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ORIGINAL ARTICLE

Prevalence and predictors of Intimate Partner Violence among Women of Reproductive Age in Plateau state, North-Central Nigeria

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Abstract

Introduction: Intimate Partner Violence (IPV) is an important public health problem that affects both men and women, especially women globally. This study brings to bear, the prevalence and predictors of IPV among women of reproductive age in Plateau state, Nigeria.

Materials and methods: An analysis of secondary data from the 2018 NDHS dataset was done. The survey collected data on a sample of women within the reproductive age group 15-49 years in Plateau State. The data set was analyzed using the Statistical Package for the Social Sciences (SPSS) version 23.

Results: A total of 139 responded to the questions on IPV in Plateau state, more of whom are within the age range of 25-39 years (67.6%) and resided in rural areas (77%). The overall prevalence of IPV was 62.6%, that of more severe physical violence was 7.9%, 15.8% for less severe physical violence, emotional violence was 58.3% and 12.2% for sexual violence. Living in rural a rural area (OR=4.28; 95% CI=1.72-10.93), belonging to the middle/rich/richer wealth quintile (OR=0.25; 95% CI=0.11-0.59), and having a partner who has control issues (OR=2.67; 95% CI=1.32-5.38) were significant predictors of IPV. Having a non-professional job also showed higher odds of IPV but it was not statistically significant (OR=1.67; 95% CI=0.56-4.97).

Conclusion: The prevalence of IPV among women in Plateau state was found to be high, with socio-economic status significantly predicting its occurrence. Opportunities for improving the socioeconomic status of women in the state, especially those in rural areas should be encouraged by providing better jobs and creating public awareness that would discourage IPV.

Keywords: Intimate Partner Violence, women, Plateau state

Abstracts in عربی، اردو, 中国人, française, русский and español at the end of the article

Layman Summary

Abuse or domination by one partner is called intimate partner violence (IPV) worldwide. African women are especially impacted. Perpetrators exploited the COVID-19 lockdowns to further control their ladies without consequence, worsening the situation. Many IPV incidents in Africa are kept secret from friends and the authorities, allowing the abuse to continue. Reasons for IPV include psychological, sociological, cultural, and economic. Women may be more susceptible to IPV due to these factors. Due to financial and societal concerns, northern Nigerian women may be especially susceptible. IPV against women in Plateau State, Nigeria, and risk variables are examined in this research. Researchers used a computer algorithm to analyze Plateau State women aged 15–49's IPV survey answers from 2018. Most of 139 women questioned were 25–39. In two-thirds of cases, IPV was emotional, followed by physical and sexual. Rural residence, domineering partner, and lower socioeconomic level increased IPV risk. Plateau State women, especially low-income ones, face IPV, according to the research. It advises increasing state-wide IPV awareness and career opportunities to solve this problem.

Introduction

Intimate Partner Violence (IPV) is a worldwide phenomenon and a serious concern of public health importance. While realizing the devastating effects that it has on those affected, it is important to note that although females are mainly affected, males are also on the receiving end [1]. One of the most prevalent types of violence against women is IPV, which may occur from a combination of factors including financial independence, less physical strength relative to their male partners, and even having suffered abuse as a child. IPV is any behaviour within an intimate relationship that causes physical, psychological and sexual harm to those in the relationship [1,2].

Women are more affected with 1 in 3 (30%) women having experienced at least sexual, physical or emotional violence from their male partners [3]. Men are more likely to perpetrate this violence if there are issues of exposure to violence in their childhood from either or both parents, poor educational status, harmful exposure to alcohol and drugs, poor self-esteem and a sense of entitlement over women due to social norms, beliefs and upbringing [3]. Identifying the various risk factors that make people vulnerable and other other perpetrators of IPV, will help to reduce the prevalence of IPV among those affected [2].

The global prevalence of IPV as physical and sexual violence was noted to be 30%, with the highest prevalence seen in the World Health Organization (WHO) Eastern Mediterranean region (37%), South East Asian region (37%), and African region (36.6%) among women who were ever partnered [4]. The next highest prevalence was reported from the region of the Americas with IPV occurring among 29.8% of ever-partnered women. The lowest prevalence of IPV was found among ever-partnered women in Europe and the WHO Western Pacific region with 25.4% and 24.6% of women being affected, respectively [4]. The lifetime prevalence of IPV by age group was found to be highest in the 40-44 year age group with 37.8% being affected while the least was found in the 55–59-year age group with a prevalence of 15.1% [4].

The effects of IPV cannot be over-emphasized as it affects the physical, psychological, financial and social well-being of victims. In the United States, an estimated 26% of women and 10% of men were affected by either days missed at work or the emotional distress of Post-Traumatic Stress Disorder (PTSD) in 2012 [5]. Another study showed the estimated IPV lifetime cost as $103,767 per female victim and $23,414 per male victim [6]. This estimate included $2.1 trillion in medical costs (59% of total costs), $1.3 trillion in lost productivity among victims and perpetrators (amounting to 37% lost) and $73 billion in criminal justice activities (2% of criminal justice activities) to mention a few [6]. In Europe, some estimates based on surveys have shown that 49 million women have experienced some form of violence [7]. In France, the story is barely different as it was found out that IPV prevalence was higher especially during the COVID-19 lockdown period occurring due to the fact that there was closer contact between the two parties with nowhere to go [8].

