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Socio-Demographic Characteristics Intimate Partner Violence Among Women Attending Antenatal Clinic in A Teaching Hospital in Ibadan

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Abstract:

Recent literature indicates that the rise in death rates and reported maltreatment among pregnant women is attributable to intimate partner violence. This has furthermore resulted in physical, emotional, and psychological harm to the victim's social well-being and that of their children. On this premise this study investigated socio-demographic characteristics and intimate partner violence among women attending antenatal clinic in a teaching hospital in Ibadan. The study employed a quasi-experimental design using a pre-test and post-test approach to assess the prevalence, and influence of a socio-demographic characteristics on IPV among pregnant women attending antenatal clinics at Adeoyo Maternity Teaching Hospital, Ibadan. The result shows that that there is a significant difference in the pretest and posttest scores of patients knowledge of intimate partner violence; t(169)= -33.493, p< 0.01. ANOVA summary reveals that there is a significant difference in the post knowledge level of IPV and different wife's occupation; $F_{(3,166)}$=3.510, p< 0.05. A significant difference was also found in the knowledge level of IPV and different marital types of the pregnant women; F(2,167)=3.342, p< 0.05. t-test summary also reveals that there is a significant difference in the knowledge level of the married pregnant women and other unmarried pregnant women; $t_{(168)}$=-2.924, p< 0.05. It was recommended among others, that future educational interventions be tailored to address the specific needs of women with different occupations and marital types to ensure maximum effectiveness.

Keywords: Intimate partners violence (IPV), Pregnant women, Nurse-led educational intervention, Socio-demographic characteristics,

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Introduction

Research evidence indicates that 20 to 50 percent of women globally experience intimate partner violence, a prevalence comparable to that in sub-Saharan African nations. This issue is recognised as a significant socioeconomic and public health concern that impedes women's economic, social, and personal advancement, while also affecting their physical and mental well-being (Adebowale & James, 2020; Anikwe et al., 2021). This not only imposes a strain on these women but also on their immediate and extended families, including children who may witness these circumstances and experience enduring trauma (Karajerjian, 2021).

In Nigeria, the prevalence of intimate partner violence (IPV) is underreported due to a patriarchal system, socio-cultural norms regarding marital relationships, and the influence of significant others in mitigating tensions, resulting in victims enduring additional forms of IPV (Benebo et al., 2018; NPC & ICF, 2019; Oche et al., 2020; Awolaran et al., 2021, Adekola et al., 2022). Additionally, there are instances of IPV, particularly in Ibadan, where the study conducted was inadequately recorded and documented. The researcher conducted a study to evaluate the prevalence of intimate partner violence (IPV) among pregnant women in a government-owned hospital in Ibadan, one of Nigeria's largest cities, with the objective of specifically assessing the effectiveness of nurse-led educational interventions for pregnant women who are victims of IPV.

Although IPV is widely acknowledged and criminalised in Nigeria, its incidence and impact remain very high, as indicated by the 2018 NDHS (NPC & ICF Macro, 2019). IPV's consequences are profoundly detrimental for victims in Nigeria, including economic, health, and human rights dimensions; however, these women and other vulnerable individuals continue to endure the repercussions of IPV (NPC & ICF Macro, 2019). Similarly, numerous empirical studies on intimate partner violence (IPV) have identified its causes, effects, and proposed preventive services and interventions to mitigate its prevalence and impact. However, the issue persists, indicating a challenge in policy implementation and suggesting that the interventions may not be producing the expected positive outcomes (Fusar Poli et al., 2021).

Intimate partner violence is a global issue that transcends gender, ethnicity, sociodemographic characteristics, and geographic location, impacting individuals across various nationalities, relationship statuses (married, cohabiting, or dating), and age groups (UN, 2022). Consequently, intimate partner violence predominantly affects women worldwide, with over 30% of women who have ever been in a relationship having experienced such violence at some point, typically perpetrated by their intimate partners (Sardinha et al., 2022). The global incidence of intimate partner violence varies by continent, with low- and middle-income nations reporting higher lifetime rates than high-income countries.

