



**Karolinska  
Institutet**

**Department of Public Health Sciences**

**Division of Social Medicine**

# Intimate Partner Violence among Women of Reproductive Age in Nigeria: Magnitude, Nature and Consequences on Reproductive Health

**AKADEMISK AVHANDLING**

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av

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**Abstract:**

**Background:** Intimate Partner Violence (IPV) against women is now recognised as a problem of global magnitude, owing to its detrimental consequences on the health, social and economic welfare of women and their children. This scenario has prompted increased research to understand its risk factors and data has indicated contextual variation in this regard, warranting an assessment in each unique setting. A major constraint, however, on the detection and potential management of IPV lies in the poor disclosure of abuse by many women and their submission to abuse, particularly in Sub-Saharan Africa.

**Objective:** We studied the magnitude and risk factors for IPV exposure among women in a community of Nigeria (paper 1), extent of and factors associated with the disclosure of IPV in the community sample (paper 2), the association between IPV and reproductive health outcomes in a nationally representative sample of Nigerian women (paper 3) and women and men's attitudes towards IPV in a nationally representative sample (paper 4).

**Methods:** Structured interviews were conducted in a sample of over 900 women selected systematically from among visitors to a community health facility (papers 1 and 2). Women were probed on exposure to and disclosure of IPV, as well as demographic, social and empowerment measures. Secondary data was retrieved from the demographic and health surveys of Nigeria 2008, which utilised multi-stage sampling to gather demographic and health data on over 45,000 men and women, which was used to study the reproductive health outcomes in relation to IPV (paper 3) as well as model attitudes towards IPV using demographic, social and empowerment indicators (paper 4). Statistical analyses used included Chi-square tests and Logistic regressions.

**Results:** The 1 year prevalence of IPV was 29%, with significant proportions reporting psychological (23%), physical (9%) and sexual (8%) abuse. Independent predictors of IPV included in-access to information, women's autonomy in decision making and contribution to household expenses (paper 1). Fifty four percent of the participating women would not disclose IPV on the hypothetical situation of exposure. Among those willing to disclose, 37% (n=103) would disclose to some form of institutions (i.e. religious leaders, law enforcement officers (only 1% would actually disclose to the police). This institutional disclosure is in contrast to 68% who opted to disclose to close family and relatives. Ethnicity, woman's own use of alcohol and autonomy in household decision (e.g. having a say on household purchases), increased the likelihood of disclose IPV (paper 2). Exposure to IPV was associated with using modern forms of contraception; have a history of miscarriages, induced abortions, stillbirths, or infant mortality; and having many children. These associations remained even after adjustment for potential confounders including demographic and socioeconomic factors (paper 3). Although justification of IPV was common among men and women, a higher proportion of women justified IPV compared to men. For both men and women, justification of wife beating was associated with low education, rural residency and ethnicity. Access to information was associated with justification of abuse, sometimes in the unexpected manner. While in-access to newspaper was associated with an increased likelihood of justifying abuse among women, in-access to radio/tv decreased the likelihood of endorsing wife abuse among the women. The direct opposite was observed among men. Finally, having a shared autonomy in household decisions was associated with a reduced likelihood of justifying wife abuse among both women and men (paper 4).

**Conclusion:** IPV is rampant and is associated with detrimental reproductive health outcomes and contraception use among Nigerian women. Nigerian women justify IPV to a higher degree than men, with variations in gender regarding the determinants of such justification. Though many of the predictors of IPV exposure, disclosure and attitudes tend to corroborate previous work and theories, the association between empowerment indicator and these outcomes are sometimes contradictory to previous work, suggesting possible contextual differences. The thesis has important implications for prevention of IPV in Nigeria and further research.