

IPV DURING PREGNANCY: DO WOMEN'S SOCIO-ECONOMIC STATUS AND HOUSEHOLD DECISION MAKING AUTONOMY MATTER?

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Introduction

Violence against women has become a global health, human right and development issue in the recent times. Globally, the basic human rights of women and girls have been violated. This violation cuts across all ages, religion, ethnicity in different levels and proportion. In Nigeria, most women and girls suffer various forms of violence from husbands, fathers, and relatives. Violence against women during pregnancy is one of the most common forms of violence in the country. Perhaps, violence during pregnancy is one of the most dangerous forms of violence against women owing to its adverse physical and psychological effects for both the mother and fetus (Jasinki, 2004); one of the outcomes of this act is pregnancy outcomes.

On prevalence of violence during pregnancy, Bacchus, Mezey & Bewley, (2006, 2008); Williams and Brackley, (2009) reported IPV during pregnancy in their studies ranging from 1% to 20%. Salari & Nakhae, (2008) also reported prevalence rates of 4% to 8%. Other studies on IPV during pregnancy observed a prevalence of between 3% and 30% (Castro, Peek-Asa and Ruiz, 2003; Garcia-Moreno, Jansen, Ellsberg, Heise and Watts, 2006). In Nigeria, the prevalence rate was 5% (NPC & ICF International, 2014).

Several studies have reported an increase in poor pregnancy outcomes associated with IPV during pregnancy such as preterm or premature births, low birth weight, perinatal and early childhood mortality, miscarriage and injury (Ahmed, Koenig and Stevenson, 2006; (Kaye, Mirembe, Bantebya & Ekstromet, 2006; Rodrigues, Rocha and Barros, 2008; Taft and Watson, 2007; Elkady, Gilbert and Xing, 2005). Social consequences of IPV among pregnant women include depression, high blood pressure, malnutrition, among others (Martin, Li, casanueva, Harris-Britt, 2006). In addressing poor pregnancy outcomes associated with violence during pregnancy, the United Nations (UN) has reinforced its declaration on the Elimination of all forms of Violence against women by the 1995 Beijing declaration. In Nigeria, the Federal Government and some States Government have enacted law on violence against women. In spite of the sanctions in the law in Nigeria, Violence is increasingly gaining endemic propensity in status. The increasing level of Violence is further reinforced by the existing societal culture of silence and the patriarchal nature of the society. Besides, in Nigeria, studies on the socio-economic correlates and household decision making roles on IPV against pregnant women are extremely limited in developing countries like Nigeria. Hence, this study examines whether

women with low socio-economic status and household decision making are more prone to IPV in relation to pregnancy

Data and Methods

The study employed primary secondary data. The secondary data was obtained from the 2013 Nigerian Demographic and Health Survey (NDHS). A sample of 21,196 ever-married women was analyzed using frequency distribution, chi-square test and binary logistic regression. Also, 30 In-depth Interviews (IDIs) were conducted to lend credence to secondary data.

Results and Discussion

The result showed that 3 percent of married women (588) have experienced violence during pregnancy. The South part of the country zone has the highest proportion of respondents who have experienced violence during pregnancy. The South South has the highest proportion of respondents who have experienced violence during pregnancy and is closely followed by the South West. There is a significant inverse relationship between level of education and violence during pregnancy. The likelihood of experiencing violence during pregnancy is higher among respondents with primary education (OR= 3.93, $p<0.05$) and reduce with a secondary level of education (OR = 3.88, $p<0.05$) and tertiary level (OR = 1.94, $p<0.05$) than their counterparts who with no education. Results also showed that women whose husband solely decide on their own health were 1.6 times more likely to have experienced IPV during pregnancy ($p<0.05$). Also, the proportion of women who have experienced IPV during pregnancy increased in the North East (OR= 3.3 $p<0.05$) and significantly influenced by women's age and religion.

The findings showed that a significant relationship between region of the country. The southern part of the country is more likely to have experienced violence during pregnancy. This finding is supported by the 2013 NDHS reports and might be due to the fact that women in the Northern part of the country are less empowered to challenge their husband decision. Coupled with this is their faith in Islam. The study also found a significant relationship between educational levels and experienced of violence during pregnancy. Many studies have reported the same conclusion (Okereke et al., 2004; Mmbando et al., Kayode et al., 2014). The study revealed that women whose husbands only decide on their own health were more likely to have experienced IPV during pregnancy. This is expected in a patriarchal society where women who refuse to be submissive to their husband decision are beaten up irrespective of whether the woman is pregnant or not. Thus, the study suggests that spousal communication be strengthened among couples in Nigeria.