Changes in Attitude towards Intimate Partner Violence among Ever Married Women in Nigeria: Evidence from Repeated Cross-Sectional Nationally Representative Surveys

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Abstract: ***Purpose*****: This study examines changes in attitude towards IPV and associated factors among ever married women in Nigeria.**

Methods: This study analysed a secondary data, the Nigeria Demographic and Health Survey (NDHS) 2008, 2013 and 2018. The weighted sample size comprised of 19,349, 22,880 and 8,969 women for 2008, 2013 and 2018 surveys respectively. Analysis was restricted to ever married women interviewed for the domestic violence module. Binary Logistic regression analysis was performed.

Results: Findings revealed an upward trend (20% increase) in the prevalence of IPV between the year 2008 and 2018, (30% vs. 25% vs. 36%) for the year 2008, 2013 and 2018 respectively. However, there was a downward trend in the proportion of women approving IPV (44% vs. 35% vs. 26%) for the year 2008, 2013 and 2018 respectively. Multivariate analysis revealed demographic and socioeconomic variables namely; younger age, lower educational attainment, residence in rural area, residence in northern region of the country, affiliated to Islam and traditional religion, belonging to the poorest household status and lack of autonomy consistently predicted approval of IPV.

Conclusion: The study showed an upward trend in the prevalence of IPV despite the decline in the proportion of women approving IPV, while demographic and socioeconomic factors accounts for significant variation in approval and experience of IPV in Nigeria. Hence, interventions must address socio-economic differentials.

Keywords: **Ever married, IPV, attitude, autonomy, approval**

I. INTRODUCTION

Worldwide, over one third of women are reported to have experienced one form of Domestic Violence (DV) or the other in their lifetime [1], [2]. Also, one out of every group of five women, against one out of every group of ten men were reported to have experienced sexual abuse as children. Studies on DV in Nigeria have also shown children who are subjected to sexual abuse are more likely to encounter other forms of abuse later in life [3], [4]. Data from the most recent Nigeria Demographic and Health Survey (NDHS, 2018) indicated 36% of women between age 15 and 49 years have been a victim spousal violence in Nigeria, indicating an upward trend from 25% in 2013 [5]. However, studies have associated attitude of women towards violence and how society reacts to violence with perpetration of intimate partner violence especially in a more conservative society [6], [7], [8].

Also, incidents of marital rape, wife beating, acid attack, hot water bath and molestation among others have been reported as common occurrences of violence in Nigeria [9]. Studies have also shown variation in attitude towards intimate partner violence across countries. Gwen while comparing attitude towards IPV across countries revealed higher proportion of women who approve of IPV were concentrated in Asia and Africa ranging from (90%) in Jordan, (59.1%) in India to (75.2%) in Mali, (81%) in Ethiopia and (76.5%) in Somalia [10]. Similarly, some authors while comparing attitude of women towards IPV from low and middle income countries found great disparity, with proportion ranging from 2% among women from Argentina to 90% among women from Afghanistan [11].

Several factors have been attributed to attitude towards intimate partner violence and experience of such violence. Socio-demographic factors have been particularly reported to be associated with attitude and experience of IPV among women. Socio-demographic factors that have been repeatedly associated with attitude supporting the perpetration of IPV include: age, place of residence, wealth status, region, marital status, ethnicity and educational attainment [11], [12]. Women with higher educational attainment who also control economic resources have been found to have a lower chance of experiencing IPV, thereby supporting the positive influence of education and occupation on experience of IPV. However, Rashid (2014) posit that the extent to which educational status will influence attitude towards IPV will be determined by whether or not education is adaptive or transformational, in addition to the ability of such education to contest gender bias or to sustain traditional norms [13]. In the view some authors, level of education is strongly associated with autonomy and serve as a protective factor in experiencing violence [14]. In addition, Rapp and colleagues argued that higher level of

education among women provides opportunity for participating in household decision making process regardless of whether the community is a culturally or religiously biased one. As such, discrepancy in level of education is assumed to create a gap which encourages higher prevalence of IPV.

Furthermore, a study assessing factors associated with IPV among women in Zambia using Demographic and Health Survey found age (younger women), place of residence and household wealth status were associated with approval of IPV among the women, while an inverse relationship was found between women's level of education and attitude towards IPV [15]. In another study in Turkey, living in the rural area, lack of formal education, residing in a poor household, women in the younger age group among others were associated with approval of IPV. According to Marshall, these factors tends to reduce the woman's autonomy and also puts her in a position where she is totally dependent on her partner while leaving her with no choice.

