



Original Article

Examination of prevalence and consequences of intimate partner violence against women of child-bearing age in tertiary health institutions in Ekiti State, Nigeria

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Abstract

Introduction: Intimate partner violence (IPV) generates public health challenges, leading to both immediate and long-term consequences for women of childbearing age. Despite its prevalence, limited empirical evidence complicates the understanding of its specific health effects on women, particularly during pregnancy. We aimed to investigate the prevalence of IPV and its emotional and psychological consequences among pregnant women in Nigeria.

Methods: A cross-sectional study was conducted among 315 pregnant women in Ekiti State, Nigeria, using a multistage sampling technique involving consecutive sampling to choose all the tertiary health facilities, stratified sampling to select a percentage from each facility, and random sampling to choose individuals from whom data were collected. Information was elicited through a standardized, adapted, and validated questionnaire whose reliability was ascertained using Cronbach's alpha, and validity: face and construct were tested, while analysis was done using SPSS version 25.

Results: The study found that the overall prevalence of IPV among participants was 8%, with 11% experiencing IPV before pregnancy and 5% during pregnancy. Emotional distress was reported by 80% of participants, while 84% experienced mild depression. A statistically significant relationship was observed between IPV prevalence and emotional distress ($P=0.006$), though no significant association was found with depression ($P=0.094$).

Conclusion: The findings highlight a significant association between IPV prevalence and emotional distress among the respondents. Hence, implementing awareness campaigns and public health interventions to educate women on their rights to safety in marriage and encourage them to report IPV incidence is vital to prevention. However, no significant relationship was observed between IPV prevalence and depression.

Keywords: Intimate partner violence, Women of childbearing age, Health consequences, Prevalence

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Introduction

Intimate partner violence (IPV) has been recognized as a public health problem with serious consequences for the physical, reproductive, and mental health of women generally.¹⁻³ It is a very complex subject as there is currently no universally acceptable definition, because it manifests in different forms depending on the region or the area of the world one is domicile.^{4,5} This is because different communities attribute different meanings to IPV in a varied atmosphere of intimacy. It could mean all expressions of physical, sexual, psychological, or economic violence that occur within the family or domestic unit, or between former or current spouses or partners, whether

or not the perpetrator shares or has shared the same residence with the victim.⁶ It occurs in all settings and among all socioeconomic, religious, and cultural groups, with its overwhelming global burden borne by women, though men can undergo IPV on rare occasions.⁷ The prevalence of IPV increased with lower educational attainment, increasing number of children and alcohol abuse.⁸ Another major factor for IPV demonstrated in literature is men's perceptions of owning female partners and having the right to have sex with them whenever they desire or treat them as property, and the notion that wife beating is legitimate.⁸ IPV is associated with various consequences among which are: preterm contraction,



abortion, pregnancy induced hypertension, postpartum bleeding, postpartum blues, postpartum depression to mention but a few.

In pregnancy, IPV not only affects the woman's reproductive health but also the fetus, leading to abortion, thereby posing direct and psychological trauma on the woman; precipitating puerperal illnesses leading to puerperal blues to puerperal psychosis, or fatal adverse outcomes.⁹ It also confers risk on the neonate by increasing premature birth and its attendant complications.¹⁰ In a study,¹¹ observed that the newborns who survived the risk in-utero and early neonatal period may be deprived of exclusive breastfeeding with an increased mortality or morbidity before age five.

Consequently, there is a need to address the challenges in order to avoid separation, divorce loss of body parts, and deaths.¹² In Ekiti State, the prevalence of IPV among pregnant women has been reported at 24.7%,¹² yet there is a dearth of data on its effects on antenatal care attendance, postpartum depression, and breastfeeding practices.¹³ This lack of empirical evidence highlights the need for localized research to inform policies and interventions tailored to the unique challenges faced by women in this region¹³ hence; this study aims to bridge this identified knowledge gap by examining the prevalence and health consequences of IPV among women of childbearing age. The findings will provide empirical evidence to inform targeted interventions and policies from the stakeholders to mitigate the impact of IPV on maternal and child health.

