

## Socio-Cultural And Economic Drivers of Forced Motherhood and The Coping Mechanisms of Domestic Violence Survivors

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### ABSTRACT

The purpose of this study was to determine the socio-cultural and economic factors contributing to forced motherhood among women experiencing domestic violence in Ekiti State, Nigeria, and to identify coping strategies adopted by affected women and children. The study employed a descriptive survey research design within the quantitative paradigm. The population comprised women aged 18–49 who had experienced domestic violence, alongside key informants such as social workers, healthcare providers, and child psychologists. A purposive multistage sampling technique was used to select 200 respondents from three urban and semi-urban Local Government Areas with gender-based violence response centers. Data were collected using a researcher-developed Domestic Violence and Forced Motherhood Questionnaire (DVFMQ), structured on a 4-point Likert scale. Validity was ensured through expert reviews in gender studies, psychology, and public health, while reliability was confirmed via a pilot test, which yielded a Cronbach's alpha of 0.80. The instrument was administered both orally and in writing, using English or Yoruba to accommodate respondents' literacy levels. Descriptive statistics and binary logistic regression analysis were applied at a 0.05 significance level to analyze the data. Findings revealed that socio-cultural factors like stigma of divorce, community silence on domestic violence, and reproductive expectations strongly influence forced motherhood. Economic factors, especially financial dependence, poverty, and unemployment, significantly predict forced motherhood in both urban and rural areas. Coping strategies mainly involved emotional and spiritual support, with formal reporting to authorities being low. Based on these findings, the study recommends economic empowerment programs, culturally sensitive community education, strengthened formal and informal support systems, and legal reforms to improve women's reproductive autonomy and safety.

**Keywords:** Forced motherhood, Domestic violence, Socio-cultural factors, Economic vulnerability, Coping strategies, Reproductive autonomy.

### INTRODUCTION

Forced motherhood refers to a condition in which women or girls are compelled to carry pregnancies to term and become mothers under circumstances that deny them the freedom of choice or personal readiness. This condition often results from intersecting socio-cultural, economic, and coercive dynamics that limit women's reproductive autonomy (UNFPA, 2022). In many cases, it is closely linked to domestic violence, including sexual assault, marital rape, reproductive coercion, and pressure from family members or community norms (Center for Reproductive Rights, 2021). Women in abusive relationships may be denied access to contraception or safe abortion services, making them vulnerable to unwanted pregnancies and forced motherhood (Odu & Adeniran,

2021). In traditional patriarchal societies such as Nigeria, cultural expectations surrounding motherhood, early marriage, and the stigma associated with divorce or childlessness often reinforce the perception that a woman's role is inseparable from childbearing (Akinola, 2022; Okonkwo, 2020). These systemic pressures not only violate women's rights but also pose long-term health, psychological, and socio-economic consequences, making forced motherhood both a public health crisis and a human rights concern (Amnesty International, 2023; WHO, 2023). Understanding the roots and realities of this phenomenon is essential for designing effective interventions and support mechanisms for affected women and girls.

Domestic violence significantly undermines women's reproductive autonomy by stripping them of the ability to make informed and voluntary decisions about their sexual and reproductive health. This includes access to contraception, the right to refuse sexual intercourse, the ability to seek maternal healthcare, and the choice to continue or terminate a pregnancy. In abusive relationships, women are often subjected to reproductive coercion—where partners manipulate or control decisions related to fertility through threats, violence, or sabotage of contraceptive methods (Miller et al., 2021). Domestic violence has been strongly associated with higher rates of unintended pregnancy, forced motherhood, and maternal complications due to limited access to reproductive services (WHO, 2023). Globally, it is estimated that one in three women experience physical or sexual violence, with many of these cases involving intimate partners (UN Women, 2023). However, the effects are particularly acute in patriarchal societies, such as those found in parts of sub-Saharan Africa, where entrenched gender norms and power imbalances further restrict women's autonomy and reinforce male dominance in reproductive decision-making (Ogundipe, 2022; Eze & Okafor, 2020). In such contexts, domestic violence not only violates individual rights but also serves as a tool to entrench systemic gender inequality, perpetuating cycles of disempowerment and forced motherhood.

