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Experience of intimate partner violence among rural women in Southwest, Nigeria

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Abstract

Intimate partner violence (IPV) is a significant public health issue that affects 1 in 3 women globally. Women's experiences of IPV in rural southwest Nigeria was examined in this study, conducted between July and August, 2019. A total of 677 women participated in this survey which employed a mobile phone application. Results revealed that the prevalence of experience of IPV was 39.4%. Experience of IPV was significantly higher among women who had been married longer (AOR = 2.09, 95% CI: 1.23, 2.93), completed secondary school (AOR = 1.81, 95% CI: 1.07, 3.05), were in the middle or richer wealth tertiles (AOR (95% CI= 1.59, 1.02, 2.51 and 1.84, 1.19, 2.84 respectively), and who justified IPV (AOR = 1.44, 95% CI: 1.00, 2.06). The prevalence of IPV among women in southwest Nigeria is high and determining factors are multi-faceted, hence the need for community sensitization interventions designed to address social norms that justify partner violence. (*Afr J Reprod Health 2021; 25[5]: 113-124*).

Keywords: Intimate partner violence, attitude towards social norms, rural Nigeria

Résumé

La violence entre partenaires intimes (VPI) est un problème de santé publique important qui touche 1 femme sur 3 dans le monde. Les expériences des femmes en matière de violence conjugale dans les zones rurales du sud-ouest du Nigéria ont été examinées dans cette étude, menée entre juillet et août 2019. Au total, 677 femmes ont participé à cette enquête qui a utilisé une application de téléphonie mobile. Les résultats ont révélé que la prévalence de l'expérience de VPI était de 39,4 %. L'expérience de la VPI était significativement plus élevée chez les femmes qui étaient mariées depuis plus longtemps (AOR = 2,09, IC à 95 % : 1,23, 2,93), avaient terminé leurs études secondaires (AOR = 1,81, IC à 95 % : 1,07, 3,05), étaient dans la moyenne ou plus riches. tertiles de richesse (AOR (IC à 95 % = 1,59, 1,02, 2,51 et 1,84, 1,19, 2,84 respectivement) et qui a justifié l'IPV (AOR = 1,44, IC à 95 % : 1,00, 2,06). La prévalence de l'IPV chez les femmes du sud-ouest du Nigéria est élevée et les facteurs déterminants sont multiples, d'où la nécessité d'interventions de sensibilisation communautaire conçues pour aborder les normes sociales qui justifient la violence entre partenaires. (*Afr J Reprod Health 2021; 25[5]: 113-124*).

Mots-clés: Violence conjugale, attitude à l'égard des normes sociales, Nigéria rural

Introduction

Intimate partner violence (IPV) is the most prevalent type of violence against women, both as a human rights issue and an important public health concern¹⁻³. The World Health Organization estimates that globally, 30% of women have experienced physical and/or sexual violence by an intimate partner in their lifetime, while 38%-50% of murders of women are committed by intimate partners^{4,5}. In sub-Saharan Africa, the lifetime prevalence of IPV is estimated to be 59% among women of reproductive age⁶; those involved may be current or former spouses, boyfriends, or girlfriends in heterosexual or homosexual

relationships^{7,8}. The more commonly reported occurrences of IPV are those committed against females; however, both women and men experience IPV⁹⁻¹⁰, although the prevalence and impact of IPV, particularly of sexual and severe physical violence, is higher among women¹¹. Here we focus on men perpetrating violence against their wives/partners within heterosexual relationships¹².

Intimate partner violence involves any behaviour by a man or a boy within an intimate relationship that causes physical, sexual or emotional harm to the wife or girlfriend^{13,14}. It has serious consequences for women's physical, mental, sexual and reproductive health, which include unwanted and terminated pregnancies,

foetal loss, non-use of family planning methods, and high fertility^{15,16}. Unfortunately, IPV is perceived as a cultural norm that is accepted as part of the rules guiding intimate partner relationships in many communities in different countries¹⁷. Women's susceptibility to IPV is shown to be greatest in societies where the use of violence is a socially accepted norm which leads to women's indifference to opposing violence against themselves¹⁸. These social norms are not only prevalent in the society but socially dependent, as an individual's normatively determined behaviour is influenced by what others around her do¹⁹. In the Nigerian society, although the experience of IPV, as well as the beliefs and attitudes which condone it are universal, it occurs in different forms and degrees from region to region. The experience of IPV is highest in North Central region and lowest in South West, while attitude supportive of IPV is highest in North East and lowest in South West²⁰⁻²¹.