Materials and Methods

Research design

This descriptive, cross-sectional research design was selected to provide a snapshot of the prevalence and health consequences of IPV among pregnant women at the time of antenatal care, enabling a clear understanding of the relationship between IPV exposure and maternal health outcomes. The study was conducted among pregnant women receiving antenatal care in the tertiary hospitals in Ekiti State. These centers were chosen because of their patronage, both for the higher and lower classes of people of Ekiti State. The sample size was calculated using Modified Fisher's formula, which is commonly employed for cross-sectional studies involving population surveys when the prevalence is known (24.7%). Confidence level was 95%, margin of error was 5%, and attrition rate was 10%, resulting in a final sample size of 315, which was obtained using a multistage sampling technique. At the initial stage, the three tertiary hospitals in the state were consecutively selected. Secondly, stratification was performed based on geographical location and distribution of the patients to each hospital. At the third stage, simple random sampling was used to select the stratified number of respondents from the three tertiary health institutions, and a copy of

the questionnaire was given to each respondent who met the inclusion criteria.

A semi-structured questionnaire was adapted from previous studies¹⁴ and modified to suit the local context. It was pilot tested with a small sample (10%) of pregnant women from a different location to ensure clarity and cultural relevance. The reliability of the instrument was assessed using Cronbach's alpha, which yielded a score of 0.85, indicating a favorable internal consistency. The questionnaire consists of 50 items in 4 sections: (A, B, C, and D). Section A focused on the demographic characteristics (such as age, ethnicity, religion, marital status, level of education, occupation, and average monthly income). Section B consisted of 15 items, which elicited the prevalence of IPV among study participants in the study settings. It consists of 14 items with either Yes or No responses, each of which attracts 1 score; a score of 6 and above depicts IPV. Section C consisted of 11 items, which assessed the influence of IPV before and during pregnancy on prenatal care attendance using a validated questionnaire, and Section D assessed the psychological impact of IPV, with each item scored on a 5-point Likert scale (1 = Never, 5 = True). A sum of all responses within this section is calculated. A total score of ≥ 55 indicates a high level of perceived IPV influence on prenatal care attendance, while a score of ≤ 12 suggests minimal or no influence. Data was collected from the respondents during antenatal visits between May to July 2023 with the aid of a semi-structured self-administered questionnaire, which was analyzed using SPSS version 23. Descriptive statistics (frequencies and percentages) were used to summarize socio-demographic data. To analyze the relationships between IPV exposure and maternal outcomes, Chi-square tests were conducted for categorical variables, while ANOVA was used to assess differences in continuous variables between groups with varying levels of IPV exposure. A p-value of < 0.05 was considered statistically significant.

Results

A total of 315 copies of the questionnaire were distributed to the respondents, 300 were retrieved, properly filled, and analyzed for the study, making a 95.2% response rate. The questionnaires were administered and retrieved immediately, four research questions were answered, and four hypotheses were tested at the 0.05 level of significance. Descriptive statistics of frequency count, percentages, and mean were used to answer research questions, while inferential statistics of chi-square were used for testing hypotheses. The dependent variables are the consequences scores of the respondents regarding the experience of IPV, while the independent variables are the socio-demographic characteristics of the respondents.

Socio-demographic characteristics of the respondents showed that majority of the respondents were aged 25-30

years 137 (45.7%), Married 176 (92.0%), with tertiary level of education 193 (64.3%), in business/private enterprise 157 (52.3%), Christians by religion 207 (69.1%), from Yoruba 248 (82.7%) ethnicity, having monthly income of 20000-40000 naira 184 (61.4%) and less than one year in marriage 84 (28.0%) (Table 1) Obstetric history of the respondents showed that, highest proportion of the respondents had one pregnancy 117 (39.0%), no number of life birth 240 (80.0%), no voluntary 240 (80.0%) and spontaneous abortions 249 (83.0%), greater proportion started antenatal clinic less than three months 187 (62.3%), exclusively breastfed their babies 227 (75.7%), and planned exclusive breastfeeding (EBF) 214 (71.4%) for the babies in the womb (Table 2). In Table 2, 280 (93.3%), has spouse rough handle them 284 (94.7%), spouse hit harmful object on you before pregnancy 286 (95.4%), bullied with weapon by spouse before pregnancy 291 (97.0%), and coarse into coitus before pregnancy 284 (94.7%), however, majority stated that they have been made to feel bad by partner before pregnancy 281 (93.7%) (Table 2) During pregnancy a vast proportion had never been cowed with weapon 281 (93.7%), physically assorted 281 (93.7%), had arm twisted 287 (95.7%), punched, 287 (95.6%), Ever been kicked 287 (95.6%), strangled 286 (95.4%), forced into unwanted coitus 281 (93.7%) as seen in Table 3. However, the distress experienced during pregnancy: having the consciousness of a happy relationship 224 (74.6%), and having a lot of happy moments in the marriage 208 (69.3%), satisfied with the index pregnancy 196 (73.3%). Meanwhile, 250 (85.0%), are not very happy with index pregnancy, 253 (84.3%) are

uncomfortable with their spouses, 186 (61.3%) worry on unimportant, 253 (84.3%), unhappy coming to the clinic, 273 (91.0%) prefer not having this baby, 249 (83.0%) consider abortion, 153 (51.0%) feel nervous in the recent time, 226 (75.4%) feel lonely as seen in Table 3.