Autonomy can been define as the ability of an individual to make decision and choices without external interference. In the context of this study, women autonomy can be define as the ability of the woman to influence decisions, control economic resources and move from one place to another at will [17], [18]. In general, access and control over resources, freedom of movement and ability to visit relatives have been identified as the major components of autonomy in developing countries [19]. (Allendor, 2007). These components also formed the major variables used in measuring autonomy in this study. However, most scholars have used proxy variables including: educational attainment, income, employment status among others to measure autonomy, particularly in relation to maternal health seeking behaviour and reproductive health services [20]. Studies [21], [22]. have reported autonomy as a strong predictor and mediator towards attitude and experience of IPV. A study of 5,000 women in India examining the influence of changes in women's autonomy including freedom of movement, financial freedom and household decision making found financial autonomy and freedom of movement to be significant mediators in the experience of IPV [23]. Another study from Brazil however, reported higher autonomy (household and financial autonomy) were associated with higher chances of experiencing intimate partner violence [24].

Assessing changes in behaviour over time will help provide a better understanding of factors associated with attitude towards IPV and also provide good input into policies and programmes targeting reduction in the prevalence and elimination of IPV in the country. Hence, this study examines changes in attitude towards intimate partner violence among ever married women in Nigeria.

II. METHODS

Study Design

The study analysed three most recent nationally representative data – the Nigeria Demographic and Health Surveys (2008, 2013, 2018), a repeated cross-sectional survey conducted every five years over a ten-year period (2008-2018). The survey used a cross-sectional research design.

The survey is conducted across all the 36 states of the country including the Federal Capital Territory, Abuja. The primary objective of the survey is to provide up-to-date estimates of basic demographic and health indicators. The sample designed made provision for population and health indicators to be estimated at the national, regional and state levels.

Sampling Technique

The sample was selected using a stratified three-stage cluster design in both rural and urban areas. Compete household listing was carried out including mapping exercise for each cluster, with the list of households serving as the sampling frame used for selecting the households. Households that were regular were all selected. The eligibility criteria for interview were all women of reproductive age 15-49 years who were either permanent residents of the households or visitors present in the households on the night before the survey. Nationally representative samples of 2008, 2013 and 2018 households were randomly selected and interviewed for 2008, 2013 and 2018 NDHS, respectively.

Data Collection

Data for the survey were collected using a model questionnaire designed by MEASURE DHS program. The questionnaire collected information from women age 15-49 years using face to face interview. The questionnaire collected data on the demographic and socio-economics characteristics of the women, their fertility behaviour, reproductive history, health seeking behaviour, domestic violence and female genital cutting among others. Comprehensive information on the sampling design and data collection procedures have been reported in the final report of each surveys (NPC and ICF International, 2008, 2013 & 2018).

Sample Size

Nationally representative samples of 36,800, 40,680 and 42,000 households were randomly selected for 2008, 2013 and 2018 NDHS, respectively. This study examined changes in attitude towards domestic violence among ever married women aged 15-49 years over a ten year period on the assumption that 10 years represent a reasonable period of time during for which women are expected to respond to changes in policies and programmatic interventions put in place by government for the managing domestic violence. This study however, analysed a weighted sample size comprising of 19,349, 22,880 and 8,969 women interviewed for domestic violence for 2008, 2013 and 2018 surveys respectively. Since NDHS uses standardized methodologies across different time period, key questions relating to variables used in our analysis

were framed in the same manner across all the three surveyed analysed.

Outcome Variable

The outcome variable for this study is attitude towards IPV. Five questions were used to measured attitude towards IPV namely: beating is justified if wife goes out without telling the husband, beating is justified if wife neglects the children, beating is justified if wife argues with husband, beating is justified if wife refuses to have sex with husband and beating is justified if wife burns food. The options to each of this questions was yes or no. However, the composite of all these five variables was used to generate a single variable called attitude. All the yes response to each of the five variables were collapsed and coded as 1, implying approval, while all the no response were also collapsed and coded 0, implying disapproval.

