scale were employed for data generation**.** 2×2 Factorial Design and Two-way Analysis of Variance (ANOVA) statistic were used to analyze the data.

Results: The first hypothesis which stated that those with positive mental health will not differ significantly from those with negative mental health on gender based violence among married persons and second hypothesis which stated that those with positive loneliness will not differ significantly from those with negative loneliness on gender based violence among married persons were both confirmed at $p>.05$. The third hypothesis which stated that mental health and loneliness will not have significant interaction on gender based violence among married persons was also confirmed at $p>.05$. Hence, the study established suggestions.

Keywords: *Mental Health, Loneliness, Gender based Violence, Glocalization.*

Introduction

Day to day existence in Africa is 'glocal' this is in connections of global impacts and local life while 'glocal' lives are exceptionally class-based, racialised and gendered. In that capacity, status, insight and achievement are unequivocally connected with being a global resident, while destitution, hopelessness and intolerance are highlights used to characterise 'the local people's this encourages gender based violence which is unavoidable over all glocalised cultures, areas and various social classifications around the globe[1, 2]. What's more, its indications contrast and differ in levels and force as per the socio-cultural and institutional elements that triggers it.

However in Nigeria, gender based violence is to such an extent that entwined immediate, auxiliary and social typologies of violence, with factors answerable for the brutality firmly

sewed together in a manner that clarifies complex clash elements among those in intimate relationship. While disappointments occasioned by factors identifying with human weakness and disagreeable approaches, among others, to a great extent characterize gender based violence, that outcomes in, or is probably going to, bring about physical, sexual, or psychological harm to women or men including dangers of such acts, intimidation or discretionary hardship of freedom whether in public or private life.

McCloskey's [3] viewed gender based violence as: "abuse of groups targeted because of their gender or gender roles and is relegated to a lower position of social status or power". Among the different types of violence against women are battering by partner, assault, verbal attack, female genital mutilation, incest, child marriage, forced marriage, forswearing of women work opportunity, disavowal of women's entitlement to possess property, refusal of young girl child option to chose her husband, refusal of young girl child access to education, child work, girl trafficking and utilizing child for sex business purposes, among others. In spite of the fact that, women can likewise be engaged in violent conduct, and abuse also exists in some same sex relationship; regrettably, mostly partner abuse is executed by men against their female accomplices.

As indicated by Velásquez [4], each sort of abuse is every now and again executed, which transforms gender based violence into a social issue. This creates physical (wounding, wounds, injuries, and so on.), psychological (humiliation, low confidence, sentiments of inadequacy, among others), financial and social ramifications for the casualties. For example, in Nigerian social orders appeared to a great extent excuse spouse beating, where they accept that a husband's rebuke of his wife by beating her is implanted in the way of life [5, 6]. Often, the culprits of such direct violent attempt to legitimize their activities on deconstructed strict notions, customs, conventions and social convictions, while others stay their defences on states of human uncertainty, for example, joblessness, hunger, natural issues, and so on [7].Moreover, the scourge of gender based violence is no doubt progressively disturbing [8].

Types of Gender Based Violence

Sexual Coercion: Today, force sexual contact can happen whenever in a woman's life and it incorporates a scope of practices from persuasive assault to non-physical types of weight that propel the young women to take part in sex without wanting to. However, the touchstone of coercion is that the woman lacks choices and faces severe physical or social consequences if she resists sexual advances. Studies indicate that the majority of non-consensual sex takes place amongst individuals known to each other, spouses, family, members, courtship, partners or acquaintance.

Socio-Economic Violence: This is the discrimination as well as disavowal of chances, forswearing of access to training, wellbeing help or compensated business; refusal of property rights. It might be by family members, society, establishments and associations, government entertainers.

Physical Violence: This alludes to beating, gnawing, kicking, controlling, pulling hair, stifling, tossing items and utilizing weapons among genders. Although same-sex physical viciousness (in any event, including cutting) can be basic among young people, the inconsistent force relationship brings about most physical brutality being aimed at young women by young men.

Harmful Traditional Practices: These incorporate practices, for example, Female genital mutilation (FGM)which includes the cutting of genital organs for non-clinical reasons, generally done at a youthful age; ranges from inclined toward absolute cutting, evacuation of private parts, sewing whether for social or other non-remedial reasons; regularly experienced a few times during life-time, as after conveyance or if a women has been survivor of rape and early marriage abuse that belittles the female gender[9].

