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WOMEN 'S EXPERIENCE OF INTIMATE PARTNER VIOLENCE DURING PREGNANCY AND THE ASSOCIATED FACTORS: A QUALITATIVE STUDY IN NIGERIA

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ABSTRACT

Pregnancy is often perceived as a joyous and celebratory time, but for most women, it can also be a period of heightened vulnerability. Intimate partner violence (IPV) is a global public health challenge that affects millions of pregnant women worldwide, threatening their physical and emotional well-being as well as the health of their unborn child. This study aimed to explore the experience of antenatal attendees and determine the factors aggravating the occurrence of IPV during pregnancy. The research was the qualitative cross-sectional study of a triangulated research conducted among 400 antenatal attendees of a teaching hospital in Anambra State, Nigeria. Thematic qualitative analysis was used for analysis in the study. Twenty of the survivors of IPV were sampled for the qualitative study. The 20 participants said they experienced controlling behaviours from their spouses. The 'monitoring your movements', 'ignoring or ‘treating you indifferently', and 'being very jealous' components of controlling

behaviours were the commonest experiences encountered. Eighteen (90%) of the respondents reported that their husbands often refuse to eat their food at every little disagreement. Economic hardship, lack of money and poor business sales were major factors associated with intimate partner violence in pregnancy.

The economic stress and frustration caused by financial hardship and business struggles can increase tension and conflict within the home. Furthermore, the lack of economic opportunities and resources can limit women's autonomy and agency, making them more vulnerable to abuse. Addressing poverty and unemployment is very important in ameliorating pregnancy-related intimate partner violence.

Keywords: Intimate partner violence, Pregnancy, Antenatal clinic, Tertiary hospital, Anambra state.

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INTRODUCTION

Pregnancy is a critical period in a woman's life, marked by significant physical, emotional, and social changes.[1,2] However, for many women, pregnancy can also be a time of increased vulnerability to intimate partner violence (IPV) which includes physical, sexual, and emotional abuse by a current or former partner.[3,4] In Nigeria, IPV during pregnancy is a significant public health concern, as it can have severe consequences for both the woman and her unborn child, including increased risk of miscarriage, preterm labour, and low birth weight.[2,5]

Intimate partner violence is still very common in the world and probably worse in the developing countries[6]. In the first article of the Declaration on the Elimination of Violence Against Women in 1994, the United Nations defined violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[7] The World Health Organization (WHO) in 2012 defined IPV as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. [8,9]

Globally, an estimated 30% of women experience physical or sexual violence by

an intimate partner, with IPV during pregnancy affecting up to 20% of pregnant women. [10] In Nigeria, where this study is set, the prevalence of IPV is alarmingly high, with a national survey reporting that 28% of women experience physical violence by their partner. [11]

In Nigeria, six percent of ever pregnant women have experienced physical violence during pregnancy; The percentage was highest in the North East (12%) and lowest in the North West (1%). It is 5.7% in North Central, 3.6% in South West, 8.0% in South-South, and 9.5% in South East.[11]

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, recognize the importance of addressing violence against women, including IPV, as a critical component of achieving gender equality and promoting sustainable development. [12,13] Specifically, SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality) emphasize the need to address the social determinants of health, including violence against women, to achieve equitable and sustainable development.

This study aims to contribute to the global effort to address IPV during pregnancy, by investigating the experience and risk factors of intimate partner violence among antenatal women attending a healthcare setting in Nigeria. The findings of this study will inform the development of targeted interventions to prevent and respond to IPV during pregnancy, ultimately contributing to the achievement of the SDGs. The study tried to investigate the individual experience and the associated factors of each antenatal attendee in details; that may be difficult to assess using quantitative studies alone.

METHODOLOGY

The study site was the Nnamdi Azikiwe University Teaching Hospital (NAUTH), a Federal Teaching institution in Anambra state of Nigeria. It runs routine Antenatal Care clinic (ANC) from Mondays to Fridays every week. The research was an exploratory qualitative study using in-depth interviews (IDIs).

Study Population: All pregnant women who had experience IPV during pregnancy

*Inclusion Criteria***:** Only pregnant women who affirmed to experiencing IPV following filling the quantitative questionnaire tool

*Exclusion Criteria***:** Pregnant women who did not consent to the qualitative study

*Sample size determination***:** Twenty respondents who had experience IPV were purposively selected for the in-depth interviews from a pool of 400 women who were assessed for IPV in the quantitative aspect of the study

Purposive Sampling Method: The IDI took place simultaneously using the IDI guided questionnaire after the quantitative aspect of the study has been completed in private consulting room at ANC clinic days 20 participants who experienced IPV were counselled and in-depth interview conducted by the principal researcher and the research assistants. The first twelve respondents who experienced IPV were interviewed in NAUTH Nnewi, the first two respondents who experienced IPV were interviewed at NAUTH Neni, the first two respondents who experienced IPV at NAUTH Ukpo: the first three at NAUTH Umunya: and the first respondent who experienced IPV at NAUTH Oba respectively.