Explanatory Variables

Explanatory variables included in this study were based on their association with the outcome variable reported from previous studies. The explanatory variables include age, place of residence (coded as rural/urban), region (comprising of the six geo-political zones: namely north-central, north-west, north-east, south-south, south-east and south-west), level of education (coded as no formal education, primary, secondary and tertiary), exposure to mass media, comprising of exposure to TV, radio and newspaper but collapsed together and coded as yes or no. Respondents coded as yes comprises of those who are exposed to at least one of the mass media, while those coded as 0, represents those who are not exposed to any of the three mass media. Religious affiliation (coded as Christian, Islam and traditional) and ethnicity (Yorba, Hausa, Igbo and others). Autonomy was measured using four variables namely: person who usually decides how to spend respondent's earning; person who usually decides on respondent's health care; person who usually decides on large household purchases and person who usually decides on visit to family or relatives. Each of these variables were original dichotomous in nature, coded as 1 for yes and 0 for no. However, in this study, a composite score for autonomy was generated. Respondents who answered yes to at least one of the four variables were coded as 1, while those who answered no to none of the four variables were coded as no, thereby yielding a single dichotomous variables defined as autonomy.

Statistical Analysis

Analysis of data was restricted only to ever married women interviewed for domestic violence module. The study analysed surveys conducted between the year 2008-2018. This is based on the hypothesis that ten year period can be considered as a considerably period of time during which changes in behaviour as a result of policies and interventions can be assessed. Due to the complex nature of the DHS design, the "svy" command was employed during analysis to adjust for clustering (enumeration areas) and sampling weight so as to ensure the data is nationally representative. Three levels of analysis were performed. The first level involved performing a univariate analysis (frequency and percentages) of all the variables used. The second and third levels involved performing bivariate (Chi square test) and multivariate analysis (binary logistic regression) of the outcome and explanatory variables. Results were presented as adjusted odds ratios (ORs) and 95% confidence intervals (CIs). The ORs provides estimates of the relative likelihood or risk for different categories of the explanatory variables included in the model, relative to the reference category (RC). Missing responses were excluded in all the analysis, while analysis was performed using Stata version 14.1 software.

Ethics approval and consent to participate

The survey was approved by appropriate review board, while oral and written consent were obtained from the survey participants.

III. RESULTS

Four tables were used in presenting the results. Table 1 presents the result of the socio-demographic characteristics of the respondents, table 2 presents the changes in attitude and experience of intimate partner violence, table 3 presents bivariate analysis of factors associated with attitude towards IPV over the 10 years period, while table 4 presents the multivariate analysis of predictors of attitude towards IPV for the 10 years period.

Descriptive Statistics

Age group 25-34 years accounted for higher proportion in 2008 (40.5%), 2013 (44.5%) and 2018 (42.4%). Higher proportion of the women had no primary education across the three surveys (43.9% vs. 44.5% vs. 37.2%) for the year 2008, 2013 and 2018 respectively. The proportion of respondents in rural areas was 67% in 2008, 61% in 2013 and 55% in 2018. Women from the North-east region accounted for higher proportion (29% vs. 33% vs. 27%) for the year 2008, 2013 and 2018 respectively. Majority of the women were affiliated to Christian religion (51% vs. 56% vs. 52%) for the year 2008, 2013 and 2018 respectively. The proportion of women with autonomy remained almost at the same level for the ten year period (49% vs. 47% vs. 48%) for the year 2008, 2013 and 2018 respectively.

Table 1: Socio-demographics Characteristics

Socio-demographic characteristics	Study Period [N=51,198]		
	2008 [N=19,349]	2013 [N=22,880]	2018 [N=8,968]
Age groups	n (%)	n (%)	n (%)
15 – 24 years	4651(24.04)	5619 (24.56)	1829 (20.39)
25 – 34years	7840 (40.52)	9062 (39.6)	3807 (42.44)
35 - 44years	4917 (25.41)	5834 (25.50)	2496 (27.83)
45-49 years	1941 (10.03)	2364 (10.33)	838 (9.34)
Education			

