AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 02, Issue 10, 2024 ISSN (E): 2993-2149

Determinants of Intimate Partner Violence Among Women of Childbearing Age in Ibadan North Local Government Area, Oyo State, Nigeria

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Abstract

Introduction:

Intimate partner violence (IPV) is a global health issue that disproportionately affects women, particularly those of childbearing age. IPV includes physical, psychological, sexual, and financial abuse, which can lead to severe physical and mental health outcomes, including injury, depression, and even death. Globally, about 1 in 3 women experience IPV in their lifetime. In sub-Saharan Africa, cultural norms, economic instability, and low levels of female education contribute to the high prevalence of IPV. In Nigeria, socio-demographic factors such as ethnicity, education, income, and religious beliefs are known to influence the occurrence of IPV. Despite various interventions, IPV remains significantly underreported due to stigma, fear of retribution, and cultural acceptance of violence against women. Understanding the specific socio-demographic factors associated with IPV in local contexts, such as Ibadan North Local Government Area, is essential for developing effective prevention strategies.

Objective:

The objective of this study is to assess the prevalence of IPV among women of childbearing age and to examine the socio-demographic factors contributing to IPV in Ibadan North Local Government Area, Oyo State, Nigeria.

Method of Analysis:

A cross-sectional descriptive study was conducted among 351 women aged 18-49 years in

Ibadan North Local Government Area. Data were collected through a structured questionnaire, which captured information on socio-demographic characteristics and experiences of IPV. The data were analyzed using SPSS version 23. Descriptive statistics were used to summarize the data, while chi-square and logistic regression analyses were performed to determine the association between socio-demographic factors and IPV prevalence.

Results:

The findings revealed that **70%** of the respondents had experienced some form of IPV in their lifetime. The most common form of IPV was psychological violence, affecting **48%** of the women, followed by financial abuse (**44%**), physical violence (**35%**), and sexual violence (**27%**). A significant relationship was found between IPV and several socio-demographic factors. Women with lower levels of education were **2.5 times** more likely to experience IPV ($p = 0.02$), while those with lower income were **3 times** more likely to report violence ($p = 0.005$). Additionally, ethnicity ($p = 0.001$) and religion ($p = 0.03$) were significantly associated with IPV, with women from minority ethnic groups and those practicing less dominant religions reporting higher instances of IPV. Although **80%** of respondents were aware of IPV, only **30%** sought help, citing fear of stigma and retaliation as major barriers.

Conclusion:

The study reveals a high prevalence of IPV among women in Ibadan North, with psychological violence being the most common form. Socio-demographic factors, particularly education level, income, ethnicity, and religion, play a significant role in determining the likelihood of experiencing IPV. These findings emphasize the need for targeted interventions, including public education campaigns, improved legal protection, and economic empowerment programs for women, to reduce the occurrence and impact of IPV. A multi-sectoral approach is essential to effectively address this pervasive issue.

Key words: Intimate partner violence, socio-demographic factors, women of childbearing age, Ibadan North, psychological violence, economic empowerment, Nigeria.

Introduction

Background to study

Intimate Partner Violence (IPV), often referred to as domestic violence, is a pervasive issue that involves a pattern of behaviors used by one partner to maintain power and control over another in intimate relationships. IPV includes physical, sexual, emotional, financial, or psychological actions or threats of actions that harm or intimidate a partner. It affects individuals across all socioeconomic, racial, and ethnic backgrounds and occurs in a wide range of relationships, including those involving cohabiting, married, and dating partners. IPV can take many forms, from physical abuse to emotional manipulation, and it is a critical public health issue globally. The impact of IPV is most severe on women, who experience higher rates of victimization and more severe forms of abuse compared to men (Bosch et al., 2017; Kathleen, 2021). Globally, IPV is recognized as one of the most prevalent forms of violence against women, including controlling behaviors, physical violence, sexual assault, and emotional abuse. The Centers for Disease Control and Prevention (CDC) defines IPV as any form of abuse perpetrated by a current or former partner, regardless of the legal status of the relationship (Krug et al., 2016). This form of violence, particularly physical and sexual assaults, is often the most visible and well-documented. However,

the repetitive use of other abusive behaviors, including psychological and financial control, creates a broader system of abuse that deeply affects victims. According to a WHO multi-country study involving more than 24,000 women from 10 countries, IPV is widespread globally. The study revealed that 13-61% of women reported experiencing physical violence from a partner, while 6-59% experienced sexual violence, and 20-75% reported emotional abuse (Heise et al., 2015).

In Sub-Saharan Africa, particularly in Nigeria, the social context of violence is largely shaped by patriarchal norms and gender inequalities, where men are often seen as having ownership over their wives. This cultural notion, along with practices such as the payment of bride price, reinforces men's control over women in marriages. It is common for women in these settings to forfeit their rights upon marriage, and society often justifies male dominance in intimate relationships. IPV in Nigeria is prevalent and exacerbated by societal norms that condone male authority and female subservience (Popoola et al., 2016). Research shows that the burden of IPV is further compounded by factors such as low socioeconomic status, unemployment, substance abuse, age differences between partners, and infertility, which are all associated with higher risks of IPV (Oginyi et al., 2020).

A significant body of research has explored various risk factors associated with IPV, identifying elements such as lower educational attainment, poor mental health, substance abuse, childhood exposure to violence, and controlling behaviors by male partners as contributing factors (Pitter & Dunn, 2018). These factors create an environment where violence becomes normalized, especially in relationships where women have fewer resources and are more dependent on their partners. For example, women with lower education or income levels are more vulnerable to abuse, while women whose partners exhibit controlling or violent tendencies are at even greater risk of IPV (Zhao et al., 2022). The consequences of IPV are not limited to physical harm but extend to psychological trauma, economic instability, and reduced participation in maternal healthcare services. Studies have shown that women who experience IPV are less likely to seek antenatal care, attend skilled birth services, and participate in child health programs, leading to poorer maternal and child health outcomes (Chukuechefulam et al., 2022). This creates a cycle of violence and disadvantage that affects not only the victims but also their children, perpetuating the cycle of abuse across generations.

Intimate Partner Violence is a violation of human rights and a significant public health concern. It has both short- and long-term impacts on women’s health, including mental health issues such as depression, anxiety, and post-traumatic stress disorder. Furthermore, IPV has been shown to increase the risk of chronic conditions such as cardiovascular disease, gastrointestinal disorders, and reproductive health problems (Miller & McCaw, 2019). The effects of IPV also extend to economic costs, as victims often face barriers to employment, reduced productivity, and financial dependence on their abusers. Despite the widespread nature of IPV, underreporting remains a significant barrier to addressing the issue, particularly in patriarchal societies where cultural norms and stigmatization discourage women from speaking out. In many cases, women may stay in abusive relationships due to financial dependence, fear of retaliation, or concerns about societal judgment (Sharifi et al., 2022). These dynamics make it difficult for researchers and policymakers to obtain accurate data on the prevalence of IPV, hindering efforts to implement effective interventions. The ecological model of IPV, which considers individual, relational, community, and societal factors, helps to explain the complex interactions that contribute to the occurrence of violence in intimate relationships (Wheeler et al., 2021). This model underscores the importance of addressing IPV through multi-level strategies that focus not only on individuals and relationships but also on broader social and cultural norms that perpetuate violence. By

understanding the factors that contribute to IPV, policymakers and health practitioners can develop more targeted interventions to prevent violence and support victims. The prevalence of IPV in Nigeria, particularly in regions like Ibadan North Local Government Area, Oyo State, is significant and requires urgent attention. Women of childbearing age are especially vulnerable to IPV, and the effects on their health, well-being, and productivity are profound. In order to contribute to the growing body of knowledge on IPV and inform the development of evidence-based policies to reduce intimate partner violence in Nigeria, this study aims to explore the determinants of IPV among women of childbearing age in Ibadan North LGA, Ibadan, Oyo State.

