Justification of Intimate Partner Violence among Women of Reproductive Age in Nigeria: Analysis of 2011-2021 Multiple Indicator Cluster Surveys

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ABSTRACT

Background: Women around the world face Intimate Partner Violence (IPV) as one of the most widespread forms of abuse, making it a serious public health issue globally. This study seeks to analyse multi-year trends in the justification of intimate partner violence in Nigeria and identify key influencing factors.

Subjects and Method: This cross-sectional study used data from the 2011, 2016/17, and 2021 Nigeria MICS, targeting women aged 15–49 across the country. A stratified two-stage sampling design ensured national representation. Justification of intimate partner violence was the main outcome, analysed using binomial logistic regression. Crude and adjusted odds ratios were estimated, with significance set at $p < 0.050$.

Results: The prevalence of IPV justification was 37.2%. The trend peaked in 2011 at 37.3%, a decrease to 30.1% in 2016/17, and a rise to 32.6% in 2021. Factors associated with higher odds of IPV justification include women aged 25 to 34 (AOR= 0.96) and 44 to 49 (AOR= 0.85), non-formal education (AOR= 1.69), primary education (AOR= 1.84), and secondary education (AOR= 1.641). Additionally, living in rural areas (AOR= 1.278), being pregnant (AOR= 1.11), having a husband or partner with multiple spouses (AOR= 1.25), and belonging to the poorest (AOR= 1.92), middle (AOR= 1.63), or fourth (AOR= 1.48) wealth quintiles are linked to an increased likelihood of justifying IPVt.

Conclusion: This study's findings can assist the government and relevant organizations in designing strategies to reduce IPV justification by introducing proper education, poverty alleviation programs, and enlightening campaigns.

Keywords: Intimate partner violence, multiple indicator cluster survey, Nigeria

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BACKGROUND

Intimate partner violence (IPV) refers to any action within an intimate relationship that results in physical, emotional, or sexual harm (Izugbara et al., 2020). Both men and women can experience partner violence, but

evidence indicates it is significantly more prevalent among women (Getinet et al., 2022). Women around the world face IPV as one of the most widespread forms of abuse, making it a serious public health issue globally (Benebo et al., 2018). The United Nations has implemented several resolutions to address violence against women, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This convention has important clauses meant to defend women's rights and welfare, intending to reduce the rising rates of violence against them (Adami, 2019; Huck, 2023).

According to a report by the World Health Organization (WHO), thirty percent of women worldwide have suffered either assault or sexual assault perpetrated by an intimate partner (WHO, 2012). Among women aged 15 to 49 who have been sexually active and in a relationship, almost one-third had personally suffered violence from their intimate partner (WHO, 2013). Despite most African nations having signed international declarations and enacted national laws aimed at ending assault against women, IPV is still somewhat common over the African continent (McCloskey et al., 2016). About forty percent of African women who have ever had a relationship have at some stage in their lives gone through physical or sexual violence from an intimate partner (Izugbara et al., 2020).

In Nigeria, lifetime experiences of IPV among women from their current husband or partner reveal that 19% have faced emotional abuse, 14% have encountered physical abuse, and 5% have suffered sexual violence (NDHS, 2018). IPV is widespread across Nigeria, deeply affecting both individuals and communities (Diakonia-ammattikor-keakoulu, 2019). Additionally, IPV against women is frequently more common in impoverished urban areas of Sub-Saharan Africa compared to the broader urban population (Izugbara et al., 2020).

Although intimate partner violence exists all around, the degree of acceptance varies greatly; rates are higher in low- and middle-income countries compared to high-income countries (Seidu et al., 2022). Studies indicate that a woman's justification of IPV is much influenced by her socioeconomic level (SES) (Adu, 2023). According to a past Ghanaian study, working women who confronted the financial exploitation of an intimate partner suffered physical violence (Seidu et al., 2022). Furthermore, factors demonstrated to affect someone's justification of IPV are their wealth quintile and degree of education (Adu, 2023) significantly.

A study by Uthman, Moradi and Lawoko (2011) In Nigeria, women who had personally encountered IPV were more inclined to tolerant attitudes towards it. These open minds were connected to a higher chance of running across emotional, physical, and sexual assault from their partners. While research on elements supporting IPV acceptance in Nigeria has looked at, most are limited to single-year analyses and lack insight into long-term trends. This study seeks to analyse multi-year trends in the justification of intimate partner violence in Nigeria and identify key influencing factors.

