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Original Research Article

Women's experience of intimate partner sexual violence in southwest, Nigeria

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ABSTRACT

Background: Intimate partner sexual violence (IPSV) is more prevalent than many people realize because it is largely under-reported due to associated stigma, silence and social norms. Traditional African setting tends to condone male sexual entitlement and minimize women's bodily autonomy, hence conditioning women to accept IPSV.
Methods: A mixed-methods study was conducted to assess the prevalence of IPSV and factors associated with IPSV in selected rural communities of Oyo State, Nigeria. A total of 677 women completed the quantitative interview, while twelve IDIs and nine FGDs were also conducted.
Results: The findings from this cross-sectional study showed that 9% of respondents in this study experienced sexual violence from their partners in the 12 months preceding the survey and 65.6% of respondents had attitudes that supported sexual violence. Women who have been married for between 6 to 10 years (AOR=0.44; 95% CI 0.19-0.99) and were from households in the richer wealth tertile (AOR=0.31; 95% CI 0.15-0.65) were significantly less likely to experience IPSV compared to their contemporaries. On the other hand, respondents whose attitudes were supportive of IPSV (AOR=4.04; 95% CI 1.17-13.94) and physical IPV (AOR=2.99; 95% CI 1.49-6.00) were significantly more likely to experience IPSV compared to their counterparts.
Conclusions: Intimate partner sexual violence is common in southwest, Nigeria and there are attitudes and beliefs that underpin this behaviour, which need to be addressed. Addressing the individual and societal attitudes can improve prevention strategies for IPSV in Nigeria.

Keywords: Africa, Attitudes, Intimate partner violence, Rural, Sexual violence

INTRODUCTION

Intimate partner sexual violence (IPSV) is a common but often overlooked form of intimate partner violence (IPV) that has far-reaching consequences for the victims and society at large.[1,2] It is a violation of trust, safety and the rights of the victim and could precipitate a cycle of trauma that may affect the mental health, social functioning and overall well-being of the victim.[3] IPSV can be defined as sexual coercion, sexual assault, sexual abuse, or forced sexual activity perpetrated by an intimate partner.[4] Although common, IPSV have often been studied by researchers subsumed within a broad definition of IPV without much consideration for its unique correlates and consequences.[1]

The World Health Organization's violence against women prevalence estimates, 2018, shows that globally,

13% of ever-married/ partnered women aged 15-49 years have experienced physical and/or sexual intimate partner violence at some point within the past 12 months of the survey.[5] Across Africa, researchers have found that between 7.4% and 11.6% of women have experienced IPSV in the past year.[6,7] In Nigeria, the National Demographic Health Survey, which is a nationally-representative household survey that provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition, reported that 7% of ever-married women have experienced sexual violence by their current or most recent husband, although local studies suggest it could be as high as 20% in certain regions of the country.[8-10] It has been suggested that these estimates are largely under-reported because IPSV is associated with stigma, and silence and has been historically invalidated as a serious crime.[4] Furthermore, victims of IPSV may be reluctant to report their experiences because their society tends to condone male sexual entitlement, minimize women's bodily autonomy, while at other times abusive partners may use emotional manipulation, financial control, and threats of physical harm to isolate the victim and discourage them from seeking help.[11]

IPSV is particularly challenging to address because on the one hand it is difficult for victims to articulate, while on the other hand, there is a reluctance among sections of society to recognize that sexual violence can occur between intimate partners.[2] More often than not, the traditional African society will attribute greater responsibility for the report of IPSV to the female victim, the consequence of which is likely to be sentencing women to a lifetime of abuse.[12] Rape within a marriage was not recognized as illegal in many parts of the world until the early 1990s.[13] In Nigeria, the prohibition of the act of marital rape was not until the Violence Against Persons Prohibition Act which came into existence in 2015. The Act seeks to eliminate violence in private and public life, prohibit all forms of violence against persons and to provide protection for victims and deterrents for perpetrators of violence.[14]

Several factors have been documented to be associated with higher rates of IPSV among women, which include cohabiting with a partner, poverty, financial insecurity, lower level of education, smoking, sociocultural norms surrounding masculinity and femininity, and economic stressors.[15-17] The ecological model provides a useful framework for examining how individual, relational, community, and societal factors intersect to perpetuate IPSV, offering insights into the development of multifaceted prevention strategies.[18]

Changing IPSV behavior is a challenge in IPV prevention research, as it is often underreported, shrouded in secrecy and there is paucity of mixed-method studies around it in Nigeria. This research aimed to fill this gap by assessing the prevalence of IPSV in rural communities and exploring the factors associated with its occurrence.