No Formal Education	8492 (43.89)	10184 (44.51)	3333 (37.16)
Primary	4424 (22.86)	4475 (19.56)	1482 (16.53)
Secondary	4953 (25.60)	6416 (28.04)	3204 (35.72)
Higher	1481 (7.66)	1804 (7.88)	950 (10.59)
Residence			
Urban	6360 (32.87)	8814 (38.52)	4064 (45.31)
Rural	12989 (67.13)	14066 (61.48)	4905 (54.69)
Region			
North Central	2634 (13.56)	3280 (14.34)	1267 (14.12)
North West	2665 (13.77)	3611 (15.78)	1303 (14.53)
North East	5553 (28.70)	7522 (32.88)	2434 (27.14)
South East	1951 (10.08)	2100 (9.18)	1070 (11.93)
South South	2707 (13.99)	2501 (10.93)	1024 (11.41)
South West	3849 (19.89)	3865 (16.89)	1871 (20.86)
Ethnicity			
Yoruba	6593 (34.07)	3(0.01)	3046 (33.97)
Hausa	2549 (13.18)	11 (0.05)	1391 (15.51)
Igbo	3386 (17.50)	28 (0.12)	1587 (17.70)
Others	6821 (35.25)	22837 (99.1)	2944 (32.83)
Religion			
Christianity	9061 (47.10)	9640 (42.13)	4248 (47.36)
Islam	9845 (51.18)	12877 (56.28)	4667 (52.03)
Traditional	332 (1.73)	363 (1.59)	54 (0.60)
Wealth quintile			
Poorest	4342 (22.44)	4803 (20.99)	1602 (17.86)
Poorer	3904 (20.18)	4722 (20.64)	1726 (19.25)
Middle	3557 (18.39)	4212 (18.41)	1827 (20.37)
Richer	3635 (18.79)	4401 (19.24)	1862 (20.76)
Richest	3910 (20.21)	4741 (20.72)	1952 (21.76)
Autonomy			
Has autonomy	9498 (49.09)	10656 (46.57)	4272 (47.63)
No autonomy	9851 (50.91)	12224 (53.43)	4697 (52.37)
Exposure to mass media			
Yes	10085 (52.12)	15810 (69.10)	6183 (68.94)
No	9264 (47.88)	7070 (30.90)	2786 (31.06)

Changes in Experience of IPV and attitude towards IPV

Results in table 2 shows a downward trend in the proportion of women approving intimate partner violence in Nigeria during the ten years period. The proportion of women approving IPV was (44% vs. 35% vs. 26%) for the year 2008, 2013 and 2018 respectively. Regardless of the study period, between 2008 and 2018, 36% of the women gave approval for the perpetration of IPV. On the other hand, experience of IPV showed an upward trend, from 30% in 2008 to 36% in 2018, implying an increase of 20% between 2008 and 2018. The prevalence of IPV across the three surveys was (30% vs. 24% vs. 36%) for the year 2008, 2013 and 2018 respectively. The highest prevalence rate for IPV was observed in the year 2018. Prevalence of specific violence revealed an upward trend for physical violence from 18% in 2008 to 21% in 2018, prevalence of emotional violence also showed an upward trend from 23% in 2008 to 32% in 2018, while the upward trend observed for sexual violence was consistent, from 4% in 2008, 4.3% in 2013 and 6.5% in 2018.

Table 2: Changes in Experience of IPV and attitude towards IPV

Attitude and Experience of Violence	Study Period		
	2008 [N=19,349]	2013 [N=22,880]	2018 [N=8,968]
Attitude towards IPV	n (%)	n (%)	n (%)
Disproval	10511 (56.42)	14601 (65.27)	6614 (73.95)
Approval	8118 (43.58)	7769 (34.73)	2330 (26.05)
Experience Physical Violence			
Yes	3467 (18.12)	3600 (15.80)	1903 (21.22)
No	15671 (81.88)	19180 (84.20)	7065 (78.78)
Experience Emotional Violence			
Yes	4404 (22.95)	4323 (18.94)	2842 (31.70)
No	14786 (77.05)	18502 (81.06)	6126 (68.30)
Experience Sexual Violence			
Yes	761 (3.97)	981 (4.30)	580 (6.47)
No	18422 (96.03)	21834 (95.70)	8388 (93.53)
Experience Intimate Partner Violence			
Yes	5678 (29.76)	5510 (24.25)	3250 (36.23)
No	13402 (70.24)	17215 (75.75)	5719 (63.77)