SUBJECTS AND METHOD

1. Study Design

This study adopted a cross-sectional design utilizing secondary data from the Nigeria Multiple Indicator Cluster Surveys (MICS) conducted in 2011, 2016/17, and 2021. These nationally representative surveys were carried out by the National Bureau of Statistics (NBS) in partnership with UNICEF. Each survey round employed a stratified two-stage sampling method: in the first stage, enumeration areas were selected, followed by a systematic sampling of house-

holds in the second stage. Within each selected household, all eligible women aged 15–49 years were interviewed using standardized, interviewer-administered questionnaires. The 2011, 2016/17, and 2021 survey rounds of the Nigeria MICS dataset were selected for this study because they contained the variables necessary for this research.

2. Population and Sample

The study population consisted of women aged 15–49 years from all 36 states and six geopolitical zones of Nigeria. Across the 2011, 2016/17, and 2021 survey rounds, a total of 103,954 eligible women were identified and interviewed. The surveys recorded high individual response rates: 98.5% in 2011, 99.0% in 2016/17, and 99.7% in 2021. The sampling design ensured both national and subnational representativeness, covering urban and rural areas alike. Due to missing data in key variables such as education (28.2%), husband/partner with multiple partners (32.3%), and wealth quintiles (29.2%), cases with incomplete responses were excluded from the final analysis. Sensitivity analyses indicated that these exclusions did not introduce bias, and the final sample size remained sufficient for meaningful statistical analysis.

3. Study Variables

The primary outcome variable was women's justification of intimate partner violence (IPV). Respondents were asked whether they believed a husband is justified in beating his wife in any of the following situations: (1) if she goes out without telling him, (2) neglects the children, (3) argues with him, (4) refuses to have sex with him, or (5) burns the food. Women who answered "yes" to at least one of these scenarios were classified as justifying IPV.

In the MICS, women were asked whether they believe husbands are justified in hitting or beating their wives in certain situations. The particular scenarios requested were as follows: "if she goes out without

telling him", "if she neglects the children", "if she argues with him", "refuses sex with him", and "if she burns the food". The result variance of the study was defined as "a woman's belief in whether a husband is justified in beating his wife." If a woman considered any of the five specified reasons as justifiable, the outcome variable was assigned a value of "Yes"; otherwise, it was assigned "No." In this study, many times, this outcome variable is called the "Intimate Partner Violence (IPV) Justification".

The selected covariates for this study include Ages ("15-24", "25-34", "25-44", "44-49" years), Highest Level of Education ("Non-Formal", "Primary", "Secondary", "Tertiary"), Currently Married or living with a man ("Yes, currently married", "Yes, living with a partner", "No, not in union"), Husband /partner has more than one wife or partner ("No", "Yes"), Area ("Urban", "Rural"), Wealth Index Quintile ("Poorest", "Second", "Middle", "Fourth", "Richest"). A substantial portion of data was missing in key variables: Education (28.2%), Husband/ partner with multiple partners (32.3%), and Wealth Quintiles (29.2%), due to incomplete responses in the survey. This missing data was handled by excluding these cases from the final analysis to minimize potential bias. Sensitivity analyses were conducted to assess the impact of this missing data on the study's conclusions. Despite these exclusions, the final sample size remains sufficient to provide a representative snapshot of the target population.

4. Operational Definition of Variables

The main outcome variable in this study was women's justification of intimate partner violence (IPV), referred to as "IPV justifycation." This was measured as a binary variable. Women were asked whether they believed a husband is justified in beating his

wife in any of five situations: if she goes out without telling him, neglects the children, argues with him, refuses sex, or burns the food. A response of "yes" to at least one of these scenarios was coded as "Yes," indicating justification of IPV. A response of "no" to all five scenarios was coded as "No." The study also included several covariates: age group (15–24, 25–34, 35–44, 45–49 years), highest level of education (non-formal, primary, secondary, tertiary), marital status (currently married, living with a partner, not in union), partner's polygamy status (yes or no), place of residence (urban or rural), and wealth index quintile (poorest, second, middle, fourth, richest).

5. Study Instrument

The MICS used standardized questionnaires developed by UNICEF, tailored for national contexts. These questionnaires were administered face-to-face by trained interviewers. Data collection instruments focused on a wide range of demographic and health indicators, including attitudes toward IPV. The validity and reliability of these tools have been established across multiple international surveys.

