

# Gender-Based Violence and Pregnancy Outcomes among Couples and Cohabiting Partners in Nigeria.

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**Abstract** - Over the last two decades, the international community has expressed concerns on the increasing occurrence of gender-based violence and related consequences, particularly in African and many low-and middle-income countries. The 2006 United Nations General Assembly declaration on elimination of violence against women has been applauded across many settings. Intimate partner violence is a typical example of gender-based violence that occurs among males and females who have intimate relationships either as husbands and wives, or are in cohabiting relationship. This paper examines factors likely to influence gender-based violence and effects on pregnancy outcomes in Nigeria. The study used the 2013 Nigeria Demographic and Health Survey (NDHS) couple data set of 8658 couples aged 15-49 for women and 15-59 for men. 6,961 were interviewed for domestic violence. Analysis employed univariate, bivariate and multivariate techniques i.e. binary logistic regression. Pregnancy outcome, measured as either live birth or stillbirth is the ultimate dependent variable. Explanatory factors are of two types (1) intervening factors are, physical, and emotional violence, and (2) background factors including age, residence, education, employment status, and religion among others. The results showed that residence, employment status, religion and partner's age were significant factors explaining emotional, and physical violence among couples ( $p < 0.05$ ). While physical violence and emotional violence were significant associated with pregnancy outcome of either a live birth or still birth ( $P < 0.05$ ). The study also showed that respondents whose husband takes alcohol have a higher odds of experiencing violence while those who are working and educated beyond primary school also have higher odds of experiencing violence. These findings have significant implications for policy and programmes geared to improve on gender equity, and reproductive health of women in Nigeria.

**Keywords**-Gender-based violence; pregnancy outcome; couples

## I. INTRODUCTION

Gender-based violence (GBV) is a continuing and international abuse of somebody in the home in such a way that causes pain, distress or injury. It can also be referred to as any treatment of a member of a family by another member that violates the law of human rights. The World Health Organisation [15] defined violence as "various sexual, psychological and physical acts used against women by a current or former partner". Since 1993, violence against women has emerged as a focus of global attention and concern, when the declaration on the elimination of violence against women was passed by the United Nation General Assembly and the first official definition of such violence against women were offered [4].

## II. REVIEW OF LITERATURE

A study conducted by [8] on violence against women estimated that almost 30% of women in developed countries and over 67% of those in developing countries have experienced one form of physical abuse. Intimate partner violence as a type of domestic violence is a gender-based violence that usually occur between those who are intimately close like husband and wife or cohabiting partners. It is a serious public problem that cuts across nations, cultures, religion and class. Globally, in every three women, at least one has been abused in her lifetime, and mostly, their abusers are members of their own family in which the most common forms of violence against women is abuse by their husband or other intimate male partner [4]. Similarly, [5] opined that, there is complex relationship between intimate partner

violence and health, the aftermath might be immediate and direct (such as injury or death), longer term or direct (such as disability), indirect or psychosomatic (such as gastrointestinal disorder) or all inclusive. The effects of intimate partner violence are numerous. It is associated with post traumatic stress disorder (PTSD) and depression [7, 9] somatic symptoms and other psychiatric morbidity. A study by [16] showed that there is a relationship between intimate partner violence and high chances of memory loss, pains, suicidal thoughts and injuries.

Globally, the lifetime prevalence of IPV among ever exposed women ranges from 15% to 71%, and studies indicate that nearly one out of every three women has experienced physical aggression, sexual coercion, or emotional abuse in an intimate relationship [6]. According to a World Health Organization inter-country study on women's health and violence against women, 6%-49% of women age 15-49 reported sexual violence by a partner at some point in life (WHO 2010). In Zambia, evidence shows that 43% of women age 15-49 have experienced physical violence and that 37% experienced physical violence in the 12 months preceding the 2013-2014 Zambia Demographic and Health Survey (ZDHS) (CSO 2014).

Many studies have examined factors or predictors of intimate partner violence in different parts of the world. The documented factors of GBV operate on different levels, ranging from individual socio-demographic characteristics to culturally related factors, particularly in the African context. Commonly reported socio-demographic factors that are positively associated with GBV include the woman's age [6, 12] childhood experience of domestic violence ([16] having a low level of education, being unemployed, financial dependence on the partner [3], using drugs or drinking alcohol [6, 7], and having more surviving children [5].

