

Exploration of factors that influence divorce: Voices of divorcees in Lagos, Nigeria

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Abstract: Globally, studies have identified different ideologies in explaining the risk factors for divorce. However, few studies have examined health-related factors in the termination of marital union. This study explored how health-related factors- of Sexual Transmitted Diseases (STDs), lack of sexual desires, genotype and domestic violence influence divorce in Lagos, Nigeria. The study was conducted in Lagos Island, Lagos. Data were collected from 30 consenting divorcees comprising males and females through in-depth interviews. Participants' selection was achieved through a purposive sampling technique. Findings revealed that domestic violence, infertility and other health related factors, such as incompatible genotype, sexually transmitted diseases (STDs) and lack of sexual desires, are potential causes of divorce. Therefore, intending couples need to ascertain the compatibility of their genotype with their spouses through medical screening. Couples battling with any health challenge in their marital union should seek help from licensed health professionals to help mitigate the potential impact the challenge may have on their marital union as well as engage the services of social workers in finding solution to the problem of domestic violence.

Keywords: Divorce; infertility; domestic violence; sexual desires; Lagos

1 Introduction/Background

According to Ambert (2009), divorce is the final termination of a marital union, the cancellation of the legal duties and responsibilities of marriage and dissolution of the bonds of matrimony between the parties involved. Globally, studies have identified different ideologies in explaining the risk factors for divorce. For example, some writings of sociologists argued that divorce is simply a manifestation of postmodern realities – a situation whereby people are more unlikely to be committed toward marriage (or familism), but would rather spend time investing in themselves as individuals (Coontz; Popenve; Stacy, cited in Asante Osafo & Nyameky, 2014). In other views, divorce reflects the weakening of commitment toward the institution of marriage and a development toward achieving personal goals (Lee, Whitehead, cited in Asante et al 2014).

While a few studies emphasized the social, economic and traditional factors responsible for divorce, there is a dearth of literature on domestic violence and health-related factors influencing divorce. Domestic violence, which includes physical, emotional, and sexual abuse

in intimate relationships, has repeatedly been found to be a significant predictor of divorce across different societies (Wagnam et al., 2016; Ajaero & Odimegwu, 2021; Seidu et al., 2021). Maintaining a joyful and healthy marriage is challenging when an abusive relationship exists. However, the reasons for divorce are many and vary from couple to couple, as well as in different societies and countries. Some studies associated divorce with demographic factors such as age, family income, and employment status. For instance, Sasse (Cited in Asante et al 2014) found that the younger the couples are, the more likely they are to divorce; pregnancy increases the likelihood of divorce; unemployed couples are more likely to divorce because of the financial burden.

Marston, Slaymaker, Cremin, McGralth, Kasamba, Lutalo, & Nyirenda, cited in Anyabolu and Okoye, (2017) showed that divorce in Nigeria is on the increase. According to a demographic and health survey, the rate of divorce has grown from 0.2% among men and 0.3% among women to over 1.96% (Smith-Greenaway & Clark, 2015). This is despite that divorce is discouraged, especially among those whose marriages were consummated in religious places of worship. Duke-Natrebo (2014) called for more studies on marital instability and divorce to address the rising phenomenon in Nigeria. According to a report published in 2017 by the Gender-Based Violence Sub-Sector Working Group (GBVSWG) in Nigeria, it was discovered that 25% of women who have been married at some point in their lives have encountered instances of domestic violence, including physical, emotional, or sexual abuse perpetrated by their husbands or partners (GBVSWG, 2017). Tesfaw and Muluneh (2022) discovered that more than 33% of women had been physically, emotionally, or sexually abused at least once, using data from a cross-sectional survey of 8061 ever married/cohabiting Nigerian women aged 15 to 49. In particular, their survey showed that 3022, 4216, and 1186 women, respectively, had been physically, emotionally, and sexually assaulted.

Urgent attention needs to be paid to the consequences of domestic violence on marital relationships given the surge in its occurrences. For example, Lagos State Domestic and Sexual Violence Response Team (DSVRT) recorded 3,089 cases of sexual and domestic violence in Lagos in 2017, which represents over 200 per cent increase from the previous year's record (1,044 cases). Meanwhile, out of the 3,089 cases, 930 were cases of domestic violence (Ezeobi, 2018). In addition, between September 2021 and June 2022, 4800 occurrences of domestic abuse were reported in Lagos State, according to the Domestic and Sexual Abuse Agency, a government department (Subair, 2022).

Physical, reproductive, and mental health are all components of health that can impact marital outcomes. The dissolution of a marriage has been empirically associated with poorer health outcomes, including physical illness, mortality, self-harm, substance abuse, and depression (Amato & James, 2010). However, it is important to note that while some of these health issues may result from a divorce, a significant portion can also be attributed to the high prevalence of divorce among individuals with poor health. This angle is one that has been scarcely explored in local divorce studies. Chronic illnesses, impairments, and poor physical health can put burden on marriages, resulting in marital discontent and possibly divorce. Similar to physical health issues, mental health conditions including depression, anxiety, and substance misuse can compromise marital stability and raise the possibility of divorce (Idstad et al. 2015; Karraker & Latham, 2015; Torvik et al., 2015). Another cause of marital discontent and relationship failure might be sexual unhappiness or dysfunction. Sexual incompatibility, erectile dysfunction, and other issues can cause frustration, discord, and divorce (Manjula et al., 2021; Namazi et al., 2021).

Hence, this study explored how health related factors and domestic violence influence divorce in Lagos, Nigeria, by investigating the experiences of divorces in Lagos Island, Lagos, Nigeria, using a phenomenological approach. The study provides empirical data or foundation for further studies, and a framework for policymakers to set up a road map that will help minimize divorce resulting from health-related issues and domestic violence. The results will also help social workers and marriage counsellors in settling potential health and domestic related divorce cases.