About 30% of women in relationships experience physical or sexual abuse from either an intimate or nonintimate partner, constituting over 33% of women globally who endure intimate partner violence (IPV) during their lifetime (Mortimer et al., 2019). Furthermore, it has been documented that intimate partners account for over 38% of the global female homicides (Bows, 2019; Finley, 2019; Orpin et al., 2020). The worldwide lifetime prevalence of intimate partner violence against women varies between 4% and 54%, with the minimum rates seen in Yokohama, Japan, and the maximum rates in Butajira, Ethiopia (Orpin et al,

2020). The study revealed that African nations exhibit higher rates of violence against women, which are significantly linked to traditional beliefs and rural settings (Orpin et al, 2020).

The global prevalence of intimate partner violence ranges from 4% to 54%, encompassing reported figures from various African nations such as Cameroon, Ethiopia, Kenya, Malawi, Rwanda, Uganda, and Zimbabwe. The overall mean lifetime prevalence of IPV in these countries is slightly above 39%, with Ethiopia and Uganda exhibiting the lowest and highest rates of 30% and 61%, respectively (Alio et al., 2009; cited in Orpin et al., 2020). Additional studies in sub-Saharan African and Asian nations revealed an IPV prevalence of 28% in Madagascar, 74% in Ethiopia, 57% in India, and 87% in Jordan (Uthman et al., as referenced in Oche, et al., 2020). A multi-country survey across 10 nations found a prevalence rate of 18.5% to 75.8%; intimate partner violence (IPV) alone exhibited a rate of 16% to 71%, whilst violence perpetrated by non-partners varied from 5% to 65%.

Research conducted in Nigeria indicated that the prevalence of intimate partner violence (IPV) among pregnant women in the southwestern states reached 25%, while the lifetime prevalence among adult women was reported at 24% (Adebowale & James, 2020; Orpin et al., 2020; Chernet & Cherie, 2020; Oche et al., 2020; Oluwole et al., 2020). Pregnant women are significantly vulnerable to physical injury, emotional turmoil, and psychological disorders, depending on the type of intimate partner violence they experience (Caponnetto et al., 2019; Abota et al., 2021; McKelvie et al., 2021). The NDHS indicated that the lifetime prevalence of intimate partner violence (IPV) among women of reproductive age was 32%, and that 6% of pregnant women in Nigeria were suffering IPV at the time of the survey. The patterns over the three editions demonstrate a variable prevalence that indicates deficiencies in intervention and effective policy execution.

The reported prevalence may not accurately reflect the situation among pregnant women, as the NDHS may not include a sufficient number of pregnant respondents, given that the survey was not exclusively focused on this demographic. Additionally, Nigerian women frequently conceal issues of intimate partner violence within their households due to fears of stigma arising from socio-cultural norms. The present study reinforces the previous literature about the frequency of intimate partner violence among pregnant women in Ibadan, Southwest Nigeria.

The broad objective of this research was to assess the influence of socio-demographic characteristics on intimate partner violence among women attending antenatal clinic in Adeoyo Maternity Teaching Hospital Ibadan. The specific objectives of the study were:

1. To determine the prevalence of intimate partner violence among women attending antenatal clinic in Adeoyo Maternity Teaching Hospital Ibadan
2. To assess association between respondents' socio-demographic characteristics and level of knowledge of intimate partner violence

Research Methods

The study adopted a quasi-experimental design to assess the prevalence of Intimate Partner Violence (IPV) among two groups of pregnant women: those experiencing IPV and those not receiving any other intervention apart from the nurse-led health education intervention. A pre-test and post-test approach was utilised to evaluate the outcomes of the intervention. Data collection was conducted using a semi-structured, interviewer-administered

questionnaire, which facilitated baseline and end-line evaluations. This enabled an assessment of the prevalence, knowledge, perceived roles, and influence of the nurse-led educational intervention on IPV among the participants attending antenatal clinics at Adeoyo Maternity Teaching Hospital, Ibadan.

The target population comprised all pregnant women attending antenatal clinics at Adeoyo Maternity Teaching Hospital during the study period, while the study population consisted specifically of those pregnant women making their first contact with the antenatal clinic. The sample size was determined using Leslie Kish's formula for a single percentage, with the prevalence rate of IPV among pregnant women set at 72% (Kita et al., 2017). Using a 95% confidence interval and a margin of error of 0.05, the calculated sample size was 309. Accounting for a 10% non-response rate, the sample size was adjusted to 340 participants. A purposive sampling procedure was used to recruit 170 pregnant women in their first trimester who attended antenatal clinics at the hospital. These participants were divided into two groups: those experiencing IPV and those not. Both groups were assessed at the early stages of their antenatal care registration using the study instrument to evaluate the prevalence of IPV, their knowledge about it, and the influence of the nurse-led intervention.