In countries across Asia and the Pacific, survey reports show that between 15- 68% of women had experienced physical and/or sexual violence at some point in their lives [9]. In Africa, there is a relatively high prevalence of IPV with women being affected more than men. It became worse during the COVID-19 lockdown period where perpetrators used the restrictions of movement to exert excessive controlling behaviour and different avenues to exploit their victims without proper scrutiny or consequences [10]. Most cases of IPV in Africa are hardly disclosed to friends and family or even reported to the authorities, continuing this cycle of violence [10]. In a study done among urban women in sub Saharan Africa (sSA), approximately 36% of women in urban sSA experienced at least one form of IPV, 12.8% experienced two types and 4.6% experienced all three types [11]. In Nigeria, a similar pattern of increased violence was noted during the COVID-19 lock down period, where IPV was known to worsen in situations of social, economic, and financial distress [12].

There are several risk factors associated with IPV and these can be grouped into social, cultural, economic and psychological. All these in one way or the other affect whether the woman may be at risk for being exposed to IPV or not [13]. Women in northern Nigeria may be more at risk as they are more socioeconomically disadvantaged. This study aimed to assess the prevalence and determinants of IPV among women in Plateau state, North-central Nigeria.

Materials and Methods

Study area and study population

The survey was conducted in Plateau State which is in the North Central region of Nigeria. It is the twelfth largest of the thirty-six states of Nigeria and lies between latitude 80˚24' and 80˚32' N and longitude 90˚56' and 100˚38' E. It covers a land area of 30, 913 square kilometres and is bordered by Bauchi State to the Northeast, Kaduna State to the Northwest, Nassarawa State to the Southwest and Taraba State to the Southeast [14]. The study population data was collected on a sample of women within the reproductive age group of 15-49 years in Plateau State. Women of reproductive age are composed of about 24% of women in the state [15].

Study design

This was a cross-sectional survey that used secondary data from the last conducted National Demographic and Health Survey (NDHS) in 2018, a nationwide cross-sectional survey implemented by the National Population Commission in collaboration with the Federal Ministry of Health, Nigeria and funded by the United States Agency for International Development (USAID), World Health Organisation (WHO), Global Fund and Bill and Melinda Gates Foundation. The Demographic and Health Surveys (DHS) program, a USAID-funded project, provided technical assistance for the survey [16].

The NDHS is a national household survey, conducted approximately every 5 years, that provides up-to-date information for a wide range of indicators in the areas of population and health including maternal health. The use of the 2018 NDHS was necessary as this was the most recent state-wide survey of women as the time of this study.

Study Population and Sampling Technique

The survey used the 2006 Population and Housing Census of the Federal Republic of Nigeria as sampling frame in surveying each state of Nigeria. Administratively, each state is subdivided into local government areas (LGAs), and each LGA is divided into wards. Plateau State has 17 LGAs and 207 wards. These wards were further subdivided into enumeration areas (EAs) during the national census, which were also used as primary sampling units (PSUs) or clusters for the NDHS.

A two-stage stratified cluster sampling technique was employed for the survey. Stratification was carried out for each state. For Plateau state, there were 15,879 clusters which were stratified into 3,949 urban and 11,930 rural clusters. The clusters were classified as either urban or rural based on population size (having a population size of 20,000 or more classified a cluster as urban). For each cluster, a list of households was generated to serve as a sampling frame for the second stage. A fixed number of 30 households was selected in each cluster using equal probability systematic sampling. All women of reproductive age (between 15-49 years) in selected households were eligible for the study. This includes permanent residents and visitors who had spent the night before the survey in the selected households. Among all women who were eligible for the survey in each household, one respondent was selected randomly for the interview on IPV.

Data collection and analysis

The National Health Research Ethics Committee of Nigeria (NHREC) and the ICF Institutional Review Board reviewed and approved the protocol for the survey. The questionnaire was translated into the three major Nigerian languages - Hausa, Yoruba, and Igbo, and

administered electronically using computer-assisted personal interviewing (CAPI).

Information was obtained from women on their experience of violence committed by their current and former husbands/partners. Violence committed by the current husband/partner was measured by asking the women if their husband/partner ever did the following to them:

Physical spousal violence includes pushing, shaking, objects being thrown at them, slapping, twisting arm, pulling hair, punching from partner's fist or with an object that could cause harm, kicking, dragging, or being beaten up, partner trying to choke or burn on purpose, partner threatening or attacking with a knife, gun, or any other weapon.

Sexual spousal violence includes physically forcingthem to have sexual intercourse even when they did not want to, physically forcing them to perform any other sexual acts they did not want to perform or forcing with threats or in any other way to perform sexual acts they did not want to.

Emotional spousal violence would include saying or doing something to humiliate the victim in front of others, threatening to hurt or harm them or someone close to them, or insulting or making them feel bad about themselves.

Secondary data on IPV for the 2018 NDHS was used for this study. The focus was on women in Plateau State aged 15 – 49 years in the 5 years preceding the 2018 survey. A total of 173 responses was obtained, However, only 131 responses were used, as 42 responses had significantly missing information on the outcome of the study (IPV) and hence, were not included in data analysis.

Analysis was done using the Statistical Package for Social Sciences (SPSS) software version 23. Prevalence of IPV was defined as the proportion of women who have been physically molested, emotionally abused, and/or sexually abused by a partner or spouse. Univariate analysis was used to describe the sociodemographic characteristics of the respondents and the proportion of those affected by IPV using frequencies and proportions. A bivariate analysis was done using chi-square test to explore the association between the sociodemographic characteristics and the experience of IPV. To adjust for possible confounders and assess for individual predictors of IPV, all the variables that showed statistically significant associations on bivariate analysis were inputted into multivariate logistic regression model. A 95% confidence interval (CI) was used for analysis and a p-value of ≤ 0.05 was considered statistically significant.

Ethical considerations

The NDHS 2018 was conducted by the Nigerian Population Commission Nigeria. Before the survey, written informed consent was sought from the parent/guardian of each respondent under the age of eighteen and from all respondents above the age of eighteen. Throughout the survey, the fieldworkers maintained confidentiality and privacy. Permission for use of the dataset was obtained from the ICF International - Measure DHS website.