The findings of this research will provide critical insights into the factors associated with IPV and its impact on women's health, enabling policymakers to design more effective prevention and intervention strategies. In conclusion, IPV remains a pervasive and deeply rooted issue in Nigeria, requiring concerted efforts from multiple sectors, including healthcare, education, law enforcement, and social services, to mitigate its effects and promote gender equality and the protection of women's rights.

The following research hypothesis will guide the study:

(Ho1): Childbearing age women have poor awareness of Intimate Partner Violence in Ibadan North Local Government Area, Ibadan, Oyo state.

(Ho2): The Factors associated with Intimate Partner Violence does not have any physical, sexual, psychological or economic impact on women of Childbearing age in Ibadan North Local Government Area, Ibadan, Oyo state.

MATERIALS AND METHODS

Research Design

A cross-sectional study design was employed, and data were collected using a self-structured questionnaire as the primary instrument.

Study Area

Ibadan, the capital and largest city of Oyo State in Nigeria, had an estimated population of 3.6 million in 2021, with a metropolitan population nearing 6 million, making it the third-largest city in Nigeria by population, after Lagos and Kano. It is also the largest city by land area in the country. At the time of Nigeria's independence in 1960, Ibadan was the most populous city in the nation and the second-largest city in Africa, after Cairo. Situated in southwestern Nigeria, Ibadan is approximately 530 kilometers (330 miles) southwest of Abuja, the capital, and 128 kilometers (80 miles) northeast of Lagos (Benebo et al., 2018). The city serves as a vital link between the country's inland regions and its coastal areas. Historically, Ibadan has been an administrative center since British colonial times, with remnants of its original fortification walls still visible today. The majority of the population in Ibadan are Yoruba, though there are significant groups from other regions of Nigeria, such as the Igbo, Hausa, and Efik (Straus & Hamby, 2019).

The study was conducted in Ibadan North Local Government Area (LGA), Oyo State, Nigeria. The LGA has its headquarters in Agodi, Ibadan, and is assigned the postal code 200. According to estimates by the Oyo State Government, the area has a population of approximately 856,988 and covers 27 km². Ibadan North is known for its vibrant academic and economic activities, largely due to the presence of Nigeria's premier university, the University of Ibadan, founded in 1948, and The Polytechnic, Ibadan, established in 1970. These institutions contribute to the dynamic

nature of the area, creating an environment that combines educational, economic, and urban elements.

Study Population

The study population consisted of women of childbearing age (15 to 49 years) residing within the study area of Ibadan, Oyo State, Nigeria, who had likely been involved in intimate relationships. The inclusion criteria required participants to be within the reproductive age range, live near the study site, and have a history of intimate relationships, with participation being entirely voluntary. Exclusion criteria included individuals outside the reproductive age range, women residing near the study site who were unwilling to participate, and females without a history of intimate relationships.

Sampling Technique

A multistage sampling technique was employed in this study. In the first stage, Ibadan North Local Government Area (LGA) was purposively selected. The second stage involved the random selection of eight wards from the twelve wards within the LGA, using a simple random sampling technique. In the third stage, participants were selected from primary health care centers within the chosen wards. Only participants who gave informed consent were included in the study.

Sample Size Determination

The sample size was determined based on the prevalence rate of 29%, which was reported in a previous study conducted in southwestern Nigeria. A desired precision level of 0.05 and a 95% confidence interval were applied to the calculation. After accounting for an estimated attrition rate, the final sample size was set at 351 participants. These participants were distributed across the eight selected wards, with approximately 44 participants recruited from each ward using a simple random sampling technique.

Research Instrument

The research instrument used for this study was a paper-based questionnaire, administered to respondents after obtaining their informed consent. The questionnaire was designed to collect relevant data on intimate partner violence (IPV) among women of childbearing age in Ibadan, Oyo State, Nigeria. It incorporated an adapted version of the Revised Conflict Tactics Scales (CTS), initially developed by Murray A. Straus to examine family violence and conflict. The CTS has been widely applied in research, including national and international studies on violence, and has been instrumental in IPV studies, such as the International Dating Violence Study.

The Conflict Tactics Scale (CTS2) used in this study consists of several subscales aimed at evaluating the dynamics of intimate relationships, including parent-child and partner-child interactions. It examines behaviors ranging from calm discussion to more aggressive responses, with items rated on a scale from 0 (never) to 6 (almost every day). The tool was chosen because of its flexibility in assessing conflict over different time frames and specific situations, which provides a more nuanced understanding of violence prevalence. The questionnaire was divided into sections focusing on socio-demographic information of the respondent and their partner, knowledge of intimate partner violence, prevalence of IPV, and factors associated with IPV. These sections were designed to ensure a comprehensive understanding of the issue within the study population. To ensure the validity of the research instrument, it was reviewed and scrutinized by experts, which enhanced its ability to elicit the appropriate data. For reliability, a test-retest method was applied to ten women from a neighboring local government area who shared similar characteristics with the study population. The internal consistency reliability of the CTS2 scales, ranging from 0.79 to 0.95, further supported the reliability of the research instrument, which had already been adapted for use in Nigeria.

Data Collection

After respondents provided informed consent by signing the consent form, they were given paper-based questionnaires to complete. Each participant received a signed copy of the consent form for their records, while the research assistant administering the questionnaire retained a copy for the study. The estimated time for completing the questionnaire was between 15 and 30 minutes. Research assistants received comprehensive training on the study protocol and data collection procedures to ensure consistency and accuracy in the data collection process.

Data Analysis

To determine the Conflict Tactics Scale (CTS) score, the midpoints of the participant's response categories were summed. The response categories were aligned with specific midpoints, with Category 0, 1, and 2 corresponding to 0, 1, and 2 occurrences, respectively. The midpoints for Category 3 (3-5 times), Category 4 (6-10 times), Category 5 (11-20 times), and Category 6 (more than 20 times) were set at 4, 8, 15, and 25, respectively. Descriptive analyses were conducted for each explanatory variable to illustrate the percentage of women who experienced any form of intimate partner violence (IPV). Univariate analysis was used to assess the strength and direction of relationships between the independent and dependent variables, with a significance level set at $p \leq 0.05$. Data analysis was performed using SPSS (Statistical Package for the Social Sciences) version 26.0, and results were summarized through frequency tables and charts.