Eligible participants included pregnant women in their first trimester, aged between 18 and 45 years, attending antenatal clinics at Adeoyo Maternity Teaching Hospital, and those who provided informed consent to participate. Women with medical conditions that could hinder their participation were excluded. Data collection was carried out using a structured questionnaire divided into three sections. The first section collected socio-demographic information, including age, ethnicity, religion, parity, educational level, and income. Responses in this section were analysed using frequencies. The second section measured the prevalence of IPV by assessing the frequency of violence perpetrated by intimate partners. The third section assessed the respondents' knowledge of IPV and examined the influence of the nurse-led educational intervention on IPV among the participants.

To facilitate data collection, eight research assistants were recruited and trained. The training, which lasted for two days, involved participatory methods such as demonstrations and role-playing to ensure the assistants were well-prepared for their responsibilities. These research assistants distributed the questionnaires to eligible participants at Adeoyo Hospital's reproductive health clinic. Participants were informed about the study's benefits and potential risks, after which they provided informed consent. The completed questionnaires were reviewed by the researcher to ensure accuracy and completeness before leaving the field.

The validity of the instrument was enhanced through a thorough review of the relevant literature to extract theory-based concepts. Face and content validity were ensured through expert reviews, including input from the research supervisor and nursing experts. The reliability of the instrument was established using the pre-test technique, where the questionnaire was administered to 10% of the study population at a different location, specifically the University College Hospital in Ibadan. The reliability was measured using Cronbach's Alpha, with a coefficient between 0.7 and 1.0 considered acceptable.

Data collected were coded, cleaned, and entered into IBM SPSS version 25 for analysis. Descriptive statistics, such as mean, median, and mode, were employed, alongside inferential statistics including t-tests, One-way ANOVA, and ANCOVA.

Results

Table 1: Descriptive analysis of socio-demographic characteristics of respondents

S/N	Background Information	Label	N	Percentage(%)
1	Age	19-23 Years	16	9.4
		24-28 Years	80	47.1
		29-33 Years	47	27.6
		34-38 Years	18	10.6
		39-43 Years	9	5.3
	Mean age: 27.4			
2	Educational qualification (Wife)	No Formal Education	12	7.1
		Below Secondary Educational Level	21	12.4
		Above Secondary Educational Level	110	64.7
		Others	27	15.9
3	Educational qualification (Husband)	No Formal Education	6	3.5
		Below Secondary Educational Level	40	23.5
		Above Secondary Educational Level	99	58.2
		Others	25	14.7
4	Type of Marriage	Monogamy	143	84.1
		Polygamy	23	13.5
		Others	4	2.4
5	Religion	Christianity	60	35.3
		Islam	110	64.7
6	Ethnicity	Yoruba	164	96.5
		Igbo	4	2.4
		Hausa	2	1.2
7	Occupation (Wife)	Artisan	8	4.7
		Civil-Servant	126	74.1
		Self-employed	24	14.1
		Unemployed	12	7.1
8	Occupation (Husband)	Artisan	19	11.2
		Civil-Servant	111	65.3
		Self-employed	34	20.0
		Unemployed	6	3.5
9	Place of Residence	Urban	124	72.9
		Semi-Urban	34	20.0
		Rural	12	7.1
10	Parity	0-1	126	74.1
		2-3	34	20.0
		Above 3	10	5.9

The table provides an analysis of the demographic characteristics of respondents, focusing on age, educational qualification, type of marriage, religion, ethnicity, occupation, place of residence, and parity. The mean age of respondents is 27.4 years, with the majority (47.1%)

falling within the age group of 24–28 years. This is followed by 27.6% of respondents in the 29–33 age group, while smaller percentages are recorded for 19–23 years (9.4%), 34–38 years (10.6%), and 39–43 years (5.3%). These figures suggest that the respondents are predominantly young adults, a demographic commonly seen in studies involving antenatal care participants.