METHODS

Study design and setting

This descriptive analysis was conducted on the quantitative and qualitative data collected as part of the baseline survey of a randomized community trial, designed to assess the effect of a community mobilization intervention on the attitudes toward IPV in selected rural communities in southwest, Nigeria. As detailed elsewhere, the baseline study was conducted between July and August 2019, in two of the 12 rural local government areas of Oyo State, southwest Nigeria.[19,20]

Study population and sample size

The population for this study were married females aged 18-49 years, currently living with their partners. To obtain a fairly accurate sampling frame, all women who met the above criteria were listed and assigned a number, during a household listing exercise. The desired number of married women for the study was drawn from this listing using a random generator application. A sample size of 680 women from both LGAs was calculated, assuming a 10.7% prevalence of sexual violence to allow for maximum sample size, a 5% significance level, 80% power, a design effect of 2, and significance level of 0.05.[21,22] Factoring 10% non-response, the estimated sample size was 680 individuals however, a total of 677 women completed the interviews using smartphones with the Open Data Kit (ODK) application.

Study procedures

The selection of respondents was done using a multi-stage sampling technique, involving three stages of selection, namely, the selection of the local government areas (LGA), communities and respondents. These has been described in detail in a previous publication.[19]

Quantitative data was collected from consenting women who responded to a modified version of the questionnaire used for the WHO multi-country study on women's health and domestic violence.[23] The English questionnaire was translated to Yoruba and back-translated to assess the quality of the translation. Interviews were conducted in private spaces where auditory and visual privacy were ensured by trained interviewers. The interviewers were also trained to manage respondents' emotional outbursts and refer such to the health workers in the community. The questionnaire included information about demographics, family and household structure, attitudes towards social norms and experience of IPV.

Qualitative data was collected using in-depth interviews (IDIs) and focus group discussions (FGDs). Qualitative data explored respondents' awareness and perception of IPSV in the community. A total of twelve IDIs and nine FGDs were conducted and all interviews were audio recorded after receiving permission from the respondents

and lasted for 45 to 60 minutes. The IDI/FGD guide employed for this study was adapted from published literature to include open-ended interview questions, prepared to address the objectives of the study.[24]

Measures

The primary outcome variable in this study was women's experience of IPSV in the year preceding the survey. This variable was measured when respondents were asked if, in the last 12 months, they were physically forced to have sexual intercourse, when they did not want to? If they had ever had sexual intercourse but did not want o because they were afraid of what their partner might do? if they had ever been forces to do something sexual that they found degrading or humiliating? Respondents were to answer 'yes' or 'no' to each of the 3 statements. Scores were allotted as follows: "no"-0 or "yes"-1. The maximum obtainable score was 3 and a score of '1' or higher meant the respondent had experienced IPSV in the past year.

The secondary outcomes include attitude of women towards sexual violence which was assessed by asking respondents to respond 'yes' or 'no' to 4 scenarios in which violence was justified, as detailed in the WHO multi-country study on women's health questionnaire.[23] Scores for each scenario were allotted as "0" for "no" or "1" for "yes". The maximum obtainable score was 4 and a score of '1' or higher meant the respondent justified sexual violence in at least one of the scenarios and was considered as having attitudes supportive of sexual violence. On the other hand, those with a score of '0' did not agree that a man was justified perpetuating sexual violence in any of the scenarios and were considered as non-supportive of sexual violence.

