



**Karolinska
Institutet**

Department of Public Health Sciences

**Attitudes towards and exposure to
intimate partner violence against
women in sub-Saharan Africa:
contextual effects, neighbourhood
variations and individual risk factors**

AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid Karolinska
Institutet offentligen försvaras i Aulan, sektionen för socialmedicin,
Norrbacka, plan 2, Solna

Fredagen den 13 May, 2011, kl 09.30

av

Olalekan A. Uthman

Huvudhandledare:

Docent Lawoko Stephen
Karolinska Institutet
Institutionen för Public Health Sciences
Division of Social Medicine

Bihandledare:

Docent Tahereh Moradi
Institutionen för Environmental Medicine
Enheten för Migration and Health

Fakultetsopponent:

Professor Peter Byass
Centre for Global Health Research
Umeå University
Umeå, Sweden

Betygsnämnd:

Professor Matteo Bottai
Karolinska Institutet
Institute of environmental medicine

Professor Juan Merlo
Department of Clinical Sciences
Unit of Social Epidemiology
Lunds Universitet

Docent Birgitta Essén
Department of Women's & Children's Health
International Maternal and Child Health
Uppsala Universitet, Uppsala

Stockholm 2011

ABSTRACT

Aims: We described and compared attitudes toward intimate partner violence and associated socio-demographic, structural, and attitudinal factors among men and women from sub-Saharan Africa (SSA) (Study I) and explored plausible gender differences to examine societal level factors associated with it (Study II). We also examined if there are any evidence for area- and societal-level social inequalities on women's attitudes toward IPVAV to further understand the pathway by which the broader social environment could influence the individual attitude (Study III). We further studied the association between gender inequality and exposure to IPVAV (Study IV) and examined whether men's and women's attitudes (i.e. believing that IPVAV is justified) are directly linked to exposure and perpetuation of violence (Study V)

Methods: We utilised data from 17 Demographic and Health Surveys (DHS) conducted between 2003 and 2007 among 165,983 women and 68,501 men nested within 7465 communities from 17 countries in SSA. We used multiple logistic regression models estimated by likelihood ratio test to explore factors associated with attitudes towards IPVAV (Study I). In Study II, we used meta-analytic methods to examine relationship between societal-level measures of socioeconomic position (SEP) and gender differences in attitude towards IPVAV. In Study III & IV, We applied multivariable multilevel logistic regression analysis. In study V, we used multilevel structural equation modelling.

Results: We found that IPVAV was widely accepted under certain circumstances by men and women in all the countries studied (Study I). Women were more likely to justify IPVAV than men (Studies I, II & III). "Neglecting the children" was the most common reason agreed to by both women and men for justifying IPVAV followed by "going out without informing husband" and "arguing back with the husband" (Study I). Increasing wealth status, education attainment, urbanization, access to media, and joint decision making were associated with decreased odds of justifying IPVAV in most countries (Study I). The magnitude in gender disparity in attitudes towards IPVAV increased with increasing percentage of men practicing polygamy in each country (Study II). Men and women living in disadvantaged communities had higher rates of justifying IPVAV compared with their counterparts residing in the most advantaged communities after adjustment for individual SEP (Study III). In addition, women whose husband had higher education and women whose husband had more than one wife were more likely to accept IPVAV than other women (Study IV). Women who with positive attitudes towards IPVAV and those that had witnessed IPVAV were more likely to have reported spousal abuse (Study V).

Conclusions: This large comparative analysis has provided evidence that IPVAV was widely acceptable under certain circumstances and more such among women, younger people, less educated, poorest, those living in rural areas, those with less access to media and single decision makers. We found that individual, community and societal context in which people live is associated with attitudes towards IPVAV. Given the societal factors that shape the behaviour of communities and individuals, we believe that structural interventions hold great promise for significant achievements in the prevention of IPVAV.

ISBN 978-91-7457-310-7