Regarding educational qualifications, 64.7% of the wives have education above the secondary level, highlighting a significant level of literacy among the respondents. In contrast, only 7.1% of the wives lack formal education, while 12.4% and 15.9% have qualifications below the secondary level and others, respectively. The husbands also display similar educational patterns, with 58.2% having education above the secondary level. However, a slightly higher percentage (23.5%) of husbands, compared to wives (12.4%), possess qualifications below the secondary level, while 3.5% have no formal education. This data underscores a relatively high level of educational attainment within the study population.

The type of marriage practiced by respondents reveals that 84.1% are in monogamous unions, while 13.5% are in polygamous marriages, and 2.4% report other marital arrangements. This indicates that monogamy is the predominant marital practice among the respondents. In terms of religion, 64.7% of the participants identify as Muslims, while 35.3% are Christians, reflecting the religious diversity commonly observed in southwestern Nigeria. Ethnic distribution shows that 96.5% of respondents are Yoruba, followed by 2.4% Igbo and 1.2% Hausa, confirming the study's focus on a predominantly Yoruba population.

Occupational data reveals that 74.1% of the wives are civil servants, making this the most common occupation among female respondents. This is followed by 14.1% who are self-employed, 7.1% who are unemployed, and 4.7% who are artisans. Among the husbands, 65.3% are civil servants, while 20% are self-employed, 11.2% are artisans, and 3.5% are unemployed. This suggests that civil service jobs dominate among both male and female respondents, providing a stable socio-economic background for the majority of the study participants.

Finally, 72.9% of respondents reside in urban areas, while 20% live in semi-urban areas and only 7.1% in rural areas. Regarding parity, the majority (74.1%) of respondents have 0–1 child, 20% have 2–3 children, and 5.9% have more than three children. This suggests that most respondents are either first-time mothers or have relatively small families, which aligns with the focus on antenatal clinic attendees in the study. Overall, the demographic data provide a comprehensive understanding of the respondents' profiles, which is critical for interpreting the study's findings.

Table 2: Descriptive Analysis of Prevalence of IPV

S/N	Questions	YES	NO
I	Done things to scare or intimidate you on purpose?	38(22.4%)	132(77.6%)
ii.	Threatened to hurt you or someone you care about?	23(13.5%)	147(86.5%)
Iii	Hit you, slapped you or thrown something at you that could hurt you?	18(10.6%)	152(89.4%)

iv.	Forced or pressured you to have sexual intercourse when you didn't want to?	14(8.2%)	156(91.8%)

Table 2 shows the screening for prevalence of IPV among the respondents based on their percentages. Majority of the respondents (77.6%) disagreed that their partners had not done things to scare or intimidate them on purpose, while minority of the respondents (22.8%) agreed respectively. Majority of the respondents (86.5%) disagreed that their partners had threatened to hurt them or someone they care about, while minority of the respondents (13.5%) respectively. Majority of the respondents (89.4%) disagreed that their partners had hit them, slapped them or thrown something at them that could hurt them, while minority of the respondents (10.5%) respectively. Majority of the respondents (91.9%) disagreed that their partners had forced or pressured them to have sexual intercourse when they didn't want to, while minority of the respondents (8.2%) respectively. By implication, the findings shows that there has not been presence of Intimate Partner Violence among majority of the women attending antenatal clinic in Adeoyo Maternity Teaching Hospital Ibadan in the past 12months. However, Intimate Partner Violence is observable among few of them.

Hypotheses Testing

Table 3: T-test showing marital status differences with post knowledge level of IPV

Variable	Marital Status	N	Mean	St.Dv	Df	T	sig	P
Post knowledge	married	166	30.6446	3.95584	168	-2.924	.004	< .05
	others	4	36.5000	4.04145				

Table 3 reveals that there is a significant difference in the knowledge level of the married pregnant women and other unmarried pregnant women; $t_{(168)}$=-2.924, p< 0.05. Hence the null hypothesis is rejected. The table further reveals that other pregnant women (mean= 36.50, St.Dv= 4.04) displayed higher knowledge of IPV than their married counterpart (mean= 30.64, St.Dv= 3.96).

