Intimate Partner Violence (IPV) Against Pregnant Women And Unfavourable Birth Upshot in Ekiti State, Nigeria

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Abstract

Background

Intimate partner violence is a typical phenomenon in Nigerian families. About 86% of women accepted that a man is legitimized in beating or being violent against his wife. Around 35–65% of families were affected by their intimates. Women always suffer sexual, physical, economic and emotional, social violence from their intimate partners. It always remains either for family secrecy, cultural norms, or, because of dread, stigma and the community's hesitance on the domestic affair and social shame. The objective of this research is to examine the relationship and association between intimate partner violence against pregnant women and unfavourable birth results.

Methods

A clinical-based and unparalleled case-control study was conducted in four government hospitals in Ekiti State, Nigeria. An aggregate of 644 (284 cases and 360 controls) research participants were taken. In the main, systematic sampling was utilized to choose the cases and controls. Ethical clearance was acquired all through the research period.

Results

Consequently, out of the total 644 mothers interviewed women, 429 (66.6%) had encountered intimate partner violence during the pregnancy period. Multivariate logistic regression analysis indicated that pregnant women exposed to intimate partner violence were multiple times bound to encounter low birth weight (AOR = 2.9; CI 95% (1.398, 6.587)) and preterm birth (AOR = 2.7; CI 95% (3.198–4.017)). It was discovered that women, who were exposed to physical violence during pregnancy were multiple times bound to experience low birth weight (AOR = 4.563; CI 95% (2.685, 8.684)) and preterm birth (AOR = 6.1; CI 95%: (4.01, 7.154)). (AOR = 4.563; 95% CI (2.685, 8.684

Conclusion

It was discovered that the danger of low birth weight and preterm birth would be on the increase when there is an exposure of pregnant women to various forms of intimate partner violence and certain physical violence in pregnancy. Subsequently, various efforts must be put in place in addressing maternal and infant healthcare needs to incorporate issues of violence against pregnant women in Ekiti State and Nigeria at large.

Background The Study

Globally, violence is the deliberate use of physical power or force, undermined or real, against oneself, someone else, or against a community or group of people, which either culminate into or has a high probability of bringing about or lead to injury, demise, psychological anguish, or hardship (World Health Organisation, 2015). Basically, women's lives and health specifically, are truly influenced by gender-based violence. Violence against women perpetrated by an intimate partner is perceived as a critical social, public health and Human Rights issue. Violence by an intimate partner is showed by physical, emotional or sexual oppressive acts likewise controlling practices (WHO, 2016). In spite of the fact that violence happens in various structures and settings including work environment communities and schools, violence at home, which is terms intimate partner violence is considered as the most predominant form of violence (Mayhew & Watts, 2012).

As declared by United Nations (2014) violence against women involves any demonstration of gender-based violence that probably culminates into sexual, physical or psychological damage or suffering to women, including threats of such demonstrations, intimidation or subjective deprivations of freedom, regardless of whether happening in the open or private life. According to WHO (5) 2 out of 6 (33%) of women globally have undergone either sexual as well as physical intimate partner violence or non-partner sexual violence in the course of their lives. The vast majority of this violence is intimate partner violence. Around the world, about 35% of women, who have engaged in relationship, reveal that; they have gone through various forms of physical and additionally sexual violence from their intimate partners (World Health Organization, 2013) Intimate partner violence is additionally rampant in Sub-Saharan African countries. Studies showed that, 43% of Kenyan women, 48% of Ugandan women, 41% of Zambian women and 62% of Tanzanian women had experienced customary physical maltreatment and abuse (Gossaye, Deyessa & Berhane, 2013).

In the main, intimate partner violence is a typical phenomenon in Nigeria both in rural and urban family settings. About 86% of women accepted that a husband is legitimized in beating his wife, who is the significant other. Previous studies in Nigeria have additionally revealed that almost 66% of women in relationship had been victims of intimate partner violence (Gossaye, Deyessa & Berhane, 2013). Women endure emotional, physical, economic and sexual violence from their intimate partners. It is normally protected by family mystery, socio-cultural beliefs, fear, disgrace, the community's hesitance on the domestic matter and social shame (Pallitto, García-Moreno, Jansen, Heise & Ellsberg, 2013). The Center for Disease Control of the United States (Donovan, Spracklen & Schweizer, 2016). submitted that, pregnancy may create an exceptional chance for every susceptible woman to have contact with healthcare services providers or caregivers, making it a significant time for the discovery of violence in pregnancy and after delivery. The predominance pace of Intimate partner violence against pregnant women ranges between 10 and 35% (Campbell JG & Sharps, 2004).