Reports from the 2018 Nigeria Demographic and Health Survey (NDHS) indicated that 20.3% of ever married women, age 15-49, who participated in the survey had experienced any form of sexual, physical, emotional or all three forms of violence from a husband/partner in their lifetime. In the same report, past year experience of sexual, physical or emotional IPV was 14.6%; with emotional abuse (12.7%) being the most frequently reported form of violence experienced, followed by physical (7.6%) and sexual (1.5%) violence. The report also noted that 6.8% of women justified a man beating or hitting his wife²². Intimate partner violence experience among women in rural areas has only been reported in very few studies^{21,23}, while the NDHS reported that more Nigerian women in the rural areas had experienced IPV compared to their counterparts in the urban areas (32.8% and 25.1% respectively)²², a community-based study in Oyo State reported otherwise, showing that more women experience IPV in the urban areas of the State (67.7% - urban and 63.7% - rural)²³. This is so because life in rural areas is known to be characterized by observance of cultural and traditional norms which support the acceptance of IPV against women, such as uneven power distribution in marital relations, polygamy, acceptance of male promiscuity, power of extended family over married couples, restriction of women's mobility, and the almost universal

prevalence of bride wealth^{20,24}. A community-based study among rural women in Oyo State, Nigeria found that the prevalence of emotional violence in the 12 months preceding the study was 34.3%; physical violence, 28.0%; sexual violence, 10.7%²⁵, while another in rural South-west Nigeria found that 71.3% experienced emotional violence, 36.5% physical violence and 30.5% sexual violence²⁶.

Designing effective interventions to address IPV requires an understanding of the factors associated with these behaviours, which to a large extent has been described by the socio-ecological model that classifies risk factors at individual, relationship, community and societal levels³⁵. The model suggests that individual characteristics of IPV behaviours are nested within the broader context of communal and macro-social factors that reinforce specific values and behaviours. Using the socio-ecological model, researchers have documented that at the individual level, men and women who experienced abuse in childhood, are young, married young, consume alcohol, abuse drugs, are unemployed, accept male dominance, and have lower educational levels are more likely to perpetrate or experience IPV. At the relationship level, women in households with more than one wife to the same husband and who do not participate in household decision making are more likely to experience partner violence. At the community and societal levels, poverty, hegemonic masculine norms, and weak law enforcement have been identified as significant risk factors for violence against women^{4,23,24,26,27}. The current study sought to assess the prevalence and risk factors of IPV among women in rural South-west, Nigeria. The findings will be useful to program planners and policymakers in designing future interventions to reduce the occurrence of IPV.

Methods

Study design and setting

This descriptive analysis was conducted on data from the baseline survey of a randomized community trial designed to assess the effectiveness of a community mobilization intervention on the prevalence of intimate partner violence in rural communities in Oyo State, South-west, Nigeria. The study was conducted in 2 of the 12 rural local government areas of the State. Oyo

State is one of the 6 States in south-western Nigeria, bounded by Kwara State in the North, Ogun State in the south and Osun State in the east. It has three senatorial districts (Oyo North, Oyo South and Oyo Central) and 33 local government areas (LGA), out of which 12 are urban LGAs, 9 peri-urban and 12 rural LGAs.

The baseline survey was carried out between July and August, 2019 in selected communities of Oriire and Itesiwaju Local Government Areas (LGA) in Oyo State, South-west, Nigeria. The two LGAs are inhabited mainly by the Yoruba ethnic group, who are majorly farmers, traders and artisans. The population of Oriire and Itesiwaju LGAs at the 2006 population census were 150,628 and 128,652 respectively. The study aimed to answer the following research questions: What is the prevalence of IPV among women in rural settings in Oyo State, South-west Nigeria? What is the attitude of these women towards IPV? What are the risk factors associated with IPV in this population?