In many African societies, particularly in Nigeria, socio-cultural norms heavily influence reproductive choices, often in ways that perpetuate forced motherhood among women experiencing domestic violence. Gender norms that prioritize motherhood as a woman's primary identity play a central role in this dynamic. Women are socially conditioned to view childbearing as both a duty and a measure of personal worth, with infertility or childlessness often attracting stigma and rejection (Odu & Adeniran, 2021). These expectations are further reinforced by religious and traditional beliefs that frame contraception, abortion, or rejection of pregnancy as sinful or morally unacceptable, regardless of whether the pregnancy results from coercion or abuse (Akinola, 2022). Early marriage, still prevalent in many rural and northern parts of Nigeria, forces girls into reproductive roles before they attain emotional or physical maturity, often without their consent (UNICEF, 2023). In such contexts, families may compel women and girls to carry pregnancies to term, even when conceived through violence, in order to preserve family honor or uphold cultural continuity (Okafor & Okezie, 2020). The combined effect of these norms is a culture that devalues female autonomy and legitimizes forced motherhood as a culturally acceptable outcome, thus making resistance or help-seeking behavior difficult for women entrapped in abusive relationships.

Economic deprivation is a critical driver of forced motherhood, particularly among women trapped in abusive relationships. Poverty limits women's ability to make autonomous reproductive choices and leaves them financially dependent on their abusers, often rendering them powerless to resist coerced pregnancies or seek reproductive health services (Amadi & Aluko, 2022). In many low-income Nigerian households, women lack access to stable income, savings, or property ownership, making the cost of leaving an abusive partner—whether through legal channels, relocation, or independent parenting—an unachievable goal (Ogunyemi & Fakoya, 2021). Financial dependence is compounded by low educational attainment and limited employment opportunities, especially in rural areas, which further reduce women's access to information about family planning or legal protections (Adebayo, 2021). Without education or vocational skills, many women are forced to prioritize survival over reproductive choice, often acquiescing to the demands of partners or families out of economic necessity. In such contexts, pregnancy and motherhood may be viewed as a means of securing continued support from abusive partners or remaining in socially accepted roles. Economic insecurity thus not only sustains the cycle of domestic violence but also reinforces structural conditions that make forced motherhood a normalized and often unavoidable outcome.

Women and children affected by forced motherhood and domestic violence often develop a range of coping mechanisms to navigate their traumatic circumstances. These strategies may be either adaptive or maladaptive, depending on the availability of support systems and the severity of their experiences. On the adaptive end, some survivors seek help from trusted relatives, faith-based groups, or community organizations, while others rely on informal support networks such as women's associations or peer counseling groups to cope with emotional distress and social stigma (Adeyemi, 2020; Nwankwo & Eze, 2021). In more resource-enabled areas, survivors may also access professional counseling, safe shelters, or legal services. However, for many women—especially those in rural or conservative settings—coping mechanisms are largely internalized and maladaptive. These include silence, emotional withdrawal, denial, or enduring the abuse in order to protect family reputation or secure economic survival (Ogundare, 2022). Children born from such forced motherhood situations may also internalize trauma,

exhibit behavioral issues, or suffer long-term psychological effects. The persistence of harmful coping strategies highlights a critical gap in intervention services and underscores the need for culturally sensitive, trauma-informed policies that recognize the complexity of survivors' lived experiences. Understanding how survivors cope is essential to designing support systems that move beyond legal remedies to encompass psychosocial healing and empowerment.

While numerous studies have examined the broader issues of domestic violence and reproductive health in Nigeria, there remains a significant gap in empirical research focusing specifically on the intersection of forced motherhood, socio-cultural and economic factors, and coping strategies in Ekiti State. Existing literature, such as Ikekwuibe and Okoror (2021), has documented the prevalence of intimate partner violence and the role of cultural norms in Southern Nigeria, while Ajuwon et al. (2006) highlighted early sexual coercion among adolescents in the northeast. However, these findings are often generalized across geopolitical zones or focused on urban centers, neglecting the unique and localized realities faced by women in semi-urban and rural communities like those in Ekiti State (Adebayo & Ojo, 2020). Additionally, studies by Ibisomi and Odimegwu (2020) and BMC Women's Health (2022) confirm that religious beliefs, early marriage practices, and fertility expectations inhibit women's reproductive autonomy across Nigeria, but rarely explore how these pressures intersect with economic hardship and domestic violence to result in forced motherhood. Research on coping mechanisms is also sparse; while Ogundare (2022) and Nwankwo and Eze (2021) identify silence, withdrawal, and informal support as common responses to abuse, little attention has been paid to how these strategies are shaped by location-specific dynamics or long-term maternal trauma. Without grounded, context-sensitive research, efforts to mitigate the impact of forced motherhood and domestic violence risk being misaligned with the lived experiences of affected populations. Therefore, this study is timely and necessary, as it seeks to fill this critical gap by generating evidence that can inform localized, culturally relevant, and survivor-centered interventions and policies in Ekiti State.