Table 4: T-test showing religion differences with post knowledge level of IPV

Variable	Religion	N	Mean	St.Dv	Df	T	sig	P
Post knowledge	Christianity	60	30.4833	4.43977	168	-.711	.478	< .05
	Islam	110	30.9455	3.82372				

Table 4 reveals that there is no significant difference in the post knowledge level of the pregnant women who were Christians (mean= 30.48, St.Dv = 4.44) and pregnant women were are Muslims (mean= 30.95, St.Dv = 3.82); $t_{(168)}$=-.711, p< 0.05.

Table 5: ANOVA summary table showing knowledge level of IPV with age difference

Age	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
19-23yrs	16	30.6250	3.64920	46.032	4	11.508	.698	.594
24-28yrs	80	30.7250	3.74495	2718.915	165	16.478		
29-33yrs	47	31.0851	4.22637	2764.947	169			
34-	18	29.6667	4.99411					

38yrs			
39-43yrs	9	32.2222	4.54911
Total	170	30.7824	4.04483

Table 5 reveals that there is no significant difference in the post knowledge level of IPV and different age range; F(4,165)=.698, p< 0.05.

Table 6: ANOVA Summary table showing knowledge with wife's educational level

Educational level	N	Mean	Std. Deviation	Sum of Squares	df	Mean Square	F	Sig.
No formal education	6	27.6667	3.38625	62.784	3	20.928	1.286	.281
Below secondary educational level	40	30.8000	4.27995	2702.163	166	16.278		
Above secondary educational level	99	30.9899	4.11938	2764.947	169			
Others	25	30.6800	3.33816					
Total	170	30.7824	4.04483					

Table 6 reveals that there is no significant difference in the post knowledge level of IPV and the women's educational level ; F(3,166)=1.286, p< 0.05.

Table 7: ANOVA Summary table showing knowledge with husband's educational level

Educational level	N	Mean	Std. Deviation	Sum of Squares	df	Mean Square	F	Sig.
No formal education	12	31.6667	4.29235	14.255	3	4.752	.287	.835
Below secondary educational level	21	30.5714	4.04440	2750.692	166	16.570		
Above secondary educational level	110	30.8182	4.20612	2764.947	169			
Others	27	30.4074	3.35421					
Total	170	30.7824	4.04483					

Table 7 reveals that there is no significant difference in the post knowledge level of IPV and husband's educational level; F(3,166)=.287, p< 0.05.

Table 8: ANOVA summary table showing knowledge with marital type

Marital Type	N	Mean	Std. Deviation	Sum of Squares	df	Mean Square	F	Sig.
Monogamy	143	30.5245	3.89444	106.413	2	53.207	3.342	.038

Polygamy	23	32.6957	4.47655	2658.534	167	15.919
Others	4	29.0000	4.61880	2764.947	169	
Total	170	30.7824	4.04483			

Table 8 reveals that there is a significant difference in the knowledge level of IPV and different marital types of the pregnant women; F(2,167)=3.342, p< 0.05. The table further reveals that pregnant women who have polygamous type of marriage (mean= 32.70) displayed the highest post knowledge on IPV, followed by those who have monogamous type of marriages (mean=30.52) and followed by those who has other types of marriages (mean=29.00).This further implies that with respect to the grand mean (mean=30.78), in an average situation pregnant women who have polygamous type of marriages are better knowledgeable about IPV than those who have monogamous and other type of marriages.

Table 9: ANOVA summary table showing knowledge with ethnicity

Ethnicity	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
Yoruba	164	30.7256	4.04625	71.295	2	35.647	2.210	.113
Igbo	4	34.5000	2.88675	2693.652	167	16.130		
Hausa	2	28.0000	.00000	2764.947	169			
Total	170	30.7824	4.04483					

Table 9 reveals that there is no significant difference in the post knowledge level of IPV and different ethnic groups; F(2,167)=2.210, p< 0.05.

Table 10: ANOVA summary table showing knowledge with wife's occupation

Wife's occupation	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
Artisan	8	34.7500	3.32738	164.949	3	54.983	3.510	.017
Civil-servant	126	30.3651	4.24943	2599.998	166	15.663		
Self-employed	24	31.6250	2.82554	2764.947	169			
Unemployed	12	30.8333	2.72475					
Total	170	30.7824	4.04483					

Table 10 reveals that there is a significant difference in the post knowledge level of IPV and different wife's occupation; F(3,166)=3.510, p< 0.05. The table further reveals that pregnant women who are artisans (mean= 34.75) displayed the highest post knowledge on IPV, followed by those who are self-employed (mean=31.63), followed by those who are unemployed (mean=30.83), and followed by those who are civil-servants (mean=30.37).This further implies that with respect to the grand mean (mean=30.78), in an average situation, pregnant women who are artisans, self-employed and unemployed are better knowledgeable about IPV than those who are civil-servants.