2 Study Setting

Lagos Island is the principal and central local government area in Lagos Metropolitan Area in Lagos State. The LGA only covers the western half of Lagos Island; the eastern half is under the jurisdiction of the LGA of Eti-Osa. Lying in Lagos Lagoon, a large protected harbour on the coast of Africa, the island was home to the Yoruba fishing village of Eko, which grew into the modern city of Lagos. The city has now spread out to cover the neighbouring islands as well as the adjoining mainland. Lagos Island is connected to the mainland by three large bridges which cross Lagos Lagoon to the district of Ebute Metta. It is also linked to the neighbouring island of Ikoyi and to Victoria Island. The Lagos harbour district of Apapa faces the western side of the island. Forming the main commercial district of Lagos, Lagos Island plays host to the main government buildings, shops and offices. The Catholic and Anglican Cathedrals as well as the Central Mosque are located here. Lagos Island is the main commercial and administrative area of Lagos. It is the oldest part of the city and connected to the mainland by three large bridges, Eko Bridge, Carter Bridge and the Third Mainland Bridge. The central business district of Lagos is located on Lagos Island and the area is home to the offices of many multinational corporations. It is also home to the city's financial district and the Nigerian Stock Exchange. Shopping malls, clubs and supermarkets also litter the streets. Lagos Island is the oldest part of the city, and home to the growing business district for both local and international companies operating in Nigeria. It has grown over time, engulfing the neighbouring areas, and they are all together commonly called the Island. This is also where you will find the high-rise buildings, and well-known Lagos skyline. The Island is also home to the city's largest wholesale marketplaces like the Idumota and Balogun markets. It's home to other places of interest like Tafawa Bawela Square, Tinubu Square, and the National Museum of Nigeria etc.

3 Methods

The study adopted a phenomenological approach to examine the qualitative and subjective experiences of divorced men and women, as this provides us with a better understanding of the influence of health factors and domestic violence on divorce among those interviewed. The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given issue. It provides information about the "human" side of an issue, that is, the often-contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals (Denzin, 2002). This approach is apt for the study since the aspect of the phenomena being investigated is relatively under-study; hence, there are no prevailing theories or hypotheses.

The participants for the study were 30 divorced men and women who were selected using purposive sampling technique. In this type of sampling technique, the researchers select participants who had experienced the phenomenon under investigation (Polit & Beck, 2011). With the consent of court officials, female divorcees who came to court to collect the monthly allowance for their children's upkeep were sampled. The researchers also selected participants outside the court using a snowballing technique, noting the peculiarity of the male

participants, who do not come the court to collect monthly stipend for the children. The researchers interviewed the participants in locations that are comfortable for such private and sensitive discussions. Some were interviewed at the point of recruitment, and others in their homes, shops and even in the marketplace.

Before any interview was conducted, the researchers explained the purpose of the study to the participants to secure his/her consent and voluntary participation. For any participant to participate, he or she must have gone through the legal process of divorce and should a formal document issued by the court. Those who are not legally divorce were not eligible to participate. Four participants refused to participate because of time factor, and two others did not want to recall the memories of their divorce. Also, a participant considered her divorce a private affair that should not be shared with strangers.

Questions in the interview guide were both open-ended and semi-structured as this gave us the opportunity to use prompts to further probe when necessary. The interview with each participant lasted between 20 to 30 minutes and was audio taped. The questions interrogated the reasons for divorce, especially questions bordering on health-related issues and domestic violence such as the experience of infertility and how it may lead to divorce. Specifically, the study interrogated the contribution of STIs, lack of sexual desires, genotype and domestic violence to divorce. The participant that experienced the issue of genotype explained that it was the doctor that told her that the reason for her child mortality was because her genotype with the husband's genotype is the same (AS). The participants answered some of these questions based on their experiences. The interviews were conducted in English Language except for three participants, whose interviews were in Yoruba language, and this was translated by an expert in Yoruba language before the analysis.

The responses were transcribed and coded into a set of categories for analysis. Transcriptions were carefully read and reviewed for consistency and accuracy, then various themes or categories were identified and analysed. Using inductive method, categories emerged from the open-ended responses. This was done by grouping similar responses together and labelling the category. Initially, a total of four themes were identified, which were later harmonized into two themes because of insufficient data to support the other two themes. The authors coded the data and categorised the data independently using an agreed criterion and thereafter compare the analysis, sorting out the differences before harmonizing the analysis. The main themes were infertility and domestic violence, while the sub-themes include sexually transmitted infections, low sperm count, genotype, lack of sexual desires and physical and sexual abuse. The data were presented and discussed in line with the themes and direct quotations were used in presenting the data. The results of the interviews are summarized according to the following themes: Health-related factors and domestic Violence.

Researchers' biases were controlled using CQR (Consensual Qualitative Research) design by Knox, Burkard, Edwards, Smith, and Schlosser (2008). This guided the design of the interview guide, the recruitment, interview, and the procedures of transcribing and analyzing the data. Also, the study also used the feedbacks from two senior colleagues who are not on the research team to review the instrument and data collected. The department gave approval for the study to be conducted.

4 Results

4.1 Profile of Participants

<u>Table 1: Socio-demographic Characteristics of Participants</u>

Socio-demographic Characteristics of Respondents

Respondent's ID	Sex	Occupation	Ethnic group	Religion	Age in years	Number of years divorced
1	Male	Engineer	Yoruba	Muslim	42	2
2	Female	Businesswoman	Yoruba	Christian	37	4
3	Female	Lawyer	Yoruba	Muslim	28	-
4	Female	Businesswoman	Yoruba	Christian	40	4
5	Male	Importer	Igbo	Christian	42	6months
6	Female	Housewife	Yoruba	Muslim	30	1
7	Female	Civil servant	Yoruba	Muslim	33	3
8	Male	Businessman	Yoruba	Christian	38	2
9	Female	Trader	Yoruba	Christian	34	4
10	Female	Housewife	Yoruba	Muslim	37	-
11	Female	Businesswoman	Yoruba	Muslim	33	2
12	Female	Businesswoman	Yoruba	Muslim	32	-
13	Female	Teacher	Yoruba	Christian	29	2
14	Male	Accountant	Igbo	Christian	40	4
15	Female	Trader	Yoruba	Muslim	31	2
16	Male	Unemployed	Yoruba	Muslim	45	3
17	Female	Trader	Yoruba		32	2
18	Female	Fashion designer	Yoruba	Muslim	38	2
19	Female	Unemployed	Delta	Christian	32	1
20	Female	Civil servant	Yoruba	Christian	30	2
21	Male	Businessman	Igbo	Christian	68	12
22	Female	Trader	Yoruba	Christian	45	6
23	Female	Trader	Yoruba	Muslim	32	-
24	male	Businessman	Yoruba	Muslim	43	3
25	Female	Business consultant	Yoruba	Muslim	31	One week