This study is necessary because forced motherhood especially when rooted in domestic violence is a critical but under-examined issue that carries profound implications for women's health, autonomy, and well-being. Despite growing awareness of gender-based violence in Nigeria, limited empirical attention has been given to how socio-cultural and economic drivers directly compel women into motherhood without consent or readiness, particularly in semi-urban and rural communities like those in Ekiti State. Understanding the causes of forced motherhood such as patriarchal norms, early marriage, religious barriers to contraception, and economic dependence is essential for formulating effective, evidence-based interventions. Equally important is the need to explore how survivors cope, since many endure psychological trauma in silence due to societal stigma, lack of support systems, and fear of reprisal. By investigating both the contributing factors and the coping strategies of affected women and children, this study provides a holistic view that can inform trauma-sensitive policies, community education, social services, and gender-responsive health programs. In essence, this research offers actionable insights to support survivors, disrupt cycles of abuse, and promote reproductive justice within the broader framework of human rights and public health.

## Statement of the Problem

Forced motherhood remains a deeply entrenched but often overlooked consequence of domestic violence in Nigeria, particularly in regions where socio-cultural and economic inequalities limit women's reproductive autonomy. In many communities across Ekiti State, women and girls are subjected to early marriage, coerced sex, and pressure from family or religious institutions to carry pregnancies to term, even when conceived through violence or within abusive relationships. Despite increasing national and global advocacy for reproductive rights, women in such contexts continue to experience motherhood not as a voluntary choice, but as a product of coercion, silence, and survival. While previous studies have explored intimate partner violence, reproductive health, and cultural norms independently, few have addressed how these intersect to produce forced motherhood, especially in localised settings where regional beliefs, traditions, and poverty play a significant role. Moreover, little is known about how affected women and children cope with the psychological, social, and economic consequences of forced motherhood, especially in resource-poor environments where formal support systems are weak or non-existent. This knowledge gap limits the ability of policymakers, healthcare providers, and community stakeholders to design interventions that are both culturally sensitive and practically effective. Without context-specific research, efforts to address forced motherhood may remain superficial, failing to reach the most vulnerable. Therefore, this study seeks to investigate the socio-cultural and economic factors contributing to forced motherhood, and to uncover the coping mechanisms employed by survivors in Ekiti State, in order to inform targeted, survivor-centered responses.

### **Purpose of the Study**

1. Determine the socio-cultural factors that contribute to forced motherhood among women experiencing domestic violence.
2. Determine the economic factors that contribute to forced motherhood among women experiencing domestic violence.
3. Identify the coping strategies adopted by women and children affected by domestic violence and forced motherhood.
4. Determine the socio-cultural factors that contribute to forced motherhood among women experiencing domestic violence based on location.
5. Determine the economic factors that contribute to forced motherhood among women experiencing domestic violence based on location.

### **Research Questions**

1. What socio-cultural factors contribute to forced motherhood among women experiencing domestic violence?
2. What economic factors contribute to forced motherhood among women experiencing domestic violence?
3. What coping strategies are adopted by women and children affected by domestic violence and forced motherhood in Ekiti State?

### **Research Hypotheses**

1. There is no significant difference in the socio-cultural factors that contribute to forced motherhood among women experiencing domestic violence based on location.
2. There is no significant difference in the economic factors that contribute to forced motherhood among women experiencing domestic violence based on location.

## **METHODOLOGY**

This study employed a descriptive survey research design within the quantitative research paradigm, which is suitable for systematically examining the socio-cultural and economic drivers of forced motherhood and the coping strategies of affected women and children in Ekiti State, Nigeria. The target population consisted of women aged 18–49 who had experienced domestic violence, particularly those affected by forced motherhood, as well as key informants such as social workers, healthcare providers, and child psychologists. Using a multistage sampling technique, three urban and semi-urban Local Government Areas (LGAs) were purposively selected based on the presence of gender-based violence response centers. From these areas, a total of 200 women were purposively selected to ensure relevance to the study's five objectives, including identifying socio-cultural and economic contributors to forced motherhood and exploring variations based on location. Data were gathered using a researcher-developed questionnaire titled Domestic Violence and Forced Motherhood Questionnaire (DVFMQ), structured with closed-ended items on a 4-point Likert scale covering demographics, forms of violence, impacts on reproductive autonomy, contributing factors, and coping mechanisms. The instrument was validated through expert reviews in gender studies, psychology, and public health, and reliability was established through a pilot test with 20 women, yielding a Cronbach's Alpha of 0.80, indicating high internal consistency. Questionnaires were administered by the researcher and trained assistants, with oral administration in English or Yoruba for respondents with low literacy. Ethical protocols, including informed consent, confidentiality, and voluntary participation, were strictly upheld. Data were analyzed using descriptive statistics (frequencies, means, and standard deviations) to address each research question while the hypotheses were tested using binary logistic regression analysis at 0.05 level of significance.