Data analysis

Quantitative

Data were managed using the ODK Aggregate application, which was employed in capturing the dataset that was uploaded onto a cloud server, created for this study and accessible only to the researcher. After the survey, the dataset was converted into a CSV file which was imported into STATA version 15.0 for analysis.[25] Descriptive statistics were used to report means and standard deviations for continuous variables; frequencies and percentages for categorical variables; and cross-tabulations helped to show associations between sociodemographic, economic variables, and the outcome variable. Variables in the bivariate analysis that showed a significant association with the dependent variable, as well as other variables known to be associated with the dependent variable, were included in the multivariate analysis. Odds ratios (ORs) and adjusted odds ratios (AOR) with 95% confidence intervals (95% CI) were computed and reported where appropriate. The level of significance was set at 5%

Qualitative

All interviews were transcribed and translated into English, and the transcript was read and quality-checked by a researcher on the team. A codebook was developed and refined iteratively. The codes were grouped around themes and sub-themes using Atlas.ti.

Ethics

The study received ethical approval from the University of Ibadan's research ethics committee as well as administrative approval from the medical officers of health of each of the two local government areas where data were collected before the recruitment of participants commenced. The study protocol was registered at ClinicalTrials.gov (ID: NCT06119984).

RESULTS

Description of study participants

Table 1 shows the sociodemographic characteristics of women selected for our analysis. Among the respondents, 38.3 percent were between the ages of 25 and 34 years of age, while about the same proportion of women (38.6 percent) were 10 or more years younger than their current partners. About half of the women had completed secondary education or higher.

More than half of the respondents (60.1 percent) were legally married to their current partner. However, about 15.5 percent of women in this study had experienced physical violence from their current partner, while more than half (54.8 percent) had attitudes supportive of physical IPV.

Women's attitude towards and past year experience of sexual violence

Table 2 shows that more than half of the respondents (65.6 percent) had attitudes that supported sexual violence. The commonest attitude towards sexual violence that women supported was that a woman can't decline to have sex with her partner if he is drunk (61.6 percent).

Table 3 shows that 9 percent of respondents in this study experienced sexual violence from their partners in the 12 months preceding the survey. The commonest form of sexual violence (7.5 percent) was women being forced to have sexual intercourse with their partner when they did not want to.

Table 1: Demographic characteristics of female and male participants of the study.

Variables	Women, N (%)
Age category (in years)	
18-24	86 (12.7)
25-34	259 (38.3)
35-44	226 (33.4)
45 and above	106 (15.7)
Spousal age difference (in years)	
0-4	170 (25.1)
5-9	246 (36.3)
10 and above	261 (38.6)
Duration of union (in years)	
5 years or less	197 (29.1)
6-10	179 (26.4)
11-15	138 (20.4)
16 and above	163 (24.1)
Type of union	
Legally married	407 (60.1)
Cohabiting	270 (39.9)
Family structure	
Monogamous	404 (59.7)
Polygamous	273 (40.3)
Educational status	
No formal education	151 (22.3)
Completed primary school	174 (25.7)
Completed secondary school and more	352 (51.0)
Primary religion	
Christianity	274 (40.5)
Islam	402 (59.5)
Wealth index	
Poorer	260 (38.4)
Middle	182 (26.9)
Richer	235 (34.7)
Decision on respondent's earnings	
Respondent	311 (45.0)
Spouse/partner	201 (29.7)
Joint decision	164 (24.3)
Alcohol use	
Yes	72 (10.6)
No	605 (89.4)
Partner ever involved in physical fights	
Yes	71 (10.5)
No	606 (89.5)
Partner ever used alcohol	
Yes	129 (19.7)
No	526 (80.3)
Partner ever smoked	
Yes	36 (5.5)
No	619 (94.5)
Experienced physical IPV	
Yes	105 (15.5)
No	572 (84.5)
Attitude towards physical IPV	
Supportive	371 (54.8)
Not supportive	306 (45.2)

Table 2: Prevalence of sexual violence among female respondents in the study.

Variables	N (%)
Woman was forced to have sexual intercourse when she did not want to	
Yes	51 (7.5)
No	626 (92.5)
Woman had sexual intercourse when she did not want because she was afraid	
Yes	49 (7.2)
No	628 (92.8)
Woman was forced to do something sexual that you found degrading or humiliating	
Yes	28 (4.1)
No	649 (95.9)
Women who have experience sexual violence in the year preceding the survey	61 (9.0)

Table 3: Attitude of female and male respondents toward sexual violence.