Results

Sociodemographic and work characteristics of respondents

A total of 139 women responded to the survey. These were women who had ever experienced IPV in any form. The mean age of the respondents was 38.32 ± 4.1years with the age range of between 25 to 39 years having the highest frequency of 67.6%, 77% of respondents lived in rural areas. While 38% had a secondary education, only 14.4 % had a tertiary education, 81.3% were the only spouse or partner of their husband or partner, 90.6% had been married only once, 83.5% were currently working and 50.7% worked in the agricultural industry (Table 1).

It was observed that of all who had jobs, 16.5% of respondents were currently absent from their places of work, 88.1% of respondents earned less than their spouses/partners, 67.4% were self-employed. Up to 57.5% of women were among the poorer and poorest wealth quintile (Table 2).

Table 1: Personal characteristics of the respondents

Variable		Frequency N=139	Percentage
Age range	15-24 years	25	18
	25-39 years	94	67.6
	40-49 years	20	14.4
	Mean age 38.3 ± 4.1 years		
Place of residence	Urban	32	23
	Rural	107	77
Highest educational level	No education	27	19.4
	Primary	38	27.4
	Secondary	54	38.8
	Tertiary	20	14.4
Religion	Roman catholic	26	18.7
	Other Christian	84	60.4
	Islam	27	19.4
	Traditionalist	2	1.5
Ethnicity	Fulani	6	4.3
	Hausa	9	6.5
	Igbo	4	2.9
	Kanuri/Beri-Beri	1	0.7
	Yoruba	1	0.7
	Other*	118	84.9
Number of wives partner has	1	113	81.3
	2	22	15.8
	3	4	2.9
Number of unions (times married)	Once	126	90.6
	>Once	13	9.4
Number of sex partners including spouse	1	112	80.6
	2	23	16.5
	3	4	2.9
Respondents' occupation		(n=126)	
	Professional/technical/managerial	18	14.3
	Sales	37	29.4
	Services	6	4.8
	Skilled manual	1	0.8
	Agricultural	64	50.7
Currently working	No	23	16.5
	Yes	116	83.5

*Other tribes mainly Plateau indigenous

Table 2: Socioeconomic status of respondent

Variable	Options	Frequency	Percentage
Earning of respondent in relation to spouse/partner		(n=84)	
	More than him	2	2.4
	Less than him	74	88.1
	Same as him	8	9.5
Respondent has job but currently absent		(n=139)	
	Yes	23	16.5
	No	116	83.4
Who respondent works for		(n=126)	
	Family	23	18.3
	Others	18	14.3
	Self employed	85	67.4
Wealth index		(n=139)	
	Poorest	33	23.7
	Poorer	47	33.8
	Middle	28	20.1
	Richer	17	12.2
	Richest	14	10.1
Control issues		(n=139)	
	Yes	77	55.4
	No	62	44.6

Concerning the respondent's partner/spouse, it was noted that 49.6% had a secondary education while 10.8% had no form of educational experience. 41.7% of spouses/partner's had 10-12 years of education while only 18% had more than 13 years educational experience, 51.1% worked in the agricultural industry while only 13.7% had professional or technical or managerial occupations and 1.4% had skilled manual occupations (Table 3).

Prevalence of IPV

The prevalence of IPV of any kind among women of reproductive age in Plateau state was found to be 62.6% (95% CI: 55.2% – 71.4%). Among respondents that had experienced IPV, the prevalence of less severe physical violence was 15.8% (95% CI: 10.8% – 22.2%), more severe physical violence 7.9% (95% CI: 3.4% – 12.1%), emotional violence was 58.3% (95% CI: 50.2% – 67.8%) and sexual violence was 12.2% (95% CI: 7.6% – 18.3%) (figure 1).

Figure 1: Prevalence of IPV among women in Plateau State, Nigeria

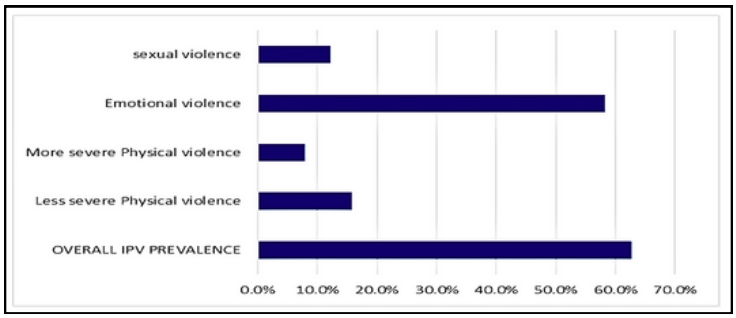

Table 3: Husband/Partner Characteristics

Variable		Frequency N=139	Percentage
Educational level	No education	15	10.8
	Primary	27	19.4
	Secondary	69	49.6
	Tertiary	25	18.0
	Don't know	3	2.2
Total number of years of education	<9 years	50	36
	10-12 years	58	41.7
	>13 years	25	18
	Don't know	6	4.3
Husband/partners occupation	Professional/technical/managerial/ administrative	19	13.7
	Sales	14	10.1
	Services	32	23.0
	Skilled manual	2	1.4
	Agricultural	71	51.1
	Others	1	0.7

