# Geographical Analysis of the Prevalence and Predictors of Intimate Partner Violence in Nigeria

## by

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**Introduction**

Globally, one out of every three women in the world is beaten, coerced into sex or abused during her lifetime by intimate partners. Intimate partner violence (IPV) is more prevalent in developing countries (World Health Organization, 2013) and on average, 36% of sub-Saharan Africa women who are subjected to IPV exceeds the global average of 30% (García-Moreno et al. 2013). While Nigeria remains one of the countries in sub-Saharan Africa with high incidence of female domestic abuse (Amnesty International, 2012; Okemgbo et al. 2014; Odimegwu and Frade, 2018; Udo et al. 2018), there is dearth of research on the spatial variations and determinants of IPV in Nigeria.

Intimate partner violence (IPV) remains a global public health issue with diverse social, health and economic impacts (WHO, 2010; Olayanju et al, 2013). Over 38% of women worldwide are killed by their intimate partners and some women, in a bid to escape the chronic cases of IPV, commit suicide or die homeless (WHO, 2016). Literature also show that intimate partner violence (IPV) cuts across all societal strata irrespective of age, religious, cultural, socio economic and class borders, affects both male and female although studies recorded that more females are affected especially those aged 25-34 (Obi & Ozumba, 2007; Anolue & Uzoma, 2017). Furthermore, exposure to child maltreatment, witnessing family violence, poorer wealth index, younger ages of women, women's lower educational levels, harmful use of alcohol, antisocial personality disorder, polygamy, partners infidelity, women's infertility and gender inequality have also been identified as determinants of IPV in Nigeria and other countries (Mc Coskey et al. 2005; Shah et al. 2013; Owoaje & OlaOlorun, 2012).

Most importantly and central to this study is the findings that a more consistent predictor of IPV even when individual-level risk factors are controlled is geographical characteristics (Li et al., 2010; Cunradi et al. 2011; Wright et al. 2011). Thus, the prevalence and predictors of IPV were shown by researchers to differ greatly across different areas within and between countries (Lori and Kotsadam, 2015). In this context, more recent geospatial study in Brazil for example, showed that areas associated with IPV are the municipalities with similar social and economic relationships (Lucena, et al., 2012; Ribeiro et al., 2015). Determinants of intimate partner violence (IPV) have no doubt received much attention in other parts of the world as highlighted above. However, the spatially varying prevalence and the determinants of IPV in Nigeria have remained unexplored. It is, therefore, on this basis that this study examined the spatial prevalence and predictors of IPV in Nigeria. This study is deemed very relevant since determinants of spatial prevalence of IPV against women and the socioeconomic indicators involved remains indispensable in identification of spatially more vulnerable areas. It is hoped that knowledge and identification of these spatially more vulnerable areas and the socioeconomic factors associated with these areas will assist in setting up priority areas for the establishment of public policy investment and constructing instruments to identify, prevent and curtail IPV in the country. Likewise, it would help achieve the sustainable development goal (SDG-5.2) which seeks to eliminate all forms of violence (including trafficking, sexual and other types of exploitation) against women and girls in public and private spheres.

**Methods**

Data was from the 2018 demographic and health survey of Nigeria which was conducted in all the 36 states of Nigeria and Abuja. The study made use of a dependent variable of intimate partner violence (IPV) index. To generate the composite IPV index, responses to the following questions were used; has the respondent: (i) ever been slapped by husband/partner, (ii) ever been punched with fist or hit by something harmful by husband/partner, (iii) ever been kicked or dragged by husband/partner (iv) Ever been strangled or burnt by husband/partner, (v) ever been threatened with knife/gun or other weapon by husband/partner, (vi) ever been threatened with harm by husband/partner, and (vii) ever had arm twisted or hair pulled by husband/partner. Other questions used were has the respondent (viii) ever been physically forced into unwanted sex by husband/partner, (ix) ever been physically forced to perform sexual acts respondent did not want to, and (x) ever forced to perform unwanted sexual acts. Women who said they never experienced any of the these acts were classified as not having experienced IPV and coded "0" while the women who answered yes to experiencing one or more of the these acts were classified as having experienced IPV and coded "1". The independent variables used were age, place of residence, parity, wealth index, number of co-wives, employment status, husband/partner education, and if the husband/partner drinks alcohol or not. Before the commencement of data analysis, the dataset was weighted to account for differences due to under sampling and over sampling as per the survey design using the STATA svyset command. Descriptive statistics were used to highlight the characteristics of the respondents while mapping was used to describe the spatial pattern of IPV. The identification of statistically significant hot and cold spots of prevalence of IPV in the study area was carried out using Getis-Ord Gi Hot Spot analysis, and geographically weighted regression was used to spatially estimate the factors that influenced prevalence of IPV in the study area. All the analyses were performed using ArcGIS and STATA version 14.0.

