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Intimate Partner Violence in Nigeria: A Review of the Literature

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Abstract

Intimate Partner Violence (IPV) is a pervasive human rights issue of great public health importance in Nigeria. This article aims to review and synthesize available knowledge on Intimate Partner Violence in Nigeria and provides information that fills the knowledge gap noted in international and global reports related to Nigeria's experiences. A literature search was conducted on empirical studies in English using the keywords 'Intimate, Partner, Violence, IPV AND Nigeria.' The databases searched were Research for Life r4Life, Google Scholar and ProQuest Central and the articles included in this review cover studies published from 2008 to 2023. The results show that IPV studies have multidimensional approaches and are influenced by multi-level predictors across cultural, socioeconomic, and educational factors. Interventions are therefore multiprong to address specific aspects depending on the context. Regional differences exist giving varied results, each community setting may have peculiarities that cannot be generalized to every Nigerian community. Future research should focus on large-scale community-based primary research to address IPV.

Keywords*: 'Intimate, Partner, Violence, Domestic Violence, IPV AND Nigeria.*

Introduction

Intimate Partner Violence (IPV) is a pervasive human rights violation of great public health importance worldwide [1, 2]. It refers to gender-related harm that can occur between two people who are/were in an intimate relationship [3, 4]. It has been defined by the World Health Organization as the behaviour within an intimate relationship that causes physical, psychological, and sexual harm to those in the relationship including physical aggression, sexual coercion, psychological abuse and controlling behaviour [5]. IPV is a major public health concern and a human rights violation that occurs globally [6, 7] and is of increasing concern in Nigeria [1]. Greater attention is being paid to intimate partner violence in recent times due to its effect on the survivor/victim and society at large [3]. In Nigeria, it was not a topic of discussion in the past due to the traditions and culture surrounding relationships between a man and a woman [3]. Intimate partners are referenced to include spouses; current or past, marital, or non-marital, boyfriends/girlfriends; current or past, whether they are living together or not [4]. The different forms of IPV include physical violence, sexual abuse, and psychological abuse [8]. Although men also experience IPV, women are more likely to be abused and suffer from the attendant effects of IPV [9, 10]. This article aims to review and synthesize available knowledge on Intimate Partner Violence in Nigeria and provides information that fills the knowledge gap noted in international and global reports related to Nigeria's experiences.

Materials and Method

A literature search was conducted of empirical studies through three databases: research for life (r4life), ProQuest Central and

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Google Scholar using the keywords, Intimate Partner Violence, IPV, Domestic Violence AND Nigeria. The studies analyzed spans period of 2008 to 2023, only studies conducted for Low Middle countries, sub-Saharan Africa that feature Nigeria and studies conducted entirely in Nigeria were considered.

Results/Discussion

Prevalences

The global prevalence of IPV is 30%, while that of Nigeria ranges between 33 – 68% [11]. Although high prevalence of 79.4% has been reported in Nigeria [12], the NDHS 2018 puts it at 33.8% [13]. Amongst the diverse types of IPV, psychological/emotional IPV is more prevalent in Nigeria more than physical or sexual violence [14, 15]. Some few studies however, demonstrated that physical violence is the most common type of violence encountered in the country [14]. IPV is on the increase especially following COVID 19 Pandemic [16]. Within Nigeria regional and geographical differences has been reported in different studies with Emotional/psychological Violence occurring more in the conservative northern societies than physical that is most seen in the more educationally advanced southern states [15]. The Southwest region with predominant Christian women who have attained secondary level education from richest wealth status are more likely to access health facilities for delivery and other reproductive Health services [15], however, Institutional studies in southwest of Nigeria reported IPV prevalence of 37% [9] and a lifetime risk of 70% [17].

In Jos, the northern part of the country, a prevalence of 31.8% among pregnant women have been reported, while a prevalence of 58.8% was documented among female university students in Kano Northern Nigeria [4]. In Ile-Ife, south-western Nigeria, the prevalence of IPV was found to be 36.7% while in rural community of Edo, southern Nigeria a prevalence of 79.4% has been reported [12]. The differences in methodology could account for the difference in the prevalences recorded in the different studies.

Determinants; Cause and effect

Different studies have proposed factors responsible for IPV and the Violence circle. Exposure to interparental violence [18], Lack of education has been associated with greater risk of IPV [15, 19]. Controlling and domineering attitudes of husbands are also risk factors for intimate partner violence in Nigeria [20].

Justification/acceptance of intimate partner violence (IPV) can account for the high prevalence of IPV among women [18, 21, 22], however in the study conducted by Benebo showed that the prevalence of IPV was higher among women who did not justify wife-beating, an isolated finding explained by the fact that these women are more at risk of IPV because by acting on their perceptions they attract discipline from their partner who may consider them insubordinate [11].

In Northern Nigeria, the penal code (section 55d) allows the punishment of wife by a husband for certain wrongdoings provided the husband did not inflict bodily harm [23]. Such institutional laws have been justification for wife beating and for women self-blame for the IPV over the years [24]. It has also been stated as the probable reason why women are reluctant to disclose history of violence in their relationship [4]. There are multiple evidence why women are not readily willing to disclose abuse, this include fear for themselves or for their children, fear of being judged by society, feelings of shame, consequences of seeking help, such as worsened revictimization [15].