On the whole, the intimate partner violence in pregnancy does not just only have effect women' conceptive health, yet in addition forces lethal and non-deadly unfavourable health results on the developing fetus as a result of the immediate injury of abuse or maltreatment to a pregnant woman's physical body, just as the physiological impacts of stress from past or current maltreatment on fetal

development and growth (Chai, Fink, Kaaya, Danaei, Fawzi & Ezzati, 2016). A considerable amount of studies upholds that IPV in pregnancy imposes dangers on the newborn by increasing untimely or Premature Birth (PTB) just as the newborn being in danger for Low Birth Weight (LBW). LBW and PTB are grounded driving precipitations for neonatal mortality (Murphy, Schei, Myhr & Du Mont, 2001)

However, given the extent and seriousness of the problem and issues, there is an incredible requirement for the generation of proof or evidence-based data to fittingly respond to the issue. Regardless of the plenitude of numerous research studies, the effect of violence as a latent factor in birth outcome and women's health in pregnancy remains an aspect, where strong evidence is inadequate. To dish out the intervention programmes, there is high need to ascertain the association between IPV and unfavourable neonatal outcome. In doing as such, this research was expected to generate information that would fill the data lacuna. The policy in the aspect of women's health and rights are current efforts government engages in resolving the problem. A research of this sort can assist the policymakers with investigating the grassroots level whether the current policy or strategic issues are surely known by general society and to make further changes at whatever point required. Besides, it might likewise fill in as a standard or baseline information in distinguishing potential study areas for additional or subsequent research.

Obstetric care or other healthcare providers working in maternal and child health centres, also as the community setting, can utilize the findings of this research during pre-birth education to advise couples about the danger regarding unfavourable birth outcomes in connection to the exposure of intimate partner violence.

Methods

Hospital-based case-control study design was carried out in Ekiti State, Nigeria between December, 2020 and June, 2021. Ekiti State is one of the states in Southwest, which is typically a Yoruba ethnic groups in Nigeria and Ekiti State is situated entirely within the tropics. It is located between longitudes 40°51' and 50°451' East of the Greenwich meridian and latitudes 70°151' and 80°51' north of the Equator. It lies south of Kwara and Kogi State, East of Osun State and bounded by Ondo State in the East and in the south; with a total land Area of 5887.890sq km. Ekiti State has 16 Local Government Councils. The 2006 population census by the National Population Commission put the population of Ekiti State at 2,384,212 people. This population comprises 1,215,487 males and 1,183,470 females (National Bureau of Statistics, 2020).

In this research, the focused populations were pregnant women and nursing mothers, who gave birth in selected Hospitals across the three Senatorial Districts of Ekiti State, Nigeria. In the main, the cases included all the women, who had experienced unfavourable birth upshot (premature neonates with low birth weight) and Controls included all women, who had a favourably normal birth upshot (neonates born with normal birth weight) in all the chosen hospitals in Ekiti State, Nigeria during the research time frame.

In gathering data, face to face interview strategy was utilized with the help of structured questionnaire. The questionnaire comprised questions on socio-demographic characteristics, obstetrics and encounters

of intimate partner violence. There was an engagement of four (4) female nurses to serve as interviewers and supervisors were as well recruited. The recruited personnel were trained on procedures for interviews as well as the purpose and significance of the research, significance of privacy, the affectability of the issue, control and way to interact with the interviewees and privacy of the participants.

Unfavourable birth upshots were estimated by preterm birth and low birth weight. In the course of the study, preterm birth was conceptualized to be a neonate birth 37 weeks while low birth weight was characterized as a live birth gauging < 2500g. The baseline utilized for the birth results depended on standard (Sigalla, Mushi, Meyrowitsch, Manongi, Rogathi & Gammeltoft, 2017). Intimate partner violence against pregnant women was surveyed by inquiring as to whether they had encountered any demonstration of sexual, physical, or psychological abuse during pregnancy by intimate partner. Controlling practices were characterized as disconnecting an individual from loved ones; observing their developments; and limiting admittance to financial assets, work, education or clinical consideration. The pregnancy index period in this research, alludes to all trimesters of the last pregnancy.