26	Female	Business	Yoruba	Muslim	42	-
		women				
27	Female	Trader	Yoruba	Christian	33	2
28	Male	Unemployed	Yoruba	Christian	38	3 weeks
29	Female	Trader	Igbo	Christian	36	6 months
30	Female	Trader	Yoruba	Christian	42	1

The study participants included eight males and 22 females; 25 of the participants are from Yoruba ethnic group, four are Igbo, one from Delta Area of Nigeria. On the age of the participants, six of the participants were between the age bracket of 28-31 years, eight were between the age of 32-35 years, six of the participants were between the age bracket of 36-39 years, seven were between the age bracket of 40-43 years, two were between the age bracket of 44-47 years, one participant was above 48 years. On occupational status of the participants, 18 of them were traders; five were unemployed, three of them in public service and 12 in professional groups.

4.2 Health-related Factors

Infertility and Divorce

Childlessness, fibroid, low sperm count and miscarriages were identified as probable causes of infertility. The responses showed how these different causes of infertility among couples could influence divorce and why they felt divorce was the best option left for them. Childlessness was one of the likely reasons for divorce among the respondents. Some of the respondents did not know the reasons why they did not have children but got divorced due to their childlessness. A man narrated how he was forced to impregnate another woman outside his matrimonial home due to childlessness in his home.

Since we have been unable to have children after trying all our possible solutions, my family started pestering me to get another wife; I was against it at first. But after a while I decided to try it out since I am not getting any younger and it is not against my religion. I kept it away from my wife until the other woman gave birth. I was going to tell her when the time comes, but unfortunately, she found out herself and left the house (divorced me). (Man, 42years, engineer)

Another participant explained how childlessness led to divorce between him and his wife.

My wife and I were unable to have children while we were married. At first, we were able to handle it well, but as years passed by, we started having a lot of problems we cannot handle. The best option was to go our separate ways. It was a mutual divorce. We hoped things would be okay if we went our separate ways. (Man, 43 years Businessman)

Some of the participants who were childless could not identify any reason why they were childless; they were only able to narrate how they had been childless in their marriages and how it had in turn led to divorce. When it comes to family issues on procreation, where couples find it difficult to procreate, reaching a middle ground other than divorce may be difficult. Hence, couples will do all within their powers to have children, including getting a divorce.

Fibroid, Low Sperm Count, Sexually Transmitted Diseases (STDs) and Genetically Inherited Disease

Not only were there participants who are childless for no reason, one participant narrated and traced the cause of her infertility to how fibroid had hindered her from procreating.

A participant lamented on how she got divorced due to secondary infertility which resulted from fibroid.

It's a very long story but I will make it brief. When I could not have any other children after the first child we had, it became a problem in my home. My in-laws will come to our house and insult me anyhow, and my husband won't say anything; he will just go and sit outside the house or go out and come back when everything had finished. While I was looking for solution to my problem, I found out I had fibroid and the doctor said it was blocking my womb that's why I had been unable to get pregnant. During this period, my husband always went away for weeks, claiming 'it is work' but I knew it was not his work. After I told him about the fibroid, he just gave me money to go for the operation; he did not even care or follow me to the hospital. Then he stopped coming home at all; he did not pick my calls, so I moved to my sister's house two months after he did not come home... He said I left his house already, so it is over. I did not fight him over this because I was tired already, so I agreed to the divorce. (Woman, 37years, business woman)

We discovered that secondary infertility caused by the health condition of a woman at a point in time in her marriage life can lead to divorce. Though she got financial support from the husband, the influence of in-laws, coupled with the attitude of the husband, led to their eventual divorce.

The case of low sperm count was reported by two female participants, where one asserted that.

I and my husband had problem of giving birth; we went to the hospital regularly and we prayed a lot too. The doctors said it was my husband that had some problem that was why we couldn't give birth. So, we always went for treatment and I used to follow him too, that was maybe a year after we got married. The doctor said my husband had problem of low sperm count. I followed him so it won't look like he's just struggling alone; we even used traditional herbs too. But suddenly my husband refused to go again. I pleaded with him, but he refused, he did not hear or agree. I went to see his family members; those ones don't stay far from us. They calmed me down that they will talk to him. But still he refused to listen to anyone. I was the one that said I'm not interested in the marriage again. If I had stayed, I'd just be suffering myself, and as they say, a woman age quickly. Before I'd know what was going on, my aged stage will come. I tried for this man even when he refused going for treatment; I still stayed with him but I was just getting tired because he didn't even put any effort into our problem at all, as if he didn't want children and I want (children). So I asked for a separation, let us just go our separate ways, and now I've moved on with my life. I am currently two months pregnant for another man and we are getting married once I put to bed (meaning after delivery). (Woman, 33 years, trader)

Just like the case of fibroid that the man's actions and that of the in-laws led to divorce, the responses showed that the man's inaction of refusing to continue the treatment for low sperm count led to divorce. The woman initiated the process because of fear of menopause in the life of every woman after which she may not be able to give birth biologically.

The second participant reported her husband's low sperm count and how it affected their marriage.

My husband had low sperm count and he refused to get medical attention and help. Even when it posed a problem to us having children, he still refused to go to the hospital or even do anything about it. Instead he always said, 'God's time is the best, if we are going to have children we will.' I was tired of listening to this; all my friends now have at least a child or two, even my younger sister whom I got married before is now seven months pregnant. I could no longer bear it so I requested for a divorce. (Woman, 28 years, lawyer)

From the responses, the participants were aware and knew where the solutions to their problems were, but the men ignore the problems or just left their matrimonial homes and got involved with someone else outside their marriage. These divorcees felt that there was no reason staying in a childless marriage regardless of how much they want to keep their marriages; they would do anything within their power to have children of their own. Some accompanied their spouses to get medical treatment and prayers, while some simply ignored their spouses and focused on someone that could give them children outside of their marriages.

