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EMOTIONAL VIOLENCE AND CONTRACEPTIVE USE AMONG WOMEN IN NIGERIA: IMPLICATIONS FOR WOMEN'S HEALTH

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Abstract

This study assesses the relationship between emotional violence and contraceptive use in Nigeria. Data were extracted from the 2013 Nigeria Demographic and Health Survey (NDHS). Statistical analysis was performed using Stata. Results show that among the women, 8.2% had ever been humiliated; 4.2% had ever been threatened with harm; 14.3% had ever been insulted; 17.6% had experienced at least one type of emotional violence by their male partner; and 15.1% were currently using a modern method of contraception. The logistic regression show that women who were never humiliated (OR = 1.18, $p < 0.05$); never threatened with harm (OR = 1.32, $p < 0.05$); never insulted (OR = 1.22, $p < 0.05$); and never experienced any emotional violence (OR = 1.16, $p < 0.05$) by male partner were more likely to use contraceptive than women who experienced any type of emotional violence. The study concluded that emotional violence is related to contraceptive use.

Keywords: Emotional, women, violence, male, partner

1. INTRODUCTION

The objective of this paper is to assess the relationship between emotional violence and contraceptive use in Nigeria. Emotional violence is a major form of intimate partner violence that occurs among diverse groups all over the world. It refers to both implicit and explicit harmful non physical acts perpetrated against an intimate partner, child or dependent adult. Such acts include, but not limited to frequent humiliation, intimidation, threats of harm, threats to take away children, being shouted at, and curtailing partner's freedom (United Nations [UN] 2012). The frequency and severity of emotional violence have been widely reported particularly in the Demographic and Health Surveys conducted in developing countries.

In a Multi-Country Study by Kishor & Johnson (2004), the prevalence of two specific acts of emotional violence, namely ever humiliated or ever threatened with harm were reported. Among ever married women, the study found that lifetime experience of at least one of specific acts of emotional violence ranges from 13.2% in Haiti to 29% in Nicaragua. These rates were lower compared with rates reported in the World Health Organization (WHO) Study conducted in ten countries. In the WHO Study, lifetime prevalence of at least one type of emotional violence ranges from between 20% to 75% (WHO, 2005). Kishor & Bradley (2012) in another study conducted in Ghana and Uganda found 16.2% and 22.1% prevalence of at least one type of emotional violence respectively in Ghana and Uganda. A recent assessment of partner violence in 25 countries by Head et al. (2014) also provided evidence of emotional violence across the countries. Among married women covered in the assessment, the proportion of women who have experienced emotional violence ranges from 7% in Azerbaijan to 44% in Bolivia.

In Nigeria, prior to the 2008 Nigeria Demographic and Health Survey (NDHS), there were no national estimates of the prevalence of emotional violence, though spousal violence was widely acknowledged across communities in the country. The 2008 NDHS however reported 23.6% lifetime prevalence of at least one type of emotional violence among ever married women. This rate slightly reduced to 19.2% in the 2013 NDHS (NPopC & ICF Macro 2009, NPopC & ICF International 2014). Studies have further provided evidence of the adverse effects of intimate partner violence on women's sexual and reproductive health (Dutton et al. 2006, Chowdhary & Patel 2008, Kamal 2012). However, most of the recent studies linking spousal violence and women's sexual and reproductive health particularly those conducted in Nigeria have often focused on physical and sexual violence (Esere et al. 2009, Devries et al. 2010, Yusuf et al. 2011, Stockl et al. 2012, Ashimolowo & Otufale 2012, Tuladhar et al. 2013).

Emotional violence continues to have an unjustifiably low priority on the research agenda and its role in impeding access to and utilisation of modern contraceptives is insufficiently explored. In spite of over six decades of implementation of formal Family Planning Programme in Nigeria, the 15% current rate of contraceptive prevalence among currently married women is not only low, but also lower than the average rate for the West African sub region with gender-based violence implicated as one of the correlates of the low contraceptive prevalence. As observed by United Nations Population Fund [UNFPA] (2012) the fear of any form of violence and the need to maintain conjugal bliss may prevent lots of women from demanding and using contraceptives, thus contributing to high numbers of unintended pregnancies among women, and to a large extent impacting on women's sexual and reproductive health.

In Nigeria which is the tenth most populous country in the world and where population policies and programmes are yet to firmly address increasing population growth, research focus must be sustained on any indirect pathway for increasing unintended pregnancies among women. With emotional violence as well as other forms of violence against women deeply rooted in socio-cultural practice, the contribution of emotional violence to poor sexual and reproductive health among women is yet undocumented in the country. However, there are indications that women experiencing frequent humiliation and intimidation from male partner are more vulnerable to

unintended pregnancies due to difficulty in using contraceptive effectively. Sometimes the use of contraceptive may even be the source of spousal disagreement leading to violence. It is against this backdrop that the study assesses the relationship between emotional violence and contraceptive use in the country.