Prevalence of depression among the respondents: majority; 231 (77.0%), happy and hopeful as ever, 217 (72.3%), never blamed themselves unnecessarily when things went wrong 184 (61.4%), never been anxious or worried for no good reason 170 (56.7%), never felt scared or panicky for no good reason 167 (55.7%), have been able to cope when things are getting to them 207 (69.0%), and have not been so unhappy that they have difficulty sleeping 195 (65.0%) (Table 3).

Discussion

The results showed that a greater proportion of the respondents were aged 25-30 years, married with a tertiary level of education, in business/private enterprise, Christians by religion, from Yoruba ethnicity, having a monthly income of 20000-40000 naira, and less than one year in marriage. However, among the participants interviewed, majority were within the age range of less than 30-50 years, with half of the respondents being aged 31-40 years 10 (50.0%), having 3-4 children, 12 (60.0%), married 17 (75.05), (66.7%), Christians by religion 11 (55.0%), with secondary education 10 (50.0%) and business/trading as occupation. Among the participants that were interviewed, half (50.0%) were aged 31-40 years, married (75.0%), with secondary level of education (50.0%) and currently engaging in business/trading

Table 1. Conflict experienced by the respondents before pregnancy (N=300)

Items	Yes	No
Before pregnancy, has your spouse ever bullied you with weapon?	20 (6.7)	280 (93.3)
Has your spouse ever made you feel less of yourself before pregnancy?	281 (93.7)	19 (6.3)
Has your spouse ever twisted arm during pregnancy?	16 (5.3)	284 (94.7)
Before pregnancy has your spouse ever punched you?	13 (4.3)	287 (95.6)
Before pregnancy has your spouse ever kicked you?	14 (4.7)	286 (95.4)
Before pregnancy, has your spouse ever strangled you?	9 (3.0)	291 (97.0)
Before pregnancy, has your spouse coarse you into coitus?	16 (5.3)	284 (94.7)

Total score = 14; No response indicates No IPV = 1-6, Yes response indicates IPV = 7-14.

Table 2. Conflict experienced by the respondents during pregnancy

Items	Yes	No
During pregnancy, has your spouse ever bullied you with weapon?	18 (6.0)	281 (93.7)
Has your spouse ever made you feel less of yourself before pregnancy?	19 (6.3)	281 (93.7)
Has your spouse ever twisted arm during pregnancy?	13 (4.3)	287 (95.7)
During pregnancy has your spouse ever punched you?	13 (4.3)	287 (95.6)
During pregnancy has your spouse ever kicked you?	13 (4.3)	287 (95.6)
During pregnancy, has your spouse ever strangled you?	14 (4.7)	286 (95.4)
During pregnancy, has your spouse coarse you into coitus?	19 (6.3)	281 (93.7)

Total score = 14; No response indicates No IPV = 1-6, Yes response indicates IPV = 7-14.

Table 3. Distress-experienced by the respondents (N=300)

Experience of distress	False	Somewhat false	Not sure	Somewhat true	True
In a happy relationship	52 (17.3)	4 (1.3)	6 (2.0)	14 (4.7)	224 (74.6)
Not pleased with this pregnancy	250 (85.0)	12 (4.0)	4 (1.3)	5 (1.7)	24 (8.0)
Really dislike spouse	253 (84.3)	8 (2.7)	4 (1.3)	8 (2.7)	27 (9.0)
Enjoying relationship	55 (18.3)	7 (2.3)	9 (3.0)	21 (7.0)	208 (69.3)
Worried on unimportant	186 (61.3)	34 (11.3)	21 (7.0)	26 (8.7)	35 (11.6)
Dislike coming to the clinic	253 (84.3)	9 (3.0)	7 (2.3)	12 (4.0)	19 (6.2)
Dislike having this baby	273 (91.0)	4 (1.3)	5 (1.7)	4 (1.3)	14 (4.7)
Thought of abortion	249 (83.0)	6 (2.0)	4 (1.3)	6 (2.0)	35 (11.6)
Pleased with this pregnancy	54 (18.0)	7 (2.3)	10 (3.3)	33 (11.0)	196 (73.3)
I feel nervous about antenatal care lately	153 (51.0)	21 (7.0)	25 (8.3)	25 (8.3)	76 (25.3)
I feel lonely	226 (75.4)	22 (7.3)	13 (4.3)	9 (3.0)	30 (10.0)

Total score = 55; mild/low distress = 1-18; moderate distress = 19-36; severe/high distress = 37-55.