Study population and sample size

In each community, all married females aged 18-49 years, currently living with their partners, were listed and assigned a number, during a household listing exercise. The desired number of married women for the study was drawn from this listing using a random generator application. A sample size of 680 women from both LGAs was calculated, however, a total of 667 women completed the interviews using smartphones with the Open Data Kit (ODK) application.

Study procedures

The selection of respondents was done using a multi-stage sampling technique, involving three stages of selection, namely, the selection of the local government areas, communities and respondents. From a list of the 9 rural local government areas in Oyo state, two local government areas were purposively selected. The selection of the LGAs was based on their similarities in population, population distribution and that there was a substantial distance between them to reduce the potential of contamination.

In each LGA, the community serving as the local government area headquarters was initially selected for this study. However, following

a listing of all households containing eligible married men and women, the required sample size was not reached; hence adjoining communities were included in the study till the required sample size was obtained, for Oriire LGA, 6 communities were included, while for Itesiwaju 2 communities were included in the study as communities in the later were larger.

From the list of households, one eligible and consenting female was randomly selected for interview from each household, using a random number generator application. For this baseline survey, consenting women responded to a modified version of the questionnaire used for the WHO Multi-Country Study on Women's Health and Domestic Violence. The English questionnaire was translated to Yoruba and back-translated to assess the quality of the translation. Interviews were conducted in private spaces where auditory and visual privacy were ensured by trained female interviewers. The interviewers were also trained to manage respondents' emotional outbursts and refer such to the health workers in the community. The questionnaire included information about demographics, family and household structure, attitudes towards social norms and experience of IPV.

Measures

The primary outcome variable in this study was the experience of IPV. This variable was measured as a report of at least one type of IPV (physical, emotional and sexual) experienced by a woman. Intimate partner violence was assessed using an adaptation of the World Health Organization violence against women instrument, which provided clear measures of each typology of violence (physical, emotional and sexual) as shown in Table 1. In this study, women who experienced at least one form of violence (physical, emotional and sexual) from a partner in the preceding 12 months were defined as having experienced partner violence. Those who did not experience any form of violence were defined as having never experienced IPV over the previous twelve months.

Attitude towards Physical IPV: Respondents were asked if a man was justified for beating his wife under certain conditions, as shown in Table 1. Respondents were to answer 'yes' or 'no' to each of 7 statements.

Table 1: Questions asked in the study to document partner violence

	Questions
Emotional violence	In the last 12 months, has your current partner said or done anything to: Insult you or make you feel bad about yourself Belittle or humiliate you in front of other people? Scare or intimate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? Threaten to hurt you or someone you care about?
Physical violence	In the last 12 months, has your current partner used his hands /an object to: Slap you or throw something at you that could hurt you? Push you or shove you? Hit you with his fist or something else that could hurt you? Kick you, drag you or beat you up? Choke or burn you on purpose? Threaten to use or actually used a gun, knife or other weapons against you?
Sexual violence	In the last 12 months, were you: Physically forced you to have sexual intercourse? When you did not want to? Did you ever have sexual intercourse you did not want because you were afraid of what he might do? Did he ever force you to do something sexual that you found degrading or humiliating?
Attitude towards IPV	Is a man justified to beat his wife under the following conditions? If she goes out without telling him If she does not complete her household work to his satisfaction If she neglects the children If she argues with him If she refuses to have sex with him If she burns the food If he suspects that she is unfaithful

Scores were allotted as follows: “no”-0 or “yes”-1. The maximum obtainable score was 7 and a score of ‘1’ or higher meant the respondent justified a man beating his wife in at least one of the scenarios and was considered as having attitudes supportive of physical violence, thus said to have a ‘negative attitude’. On the other hand, those with a score of ‘0’ did not agree that a man was justified to beat his wife in any of the scenarios and were considered as non-supportive of physical violence and thus having a ‘positive attitude’.

Socio-demographic variables: Participants were asked to report their age at last birthday (in years), educational attainment (“no formal”, “primary”, “secondary”, and “tertiary”), type of union (“married” or “cohabiting”), duration of marriage in years (analyzed in groups of 5-years), whether they had ever had children, and religion (“Christianity” or “Islam”).