Variables	Women, N (%)
A married woman can't decline having sex with her partner if:	
She does not wish to	276 (49.0)
She's not feeling well	291 (56.5)
He is drunk	226 (61.6)
He ill-treats her	249 (59.3)
Attitude towards sexual violence	156 (65.6)

The results of the qualitative findings also suggested that IPSV exists within the community even though it may be kept hidden. The following quotes support this assertion:

"*The issue of sexual violence is rare. This particular point is an indoor thing, like a Yoruba proverb that says, "If a masquerade fart... it will stay inside the masquerade". It is only when they come out in the open to talk about it that one can know*" (Male IDI, 38-year-old, community youth leader).

"*Sexual violence within marital relationships is not common in our area here, we only have situations where the husband complains that his wife is denying him sex and vice versa. But forcing sex on one's partner has not been recorded*" (Female IDI, 49-year-old- trader).

"*What happens in this our community is that some boys during this period will go out and get drunk, and when they return, they will expect the wife to have sex with him, but the wife will refuse because the husband is drunk and the husband will then rape the wife*" (Male IDI, 50-year-old, community leader).

"*At other times, what I see among the youths is that when they leave the house, they will not provide food for the wife to take care of the household, and when they go out to drink and return drunk, the wife will have nothing to cook and be idle, waiting for the husband being angry but as soon as the husband returns and she asked for food for the household, and since husband is drunk and will not be able to provide what is expected and will lead to fight between the couples*" (Male IDI, 50-year-old, community leader).

Other respondents highlighted that women may refuse sexual advances from their partner and that may be the trigger for physical violence, they said:

"*If a husband tells his wife he wants to have sex with her and she refuses, it would start a fight between them*" (Female FGD, 45-year-old, trader).

"*When the man did not provide basic amenities like food and shelter for the wife but comes home and say you want to have sexual intercourse with the wife. It will cause fights*" (Female FGD, 30-year-old, trader).

Results from bivariate and multivariate analysis

From Table 4, it is evident that the women who have been married for between 6 to 10 years were significantly less likely to experience IPSV compared to women who have been married for 5 years or less (AOR=0.44; 95% CI 0.19-0.99). Similarly, respondents who were from households in the richer wealth tertile were significantly less likely to experience IPSV compared to their contemporaries from households in the middle and poorer wealth tertile (AOR=0.31; 95% CI 0.15-0.65).

On the other hand, respondents whose attitudes were supportive of IPSV were four times more likely to experience IPSV compared to their counterparts whose attitudes did not support IPSV (AOR=4.04; 95% CI 1.17-13.94). The findings also showed that respondents whose attitudes were supportive of physical IPV were significantly more likely to experience IPSV compared to their counterparts whose attitudes did not support physical IPV (AOR=2.99; 95% CI 1.49-6.00).

Table 4: Logistic regression results showing the likelihood of ever-married women experiencing IPSV by selected variables.

Variables	OR (95% CI)	AOR (95% CI)
Age category (in years)		
18-24	1	1
25-34	0.65 (0.27-1.54)	1.22 (0.43-3.39)
35 and above	1.19 (0.49-2.87)	1.98 (0.61-6.49)
Spousal age difference (in years)		
0-4	1	1
5-9	0.89 (0.45-1.76)	0.85 (0.41-1.78)
10 and above	1.05 (0.53-2.09)	0.99 (0.47-2.11)
Duration of union (in years)		
5 years or less	1	1
6-10	0.45 (0.23-0.89)*	0.44 (0.19-0.99)*
11-15	0.63 (0.29-1.35)	0.48 (0.19-1.22)
16 and above	2.00 (0.75-5.33)	1.12 (0.33-3.78)
Type of union		
Cohabiting	1	1
Legally married	1.13 (0.65-1.93)	1.19 (0.69-2.49)
Family structure		
Monogamous	1	1
Polygamous	1.67 (0.95-2.99)	1.32 (0.69-2.19)
Educational status		
No formal education	1	1
Completed primary school	0.59 (0.25-1.35)	0.68 (0.27-1.70)
Completed secondary school and more	0.57 (0.26-1.23)	0.93 (0.39-2.21)
Primary religion		
Christianity	1	1
Islam	2.46 (1.43-4.21) *	2.14 (1.19-3.84) *
Wealth index		
Poorer	1	1
Middle	1.01(0.42-2.42)	1.16 (0.46-2.94)
Richer	0.26 (0.14-0.51) *	0.31 (0.15-0.65) *
Decision on respondent's earnings		
Respondent	1	1
Spouse/partner	1.28 (0.67-2.44)	1.31 (0.64-2.69)
Joint decision	0.89 (0.47-1.67)	0.89 (0.45-1.77)
Attitude towards sexual IPV		
Not supportive	1	1
Supportive	6.39 (1.97-20.68) *	4.04 (1.17-13.94) *
Attitude towards physical IPV		
Not supportive	1	1
Supportive	3.72 (1.94-7.14) *	2.99 (1.49-6.00) *