(50.0%) This findings is in contrast with the findings from the study conducted by Sikweyiya et al,¹⁵ where the age of the participants ranged from 17-46 years with mean age of 31.9 + 4.9 years, majority being between ages 30-46 years, married (97.5%), not employed (52.9%), having junior/college education (34.1%).

The majority of the respondents had one pregnancy; no number of live births, no voluntary and spontaneous abortions, a greater proportion started an antenatal clinic less than three months before, exclusively breastfed their babies, and planned EBF for the babies in the womb. In contrast to the findings of this study, Hailu et al¹⁶ revealed that; a good number of their respondents were primipara. Their mean gestational age is 36 weeks, and visited antenatal clinic at least once during the index pregnancy. Peltzer and Pengpid¹⁷ found out that their respondents had no previous miscarriage or stillbirth (68.3%) and no hospital treatment experience during the current pregnancy (96.2%). The contrast may be as a result of geographical location and value for marriage, and the number of child births.

The findings from the study showed that a very low proportion of the respondents had a history of IPV before 32 (11.0%), and during 16 (5.0%) pregnancy, with an overall prevalence of 8%. However, Islam et al¹⁸ reported the highest prevalence (40.8%) of IPV during their index pregnancy, with more than two-thirds (68.6%) being exposed to IPV. In support of these findings, violence might be psychological, as in intimidation, and stalking.¹⁸ Results from previous studies showed a high prevalence of IPV as compared with the findings from this study, thus Musa et al¹⁹ reported an overall prevalence of 48.3%, while 43.7% and 37.2% were reported before and during pregnancy. However, factors associated with IPV, such as controlling behavior, history of habitual involvement in physical fights with other men, and younger age groups, are different from factors observed in the present study, which might be the cause of the high prevalence observed in previous studies.¹⁹ It is evident to note that this study

reported a lower prevalence of IPV during pregnancy than lifetime prevalence of the same. Generally, the prevalence observed from this study is lower than reports from previous studies across countries,¹⁹ This might be as a result of differences in sample size or measurement tools. These differences could be a result of different geographical locations and settings. Additionally, Ramasubramani et al²⁰ reported that 28.9% of the pregnant women were violated in the previous pregnancy, while 31.8% were violated in the index pregnancy with the most frequent form of violence being sexual violence (60.9%), including threat of harming the woman (20.3%) and physical violence such as slapping of the pregnant woman by the partner (18.7%).

The results from the study showed that one-fifth, 60 (20%) of the respondents had a low level of distress. This contradicts the findings by Ramasubramani et al²⁰ who discovered that women who reported physical abuse experienced greater mental distress than those who did not disclose any abuse. However, a greater proportion of the respondents indicated that they always think of themselves as being in a happy relationship, 224 (74.6%), and about the index pregnancy, 196 (73.3%). However, the majority negatively responded that they are not very happy with this pregnancy, 250 (85.0%),

As discovered from this study, the majority, 251 (84.0%) of the respondents had mild depression due to IPV.

Conclusion and Recommendation

Conclusively, pregnant and postpartum women experience IPV as other women, and this has a significant impact on their psychological well-being more than other aspects of their lives. Though the prevalence rate is low compared to other studies from other areas, the extent of the prevalence rate could not be compared with the high level of distress experienced by the participants. It could be concluded that women suffer in silence and do not report as appropriate, hence the present data recorded. It is therefore recommended that awareness should be

created among women about what constitutes abuse in marriage and their right to speak up in case of any abuse. Lastly, emphasis on women's rights, specific IPV legislation, early reporting, pre-registration screening, as well as identification of potential cases and risk factors are necessary skills in the antenatal and postnatal package.

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Authors' Contribution

Conceptualization: Omotayo D. Ogunje, Oluwasesan B. Afolabi, Oluwaseyi A. Akpor.

Data Curation: Omotayo D. Ogunje.

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Competing Interests

The authors declared that they have no competing interest

Consent for Publication

All respondents permit publication.

Ethical Approval

This study was approved by the ethics committee of Ekiti State University Teaching Hospital (EKSUTH/A67/2023/06/008), Federal Teaching Hospital Ido Ekiti (ERC2023/06/14/991B) and Afe Babalola University (ABUAD) Multisystem Hospital.

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