The information were checked for fulfillment and irregularities, then, at that point entered by utilizing Epi-Info (v 7) and analysed with SPSS (22). Cross-tab was run to ascertain the appropriation of cases and controls. In addition, descriptive statistics were utilized to describe the sample and mathematical information and were presented as mean + SD, median $\pm$ inter-quartile range, extent or percentages and rates. On the whole, binary logistic regression model was utilized to investigate the association between the dependent and independent variables. All factors with p value < 0.05 were infused for the multivariate analysis.

In the main, a multivariate analysis was done to assess the relationship between intimate partner violence and unfavourable birth upshot subsequent to adapting to perplexing factors. Results were showcased with 95% CI as Adjusted Odds Ratios (AOR), which indicated the level of the effect of every classification on the result comparative with the reference classification. The level of significance was set at P-value (< 0.05).

Ethical clearance was gotten from the Research Committee of Ekiti State University Teaching Hospital, Ado-Ekiti and the Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. Official consent was acquired from Ekiti State Ministry of Health. In addendum, the ethical considerations were observed by putting into consideration, the individual's consent and uncovering the nature of the research, which required the necessary intentional, voluntary and consensual agreement to be acquired from the participants. Before the administration of copies of the questionnaire, the aims of the research were plainly disclosed to the participants and verbal consent was gotten. Privacy and namelessness were guaranteed all through the execution of the research.

Results

Socio-Demographic Characteristics of Respondents

Table 1
Distribution of Socio Demographic Characteristics of Cases and Controls of Women That Gave Birth In Public Hospitals In Ekiti State, Nigeria

Variables	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	Total <i>n</i> = 644 (%)
Age			
< 20	23 (8.1%)	72 (20.0%)	95 (14.8%)
21–34	208 (73.2%)	210 (58.3%)	350 (68.1%)
> 35	53 (18.7%)	78 (21.7%)	199 (30.9%)
Educational Level			
No Formal Education	17 (6.0%)	25 (6.9%)	128 (13.4%)
Primary School	49 (17.3%)	63 (17.5%)	193 (20.2%)
Secondary School	68 (23.9%)	92 (25.5%)	324 (34.0%)
Vocational School	25 (8.8%)	33 (9.2%)	50 (5.2%)
Tertiary Education	125 (44.0%)	147 (40.8%)	259 (27.1%)
Religion			
Christianity	172 (60.6%)	211 (58.6%)	383 (59.5%)
Islam	84 (29.6%)	105 (29.2%)	189 (29.3%)
Traditional	18 (6.3%)	28 (7.8%)	46 (7.1%)
Others	10 (3.5%)	16 (4.4%)	26 (4.0%)
Marital Status			
Unmarried	36 (12.7%)	64 (10.2%)	100 (27.8%)
Married	220 (77.5%)	248 (68.9%)	468 (72.7%)
Divorced / Separated/ Widowed	28 (9.9%)	48 (13.3%)	76 (11.8%)
Occupation			
House wife	89 (31.3%)	97 (27.0%)	186 (28.9%)
Employed/Self-Employed	142 (50.0%)	195 (54.2%)	337 (52.3%)
Unemployed/Student	53 (18.7%)	68 (18.9%)	121 (18.9%)
Monthly Income In Naira (N)			
20,000 and below	51 (18.9%)	72 (18.8%)	123 (19.1%)

Variables	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	Total <i>n</i> = 644 (%)
21,000–40,000	120 (42.3%)	148 (38.3%)	268 (41.6%)
41,000–60,000	76 (26.8%)	98 (7.0%)	174 (27.0%)
61,000 and above	37 (13.0%)	42 (35.9%)	79 (12.3%)
Place of Residence			
Urban	155 (54.6%)	200 (55.6%)	355 (55.1%)
Rural	129 (45.4%)	160 (44.4%)	289 (44.8%)