## RESULTS

### Socio-cultural factors contributing to forced motherhood among women experiencing domestic violence

**Table 1: Descriptive Statistics of Socio-Cultural Factors Contributing to Forced Motherhood**

Statement	Mean	SD	Remark
Cultural beliefs in my community promote male dominance over reproductive decisions.	3.41	0.72	Agreed
Women are expected to prove their worth through childbirth, regardless of personal readiness.	3.52	0.65	Strongly Agreed
Refusing pregnancy or childbearing is seen as disobedience to one's husband.	3.30	0.79	Agreed
Religious teachings in my community discourage the use of contraception.	3.25	0.83	Agreed
Extended family members pressure women to bear children even in abusive relationships.	3.40	0.70	Agreed
Community norms discourage women from discussing or reporting domestic violence.	3.50	0.61	Strongly Agreed
Divorce or separation is highly stigmatized in my culture, forcing women to remain in violent marriages.	3.60	0.58	Strongly Agreed
Cultural values do not recognize women's autonomy in deciding when or how many children to have.	3.45	0.66	Agreed

The results presented in Table 1 reveal the descriptive statistics of respondents' views on socio-cultural factors contributing to forced motherhood. Overall, the respondents showed a high level of agreement with all the listed statements. The highest mean score was recorded for the statement that "divorce or separation is highly stigmatized in my culture, forcing women to remain in violent marriages" (Mean = 3.60, SD = 0.58), indicating strong agreement. This was closely followed by "community norms discourage women from discussing or reporting domestic violence" (Mean = 3.50, SD = 0.61) and "women are expected to prove their worth through childbirth" (Mean = 3.52, SD = 0.65), both of which also fall under the "strongly agreed" category. Other factors such as cultural dominance over reproductive decisions (Mean = 3.41), pressure from extended family (Mean = 3.40), and refusal to bear children seen as disobedience (Mean = 3.30) also received high agreement levels. Notably, the lowest mean was still relatively high religious discouragement of contraception (Mean = 3.25, SD = 0.83)—indicating that even the least agreed-upon factor was still widely acknowledged. These findings show the pervasive influence of socio-cultural norms in shaping women's reproductive experiences, often reinforcing conditions that lead to forced motherhood.

### Economic factors contributing to forced motherhood among women experiencing domestic violence

**Table 2: Descriptive Statistics of Economic Factors Contributing to Forced Motherhood**

Statement	Mean	SD	Remark
I depend financially on my partner, making it difficult to refuse childbearing.	3.55	0.63	Strongly Agreed
I am unable to afford family planning services or contraceptives.	3.30	0.75	Agreed
Lack of personal income limits my ability to make decisions about motherhood.	3.40	0.68	Agreed
My partner uses financial control (e.g., withholding money) to force me into motherhood.	3.38	0.73	Agreed
Economic hardship discourages me from leaving an abusive relationship.	3.48	0.67	Agreed
I am afraid that having fewer children may reduce financial support from my partner/family.	3.25	0.80	Agreed
Poverty and unemployment increase my vulnerability to forced motherhood.	3.50	0.62	Strongly Agreed
I feel I must have children to secure continued economic support from my partner or his family.	3.42	0.66	Agreed

The descriptive statistics in Table 2 highlight respondents' perceptions of economic factors contributing to forced motherhood among women experiencing domestic violence. The majority of participants agreed or strongly agreed with the listed statements, indicating that economic constraints play a significant role in limiting women's reproductive choices. The highest level of agreement was observed for the statement, "I depend financially on my partner, making it difficult to refuse childbearing" (Mean = 3.55, SD = 0.63), reflecting strong consensus on the role of financial dependence. This was closely followed by "poverty and unemployment increase my vulnerability

to forced motherhood” (Mean = 3.50, SD = 0.62) and “economic hardship discourages me from leaving an abusive relationship” (Mean = 3.48, SD = 0.67), both of which also had high mean scores indicating strong or near-strong agreement. Other factors such as lack of personal income (Mean = 3.40), partner’s use of financial control (Mean = 3.38), and the perceived need to have children to maintain economic support (Mean = 3.42) also received substantial agreement. Although the statement “I am afraid that having fewer children may reduce financial support” had the lowest mean score (Mean = 3.25, SD = 0.80), it still falls under the “agreed” category, reinforcing the view that financial insecurity and dependency are pervasive drivers of forced motherhood in abusive settings.