Wealth index: The wealth index was calculated based on women’s responses to questions on possession of selected household assets such as television and bicycle; materials used for housing construction and access to water and sanitation

facilities. Using principal component analysis (PCA), a wealth score that places individual households on a continuous scale of relative wealth was generated and then categorized into tertiles (poorer, middle and richer).

Data analysis

Data were managed using the ODK Aggregate application, which was employed in capturing the dataset that was uploaded onto a cloud server, created for the purpose of this study and accessible only to the researcher. At the completion of the survey, the dataset was converted into a CSV file which was imported into STATA version 13.0 (STATA Corporation, College Station, TX, USA) for analysis. Descriptive statistics were used to report means and standard deviations for continuous variables; frequencies and percentages for categorical variables; and cross-tabulations helped to show associations between socio-demographic, economic variables, and the outcome variable. Variables in the bivariate analysis that showed a significant association with the dependent variable, as well as other variables known to be associated with the dependent

variable, were included in the multivariate analysis. Odds ratios (ORs) and adjusted odds ratios (AOR) with 95% confidence intervals (95% CI) were computed and reported where appropriate. Level of significance was set at 5%.

Results

Description of study participants

A total of 677 women who are currently married or in a union, between the ages of 18-49 years consented to participate in this baseline study, out of 680 who were approached, giving a response rate of 99.6%. The mean age of the respondents was 34 years ($SD \pm 8.8$ years), with more than half (51%) of them between the ages of 18-34 years. More than a half had at least a secondary school education (52.0%), were legally married (60.1%), and had been married for more than 5 years (70.9%) (Table 2). Partners of the women were aged 20 to 59 years with a mean age of 42.4 ± 9.8 years. In all, 526 (77.7%) partners were reported to have never consumed alcohol while 36 (5.3%) of the male partners were reported to have previously abused psychoactive substances (Table 2).

Prevalence of intimate partner violence

Among the 39.4% of respondents who reported experiencing any form of IPV with their current partner in the preceding 12 months, the most common form of IPV reported was emotional violence (36.3%), followed by physical violence (15.5%), and then sexual violence (9.0%) (Table 3). The main types of emotional violence experienced were insults (32.5%), being belittled (13.6%) and being scared (13.2%). While for physical violence, the main types experienced were slaps (12.0%), being hit (9.0%) and being pushed (5.9%). For sexual violence, the main types experienced were having to have sex for fear of what the husband might do (7.5%) and being physically forced to have sex (7.2%).

Attitudes towards intimate partner violence

The percentage of women who believed that IPV was justified in certain scenarios is presented (Table 3). In total, 54% of the women in this study justified physical violence with at least one of the given reasons, while 23% of respondents justified sexual violence in intimate partnered relationships.

Table 2: Demographic characteristics of study participants and partners

Factors	n (%)
Age category	
18-24 years	86 (12.7%)
25-34 years	259 (38.3%)
34-44 years	226 (33.4%)
45 -49 years	106 (15.6%)
Spousal age difference	
0-4 years	170 (25.1%)
5-9 years	246 (36.3%)
10-14 years	261 (38.6%)
Type of union	
Legally married	407 (60.1%)
Cohabiting	270 (39.9%)
Family Structure	
Monogamous	404 (59.7%)
Polygamous	273 (40.3%)
Duration of marriage	
5 years or less	197 (29.1%)
6-10 years	179 (26.4%)
11-15 years	138 (20.4%)
16 years and above	163 (24.1%)
Education status	
No formal education	151 (22.3%)
Completed primary school	174 (25.7%)
Completed secondary school	300 (44.3%)
Completed tertiary education	52 (7.7%)
Have children	
No	45 (6.7%)
Yes	632 (93.3%)
Religion*	
Christianity	274 (40.5%)
Islam	402 (59.5%)
Wealth Index	
Poorer	260 (38.4%)
Middle	182 (26.9%)
Richer	235 (34.7%)
Decision on respondent's earnings*	
Respondent	311 (46.0%)
Spouse/partner	201 (29.7%)
Joint decision	164 (24.3%)
Alcohol use	
No	605 (89.4%)
Yes	72 (10.6%)
Partner ever involved in physical fight	
No	71 (10.5%)
Yes	606 (89.5%)
Partner ever used Alcohol	
No	526 (77.7%)
Yes	129 (19.1%)
I don't know	22 (3.2%)
Partner ever used substance	
No	619 (91.4%)
Yes	36 (5.3%)
I don't know	22 (3.2%)

