

# **Intimate partner violence, women's socio-economic position and contraceptive use in Nigeria**

## **Significance/background**

Public health literature has established the growing recognition of high prevalence of gender-based violence and its negative consequences (Adedini et al., 2014; Campbell, 2002; Hindin et al., 2008; Janseen et al., 2003; McCloskey et al., 2005). One of such negative consequences, as established by previous studies, is the implication of intimate partner violence (IPV) for low contraceptive uptake; with women in abusive relationship having lower contraceptive use compared to their counterparts in non-abusive relationship (Bamiwuye et al., 2013; Odimegwu et al., 2013). Further, the position of a woman in a marital dyad has been found to be associated with a number of reproductive health outcomes. For instance, women who have low-status tend to have poorer health outcomes compared to their high-status counterparts (Adedini et al., 2014). This suggests that high socio-economic status could serve as a good avenue to status and security, and possibly as a good strategy to guide against violence for women in abusive relationship. Considering that women in abusive relationship are likely to be low contraceptive users, and given that high socio-economic status could serve as a good strategy against intimate partner violence, we therefore hypothesize that women's high socio-economic position will exert a moderating effect on the relationship between intimate partner violence and contraceptive use; with resultant higher contraceptive uptake. Meanwhile, there has not been a systematic attempt to examine the mediatory role of women's socio-economic position on the relationship between domestic violence and contraceptive use. This study thus aims to address this knowledge gap.

## **Research questions**

(a) What is known:

Women in abusive relationship contracept less compared to their counterparts in non-abusive relationship.

(b) What this study adds:

1. Does women's socio-economic position modify the relationship between intimate partner violence and contraceptive use in Nigeria?
2. Does high socio-economic position serve as a safety net for women who experience intimate partner violence, thereby leading to higher contraceptive uptake?

## **Methodology**

Data for this study came from 2013 Nigeria Demographic and Health Survey (DHS) data (NDHS). Sample for the survey was selected using a stratified three-stage cluster design which consists of 904 clusters (NPC and ICF Macro, 2014). A representative sample of 40,680 households was selected for the survey and 39,902 eligible women age 15-49 were identified in the selected households. In addition, a nationally representative data on domestic violence was

collected from selected ever married women within age 15-49. A weighted sample of 19,925 currently married women/women living with partners, and who were selected for domestic violence module constituted the sample. The outcome variable for this study is current contraceptive use categorized as (i) currently using a method (ii) not currently using a method. The key explanatory variables are (1) ever-experience of violence from spouse/partner and (2) women's socio-economic position. With respect to the definition of intimate partner violence (IPV), there is evidence of violence if the respondent gave a "yes" answer to various questions that border on physical and sexual violence. In addition, a woman is regarded as having a high status if (i) she had secondary or higher education and (ii) was in professional/formal occupation. Other explanatory variables which could influence contraceptive decision were considered as control variables in the analysis. Binary logistic regression analysis was employed for multivariate analysis.

### **Results/key findings**

Findings showed that 16% of respondents were currently using contraceptives. Women who experienced any form of violence constituted 24%; and the percentage who suffered physical violence was 13%, followed by those who experienced sexual violence (2.7%). Examining the influence of intimate partner violence on contraceptive use, results showed that women who experienced any form of violence were having lower odds of using contraceptives compared to those who experienced no violence (odds ratio (OR): 0.61; confidence interval (CI): 0.56-0.66,  $p < 0.001$ ). Respondents who experienced sexual violence (OR: 0.58, CI: 0.53-0.64,  $p < 0.001$ ); and those who experienced physical violence (OR: 0.88, CI: 0.72-1.08,  $p = 0.23$ ) were less likely to use contraceptive in comparison to their counterparts who experienced no violence. An examination of moderating effects of women's socio-economic status proxied by educational level attained and type of occupation indicated that education and employment status played a significant role in moderating the effects of IPV on contraceptive use. For instance, the odds of using contraceptives were significantly high for women who had secondary education (OR: 3.51, CI: 1.90-6.52,  $p < 0.001$ ); and women who had tertiary education (OR: 8.28, CI: 2.15-31.94,  $p < 0.001$ ); notwithstanding their experience of violence. Similar results were found on the moderating effects of occupation on contraceptive use, as women who were engaged in professional occupation were more likely to use contraceptives, even though they reported experience of sexual and physical violence.

### **Knowledge contribution**

It is known in the public health literature that women in abusive relationship tend to contracept less compared to their counterparts in non-abusive relationship. However, it is not known if women's socio-economic position plays any role in moderating the effect of IPV on contraceptive use. As hypothesized, this study established that women with high socio-economic status had increased uptake of contraception, notwithstanding their experience of violence. High socio-economic position appears to serve as a safety net for women who experience intimate partner violence, thereby increasing their contraceptive uptake. Findings of this study thus underscore the need for increased efforts aimed at improving women's status, as this would enhance the chances of those in abusive relationship to have high contraceptive uptake, fulfil their reproductive desires, and live a healthy reproductive life.

## References

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