**Preliminary results**

The results showed that 16% of the respondents had experienced IPV while Taraba, Yobe, Adamawa and Benue States had the highest proportion of women who reported that they experienced IPV in Nigeria (Figure 1).

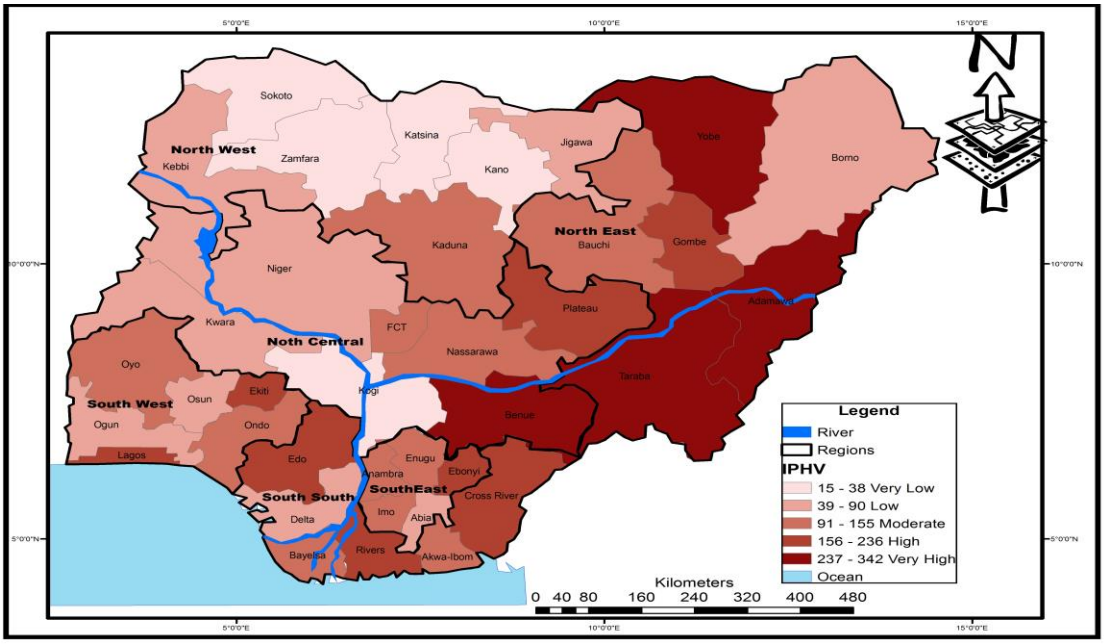


**Figure 1: Spatial prevalence of IPV in Nigeria.**

Moreover, the hotspot analysis revealed that Taraba State had significant highest incidence "hotspot" while Zamfara had the lowest incidence of "cold spot" across the country (Figure 2). The results also

showed spatial variation in all the factors, which estimated the prevalence of IPV in Nigeria. For instance, of the results of the geographically weighted regression for rural-urban residence is shown in Figure 3. It showed that higher prevalence of IPV was estimated for the urban areas in the Southern regions of Nigeria while lower prevalence of IPV was estimated for the rural areas in the Northern regions.