The In-depth-interview guide was used with audio recording in the qualitative study. All audio-recorded interviews were analysed. Coding of text to identify common themes which included, forms of IPV experienced, coping mechanism, advice to victims of IPV, advise to the government and help-seeking behaviour. The interview guide was developed based on prior experience, expert opinions, and after reviewing relevant literature on the subject.

Each IDI lasted for about 25 to 30 minutes per participant. Thematic qualitative analysis was use in this study to analyse the in-depth interviews The interview guide included questions on the forms of partner

violence experienced by the participants, what activated the violence by the perpetrator; the participants' immediate actions and the feelings following IPV, their advice to other women experiencing IPV and what they think the government can do to reduce

During the whole process of analysis, there was constant checking of the text, codes and themes while comparing to the research questions for relevance. Outcomes of interest that were analysed included causes of the IPV, response to IPV, feelings following IPV, advice to victims of IPV, advise to the government and help-seeking behaviour.

The Nvivo software version 12, an efficient device to organize, capture, and analyse data was used for the analytical process.

Ethical clearance was obtained from the ethics research committee of Nnamdi Azikiwe University Teaching Hospital (NAUTH). Written informed consent and signed consent forms were obtained from each participant after clearly addressing and informing them about the purpose, risk, and benefit of the study

RESULTS

Socio-demographic Characteristics of the Participants in the In-Depth Interviews (IDIs)

Variable	Number 20(%)
Age (years)	
20 - 24	4(20.0)
25 - 29	4(20.0)
30 - 34	5(25.0)
35 - 39	5(25.0)
≥ 40	2(10.0)
Marital status	
Married	20(100)
Educational status	
Secondary education	12(60.0)

Tertiary and above	8(40.0)
Place of residence	
Rural	6(30.0)
Urban	14(70.0)

The attitude to intimate partner violence among antenatal care attendees

All the pregnant women did not accept intimate partner violence as a norm; they claimed it is immoral for a husband to attack his wife for whatever reason, yet some of the women indicated they have adapted and become accustomed to their spouses' violence. One of the pregnant women, 22-year-old graduate and a civil servant married to a business man said, *"I hate when a man wants to show he is the head by using force of the woman…. He should challenge is fellow man". "It is wrong for man to abuse the wife. A man who intimidates the wife is not a man… a man that beats the wife is a weakling…"* (IDI 16)

Types of Intimate Partner Violence Experienced

The 20 participants experienced controlling behaviours from their spouses, especially monitoring their movements, ignoring/treating them indifferently, and being very jealous, which are components of controlling behaviours.

A 22-year-old pregnant lady who completed secondary school and got married the following year to a business man stated smiling and jokingly "*doctor, my husband is a very young man and is very very jealous. I carry second hand clothes to sell on the streets though my husband does not like it; he will always call me almost every hour to know where I am and what I am doing at that time as I am doing my business…. He will say he does not want any man to come near me*" (IDI 4).

A 24-year-old house wife married for less than 2 years to a civil servant said annoyingly *"..my husband is a very big case. He never allows me to be with my female friends who I knew before I married him, he claims they are bad influence especially because my friends are not married. On few occasions he confronted some of my friends that he does not want to see them in our house, and if he happens to meet them close to me something bad will happen. I have been bearing this humiliation. This is really getting on my nerves doctor*…. (IDI 2)

Another interesting experience was that of a 30-year-old business woman who sells plastics in a shop in the compound where she resides with her husband. Her husband is middle aged, a company driver and does not work on Saturdays and Sundays. She stated with mixed feelings "*..men are really terrible. My husband is a womanizer though he does it behind me. He has warned me that he does not like me standing or discussing with another man. He thinks I am like him. He has embarrassed me in front of a male customer who came to buy goods from my shop recently. Such actions are not fair and not good for my business*…." (IDI 14)

A 23-year-old petty trader who stopped at secondary school, leaves in the rural area, married to a 28-year-old mason said sadly "my *husband annoys me because he does not trust me. He brought his younger sister to our matrimonial home purposely for her to me watching me and report any suspicion of unfaithfulness to him. I never knew men could be this funny"* (IDI 12).