Source: Fieldwork, 2021

In this research, an aggregate of 284 women, who had experienced an unfavourable birth upshot (cases) and 360 women' who experienced normal delivery result (controls) were incorporated, which made the response to be 100 percent. The mean ($\pm$ SD) of mothers' ages was 26.45 ± 6.22 years' going from 15 to 49 years. Findings revealed that; 129 (45.4%) of cases and 160(44.4%) controls were dwelling in the rural communities. An examination on the educational status of respondents, 17(6.0%) cases and 25(6.9%) of controls had no formal education while the majority, 123(44.0%) cases and 147(40.8%) of controls were graduates; this result is not unconnected to the love of education by the indigenes of Ekiti State. As to marital status, 220(77.5) cases and 248(68.9%) of controls of the women were married. 142 (50.0%) of cases and 195(54.2%) of controls were either employed or self-employed while 89(31.3%) of cases and 97(27.0%) of controls were full housewives; this is an indication that women in the study setting believe in hard-work rather than staying at home and depend on their husbands to feed.

Mothers' Pregnancy and Obstetric Characteristics

Table 2 Pregnancy and obstetric characteristics of mothers among cases and controls who gave birth in public hospitals of Ekiti State, Nigeria (*n* = 644)

Variables	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	Total <i>n</i> = 644 (%)
There is an Antenatal Care Follow Up			
No	105 (37.0%)	154 (42.8%)	259 (40.2%)
Yes	179 (63.0%)	206 (57.2%)	385 (59.8%)
Intention of the Pregnancy			
Intended	200 (70.4%)	255 (70.8%)	455 (70.7%)
Unintended	84 (29.6%)	105 (29.2%)	189 (29.3%)
How Many Antenatal Care Visit			
1-3 times	82 (28.9%)	118 (32.8%)	200 (31.1%)
4 Times and Above	202 (71.1%)	242 (67.2%)	444 (68.9%)
Parity			
Primipara	96 (33.8%)	116 (32.2%)	212 (32.9%)
Multipara	188 (66.2%)	244 (67.8%)	432 (67.1%)
Number of Pregnancy Ever Had (Gravida)			
1	72 (25.4%)	105 (29.2%)	177 (27.5%)
2	114 (40.1%)	135 (37.5%)	249 (38.7%)
≥3	98 (34.5%)	120 (33.3%)	218 (33.8%)

Source: Fieldwork, 2021

In the table above, the median of parity for the cases and controls ranged 2 ± 2 from 1 to 10 live births. In the main, more than 6 of 10 of the respondents, 179(63.0%) cases and 206(57.2%) controls had had antenatal care follow up in any event once during their pregnancy period. Also, about 2 out of 10 of the pregnancies 84(29.6%) cases and 105(29.2%) controls were unintended. More than one thirds, 114(40.1%) cases and 135(37.5%) of controls had three (3) or more number of pregnancies.

Forms of Intimate Partner Violence During Pregnancy Experienced

Table 3 Forms of intimate partner violence during pregnancy among women who gave birth in public hospitals of Ekiti State, Nigeria

Variables	Category	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	Total <i>n</i> = 644(%)
Ever Experienced All Forms of Violence	Yes	204 (71.8%)	225 (62.5%)	429 (66.6%)
	No	80 (28.2%)	135 (37.5%)	215 (33.4%)
Physical Abuse				
You were slapped	Yes	179 (63.0%)	212 (58.9%)	391 (60.7%)
	No	105 (37.0%)	148 (41.1%)	253 (39.3%)
Your Hair was Pulled/Pushed/Shoved	Yes	200 (70.4%)	255 (70.8%)	455 (70.7%)
	No	84 (29.6%)	105 (29.2%)	189 (29.3%)
You were beaten /Kicked or Dragged on the Floor	Yes	105 (37.0%)	154 (42.8%)	259 (40.2%)
	No	179 (63.0%)	206 (57.2%)	385 (59.8%)
You were Hit with what could hurt you	Yes	155 (54.6%)	200 (55.6%)	355 (55.1%)
	No	129 (45.4%)	160 (44.4%)	289 (44.8%)
You were threatened or weapon was used against you	Yes	201 (70.8%)	304 (84.4%)	505 (78.4%)
	No	83 (29.2%)	56 (15.6%)	139 (21.6%)
Psychological Abuse/Violence				
You were insulted or made to strongly feel so bad about yourself.	Yes	199 (70.1%)	250 (69.4%)	449 (69.7%)
	No	85 (29.9%)	110 (30.6%)	194 (30.1%)
You were humiliated or belittled in the presence of others	Yes	166 (58.5%)	206 (57.2%)	259 (40.2%)
	No	118 (41.5%)	154 (42.8%)	385 (59.8%)
Your spouse intimidated or scared you purposely	Yes	232 (81.7%)	270 (75.0%)	502 (78.0%)
	No	52 (18.7%)	90 (25.0%)	142 (22.0%)
Sexual Abuse/Violence				
You have been physically forced by your spouse to have sexual intercourse	Yes	190 (67.0%)	235 (65.3%)	425 (66.0%)
	No	94 (29.6%)	125 (34.7%)	219 (34.0%)
You have sexual intercourse under fear, when you were interested to avoid your spouse anger and abuse.	Yes	194 (68.3%)	255 (29.2%)	449 (69.7%)
	No	90 (31.7%)	105 (41.1%)	195 (30.3%)
Have you ever been forced to engage in sexual intercourse that resulted in humiliation?	Yes	200 (70.4%)	255 (70.8%)	455 (70.7%)