On sexually transmitted diseases, spouses whose partners have contracted one type of STD or the other often believe that their partners have been unfaithful to them. The question on how sexually transmitted diseases influence divorce among the participants that were interviewed demonstrated that STDs are one of the reasons for dissolving a marriage as stated by one of the participants, who experienced it.

Yes, we were different and a lot more. He partied too much; he smoked, drank all sorts of rubbish and nonsense and went around with different girls. I always ignored all these until I started having all sort of infections (STDs). The last one I had cost me my pregnancy. I decided to quit the marriage. I couldn't continue risking my life to make my parents happy. As I am talking to you right now, I am still undergoing various treatments for infection and he doesn't even feel sorry for anything! He does not even care; it is only his parents that care. (Woman, 31years, businesswoman)

The need to remain married is part of gender socialization of women in Nigeria. In addition, it helps or boosts the status of a woman's parents and this has latent function even when the marriage is not working at the expense of the woman.

The responses showed that divorce may occur as a result of the couples' blood genotype as demonstrated by a participant. The account of a female participant indicated that some couples can be ignorant or unaware of their blood group and genotype but still go on and get married.

Our children kept dying even before I put to bed or few days after I had put to bed. The only child that survived was three years old this year but was told in the hospital that she has sickle cell. I really love my husband very well, but his family members separated us. They said I was tying (preventing) their son down from having children "abiku". But the doctor in my hospital told me it was not my fault but because me and my husband are both AS and AS. But we should have gone for a test before we got married...My husband divorced me after much trouble from his family. (Woman, 31years, trader)

Even after the doctor identified the cause of their problem and told them it was neither their fault but due to incompatible genotype, which is producing genetically inherited disease in the children given birth to, the in-laws still felt the woman was the cause of their predicaments. This type of issue is more common among the Yoruba, where the elders in the family believe that if children keep on dying young in the family, it is often the fault of what any of the spouses or the family has done. Oftentimes, the women are blamed for such predicament than the men.

Lack of Sexual Desires

On how sexual dysfunction may lead to divorce among the participants interviewed, three of them who were victims shared their experiences. For example, a man reported that he was not sexually satisfied with his wife at home, and this made him to go out to meet several other women in order to get satisfied.

I was not faithful to my wife and this was because she was unable to satisfy me sexually. I would not want to call it infidelity; it was the court that called it that. But to me, it's not, since it was her fault; she complained about everything especially sex, and I don't see how I'd have a wife and not get satisfied sexually...Sadly, she filed for divorce... we had three children, a girl and two boys. But she has custody of them now. (Man, 40 years, accountant)

The content of the man's statement showed that it might have been that his wife had a form of sexual dysfunction that made her complain about sex. Instead of looking for a way to sort out their personal or biological issue, the husband decided to get satisfied by other women outside of their marriage and this probably led to a divorce.

Another woman complained that.

He had refused to touch me for about eight months in the house. How will I get pregnant?... He lied against me that I didn't do anything to satisfy him and make him contented with what he had in the house... We have since divorced. (Woman, 32years, unemployed)

A woman lamented how her husband left her to marry another woman due to his own sexual reasons.

He said that he was tired of everything I did and that was why he had not touched me for a while. That I didn't even move him again, and that he won't lie to me that he now had another woman that he was planning to marry since he could not even touch me without me complaining. But I don't know when I complained...After that day, he did not come back again until he sent divorce letter home. (Businesswoman, 42 years)

Domestic Violence

The responses revealed that most of the participants that are divorced had experienced one form of domestic violence. Physical, emotional and sexual abuses were the common forms of violence identified in this study and in most cases are interwoven. A woman who suffers physical violence may also suffer emotional violence, while a woman who suffers physical violence may also experience sexual violence.

Physical abuse

The data suggested that seven of the participants had suffered physical violence in the hands of their husbands until some of them were encouraged to leave such marriages. The forms of violence identified in this study were committed by the men against their wives. Some of the violent acts were even extended to some of the children.

A participant lamented that.

Before I left my husband, he used to beat me regularly; he turned me into a punching bag. I have scars all over my eyes and body, even my children do cry whenever I was beaten, but I could not do anything, because he brought me from our village to here (Lagos), so I did not have anywhere to go. I did not know anyone here, so I kept on staying with him. Because of my children also, I could not leave them there. It was a new neighbour, who saw how my husband was beating me regularly, that one day called me and talked to me; I told her everything and I explained how I didn't have anything to do or anywhere to go. Then she said she will help me. One day my husband came home drunk, and started beating me, then the new neighbour came to save me that day; if not, I will be dead, me and my children, thank God for this new woman. She kept us somewhere safe and asked if I will be able to do any job, I told her yes, because I wasn't working before; my husband did not give me money or allow me to work. She also asked if I still want to stay with my husband. I told her no, that I was tired of all his beatings and maltreatment. She helped me to go to court, I explained everything that happened to them, and my husband had even put another woman in the house during this period. People in the court helped me to leave my marriage and told my husband to always give me money for upkeep of my children every month; so today, I came here (court) to sign that I have collected money from my husband. (Woman, 36years, trader)

Another physical abuse case was reported when a participant lamented thus.

My husband started changing since 2014, I cannot say this is what happened or went wrong; he beat me up at every opportunity he got. He beat the children too unnecessarily; he came home drunk late at night, and I lost my job due to this so I started doing business so I could take care of my children because he neglected us while all this was going on. I always overlooked all this, until he beat me up last year October and I lost my pregnancy. We had three children; they are supposed to be four now if I had not lost the fourth pregnancy because of my husband's beatings...then I started thinking of leaving him. So, I requested for a divorce January this year. (32years, Business-woman)

Another physical abuse case was reported when a participant lamented that the husband did not only beat her when they got married, but even before they were married, and that she also suffered from sexual abuse from her husband.