Table 4: Factors associated with IPV

Factors	IPV		Total	χ^2	p-value
	No Freq (%)	Yes Freq (%)			
Age -group					
15-19	1(50)	1(50)	2(100)		
20-24	11(47.8)	12(52.2)	23(100)	5.560	0.474
25-29	6(40)	24(60)	40(100)		
30-34	9(33.3)	18(66.7)	27(100)		
35-39	13(48.1)	14(51.9)	27(100)		
40-44	2(15.4)	11(84.6)	13(100)		
45-49	2(28.6)	5(71.4)	7(100)		
Place of residence				12.546	<0.001*
Urban	21(65.6)	11(34.4)	32(100)		
Rural	33(38.8)	74(61.2)	107(100)		
Respondents' occupation				11.414	0.044*
Professional/technical					
Sales	10(55.6)	8(44.4)	18(100)		
Services	16(43.2)	21(56.8)	37(100)		
Skilled manual	3(50)	3(50)	6(100)		
Agricultural	1(100)	0(0)	1(100)		
	17(26.6)	47(73.4)	64(100)		
Respondents' educational level					
No education				3.637	0.303
Primary	8(29.6)	19(70.4)	27(100)		
Secondary	16(42.1)	22(57.9)	38(100)		
Tertiary	19(35.2)	35(64.8)	54(100)		
	11(55)	9(45)	20(100)		
Husband/partner's educational level				4.906	0.297
No education	4(26.7)	11(73.3)	15(100)		
Primary	13(48.1)	14(51.9)	27(100)		
Secondary	25(36.2)	44(63.8)	69(100)		
Tertiary	12(48)	13(52)	25(100)		
Don't know	0(0)	3(100)	3(100)		
Number of wives husband/partner has					
1	46(40.7)	67(59.3)	113(100)	2.763	0.251
2	8(36.4)	14(63.6)	22(100)		
3	0(0)	4(100)	4(100)		
Who respondent works for					
Family member					
Someone else	7(30.4)	16(69.6)	23(100)		
Self-employed	9(50)	9(50)	18(100)	1.730	0.421
	31(36.5)	54(63.5)	85(100)		
Respondents' earnings in relation to spouse/partner					
More than him					
Less than him	2(100)	0(0)	2(100)		
About the same	29(39.2)	45(60.8)	74(100)	4.334	0.115
	5(62.5)	3(37.5)	8(100)		
Wealth index quintile					
Poorest					
Poorer	11(33.3)	22(66.7)	33(100)		
Middle	14(29.8)	33(70.2)	47(100)		
Richer	9(32.1)	19(67.9)	28(100)		
Richest	11(64.7)	6(35.3)	17(100)		
	9(64.3)	5(35.7)	14(100)	11.175	0.025*
Control issues by partner					
none					
1 control issue	32(51.6)	30(48.4)	62(100)	11.222	0.024*
2 control issues	14(33.3)	28(66.7)	42(100)		
3 control issues	8(30.8)	18(69.2)	26(100)		
4 control issues	0(0)	7(100)	7(100)		
	0(0)	2(100)	2(100)		

*Statistically significant (p < 0.05).

Factors associated with IPV among Plateau state women (Table 4 & 5)

As depicted in table 4, place of residence (p < 0.001), respondent's occupation (p = 0.044), wealth index (p = 0.025) and partner with control issues (p = 0.024) were found to be significantly associated with IPV among respondents. This was done by carrying out a bivariate analysis. Controlling behaviours/issues included partner/spouse being jealous or angry if woman talks to other men, frequently accuses her of being unfaithful, does not permit her to meet with her female friends, tries to limit her contact with her family and insists on knowing where she is at all times.

After picking out variables that were statistically significant on bivariate analysis to subject to logistic regression, women who resided in rural areas, belonged to the poorest/poorer wealth quintile and had partners with control issues were found to have higher odds of experiencing IPV than women who did not belong to those categories. Women in non-professional occupations also showed higher odds of IPV compared to professionals, but this was not statistically significant.

Table 5: Predictors of IPV among women in Plateau State

Variable	Odds ratio	p-value
Place of residence		
Urban	Ref	
Rural	4.28 (1.72-10.93)	<0.001
Respondents' occupation		
Professional	Ref	
Non-Professional	1.67 (0.56-4.97)	0.353
Wealth Index		
Poorest/Poorer	Ref	
Middle/Richer/Richest	0.25 (0. 11-0.59)	0.001
Partner control issues		
No	Ref	
Yes	2.67 (1.32-5.38)	0.006

Discussion

IPV is one of the vile acts still perpetrated against women and has become a public health concern [17]. This study showed that 2 in 3 women of reproductive age experienced at least one form of IPV. It has been demonstrated that up to 35% of women worldwide have experienced either physical and/or sexual intimate partner violence and almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In some regions, as high as 38% of women have experienced IPV.4 In low- and middle-income countries (LMIC), IPV could range from about 5% in Comoros to about 40% in Afghanistan[17]. The protection of the vulnerable population would include protecting women and girls against violence in any form. The Sustainable Development Goals (SDG) call for gender equality and the empowerment of women and girls which play a role in the control of IPV.

In this study, it was noticed that the largest proportion of respondents who experienced IPV were between the ages of 25-39 years old, although age was not a significant factor/predictor. Studies done in the European Union also revealed that a higher proportion of younger women between the ages of 18-29 years were more vulnerable and likely to be exposed to physical, sexual and psychological forms of IPV[18]. This finding was even more in agreement with a study done in Sagamu, Nigeria which showed that IPV was more common among those aged 25-39 years (65%)[19]. These results could be explained by the assumption that younger adult females are less likely than their partners to be economically secure or successful, which could lead to their partners acting in a controlling manner. In contrast to this study, which did not include women aged over 49 years, a review paper revealed that IPV was more common among older adults and a study done in Bayelsa, Nigeria showed an IPV prevalence of as high as 55.8% among older adults[20]. The factors linked to IPV in the elderly population in other

studies were living in a rural region, having a poor socioeconomic background, and having a male-dominated culture that appears to support the behavior, particularly among women[20].