*Numbers that do not add up to 677

Factors associated with intimate partner violence

As shown in Table 4, significantly higher proportions of those: who were married longer than

Table 3: Women's experience of and attitude towards violence

Factor	n (%)
Experience of Emotional violence	
No	431 (63.7%)
Yes	246 (36.3%)
Experience of Physical violence	
No	572 (84.5%)
Yes	105 (15.5%)
Experience of Sexual violence	
No	616 (91.0%)
Yes	61 (9.0%)
Experience of All three forms of violence	
No	410 (60.6%)
Yes	267 (39.4%)
Attitude toward Physical Violence	
Negative	371 (54.8%)
Positive	306 (45.2%)
Attitude toward Sexual Violence	
Negative	156 (23.0%)
Positive	521 (76.1%)

16 years (45.4%, $p < 0.05$); who had completed secondary level education (46.0%, $p < 0.05$); who had children (40.5%, $p < 0.05$); who were of the Christian faith (44.2%, $p < 0.05$); who were in the richer wealth tertiles (48.5%, $p < 0.0001$); who had control on how they spent their earnings (44.7%, $p = 0.001$); who had attitudes supportive of IPV (45.0%, $p < 0.05$) or who do not use alcohol (70.8%, $p < 0.0001$) had experienced IPV. There was no statistically significant relationship between the type of union, age of respondent, the age difference between respondent and partner, family structure or employment status and experiencing IPV. The main partner characteristics significantly associated with the experience of any form of IPV included previous involvement in a physical fight (35.3%, $p < 0.0001$), alcohol use (69.0%, $p < 0.0001$) and previous abuse of psychoactive substances (75.0%, $p < 0.0001$) (Table 4).

In an unadjusted model, duration of marriage, educational status, having children, religion, wealth index, alcohol use, and attitude supportive of physical violence were the respondent's characteristics significantly associated with reporting experiencing IPV. The partner characteristics that were significantly associated with the report of experiencing IPV in the unadjusted model were involvement in physical fights in the community, the use of alcohol and psychoactive substances (Table 5).

After adjusting for other covariates, women who were married for longer had higher odds of experiencing IPV compared to those who

were married for 5 years or less. Although this relationship was statistically significant for women married for between 6-10 years, and 16 years and above, the relationship did not reach statistical significance for those married for 11-15 years (AOR = 1.79, 95% CI: 1.11, 2.89, AOR = 2.28, 95% CI: 1.38, 3.76 and AOR = 1.40, 95% CI: 0.84, 2.35 respectively). Women who had completed secondary school education also had higher odds of experiencing IPV compared to those who did not have any formal education (AOR = 1.81, 95% CI: 1.07, 3.05). Women in the middle and richer wealth tertiles had almost twice the odds of experiencing IPV compared to those in the poor wealth tertile (AOR = 1.59, 95% CI: 1.02, 2.51 and AOR = 1.84, 95% CI: 1.19, 2.84 respectively), while women who had attitudes supportive of IPV had higher odds of experiencing IPV compared to those whose attitudes did not support IPV (AOR = 1.44, 95% CI: 1.00, 2.06). Partner characteristics that were significantly associated with the experience of IPV were involvement in physical fights in the community and use of alcohol (AOR = 2.92, 95% CI: 1.53, 5.55 and AOR = 4.86, 95% CI: 1.58, 14.97 respectively).