Ethical Consideration

Ethical approval for this study was obtained from the Oyo State Ministry of Health, Department of Planning, Research, and Statistics (AD 13/479/44627A). Official permission was also granted by the Medical Officer of Health to use instruments within selected Primary Health Care Centres. Prior to obtaining informed verbal consent, an information statement was provided to all participants, which was read in the local language, Yoruba, to ensure clear understanding, particularly for those without formal education. The inclusion of participants with varying educational backgrounds made verbal consent more appropriate, a method approved by the ethics committee, especially considering the low-risk nature of the survey.

Participants were fully informed that their participation was voluntary and that they were free to decline or withdraw consent at any point during the study. They were given the opportunity to ask questions before the interview began. Furthermore, participants were informed that some questions in the survey might be personal or cause discomfort, but they were under no obligation to answer any questions they found too sensitive. Anonymized data were securely stored on password-protected laptops throughout the data collection process, and following data collection, all information was transferred to password-protected computers to ensure confidentiality.

Results

Table 1: Socio-demographic characteristics of the respondents

Variables	Frequency	Percent
Age		
Less than 30	165	47.0
30-39	130	37.0
40 and above	56	16.0
Religion		
Christianity	203	57.8
Islam	148	42.2
Ethnicity		
Yoruba	279	79.5

Non Yoruba	72	20.5
Residential Area		
Urban	247	70.4
Urban slum	104	29.6
Duration of Stay		
Less than 10 years	153	43.6
10 years and above	198	56.4
Level of Education		
Tertiary	176	50.1
Non Tertiary	175	49.9
Occupation		
Business woman/Trader	121	34.5
Teacher	35	10.0
Student	47	13.4
Civil Servant	31	8.8
Professional	39	11.1
Artisan	78	22.2
Marital Status		
Not Married	63	17.9
Married	288	82.1
Monthly Income		
Less than 40k	219	62.4
40k and above	132	37.6
Age at First Marriage		
Less than 20	25	8.2
20-29	246	80.9
30 and above	33	10.9
Age at First Birth		
Less than 20	18	6.6
20-29	195	71.7
30 and above	59	21.7
Number of Children		
Less than 3	187	68.8
3 children and above	85	31.2
Age of Partner		
Less than 30	67	19.8
30-39	157	46.5
40 and above	114	33.7
Partner Level of Education		
Tertiary	203	60.1
Non Tertiary	135	39.9
Partner Religion		
Christianity	179	53.0
Islam	159	47.0
Partner Ethnicity		
Yoruba	277	82.0

Non Yoruba	61	18.0
Partner Monthly Income		
Less than 40k	127	37.6
40k and above	211	62.4
Partner Duration of Stay		
Less than 10 years	109	32.2
10 years and above	229	67.8
Partner Occupation		
Businessman/Trader	106	31.4
Teacher/Lecturer	40	11.8
Student	14	4.1
Civil Servant	49	14.5
Artisan	73	21.6
Professional	56	16.6

The socio-demographic characteristics of the respondents are presented in Table 1. The majority of the respondents (47%) were below the age of 30, while 37% were aged 30-39, and 16% were 40 years and above. In terms of religion, most respondents identified as Christians (57.8%), while 42.2% were Muslims. Regarding ethnicity, a significant proportion of the respondents were of Yoruba origin (79.5%), with non-Yoruba individuals making up 20.5%. In relation to residential areas, 70.4% of the respondents lived in urban areas, whereas 29.6% resided in urban slum areas. For duration of stay in the area, 56.4% had lived there for 10 years or more, while 43.6% had lived in the area for less than 10 years. When it came to education, half of the respondents (50.1%) had tertiary education, while 49.9% had a non-tertiary level of education. Occupationally, 34.5% of respondents were businesswomen or traders, 13.4% were students, 11.1% were professionals, 10% were teachers, and 22.2% were artisans, while 8.8% were civil servants. Regarding marital status, 82.1% of the women were married, and 17.9% were not married.

In terms of monthly income, 62.4% earned less than 40,000 Naira, while 37.6% earned 40,000 Naira or more. The majority of the respondents (80.9%) had their first marriage between the ages of 20 and 29, while 10.9% were married at 30 years or older, and 8.2% were married before age 20. Regarding age at first childbirth, 71.7% of respondents gave birth between the ages of 20 and 29, 21.7% had their first child at 30 years or above, and 6.6% gave birth before the age of 20. In terms of the number of children, most respondents (68.8%) had fewer than three children, while 31.2% had three or more. The age distribution of respondents' partners showed that 46.5% of partners were aged 30-39, 33.7% were aged 40 and above, and 19.8% were under 30. In terms of education, 60.1% of partners had a tertiary education, while 39.9% had non-tertiary education. With respect to partner religion, 53% of respondents had partners who were Christians, while 47% had partners who were Muslims. Most partners (82%) were of Yoruba ethnicity, while 18% were non-Yoruba. Regarding the monthly income of partners, 62.4% earned 40,000 Naira or more, and 37.6% earned less than 40,000 Naira. The majority of partners (67.8%) had resided in the area for 10 years or more, and 32.2% had stayed for less than 10 years. Occupationally, 31.4% of partners were businessmen or traders, 21.6% were artisans, 16.6% were professionals, 14.5% were civil servants, 11.8% were teachers or lecturers, and 4.1% were students.

Table 2: Respondents' Knowledge of Intimate Partner Violence

Variable	Yes	No

Have You Heard About IPV	269(76.6%)	82(23.4%)
Sources		
Friends	109(40.5%)	160(59.5%)
Health Workers	95(35.3%)	174(64.7%)
Social Media	109(40.5%)	160(59.5%)
Church/Mosque	70(26.0%)	199(74.0%)
IPV is an intimate relationship that results in physical, sexual and emotional harm	278(79.2%)	73(20.8%)
Have You Experienced IPV	130(37.0%)	221(63.0%)
Which Type		
Physical Abuse	59(45.4%)	71(54.6%)
Sexual Abuse	35(26.9%)	95(73.1%)
Psychological Abuse	47(36.2%)	83(63.8%)
Financial Abuse	57(43.8%)	73(56.2%)

Table 2 presents the respondents' knowledge and experiences of intimate partner violence (IPV). A significant proportion, 76.6% (269), of respondents reported having heard about IPV, while 23.4% (82) had not. Among those aware of IPV, 40.5% (109) identified friends as their source of information, while health workers informed 35.3% (95), and 40.5% (109) gained their knowledge from social media. However, fewer respondents, 26.0% (70), cited religious settings such as churches or mosques as their source of information on IPV.