2. MATERIALS AND METHOD

Data on spousal violence among ever married women were extracted from the 2013 NDHS. A weighted sample size of 21,196 women was analysed having excluded women who were not included in the domestic violence module (11,314) and unmarried women (5,329). The outcome variable in the study is contraceptive use measured from current use by modern method type. The outcome variable was dichotomised into 'using a method' and 'not using any method' with using a method coded '1' and not using any method coded '0'. The explanatory variables were the specific types of emotional violence ever experienced by the women, measured as whether partner had ever: humiliated her; threatened her with harm; and insulted or make her feel bad. A number of individual and partner factors were also measured in the study. These include household wealth, employment status, education, partner's education, partner's alcoholic consumption and childhood experience of domestic violence. These factors have been found to exert significant influence on spousal violence (WHO 2005, UN 2012) in line with the assertion of the socio-ecological theory.

Statistical analysis was performed using Stata. Analysis commenced after applying standardised sample weights and adjusting standard errors for both clustering and stratification with the 'svyset' command. Frequency table was used to describe sample characteristics and contraceptive use. The chi-square test was used to examine the relationship between emotional violence as well as the selected individual/partner factors and contraceptive use with $p < 0.05$ accepted as indicating significant relationship. Binary logistic regression was performed to further ascertain the relationship between emotional violence and contraceptive use. The logistic regression was replicated in two models with Model 1 including all the explanatory variables and Model 2 controlling for the selected individual factors.

3. RESULTS AND DISCUSSION

Table 1 presents basic characteristics of the respondents. Nearly half of the respondents have no formal education. Among those educated, secondary education is the dominant level of educational attainment. The majority of the respondents reside in rural areas of the country with more than two-thirds of them currently working. More than one-third of the respondents were either in the lowest or middle household income groups in consonance with current income distribution in the country. Less than one-fifth of the respondents had childhood experience of father ever physically assaulting mother. This may represent the avenue through which family violence has been passing from generation to generation in many communities.

Educational attainment among respondents' partners was similar to distribution of the respondents by education. However, the proportion of people without formal education is higher among the women compared with their male partners indicating that improving level of education among women is imperative particularly as the Millennium Development Goal 2015

target for closing gender disparity in education draws nearer. These features particularly the low education and poor level of family wealth among the respondents suggests that the socio environment of the women may predispose them to violence has revealed by previous studies that spousal violence is more prevalent among women with low social status. As evident in Table 1, contraceptive use is poor among the respondents. Only 15.1% of the respondents reported current use of any modern method of contraception indicating low prevalence among married women and suggesting need for additional strategies to boost contraceptive use in the country. The low level of contraceptive prevalence in the country is not in tandem with the series of strategies (including the 2011 introduction of free contraceptive commodities in public health facilities) being implemented in the country.

Table 1: Sample Characteristics, contraceptive use and prevalence of emotional violence

Variable	Number of Women	Percentage
Education		
None	9,980	47.1
Primary	4,176	19.7
Secondary	5,472	25.8
Higher	1,568	7.4
Place of Residence		
Urban	7,883	37.2
Rural	13,313	62.8
Employment Status		
Not working	6,327	29.8
Working	14,869	70.2
Household wealth index		
Lowest	9,193	43.4
Middle	7,883	37.2
Highest	4,120	19.4
Childhood experience of domestic violence		
Father never beat mother	17,935	84.6
Father ever beat mother	3,261	15.4
Partner's education		
None	8,409	39.7
Primary	3,859	18.2
Secondary	5,993	28.3
Higher	2,935	13.8
Partner alcoholic consumption		
Does not drink alcohol	17,255	81.4
Drinks alcohol	3,941	18.6
Contraceptive use		
Not using any method	17,988	84.9
Using a method	3,208	15.1
Type of emotional violence		
Humiliation		
Ever humiliated by male partner	1,738	8.2
Never humiliated by male partner	19,458	91.8
Threatened with harm		
Ever threatened by male partner	891	4.2
Never threatened by male partner	20,305	95.8
Insult or make feel bad*		
Ever insulted by male partner	2,991	14.3
Never insulted by male partner	17,872	85.7
At least one type of emotional violence		
Ever experienced	3,722	17.6
Never experienced	17,474	82.4
Total	21,196	100.0

Source: 2013 NDHS * total not equal to 21,196 due to missing data

Among the respondents, 8.2% have experienced humiliation, 4.2% have ever been threatened with harm by their male partner. Insult from male partner is the dominant type of emotional violence ever experienced by the women (14.3%). Overall, 17.6% of the women have experienced at least one type of emotional violence. These rates though similar to rates of emotional violence found in some previous studies (Kishor & Johnson 2004, WHO 2005, Kishor & Bradley 2012) may be under reported among the women. The under reporting may not be unconnected with how women in the country perceive emotional violence. Women in the country generally do not accept that they are being abused by male partners if they are not physically assaulted. Some even believe that men are culturally approve to pummel women to submission especially when the cause of friction has to do with women's refusal to have sex with husband or care for children. The Nigerian legal system does not also punish wife abuse except if the abuse results in grievous hurt. Women's recognition of emotional violence may not be well reported in the country until legal reforms are pursued to bring the issue of emotional abuse to the fore of public consciousness.