In this study, it was noted that there was an increased odds of IPV among those residing in rural areas compared to those in urban areas. This was similar to findings found in another study where IPV was more prevalent among women in rural areas[21]. In rural areas, there is a higher adoption of cultural practices and traditional beliefs that support the dominance of men over women, which may contribute to the increased prevalence of IPV. These women may accept and condone beating by their spouses, believing it to be essential for a variety of reasons.[21, 22] On the contrary, another study showed that IPV was more common among women who resided in urban areas but especially during post-conflict situations where there is a breakdown in living conditions and the society lacks basic amenities, social infrastructure and the socioeconomic status is low[23].

This study revealed that belonging to the poorer/poorest wealth quintiles increased the odds of IPV, which could be linked to lower educational achievement, poorer job conditions and lower earnings of the respondents as it was demonstrated that over 60% of respondents earned less than their spouses/partners and many more of them engaged in non-professional jobs. A study conducted in Myanmar similarly showed that IPV was commoner among those belonging to the lower wealth quintile[24]. Women would be less dependent on their spouses or partners and could sustain themselves financially when given basic education and access to better jobs. In certain situations, the woman is forced to accept her circumstances since she has nowhere else to go[24].

Conclusion and recommendations

In this study, a high proportion of women were found to have experienced IPV in Plateau state, Nigeria. Those living in rural areas, of lower economic status and with controlling partners had higher chances of experiencing IPV. This calls for an integrated or multifaceted approach that includes both immediate solutions and long-term societal modifications. Some recommendations include:

- Comprehensive awareness and education campaigns regarding the different types of IPV, its effects, and readily available support services should be organized by healthcare workers, local leaders and Non-Governmental Organizations (NGOs) through workshops, seminars, and community discussions. These should be targeted at both women and men especially those living in rural areas and of low socio-economic status.
- To protect IPV victims, the government should strengthen legal structures and procedures for enforcement. This could entail making sure that those who are perpetrators of IPV are held accountable.
- Community-based organizations can play an active role in providing traditional support structures such as shelters, counselling, and hotlines, that can easily be accessible to victims of IPV in rural areas.
- Economically independent women are better able to support themselves and their families, exit abusive relationships, and are less likely to be victims of IPV. The government should encourage women to be economically independence by offering job opportunities, microfinance programs, and skill acquisition to them.
- To ensure a coordinated response to IPV, there is a need for collaboration between governmental bodies, NGOs, community-·based groups, and other relevant stakeholders. Together, these organizations may optimize their influence by combining their resources and areas of expertise to assist individuals who are most in need.
- More research should be conducted to increase knowledge of the underlying causes and prevalence of IPV, particularly in rural and economically disadvantaged areas, The establishment of more focused policies and programs can be influenced by such knowledge.

Limitation of study

The research, being a secondary one, encountered missing records for some entries, especially on information for the experience of IPV. Analysis was, however, restricted only to the entries with information on IPV which further reduced the sample size for the study.

Conflict of interest

The authors declare no conflict of interest

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Authors contributions

Conceptualization: OE, IE, CM.
Data Curation: IE, NB, SO.
Formal Analysis: OE, IE.
Acquisition: OE.
Investigation: OE, IE.
Methodology: OE, IE, NB, SO, GD.
Project Administration: OE, CE.
Software: OE, IE, NB, SO, GD.
Supervision: OE, CM.
Validation: CM.
Visualization: OE, CM.
Writing – Original Draft Preparation: OE, IE, NB, SO GD.
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خلاصة

مقدمة: عنف الشريك الحميم (IPV) هو مشكلة صحية عامة مهمة تؤثر على كل من الرجال والنساء، وخاصة النساء على مستوى العالم. توضح هذه الدراسة مدى انتشار فيروس IPV والتنبؤ به بين النساء في سن الإنجاب في ولاية بلاتو، نيجيريا.

المواد والطرق: تم إجراء تحليل للبيانات الثانوية من مجموعة بيانات NDHS لعام 2018. جمع المسح بيانات عن عينة من النساء ضمن فئة عمر الإنجاب 15-49 سنة في ولاية بلاتو. تم تحليل مجموعة البيانات باستخدام الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار 23.

النتائج: أجاب ما مجموعه 139 شخصًا على الأسئلة المتعلقة بـ IPV في ولاية بلاتو، وكان معظمهم ضمن الفئة العمرية 25-39 عامًا (67.6٪) ويقيمون في المناطق الريفية (77٪). بلغ معدل الانتشار الإجمالي للعنف الجسدي 62.6%، وكان العنف الجسدي الأشد 7.9%، و15.8% للعنف الجسدي الأقل خطورة، وكان العنف العاطفي 58.3%، و12.2% للعنف الجنسي. العيش في منطقة ريفية (نسبة الأرجحية = 4.28؛ فترة ثقة 95% = 1.72-10.93)، والانتماء إلى شريحة الثروة المتوسطة/الغنية/الأكثر ثراء (نسبة الأرجحية = 0.25؛ فترة ثقة 95% = 0.11-0.59)، ولديك شريك لديه كانت مشكلات التحكم (OR = 2.67؛ 95٪ CI = 1.32-5.38) تنبئًا مهمًا لـ IPV. أظهر الحصول على وظيفة غير مهنية أيضًا احتمالات أعلى للإصابة بـ IPV ولكنها لم تكن ذات دلالة إحصائية (OR=1.67; 95% CI=0.56-4.97).