6. Data Analysis

Data analysis was carried out using IBM SPSS Version 28. The individuals' sociodemographic traits were expressed using frequency and percentage, while IPV justifycation was presented in a chart. Additionally, trends in IPV justification from 2011 to 2021 were analysed and displayed using a time series graph. Binomial logistic regression was employed to regulate both the Crude Odds Ratios (COR) and Adjusted Odds Ratios (AOR) associated with the justification of IPV with the significant set at $p < 0.050$. This statistical approach allowed the evaluation of the likelihood of IPV justification as well as the interactions between several factors, adjusting for potential confounding variables.

7. Research Ethics

This study utilized publicly available secondary data from the MICS, which had received ethical approval from relevant Nigerian authorities. MICS obtained informed consent from all participants, ensuring the confidentiality of their responses. Permission to access the MICS dataset was granted following an online application specifying the research objectives. The datasets were de-identified to protect participants' privacy, with no personal information included, thus ensuring anonymity.

RESULTS

As shown in Table 1, the sociodemographic data of the study participants show that most interviews were conducted in 2021 (37.6%). Additionally, 36.8% of study participants were aged 15-24, and 54.8% had secondary education as their highest level of schooling. Most women in this study were currently married (62.8%) compared to those not in a union (32.0%). Additionally, 34.5% of participants reported that their husband or partner had more than one wife or partner, and a small percentage of participants were currently pregnant (10.5%). Lastly, the majority of participants were rural residents (70.2%) and belonged to the poor (21.1%) and middle (21.0%) wealth index quintiles.

Table 1. Sociodemographics of Women of Reproductive Age (15-49)

Variable	Frequency (n)	Percentage (%)
Year of Interview (n=103,032)		
2011	30,302	29.4
2016	34,041	33.0

Variable	Frequency (n)	Percentage (%)
2021	38,689	37.6
Age (n=103,032)		
15-24	37,875	36.8
25-34	32,977	32.0
25-44	23,741	23.0
44-49	8,439	8.2
Highest level of Education (n=73,948)		
Non-Formal	6,087	8.2
Primary	16,606	22.5
Secondary	40,505	54.8
Tertiary	10,750	14.5
Currently married or living with a man (n=102,956)		
Yes, currently married	64,683	62.8
Yes, living with a partner	5,360	5.2
No, not in union	32,913	32.0
Husband/partner has more than one wife or partner (n=69,802)		
No	45,773	65.5
Yes	24,153	34.5
Currently Pregnant (n=103,032)		
No	91,405	89.4
Yes	10,786	10.6
Area (n=103,032)		
Urban	30,731	29.8
Rural	73,001	70.2
Wealth Index Quintile (n=103,032)		
Poorest	14,459	19.8
Second	15,397	21.1
Middle	15,284	21.0
Fourth	14,344	19.7
Richest	13,462	18.5

The reasons for IPV justification from 2011 to 2021 were analysed based on their acceptance, as shown in Table 2. The findings show the decline of IPV justification from 39.3% in 2011 to 28.8% among women who go out without telling their husbands. Also, IPV justification among women who neglect the children reduced from 39.8% in 2011 to 28.5% in 2021. Similar reduction in IPV was found in women who argue with their husbands (40% to 29.3%) and burn the food (37.0% to 29.1%). Lastly, there was an increase in the justification of IPV by women who refuse sex from their husbands from 35.7% in 2011 to 36.1% in 2021.

Table 2. Justification of Intimate Partner Violence by Reason Among Women (2011-2021)

Accepted Reasons for IPV Justification	2011 (n=14,268)		2016-2017 (n=11,526)		2021 (n=12,495)		Frequency Total (n=38,289)
	n	%	n	%	n	%	
Goes out without telling her husband	8,183	39.3	6,655	31.9	6,007	28.8	20,845

Accepted Reasons for IPV Justification	2011 (n=14,268)		2016-2017 (n=11,526)		2021 (n=12,495)		Frequency Total (n=38,289)
	n	%	n	%	n	%	
Neglects the children	9,018	39.8	7,180	31.7	6,466	28.5	22,664
Argues with husband	8,297	40.0	6,378	30.7	6,086	29.3	20,761
Refuses sex with husband	8,424	35.7	6,652	28.2	8,529	36.1	23,605
Burns the food	4,539	37.0	4,067	35.5	3,540	29.1	12,146