Emotional abuse: This is the maltreatment/mortification which is non-sexual boisterous attack that is annoying, corrupting, belittling; convincing the person in question/survivor to take part in embarrassing acts, regardless of whether in public or private; denying essential costs for family endurance . This might be done by anybody in a place of authority and control; for the most part by mates, intimate partner or relatives in a place of power.

Glocalization and Gender Based Violence

The idea of globalization assists with the demonstration of re-examining macro-micro connections. Hence, glocalisation assisted with easing 'the theoretical troubles of full scale smaller scale connections' to enlighten that 'a significant number of the social classes and practices expect a neighborhood flavor or character in spite of the way that these items were created elsewhere'[10]. Glocalisation shows a twin procedure of macro scale localisation and micro scale globalization, where macro scale – glocalisation involves extending the limits of region just as making some neighbourhood thoughts, practices and organizations worldwide (for instance, strict or ethnic Pentecostal developments). Micro scale globalization includes consolidating certain worldwide procedures into the nearby setting (for instance, women's activist and environmental developments, just as new creation techniques)[10].. In a more tragic tone, Bauman [11] indicates glocalisation as the reallocation of neediness and shame from above, and as an item of globalisation, where the favoured are versatile yet the poor are caught in neighbourhood destitution.

Glocalizationcan additionally destabilize nearby gender orders. Disturbance of male authority inside the way of life may create a reaction of manly fundamentalism that attempts to restore customary gender hierarchies [12]. These procedures assume a job in the gender based violence. Gender based violence has never been constrained to poor people or oppressed. Very much advertised media inclusion of celebrity violence to partners factors what the anti-violence movement has known for at some point, that rich, well known or influential men can be similarly as injurious and inclined to violence as individuals who are poor. People from all financial gatherings, religions and societies endure gender based violence despite the fact that

the experience of abuse is frequently drawn out if the powerless against victimizer entanglement and with less choices to help themselves outside a harsh relationship [13, 14].

Mental Health and Gender Based Violence

Mental health is characterized by the World Health Organization [15], as: a condition of prosperity where the individual understands their own capacities, can adapt to the typical worries of life, can work beneficially and productively, and can make a commitment to their locale. Mental health also incorporates self-adequacy, self-sufficiency, capability, intergenerational reliance and acknowledgment of the capacity to understand one's intellectual and enthusiastic potential. It has additionally been characterized as a condition of well-being whereby people perceive their capacities, can adapt to the ordinary worries of life, work beneficially and productively, and make a commitment to their networks. Mental health is tied in with upgrading skills of people and networks and empowering them to accomplish their self-decided objectives [15].

Evidence has shown that at least 60% of women globally are exposed to mental health problems related to GBV than their male counter parts [9, 16]. Such exposure to mental health problems is contrary to the definition of human rights which stipulates, what all inclusive regard for, and recognition of human rights and the key opportunities for all without separation as to race, gender, language, or religion [1, 17]. Research has noticed that GBV which includes rehashed maltreatment during a timeframe regularly prompts unfavourable wellbeing impacts [18, 19, 20]. These mental health impacts might be physical (injury, gastro-intestinal issues, normal indications and so forth.) and psychological (misery, PTSD, tension, suicidality and so on.). In any case, it has been indicated that such unfavourable outcomes may have durable impacts and persevere long time after the abuse has quit, bringing about interminable unforeseen weakness and low quality of life [18].

Despite the fact that men and women are exposed to GBV, discoveries showed that women show a wide scope of mental health impacts contrasted with men, these are profoundly connected with GBV for women [21, 22]. For instance, GBV may have very serious ramifications for women’s physical, sexual, conceptive and mental health [18, 23, 24].

However, GBV is additionally connected with HIV disease and other explicitly communicated contaminations for women [25, 26]. A review report has indicated that distinction in GBV predominance across countries. Notwithstanding the distinction in its size, GBV is related with an assortment of mental issues for women including depression, PTSD, anxiety, self-harm, and sleep-disorder as women experience more constant and serious exposure to GBV contrasted with men [27, 28].