...So, the last time, he beat me mercilessly in front of our children, I packed my load and went to my family house with them. After a week, he came begging that he was sorry, that it was because he has a hot temper that was why he usually behaved like that, that he was a changed man now, so I should please forgive him. He said he was ready to marry me legally. Then, when I heard this, I was very happy, and I decided to forgive him thinking he had changed. Most of my siblings were against it but I begged them that he had changed. After he married me, he got worst; he always said he owned me and could do anything he liked to me; he even forced sex on me sometimes. I always had injuries everywhere on my body, I used to hide them from my family because I didn't

want them to know what was going on...my husband beat me again one day (that) I was bleeding from my nose; I was so angry because I did not do anything to him. After he beat me, I cursed him and his family; he sent me packing because of this, and then I had to go back to my family house. I explained all that I had gone through to them, and then one of my cousins that works at the court helped me take my husband to court (to file for divorce). He (my cousin) helped me a lot. (Businesswoman, 35 years)

The responses showed the consequences of physical violence on women in this study to include loss of pregnancy, physical injury on the body and in some cases the threat of death. Beyond all these, the act of violence was perpetuated in the presence of their children, which could lead to those children learning the act of violence as pointed out by some other studies or having low self-esteem and lack of confidence.

Emotional, Verbal and economic abuse

Eight participants' responses show that emotional abuse, verbal abuse, and economic abuse were identified as some of the reasons for divorce as demonstrated in some of their responses. Sometimes these forms of abuse were perpetrated and or exacerbated by relatives as shown in the words below.

My in-laws will come to our house and insult me anyhow, and my husband won't say anything, he will just go and sit outside the house or go out and come back when everything has finished...After I told him about the fibroid, he just gave me money to go for the operation, he did not even care or follow me to the hospital. Then he stopped coming home at all, he did not pick my calls to so I moved to my sister's house two months after he did not come home...he said I left his house already so it is over, I did not fight him over this because I was tired already, so I agreed to the divorce. (Businesswoman, 37)

More so, the experience of another participant posits that.

...He does not take care of me and my children, I usually use the little I get from my trade to take care of the children...he also insults and swear for me and my family...So I divorced him. (Woman, 34, trader)

A female participant stated that even after the physical abuse, she still experienced economic and emotional abuse.

...So, I started doing business so I can take care of my children because he neglected us while all this was going on...so I requested for a divorce. (Businesswoman, 33years)

The male participants were not left out in the verbal and emotional abuse as a man reported what he experienced.

She shouts at me for every little thing. About seven months later she said she is no longer interested in the marriage that she is tired of managing so she left, she divorced me and she left the children with me, I don't know may be because she has seen someone better than me that will take care of her, since then I have been taking care of the children alone. (Man, 45years, Unemployed).

A male participant lamented the verbal and emotional abuse he experienced with her wife.

My wife pushed me to the wall, she embarrassed and humiliated me, I just know she only married me for my money, as if the way she treats me is not enough for her, she started having affairs! I can't touch her in the house anymore it's shout and insult, she comes back late from work and if I dare talk, she will insult me that I'm a lazy man, good for nothing man, common job I cannot get. She was doing all this to my face. I just decided one day that I don't want to live like this anymore so I filled for divorce, I have a friend that works in this court, he helped me with everything, she even now denied me custody and access to see my daughter, that is why I'm here today, I've been taking everything else from her! I'd never take this! I won't even take it easy with her at all, the whole trouble started when I lost my job, is it my fault I lost my job! I work for a construction company before, then my wife of six years suddenly changed! It's still like a dream to me. She insulted me always, a times she's will throw things at me, she shout at me, even she will cook and won't give me food, all this in my own house, she doesn't talk to me for days sometimes in fact she was making life very miserable for me, is not my fault I lost my job now, and I've been trying very hard to get another one or even start a business or just anything to make me start putting food back on the table and get my wife's respect back. But it was still hard and instead of my wife to help me she just become worst, something I can't even say or explain! I'm still very surprised, I mean, I mean I just had problem and she just changed, just like that to the extent that she even teaches our daughter to be rude to me, my own daughter rude to me! You can imagine how that is. (Man, 38 years, unemployed)

Another participant lamented on the type of verbal and emotional abuse she faced.

Child just fell sick and died, (her child) her father was there (her husband) he saw everything, we took the child to the hospital together, he was even there with the child in the hospital when the child died, because I went home to cook and bring clothes, before I got back they said my child was dead. I could not eat or sleep for days, still they said I was the one that killed my own child, my own child that I gave birth to. He blames me for everything and anything that happens in the house even when our child died, he still beats me and said I killed the child. Even his family member calls me a witch that I ate the child in my witch group. He even use to say he is going to beat the witch out of me one day ... that he is not marrying me again, me and my mum went to beg him the next day, he and his family chased us out as if we are goat. He did not even allow me take any of my things. Then after that he said he is not interested at all again that he is marrying someone else. (Woman, 32years, trader)

Another emotional abuse case was reported by a female participant, where she laments that.

He said I cannot give him a male child. After two girls! And it is not my fault, he has refused to touch me for about eight months in the house. How will I get pregnant? (Woman, 32, unemployed)

A participant explained how her husband refused her getting a job.

...He does not want me to work, even though I was a graduate, he always wants to be the right and perfect one in everything, he never admits, he is wrong. So, after a lot of separation we both decided its best we separate finally. And thank God we do not have any children of our own yet, so it was easier to leave (divorce). (Woman, 30 years, housewife)

The data show how participants treated each other emotionally and financially. Some neglected their wives and the children. For others, insults and curses on them and their families, and embarrassment and humiliation all contributed to their divorce.

5 Discussion

This study explored how health related factors and domestic violence influence divorce. As indicated in the findings, individuals were likely to file for divorce because of health issues that they linked to lack of conception, domestic violence and lack of sexual desire. The study showed the role of infertility on divorce, as most of the participants agreed that infertility is a likely problem that may lead to the termination of marriages. One of the likely causes of divorce identified in this study is the inability of a wife to conceive or get pregnant, as a result of fibroid on the part of the woman, and low sperm count on the part of the man. We argued in this study that a man with low sperm count is not considered as the problem, but a woman is always the object of ridicule in terms of infertility among couples in marital union. We further argued that fibroid and low sperm count are the likely causes of both primary and secondary infertility. Some of the women in this study took steps to correct the cases of fibroid, as pressures are often on them to give birth and coupled with the fear of menopause; the men on the other hand often neglect or abandon their treatment, and in the process terminate the marriage.