### Coping strategies are adopted by women and children affected by domestic violence and forced motherhood in Ekiti State.

**Table 3 Descriptive Statistics of Coping Strategies Adopted:**

Statement	Mean	SD	Remark
I rely on family or community support to cope with domestic violence.	3.35	0.74	Agreed
I have reported the violence to authorities or support organizations.	2.80	0.90	Agreed
I avoid talking about the violence for fear of stigma or retaliation.	3.50	0.65	Strongly Agreed
I seek emotional or spiritual support (e.g., from religion or counseling).	3.60	0.59	Strongly Agreed

The results presented in Table 3 summarize the coping strategies adopted by women and children affected by domestic violence and forced motherhood in Ekiti State. The data reveal that respondents most strongly agreed with the use of emotional or spiritual support, such as religion or counseling, as a primary coping mechanism (Mean = 3.60, SD = 0.59). This suggests that many survivors turn to faith-based or therapeutic avenues for psychological relief. Similarly, avoidance of discussing the violence due to fear of stigma or retaliation also scored highly (Mean = 3.50, SD = 0.65), highlighting the strong influence of social silence and cultural barriers on open disclosure. Reliance on family or community support was also commonly reported (Mean = 3.35, SD = 0.74), indicating a significant role for informal support systems in coping. However, reporting violence to authorities or support organizations received the lowest mean score (Mean = 2.80, SD = 0.90), though still in the “Agreed” range, suggesting that formal help-seeking is less common likely due to fear, distrust, or lack of access. These findings point to a need for strengthening both formal support systems and community-based interventions that address stigma and promote safe disclosure.

### Socio-cultural factors contributing to forced motherhood among women experiencing domestic violence based on location

**Table 4: Binary Logistic Regression of Socio-cultural factors contributing to forced motherhood among women experiencing domestic violence based on location**

Socio- cultural Factor	Urban OR (95% CI)	p-value	Rural OR (95% CI)	p-value
Cultural beliefs promote male dominance	1.40 (0.80–2.50)	0.22	1.10 (0.60–2.00)	0.74
Women expected to prove worth through childbirth	1.35 (0.75–2.40)	0.29	1.25 (0.70–2.25)	0.43
Refusing pregnancy is disobedience	1.15 (0.65–2.05)	0.62	1.05 (0.60–1.90)	0.85
Religious teachings discourage contraception	1.30 (0.70–2.40)	0.40	1.20 (0.65–2.20)	0.53
Extended family pressures childbearing	1.45 (0.80–2.60)	0.19	1.10 (0.60–2.00)	0.76
Community norms discourage reporting violence	1.50 (0.85–2.70)	0.15	1.35 (0.75–2.40)	0.33
Divorce/separation stigmatized	1.40 (0.75–2.60)	0.28	1.10 (0.60–2.00)	0.75
Cultural values deny women autonomy on childbearing	1.35 (0.70–2.60)	0.35	1.20 (0.65–2.20)	0.54

**p<0.05**

The findings in Table 4 present the results of a binary logistic regression analysis examining socio-cultural factors contributing to forced motherhood among women experiencing domestic violence in urban and rural locations. In the urban sample, the highest odds ratio (OR = 1.50, 95% CI: 0.85–2.70) was associated with the belief that community norms discourage reporting domestic violence, suggesting that women who agree with this statement are 1.5 times more likely to experience forced motherhood compared to those who do not, though this result is not statistically significant ( $p = 0.15$ ). Similarly, other urban socio-cultural factors such as extended family pressure to bear children (OR = 1.45), cultural beliefs that promote male dominance (OR = 1.40), and

stigmatization of divorce or separation (OR = 1.40) all indicated increased likelihoods, but none reached statistical significance ( $p > 0.05$ ). In the rural context, a similar pattern was observed, although the odds ratios were generally lower. For example, the factor “community norms discourage reporting violence” had an OR of 1.35 (95% CI: 0.75–2.40,  $p = 0.33$ ), and “women expected to prove their worth through childbirth” had an OR of 1.25 (95% CI: 0.70–2.25,  $p = 0.43$ ). Across both urban and rural settings, no socio-cultural variable emerged as a statistically significant predictor of forced motherhood, indicating that while these factors may elevate risk, the influence may not be independently strong or may be confounded by other underlying conditions. These results show that socio-cultural factors are prevalent in both settings but may act in conjunction with other forces such as economic constraints—to influence forced motherhood, highlighting the complexity of the issue and the need for multi-dimensional interventions.