***Note: not all the variables add up to total due to missing cases excluded from analysis*

Factors associated with attitude towards IPV

Table 3 presents the bivariate analysis showing factors associated with attitude towards IPV. Across the 10 year period under review, age of the women, level of education, place of residence, region of residence, religion, household wealth status, autonomy and exposure to mass media were all significantly associated with attitude towards IPV. Younger women age 15-24 years constitute higher proportion of women supporting IPV, ranging from 51% in 2008 down to 35% in 2018, although there was a decline in the proportion of women in this age group approving the perpetration of IPV over the ten years period. Throughout the survey period, the proportion of women approving IPV declined consistently with increasing level of education between in the year 2008-2018. The proportion of women with higher education approving IPV declined from 18% in 2008 to 7% in 2018. More women residing in rural areas regardless of the study period constituted higher proportion supporting the

perpetration of IPV (50% vs. 41% vs. 36%) for the year 2008, 2013 and 2018 respectively.

Furthermore, women from the northern region of the country constituted higher proportion approving IPV. The trend indicates 52% of women from North-east, 49% from North-west and 43% from North-west approved the perpetration of IPV for the year 2008, 2013 and 2018 respectively. The proportion of women approving IPV was highest among those affiliated to the traditional religion (51% vs. 42% vs. 39%) for the year 2008, 2013 and 2018 respectively. According to household wealth status, approval for IPV though declining, was highest among women from the poor household, from 54% in 2008 among the poorest household, 45% among the poorer household in 2013 to 44% among the poorest household in 2018. Similar to level of education, an inverse relationship was found between household wealth and attitude towards IPV. Also, the proportion of women approving IPV was higher among those without autonomy, from 45% in 2008, 39% in 2013 to 29% in 2018. Women who are not exposed to mass media were more likely to approve IPV, from 46% in 2008, 46% in 2013 to 41% in 2018.

Table 3: Factors associated with attitude towards IPV

Socio-demographic characteristics	Study Period					
	2008 [N=19,349]		2013 [N=22,880]		2018 [N=8,969]	
Age groups	Disapproval	Approval	Disapproval	Approval	Disapproval	Approval
15 – 24 years	2160 (48.8.5)	2270 (51.2)	3274 (59.9)	2188 (40.1)	1185 (65.0)	638 (35.0)
25 – 34years	4455 (58.9)	3110 (41.1)	5856 (66.0)	3017 (34.0)	2891 (76.2)	904 (23.8)
35 - 44years	2806 (59.0)	1949 (41.0)	3867 (67.6)	1850 (32.4)	1920 (77.1)	571 (22.9
45-49 years	1090 (58.0)	788 (42.0)	1604 (69.2)	714 (30.8)	619 (74.0)	217 (26.0)
Chi Square (p-value)	χ^2 =95.80 (0.001)		χ^2 =123.17 (0.001)		χ^2 =75.62 (0.001)	
Education						
No Formal Education	3873 (47.6)	4258 (52.4)	5829 (58.9)	4064 (41.1)	2008 (60.4)	1317 (39.6)
Primary	2257 (52.8)	2014 (47.2)	2720 (62.1)	1661 (27.9)	1095 (74.1)	384 (25.9)
Secondary	3200 (67.0)	1579 (33.0)	4552 (72.1)	1762 (27.9)	2624 (82.2)	568 (17.8)
Higher	1182 (81.7)	265 (18.3)	1500 (84.2)	282 (15.8)	887 (93.5)	62 (6.5)
Chi Square (p-value)	χ^2 =678.02 (0.001)		χ^2 =619.85 (0.001)		χ^2 =530.76 (0.001)	
Residence						
Urban	4226 (68.5)	1942 (31.5)	6495 (74.8)	2183 (25.2)	3486 (86.0)	565 (14.0)
Rural	6285 (50.4)	6176 (49.6)	8106 (59.2)	5586 (40.8)	3128 (63.9)	1765 (36.1)
Chi Square (p-value)	χ^2 =349.98 (0.001)		χ^2 =483.08 (0.001)		χ^2 =341.36 (0.001)	
Region						
North Central	1325 (51.9)	1226 (48.1)	2009 (62.0)	1225 (38.0)	831 (66.1)	426 (33.9)
North West	1283 (49.0)	1338 (51.0)	1745 (50.9)	1686 (49.1)	740 (56.9)	561 (43.1)
North East	2511 (47.6)	2761 (52.4)	4847 (65.0)	2553 (34.5)	1551 (63.7)	882 (36.3)
South East	1140 (60.1)	756 (39.9)	1249 (60.0)	833 (40.0)	887 (83.0)	181 (17.0)
South South	1474 (58.3)	1053 (41.7)	1643 (68.3)	763 (31.7)	857 (84.0)	163 (16.0)
South West	2777 (73.9)	984 (26.1)	3115 (81.5)	709 (18.5)	1748 (93.8)	116 (6.2)
Chi Square (p-value)	χ^2 =509.31 (0.001)		χ^2 =110.11 (0.001)		χ^2 =657.23 (0.001)	
Religion						
Christianity	5482 (62.8)	3247 (37.2)	6522 (68.9)	2940 (31.1)	3540 (83.6)	695 (16.4)
Islam	4834 (54.0)	4643 (49.0)	7875 (62.7)	4679 (37.3)	3041 (65.3)	1615 (34.7)
Traditional	153 (48.7)	161 (51.3)	204 (57.5)	151 (42.5)	33 (61.5)	21 (38.5)
Chi Square (p-value)	χ^2 =212.11 (0.001)		χ^2 =123.39 (0.001)		χ^2 =356.36 (0.001)	
Wealth quintile						
Poorest	1890 (45.7)	2243 (54.3)	2660 (57.3)	1985 (42.7)	890 (55.7)	708 (44.3)