*:significant

DISCUSSION

The findings reveal a past year prevalence of IPSV among women in southwestern Nigeria that is very similar to what has been reported by other researchers in Nigeria and other African countries.[6-10] The qualitative data also suggested that IPSV exists in the study communities but also highlighted that the rarity could be due to the culture of silence around IPSV.[2]

The proportion of respondents who expressed attitudes that condoned IPSV was rather high underscoring the importance of the cultural environment that is likely to shape women's attitudes toward sexual violence. This high level of social acceptance of IPSV, as is the case with other forms of IPV, indicates that the norms, particularly those that prioritize male dominance and control, remain deeply entrenched in this context.[17,18] In societies such as where the current study was conducted, women's autonomy over their bodies is minimized, and

violence is usually normalized within intimate relationships.[26] As observed in previous studies, patriarchal societies tend to justify male authority, leading to a culture of silence and the internalization of victim-blaming attitudes among women.[19,25,26] On the other hand, much, lower rate of justifying IPSV have been reported in countries with much stronger institutional support systems and higher levels of public awareness than what exists in the setting where the current study was conducted.[27]

Interestingly, women married for 6 to 10 years were less likely to experience IPSV compared to those married for shorter durations, which contrasts with studies in Bangladesh and other regions where longer marriage duration is associated with increased violence.[25] This variation may reflect differences in cultural expectations surrounding marriage. In Nigeria, particularly in rural areas, the early years of marriage often coincide with heightened economic and emotional instability, which may exacerbate the risk of violence. Over time, as couples gain more financial stability or women become more socially integrated into their communities, the risk of IPSV may decrease. However, this finding should be interpreted with caution, as it could also suggest that women in longer marriages are more likely to normalize the violence they experience, or even less likely to report it. Further research is needed to understand how duration of a union interacts with cultural norms, economic factors, and reporting behaviours in Nigeria.

These findings highlight the urgent need for multifaceted interventions to address IPSV in Nigeria. Cultural norms that condone male dominance, and economic dependency are critical factors that must be addressed to reduce the prevalence of IPSV.[19] Economic empowerment initiatives, such as microfinance programs for women, could help mitigate the economic dependency that traps many women in abusive relationships, although with additionally interventions that seeks to raise awareness about IPSV and promoting gender equality through educational programs.[28] Importantly, like interventions to address other forms of IPV, interventions must be culturally sensitive and community-driven to ensure their effectiveness in reducing IPSV.[29] The legal framework in Nigeria, while improving with the introduction of the Violence Against Persons Prohibition (VAPP) Act in 2015, requires strengthening in its implementation, particularly in rural areas where IPSV is often seen as a private issue, rather than a public or criminal concern.[30]

CONCLUSION

The study highlights a troubling prevalence IPSV in southwestern Nigeria, with 9% of women reporting incidents in the past year and 65.6% holding attitudes supportive of violence. The findings also showed that respondents with attitude that justifies sexual and physical violence were significantly more likely to experience IPSV, while being married for 6 to 10 years and being a member of a wealthier household was found to be protective of IPSV.

To reduce IPSV, culturally sensitive interventions should focus on raising awareness through community-based education programs that promote gender equality and challenge attitudes that justify all forms of violence. Economic empowerment initiatives that can support households to be more economically stable should be implemented to reduce the financial strains on households. Finally, stronger enforcement of legal protections, coupled with public education campaigns, is essential to shift societal attitudes and hold perpetrators accountable.

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