In Nigeria [9] also found a significant association between IPV and maternal health care services. This study revealed that women who had ever experienced physical or emotional violence were significantly more likely not to use adequate anti-natal care services and delivery assistance by a skilled health care provider. Cultural factors in Africa can be explained by institutionalized gender inequalities that privilege men with power over women in decision-making [8, 5, 11, 10]. This cultural inequality relegates women to subordinate positions, thereby exacerbating their vulnerability to domestic violence.

In a study by Gazmararian (1995), women who had unwanted pregnancy were four times more likely to have experienced physical violence by a partner compared with those who intentionally got pregnant. The majority of women asking for abortion were more likely those who had reported cases of intimate partner violence (IPV) compared with the general population [6, 14, 8]. In a similar study it was found that 39.5% of women seeking abortion had history of abuse. In this same study, it was shown that women with an abuse history were more likely not to inform their partners about the pregnancy which may lead to not having the support of the partner in the abortion decision; they were also likely to report the relationship (violence) as the primary reason for aborting the pregnancy. Among women obtaining abortion, 46.3% were not using any form of birth control in the month they conceived.

In Nigeria, as in many other African countries, the beating of wives and children is widely sanctioned as a form of discipline [3]. Beating of children is seen as a way of instilling discipline in them, likewise husbands beating their wives for disciplinary purpose. Also, Project alert (2001), in their survey on violence against women interviewed market women and other professions and ladies in secondary schools and higher institutions, in Lagos state, Nigeria. About six out of every ten women interviewed in the work place said they had been beaten by a partner (boyfriend or husband), 56.6% of 48 interviewed market women had experienced such violence. In a study carried out on the factors related with domestic violence, in South East, Nigeria, 70% of respondents reported to have witnessed abuse in their family with 92% of the victims being female partners and the remaining 8% being male.

In a study carried out in Abuja, Nigeria, [1] revealed the experience of a mother of one in the hands of her husband who constantly was abusing her physically whenever he was drunk, and she lost two pregnancies as a result of his brutality. Also, this study had a reported case of 34 years old housewife, Mrs Fatima Bankole, who had her face stitched, after she got battered by her spouse, for taking a piece of fish from the pot to break her fast. The CLEEN Foundation National Crime Victimization Survey, 2013, reported that one in every three respondents admitted to being a victim of domestic violence. The survey also found a national increase of 9% in domestic violence from 21 percent in 2011 to 30 percent in 2013.

### III. METHODOLOGY

This study used the 2013 Nigeria Demographic and Health Survey (1). The survey is nationally representative and was organized under the auspices of the National Population Commission and ICF International. The data collected through the survey include background characteristics, marriage and sexual activity, fertility, family planning, maternal health, nutrition, HIV/AIDS, and domestic violence. The study made use of the couple's recode, out of 8658 respondents in the couple data set 6,961 were interviewed on the survey module on domestic violence (weighted=6,485) couples and cohabiting partners aged women 15-49 and men 15-59.

#### A. Definition of Variables

**Dependent Variable:** the dependent variable for this study is pregnancy outcome. This is defined as ever experience a life birth or a still birth as a result of GBV

**Independent Variables:** There are three sets of independent variables in this study. The variables were chosen on account of their relevance, to the mainstream discus in the literature, on gender based violence. The first set considers violence as the dependent variable and women socio-demographic characteristics as independent variables. Socio-demographic characteristics (current age, marital status, wealth index, educational attainment, employment, area of residence and religion. Socio-demographic characteristics also include partner age, education, occupation, and alcohol consumption. Key intervening variables include; experience of violence either physical or emotional., alcohol consumption, experience of violence. The dependent variable are pregnancy outcome resulting from physical and emotional violence.