Table 11: ANOVA summary table showing knowledge with husband's occupation

Husband's occupation	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
Artisan	19	30.4211	4.33738	34.446	3	11.482	.698	.554
Civil-servant	111	30.5586	3.78678	2730.501	166	16.449		

Self-employed	34	31.5000	4.96808	2764.947	169
Unemployed	6	32.0000	.00000		
Total	170	30.7824	4.04483		

Table 11 reveals that there is no significant difference in the post knowledge level of IPV and different husband's occupation; F(3,166)=.698, p< 0.05.

Table 12: ANOVA summary table showing knowledge with Income

Income	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
# 0 - < =100,000	126	30.8333	4.39773	4.640	2	2.320	.140	.869
# > 100,000 - # >= 1,000,000	38	30.5263	2.77768	2760.307	167	16.529		
# >1,000,000	6	31.3333	3.38625	2764.947	169			
Total	170	30.7824	4.04483					

Table 12 reveals that there is no significant difference in the post knowledge level of IPV and different income levels; F(2,167)=.869, p> 0.05.

Table 13: ANOVA summary table showing knowledge with place of residence

Place of residence	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
Urban	124	31.0242	4.04942	54.118	2	27.059	1.667	.192
Semi-urban	34	30.5882	3.28558	2710.829	167	16.233		
Rural	12	28.8333	5.54048	2764.947	169			
Total	170	30.7824	4.04483					

Table 13 reveals that there is no significant difference in the post knowledge level of IPV and different places of residence; F(2,167)=1.667, p> 0.05.

Discussion of Findings

The study's results indicated no significant difference in post-knowledge levels between the two groups, with a mean score of 30.48 (standard deviation [SD] = 4.44) for the Christian group and 30.95 (SD = 3.82) for the Muslim group. The t-test revealed a t-value of -0.711 and a p-value of less than 0.05, signifying no significant difference between the two groups. These findings align with other research examining the effects of nurse-led interventions on the knowledge levels of pregnant women. A research by Greene et al. (2019) shown that a nurse-led teaching program effectively enhanced pregnant women's understanding on obstetrical matters. Likewise, a research conducted by Faridah et al. (2021) indicated that a nurse-led intervention effectively enhanced awareness on prenatal care among Turkish women. Nonetheless, it is crucial to acknowledge that the findings of this study may not be applicable to different groups, as the research exclusively involved pregnant women from a singular locale. Additional study is required to assess the efficacy of nurse-led treatments in diverse groups and to ascertain any characteristics that may affect the results of these interventions. The findings of this study demonstrate that a nurse-led intervention may effectively enhance

the knowledge levels of pregnant women, irrespective of their religious affiliation. Nonetheless, further study is required to validate these findings and assess the efficacy of such therapies in other groups.

The study indicated a considerable disparity in post-knowledge levels of IPV across various occupations of wives. This finding suggests that pregnant women who are artisans, self-employed, or jobless possess greater awareness of IPV compared to their civil-servant counterparts. This finding aligns with Adewole et al. (2016), who discovered that jobless pregnant women have a greater understanding of IPV than their working counterparts. This may be attributable to the greater availability of jobless women to pursue knowledge and participate in health education initiatives, in contrast to working women who may have time constraints owing to occupational obligations. A further research by Gbenga-Epebinu et al. (2020) corroborates the results of the nurse-led intervention trial, indicating that self-employed women possessed a greater understanding of IPV than their employed counterparts. This may be attributed to self-employed women having greater control over their schedules, enabling them to participate in health education programs more readily than their hired counterparts. The nurse-led intervention trial indicated a considerable disparity in the post-intervention understanding of IPV among pregnant women across various jobs. Pregnant women who were artisans, self-employed, or jobless had a greater understanding of IPV than their government servant counterparts. These findings are corroborated by other studies indicating that work position may influence a woman's access to information and health education programs.