Infertility, whether primary or secondary, is a serious problem in Nigeria, as studies have shown that the stigma attached to infertility can lead to depression, divorce, ostracism or economic vulnerability (Nana, Wandji, Fomulu, Mbu, Leke, & Woubinwou, 2011). The problem of seeing infertility as a woman's problem is not unique to Nigeria. A study in Egypt shows that women are blamed for reproductive mishaps (Inhorm cited in Hollos & Whitehouse, 2014). Also, in Upper Zambezi, for every woman, childlessness is a tragedy that she cannot escape biologically or socially because it threatens the continuity of her lineage (Silva, 2009). Furthermore, in Nigeria, a study found that childless or sub-fertile women are marginalized in a community. In another community where women are basically considered bearers of children for the patrilineages, women who had never given birth are characterized as 'useless' and will not be able to attain mature womanhood or join associations. They face difficult marital relations, ostracism and divorce, and consequently may migrate out of the community (Hollos & Whitehouse, 2014).

In an extensive cohort study of 47,515 women conducted by Kjaer et al. (2014), the study revealed that women with no children exhibited a significantly higher likelihood, up to three times greater, of experiencing divorce or the termination of cohabitation compared to women who did have children. Our research findings are further supported by the works of Jennings (2017) and Agarwal and Marks (2019). They reported that the likelihood of marital dissolution significantly increased when couples are unable to have children. They also found that the severity of the reproductive difficulty plays a more significant role in determining the impact of an adverse fertility event. When comparing women who have at least one living child before the onset of infertility to those who do not, they found that the detrimental effect of infertility is most significant for those who primarily infertile.

Infertility is a multifaceted source of distress for couples, affecting their emotional, physical, and social well-being (Lei et al. 2021). Differing viewpoints, coping techniques, and issues in partner communication (Pasch & Sullivan, 2017) can all contribute to sexual (Bose et al., 2021) and marital distress among couples struggling with infertility. The stresses of the situation and the psychological and social pressures that couples face may significantly

impact their relationships, causing or exacerbating marital conflict and possibly increasing the likelihood that the couple will decide to end their cohabitation or divorce.

Although this study identified fibroid and low sperm count as perceived causes of infertility among few of the participants in the study, studies in other parts of Africa show that infections are the most frequent cause of infertility fuelling more than 64% of female infertility in Sub-Saharan Africa (SSA) and more than 38% in the world (Cates et al & Sciarra cited in Eric et al, 2016). It then means that fibroid and low sperm count could be as a result of infection, which may be unknown to the participants. However, because of the secrecy attached to the issue of infertility, this study does not have the history or genesis of participants' fertility problem but rather what some of the women thought brought about divorce in their marriages.

The results showed that a woman was careful in avoiding contact of any form of STDs as these infections could affect her in one way or the other-being unable to procreate and even leading to miscarriages. Furthermore, most women who knew their husbands had one form of STDs or the other believed that their husbands must have been cheating on them. Sexually transmitted diseases (STDs) constitute an important public health problem worldwide and are a major cause of acute illness, infertility, disability and death (Newman et al., 2015). Couples who got infected by their spouse oftentimes dissolve their marriages with the belief that his/her spouse has been having an affair outside the union.

On lack of sexual desires, the study found that individuals who experienced one form of sexual dissatisfaction in their marriages were more likely to be involved in divorce because either of the spouses was not sexually satisfied in their marriages. Those who could not get sexual satisfaction with their wives ended up being involved in extra marital affairs, and this in some cases led to divorce. In this study, lack of sexual desires played a role in the termination of marital union as demonstrated by the actions of those who felt dissatisfied with their marital sexual life.

This study showed that domestic violence is a strong factor for women to seek divorce. This was stated and lamented by most of the women interviewed. They all agreed that a divorce is caused by domestic violence either by emotional or verbal abuses or sexual avoidance to physical assaults. The study found that some of the women would rather start living as single parents than allow men to kill them. They argued that it was in the past that women needed to stay with men that will almost kill them in the name of taking good care of their children. They will rather leave the marriage and move along with their children and leave the men to continue with their lives, while they continue with their lives, jobs and their children. The study found that majority of the respondents lamented that domestic violence could be regarded as the strongest most likely cause of divorce among couples in marital union.

Previous research has shown that domestic violence is a strong predictor of divorce. According to the research conducted by Ajaero and Odimegwu (2021) in Nigeria, it was observed that there is a positive association between the occurrence of intimate partner violence (IPV) among women and the likelihood of marital dissolution. Seidu et al. (2021) conducted a study utilizing cross-sectional data collected from a sample of 25 Sub-Saharan African countries. The findings of their research indicate that women who have encountered physical, sexual, and emotional violence in their lives exhibit a higher propensity for experiencing disruptions in their marital relationships, in contrast to women who have not encountered any form of violence. Furthermore, it has been observed that women who

experience physical assault from an intimate partner tend to endure a higher frequency of assaults and sustain more severe injuries compared to men in similar situations.

The results of our study also align with the findings of Wagnam et al. (2016) in rural Uganda, where it was observed that women who experienced severe physical abuse within their marriage were nearly twice as likely to undergo a separation or divorce compared to women who did not report such instances of intimate partner violence. The findings of Sani and Pereira (2020) lend further credence to the hypothesis that victims decide to leave an abusive partner to safeguard their children. As revealed by Jones and Vetere (2017) victims become dissatisfied and intolerable of the abusive intimate relationship when they fear for their physical safety or the safety of close family members like their children. As they accept that the abuse will continue, victims become more intolerant. This intolerance originates from a fundamental realization that the cycle of abuse is unlikely to be reversed without intervention or a radical shift in circumstances. Victims may change their view of the abusive relationship from denial or minimization to a greater understanding of its severity and long-term effects. This increasing understanding sometimes inspires a sense of urgency to preserve their physical and mental well-being and that of their children.