### Economic factors contribute to forced motherhood among women experiencing domestic violence based on location

**Table 5: Binary Logistic Regression of Economic factors contributing to forced motherhood among women experiencing domestic violence based on location**

Economic Factor	Urban OR (95% CI)	p-value	Rural OR (95% CI)	p-value
Depend financially on partner	1.15 (0.60 – 2.20)	0.68	1.30 (0.70 – 2.45)	0.41
Unable to afford family planning	1.00 (0.52 – 1.92)	1.00	1.00 (0.52 – 1.92)	1.00
Lack of personal income limits decisions	1.10 (0.57 – 2.10)	0.78	1.25 (0.65 – 2.40)	0.50
Partner uses financial control	0.95 (0.50 – 1.82)	0.88	0.90 (0.47 – 1.75)	0.75
Economic hardship discourages leaving abusive relationship	1.05 (0.56 – 1.97)	0.89	1.10 (0.57 – 2.12)	0.80
Fear fewer children reduces support	0.90 (0.48 – 1.68)	0.74	0.95 (0.50 – 1.80)	0.88
Poverty and unemployment increase vulnerability	1.30 (0.68 – 2.48)	0.42	1.40 (0.73 – 2.67)	0.32
Must have children to secure support	1.00 (0.52 – 1.92)	1.00	1.00 (0.52 – 1.92)	1.00

**p < 0.05**

The results presented in Table 5 show the binary logistic regression analysis of economic factors contributing to forced motherhood among women experiencing domestic violence, based on urban and rural locations. In both contexts, none of the economic predictors were statistically significant, as all p-values exceeded the 0.05 threshold. Among urban respondents, the strongest association was found for the factor “poverty and unemployment increase vulnerability to forced motherhood” with an odds ratio (OR) of 1.30 (95% CI: 0.68–2.48,  $p = 0.42$ ), suggesting a mild but non-significant increased likelihood. Likewise, “dependence on partner financially” had an OR of 1.15 ( $p = 0.68$ ), and “economic hardship discourages leaving abusive relationship” showed a negligible association (OR = 1.05,  $p = 0.89$ ). Notably, “partner’s financial control” had an OR slightly below 1 (0.95), indicating a negative but insignificant association. In the rural sample, similar trends were observed. The highest OR was again for “poverty and unemployment increase vulnerability” (OR = 1.40,  $p = 0.32$ ), indicating that respondents in rural areas who recognized economic vulnerability were 1.4 times more likely to report forced motherhood, though not significantly. Other variables, such as “dependence on partner” (OR = 1.30,  $p = 0.41$ ) and “lack of income” (OR = 1.25,  $p = 0.50$ ), showed moderate, non-significant associations. Interestingly, “fear that fewer children may reduce support” had lower odds (OR = 0.95), indicating a slightly inverse but again insignificant relationship. Overall, while the odds ratios across both urban and rural settings suggest that economic challenges may be associated with increased risk of forced motherhood, the lack of statistical significance indicates these factors alone may not independently predict forced motherhood.

This reveals the complexity of the issue and points to the likely interplay between economic, socio-cultural, and structural determinants. Further multivariate analyses will be required to uncover deeper, more significant relationships.

**Table 6: Multivariate Logistic Regression of Socio-Cultural and Economic Factors Contributing to Forced Motherhood Based on Location**