Variable	Operational definition
<b>Dependent variables</b>	
Pregnancy outcome	0=still birth, 1=life birth
<b>Independent variables</b>	
Area of residence	1=urban, 2=rural
Educational attainment	0= no education, 1=primary, 2= secondary 3=higher
Religion	1=Christian, 2=Muslim, 3=Traditional/Others
Household wealth	1=Low, 2=Medium, 3=High
Age	1=15-24, 2=25-39 3=40 or more
Type of union	1= polygamy, 2=Monogamy
occupation	0=not employed, 1=employed
Partners education	0= no education, 1=primary, 2= secondary 3=higher
Partners occupation	0=not employed, 1=employed
Alcohol consumption	0=no, 1=yes
Physical violence	0=no physical violence, 1= experience physical violence
Emotional violence	0=no emotional violence, 1= experience emotional violence

### IV. STATISTICAL ANALYSIS

We used STATA 12 to conduct our analysis. The analysis began with a univariate analysis, where descriptive statistics of socio-demographic characteristics of the respondents were obtained. Frequency distributions and proportions of each independent variable against the dependent variables were determined, followed by ascertaining associations between each intervening variable against dependent variables, using chi-square. To obtain and ascertain the strength of associations, logistic regression models with 95% odds ratio confidence intervals were used. One regression models was run. The model had violence as the dependent variable and socio-demographic and partner characteristics as independent variables. To address the issue of disproportionate sampling and non-response, the domestic violence sample weight d005/1000000 was applied in the analysis.

### V. RESULT

#### A. Background Characteristics of the Respondent

This table below shows the distribution of respondent's background characteristics of the study population. Almost two-third of the women (65%) resided in rural areas and almost half (48%) have no education. Most of the women (60%) were age 25-39 and were working (67%) and also belong to the Muslim religion (63%) and in every ten respondent two (18%) had experience emotional violence Two out of every five (42%) respondent's husband were in the age range of 31-40, one out of every three of their husbands had secondary level of education (30%) and almost all of them were working (96%), while (15%) of them were into alcohol

consumption and almost half (46%) of couple belong to the low wealth index and (29%) belong to the polygamy union.

Also the prevalence of physical and emotional violence was (12%) and (18%) respectively.

Table 2: Background Characteristics of the Respondent

Variable	Frequency (N= 6,485)	Percentage (%)	Variable	Frequency (N=6,485)	Percentage (%)
<b>Respondent Age</b>			<b>Wealth Index</b>		
<25	2010	31.0	Low	2982	45.9
25-39	3916	60.4	Medium	1094	16.9
40 or more	559	8.6	High	2410	37.2
<b>Work Status</b>			<b>Alcohol Intake</b>		
Not working	2156	33.4	No	5479	84.6
Working	4300	66.6	Yes	1000	15.4
<b>Educational level</b>			<b>Physical Violence</b>		
No education	3149	48.5	No	5732	88.4
Primary	1222	18.9	Yes	751	11.6
Secondary	1685	26.0	<b>Emotional violence</b>		
Tertiary	429	6.6	No	5349	82.5
<b>Religion</b>			Yes	1130	17.5
Christian	2304	35.5	<b>Type of Union</b>		
Muslim	4076	62.9	Monogamy	4621	71.3
Others	106	1.6	Polygamy	1864	28.7
<b>Residence</b>			<b>Partner's Education</b>		
Urban	2234	34.5	No education	2255	34.8
Rural	4251	65.5	Primary	1384	21.3
<b>Partners age</b>			Secondary	1969	30.4
<=30	1679	25.9	Tertiary	887	13.5
31-40	2713	41.8	<b>Pregnancy Outcome</b>		
41 or more	2093	32.3	Life birth	5694	87.9
<b>Partner's Work</b>			Still birth	784	12.1
Not working	278	4.3			
Working	6195	95.7			

### B. Logistic Regression Analysis of Violence and Socio-Demographic Characteristics

The logistic regression analysis revealed a number of significant relationships between Socio-demographic characteristics and their experience of GBV Table 3 shows that women aged 25-39 ( $p=0.00$ ) have a higher odds of reporting violence compare to those in the other age categories. Women working ( $p=0.00$ ) have significantly higher odds of experiencing GBV than those not working.