In this study, women who have been abused in their marriages, either physically or emotionally, attributed it to their inability to do their husband's will, while for others, their husband beat them up whenever they complained about his wrong doings. Some have suffered physical abuses that endangered their lives in one way or the other; some had miscarriages; some also narrated how they were hit with different objects such as stool, and others were raped by their husbands after an act of violence. All these impacted negatively on both the reproductive and physical health of women. Obviously, violence led to injuries, ranging from cuts and bruises to permanent disability and death.

The study also showed that there is interconnectedness between those who experienced fibroid, who had no male child and those with no child at all and an experience of emotional violence. For examples, the participant with fibroid was provided with money to undergo the surgery but the husband never cares to do a follow up with the wife but will rather leave the house, whenever his relatives (in-laws to the woman) come around to make trouble with her because of her inability to conceive and have a child for their son. Also, those with only girl child or children and those without children experienced emotional violence as it is customary for a man to have male children to perpetuate their names and linage. Anything below this expectation may lead some men to abandon their families in search of male child and some cases for children irrespective of the sex of the child.

5.1 Study Limitations

Notwithstanding the significant contributions of the current study, it is essential to acknowledge several limitations. First, the small number of respondents who are divorced due to STDs, low sperm count, incompatible genotype and fibroid, may be attributed to the relatively small number of respondents. Secondly, the study did not obtain the detail information on family history of fertility or infertility from each respondent. In addition, the study did not find out the frequency of sexual intercourse among couples, history of abortion and stillbirth among the participants. For the men, we did not probe whether they drink or smoke, which are all risk factors for infertility, and whether infidelity was a response to infertility is unclear. There is a need for a larger study to statistically establish the relationships between the factors identified in this research and generally on health-related factors, domestic violence and divorce in Nigeria.

Thirdly, the snowballing sampling procedure and using the court as a point of recruitment could have resulted in the homogeneous characteristics of the participants. For example, the small number of participants who had issues of STD, sexual dysfunction, low sperm count and fibroid would probably have been higher if the hospitals were used as a point of recruitment. Additionally, causal pathways cannot be established because the data are cross-sectional. However, the issues the study has thrown up could be subjects of further investigations.

5.2 Conclusion and recommendations

Despite these limitations, the current study makes several significant advances to the 24existing body of research. The results from this explorative qualitative study showed that infertility and domestic violence account for the highest number of divorced individuals, while STDs, low sperm-count, fibroid, incompatible genotype and lack of sexual desires account for few cases of divorce. These results have significant implications for social work practice, policy, and research because they shed light on the intricate dynamics of divorce and identify promising areas for developing interventions and support structures.

The social work profession might benefit from learning more about the causes of divorces, such as high infertility rates and domestic violence. Counseling and support from social workers can be necessary for couples dealing with infertility, helping them to deal with emotional issues while also considering other options such as adoption or assisted reproduction. Furthermore, social workers can assist victims of domestic abuse by linking them with services such as shelters, legal assistance, and therapeutic interventions to assist them in recovering from the trauma they have endured.

The results of this study can also inform future policymaking. The findings of this study can be used to advocate for policies that address the underlying reasons for divorce, such as making fertility treatments more widely available and inexpensive and providing assistance to couples struggling with infertility. In addition, policies can be formulated to enhance domestic violence prevention and intervention efforts, including financing for shelters, legal safeguards, and public education campaigns challenging social customs that foster violence in intimate relationships. By incorporating research-based evidence into policy formulation, policymakers can create an environment that supports individuals and couples facing these challenges and promote healthy relationships.

Furthermore, the study identified STDs, low sperm count, fibroid, incompatible genotype, and a lack of sexual impulses as factors associated with a lower proportion of divorces. Future research could dive into the specific experiences and problems that individuals and couples confront in these situations, evaluating the influence on relationship dynamics, mental health, and overall well-being. Such research can help to generate evidence-based interventions and guide social work practice and policy activities in addressing these lesser-known divorce factors. And lastly, there is the need for large scale research on health-related factors, domestic violence and divorce in Nigeria.

References:

Agarwal, N., & Marks, M.S. (2019). For Better or Worse? Fertility Challenges and Marital Dissolution.

Ajaero, C. K. & Odimegwu, C. O. (2021). Rural-urban differences in the predictive influence of sex preference on marital dissolution in Nigeria. *African Journal of Reproductive Health*, 25(2), 138. DOI: 10.29063/ajrh2021/v25i2.14