Discussion

This study highlights the experience of rural women with regard to intimate partner violence. The study found that all three forms of IPV (physical, emotional and sexual) were experienced by women in this study. Overall, 39.4% of women in this study reported having experienced IPV from their current partner in the past year. The data is consistent with a meta-analysis of 18 studies across sub-Saharan Africa, including Nigeria, that estimated the past year experience of physical, emotional and sexual IPV as 35.5%²⁹. As reported in the 2018 Nigeria Demographic and Health Survey, the prevalence of IPV in rural Nigeria was estimated to be 22.5%²², while community-based studies from Oyo State have reported prevalence ranging from 20% to 66%^{23,30,31}. The prevalence in this study was however much lower than those reported in some urban, low income urban and peri-urban settings, where the prevalence of IPV is estimated to be 42%, 63.7% and 88.9%^{24,26,32}, possibly because in the present study, only three forms of IPV (emotional, physical and sexual) were reported as against more forms (emotional, physical, sexual, economic abuse and controlling

Table 4: Characteristics and experience of IPV by respondent and partner

Variable	Experience of partner violence		p-value
	Yes (%)	No (%)	
Age category			
18-24 years	29 (33.7)	57 (66.3)	0.472
25-34 years	98 (37.8)	161 (62.2)	
34-44 years	96 (42.5)	130 (57.5)	
45-49 years	44 (41.5)	62 (58.5)	
Spousal age difference			
0-4 years	72 (26.9)	98 (23.9)	0.608
5-9 years	97 (36.3)	149 (36.3)	
10 or more years	98 (36.7)	163 (39.8)	
Family Structure			
Monogamous	152 (56.9)	252 (61.5)	0.240
Polygamous	115 (43.1)	158 (38.5)	
Duration of marriage			
5 years or less	60 (30.5)	137 (69.5)	0.013*
6-10 years	79 (44.1)	100 (55.9)	
11-15 years	54 (39.1)	84 (60.9)	
16 years and above	74 (45.4)	89 (54.6)	
Education status			
No formal education	48 (31.8)	103 (68.2)	0.011*
Completed primary school	65 (37.4)	109 (62.6)	
Completed secondary school	138 (46.0)	162 (54.0)	
Completed tertiary education	16 (31.8)	36 (69.2)	
Have children			
No	11 (24.4)	34 (75.6)	0.033*
Yes	256 (40.5)	376 (59.5)	
Religion			
Christianity	121 (44.2)	153 (55.8)	0.041*
Islam	146 (36.3)	256 (63.7)	
Wealth Index			
Poorer	74 (28.5)	186 (71.5)	<0.0001*
Middle	79 (43.4)	103 (56.6)	
Richer	114 (48.5)	121 (51.5)	
Decision on respondent's earnings			
Respondent	139 (44.7)	172 (55.3)	0.001*
Spouse/partner	57 (28.4)	144 (71.6)	
Joint decision	70 (42.7)	94 (57.3)	
Alcohol use			
No	51 (70.8)	21 (29.2)	<0.0001*
Yes	216 (35.7)	389 (64.3)	
Attitude toward Physical Violence			
Negative	167 (45.0)	204 (54.0)	0.001*
Positive	100 (32.7)	206 (67.3)	
Partner ever involved in physical fight			
No	53 (74.7)	18 (25.3)	<0.0001*
Yes	214 (35.3)	392 (64.7)	
Partner ever used alcohol			
No	162 (30.8)	364 (69.2)	<0.0001*
Yes	89 (69.0)	31 (31.0)	
I don't know	16 (72.7)	6 (27.3)	
Partner ever used substance			
No	226 (36.5)	393 (63.5)	<0.0001*
Yes	27 (75.0)	9 (25.0)	
I don't know	14 (63.6)	8 (36.4)	

*p < 0.05

behaviour) of violence investigated in these other studies. It could also be due to under-reporting because of stigma related to this menace or as a result of ongoing interventions seeking to address this problem.

In the current study, prevalence rates of emotional, physical and sexual IPV was found to be 36.3%, 15.5% and 9.0%, respectively, in keeping with most studies that report IPV values for these forms of violence^{24,26,29,32-36}. Over a third of women reported experience of emotional violence, which is very similar to what has been reported before²⁵.