As shown in Figure 1, the justification of IPV among Nigerian women of reproductive age (15-49) from 2011 to 2021 indicates that 37.2% justified IPV while 62.6% did not. Figure 2 shows the trend in the justification of IPV among women of reproductive age (15-49 years) in Nigeria from 2011 to 2021. The trend indicates that the justification of IPV peaked in 2011 (37.3%), followed by a slight decrease in 2016/17 (30.1%), and then an increase in 2021 (32.6%).
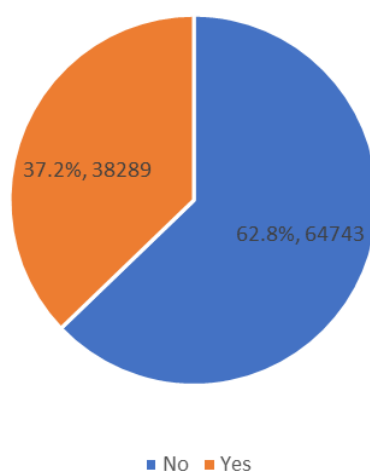

Figure 1. Justification of Intimate Partner Violence among Nigerian Women of Reproductive Age (15-49) from 2011-2021
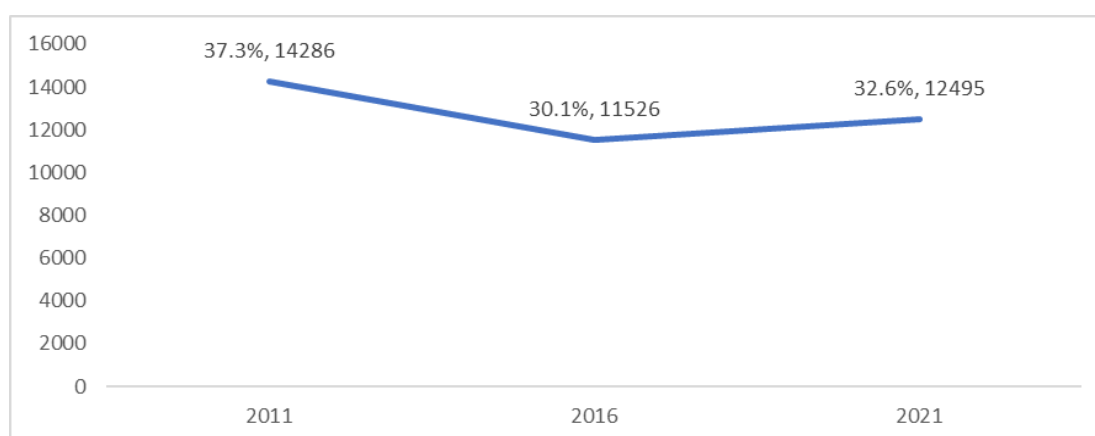

Figure 2. Trends of Intimate Partner Violence Justification among Nigerian Women of Reproductive Age (15-49) from 2011-2021

Table 3 presents the crude factors associated with the justification of IPV among women of reproductive age (15–49) in Nigeria, using logistic regression. The study indicates that

women aged 35–44 (COR= 1.09; 95%CI= 1.05 to 1.12; p < 0.001), and 45–49 (COR= 1.07; 95%CI= 1.02 to 1.13; p= 0.003) were significantly more likely to justify IPV compared to younger women aged 15 to 24. Women with non-formal education (COR= 3.11; 95% CI= 2.90 to 3.33; p < 0.001), primary education (COR= 2.93; 95% CI= 2.77 to 3.10; p < 0.001), and secondary education (COR= 2.08; 95% CI= 1.97 to 2.19; p < 0.001) were more likely to justify IPV in contrast to women with tertiary education. Furthermore, women residing in rural areas (COR= 1.78: 95% CI= 1.73 to 1.83; p <0.001) had significantly higher odds of justifying IPV than those in urban areas. Pregnant women (COR= 1.31; 95% CI= 1.26 to 1.36; p <0.001) were more likely to rationalise IPV than those who were not pregnant. Women whose husbands or partners had multiple wives or partners (COR= 1.35; 95% CI= 1.31 to 1.39; p <0.001) were also more inclined to justify IPV compared to those in monogamous relationships. Lastly, women in the poorest (COR= 2.91; 95% CI= 2.76 to 3.08; p <0.001), second (COR= 2.89; 95% CI= 2.74 to 3.05; p<0.001), middle (COR= 2.27; 95% CI= 2.15 to 2.39; p < 0.001), and fourth (COR= 1.75; 95% CI= 1.66 to 1.85; p <0.001) wealth index categories were more likely to justify IPV compared to women in the richest category.