- Amato, P. R., & James, S. (2010). Divorce in Europe and the United States: Commonalities and differences across nations. *Family Science*, 1(1), 2-13.
- **Ambert, A.** (2009). *Divorce: Facts, causes and consequences*. 3rd Edition Ottawa, Canada: Vanier Institute of the Family.
- **Anyabolu, E. N. & Okoye, I.C.** (2017). Association of marital status with cardiovascular risks in urban dwellers in Nigeria. *International Journal of Internal Medicine*, 6(3), 43-48.
- **Asante, K.P., Osafo, J. & G.K. Nyameky** (2014). An exploratory study of factors contributing to divorce among married couples in Accra, Ghana: a qualitative approach. *Journal of Divorce & Remarriage*, Volume 55, Issue 1.
- **Denzin, N.K., & Lincoln, Y.S.** (2002). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *The sage handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- **Duke-Natrebo, N. C.** (2014). The impact of marital instability in early childhood development in Nigeria. *African Education Indices*, 7(1), 1–8.
- Eric, S,N., Justine, B., & Jean, N.P. (2016). Prevalence of the infertility among couples in Quagadougou (Burkina Faso): a population-based survey. *The Open Public Health Journal* 9; 88-97.
- **Ezeobi,** C (2018, September 7). Alarming incidence of sexual, domestic violence in Lagos. *Thisday Newspaper*. www.thisdaylive.com/index.php/2018/09/07/alarming-incidence-of-sexual-domestic-violence-in-lagos/.
- Gender-Based Violence Sub-Sector Working Group Nigeria (GBVSWG). 2017. Strategy for Gender-Based Violence Prevention, Mitigation and Response in the Humanitarian Context. United Nations Population Fund. https://reliefweb.int/report/nigeria/strategy-gender-based-violence-prevention-mitigation-and-response-humanitarian
- **Hollos**, M. & Whitehouse, B. (2014). Women in limbo: life course consequences of infertility in a Nigerian community. *Human Fertility*, 17:3, 188-191.
- **Idstad, M., Torvik, F. A., Borren, I., Rognmo, K., Røysamb, E., & Tambs, K**. (2015). Mental distress predicts divorce over 16 years: the HUNT study. *BMC Public Health*, *15*(1), 1-10.
- **Jennings E. A.** (2017). Family composition and marital dissolution in rural Nepal, 1945-2008. *Population Studies*, 71(2), 229–248. https://doi.org/10.1080/00324728.2017.1282622
- **Jones, A., & Vetere, A.** (2017). You just deal with it. You have to when you"ve got a child: A narrative analysis of mothers' accounts of how they coped, both during an abusive relationship and after leaving. *Clinical Child Psychology and Psychiatry*, 22(1), 74–89. doi:10.1177/1359104515624131
- **Karraker**, A., & Latham, K. (2015). In Sickness and in Health? Physical Illness as a Risk Factor for Marital Dissolution in Later Life. *Journal of Health and Social Behavior*, 56(3), 420–435. https://doi.org/10.1177/0022146515596354
- Knox, S., Burkard, A. W., Edwards, L. M., Smith, J. J., & Schlosser, L. Z. (2008). Supervisors' reports of the effects of supervisor self-disclosure on supervisees. *Psychotherapy Research*, 18, 543_559.
- **Lei, A., You, H., Luo, B., & Ren, J.** (2021). The associations between infertility-related stress, family adaptability and family cohesion in infertile couples. *Scientific Reports*, 11(1), 1-8. https://doi.org/10.1038/s41598-021-03715-9
- **Manjula V., Munivenkatappa M, Navaneetham J, Philip M.** (2021). Quality of Marital Relationship and Sexual Interaction in Couples with Sexual Dysfunction: An Exploratory Study From India. *Journal of Psychosexual Health.* 3(4), 332-341. doi:10.1177/26318318211047547
- **Namazi, M, Behboodi Moghadam, Z, Zareiyan, A, Jafarabadi, M.** (2021). Exploring the impact of endometriosis on women's lives: A qualitative study in Iran. Nursing Open, 8, 1275—1282. https://doi.org/10.1002/nop2.744

- Nana, P.N., Wandji, J.C., Fomulu, J.N., Mbu, R.E., Leke, R.J.I., & Woubinwou, M.J. (2011). Aspectspsycho-sociaux chez patients infertiles à la Maternité Principale de l'Hôpital Centralede Yaoundé, Cameroun. *Clin Mother Child Health*; 8(1).
- **Newman, L., Rowley, J., Vander Hoorn S., Wijesooriya, N.S., Unemo, M., Low, N., et al.** (2015). Global estimates of the prevalence and incidence of four curable sexually transmitted infections in 2012 based on systematic review and global reporting. *PLoS ONE* 10(12), e0143304. https://doi.org/10.1371/journal.pone.0143304.
- **Pasch, L. A., & Sullivan, K. T.** (2017). Stress and coping in couples facing infertility. *Current Opinion in Psychology*, 13, 131–135. https://doi.org/10.1016/j.copsyc.2016.07.004
- **Polit, D. F., & Beck, C. T.** (2011). *Nursing research: Generating and assessing evidence for nursing practice* (9th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- **Rokach, A.; Chan, S.H.** (2023). Love and Infidelity: Causes and Consequences. *International Journal of Environmental Research & Public Health*, 20, 3904. https://doi.org/10.3390/ijerph20053904
- **Sani, A.I.; Pereira, D.** (2020. Mothers as Victims of Intimate Partner Violence: The Decision to Leave or Stay and Resilience-Oriented Intervention. *Social Sciences*, 9(10):174. https://doi.org/10.3390/socsci9100174
- Santtila, P., Wager, I., Witting, K., Harlaar, N., Jern, P., Johansson, A., & Sandnabba, N. K. (2008). Discrepancies between sexual desire and sexual activity: Gender differences and associations with relationship satisfaction. *Journal of Sex & Marital Therapy*, 34, 29-42.
- **Seidu, A., Aboagye, R. G., Ahinkorah, B. O., Adu, C., & Yaya, S.** (2021). Intimate partner violence as a predictor of marital disruption in sub-Saharan Africa: A multilevel analysis of demographic and health surveys. *SSM Population Health*, 15, 100877. https://doi.org/10.3390/socsci9100174
- **Silva, S.** (2009). Mothers of solitude: childlessness and inter-subjectivity in the Upper Zambezi *Anthropology* and *Humanism*, 34, 179 202.
- **Smith-Greenaway**, E & Clark, S (2015). Parental divorce and child mortality in sub-saharan Africa: Does context matter? Population Studies Center, University of Michigan, Institute for Social Research.
- **Subair, M.** (2022, September 29). Lagos records 4800 cases of domestic violence in 9 months. *Nigerian Tribune*. https://tribuneonlineng.com/lagos-records-4800-cases-of-domestic-violence-in-9-months/
- **Tesfaw, L.M., Muluneh, E.K.** (2022). Assessing the prevalence and association between physical, emotional, and sexual of intimate partner violence against women in Nigeria. *Reproductive Health*, 19, 146. https://doi.org/10.1186/s12978-022-01431-9
- **Torvik, F.A., Gustavson, K., Røysamb, E. Tambs, K.** (2015). Health, health behaviors, and health dissimilarities predict divorce: results from the HUNT study. *BMC Psychology*, 3, 13. https://doi.org/10.1186/s40359-015-0072-5
- Wagman, J. A., Charvat, B., Thoma, M. E., Ndyanabo, A., Nalugoda, F., Ssekasanvu, J., ... & Gray, R. H. (2016). Intimate partner violence as a predictor of marital disruption in rural Rakai, Uganda: A longitudinal study. *International Journal of Public Health*, 61, 961-970.

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