While the impact of GBV on mental health has been investigated mostly in women and in high income countries, there are relatively few studies on GBV and health effects which have included both genders, strangely the examinations discovering shows that men and women experience the ill effects of expanded danger of depression, self destruction endeavours, HIV, PTSD and incessant maladies, for example, stroke and asthma [29, 30, 31, 32, 33]. Further,

studies including men and women report that men presented to GBV are bound to encounter more behavioural problem and substance abuse while women are bound to encounter mood disorder and anxiety [21]. In another study including men only, GBV was shown to be associated with depressive symptoms [34]. Therefore, more studies on men are needed to develop understanding about men's exposure to GBV, its hazard elements and mental health impacts, and theories ought to be created to improve comprehension of gender based violence targeted at men [31].

Loneliness and Gender Based Violence

Loneliness is characterized as an enthusiastic misery experience that accompanies the view of unacceptable social connections. Seen unacceptable connections, in this way, are free of the amount of social communications, however are brought about by the felt feeling of social detachment and unsatisfied need for friendship in current connections and a low amount and reduced meaning of social contacts has additionally been identified with loneliness[35]. Loneliness also includes an individual's recognition, their encounters, and their assessment of their seclusion. Furthermore, loneliness is known to cause different mental health issues, for example, an expansion in depression, dozing problem, and an abatement or increment in hunger [36]. Loneliness prompts many negative results, for example, "self destruction, aggression, liquor abuse, helpless self-idea, and psychosomatic ailments" [37].

Since loneliness depends on one's recognition, certain people may see others as being lonely despite the fact that this may not be the situation. Ironically, loneliness has additionally been connected to gender based violence. People who act violently towards others tend be dismissed by partners since they frequently have twisted and insufficient social information-processing mechanisms. For instance, violent partner will in general become furious in circumstances where peaceful partner perceive the circumstance distinctively and don't lose control. This can likewise be expected to having antagonistic attributional predispositions and sign identification shortfalls [37].

Theoretically, social learning theory by Bandura [38] served as a grapple theory for the study**,** since the theory proposes that behaviors can be learned by observing and imitating others And learning is a cognitive process that takes place in a social environment and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. This is to say, that all we do (whether violence or non-violence) have been learned one way or the other. Interestingly, much learning in people's life comes about because of watching the behaviour of others and from envisioning the outcomes of our own activities. Frequently, people duplicate the behaviour they have seen from others. Consequently, among married persons gender based violent maybe said to have been acquired or learned by the married persons from the observations of violent behaviour from parents or significant others which now serve as a reinforcement their engagement in the violence behaviour perhaps as a way of dealing with their mental health problem and loneliness bewildering them. This often keeps up the victims who witness or experience the violence in the relationship bound to coordinate violence from their intimate partner. Based on this noted, this study attempted to establish the following specific objective: If mental

health and loneliness would have comparative significant on gender based violence in glocalizing context in Awka town. In order to establish the aforementioned objective the following hypotheses guided the study.

Hypotheses

1. Those with positive mental health will not differ significantly from those with negative mental health on gender based violence among married persons in Awka Town.
2. Those with positive loneliness will not differ significantly from those with negative loneliness on gender based violence among married persons in Awka Town.
3. Mental health and loneliness will not have significant interaction on gender based violence among married persons in Awka Town.

METHOD

Participants

A total number of one hundred and forty-nine (149) married persons in Awka Town; served as participants for the study. They comprise of 71 male and 78 female. Their age ranged from 23 to 53 years and their mean age was 39.66 with standard deviation of 8.76. Systematic sampling technique was used in the study to select the participants. This is based on the premises that the sample is chosen randomly by using a fixed interval. This interval is calculated by dividing population size by the targeted sample size.

Instruments

Three instruments were used in the study, namely: Conflict Tactics Scales (CTS) developed by Straus et al. [39], Short Warwick–Edinburgh Mental Well-Being Scale developed by Stewart-Brown *et al.,* [40] and UCLA Loneliness Scale (Version 3) developed by Russell [41].

Conflict Tactics Scales (CTS) developed by Straus et al. [39].This measure comprises of 19 items grouped into three subscales: (1) Reasoning (3 items), (2) Verbal Aggression (7 items), and (3) Physical Assault (9 items). The scale has seven point rating format: 0 = Never; 1 = Once; 2 = Twice; 3 = 3-5 times; 4 = 6-10 times; 5 = 11-20 times; 6 = More than. The scale has internal consistency of 0.79 to 0.95.