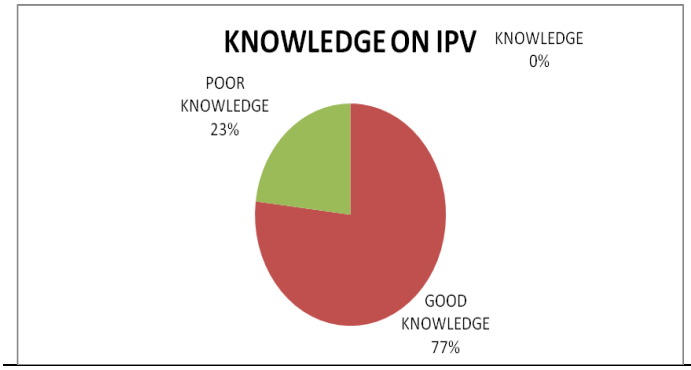
When asked if they understood IPV as involving physical, sexual, and emotional harm in intimate relationships, 79.2% (278) of respondents agreed, while 20.8% (73) did not.

Regarding personal experience with IPV, 37.0% (130) of respondents reported having experienced IPV, while 63.0% (221) had not. Among those who had experienced IPV, 45.4% (59) indicated physical abuse, 26.9% (35) experienced sexual abuse, 36.2% (47) reported psychological abuse, and 43.8% (57) encountered financial abuse.

Figure 1;Respondents Overall Knowledge on IPV

Figure 1 illustrates that 77% have good knowledge on IPV while 23% have poor knowledge. This shows a high knowledge of intimate partner violence among the women of childbearing age in Ibadan north local government area, Ibadan, Oyo state.

Table 3: Association Between Socio-Demographic Characteristics and Respondents' Knowledge of Intimate Partner Violence



Variables	Good	Poor	Chi square	P-value
Age			1.704[a]	0.427
Less than 30	132 [80.0%]	33 [20.0%]		
30-39	97 [74.6%]	33 [25.4%]		
40 and above	41 [73.2%]	15 [26.8%]		
Religion			2.492[a]	0.114
Christianity	150 [73.9%]	53 [26.1%]		
Islam	120 [81.1%	28 [18.9%]		
Ethnicity			4.012[a]	0.045
Yoruba	221[79.2%]	58 [20.8%]		
Non Yoruba	49 [68.1%]	23 [31.9%]		
Residential area			0.077[a]	0.781
Urban	189[76.5%]	58 [23.5%]		
Urban slum	81[77.9%]	23 [22.1%]		
Duration of stay			0.348[a]	0.555
Less than 10 years	120 [78.4%]	33 [21.6%]		
10 years and above	150 [75.8%]	48 [24.2%]		

Level of education			4.765[a]	0.029
Tertiary	144 [81.8%]	32 [18.2%]		
Non tertiary	126 [72%]	49 [28.0%]		
Occupation			8.521[a]	.130
Businesswoman/trader	88 [72.7%]	33 [27.3%]		
Teacher	31 [88.6%]	4 [11.4%]		
Student	41 [87.2%]	6 [12.8%]		
Civil servant	25 [80.6%]	6 [19.4%]		
Professional	27 [69.2%]	12 [30.8%]		
Artisan	58 [74.4%]	20 [25.6%]		
Marital status			0.660[a]	0.416
Not married	46 [73.0%]	17 [27.0%]		
Married	224 [77.8%]	64 [22.2%]		
Monthly income			0.015[a]	0.904
Less than 40k	168 [76.7%]	51 [23.3%]		
40k and above	102 [77.3%]	30 [22.7%]		
Age at first marriage			1.660[a]	0.646
Less than 20	21 [84%]	4 [16%]		
20-29	191 [77.6%]	55 [22.4%]		
30 and above	24 [72.7%]	9 [27.3%]		
Age at first birth			1.630[a]	0.653
Less than 20	15 [83.3%]	3 [16.7%]		
20-29	152 [77.9%]	43 [22.1%]		
30 and above	42 [71.2%]	17 [28.8%]		
Number of children			0.050[a]	0.975
Less than 3	143 [76.5%]	44 [23.5%]		
3 children and above	66 [77.6%]	19 [22.4%]		

Table 3 presents the association between respondents' socio-demographic characteristics and their knowledge of intimate partner violence (IPV). The results show that younger respondents (less than 30 years old) had a slightly higher proportion of good knowledge of IPV (80.0%) compared to those aged 30-39 (74.6%) and 40 years and above (73.2%), though this difference was not statistically significant ($\chi^2 = 1.704$, $p = 0.427$). Religious affiliation showed that a higher percentage of Muslim respondents (81.1%) had good knowledge of IPV compared to Christians (73.9%), but this difference was also not statistically significant ($\chi^2 = 2.492$, $p = 0.114$). Ethnicity, however, had a significant association with knowledge of IPV ($\chi^2 = 4.012$, $p = 0.045$), where Yoruba respondents had better knowledge (79.2%) compared to non-Yoruba respondents (68.1%). There was no significant difference in knowledge of IPV between respondents residing in urban (76.5%) and urban slum areas (77.9%) ($\chi^2 = 0.077$, $p = 0.781$). Similarly, the duration of stay did not significantly affect IPV knowledge ($\chi^2 = 0.348$, $p = 0.555$), with comparable proportions of good knowledge among those living in the area for less than 10 years (78.4%) and those who stayed for 10 years or more (75.8%). Respondents with tertiary education were significantly more

likely to have good knowledge of IPV (81.8%) compared to those with non-tertiary education (72.0%) ($\chi^2 = 4.765$, $p = 0.029$). Occupation did not show a significant association with knowledge ($\chi^2 = 8.521$, $p = 0.130$), though teachers (88.6%) and students (87.2%) had higher knowledge levels compared to other occupational groups.

Marital status did not significantly affect knowledge, with married respondents (77.8%) showing similar levels of good knowledge as unmarried respondents (73.0%) ($\chi^2 = 0.660$, $p = 0.416$). Monthly income also showed no significant difference, as both income groups (<40k and ≥40k) had almost equal levels of good knowledge ($\chi^2 = 0.015$, $p = 0.904$). Other factors such as age at first marriage, age at first birth, number of children, and partner characteristics (not shown in this table) did not show significant associations with knowledge of IPV (all p-values > 0.05).

Table 4: Prevalence of Intimate Partner Violence Among Respondents Using the Conflict Tactic Scale

	Prevalence in Each Person	
Scale	**Self**	**Partner**
Negotiation		
Emotional	31.3%	31.6%
Cognitive	80.0%	26.8%
Psychological Aggression		
Minor	14.2%	22.2%
Severe	12.0%	18.5%
Physical Aggression		
Minor	13.1%	21.1%
Severe	10.5%	32.2%
Injury		
Minor	16.5%	22.5%
Severe	5.1%	20.2%
Sexual Coercion		
Minor	13.4%	24.8%
Severe	3.1%	22.4%

Table 4 presents the prevalence of intimate partner violence (IPV) among respondents, as measured by the Conflict Tactic Scale. The table distinguishes between the actions of the respondents themselves and their partners across several dimensions, including negotiation, psychological aggression, physical aggression, injury, and sexual coercion. In terms of negotiation, 31.3% of respondents reported engaging in emotional negotiation, while 31.6% of their partners did the same. Cognitive negotiation was significantly more common among respondents, with 80.0% reporting its use, compared to 26.8% of their partners. For psychological aggression, 14.2% of respondents admitted to minor forms, whereas 22.2% reported their partners engaging in the same. Severe psychological aggression was reported by 12.0% of respondents, and 18.5% reported similar behavior from their partners. Physical aggression showed that 13.1% of respondents engaged in minor physical aggression, while 21.1% reported such acts from their partners. Severe physical aggression was less common among respondents (10.5%) but much higher among their partners (32.2%). Regarding injury, 16.5% of respondents reported minor injuries, compared to 22.5% who experienced minor injuries inflicted by their partners. Severe injuries were reported by 5.1% of respondents and 20.2% attributed to their partners.