الاستنتاج: وجد أن معدل انتشار عنف الشريك الحميم بين النساء في ولاية بلاتو مرتفع، مع توقع الوضع الاجتماعي والاقتصادي لحدوثه بشكل كبير. يجب تشجيع فرص تحسين الوضع الاجتماعي والاقتصادي للمرأة في الولاية، وخاصة تلك الموجودة في المناطق الريفية، من خلال توفير وظائف أفضل وخلق وعي عام من شأنه أن يثبط العنف الجنسي.

الكلمات المفتاحية: عنف الشريك الحميم، المرأة، ولاية الهضبة

خلاصہ

تعارف: انٹیمیٹ پارٹنر وائلنس (IPV) صحت عامہ کا ایک اہم مسئلہ ہے جو عالمی سطح پر مردوں اور عورتوں، خاص طور پر خواتین دونوں کو متاثر کرتا ہے۔ یہ مطالعہ پلیٹیو اسٹیٹ، نائجیریا میں تولیدی عمر کی خواتین میں IPV کے پھیلاؤ اور پیش گوئوں کو سامنے لاتا ہے۔

مواد اور طریقے: NDHS 2018 ڈیٹاسیٹ سے سیکنڈری ڈیٹا کا تجزیہ کیا گیا۔ اس سروے میں پلیٹیو سٹیٹ میں 15-49 سال کی تولیدی عمر کی خواتین کے نمونے پر ڈیٹا اکٹھا کیا گیا۔ ڈیٹا سیٹ کا تجزیہ شماریاتی پیکیج برائے سوشل سائنسز (SPSS) ورژن 23 کا استعمال کرتے ہوئے کیا گیا۔

نتائج: پلیٹیو ریاست میں کل 139 نے IPV پر سوالات کے جوابات دیے، جن میں سے زیادہ کی عمر 25-39 سال (67.6%) کے اندر ہے اور دیہی علاقوں میں رہائش پذیر ہیں (77%)۔ IPV کا مجموعی پھیلاؤ 62.6% تھا، زیادہ شدید جسمانی تشدد 7.9%، کم شدید جسمانی تشدد کے لیے 15.8%، جذباتی تشدد 58.3% اور جنسی تشدد کے لیے 12.2% تھا۔ دیہی ایک دیہی علاقے میں رہنا (OR=4.28؛ 95% CI=1.72-10.93)، جس کا تعلق متوسط/امیر/امیر دولت کے کوئنٹائل سے ہے (OR=0.25؛ 95% CI=0.11-0.59)، اور ایک ایسا پارٹنر ہے جس کے پاس کنٹرول کے مسائل (OR=2.67؛ 95% CI=1.32-5.38) IPV کے اہم پیش گو تھے۔ غیر پیشہ ورانہ ملازمت سے بھی IPV کی زیادہ مشکلات دکھائی دیتی ہیں لیکن یہ شماریاتی لحاظ سے اہم نہیں تھا (OR=1.67؛ 95% CI=0.56-4.97)۔

نتیجہ: سطح مرتفع ریاست میں خواتین میں IPV کا پھیلاؤ زیادہ پایا گیا، سماجی و اقتصادی حیثیت نمایاں طور پر اس کی موجودگی کی پیش گوئی کرتی ہے۔ ریاست میں خواتین کی سماجی اقتصادی حالت کو بہتر بنانے کے مواقع، خاص طور پر دیہی علاقوں میں خواتین کی بہتر ملازمتیں فراہم کرکے اور عوامی بیداری پیدا کرکے حوصلہ افزائی کی جانی چاہیے جس سے IPV کی حوصلہ شکنی ہوگی۔

مطلوبہ الفاظ: مباشرت پارٹنر تشدد، خواتین، سطح مرتفع ریاست

抽象的

简介：亲密伴侣暴力（IPV）是一个重要的公共卫生问题，影响全球男性和女性，尤其是女性。这项研究揭示了尼日利亚高原州育龄妇女 IPV 的流行率和预测因素。

材料和方法：对 2018 年 NDHS 数据集中的二手数据进行了分析。该调查收集了高原州 15-49 岁育龄妇女样本的数据。使用社会科学统计软件包 (SPSS) 23 版对数据集进行分析。

结果：高原州共有 139 人回答了 IPV 问题，其中年龄在 25-39 岁之间（67.6%）较多，居住在农村地区（77%）。 IPV的总体患病率为62.6%，较严重的身体暴力为7.9%，较轻的身体暴力为15.8%，情感暴力为58.3%，性暴力为12.2%。居住在农村地区（OR=4.28；95% CI=1.72-10.93），属于中等/富裕/富裕五分之一（OR=0.25；95% CI=0.11-0.59），并且有一个伴侣控制问题（OR=2.67；95% CI=1.32-5.38）是 IPV 的重要预测因子。从事非专业工作也显示出 IPV 发生率较高，但无统计学意义（OR=1.67；95% CI=0.56-4.97）。

结论：高原地区女性 IPV 患病率较高，社会经济地位显着预测其发生。应通过提供更好的就业机会和提高公众意识来阻止 IPV，从而鼓励提高该州妇女，特别是农村地区妇女社会经济地位的机会。

关键词：亲密伴侣暴力、女性、高原状态

Абстрактный

Введение: Насилие со стороны интимного партнера (ИПВ) является важной проблемой общественного здравоохранения, которая затрагивает как мужчин, так и женщин, особенно женщин во всем мире. В этом исследовании изучаются распространенность и предикторы ИПВ среди женщин репродуктивного возраста в штате Плато, Нигерия.

Материалы и методы. Проведен анализ вторичных данных из набора данных NDHS 2018 года. В ходе исследования были собраны данные о выборке женщин репродуктивного возраста 15–49 лет в штате Плато. Набор данных был проанализирован с использованием Статистического пакета для социальных наук (SPSS) версии 23.