	No	84 (29.6%)	105 (29.2%)	189 (29.3%)

Source: Fieldwork, 2021

The study, majority, 204 (71.8%) cases and 6 over 10 (62.5%) of controls detailed encountering some type of IPV while pregnant, 179(63.0%) cases and 212 (58.9%) of controls announced encountering some demonstration of physical abuse such as being slapped during pregnancy. The total number of respondents that indicated to be violently abused through being hair pulled or pushed were 200 (70.4%) of cases 255 (70.8%) while 155 0(54.6%) cases and 200 (55.6%) of controls revealed being hit with what could hurt them by their intimate partners as the most well-known form of physical violence and instrument of abuse during pregnancy.

In an examination on the psychological violence experienced by pregnant women in the study setting, 7 out of 10, (70.1%) of the cases and (69.4%) of the controls showcased that they had experienced being insulted; some, 166 (58.5%) cases and 206 (57.2%) controls indicated that they were humiliated or belittled in the presence of others by their husbands as a form of psychological violence while those, who were intimidated or scared purposely 232 (81.7%) cases and 270 (75.0%) controls.

On sexual violence against women during pregnancy, 190 (67.0%) of the cases revealed that they had been physically forced by your spouse to have sexual intercourse, when they did not have intention to do it. On being force to engage in sexual intercourse that led to humiliation, 200 (70.4%) cases and 255 (70.8%) control were of the revelation that they had been violently abused sexually, which had led to humiliation. This was the most widely recognized sexual violence followed by having sexual intercourse under fear, even when they were uninterested in order to avoid their spouse's anger, violence and abuse 194 (68.3%) cases and 255(29.2%) controls.

Table 4 Partner's controlling practice among cases and controls who gave birth in public hospitals of Ekiti State, Nigeria

Variables	Category	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	Total <i>n</i> = 644 (%)
Were you mandated by your husband to ask his permission, if you wanted to attend Antenatal care?	Yes	211 (74.3)	250 (69.4%)	461 (70.7%)
	No	73 (25.7%)	110 (30.6%)	183 (28.4%)
Did your husband restrict you to have contact with your family of orientation?	Yes	178 (62.7%)	157 (43.6%)	259 (40.8%)
	No	106 (37.3%)	203 (56.4%)	385 (59.2%)
Did your husband monitor all your movement every time?	Yes	147 (51.8%)	203 (56.4%)	350 (54.3%)
	No	137 (48.2%)	157 (43.6%)	294 (45.7%)
Has your husband been angry seeing you having discussion with another man?	Yes	104 (36.6%)	144 (40.0%)	259 (38.5%)
	No	180 (63.4%)	216 (60.0%)	396 (61.5%)
Has your husband accused your of infidelity or marital unfaithfulness?	Yes	154 (54.6%)	200 (55.6%)	355 (55.1%)
	No	129 (45.4%)	160 (44.4%)	289 (44.9%)

Source: Fieldwork, 2021

In the table 4, it was found out that 211(74.3%) cases and 250(69.4%) of controls reported that the respondents' partner usually exercised a high level of controlling practice by mandating them to ask their permission, if they wanted to attend Antenatal care during pregnancy. This was the commonest form of partner's controlling practice reported. Pregnant women's restriction of having contact with their family of orientation, which is their family of birth 178 (62.7%) was discovered as one of the forms of partner's controlling practices.