Finally, 13.4% of respondents experienced minor sexual coercion, while 24.8% reported this behavior from their partners. Severe sexual coercion was reported by 3.1% of respondents, with 22.4% attributing severe coercion to their partners. These findings illustrate a higher prevalence of severe forms of IPV among respondents' partners across most dimensions, particularly in physical aggression and sexual coercion.

Figure 2;Prevalence of Self Perpetrated IPV

Figure 2 illustrates that 80% of the respondents have not been abusive to their partners. However, 20% of them have been abusive to their partners. This illustrates a high level of being a non-abuser among the respondents who are women of childbearing age in Ibadan north local government area, Ibadan, Oyo state thus showing a low rate of intimate partner violence

Figure 3;Prevalence of IPV perpetrated by Partners

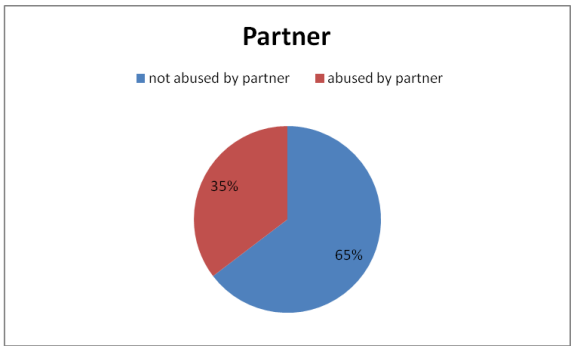


Figure 3 shows that 35% of the respondents have been abused by their partners. However, 65% have not been abused by their partners. This illustrates a fairly high level of non abusive partner among the partners/former partners of respondents who are women of childbearing age in Ibadan north local government area, Ibadan, Oyo state thus showing a lower rate of intimate partner violence.

Table 5: Association Between Respondents' Socio-Demographic Characteristics and Conflict Tactic Scale (CTS) on Self-Reported IPV

Variable	Not Abusing The Partner	Abusing The Partner	Chi Square	P Value
Age			1.632	0.442
Less than 30	101 [61.2%]	64 [38.8%]		
30-39	88 [67.7%]	42 [32.3%]		
40 and above	38 [67.9%]	18 [32.1%]		

Religion			0.872	0.026
Christianity	132 [65.0%]	71 [35.0%]		
Islam	95 [64.2%]	53 [35.8%]		
Ethnicity			0.187	0.665
Yoruba	182 [65.2%]	97 [34.8%]		
Non Yoruba	45 [62.5%]	27 [37.5%]		
Residential area			0.837	0.360
Urban	156 [63.2%]	91 [36.8%]		
Urban slum	71 [68.3%]	33 [31.7%]		
Duration of stay			0.831	0.046
Less than 10 years	98 [64.1%]	55 [35.9%]		
10 years and above	129 [65.2%]	69 [34.8%]		
Level of education			0.729	0.393
Tertiary	110 [62.5%]	66 [37.5%]		
Non tertiary	117 [66.9%]	58 [33.1%]		
Occupation			1.996	0.850
Business woman/trader	75 [62.0%]	46 [38.0%]		
Teacher	23 [65.7%]	12 [34.3%]		
Student	29 [61.7%]	18 [38.3%]		
Civil servant	22 [71.0%]	9 [29.0%]		
Professional	24 [61.5%]	15 [38.5%]		
Artisan	54 [69.2%]	24 [30.8%]		
Marital status			.257	.612
Not married	39 [61.9%]	24 [38.1%]		
Married	188 [65.3%]	100 [34.7%]		
Monthly income			1.014	.314
Less than 40k	146 [66.7%]	73 [33.3%]		
40k and above	81 [61.4%]	51 [38.6%]		
Age at first marriage			2.446	.485
Less than 20	13 [52.0%]	12 [48.0%]		
20-29	159 [64.6%]	87 [35.4%]		
30 and above	22 [66.7%]	11 [33.3%]		
Age at first birth			2.618	0.454
Less than 20	9 [50.0%]	9 [50.0%]		
20-29	128 [65.6%]	67 [34.4%]		
30 and above	41 [69.5%]	18 [30.5%]		
Number of children			1.166	0.558
Less than 3	119 [63.6%]	68 [36.4%]		
3 children and above	59 [69.4%]	26 [30.6%]		

Table 5 demonstrates the association between respondents' socio-demographic characteristics and their self-reported intimate partner violence (IPV) as measured by the Conflict Tactic Scale (CTS). The results show that respondents younger than 30 years reported slightly lower rates of IPV (38.8%) compared to those in older age groups, although this difference was not statistically significant (p = 0.442). A significant association was found between religion and IPV, with 35.0% of Christians and 35.8% of Muslims reporting abusive behaviors (p = 0.026). Ethnicity did not show a statistically significant difference in IPV, with 34.8% of Yoruba respondents and 37.5% of non-Yoruba respondents reporting IPV (p = 0.665). In terms of residential area, urban respondents reported slightly higher IPV rates (36.8%) compared to those from urban slums (31.7%), but this difference was not significant (p = 0.360). Duration of stay also did not yield significant results, as respondents living in the area for less than 10 years had similar IPV rates (35.9%) to those residing for longer (p = 0.046). Educational level showed no significant association with IPV, although respondents with tertiary education reported higher rates (37.5%) than those with non-tertiary education (p = 0.393). Similarly, no significant differences were observed across various occupations, though businesswomen, civil servants, and professionals reported slightly higher IPV rates (p = 0.850).

Marital status did not significantly impact IPV, as married respondents reported slightly lower rates of IPV (34.7%) compared to those unmarried (p = 0.612). Monthly income also did not show a significant association, with respondents earning less than 40,000 Naira reporting similar IPV rates (33.3%) to those earning more (p = 0.314). No significant association was found between the age at first marriage and IPV, although respondents who married before the age of 20 reported slightly higher rates of IPV (p = 0.485). Similarly, age at first birth showed no significant difference, though respondents who had their first child before 20 years reported higher rates of IPV (p = 0.454). Finally, the number of children did not show a significant relationship with IPV, with respondents having fewer than three children reporting slightly higher rates of IPV than those with three or more children (p = 0.558). Overall, religion was the only variable with a significant association, while other socio-demographic factors showed no statistically significant differences in IPV rates.