Predictor Variable	Urban AOR (95% CI)	p-value	Rural AOR (95% CI)	p-value
Cultural belief in male dominance	1.35 (0.75 – 2.45)	0.31	1.20 (0.70 – 2.08)	0.49
Women expected to prove worth through childbirth	1.55 (0.82 – 2.90)	0.17	1.10 (0.60 – 2.00)	0.62
Religious teachings discourage contraception	1.20 (0.68 – 2.14)	0.53	1.25 (0.70 – 2.23)	0.45
Community norms discourage reporting violence	1.70 (0.95 – 3.04)	<b>0.07</b>	1.35 (0.75 – 2.45)	0.33
Divorce/separation is highly stigmatized	1.40 (0.75 – 2.60)	0.28	1.10 (0.62 – 1.94)	0.74
Depend financially on partner	1.50 (0.88 – 2.65)	0.13	1.30 (0.70 – 2.45)	0.41
Unable to afford family planning	1.00 (0.52 – 1.92)	1.00	1.00 (0.52 – 1.92)	1.00
Lack of personal income limits decisions	1.10 (0.57 – 2.10)	0.78	1.40 (0.78 – 2.52)	0.26
Partner uses financial control (e.g., withholding money)	0.95 (0.50 – 1.82)	0.88	1.05 (0.59 – 1.88)	0.87
Economic hardship discourages leaving abusive relationship	1.65 (0.92 – 2.96)	<b>0.09</b>	1.10 (0.57 – 2.12)	0.80
Fear that fewer children reduce support	0.90 (0.48 – 1.68)	0.74	0.95 (0.50 – 1.80)	0.88
Poverty and unemployment increase vulnerability to motherhood	<b>1.80 (1.00 – 3.25)</b>	<b>0.05</b>	<b>1.90 (1.05 – 3.42)</b>	<b>0.04</b>
Must have children to secure continued support	1.00 (0.52 – 1.92)	1.00	1.00 (0.52 – 1.92)	1.00

**p < 0.05**

The multivariate logistic regression results in Table 6 reveal that among all socio-cultural and economic factors examined, only poverty and unemployment significantly contributed to forced motherhood in both urban (AOR = 1.80,  $p = 0.05$ ) and rural (AOR = 1.90,  $p = 0.04$ ) contexts. This finding underscores the critical role of economic vulnerability in limiting women's reproductive autonomy within abusive relationships. Other factors such as community norms, financial dependence, and cultural pressures showed elevated odds but did not reach statistical significance, indicating that while they may contribute to the broader context, they are not strong independent predictors when all variables are considered together. These results highlight the urgent need for targeted economic empowerment and support interventions for women in both urban and rural areas.

## DISCUSSION

The findings reveal that respondents widely agree socio-cultural factors such as the stigma of divorce, community silence on domestic violence, and expectations of proving worth through childbirth strongly contribute to forced motherhood, highlighting the deep influence of cultural norms on women's reproductive autonomy. This is in line with existing literature emphasizing the pervasive influence of cultural norms on women's reproductive autonomy (Amnesty International, 2022; Onyango et al., 2021). This is corroborated by studies like that of Deyessa et al. (2023), which highlight how societal pressures and the fear of social ostracism compel women to remain in abusive relationships and conform to reproductive expectations. Similarly, these results are consistent with findings from Kabir et al. (2022), who report that the stigmatization of divorce acts as a powerful deterrent against women leaving violent marriages, thus perpetuating forced motherhood. However, some research offers a more nuanced perspective; for instance, Smith and Johnson (2020) argue that while cultural norms are influential, increasing urbanization and education levels can mitigate these effects by empowering women to challenge traditional roles. The strong agreement with these socio-cultural factors in the current study may stem from deeply entrenched patriarchal values and limited awareness of women's rights within the study communities. These findings imply that effective interventions must go beyond economic empowerment to include culturally sensitive community education and legal reforms aimed at reducing stigma, encouraging open discussion of domestic violence, and promoting women's autonomy in reproductive decision-making.

The results indicate that economic factors, particularly financial dependence on partners and the impact of poverty and unemployment, are strongly perceived by respondents as significant contributors to forced motherhood among women experiencing domestic violence. This finding is consistent with local studies such as Okafor and Eze (2021) and Akinyemi et al. (2022), which highlight how economic vulnerability severely limits women's reproductive autonomy and increases their risk of coerced childbearing in abusive relationships in Nigerian contexts. It is corroborated by research from Nwosu and Ibekwe (2020), who found that financial dependence on male partners reduces women's ability to make independent decisions about motherhood or escape

violent households. However, other local scholars like Oladipo and Yusuf (2023) argue that while economic factors are significant, socio-cultural influences such as traditional gender roles and community expectations also critically shape forced motherhood. These findings imply that policy and programmatic efforts in Nigeria must combine economic empowerment initiatives with community sensitization to address both financial and cultural barriers affecting women's reproductive rights.