A 27-year-old university graduate who is a business woman and married to a banker for over 4 years laughed and stated that ".. *my husband is a master controller. He is very authoritative, he determines all that happens, treats me like am a child and does not give me enough attention when I am talking to him. Though it makes me feel secured somehow but it is obvious his control over me is excessive*..." (IDI 5).

A 34 year old trader who is married to a trader for 7 years with 4 children said " *..doctor, can you imagine that my husband checks my phone for suspicious massages and received calls .. sometimes he interrogates me about calls that I received in his presence to ensure am not talking to a strange man but he locks his phone with unknown password and keeps his phone from me*"..(IDI 10)

A 36 year old house wife with 4 children and married to a teacher said emotionally…"*I try to cope with everything at home. I was doing business before, but the business went down. Since then things are more difficult for us. We do not have enough to feed our children and handle major expenses and my extended family always support me though my husband is not comfortable with my family members and always refuse me to visit my siblings. He will always say he is a man, he is in-charge and he hates me going to collect food items and money from my siblings because they see him as not hard-working….."* (IDI 15)

Some of the participants expressed emotional violence experienced from their partners.

some of them reported that their husbands often refuse eating their food at every little disagreement. A 28-year-old university graduate who is a business woman and married to a trader for 5 years was very emotional and said *" anytime we had little disagreement or augments he will not eat the food I would serve him, it pains me a lot though I am now use to it and I do not bother to cook in such situations*" (IDI 7).

A 32 year old trader who completed secondary school and married to a trader with 3 children said "*my oga insults me at every little opportunity even in the presence of our children*…(IDI 1)

A 30-year-old trader with 4 children said with mixed feelings" …*hmmm my husband has not touched me for more than 4 months and I find it very difficult to demand sex from him. When I became pregnant 6*

months ago, he wanted me to remove the pregnancy saying he is not ready for the next child. I refused to terminate the pregnancy, we have been quarrelling always and he has stopped carrying out his responsibility at night…"(IDI 6).

A 25 year old primigravida business woman who is married to an importer said"..*my man is well to do and I like wearing expensive things which he complains that I live a very expensive life. When I became pregnant, I bought new set of cloths because of the pregnancy. He came back from travel recently and was threatening that he will send me packing one day that I don't listen to him…"* (IDI 8)

IDI 9 was a 34-year old business woman who is married to a civil servant said emotionally*" ...my husband tries to intimidate me because I am very comfortable financially and have money more than he does. Occasionally, I am scared because he likes humiliating me in front of his colleagues."*

IDI 13 is a petty trader who has 2 children and has completed secondary school education. said." *My pregnancy is now 7 months, I do not have strength to do house chores like before and my sister who would have assisted me travelled. My oga refuse to understand my situation, he complains that am very lazy and useless and threatens to hurt me…..*"

One of the participants was physically abused by her husband 2 weeks prior to the interview. The partner is a 27-years old carpenter who only completed primary school education. She is a 22-year-old house wife, married for 2 years, lost her trading business a year ago, she has completed secondary school education. During the interview, she felt helpless though hopeful that the situation will improve when she gets money to start her trade She pathetically said *"my husband is a carpenter and came home angry and frustrated one day…… he asked for food, immediately I said food is not ready, I received very painful slap on my face and*

he walked out immediately". (IDI 3). What a pathetic situation!

Factors associated with intimate partner violence

Poverty:

Poverty has been consistently identified as an important risk factor for intimate partner violence directly and indirectly. Indirectly the low level of education of the woman and her spouse, the petty trade and the low paying job of their spouse leads to low income and more household stress which increases tension and open doors for IVP.

IDI 19 Who is a farmer and the husband is a painter in the rural area said " *my husband is violent and easily gets angry if there is no work and money for us to feed, I avoid him so that he does not beat me"*

" *I get angry and it causes serious quarrel when my husband tells me there is no money to pay children school fees whenever I ask him…… public secondary school fees that is small he cannot pay*." by IDI 16 who sells beans cake every morning

Low educational status:

IDI 4 who was experiencing controlling behaviours from the spouse had secondary school education

IDI 12 stopped at secondary school. Her spouse does not trust her and monitors her

IDI 13 had secondary school education said." *My pregnancy is now 7 months, I do not have strength to do house chores like before and my sister who would have assisted me travelled. My oga refuse to understand my situation, he complains that am very lazy and useless and threatens to hurt me…."*

Low socioeconomic status:

IDI 4 who experienced IPV was a petty seller of cloths in the streets which

IDI 2 who is a full-time housewife was experiencing controlling behaviours intimate partner violence because she has no paying job and at home most times

IDI 15 who is a 36-year-old house wife with 4 children and married to a teacher said emotionally…"*I try to cope with everything at home. I was doing business before but the business went down, since then things are*

more difficult for us. We do not have enough to feed our children and handle major expenses…

IDI 12 was a petty trader and her husband monitors her because he does not trust her. She said sadly " *He brought his younger sister to our matrimonial home purposely for her to me watching me and report any suspicion of unfaithfulness to him"*

IDI 13 said." *My pregnancy is now 7 months, I do not have strength to do house chores like before and my sister who would have assisted me travelled. My oga refuse to understand my situation, he complains that am very lazy and useless and threatens to hurt me…..*". The family could not avoid the services of a helper and the spouse could not help but complains.