Результаты: На вопросы об ИПВ в штате Плато ответили в общей сложности 139 человек, большинство из которых находятся в возрасте от 25 до 39 лет (67,6%) и проживают в сельской местности (77%). Общая распространенность ИПВ составила 62,6%, более тяжелого физического насилия – 7,9%, менее жестокого физического насилия – 15,8%, эмоционального насилия – 58,3% и сексуального насилия – 12,2%. Проживание в сельской местности (ОШ=4,28; 95% ДИ=1,72–10,93), принадлежность к среднему/богатому/богатому квинтилю благосостояния (ОШ=0,25; 95% ДИ=0,11–0,59) и наличие партнера, у которого проблемы контроля (ОШ=2,67; 95% ДИ=1,32-5,38) были значимыми предикторами ИПВ. Наличие непрофессиональной работы также показало более высокие шансы на ИПВ, но это не было статистически значимым (ОШ=1,67; 95% ДИ=0,56-4,97).

Вывод: Распространенность ИПВ среди женщин в штате Плато оказалась высокой, а социально-экономический статус значительно предсказывал ее возникновение. Возможности улучшения социально-экономического статуса женщин в штате, особенно в сельской местности, следует поощрять путем предоставления лучших рабочих мест и повышения осведомленности общественности, которая будет препятствовать использованию ИПВ.

Ключевые слова: насилие со стороны интимного партнера, женщины, состояние Плато.

Abstrait

Introduction: La violence conjugale (VPI) est un problème de santé publique important qui touche à la fois les hommes et les femmes, en particulier les femmes dans le monde. Cette étude met en lumière la prévalence et les prédicteurs de la VPI chez les femmes en âge de procréer dans l'État du Plateau, au Nigeria.

Matériels et méthodes: Une analyse des données secondaires de l'ensemble de données NDHS 2018 a été réalisée. L'enquête a collecté des données sur un échantillon de femmes en âge de procréer de 15 à 49 ans dans l'État du Plateau. L'ensemble de données a été analysé à l'aide du progiciel statistique pour les sciences sociales (SPSS) version 23.

Résultats: Au total, 139 personnes ont répondu aux questions sur la VPI dans l'État du Plateau, dont la plupart étaient âgées de 25 à 39 ans (67,6 %) et résidaient dans des zones rurales (77 %). La prévalence globale des VPI était de 62,6%, celle des violences physiques plus graves de 7,9%, de 15,8% pour les violences physiques moins graves, de la violence émotionnelle de 58,3% et de 12,2% pour les violences sexuelles. Vivre en zone rurale (OR=4,28 ; IC à 95 %=1,72-10,93), appartenir au quintile de richesse moyen/riche/plus riche (OR=0,25 ; IC à 95 %=0,11-0,59) et avoir un partenaire qui a les problèmes de contrôle (OR = 2,67 ; IC à 95 % = 1,32-5,38) étaient des prédicteurs significatifs de la VPI. Le fait d'avoir un emploi non professionnel montrait également un risque plus élevé de VPI, mais ce n'était pas statistiquement significatif (OR=1,67 ; IC à 95 %=0,56-4,97).

Conclusion: La prévalence de la VPI chez les femmes de l'État du Plateau s'est avérée élevée, le statut socio-économique prédisant de manière significative son apparition. Les opportunités d'amélioration du statut socio-économique des femmes dans l'État, en particulier celles des zones rurales, devraient être encouragées en fournissant de meilleurs emplois et en sensibilisant le public pour décourager la VPI.

Mots-clés: Violences conjugales, femmes, État du Plateau

Abstracto

Introducción: La violencia de pareja (VPI) es un importante problema de salud pública que afecta tanto a hombres como a mujeres, especialmente a las mujeres a nivel mundial. Este estudio analiza la prevalencia y los predictores de la violencia de género entre mujeres en edad reproductiva en el estado de Plateau, Nigeria.

Materiales y métodos: se realizó un análisis de datos secundarios del conjunto de datos NDHS de 2018. La encuesta recopiló datos sobre una muestra de mujeres dentro del grupo de edad reproductiva de 15 a 49 años en el estado de Plateau. El conjunto de datos se analizó utilizando el Paquete Estadístico para Ciencias Sociales (SPSS) versión 23.

Resultados: Un total de 139 respondieron a las preguntas sobre la violencia de género en el estado de Plateau, la mayoría de las cuales tienen entre 25 y 39 años (67,6%) y residían en zonas rurales (77%). La prevalencia general de violencia de pareja fue del 62,6%, la de violencia física más grave fue del 7,9%, la de violencia física menos grave del 15,8%, la de violencia emocional fue del 58,3% y la de violencia sexual del 12,2%. Vivir en una zona rural (OR=4,28; IC 95%=1,72-10,93), pertenecer al quintil de riqueza medio/rico/más rico (OR=0,25; IC 95%=0,11-0,59) y tener una pareja que tiene los problemas de control (OR = 2,67; IC del 95 % = 1,32-5,38) fueron predictores significativos de violencia de pareja. Tener un trabajo no profesional también mostró mayores probabilidades de violencia de pareja, pero no fue estadísticamente significativo (OR=1,67; IC 95%=0,56-4,97).

Conclusión: Se encontró que la prevalencia de violencia de género entre las mujeres en el estado de Plateau era alta, y el nivel socioeconómico predecía significativamente su aparición. Se deben fomentar las oportunidades para mejorar la situación socioeconómica de las mujeres en el estado, especialmente las de las zonas rurales, proporcionando mejores empleos y creando conciencia pública que desalentará la violencia de pareja.

