

**A Sociological Investigation of Factors Consistently Associated With Intimate Partner
Violence Against Women in Two African Countries**

By

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1.0 INTRODUCTION

1.1 BACKGROUND

Spousal violence, also known as Intimate Partner Violence (IPV), remains a serious public health challenge against women health and rights world over. Unfortunately, many African women, particularly aged 15-49, have continued to suffer from various forms of violence mete against them usually by their male intimate sexual partners or husbands (WHO, 2013). According to the WHO (2013) report, sub-Saharan Africa has the second highest prevalence rate of women suffering from IPV in the world¹. What factors are consistent in exposing women to IPV in sub-Saharan Africa? This is a central question this study attempts to answer by comparing prevalence and factors associated with IPV against women in Nigeria (West Africa) and Zimbabwe (southern Africa). Borrowing and testing factors found in several pre-existing studies in Africa, Asia, Europe and Latin America, as well as relevant (Abramsky et. al, 2011; Uthman et al., 2011; Yoshikawa et al., 2012).

Findings from previous studies on understanding the level of prevalence, the forms, as well as potential factors exposing women to the menace of IPV in relationship is important and could help provide policy makers and other interested stakeholders with useful insights on how best to curb the menace. However, a major challenge in this research area known to both researchers and policy makers has been lack of data comparability across countries usually due to differences in research interests and research methodology (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen and Heise, 2011). Hence, most researchers have limited themselves to investigating the IPV phenomenon mainly on solely intra-country level. Meanwhile, some who engage in cross-country study have often presented their findings in a way that makes tracing near-universal factors or factors consistent across countries almost impossible. This paper seeks to bridge this gap.

1.2 RESEARCH GOALS AND RESEARCH QUESTION

The main goal of this paper is to reveal main factors that are consistent in their association with intimate partner violence in both Nigeria and Zimbabwe at 95% confidence interval. Other objectives of the paper are:

¹ Women in South East Asia has the highest rate of IPV reported at 37.7%, with sub-Saharan Africa at 36.6%.

- i. To estimate the prevalence of IPV against women in Nigeria (west Africa) and Zimbabwe (Southern Africa);
- ii. To comparatively identify factors that are consistently significantly associated with increased likelihoods of IPV in both countries – consistent risks factors;
- iii. To comparatively identify factors that are consistently significantly associated with decreased likelihoods of IPV in both countries – consistent protective factors;
- iv. To investigate factors that are inconsistent in their relationship to IPV across the two countries;
- v. To unravel factors that tend to be consistently insignificant in their relationship to IPV;
- vi. To recommend probable ways of mitigating the current prevalence of IPV in both countries.

1.3 THEORIES AND HYPOTHESES

1.3.1 The Social Ecological Model: The Social ecological model provides a somewhat holistic background for our inquiries in this paper. As propounded by Heise (1998), IPV is somewhat related to a network of “personal, Micro, Exo and Macro” social systems. By this is meant that IPV is usually occasioned by certain holistic factors ranging from individual experiences such personal childhood or family history of violence, to the family (microsystem) involving, societal structure (exosystem) and general societal views or attitude towards gender roles and gender expectations. It will be interesting to investigate how differing socio-ecological conditions in Nigeria and Zimbabwe influence instances of IPV as reported by women aged 15-49 in these countries.

1.3.2 Hypothesis

From the foregoing and in tandem with previous studies on IPV especially in sub-Saharan Africa², we hypothesise that:

² (a) Uthman OA, Moradi T, Lawoko S (2011) Are Individual and Community Acceptance and Witnessing of Intimate Partner Violence Related to Its Occurrence? Multilevel Structural Equation Model. PLoS ONE 6(12): e27738. doi:10.1371/journal.pone.0027738

1. **Personal Level: (i)** Women whose father beat their mother will be more likely to report having experienced IPV compared to women without such family history of violence.
2. **Micro Level: (i)** Women whose husband/partner drinks alcohol will be more likely to report having experienced IPV compared to women whose husband/partner does not
(ii) Women who participate in decision-making processes will be less likely to report the experience of IPV compared to women who do not.
3. **Macro Level: (iv)** Women who tend to justify IPV for at least any reason will manifest higher likelihood of IPV experience compared to women who do not justify IPV for any reason,

2.0 METHODOLOGY

2.1 Research Design

This paper focused on and investigated only potential factors that tend to be consistent in exposing women to spousal violence in Africa. We employed the most recent internationally-standardized and nationally-representative Demographic and Health Surveys (DHS) data for two African countries – Nigeria in western Africa (2013 NDHS), and Zimbabwe in east Africa (ZDHS, 2015), and investigated those factors that consistently expose and those that consistently protect women from spousal violence in the two countries³.