Poorer	1819 (48.3)	1945 (51.7)	2524 (54.7)	2095 (45.3)	1069 (62.0)	655 (38.0)
Middle	1726 (50.3)	1705 (50.0)	2454 (59.8)	1652 (40.2)	1329 (72.9)	493 (27.1)
Rich	2143 (61.0)	1372 (39.0)	3105 (71.9)	1213 (28.1)	1512 (81.6)	342 (18.4)
Richest	2934 (77.5)	853 (22.5)	3857 (82.4)	824 (17.6)	1814 (93.2)	131 (6.8)
Chi Square (p-value)	χ^2 =765.11(0.001)		χ^2 =11.11 (0.001)		χ^2 =657.05 (0.001)	
Autonomy						
No	5198 (55.1)	4244 (44.9)	7305 (61.3)	4613 (38.7)	3010 (70.7)	1247 (29.3)
Yes	5313 (57.8)	3874 (42.2)	7295 (69.8)	3157 (30.2)	3604 (76.9)	1083 (23.1)
Chi Square (p-value)	χ^2 =4.52 (0.033)		χ^2 =160.30(0.001)		χ^2 =37.68 (0.001)	
Exposure to mass media						
Yes	5697 (58.5)	4046 (41.5)	10902 (70.2)	4629 (29.8)	4977 (80.7)	1190 (19.3)
No	4814 (54.2)	4072 (45.8)	3699 (54.1)	3141 (45.9)	1637 (58.9)	1141 (41.1)
Chi Square (p-value)	χ^2 =11.52 (0.001)		χ^2 =655.48 (0.001)		χ^2 =335.59 (0.001)	

Predictors of attitude towards IPV

The multivariate analysis (table 4) presents the predictors of attitude towards intimate partner violence. Approval of IPV was the reference category (RC). Age significantly predicted approval for IPV among the women for the year 2008 and 2013, but was not significant for the year 2018. Lower odds for approval of IPV was found among older women 25 years and above when compared to younger women 15-24 years. For the year 2008 and 2013, secondary and higher level of education were significantly associated with lower odds of approval for IPV, while only higher educational attainment was significantly associated with lower odds of approval for IPV among the women in 2018.

Approval for IPV was consistently higher among women residing in rural area relative to their urban counterpart. Women residing in rural areas were 1.22, 1.55 and 1.64 times more likely to approve IPV for the year 2008, 2013 and 2018 respectively. With respect to region of residence, women from the southern region (particularly south-west region) were less likely to approve IPV relative to women from the northern region of the country. However, in 2013 and 2018, there was a lower odds of approving IPV among women from north-east region, relative to their counterpart from the north-central region. Women from the southwest region demonstrated the lowest odds of approving IPV throughout the ten year period.