Table 6: Association Between Respondents' Socio-Demographic Characteristics and Intimate Partner Violence Perpetrated by the Partner

Variable	Not Abused by Partner	Abused by Partner	Chi Square	P Value
Age			2.233	0.328
Less than 30	130 [78.8%]	35 [21.2%]		
30-39	109 [83.8%]	21 [16.2%]		
40 and above	42 [75.0%]	14 [25.0%]		
Religion			0.161	0.688
Christianity	164 [80.8%]	39 [19.2%]		
Islam	117 [79.1%]	31 [20.9%]		
Ethnicity			0.905	0.014
Yoruba	223 [79.9%]	56 [20.1%]		
Non Yoruba	58 [80.6%]	14 [19.4%]		
Residential area			0.136	0.713
Urban	199 [80.6%]	48 [19.4%]		
Urban slum	82 [78.8%]	22 [21.2%]		

Duration of Stay			0.161	0.689
Less than 10 years	121 [79.1%]	32 [20.9%]		
10 years and above	160 [80.8%]	38 [19.2%]		
Level of Education			0.686	0.408
Tertiary	144 [81.8%]	32 [18.2%]		
Non tertiary	137 [78.3%]	38 [21.7%]		
Occupation			4.578	0.469
Business woman/trader	99 [81.8%]	22 [18.2%]		
Teacher	31 [88.6%]	4 [11.4%]		
Student	39 [83.0%]	8 [17.0%]		
Civil servant	23 [74.2%]	8 [25.8%]		
Professional	28 [71.8%]	11 [28.2%]		
Artisan	61 [78.2%]	17 [21.8%]		
Marital status			1.430	0.232
Not married	47 [74.6%]	16 [25.4%]		
Married	234 [81.3%]	54 [18.8%]		
Monthly income			0.852	0.035
Less than 40k	176 [80.4%]	43 [19.6%]		
40k and above	105 [79.5%]	27 [20.5%]		
Age at first marriage			5.553	0.135
Less than 20	16 [64.0%]	9 [36.0%]		
20-29	197 [80.1%]	49 [19.9%]		
30 and above	29 [87.9%]	4 [12.1%]		
Age at first birth			0.732	0.866
Less than 20	14 [77.8%]	4 [22.2%]		
20-29	159 [81.5%]	36 [18.5%]		
30 and above	47 [79.7%]	12 [20.3%]		
Number of children			2.023	0.364
Less than 3	155 [82.9%]	32 [17.1%]		
3 children and above	65 [76.5%]	20 [23.5%]		

The analysis presented in Table 6 explores the association between the socio-demographic characteristics of respondents and intimate partner violence (IPV) perpetrated by their partners. Among respondents aged less than 30 years, 78.8% reported not experiencing abuse, compared to 83.8% of those aged 30-39 and 75.0% of those aged 40 and above; however, this difference was not statistically significant (Chi-square = 2.233, P = 0.328). In terms of religion, 80.8% of Christian respondents and 79.1% of Muslim respondents reported not being abused, with no significant association (Chi-square = 0.161, P = 0.688). Ethnicity showed a slightly significant finding, with 79.9% of Yoruba respondents not reporting abuse compared to 80.6% of non-Yoruba respondents (Chi-square = 0.905, P = 0.014). Residential area did not reveal significant differences, as 80.6% of respondents from urban areas and 78.8% from urban slums reported not being abused (Chi-square = 0.136, P = 0.713). The duration of stay in the area also did not demonstrate a significant impact on IPV, with 79.1% of respondents living for less than 10 years and 80.8% living for 10 years and above reporting no abuse (Chi-square = 0.161, P = 0.689). Regarding educational level, 81.8% of respondents with tertiary education and 78.3% of those with non-tertiary education reported not being abused, though this difference was not statistically significant (Chi-square =

0.686, P = 0.408). When examining occupation, respondents identified as businesswomen/traders, teachers, and students showed varying proportions of non-abuse, with 81.8%, 88.6%, and 83.0%, respectively, whereas those identified as civil servants, professionals, and artisans reported 74.2%, 71.8%, and 78.2%, respectively; however, no significant association was found (Chi-square = 4.578, P = 0.469).

Marital status did not show a significant relationship, with 74.6% of single respondents and 81.3% of married respondents reporting not experiencing IPV (Chi-square = 1.430, P = 0.232). Monthly income analysis revealed that 80.4% of respondents earning less than 40k reported not being abused compared to 79.5% of those earning 40k and above, with a significant association (Chi-square = 0.852, P = 0.035). The age at first marriage did not indicate a significant association, with 64.0% of those married before 20 years reporting no abuse versus 80.1% and 87.9% for those married between 20-29 years and 30 years and above, respectively (Chi-square = 5.553, P = 0.135). Similarly, age at first birth did not show significant differences, with non-abuse rates of 77.8%, 81.5%, and 79.7% across the three age categories (Chi-square = 0.732, P = 0.866). Lastly, the number of children did not indicate a significant association, as 82.9% of respondents with fewer than three children and 76.5% of those with three or more children reported not experiencing IPV (Chi-square = 2.023, P = 0.364). Overall, while certain socio-demographic factors were examined, none demonstrated a strong or statistically significant relationship with the experience of IPV perpetrated by partners.

Table 7: Logistic Regression Coefficients of Selected Socio-Demographic Characteristics and Self-Perpetrated Intimate Partner Violence

Variable	P value	Unadjusted Odd ratio (UOR)	95%CI	P VALUE	AOR Adjusted Odd ratio	95% CI
Age						
Less than 30	0.808	0.556	0.397,			
30-39	0.578	0.160	1.644			
40 and above			0.269,			
			1.241			
Religion						
Christianity	0.688	0.898	0.529,			
Islam			1.522			
Ethnicity						
Yoruba	0.905	1.040	0.541,			
Non Yoruba			1.999			
Residential area						
Urban	0.713	0.899	0.510,			
Urban slum			1.584			
Duration of stay						
Less than 10 years	0.689	1.114	0.658,			
10 years and above			1.885			

Level of education					
Tertiary	0.408	0.801	0.474,		
Non tertiary			1.355		
Occupation					
Business woman/trader	0.531	0.797	0.393,		
Teacher	0.198	0.463	1.620		
Student	0.519	0.736	0.143,		
Civil servant	0.653	1.248	1.195		
Professional	0.445	1.410	0.290,		
Artisan			1.868		
Marital status					
Not married	1.475	0.234	0.778,		
Married			2.797		
Monthly income					
Less than 40k	0.852	0.950	0.554,		
40k and above			1.628		
Age at first marriage					
Less than 20	0.038	4.078	1.082,	0.038	4.078
20-29	0.290	1.803	15.367	0.290	1.803
30 and above			0.606,		
			5.370		
Age at first birth					
Less than 20	0.730	1.156	0.507,		
20-29	0.863	1.119	2.633		
30 and above			0.311,		
			4.022		
Number of children					
Less than 3	0.910	0.959	0.464,		
3 children and above			1.983		