Palabras clave: Violencia de pareja, mujeres, estado Plateau

Key messages

- This study provides detailed insights into the prevalence and determinants of IPV in Plateau State, Nigeria, using the latest NDHS data, contributing to existing knowledge on IPV in the region.
- It highlights the various forms of IPV among women of reproductive age interviewed across the entire state, including rural and urban regions.
- The study reveals a high prevalence of IPV among women, with the odds increased particularly among those in rural areas, with lower economic status, and with controlling partners.
- This information can inform government and stakeholder actions in the fight against IPV.

References:

1. World Health Organization (WHO). Understanding and addressing violence against women. [Cited 2023 Aug 15]. Available from: https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;sequence=1

2. Center for Disease Control and Prevention (CDC). Intimate Partner Violence. Available from: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

3. World Health Organization (WHO). Violence against women. Fact sheet 2017 [Internet]. [cited 2023 Aug 29]. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

4. World Health Organization (WHO). Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence 2013. [cited 2023 Aug 29]. Available from: https://www.who.int/publications/i/item/978924156462

5. Smith SG, Chen J, Basile KC. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, CDC, 2017. [Cited 2023 Oct 15]. Available from: https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pd

6. Peterson C, Kearns MC, McIntosh WL, Estefan LF, Nicolaidis C, McCollister KE, et al. Lifetime economic burden of Intimate Partner Violence among U.S. adults. Am J Prev Med. 2018; 55(4): 433–444. doi:10.1016/j.amepre.2018.04.049.

7. World Health Organization (WHO) European region. Violence against women. Available from: https://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/areas-of-work/violence/violence-against-women#:~:text=The%20prevalence%20of%20non%2Dfatal,the%20region%20have%20experienced%20violence.

8. Tochie JN, Ofakem I, Ayissi G, Endomba FT, Fobella NN, Wouatong C, et al. Pan Africa Medical Journal. 2020;35(2):54. doi: 10.11604/pamj.2020.35.2.23398
9. Jansen HAFM, Diemer K, Vaughan C. 2020 Asia–Pacific Statistics Week. A decade of action for the 2030 Agenda: Statistics that leaves no one and nowhere behind 15-19 JUNE 2020.
10. Nakyazze B. Intimate Partner Violence during the COVID-19 Pandemic: An impending public health crisis in Africa. Anatol J Family Med. 2020;3(2):92–95.
11. Izugbara CO, Obiyan MO, Degfie TT, Bhatti A. Correlates of intimate partner violence among urban women in sub-Saharan Africa. PLoS ONE. 2020;15(3): e0230508. https://doi.org/10.1371/journal.pone.0230508
12. Ilesanmi OS, Ariyo M, Afolabi AA. 2020. Domestic violence amid the COVID-19 lockdown: a threat to individual safety. Global Biosecurity. 2020; 2(1). doi: http://doi.org/10.31646/gbio.94.
13. Acevedo, B. P., Lowe, S. R., Griffin, K. W., & Botvin, G. J. (2013). Predictors of Intimate Partner Violence in a Sample of Multiethnic Urban Young Adults. Journal of Interpersonal Violence, 28(15), 3004–3022. https://doi.org/10.1177/0886260513488684
14. City Population. Plateau State in Nigeria [Internet]. citypopulation.de. 2020 [cited 2020 Aug 10]. p. 2. Available from: https://www.citypopulation.de/php/nigeria-admin.php?adm1id=NGA032
15. African Development Bank. Population Distribution by Age 2006 [Internet]. Nigeria Data Portal. 2012 [cited 2023 Oct 23]. Available from: https://nigeria.opendataforafrica.org/xlomyad/population-distribution-by-age-2006?state=Plateau
16. National Population Commission Nigeria. Nigeria Demographic and Health Survey 2018 [Internet]. 2018 ed. Abuja; 2019. Available from:https://dhsprogram.com/publications/publication-fr359-dhs-final-reports.cfm
17. Coll CVN, Ewerling F, García-Moreno C, Hellwig F, Barros AJD. Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health surveys. BMJ Global Health. 2020;5:e002208. doi:10.1136/ bmjgh-2019-002208.
18. Sanz-Barbero B, Barón N, Vives-Cases C (2019) Prevalence, associated factors and health impact of intimate partner violence against women in different life stages. PLoS ONE 14(10): e0221049. https://doi.org/10.1371/journal.pone.0221049
19. Amoran OE, Oni OO, Salako AA. Predictors of intimate partner violence among women of reproductive age group in Sagamu local government area in Ogun State, Western Nigeria: A community-based study. Journal of Clinical Sciences. 2017; 14(1): 36-41. doi: 10.4103/2468-6859.199161
20. Brisibe S, Ordinioha B, Dienye PO. Intersection Between Alcohol Abuse and Intimate Partner‟s Violence in a Rural Ijaw Community in Bayelsa State, South-South Nigeria. J Interpers Violence. 2012; 27(3):513-522.
21. Ojeahere MI, Piwuna CG, Babalola AG, Agbir MT. Intimate Partner Violence among older Nigerian adults. Journal of Research in Basic & Clinical Sciences. 2019; 1(4): 207-213.
22. Benebo FO, Schumann B, Vaezghasemi M. Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. BMC Women's Health. 2018;18(136): 1-17. https://doi.org/10.1186/s12905-018-0628-7
23. Tanko ST, Yohanna S, Omeiza SY. The pattern and correlates of intimate partner violence among women in Kano, Nigeria. Afr J Prim Health Care Fam Med. 2016; 8(1), a1209. http://dx.doi.org/10.4102/phcfm. v8i1.1209
24. Larsen LW, Aye WT, Bjertness E. Prevalence of Intimate Partner Violnec and association with wealth in Myanmar. J Fam Viol. 2020. https://doi.org/10.1007/s10896-020-00190-0.

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