Table 2: Cross tabulation of selected individual factors, type of emotional violence and contraceptive use, Nigeria, 2013

Variable	χ^2 - value	p - value
Education	359	p<0.05
Household wealth index	366	p<0.05
Employment status	145	p<0.05
Childhood experience of domestic violence	72	p<0.05
Partner's education	286	p<0.05
Partner alcoholic consumption	236	p<0.05
Humiliation	55	p<0.05
Threatened with harm	35	p<0.05
Insult or make feel bad	45	p<0.05
At least one type of emotional experience	54	p<0.05

Table 2 presents the results of chi-square tests performed to examine the relationship between emotional violence as well as the selected factors and contraceptive use. All the factors including all types of emotional violence indicated significant relationship with contraceptive use which suggests that policies targeting these factors may have some influence on contraceptive use. The relationships were however investigated further by the binary logistic regression. As shown in Table 3, Model 1 confirms that improvement in respondents' socio-economic characteristics results in higher likelihood of contraceptive use. For instance, women who were working were 79% more likely to use contraceptive (OR = 1.79.p<0.01) than women not working, women who attained primary education were more than three times likely to use

contraceptive than women with no formal education (OR = 3.31, $p < 0.01$), and rural women were 20% less likely to use contraceptive compared with urban women.

Further results from Model 1 indicated that women who have never experienced emotional violence have less likelihood of contraceptive use. Though these results were not statistically significant, it is possible to have such result if women avoid contraceptive use knowing that contraceptive use without partner's approval may lead to conflict that may give rise to any type of violence within the family. However, in Model 2 when all the socio-economic factors were excluded, results confirm that all types of emotional violence exert significant influence on contraceptive use. For instance, women who were never humiliated by male partner were 18% more likely to use contraceptive than women who were ever humiliated by their male partner (OR = 1.18, $p < 0.05$), women who were never threatened with harm by their male partner were 32% more likely to use contraceptive than women who were ever threatened with harm by their male partner (OR = 1.32, $p < 0.05$), and women never insulted by their male partner were 22% more likely to use contraceptive use than women ever insulted by their male partner (OR = 1.22, $p < 0.05$).

Table 3: Binary logistic regression showing odds of contraceptive use due to selected individual factors and emotional violence

Variable	Model 1		Model 2	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Education				
None (RC)	1.00	-	na	
Primary	3.31*	2.55-4.29	na	
Secondary	3.89*	2.99-5.07	na	
Higher	4.23*	3.04-5.89	na	
Place of residence				
Urban (RC)	1.00	-	na	
Rural	0.80**	0.68-0.95	na	
Employment status				
Not working (RC)	1.00	-	na	
Working	1.79*	1.52-2.11	na	
Household wealth index				
Lowest (RC)	1.00	-	na	
Middle	2.45*	1.94-3.10	na	
Highest	3.87*	2.95-5.08	na	
Childhood experience of DV				
Father ever beat mother (RC)	1.00	-	na	
Father never beat mother	1.36	1.18-1.57	na	
Partner's education				
None (RC)	1.00			
Primary	2.09*	1.66-2.62	na	
Secondary	1.91*	1.55-2.37	na	
Higher	2.00*	1.53-2.62	na	
Partner alcoholic consumption				
Does not drink alcohol (RC)	1.00	-	na	
Drinks alcohol	1.35*	1.19-1.52	na	
Humiliation				
Ever humiliated (RC)	1.00	-	1.00	-
Never humiliated	0.77***	0.61-0.97	1.18**	1.64-2.66
Threatened with harm				
Ever threatened (RC)	1.00	-	1.00	-
Never threatened	1.09***	0.83-1.43	1.32**	1.59-2.52
Insult or make feel bad				
Ever insulted (RC)	1.00	-	1.00	-
Never insulted	1.18***	0.79-1.56	1.22**	1.44-2.38
One type of emotional violence				
Ever experienced (RC)	1.00	-	1.00	-
Never experienced	0.77***	0.54-1.10	1.16*	1.17-1.51

RC reference category * p<0.01 ** p<0.05 *** p>0.05, na- not available

Higher likelihood of contraceptive use found among women who never experienced emotional violence may indicate the existence of mutual understanding on contraceptive use between the partners. In many instances where partners disagree on use of contraceptive, it is either that the woman will be using contraceptive secretly or stop using it. Both options do not offer women optimal protection from sexually transmitted infections, unintended/mistimed pregnancy and abortion all of which endangers the sexual and reproductive health of women. It is therefore important that efforts to boost contraceptive use in the country should include measures to reduce prevalence of emotional violence among couples. The measures must include special interventions that aimed at raising public consciousness on the linkages between violence against women and reproductive health.

4. CONCLUSIONS

This study affirms that relationship exist between emotional violence and contraceptive use. Emotional violence jeopardises women's health by impeding their ability to effectively use contraceptive and thereby exposing them to sexually transmitted infections and unintended pregnancy. It is however important to emphasise that the power of inference made in this study may be weakened by the analysis of only a cross-sectional data which is not sufficient to prove causality.

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