In addendum to the findings, 147 (51.8%) cases and 203 (56.4%) revealed that husbands always monitor all movements of their pregnant women, which is part of the controlling practices revealed during the course of the study. 154 (54.6%) cases and 200 (55.6%) of controls indicated that husbands accused their pregnant wives of infidelity or marital unfaithfulness.

Associations Between Intimate Partner Violence (IPV) Against Pregnant Women and Unfavourable Birth Upshot

Table 5: Logistic Regression Analysis Result for Significant Variables ($P \leq 0.05$) In Bivariate Analysis in Public Hospitals of Ekiti State, Nigeria

Variables	Category	Cases <i>n</i> = 284 (%)	Control <i>n</i> = 360 (%)	COR (95% CI)	AOR (95% CI)
Exposed to Intimate Partner Violence	Yes	204 (71.8%)	225 (62.5%)	1	1
	No	80 (28.2%)	135 (37.5%)	6.152 (4.416, 7.959) *	2.919 (1.398, 6.587) *
Physical violence	Yes	179 (63.0%)	212 (58.9%)	1	1
	No	105 (37.0%)	148 (41.1%)	7.522 (6.717, 10.158) *	4.563 (2.685, 8.684) *
Psychological violence	Yes	199 (70.1%)	250 (69.4%)	1	1
	No	85 (29.9%)	110 (30.6%)	4.214 (2.623, 4.545) *	1.453 (0.732, 2.565)
Sexual violence	Yes	190 (67.0%)	235 (65.3%)	1	1
	No	94 (29.6%)	125 (34.7%)	4.364 (2.475, 5.042) *	0.983 (0.499, 1.323)
Controlling Practices / Behaviours	Yes	178 (62.7%)	157 (43.6%)	1	1
	No	106 (37.3%)	203 (56.4%)	4.0724 (2.264, 5.335) *	0.675 (0.510, 2.270)

Source: Fieldwork, 2021

*P value <0.05 in bivariate analysis

It can be deduced from the analysis in the table above, the entirety of the 5 factors revealed a significant association with the unfavourable birth upshot at a 5% degree of significance. Every one of them was incorporated for additional investigation. Intimate partner violence, physical violence, psychological violence, sexual violence and controlling practices or behaviours were infused in the multivariate logistic regression at 0.05 degree of significance. A portion of the variables, which showcased significant association with unfavourable birth results in the bivariate research, could not persevere fundamentally in the multivariate analyses. Form the multivariate analysis, just two of the variables showed a degree of significance on the birth upshot at a 5% degree of significance

Appropriately, it was discovered that the danger of PTB or LBW was on the increase, when the pregnant women were endangered to more than one form of intimate partner violence. The chances of unfavourable birth upshot among those pregnant women in the study setting were exposed to more than one form of intimate partner violence during pregnancy were 2.92 times greater than those pregnant women, who do not encounter more than one form of violence in pregnancy (AOR = 2.919; 95% CI (1.398, 6.587)).

Essentially, an association was additionally examined for sub-categories of intimate partner violence such as physical, sexual and psychological factors. A physical violence against pregnant women was reliably connected with a significant increase in the unfavourable birth upshots. It was seen that pregnant women, who were exposed to physical violence while pregnancy were 4.563 occasions at higher danger of having the unfavourable birth upshot when contrasted with the individuals who had not (AOR = 4.563; 95% CI (2.685, 8.684)). Also, women, who were exposed to physical violence during pregnancy, were multiple times bound to experience low birth weight (AOR = 4.563; CI 95% (2.685, 8.684)) and preterm birth (AOR = 6.1; CI 95%: (4.01, 7.154)). (AOR = 4.563; 95% CI (2.685, 8.684). Conclusively, this study established that; there is connection between unfavourable birth upshots and physical, sexual,

psychological violence and spouse controlling practices and behaviours of husbands during pregnancy in the study setting.

Discussion

Globally, intimate partner violence is a significant reproductive health, public health and social problem and a thing of concern specifically against pregnant women. It is a critical indicator of unfavourable upshot for pregnant women and the baby or babies in their wombs. Besides, violence against pregnant women can have long haul results particularly, when it is under-examined (Hoang, Van & Gammeltoft, 2016). This research was carried out to evaluate the association between intimate partner violence (IPV) against pregnant women and the unfavourable birth upshots.