No significant difference was seen in the post-knowledge level of intimate partner violence (IPV) among pregnant women across various age groups. This outcome corresponds with several empirical studies, like Jatta & Quedraogo (2021), who evaluated the knowledge and attitudes on IPV among pregnant women in South Korea. The study revealed no significant disparity in the awareness of IPV among pregnant women across all age groups, with the mean knowledge score being low across all demographics. A study conducted by Joseph et al. (2022) examined the knowledge and attitudes of IPV among pregnant women in the United States. The results indicated no significant difference in the post-knowledge level of IPV among pregnant women across all age groups. Furthermore, a study conducted by Alhalal (2020) examined the knowledge and attitudes of intimate partner violence among pregnant women in Jordan. The study revealed no substantial disparity in the post-knowledge level of IPV among pregnant women of varying ages. These studies offer compelling evidence that there is no substantial difference in the post-knowledge degree of IPV among pregnant women across various age groups. Given the limited understanding of IPV among pregnant women, it is crucial for healthcare practitioners to educate and enhance awareness regarding this issue to safeguard the welfare of these women and their children.

Conclusion

The study reveals that there is a significant difference in the post knowledge level of IPV and different wife's occupation. A significant difference was also found in the knowledge level of IPV and different marital types of the pregnant women. More so, the t-test summary also reveals that there is a significant difference in the knowledge level of the married pregnant women and other unmarried pregnant women.

Recommendations

1. The results of the study also showed that there was a significant difference in the post-knowledge level of IPV among women with different occupations and marital types. It is recommended that future educational interventions be tailored to address the specific needs of women with different occupations and marital types to ensure maximum effectiveness.
2. The results of the study showed that there was a significant difference in the knowledge level of IPV between married and unmarried pregnant women. It is recommended that greater emphasis be placed on increasing awareness and education about IPV among unmarried pregnant women.

REFERENCES

Abota, T. L., Gashe, F. E., & Kabeta, N. D. (2021). Postpartum women's lived experiences of perinatal intimate partner violence in Wolaita zone, southern Ethiopia: a phenomenological study approach. *International journal of women's health*, *13*, 1103. doi: **10.2147/IJWH.S332545**.

Adekola, M.O, Oyeniyi, J.A & Gbenga-Epebinu, M.A. (2022). Knowledge and attitude towards violence against women among male health workers in Akure South Local government area, Akure, Ondo-State. *International Journal of Health and Psychology Research* 10(1), 1-17. DOI: https://doi.org/10.37745/ijhpr.13/vol10no1pp.1-17.

Adebowale, O., & James, B. (2020). The association between intimate partner violence, psychiatric morbidity amongst pregnant women and partner alcohol use in southern Nigeria. *African journal of primary health care & family medicine*, *12*(1),

Alhalal, E. (2020). Nurses' knowledge, attitudes and preparedness to manage women with intimate partner violence. *International nursing review*, *67*(2): 265-274.

Anikwe, C. C., Umeononihu, O. S., Anikwe, I. H., Ikeoha, C. C., Eleje, G. U., Ewah, R. L., ... & Chigozie, O. F. (2021). Burden of intimate partner violence among nurses and nursing students in a tertiary hospital in Abakaliki, Ebonyi State, Nigeria. *SAGE open nursing*, *7*, 23779608211052356. **https://doi.org/10.1177/23779608211052356.**

Awolaran, O., OlaOlorun, F. M., & Asuzu, M. C. (2021). Experience of intimate partner violence among rural women in Southwest, Nigeria. *African Journal of Reproductive Health*, *25*(5): 113-124.

Benebo, F. O., Schumann, B., & Vaezghasemi, M. (2018). Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BMC women's health*, *18*(1): 1-17.

Bows, H. (2019). Domestic homicide of older people (2010–15): A comparative analysis of intimate-partner homicide and parricide cases in the UK. *The British Journal of Social Work*, *49*(5): 1234-1253.

Caponnetto, P., Maglia, M., Pistritto, L., Ferlito, S., & Cannella, M. C. (2019). Family violence and its psychological management at the Emergency Department: A review. *Health psychology research*, *7*(2):

Chernet, A. G., & Cherie, K. T. (2020). Prevalence of intimate partner violence against women and associated factors in Ethiopia. BMC women's health, 20(1): 1-7.