In general, factors such as secondary education and wealth tertile have been shown to offer protection against IPV, but this study did not find such. Our results followed an inverted U-shaped relationship between IPV and education, where protection from IPV is seen at the lowest and highest educational levels, as have been reported in some other studies^{36,37}. The study found women with primary and secondary education more likely to experience IPV compared to women with no education in consonance with some studies that have reported that educated women may be less likely to accept traditional gender roles or cultural norms and could be more vocal in their response to violence which may be taken as a transgression in a male-dominated society. However, they may lack the ability to communicate effectively to reduce violence or the economic power that may exist among post-secondary women³⁷⁻³⁹. Similarly, this study found that women in the middle or richer wealth tertiles were more likely to report experience of IPV compared to women in the poorer wealth tertile, which was also reported by researchers in similar settings^{23,24}.

Women who had been married for longer were found in this study to have higher odds of experiencing IPV compared with those who were in younger relationships, as seen in another study²³. It is possible that women with longer marital duration have experienced IPV over time and remained in such abusive unions for the sake of their children or for the fear of humiliation that society bestows on those that separate or divorce their partners. In addition, the potential difficulties in starting new relationships could also be a consideration in remaining in such a relationship⁴⁰. Furthermore, these longer relationships also represent an older cohort, and it is plausible that the

Table 5: ORs, AORs and CIs from multiple logistic regression of Current IPV on variables

Variables	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Length of union		
5 years or less	1.00	1.00
6-10 years	1.80 (1.18- 2.75) *	1.79 (1.11- 2.89) *
11-15 years	1.47 (0.93- 2.32)	1.40 (0.84- 2.35)
16 years and above	1.89 (1.23- 2.92) *	2.28 (1.38- 3.76) *
Education status		
No formal education	1.00	1.00
Completed primary school	1.28 (0.81- 2.03)	1.06 (0.61- 1.85)
Completed secondary school	1.83 (1.21- 2.76) *	1.81 (1.07- 3.05) *
Completed tertiary education	0.95 (0.48- 1.88)	0.77 (0.34- 1.73)
Have children		
Yes	2.10 (1.04- 4.23) *	1.02 (0.45- 2.32)
No	1.00	1.00
Religion		
Christianity	1.00	1.00
Islam	0.72 (0.52- 0.99) *	0.83 (0.57- 1.19)
Wealth Index		
Poorer	1.00	1.00
Middle	1.92 (1.29- 2.87) *	1.59 (1.02- 2.51) *
Richer	2.36 (1.63- 3.43) *	1.84 (1.19- 2.84) *
Decision on respondent's earnings		
Respondent	1.00	1.00
Spouse/partner	0.48 (0.34- 0.72) *	0.49 (0.32- 0.75) *
Joint decision	0.92 (0.63- 1.35)	0.93 (0.60- 1.44)
Alcohol use		
Yes	4.37 (2.56- 7.47) *	1.59 (0.83- 3.06)
No	1.00	1.00
Attitude toward partner violence		
Negative	1.69 (1.23- 2.31) *	1.44 (1.00- 2.06) *
Positive	1.00	1.00
Husband ever involved in physical fight		
Yes	5.39 (3.08- 9.44) *	2.92 (1.53- 5.55) *
No	1.00	1.00
Husband ever used alcohol		
I don't know	5.99 (2.30- 15.59) *	4.86 (1.58- 14.97) *
Yes	4.99 (3.29- 7.58) *	2.87 (1.75- 4.71) *
No	1.00	1.00
Husband ever used substance		
I don't know	3.04 (1.25- 7.37) *	1.31 (0.44- 3.92)
Yes	5.22 (2.41- 11.29) *	2.04 (0.76- 5.52)
No	1.00	1.00

older cohorts of women in this study are more accepting of IPV than their younger counterparts, due to social norms and values. Consistent with previous studies in similar settings and around the world, women in this study, with attitudes supportive of IPV were more likely to experience IPV than others^{24,28,29,42-46}.

Women who had a say over their earnings or jointly made decisions about spending their earnings with their spouses were less likely to experience violence compared to those whose partners made all the decisions about the woman's earnings. This is consistent with reports from other studies which noted that women in the former

group had a lower probability of ever experiencing any type of IPV⁴¹. This may reflect the dynamics within a relationship whereby a man who solely decides on how his partner's earnings will be spent does this as part of exerting control in the relationship.