In both countries, woman aged 15-49 is randomly selected per household to be administered the domestic violence module. A total of 27,634 women and 5,800 women participated successfully in the domestic violence interviews in Nigeria and Zimbabwe respectively. Internationally standardized questionnaires⁴ approved by the ICF Macro were employed. Forms and acts of violence measured using the Straus (1990) Conflict Tactics Scale.

We fitted a uniform binary logistic regression model for both countries to test for possible association between certain socio-demographic, cultural, attitudinal and economic factors (see Abramsky et. al., 2011⁵). However, we tested the variables separately for each country using STATA Version 13.

³ We hereby acknowledge the DHS Program Office (www.dhsprogram.com) for the permission granted to us to use the Standard DHS data for the two sub-Saharan African Countries, Nigeria and Zimbabwe, as done in this paper.

⁴ Questionnaires were minimally adjusted by each country to fit national contexts, realities and peculiarities,

⁵ Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., and Heise, L. (2011). What Factors are Associated with Recent Intimate Partner Violence? Findings From the WHO Multi-country Study on Women's Health and Domestic Violence. *BMC Public Health*, 11(1), 109

2.2 Coding

2.2.1 Dependent and Explanatory Variables: We were interested in understanding women's exposure/experience of spousal violence (also called Intimate Partner Violence or IPV) as the dependent variable. We generated women's *exposure to IPV*, using STATA statistical package, from the combination of the four forms of forms of IPV – *less severe violence*, *severe violence*, *emotional violence* and *sexual violence*. An affirmative answer to any of the questions under each would qualify a woman as having ever experienced IPV. Certain possible socio-demographic, economic and cultural factors inspired by previous relevant literatures⁶ were tested and possible consistencies in Odds Ratio (OR) were checked between the two countries.

2.3 Results and Findings

First, we found that IPV was prevalent in both African countries. More particularly, Zimbabwean women reported higher rates of exposure to IPV and each of its forms than Nigerian counterparts, from 26% in Nigeria to 44% in Zimbabwe. Greater details are presented in Table 1 below. The highest form of IPV reported was emotional violence.

Table 1: Country-Level Prevalence of Forms of IPV against Women

	Nigeria		Zimbabwe	
Ever Experienced Physical Violence from Husband/Partner	Freq.	Percent	Freq.	Percent
No	18,879	84.64	4,055	69.91
Yes	3,370	15.11	1,745	30.09
Missing	56	0.25	-	-
Total	22,305⁷	100.00	5,800	100
Ever Experienced Sexual violence from husband/partner	Freq.	Percent	Freq.	Percent
No	21,070	94.46	5,121	88.29
Yes	1,190	5.34	869	11.71
Missing	45	0.20	-	-
Total	22,305	100	5,800	100

⁶ Abramsky et al. (2011). Ibid.

⁷ Data observations are unweighted.

Ever Experienced Emotional violence from husband/partner	Freq.	Percent	Freq.	Percent
No	17,799	79.80	4,010	69.14
Yes	4,477	20.07	1,790	30.86
Missing	29	0.13	-	-
Total	22,305	100	5,800	100
Ever Experienced Physical, Sexual or Emotional Violence from husband / partner	Freq.	Percent	Freq.	Percent
No	16,488	73.92	3,230	55.69
Yes	5,784	25.84	1,790	44.31
Missing	53	0.24	-	-
Total	22,305	100	5,800	100

Physical IPV was generated from a merging of its two component variables - the “less severe (physical) violence”, and the “severe (physical) violence”.