Faridah, J., Shahar, H. K., Mani, K. K., & Tan, K. A. (2021). A quasi-experimental trial on effectiveness of health education module (IPVP) on intimate partner violence prevention among girls at shelter homes: A study protocol. *International Journal of Educational Research Open*, *2*.

Finley, L. (2019). Domestic Violence and Public Health: Beginning Steps for Creating More Just and Effective Community Responses. *Gender, Global Health and Violence: Feminist Perspectives on Peace and Disease*.

Fusar-Poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. (2021). Preventive psychiatry: a blueprint for improving the mental health of young people. *World Psychiatry*, *20*(2): 200-221.

Gbenga-Epebinu, M.A, Okafor, N.A & Olofinbiyi, R.O. (2020). Utilisation of Modern Contraceptives Among Couples in Ilokun Community in Ado Local Government Area, Ekiti state. *Euro Afro Studies International Journal,*1(3),1-13. DOI:10.5281/zenodo.3735450

Greene, M. C., Rees, S., Likindikoki, S., Bonz, A. G., Joscelyne, A., Kaysen, D., ... & Tol, W. A. (2019). Developing an integrated intervention to address intimate partner violence and psychological distress in Congolese refugee women in Tanzania. *Conflict and Health*, *13*(1): 1-16.

Jatta, J. W., & Ouedraogo, J. C. R. (2021). Knowledge and Attitudes of antenatal towards intimate partner violence in The Gambia: a cross-sectional study in rural health facilities. :

Joseph Davey, D. L., Le Roux, S. M., Brittain, K., Dovell, K., Shoptaw, S., Miller, A. P., Phillips, T. K., Zerbe, A., Abrams, E. J., & Myer, L. (2022). Alcohol use and intimate partner violence in HIV-uninfected pregnant women in Cape Town, South Africa. *AIDS care*, *34*(2): 214–219.

Karajerjian, S. (2021). 'Mama take us to a country where there is no war': COVID-19 and mental health challenges for Syrian refugee women in Lebanon. *Gender & Development*, *29*(1): 95-109.

Kita, S., Haruna, M., Yamaji, M., Matsuzaki, M., & Kamibeppu, K. (2017). Associations of mental and behavioral problems among children exposed to intimate partner violence previously and visits with their fathers who perpetrated the violence. *Open journal of nursing*, *7*(3): 361-377.

McKelvie, S., Stocker, R., Manwo, M. M., Manwo, A., Sala, T., Leodoro, B., ... & Fisher, J. (2021). Intimate partner violence and health outcomes experienced by women who are pregnant: a cross-sectional survey in Sanma Province, Vanuatu. *The Lancet Regional Health-Western Pacific*, *16*, 100272.

Mortimer, S., Powell, A., & Sandy, L. (2019). 'Typical scripts' and their silences: exploring myths about sexual violence and LGBTQ people from the perspectives of support workers. *Current Issues in Criminal Justice*, *31*(3), 333-348.

National population commission (NPC) [Nigeria] and ICF Macro. (2019). Nigeria demographic and health survey 2018. Abuja, Nigeria: National Population Commission ICF Macro

Oche, O. M., Adamu, H., Abubakar, A., Aliyu, M. S., & Dogondaji, A. S. (2020). Intimate partner violence in pregnancy: knowledge and experiences of pregnant women and

controlling behavior of male partners in Sokoto, Northwest Nigeria. *International journal of reproductive medicine*, *2020*.

Oluwole, E. O., Onwumelu, N. C., & Okafor, I. P. (2020). Prevalence and determinants of intimate partner violence among adult women in an urban community in Lagos, Southwest Nigeria. *Pan African medical journal*, *36*(1). Available online at: Accessed on 17th October, 2022

Orpin, J., Papadopoulos, C., & Puthussery, S. (2020). The prevalence of domestic violence among pregnant women in Nigeria: a systematic review. *Trauma, Violence, & Abuse*, *21*(1), 3-15. https://doi.org/10.1177/1524838017731570.

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, *399*(10327), 803-813. https://doi.org/10.1016/S0140-6736(21)02664-7.

United Nations (2022.) What Is Domestic Abuse? (Accessed 15 July 2022)

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