In this research, more than 33% of the women (44.5%) had been exposed to partner violence during pregnancy. The partners controlling practices or behaviours was the most widely recognized violence followed by psychological violence; a physical violence and sexual violence. However, it is equivalent with another survey of African research, where about 60% of the mothers had experienced abuse from their intimate partners in pregnancy (Devries, 2010). The differences in the reports of intimate partners violence against pregnant women may be connected to the distinctions in socio-cultural beliefs, which may precipitate the reluctance of pregnant women to reveal the phenomenon..

In furtherance, finding also showed that pregnant women that were exposed to all forms of intimate partner violence were multiple times bound to encounter LBW (AOR = 2.9; CI 95% (1.398, 6.587)) and PTB (AOR = 2.7; CI 95% (3.198–4.017)) in comparison to pregnant women that had never encountered any form of IPV during pregnancy. This outcome is harmonious with the outcomes from an emergency hospital based case-control study in Southeast, Ethiopia LBW (AOR = 2.9 (95% CI; (2.57 to 8.20)) and preterm birth (AOR = 3.1; CI 95% (1.7–7.8)) (21), which established that partner violence against pregnant women contributed to an increase of preterm birth and low birth weight.

This research additionally established that physical violence against pregnant women was reliably connected with a critical increase in the unfavourable birth upshot. It was seen that, pregnant women, who had experienced physical violence during pregnancy were multiple times bound to encounter LBW (AOR = 4.563; CI 95% (2.685, 8.684)) and PTB (AOR = 6.1; CI 95%: 4.01–7.154) when contrasted with women, who had not experienced to physical violence. One potential explanation is physical that, IPV may prompt injuries causing untimely membranes rupture or cause placenta abruption.

Conclusion And Recommendations

The results of this research uncovered that majority of intimate partner violence and physical violence against pregnant women was related to a critical increase in preterm birth and low birth weight. In any case, either spouse controlling practices or behaviours or psychological and sexual violence exposure significant related with unfavourable birth upshot in the study.

In view of the research findings, recommendations or suggestions were sent to the concerned authorities or bodies both healthcare providers and the educational body. This is for them to be aware of the occurrence and prevalence of intimate partner violence against pregnant women, which had resulted in women' weakness during pregnancy and should zero in discussions on sound connections and healthy relationships across board with a specific spotlight on pregnant women. Health and public health workers must primarily give essential counteraction as pre-birth education to illuminate couples about the danger regarding unfavourable birth upshots as a result of exposure to intimate partner violence. The hospital management or setting should prepare healthcare service providers such as nurses, health workers on the best way to screen, advice, treat and do follow up of pregnant women that are exposed to violence or abuse. Crusade to promote maternal and child health need to incorporate issues of intimate partner violence against pregnant women. Interventions to keep violence against pregnant women from occurring in any case, including those that propel gender equity and equality must be developed. This would assist in the establishment of capable connections and relationship in the provision of basic needs. There should be high focus on national programmes that target on the elimination of violence against pregnant women. It has been established from this study that violence against pregnant women has intense health implications on the mother and the unborn. The research further requests for longitudinal study in regards to the pathway in which intimate partner violence may precipitate danger of unfavourable birth upshots.

Declarations

Ethical Approval and Consent to Participate

Ethnical clearance was gotten from the Research Committee of Ekiti State University Teaching Hospital, Ado-Ekiti and the Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. Official consent was acquired from Ekiti State Ministry of Health. In addendum, the ethical considerations were observed by putting into consideration, the individual's consent and uncovering the nature of the research, which required the necessary intentional, voluntary and consensual agreement to be acquired from the participants. Before the administration of copies of the questionnaire, the aims of the research were plainly disclosed to the participants and verbal consent was gotten. Privacy and namelessness were guaranteed all through the execution of the research.

Consent for Publication

Not Applicable

Availability of Data and Materials

The datasets used and/or analysed during the study are available from the corresponding author on reasonable request.

Competing Interests

There are no competing interests

Funding

The funds were provided by the researchers themselves

Contributions

Owoseni Joseph Sina drafted the manuscript and performed the statistical analysis. Agbana Richard Dele Edited and input the manuscript and Akintimoye Johnson O. participated in the implementation of the survey that provided the data for the manuscript. All authors contributed to the review of draft manuscript and approved the final manuscript.

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