The logistic regression analysis revealed that several socio-demographic characteristics did not show significant associations with self-perpetrated intimate partner violence (IPV). Age did not have a statistically significant influence, with individuals aged 30–39 and 40 and above showing odds ratios (ORs) of 0.556 and 0.160 respectively, and 95% confidence intervals (CIs) ranging between 0.397–1.644 and 0.269–1.241, respectively, without any significant difference in the adjusted odds ratios (AOR). Religion was not significantly associated with IPV, as the OR for Islam was 0.898, with a CI of 0.529–1.522. Similarly, ethnicity, whether Yoruba or non-Yoruba, did not demonstrate a significant effect, with an OR of 1.040 and CI of 0.541–1.999. Residential area (urban or urban slum) also had no significant impact on the likelihood of self-perpetrated IPV, as the OR was 0.899, with a CI of 0.510–1.584. The duration of stay (less than 10 years versus 10 years and above) showed no significant association either, with an OR of 1.114 and a CI of 0.658–1.885. Educational level (tertiary versus non-tertiary) did not influence IPV, with an OR of 0.801 and CI ranging from 0.474–1.355.

Occupational categories also did not show significant differences in the likelihood of self-perpetrated IPV across various professions, with none of the ORs or CIs reaching statistical

significance. Marital status, comparing married and unmarried individuals, demonstrated no significant association, with an OR of 1.475 and CI of 0.778–2.797. Income level also had no significant effect on IPV perpetration, with the OR for those earning 40k or more being 0.950 and a CI of 0.554–1.628. However, age at first marriage was significantly associated with IPV, with individuals marrying before 20 years having a significantly higher OR of 4.078 (CI: 1.082–15.367), while those marrying at 20–29 years or 30 and above did not show a significant effect, with ORs of 1.803 and 0.290, respectively. Regarding age at first birth, there were no significant differences between the age groups, with ORs of 1.156 and 1.119 and CIs of 0.507–2.633 and 0.311–4.022, respectively. Lastly, the number of children had no significant impact, as the OR for those with three or more children was 0.959, with a CI of 0.464–1.983. Overall, the results indicate that most socio-demographic factors did not significantly contribute to self-perpetrated IPV, except for age at first marriage, where early marriage showed a notable association.

Table 8: Logistic Regression Coefficients of Selected Socio-Demographic Characteristics and Partner-Perpetrated Intimate Partner Violence (IPV)

Variable	UOR	P value	95%CI	AOR	P value	95% CI
Age						
Less than 30	1.338	0.375	0.704, 2.543			
30-39	1.008	0.982	0.515, 1.970			
40 and above						
Religion						
Christianity	0.558	0.001	0.619, 1.501	0.558	0.001	0.619, 1.501
Islam						
Ethnicity						
Yoruba	0.888	0.665	0.519, 1.520			
Non Yoruba						
Residential area						
Urban	1.255	0.361	0.771, 2.043			
Urban slum						
Duration of stay						
Less than 10 years	1.049	0.831	0.675, 1.631			
10 years and above						
Level of education	1.210	0.393	0.781, 1.876			
Tertiary						
Non tertiary						
Occupation						
Business	1.380	0.297	0.754, 2.527			
woman/trader	1.174	0.711	0.503, 2.740			
Teacher	1.397	0.389	0.653, 2.985			
Student	0.920	0.859	0.370, 2.292			
Civil servant	1.406	0.406	0.629, 3.144			
Professional						
Artisan						

Marital status			
Not married	1.157	0.612	0.659, 2.032
Married			
Monthly income			
Less than 40k	0.794	0.314	0.507, 1.244
40k and above			
Age at first marriage	0.848	0.736	0.325, 1.208
Less than 20	1.846	0.260	0.635, 5.369
20-29			
30 and above			
Age at first birth			
Less than 20	1.395	0.363	0.681, 2.855
20-29	2.278	0.134	0.776, 6.690
30 and above			
Number of children	1.389	0.320	0.727, 2.655
Less than 3			
3 children and above			

The logistic regression analysis explored the relationship between selected socio-demographic characteristics and intimate partner violence (IPV) perpetrated by the partner. Age did not significantly influence the likelihood of IPV, with the unadjusted odds ratio (UOR) for individuals aged 30–39 and those aged 40 and above being 1.338 and 1.008, respectively, and P-values of 0.375 and 0.982. The confidence intervals (CIs) for both groups (0.704–2.543 and 0.515–1.970) indicate no statistically significant association. Religion, however, showed a significant association with IPV. The UOR for Islam was 0.558 with a highly significant P-value of 0.001, suggesting that those practicing Islam had a lower likelihood of IPV compared to Christians, as indicated by the CI (0.619–1.501). This significant association remained consistent in the adjusted odds ratio (AOR), which also had a P-value of 0.001 and a similar CI. Ethnicity, whether Yoruba or non-Yoruba, did not show a significant relationship with IPV, as the UOR was 0.888, the P-value was 0.665, and the CI ranged from 0.519 to 1.520. Similarly, the residential area (urban vs. urban slum) had no significant effect on IPV, with a UOR of 1.255, a P-value of 0.361, and a CI of 0.771–2.043. The duration of stay in the area (less than 10 years versus 10 years and above) also did not have a significant association with IPV, with a UOR of 1.049, a P-value of 0.831, and a CI ranging from 0.675 to 1.631. Similarly, the level of education (tertiary vs. non-tertiary) had no significant impact, as the UOR was 1.210, with a P-value of 0.393 and a CI of 0.781–1.876.

Occupation was analyzed across various categories, but no significant relationships were found. Businesswomen/traders, teachers, students, civil servants, professionals, and artisans all had UORs ranging from 0.920 to 1.406, with P-values above 0.297 and wide confidence intervals, indicating no statistically significant association between occupation and IPV.

Marital status (not married vs. married) did not significantly affect IPV, with a UOR of 1.157, a P-value of 0.612, and a CI of 0.659–2.032. Similarly, monthly income (less than 40k vs. 40k and above) showed no significant association, with a UOR of 0.794, a P-value of 0.314, and a CI of 0.507–1.244. Age at first marriage and age at first birth were also not significantly associated with

IPV. For age at first marriage, the UOR for those marrying between 20 and 29 years and those marrying at 30 years and above was 0.848 and 1.846, respectively, with non-significant P-values and wide CIs (0.325–1.208 and 0.635–5.369). Similarly, age at first birth did not show significant results, with UORs of 1.395 and 2.278 for those giving birth between 20 and 29 years and 30 and above, respectively, and wide CIs. Finally, the number of children had no significant association with IPV, as the UOR for those with three or more children was 1.389, with a P-value of 0.320 and a CI of 0.727–2.655. Overall, the analysis shows that among the socio-demographic factors, only religion had a statistically significant association with IPV perpetrated by the partner, with Islam being associated with a lower likelihood of IPV. All other variables, including age, education, marital status, income, and number of children, did not show significant associations with IPV.