Table 2: Consistent Socio-Cultural Factors Exposing Women to IPV in both Countries [Abridged]

	Nigeria (n= 13,144)		Zimbabwe (n=2,326)	
	ADJUSTED ODDS RATIOS (aOR)	Confidence Intervals (95%)	ADJUSTED ODDS RATIOS (aOR)	Confidence Intervals (95%)
DEPENDENT VARIABLE	EXPOSURE TO IPV		EXPOSURE TO IPV	
<i>INDEPENDENT VARIABLES:</i>				
Woman’s attitude towards IPV				
<i>IPV Not Justified for any reason</i>	[1.0000]	-	[1.0000]	-
<i>Somewhat justified</i>	1.5913***	[1.4156 - 1.7889]	1.46338**	[1.1734 - 1.8249]
<i>Very justified</i>	1.5686***	[1.4016 - 1.7556]	1.8132***	[1.3361 - 2.4607]
Woman’s participation in decision-making				
<i>Not involved on how to spend money husband/partner earns</i>	[1.0000]	-	[1.0000]	-
<i>Involved on how to spend money husband/partner earns</i>	0.8221***	[0.7410 - 0.9121]	0.6342***	[0.4704 - 0.8549]
Family History of Violence: (Woman’s father beat her mother)				
No	[1.0000]	-	[1.0000]	-
Yes	2.5087***	[2.2014- 2.8590]	1.9023***	[1.2272 -2.3853]
Husband/partner drinks alcohol				
No	[1.0000]	-	[1.0000]	-
Yes	2.6798***	[2.4103 - 2.9794]	2.2640***	[1.8837 - 2.7211]
Constant	0. .0874	[0.0592 - 0.1290]	0.6125	[0.0813 - 4.612]
Observations				

The first group in each category is used as the referent group hence [1.0000]

Confidence intervals in parentheses

**** p<0.001, ** p<0.01, * p<0.05*

Interpretation of Regression Table Results

Among all variables tested, we found that attitudes factor (justifying IPV for any reason) (at , having a family history of violence in childhood in which respondent's father beat her mother, having more than three dependent children, having a husband/partner who drinks alcohol, were factors that consistently increased the odds of a woman suffering from IPV in both countries at 95% confidence interval. On the other hand, woman's refusal to justify wife beating, being involved in decisions on how to spend the money husband/partner earns, were both strongly statistically significant in decreasing a woman's odds of exposure to IPV. Some other factors odds ratios were not consistent in protecting women from or exposing to IPV, sometimes the reverse is the case. Wealth index, spousal educational attainment, age of woman, religion, spousal relative income, husband/partner's education status and religious affiliations, were all not consistently statistically significant either in exposing or protecting women from spousal violence.

3.0 CONCLUSION AND RECOMMENDATION

Spousal violence against women in Africa could be drastically mitigated if women cultural gender discrimination against women and control of alcohol consumption are all addressed within African communities. We recommend policy interventions on addressing exonerative attitude towards intimate partner violence in Nigeria and Zimbabwe.

References

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., and Heise, L. (2011). What Factors are Associated with Recent Intimate Partner Violence? Findings From the WHO Multi-country Study on Women's Health and Domestic Violence. *BMC Public Health*, 11(1), 109. Retrieved from <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/1471-2458-11-109?site=http://bmcpublichealth.biomedcentral.com>

Heise, L. L. (1998). Violence against women an integrated, ecological framework. *Violence against women*, 4(3), 262-290. Retrieved this 7th May, 2017 from <http://washcluster.net/wp-content/uploads/sites/3/2012/10/Violence-Against-Women-An-Integrated-Ecological-Framework-Heise-1998.pdf>

Humphreys, J., & Campbell, J. C. (Eds.). (2010). *Family violence and nursing practice*. Springer Publishing Company.

National Population Commission (NPC) [Nigeria] and ICF International (2014). *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

Uthman OA, Moradi T, Lawoko S (2011) Are Individual and Community Acceptance and Witnessing of Intimate Partner Violence Related to Its Occurrence? Multilevel Structural Equation Model. *PLoS ONE* 6(12): e27738. doi:10.1371/journal.pone.0027738

World Health Organization. (2013). "Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence." Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

Yoshikawa, K., Shakya, T. M., Poudel, K. C., & Jimba, M. (2014). Acceptance of Wife Beating and Its Association with Physical Violence towards Women in Nepal: A Cross-Sectional Study Using Couple's Data. *PloS one*, 9(4), e95829.

Zimbabwe National Statistics Agency and ICF International. (2016). *Zimbabwe Demographic and Health Survey 2015: Final Report*. Rockville, Maryland, USA: Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2013 NDHS