The odds of approving IPV was consistently higher among women affiliated to Islam and traditional religion when compared to their Christian counterpart. The result was however not significant for the year 2013 ($p>0.05$). Women from the rich household wealth status also demonstrated lower odds of approving IPV throughout the ten year period. Similarly, odds of approving IPV was significantly higher among women without autonomy except for the year 2013, where a lower odds was found among women with no autonomy. While exposure to mass media was significantly associated with higher odds of approving IPV among the women in the year 2008, lower odds of approving IPV was found among the women for the year 2013 and 2018 respectively. Educational status of partner was not significantly associated with approval of IPV except for the year 2013.

Table 4: Predictors of attitude towards IPV

Socio-demographic characteristics	Study Period					
	2008		2013		2018	
Age groups	*Adjusted OR*	*95% C.I*	*Adjusted OR*	*95% C.I*	*Adjusted OR*	*95% C.I*
15 – 24 years	1.000		1.000		1.000	
25 – 34years	0.834**	0.77-0.90	0.946	0.88-1.02	0.923	0.80-1.06
35 - 44years	0.794**	0.73-0.87	0.872**	0.77-0.90	0.913	0.78-1.07
45-49 years	0.714**	0.63-0.80	0.740**		0.947	0.76-1.17
Education						
No Formal Education	1.000		1.000		1.000	
Primary	1.041	0.94-1.15	1.051	0.95-1.16	1.075	0.90-1.28
Secondary	0.734**	0.65-0.83	0.890*	0.80-1.01	1.101	0.91-1.33

Higher	0.464**	0.38-0.56	0.626**	0.52-0.75	0.528**	0.37-0.75
Residence						
Urban	1.000		1.000		1.000	
Rural	1.223**	1.13-1.33	1.155**	1.06-1.25	1.638**	1.42-1.88
Region						
North Central	1.000		1.000		1.000	
North West	0.921	0.82-1.04	1.299**	1.16-1.45	1.032	0.86-1.24
North East	0.963	0.86-1.08	0.718**	0.65-0.79	0.741**	0.62-0.88
South South	0.992	0.86-1.13	1.542**	1.35-1.76	0.778*	0.61-0.99
South East	1.032	0.91-1.17	1.043	0.92-1.18	0.618**	0.49-0.78
South West	0.581**	0.52-0.65	0.627**	0.56-0.71	0.232**	0.18-0.30
Religion						
Christianity	1.000		1.000		1.000	
Islam	1.182**	1.08-1.30	1.041	0.95-1.14	1.769**	1.48-2.11
Traditional	1.181	0.93-1.50	1.120	0.89-1.40	2.386**	1.27-4.49
Wealth quintile						
Poorest	1.000		1.000		1.000	
Poorer	0.934	0.85-1.03	1.152**	1.06-1.26	0.850*	0.73-0.99
Middle	0.981	0.88-1.08	0.958	0.86-1.06	0.682**	0.57-0.81
Rich	0.771**	0.68-0.87	0.654**	0.58-0.74	0.586**	0.47-0.72
Richest	0.504**	0.43-0.58	0.459**	0.39-0.53	0.296**	0.22-0.39
Autonomy						
Yes	1.000		1.000		1.000	
No	1.132**	1.06-1.21	0.883**	0.83-0.94	1.226**	1.09-1.38
Exposure to mass media						
Yes	1.000		1.000		1.000	
No	1.144**	1.07-1.22	0.780**	0.74-0.86	0.784**	0.69-0.89
Partner's educational status						
No Formal Education	1.000		1.000		1.000	
Primary	1.066	0.97-1.18	1.112*	1.01-1.22	0.906	0.76-1.09
Secondary	0.975	0.88-1.08	1.124*	1.02-1.24	1.070	0.90-1.27
Higher	0.920	0.80-1.06	1.049	0.92-1.19	1.213	0.96-1.53

***=Odds ratio, C.I=confidence interval*

IV. DISCUSSION

Women in Nigeria continue to face intimate partner violence. Although findings indicate a downward trend in approval of IPV among the women, with a decline of 41% in approval of IPV during the ten year period, there was however, an upward trend in the experience of IPV among the women. For the ten year period 2008-2018, the prevalence of IPV rose by 20% between 2008 and 2018. Also, for the ten year period, the prevalence of specific violence revealed an upward trend and was highest for emotional violence but lowest for sexual violence.