Discussion

Research has shown that domestic violence rates are directly correlated with gender equality, with higher domestic violence rates observed in nations with lower gender equality (Phiri and Kabwe, 2021). The impact of intimate partner violence (IPV) can last long after relationships have ended, affecting both the physical and emotional well-being of victims. This study provides insight into the prevalence and potential risk factors of IPV among women of childbearing age in Ibadan North Local Government Area (LGA), offering valuable information for women, policymakers, and influencers working to address IPV in the region. The socio-demographic data revealed that the majority of respondents (47%) were under 30 years old. This is consistent with a 2010 study that reported 30% of women worldwide, aged 15 and older, had experienced physical and/or sexual IPV (Morley et al., 2021). Of the respondents, 57.8% were Christians and 42.2% were Muslims. Religion's role in IPV is debated, with certain traditions within Judaism, Christianity, and Islam historically reinforcing male-dominant households, sometimes contributing to socially sanctioned violence against women (González N, 2020). However, some scholars argue that it is not the religion itself but the male dominance and women's subordinate status in society that drive such acts (Khan, 2020). Furthermore, 79.5% of respondents were Yoruba, which is expected since the study took place in southwestern Nigeria, a region predominantly inhabited by the Yoruba ethnic group. A significant number of women in less developed countries, such as Sub-Saharan Africa, justify IPV due to societal norms and traditions. In these settings, women may be more likely to tolerate violence out of fear of repercussions, whereas women in more developed nations, who tend to be better educated, are less likely to accept customs that infringe on their human rights (Kalra et al., 2021). In this study, 70.4% of respondents lived in urban areas, and 50.1% had tertiary education. Traders and businesswomen made up 34.5% of respondents, and 82.1% were married. Research indicates that IPV can occur in various relationship dynamics, including dating, cohabitation, or marriage. Historically, domestic violence has been shown to affect both men and women, with men more likely to engage in long-term cycles of abuse and women more likely to use violence in retaliation or self-defense (Mazza et al., 2021). In terms of income, 62.4% of respondents earned less than 40,000 Naira monthly, and 80.9% were first married between the ages of 20 and 29, with 71.7% having their first child within that age range. Interestingly, 68.8% had fewer than three children. Regarding their partners, 46.5% of respondents' partners were aged 30-39, 53% were Christians, and 60.1% had tertiary education. Many had lived in Ibadan for over ten years, and 37.6% of respondents' partners earned less than 40,000 Naira monthly.

Regarding the knowledge of IPV, 76.6% of respondents were aware of it. They learned about IPV from friends (40.5%), health workers (35.3%), social media (40.5%), and religious institutions (26%). Moreover, 79.2% of respondents correctly identified IPV as involving physical, sexual, and emotional harm. A notable 37% of respondents had personally experienced IPV, with 45.4% experiencing physical abuse, 26.9% experiencing sexual abuse, 36.2% experiencing psychological abuse, and 43.8% experiencing financial abuse. Additionally, 52.7% knew someone who had experienced IPV. Though a bill to end gender-based violence in Nigeria was passed by the National Assembly in 2013, it is still not widely known by the public (Wood, 2020; Miller and Segal, 2019). The study findings suggest that 77% of respondents have a good understanding of IPV, and significant associations were found between respondents' knowledge of IPV and both ethnicity (p-value = 0.045) and education level (p-value = 0.029), aligning with previous studies that found higher education levels correlate with lower rates of lifetime IPV victimization (Dobash and Dobash, 2017).

To assess the prevalence of IPV, the Conflict Tactics Scale was used. It was found that 31.3% of respondents and 31.6% of their partners engaged in emotional negotiation. Positive cognitive negotiation was seen in 80% of respondents, but only 26.8% of partners. Minor psychological aggression was reported by 14.2% of respondents and 22.2% of partners, while severe psychological aggression was more common from partners (32.2%) than from respondents (10.5%). In terms of physical violence, 16.5% of respondents caused minor injuries to their partners, while 22.5% of partners caused minor injuries to respondents. Severe injuries were reported by 5.1% of respondents and 20.2% of partners. IPV cases in Nigeria, including domestic battery, rape, and acid attacks, are alarmingly common, but victims often avoid reporting these violations due to fear of societal retaliation (Thomas et al., 2019). Sexual coercion was reported by 13.4% of respondents and 24.8% of partners, with severe sexual coercion committed by 3.1% of respondents and 22.4% of partners. Sexual violence in Nigeria is underreported due to the heavy burden of proof needed for conviction and the associated social stigma. Despite this, studies estimate that one in three women experience IPV at the hands of individuals who claim to love and protect them (Lakhera, 2021). In this study, 80% of respondents had not been abusive towards their partners, yet 35% had been abused by their partners. These findings align with research in other African countries, which shows that IPV rates range from 26.5% to 48%, depending on the region (Jenna and Achang, 2022).

The study also revealed a significant association between religion and IPV perpetration by respondents (p-value = 0.026), as well as between IPV perpetration and the duration of stay in Ibadan (p-value = 0.046). Additionally, a significant association was found between ethnicity and IPV perpetration by partners (p-value = 0.014). A similar pattern was seen in Niolon's work, where 38% of women in Sub-Saharan Africa justified IPV due to societal norms and traditions (Haviv, 2021). Furthermore, a significant association between monthly income and IPV perpetration by partners (p-value = 0.035) was observed, consistent with research showing that in regions where women rely on their husbands' income, the economic impact of IPV can have severe consequences (Burnett, 2020). Overall, the study highlights that IPV remains a pervasive issue in Nigeria, with complex socio-cultural and economic factors contributing to its persistence. Despite increasing awareness of the issue, efforts to reduce IPV are often hindered by societal norms, economic dependency, and limited legal recourse. Addressing these challenges requires a concerted effort from policymakers, educators, and healthcare professionals to improve the support systems available to IPV victims and to promote gender equality across all facets of society.

Conclusion

This study highlights the significant prevalence and multifaceted nature of intimate partner violence (IPV) among women of childbearing age in Ibadan North Local Government Area. The findings suggest that socio-demographic factors, including ethnicity, education level, religion, and income, are closely associated with both the experience and perpetration of IPV. Despite the awareness of IPV among the majority of respondents, a substantial proportion still experience various forms of violence, particularly psychological, financial, physical, and sexual abuse. These results underscore the critical need for targeted interventions that address the socio-cultural and economic factors contributing to IPV.

Efforts to combat IPV should focus on strengthening public education, particularly in underrepresented communities, enhancing legal frameworks to protect victims, and providing economic empowerment opportunities for women. Moreover, healthcare providers, social workers, and community leaders should be actively involved in prevention programs to reduce the stigma surrounding IPV reporting and to offer adequate support to victims. Future research should explore the effectiveness of these interventions in reducing IPV and improving the overall well-being of women in similar socio-cultural settings. Ultimately, tackling IPV requires a multi-sectoral approach that promotes gender equality, empowers women economically, and enforces strict legal measures to protect victims from harm.

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