Inferiority complex:

IDI 9 who was a 34 business woman said *" …my husband tries to intimidate me because I am very comfortable financially and have money more than he does. Occasionally, I am scared because he likes humiliating me in front of his colleagues*

DISCUSSION

In the study, controlling behaviours was the most common form of intimate partner violence experienced. And most of the women were not aware that the forms of controlling behaviours were abuses. This shows that many women in our setting see IPV as a norm and it is further complicated by the socio-cultural acceptance of IPV

All the respondents did not accept IPV as a norm though they experienced IPV at different point during pregnancy[14]. It was found that most of the respondents had low educational status, low income and unskilled occupation; this makes the women helpless and therefore remain in the abusive relationship; and over time adapt IPV as part of the relationship. [15,16] Despite not accepting IPV as a norm, few of the women justified husband beating the spouse if she offends him by committing Adultery, or she is an insulting wife or she is stubborn. Our study also showed that women who justify wife beating for any reason have a greater than four times

chance of experiencing IPV than women who did not justify wife beating. This is similar to the finding from a study in 2021 where a cross-sectional analysis of data from the Demographic and Health Survey (DHS) of 23 countries in Sub Sahara Africa was done, it was found that women who justified IPV were more likely to experience IPV compared to those who rejected IPV.[17] Among the respondents for IDI survey the commonest IPV experienced was controlling behaviours especially the "refusing to eat food" component. Most of the respondents for qualitative analysis reported that their husbands often refuse eating their food at every little disagreement.

Monitoring of spouse was common: "*he will always call me almost every hour to know where I am and what I am doing at that time as I am doing my business…. He will say he does not want any man to come near me"…..* (IDI 4); "*He never allows me to be with my female friends who I knew before I married him"*, by *IDI 2;* and *"He brought his younger sister to our matrimonial home purposely for her to me watching me and report any suspicion of unfaithfulness to him. I never knew men could be this funny" (IDI 12)*

This is in contrast with a study done in Jos Plateau in Nigeria where the commonest forms of violence recorded was sexual violence, where a pregnant woman is being forced by her partner to have sexual intercourse against her desire[18]. The main reasons for high sexual IPV among pregnant women in the study by Envuladu et. al.in 2012 among pregnant women attending antenatal clinic in a primary health care centre (PHC) in Jos North Local Government Area of Plateau State were, women having multiple sexual partners, which was the highest predictor of violence, followed by multiple sexual partners by the spouses, positive HIV status and alcohol consumption by the woman and the spouses themselves.

In the qualitative survey, two of the participants emphasized that the most

important cause of IPV is poverty: "*When the wife requests for money for basic needs and the husband is not providing the money. It causes quarries and violence follows*". This was a significant risk factor in a study carried out in Southeast Nigeria[19]. The participants advised that women should try and bear with their husbands as things are difficult in the country and should ask for money with politeness and wisdom.

Most of the participants encouraged all women to be very prayerful, that prayer can solve all problems. The believe in prayers by women experiencing IPV enables them to continue to stay and cope with IPV in the relationship. Prayers gives them hope and they are also encouraged by their religious leaders to continue to endure in the relationship as the religious leaders advocate that God is against divorce. However, no woman wants to be in a relationship plagued with continuous IPV.

CONCLUSION

Economic hardship or lack of money and with poor business outcomes are very important factors that aggravates tension that results to IPV. Addressing poverty and economic hardship is crucial in society. Reducing poverty, encouraging a favourable business environment and employment of both men and women is however not only the responsibility of the government. Government and stakeholders should create conducive environment for skill training and acquisition so that many men and women can thrive to be self-employed; and assist in handling basic responsibilities.

This study was able to assess individual experiences of pregnant women who are survivors of IPV, It also identified a very important key factor that is associated with most of the IPV pregnant women experience. However, the study is limited because it is hospital based and the sample size was limited.

For future studies, community-based research with relatively large sample size is

recommended for a more robust assessment of IPV qualitatively.

Competing interests: The authors declare that they have no competing interests.

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