Despite the increasing campaign against IPV in the country, our result showed more than one third of the women gave approval for perpetration of IPV. This might not be unconnected with the low socio-economic status of the women, especially among women residing in the northern region of the country characterised by low level of educational attainment who most times lack ability to make informed decision (autonomy) for cultural and religious reasons among others. The relationship between socio-demographic factors namely age, residence, educational status, household wealth status and attitude towards IPV in this study have been well established in literature.

Approval for IPV was generally higher among women in the younger age group 15-24 years. In addition, we found women from the rural areas are more likely to approve the perpetration of IPV. Similar findings have been reported in previous study [16]. The study reported living in the rural area, lack of formal education, residing in a poor household, younger age of the woman among others were associated with approval of IPV. According to Marshall, these factors tends to reduce the woman's autonomy and also puts her in a position where she is totally dependent on her partner while leaving her with no choice.

Furthermore, our findings supports the prevailing regional differentials in the experience and approval for IPV among the women. Women residing in the northern region of the country were generally more likely to approve perpetration of IPV. This, as earlier suggested, might not be unconnected with the low level of autonomy especially with regards to educational attainment and wealth status associated with women from this region. Also, religion was significantly associated with attitude towards IPV especially among women affiliated to Islam and traditional religion who constituted higher proportion approving the perpetration of IPV.

Similarly, another study [15], while assessing factors associated with IPV among women in Zambia using Demographic and Health Survey found age (younger women), place of residence, wealth status was associated with approval of IPV among the women, while an inverse relationship was found between women's level of education and attitude towards IPV. Also, lack of autonomy was significantly associated with approval for IPV. Likewise, in our study, autonomy was significantly associated with approval of IPV. Women who have autonomy were less likely to approve the perpetration of IPV. Contrasting findings have however, been reported in literature. For instance, while a study [23] using a prospective data of nearly 5,000 rural women in India revealed a protective effect of autonomy (especially financial autonomy) in the experience of IPV among the women. A study in Brazil [24] on the other hand, have reported higher autonomy (household and financial autonomy) were associated with higher chances of experiencing intimate partner violence. This contrasting findings could be attributed to the differential social and cultural norms prevailing in these settings. Finally, in our study, exposure to mass media though significantly associated with attitude towards IPV, its influence on trends in changes in attitude towards IPV was quite negligible. This might also suggest that the power of mass media have not been adequately explored in addressing the issue of intimate partner violence in the country.

V. CONCLUSION

The study has provided an important and up-to-date information on changes in attitude towards IPV and experience of IPV among women in Nigeria. The study demonstrated that IPV in Nigeria is on the increase, despite the downward trend in the proportion of women approving the perpetration of IPV. Overall, the study found the prevalence of emotional violence to be highest, while socio-economic factors constitute important variables accounting for variation in approval of IPV in the country. Considering the upward trend in the prevalence of IPV (physical, emotional and sexual), there is a need for a stronger and more effective policy framework and programmes for addressing the menace of IPV in the country. Also, while the mass media seems not to be making much impact, exploring the power of social media would be an area requiring further research. Hence, findings from this study can prove useful for guiding appropriate policy interventions seeking to address IPV in the country.

Policy Implication

With the decline in proportion of women approving IPV, despite increasing prevalence in its perpetration, efforts must be put in place towards addressing socio-demographic factors accounting for differentials in attitude towards IPV among the women. Such policy must address context specific variables such as regional variation, influence of education, autonomy, place of residence and religious factors among others. Harnessing the power of social media will also be a welcome development.

Study Limitation

Findings from this study are based on the analysis of data from the DHS. Information obtained from the survey participants are generally based on how respondents well understood the matter under investigation and their perception. Also, the possibility of recall bias cannot be ruled out in a survey of this nature.

Nevertheless, notwithstanding the cross sectional nature of the surveys, they tend to provide adequate information that are nationally representative. Also, the outcome of this study can be attributed to population sharing similar characteristics.

ACKNOWLEDGEMENT

The authors will like to express his profound gratitude to ICF Macro, Calverton USA which collected the original data used in this study and also granted access to the data via the DHS archive.

Funding

The authors received no specific funding for this work

Data Availability Statement: The data underlying the results presented in this study are available from: http://dhsprogram.com/data/dataset/Nigeria_Standard-DHS_2013.cfm?flag=0

Competing interest: The authors has declared that no competing interest exist

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