Table 3. Factors Associated with the Justification of Intimate Partner Violence Among Women of Reproductive Age (15-49) in Nigeria

Variables	Intimate Partner Violence Justification				COR	CI 95%		p
	No		Yes			Upper Limit	Lower Limit	
	n	%	n	%				
Age								
15-24	24,362	64.3	13,513	35.7	Ref			-
25-34	20,300	61.6	12,677	38.4	1.12	1.09	1.161	0.240
35-44	14,797	62.3	8,944	37.7	1.09	1.05	1.12	0.002
44-49	5,284	62.6	3,155	37.4	1.07	1.02	1.13	0.002
Highest level of Education								
Non formal	3,440	56.5	2,647	43.5	3.11	2.90	3.33	<0.001
Primary	9,621	57.9	6,985	42.1	2.93	2.77	3.10	<0.001
Secondary	26,735	66.0	13,770	34.0	2.08	1.97	2.19	<0.001
Tertiary	8,619	80.2	2,131	19.8	Ref			-
Currently married or living with a man								
Yes, currently married	38,774	59.9	25,909	40.1	1.46	1.42	1.50	0.262
Yes, living with a partner	3,310	61.8	2,050	38.2	1.35	1.27	1.44	0.253
No, not in union	22,604	68.7	10,309	31.3	Ref			-
Area								
Urban	22,105	71.9	8,626	28.1	Ref			-
Rural	42,638	59.0	29,663	41.0	1.78	1.73	1.83	<0.001
Currently Pregnant								
No	58,128	63.6	33,277	36.4	Ref			
Yes	6,156	57.1	4,630	42.9	1.31	1.26	1.36	0.002
Husband/ Partner has more wives or Partners								
No	28,643	62.7	17,059	37.3	Ref			
Yes	13,338	55.3	10,762	44.7	1.35	1.31	1.39	<0.001
Wealth Index Quintiles								
Poorest	8,595	59.4	5,864	40.6	2.91	2.76	3.08	<0.001
Second	9,182	59.6	6,215	40.4	2.89	2.74	3.05	<0.001
Middle	9,983	65.3	5,301	34.7	2.27	2.15	2.39	<0.001
Fourth	10,170	70.9	4,174	29.1	1.75	1.66	1.85	<0.001

Variables	Intimate Partner Violence Justification				COR	CI 95%	p
Richest	10,911	81.1	2,551	18.9	Ref		

DISCUSSION

The prevalence of IPV justification in this study, covering the period from 2011 to 2021, was 37.2%. In a prior study done in Sub-Saharan Africa, which noted an overall frequency of 45.8% among women, a comparable rate was discovered (Aboagye et al., 2023). In Ghana, trends in IPV justifycation showed a prevalence of 39% from 2003 to 2008 (Doku and Asante, 2015), which decreased to 28.2% in 2022 (Adu, 2023). Trends indicate that the justification of IPV among Nigerian women of reproductive age reached a peak in 2011. Probable reasons for the spike in IPV justification include economic downturns and rising unemployment, which increase family stress and may lead to more tolerance or justification of IPV as a coping mechanism (Mnyim and Gisaor, 2019).

The slight decrease in IPV in 2016 likely resulted from increased awareness and advocacy, including better public education, support services, and legal protections, which helped more victims seek help and report abuse (Arisukwu et al., 2021). Women aged 35 and above were more inclined to justify IPV, in contrast to women aged fifteen to twenty-four. This may stem from older women being raised in a culture that tolerates misogynistic behaviour (Ajayi et al., 2022; Princewill, 2023). Additionally, they might fear judgment or stigma due to their age and see fewer chances for remarriage, which could lead them to accept or justify IPV to avoid conflict or social rejection (Elochukwu, 2021; Ajayi et al., 2022).