Short Warwick–Edinburgh Mental Well-Being Scale by Stewart-Brown *et al.,* [40]: 7-item scale. The SWEMWBS was constructed to assess aspects of mental well-being as a unitary construct. With 5-point rating format: None of the time=1; Rarely=2; Some of the time=3; Often=4; All of the time=5.The seven items in the SWEMWBS Cronbach's alpha ranging from .64 to .78 (Norway), and from.67 to .82 (Sweden).The third was UCLA Loneliness Scale (Version 3)by[2]..

The UCLA Loneliness Scale (Version 3) by Russell [41]. The scale comprises of 20 items. Designed to survey a individuals' unique experience of loneliness. This version 3 contains 10 negatively worded and 10 positively worded items. Participants are asked to rate the items from 1 to 4 (1- Never, 2 – Rarely, 3- Sometimes, 4- Always). Based on the scale, the higher scores demonstrate a more noteworthy level of loneliness. The UCLA Loneliness Scale has a

coefficient alpha that ranges from .89 to .94 and test-retest reliability of r=.73 over a year time span.

Procedure

The participants were drawn from workplaces that are within Awka Town. Before gathering data from these workplaces the researchers sought and secured permission from the management of these workplaces with letter of introduction that described about whom they were and objectives of the study. To gather research data in this study, questionnaire was preferred due to its ability to collect data from respondents within a limited time frame. Ethically, before beginning to administer the questionnaires, participants first signed an informed consent form which informed them that their participation is completely voluntary and they could choose to stop at any time. Participants were not told the exact nature of the study so as to avoid social desirability. After signing of informed consent, participants was given as much time as needed to complete the questionnaire. If a participant try to move on to the next page without responding to all of the items, they will be notified informing them that not all questions have been completed and the unanswered questions were highlighted. Therefore, participant responded to all in each section of questionnaire before moving on to the next section of the questionnaire. Once a section is completed, participants were not able to go back and change their answers. The participants' confidentiality and anonymity was assured and guaranteed in the study. The overall properly answered questionnaires were 149 copies which constituted the participants of this study.

Design and Statistics

The study adopted Two by Two (2×2) Factorial Design was adopted (Because the study is geared towards comparison): Two-way Analysis of Variance (ANOVA) statistic was used to analyze the data. The ANOVA test is one of the most versatile techniques in quantitative methodology testing more than one IV and one DV at same time. ANOVA assumes that at least one of the group means is different from one another and it measures how different each group's mean is from the overall mean.

Results

Based on the tables, the corrected model accounted for 12.0% variance in gender based violence, with ($F_{3,\ 145}$) = .59, p>.05; R = .012, R^2 adjusted = .008. The first hypothesis which stated those with positive mental health will not differ significantly from those with negative mental health on gender based violence among married persons in Awka Town was confirmed at ($F_{1,145}$)=.41, p>.05.

Also the mean differences and standard deviation within the mental health: M=74.33, SD= 6.75 (positive) and M=73.54, SD=6.66 (negative), N=149. This means that married persons with positive mental health experienced gender based violence more than married persons with negative mental health experience.

The second hypothesis which stated that those with positive loneliness will not differ significantly from those with negative loneliness on gender based violence among married persons in Awka Town was confirmed at ($F_{1,145}$)=.66, p>.05.

Also the mean differences and standard deviation within the loneliness: M=74.45, SD= 7.02 (positive) and M=73.47, SD=6.45 (negative), N=149. This means that married persons with positive loneliness experience gender based violence more than those with negative loneliness experience.

The third hypothesis which stated that mental health and loneliness will not have significant interaction on gender based violence among married persons in Awka Town was confirmed at ($F_{1, 145}$) =.40, p>.05.