The study further revealed that primary and secondary educational attainment of respondent ( $p=0.00$ ) and ( $p=0.01$ ) respectively have a higher odds of experiencing violence. Also, women who belong to the other religion and from the polygamy union ( $p=0.01$ ) have higher odds of reporting ever experiencing violence. Concerning husband characteristics, the findings indicate that middle wealth index ( $p=0.00$ ) and those who are rich ( $p=0.00$ ) have lower odds of reporting violence. Partners who consume alcohol ( $p=0.00$ ) have strongly odds of experiencing violence.

### C. Violence and Pregnancy Outcome

The table below shows that there is a significant relationship between gender-based violence and pregnancy outcome. The table further shows that two out every ten respondents who reported to have experience one form of physical violence had a still birth ( $p=0.000$ ) while the respondent who reported emotional violence one out of every five of them reported a pregnancy that did not result in a life birth ( $p= 0.000$ ).

Table 3: Logistic regression analysis of Violence and Socio-demographic Characteristics

Variable	Odds	95% CI	Variable	Odds	95% CI
<b>Respondent Age</b>					
<25 (ref)			<b>Wealth Index</b>		
25-39	1.48	(1.21-1.80)***	Low (ref)		
40 or more	1.64	(1.21-1.23)**	Medium	0.70	(0.55-0.88)**
			High	0.58	(0.45-0.75)***
<b>Work Status</b>					
Not working (ref)			<b>Alcohol Intake</b>		
Working	1.24	(1.03-1.51)*	No (ref)		
			Yes	2.72	(2.27-3.25)***
<b>Educational level</b>					
No education (ref)			<b>Type of Union</b>		
Primary	1.55	(1.20-2.00)**	Monogamy (ref)		
Secondary	1.41	(1.06-1.88)*	Polygamy	1.25	(1.04-1.55)*
Tertiary	0.54	(0.34-0.87)*			
<b>Religion</b>					
Christian (ref)			<b>Partner's Education</b>		
Muslim	0.60	(0.50-0.72)***	No education (ref)		
Others	1.07	(0.68-1.72)	Primary		
			Secondary	1.41	(1.07-1.85)*
			Tertiary	1.40	(1.05-1.86)*
				1.25	(0.88-1.78)
<b>Residence</b>					
Urban (ref)			<b>Partner's Work</b>		
Rural	0.84	(0.71-0.99)*	Not working (ref)		
			Working	0.85	(0.53-1.17)

\*p&lt;0.05, \*\*p&lt;0.01, \*\*\*p&lt;0.001

Table 4 Violence and Pregnancy Outcome

Variable	Pregnancy outcome		Chi-square	p-value
	Life birth	Still birth		
Physical violence				
Yes	702(82%)	152(18%)	26.1105	0.000
No	5387(88%)	710(12%)		
Emotional violence				
Yes	1047(82%)	230(18%)	45.1888	0.000
No	5038(89%)	632(11%)		

## VI. DISCUSSION AND CONCLUSION

The study was to establish the relationship between gender-based violence and socio-demographic characteristics, on one hand, and how violence is associated with pregnancy outcome, on the other hand. Background characteristics that were significantly associated with reporting violence in the study include women's age, age at marriage, household wealth, education, type of union and place of residence [3, 9, 7, 2] These findings are in some respects consistent with previous studies, and contrasting in others. It is commonplace for previous studies in developing countries to report a positive relationship between household wealth and experiencing violence. The finding that violence victims often

justify wife beating reflects both the persistence of cultural norms that privileged men with power hold over women [12, 10, 2] and also the lack of progress in the fight against gender inequality in the Nigerian society.

Men's alcohol consumption are common predictors of intimate partner violence against women and pregnancy outcome in Africa[1,9,10] However, the causal direction between consuming alcohol and perpetrating IPV is confounding.

In sum this study found that in Nigeria the socio-demographic characteristics of couple that are associated with women experiencing violence include Age education, household wealth, occupational status, education, and type of



residence. Partner characteristics include alcohol consumption and education. The study also discovered that violence is strongly associated with pregnancy outcome at a bivariate level. These findings reflect the importance of addressing issues of gender equality and problematic cultural norms embedded in our society that make women vulnerable violence.

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