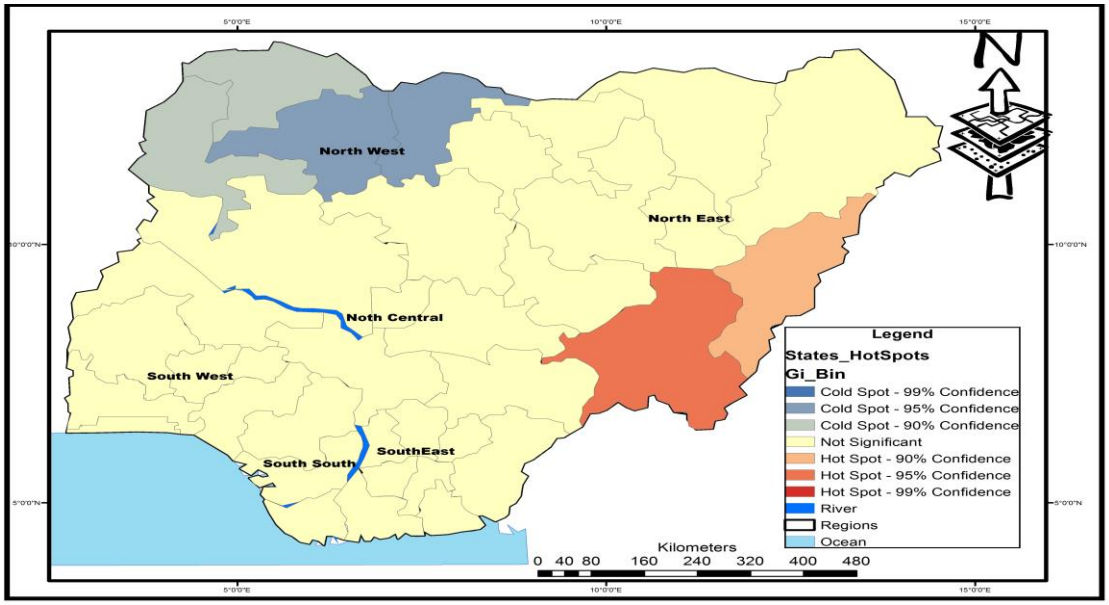


**Figure 2: Hotspot analysis results of the prevalence of IPV in Nigeria**

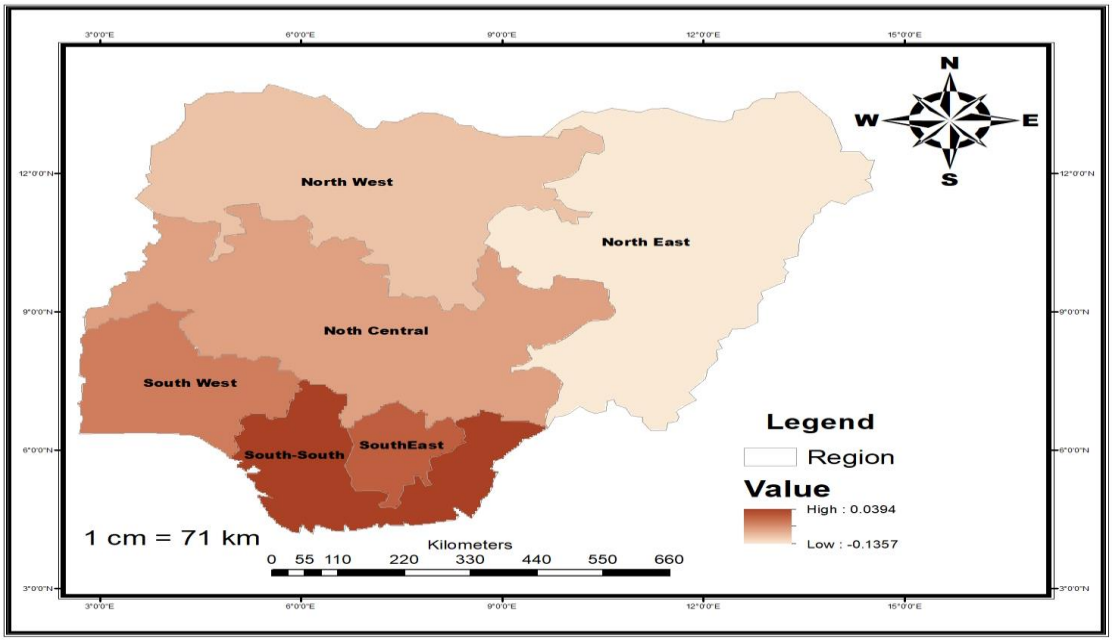


**Figure 3: Geographically weighted regression of effects of place of residence on prevalence of IPV *(urban area as reference category)***

## Conclusion

The prevalence and spatial clustering of IPV significantly varied across regions and States in Nigeria. In addition, the results showed significant spatial variations in the factors, which estimated the prevalence of IPVs. Given the need to meet the SDG-5.2, which seeks to eliminate all forms of violence (including trafficking, sexual and other types of exploitation) against women and girls in public and private spheres, there is need to sensitize men on the negative consequences of excessive alcohol intake and practice of polygamy. In addition, there should be increased media awareness and provision of counseling services on the consequences and management strategies of IPV, especially in urban areas. Finally, education of the girl child should be given priority in the country.

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