The findings show that women and children affected by domestic violence and forced motherhood primarily rely on emotional or spiritual support, such as religion or counseling, as key coping strategies, while avoidance of discussing violence due to fear of stigma is also common; however, formal reporting to authorities is less frequent, highlighting the need to strengthen both formal and community support systems. This is in line with recent studies highlighting the central role of spirituality in providing psychological relief amid abuse (Bent-Goodley, 2019; Pirraglia et al., 2020). This reliance is also corroborated by Miller and Payne (2021), who emphasize that faith-based coping mechanisms offer hope where formal support systems are inadequate or inaccessible. Conversely, Johnson et al. (2019) present contrasting evidence, noting that religious beliefs can sometimes inhibit help-seeking if they encourage endurance over escape, which suggests complex effects of spirituality on coping. The high tendency to avoid discussing violence due to fear of stigma is consistent with findings by Liang et al. (2017) and Jewkes et al. (2018), who report that cultural silence and social repercussions significantly deter survivors from disclosure. However, Kim et al. (2022) found that targeted community awareness campaigns can reduce such stigma and promote openness, highlighting potential pathways for change. The relatively low rates of formal reporting to authorities align in consonant with Decker et al. (2018) and Garcia-Moreno et al. (2021), who underscore persistent barriers such as distrust in legal institutions, fear of retaliation, and limited access to services. These patterns underscore the urgent need to strengthen both formal support infrastructures and community-based interventions that address stigma and foster safe disclosure environments. Possible reasons for the reliance on spiritual support and avoidance include limited availability of formal services, deeply entrenched cultural norms discouraging public discussion of domestic issues, and gender role expectations prioritizing family preservation (Campbell et al., 2020). The implications of these findings suggest that multi-level strategies combining empowerment, cultural sensitivity, and improved service accessibility are vital to effectively support survivors.

The finding of the study shows that poverty and unemployment are the only significant predictors of forced motherhood in both urban and rural areas, highlighting economic vulnerability as a key factor limiting women's reproductive autonomy in abusive relationships. This is consistent with extensive research demonstrating that economic vulnerability critically limits women's reproductive autonomy, especially within abusive relationships (Miller et al., 2021; Yaya et al., 2022). This result is corroborated by studies such as those by Garcia-Moreno et al. (2019) and Jewkes et al. (2020), which emphasize that financial dependence reduces women's capacity to negotiate reproductive choices and increases their risk of coerced childbearing. Similarly, in consonant with findings by Naved and Persson (2023), economic hardship often traps women in violent unions due to lack of alternative livelihood options or financial independence. However, some studies (e.g., Raj et al., 2019) suggest that while economic factors are important, cultural and social dynamics may play a more substantial role in certain contexts, highlighting the complexity and intersectionality of forced motherhood. The prominence of poverty and unemployment as predictors in this study may be attributed to limited social safety nets and inadequate economic empowerment programs in the study areas, which exacerbate women's vulnerability. These findings imply a pressing need for policy interventions that focus on women's economic empowerment, including employment opportunities, social protection, and access to financial resources, as integral components of strategies to reduce forced motherhood and support reproductive rights within abusive environments.

## CONCLUSION

Based on the findings of this study, it is evident that forced motherhood among women experiencing domestic violence is deeply rooted in socio-cultural norms and economic vulnerabilities. The stigma attached to divorce, societal silence on domestic violence, and expectations around childbirth significantly constrain women's reproductive choices. Moreover, poverty and financial dependence on partners are the only significant predictors of forced motherhood in both urban and rural areas, highlighting economic vulnerability as a critical barrier to women's autonomy. The reliance on emotional and spiritual support, alongside limited formal reporting, points to gaps in available support systems. Therefore, addressing forced motherhood requires urgent attention to economic empowerment and culturally appropriate interventions to enhance women's reproductive freedom and safety.

## Recommendations

Based on the findings of this study, the following recommendations are made:

1. Government agencies, NGOs, and development partners should implement and scale up economic empowerment programs that provide women with access to income-generating activities, vocational training, and financial resources to reduce economic dependence on abusive partners.
2. Community leaders, traditional and religious institutions, civil society organizations, and educational bodies should lead culturally sensitive education and awareness campaigns to challenge harmful socio-cultural norms, reduce the stigma of divorce, and promote women's reproductive autonomy.
3. Social welfare departments, healthcare providers, law enforcement agencies, NGOs, and faith-based organizations need to strengthen formal and informal support systems by improving access to counseling, shelters, and legal aid, while also addressing barriers such as stigma and distrust.
4. Legislators, policymakers, human rights commissions, and advocacy groups should prioritize legal and policy reforms that protect women's rights, reduce social stigma around domestic violence and divorce, and ensure enforcement of reproductive health and domestic violence laws.
5. Academic institutions, research organizations, and government statistical agencies should conduct ongoing research and monitoring to better understand the dynamics of forced motherhood and evaluate the effectiveness of interventions aimed at enhancing women's autonomy and safety.

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