Other identified predictors of IPV documented include large family size, close age gaps between spouses [25], ethnicity [26], household wealth [27], lack of education [28, 29], number of marital unions, rural place residence [21, 30] husband alcohol consumption [19], employment status of partners, and women's involvement in decision-making [21].

Social Construct

Nigeria is a patriarchal society and these shapes the way women are perceived, and their conventional role assigned [31]. Traditionally, women expected to birth and care for children, take care of the house, and be available for their spouses, or submit to their husbands' sexual needs [32]. Gender inequality [27] and acceptance by the society or the women to the behaviors expected of the patriarchal community has been associated with occurrence of IPV [1]. Women were twice as likely to justify wife beating than men [31]. In Nigeria according to NDHS 2018, 31% of women justified wife-beating with a range of 1% to 89% across the 36states of Nigeria [21]. The Justification for wife beating based on any of the following; if she burns the food, if she goes out without permission, she neglects the children, and she refuses to have sex with spouse/partner [13]. Other reasons seen as justification for wife beating are spousal demographic gap like economic status, place of residence, employment status of partners, and women's involvement in decision-making [21]. However, this trend is said to be reducing in other regions of sub-Saharan Africa where many women now reject all justification in husband beating their wives for any reason [21].

Although no religion condones IPV, many IPV perpetrators use religion as another weapon of abuse due to instructions differentially interpreted by them which may precipitate IPV [33, 34].

The theories discussed by researchers include the ecological model which 'explores the relationship between individual and contextual factors and considers violence as the product of multiple levels of influence on behavior' [35] has been used to explain the factors influencing violence which operate at individual, relationship, community, and societal levels [8]. Other theories discussed by researchers are the exchange theory and social control theory which has also been linked together to propose that violence will occur amongst intimate partners when there is no social control that binds people to order [27].

Health Related Outcomes

There is extremely low health seeking behavior amongst women who had been subjected to IPV; only 38.8% of these women seek for help in sub-Saharan Africa [36]. Patriarchal norms and values such as gender roles and expectations of women by society have also been reported to prevent women from seeking help for IPV [15]. This is mainly because IPV is seen as a social norm and accepted within communities in Nigeria [18, 36].

IPV is associated with an increase in exposed to diseases like human immunodeficiency virus (HIV) infection and other sexually transmitted infections [37]. These women who had IPV are more predisposed to induced abortion, having low birth weight, preterm birth [38], non-fatal injuries, and fatal injuries [39]. They can engage in harmful alcohol use, have more prevalence of depression [36] and are exposed to early dead or suicide [19].

Specific types of IPV are associated with health seeking behaviors: Physical IPV is associated with decrease attendance to antenatal care in pregnancy, while those affected by emotional do not deliver with skill birth attendant [40] and therefore are more susceptible to increased risk of reproductive complications [15].

Women who are survivors of IPV seek help from the informal structures usually from their family and friends, but only 1.9% sought help from the formal sector [36].

Interventions

Most studies highlight the importance of informational, informal, and legal interventions for IPV [28, 41]. Nigeria adopted world policies toward protection of women and girls from all forms of violence, this include the 2003

Protocol to the African Charter on Human and People's Rights of Women in Africa and the 2006 African Youth [20]. Women's health right issues were highlighted in policy making in the country and many states within the country; The National Gender Policy for the Nigeria Police Force (2010), the gender Policy in Health and Gender-based Violence (Prohibition) Law were established to curb violence against women [15]. Only 28 states have passed the law for violence against person called the VAPP Act 2015, amongst which very few are implementing the law [42].

In addition of these policies and laws to control IPV, community-based interventions that aim to modulate and influence society, mainly by addressing the traditional gender norms, roles, and expectations that are related to IPV have been documented by various researchers [36]. These gender transformative interventions for improving physical IPV outcomes are documented to be effective [43].

Although screening for IPV in healthcare is not yet routine practice in Nigeria, researchers have shown women willingness to be screened and supported in health institutions [44]. Reports of routine screening for domestic violence, supported counseling and supported referrals for women who required those services are increasingly being made across facilities in the country [45].

New Perspectives

Women with sexual autonomy were more likely to experience IPV [46] and women who exercised high household decision-making autonomy significantly experienced more IPV if they have partners with high controlling and domineering attitudes [20], however there are a few studies that find no significant association between female household decision-making autonomy and intimate partner violence [27]. Movement restriction and isolation predisposes to more IPV as seen during the COVID 19 pandemic [47]. Arm conflict increases occurrence of IPV especially that of women's experiencing controlling behavior by partner [48], insurgencies of recent has increased the rates of violence against women in the conflict-affected areas [49].

Conclusions

IPV has remained a public health concern in Nigeria [49]. Women and men attitude, justification for IPV, cultural, societal norms, tradition dictating gender roles has fueled the occurrence of IPV in the country [21, 27, 50]. Women autonomy, economic status and household decision making ability as a predictor of IPV has continue to yield conflicting results in studies conducted in Nigeria [21, 51]. Various theoretical models have been used to explain predictors of IPV [11, 16]. Interventions should include implementation of existing laws and policies against IPV and active client-oriented screening for IPV in health facilities [45]. Large community specific studies are required to add to the body of evidence.

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Conflict of Interest

The author declares no conflict of interests.

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