Justification of IPV was strongly linked to education, with women having a tertiary education less likely to rationalise it than people with a less formal schooling background. In Ghana, women with no formal education were more likely to justify IPV, while those with tertiary levels of education (AOR= 0.17; 95% CI= 0.10 to 0.30) were considerably less prone to justify IPV (Adu, 2023). This result resembled those of research done in Bangladesh by Rashid et al. (2014), Ahinkorah and Dickson, 2018). Education often fosters critical thinking and awareness of human rights, leading to less acceptance of abusive behaviour (Marium, 2014; Goodnews Osah, 2021). Women with tertiary education have greater access to information and resources, leading to increased awareness of IPV and a lower likelihood of rationalizing it (Marium, 2014; Obiagu, 2023).

Additionally, Women of reproductive age living in rural areas were more inclined to make excuses for IPV in comparison to those in urban areas. Women of reproductive age living in rural areas may be more likely to excuse IPV due to limited access to education, support services and resources, and legal resources, which can reduce awareness and reinforce traditional norms (Sambo et al., 2023).

Pregnancy played a role in the rationalisation of IPV, as expectant mothers were more inclined to excuse IPV, in contrast to women not pregnant. Pregnancy may lead expectant mothers to rationalize IPV as they prioritize maintaining family stability for their unborn child (Amel et al., 2022; Baird and Sapkota, 2023). The stress and fear of potential disruption to their home can cause them to tolerate or excuse abusive behaviour (oguche et al., 2022; Baird and Sapkota, 2023). Furthermore, shown by this study showed the chances of women in polygamous relationships justifying IPV. This

aligns with a similar study in Ghana (Amo-Adjei and Tuoyire, 2016), where women in polygamous unions (AOR = 1.22; 95% CI= 1.04 to 1.42) were more prone to justify IPV. Women in polygamous relationships may justify IPV due to sociocultural pressures and competition for their husbands' attention, which can create a hierarchy that encourages tolerance of abuse (Adewale et al., 2021; Ahinkorah, 2021).

The wealth index also served as a determinant for IPV justification, as women in the highest wealth quintile were less inclined to justify IPV compared to those in other income groups. In a similar Ghanaian study (Adu, 2023). Compared to women in the lowest quintile, women in the richest quintile (AOR= 0.44; 95% CI= 0.28 to 0.67) had a notably reduced chance of justifying IPV. As wealth level rose, the likelihood of justifying IPV dropped; women in the wealthiest category were least likely to do so (Waltermaurer et al., 2013; Doku and Asante, 2015). Women in the wealthiest quintile generally have better access to education, resources, and support services, which can increase their awareness of IPV and provide them with more options to seek help or challenge abusive behaviour (Bruns, 2014; Haobijam and Singh, 2021). In contrast, women in lower wealth quintiles may face greater economic dependence and fewer resources, which can help to explain increased IPV rationale (Haobijam and Singh, 2022; Kebede, Van Harmelen and Roman-Urrestarazu, 2022).

In conclusion, this study presents a decade-long analysis of factors influencing the justification of intimate partner violence (IPV) among Nigerian women aged 15–49, using data from the 2011, 2016/17, and 2021 MICS surveys. Age, education, residence, pregnancy, polygamous unions, and household wealth were all significantly associated with IPV justification. Women with lower education, rural residence, and lower income were more likely to justify IPV, underscoring the role of socioeconomic and cultural inequalities. These findings can inform targeted interventions aimed at shifting attitudes toward IPV. Expanding access to education, reducing poverty, and promoting sustained community awareness are essential strategies. Future efforts should also involve men and boys, support gender-equitable norms, and strengthen legal protections to reduce the societal acceptance of IPV.

Future research should adopt longitudinal or mixed methods designs to better assess causal relationships and track changes in attitudes toward IPV. Studies should also include variables like personal IPV experiences, community norms, and media exposure for a broader perspective. Qualitative methods are recommended to explore cultural and societal influences not captured by structured surveys.

AUTHOR CONTRIBUTION

Olaniyi Felix Sanni contributed to the conceptualization, project administration, methodology, original draft writing, supervision, data curation, and formal analysis. Abike Elizabeth Sanni was responsible for investigation, provision of resources, review and editing of the manuscript, and validation. Tukwasi Ahamuefula contributed to investigation, formal analysis, validation, review, and editing, and methodology. Oluwadare Peter Akeju was involved in visualization, formal analysis, software handling, review and editing, and validation. Collins Isioma participated in project administration, methodology development, review and editing, and validations.

CONFLICT OF INTEREST
There was no competing interest among the authors.

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