Only two partner-related factors, involvement of partner in fights and partner use of alcohol, were found to be associated with IPV and these have been reported by other researchers^{24,28,46}. Similar to the report by Yaya⁴⁶, husbands/partners who drink alcohol had the highest odds among all the variables associated with IPV in this study. Alcohol consumption has

been reported to remove social inhibitions and cause people to lose control over their emotions when relating to their partners²³. Similarly, the study also found that women whose partners were involved in fights with other men were at higher risk of IPV than those whose partners are not known to do the same, this may indicate that partners resort to violence to resolve conflicts in different situations, not just at home and this may point to a need to equip men with conflict resolution skills^{36,47}.

We found that more than half of the respondents justified physical IPV, which has been suggested as one prominent predictor of IPV and one that may suggest high levels of acceptance of violence in the social environment of the respondents¹⁸. Attitudes supportive of physical violence are particularly prominent in sub-Saharan Africa where women justify IPV under certain circumstances, particularly those living in rural areas⁴⁶. Our finding is in keeping with reports by other researchers in Nigeria⁴⁹⁻⁵⁰. Although reports from the NDHS showed that the proportion of women who support or accept wife-beating as a norm had reduced from 62.4% in 2003, 43% in 2008, 35% in 2013 to 22.8% in 2018; even so, the percentage of such women is still high, especially for those in rural areas^{20,22}. It is believed that women in the rural settings are the bedrock of the socio-cultural values of traditional societies and the cultural justifications for violence usually follow from traditional notions of the proper roles of men and women²².

Intimate partner violence is sadly a reality that women face across their lifetime, this situation can be changed with well-designed behaviour change communication interventions targeted at reforming unhealthy cultural practices, promoting economic empowerment for women, enhancing power equalization and equipping men with conflict resolution skills beyond the use of violence. However, more studies are required to explore these issues within the context of intimate partner relationships and beyond.

This study should be interpreted in the context of certain limitations. First, data were self-reported, hence there might be recall bias on some issues, and some respondents could have withheld information regarding their experiences as there is a culture of silence regarding IPV in our society. Although we ensured that data were collected by experienced and trained female field interviewers

who were not living in the same community as the respondents, which we believe should contribute to feelings of trust and confidence and make disclosure rates higher. Secondly, this paper presents findings from a cross-sectional baseline survey, and therefore temporality of associations and causal directions cannot be assessed.

A major strength of this study lies in its careful methodology, and strict adherence to WHO recommendations and guidelines regarding data collection on IPV. It should also be noted that while underreporting of IPV may be a concern, the use of standardized widely-used questions to measure IPV, administered by interviewers who had been trained on conducting surveys relating to IPV, could minimize any form of measurement bias. In addition, we believe that understanding of IPV needs to be taken in the context of the overall prevalence of all other interpersonal violence in individual and community relationships in any place. Only thereby may a more holistic solution to these in-optimal behaviours be sought and found.

Ethical consideration

This study was granted ethical approval by the Joint Institutional Review Board of the University of Ibadan / University College Hospital (UI/EC/17/0242). Approval to work in the study communities was obtained from respective local government officers and leaders. All participants had to provide oral informed consent to participate in the study. The WHO Guidelines on ethical and safety recommendations for intervention research on violence against women was used as a guide²⁸. Training of field staff included human subjects' protection, managing emotional outbursts and safety procedures, as well as a detailed review of the survey instruments.

Conclusion

This study concludes that the prevalence of past year experience of IPV among women in southwest Nigeria is high. Respondents who had been in relationships for longer durations, were from higher wealth tertiles, had attitudes supportive of physical violence, and were married to a husband who used alcohol or got involved in fights were found to experience more IPV. Clearly, IPV is multi-faceted in terms of the factors that influence it, and this study highlights the need for a varied

and multi-sectoral response, especially initiatives that challenge traditional and cultural beliefs and social norms. In keeping with the drive to attaining the 5th Sustainable Development Goals (SDG) by 2030, the federal government of Nigeria signed into law the Violence against Persons (Prohibition) Act since 2015. These national and global initiatives recognize that eliminating violence against women is germane to sustainable human development. Even more pressing is the need for interventions to prevent IPV that are acutely sensitive to local context, especially for rural settings where more than half of the Nigerian population lives.

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