The results were presented in the order in which the research hypotheses were tested

Table 1: Summary of Descriptive Statistics and Two-Way Analysis of Variance of the Study Variables

Mental Health	**Mean**	**Std. D**	N
Positive	74.33	6.75	62
Negative	73.54	6.66	87
Total	73.88	6.69	149
Loneliness	**Mean**	**Std. D**	**N**
Positive	74.45	7.02	62
Negative	73.47	6.45	87
Total	73.88	6.69	149

Table 2:

Source	**Type III Sum of Squares**	***df***	**Mean Square**	***F***	**Sig.**
Corrected Model	79.70	3	26.57	.59	.623
Mental Health	18.46	1	18.46	.41	.523
Loneliness	29.86	1	29.86	.66	.417
Mental Health * Loneliness	17.91	1	17.91	.40	.530
Error	6542.13	145	45.12		
Total	819884.00	149			

Dependent Variable: Gender Based Violence. a. R Squared = .012 (Adjusted R Squared = -.008).

Discussion

Based on the results, the first hypothesis which stated that those with positive mental health will not differ significantly from those with negative mental health on gender based violence among married persons in Awka Town was confirmed. This implies that those with positive mental health did not experience gender based violence more than married persons with negative mental health. This perhaps may be because the thought patterns and there behavioural disposition is usually not fault in their relationship. The thought could be appropriate reasoning about sexual and physical behaviour which now make them perceive their partner as either good or loving this thereby prompted wholesome reaction from their partner and engender them into good psychological wellbeing instead of psychological problems faced by the victims of gender based violence such as poor self-concept, low self-esteem, feelings of powerlessness, helplessness, worthlessness, hopelessness, sleep problems, anhedonia, post-traumatic stress disorder and depression which invariably affects their positive mental health and marriages.

Also, the second hypothesis which stated that those with positive loneliness will not differ significantly from those with negative loneliness on gender based violence among married persons in Awka Town was confirmed. This implies that persons with positive loneliness

experience are not involved in gender based violence than married persons with negative loneliness experience. This may be traceable to the fact that those with positive loneliness experience might be using it to developed themselves as against wrong perception and interpretation of their life experiences that could bred negative loneliness which usually push them into isolating lifestyle and thereby resurrect multiple health problems such as an increase in depression, sleeping problems, decrease or increase in appetite, suicide, hostility, alcoholism, poor self-concept, and psychosomatic illnesses which have tendency in prompting ugly behaviours that are capable of causing gender based violence between the individual and the partner [36, 37]. More so, the third hypothesis which stated that mental health and loneliness will not have significant interaction on gender based violence among married persons in Awka Town was confirmed. This is in support of Social learning theory that explains violence as a coping mechanism learned through observation or experience [38] [38]. This theory maintains that the likelihood of repeated abusive behaviour is contingent upon reinforcement.

Conclusion

Poverty, misery and narrow-mindedness are features used to characterise 'the locals' this fosters gender based violence which is pervasive across all glocalised cultures, regions and diverse social categories around the globe. And this violence usually come in various forms ranging from physical, verbal and sexual assault and this however causes a lot harms which at times result hospitalisation or death of the victims. Hence, the study considered the comparativeness of mental health and loneliness on gender based violence in glocalized society and the result indicated that mental health and loneliness have no significant comparativeness on gender based violence. Based on the result, the study make needed suggestions.

Suggestions

The following suggestions were made in line with the findings of the study:

Mental Service Centre Establishment: availability and accessibility of mental service centres for victims and perpetrators of partner violence is urgently needed. This will aid in counselling the partners on the danger of violence against their partner and need for them to understand that they are two individuals with different personality, orientation and aspirations.

Workshop and Seminars: Psychologists/behavioural scientists should as a matter of urgency engage in enlightenment strategy like seminar and workshop in order to make the married persons to know the causes, consequences and strategies of overcoming gender based violence in their marriages.

Public Campaign: use of publicity in tackling social problem in our society cannot be overemphasised, hence social scientists are expected to engage in public campaign via use of social media, radio, television, market/community publicity and so on in getting the married persons and others informed about gender based violence menace. This however, will aid in reducing this menace among partners.

Religious Leaders Involvement: The religious leaders should get involved in educating married partners about gender based violence, since they are first people that some of this partners run to when this problem erupt for counsel, thus they needed also to inculcate this education to their sermons this invariably will help bring solution to gender based violence in our society today.

Further Research: the study recommends for further studies in this area in order to know whether different interplay will emerge between mental health, loneliness and gender based violence in the future studies.

Consent

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

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