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Evidence Accelerator Brief Series

Regional differences in intimate partner violence risk among female youth in Nigeria: a secondary data analysis of the National Demographic Health Survey, 2018

Ayodeji Adebayo, MBBS, MPH, FWACP
Lecturer, College of Medicine, University of Ibadan

JHU Faculty Mentor: Michele Decker, ScD, MPH

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Johns Hopkins Center for Global Women's Health & Gender Equity

Why This Matters

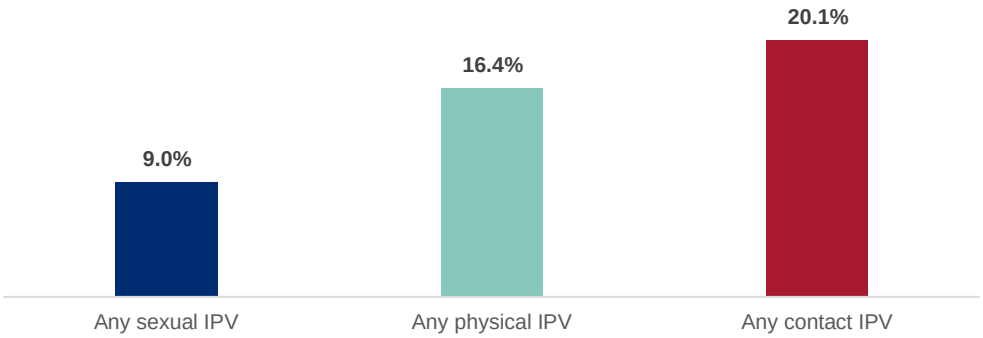
- There is high burden of intimate partner violence (IPV) in Nigeria—with 1 in 3 women experiencing any IPV in their lifetime—and the trend is on the rise.[1]
- IPV is a violation of human rights that has adverse consequences for victims and survivors.[2]
- The burden of IPV is higher among adolescent girls and young women (AGYW) compared to older women globally, including in Nigeria.[1,3,4]
- There are regional differences in the burden and pattern of IPV among women overall in Nigeria,[1] but we know little about regional differences among AGYW.
- Regional differences in IPV may be explained by varying socio-cultural contexts; however, there is currently little or no evidence regarding regional determinants of IPV despite variation in the burden.[1]
- Understanding the factors associated with IPV among AGYW by region can inform location-specific interventions and policy.

Key Findings

Approximately one in five AGYW (20.1%) have experienced any contact IPV in their lifetime.

Nearly one in ten AGYW (9.0%) have experienced any sexual IPV in their lifetime, while 16.4% have experienced any physical IPV.

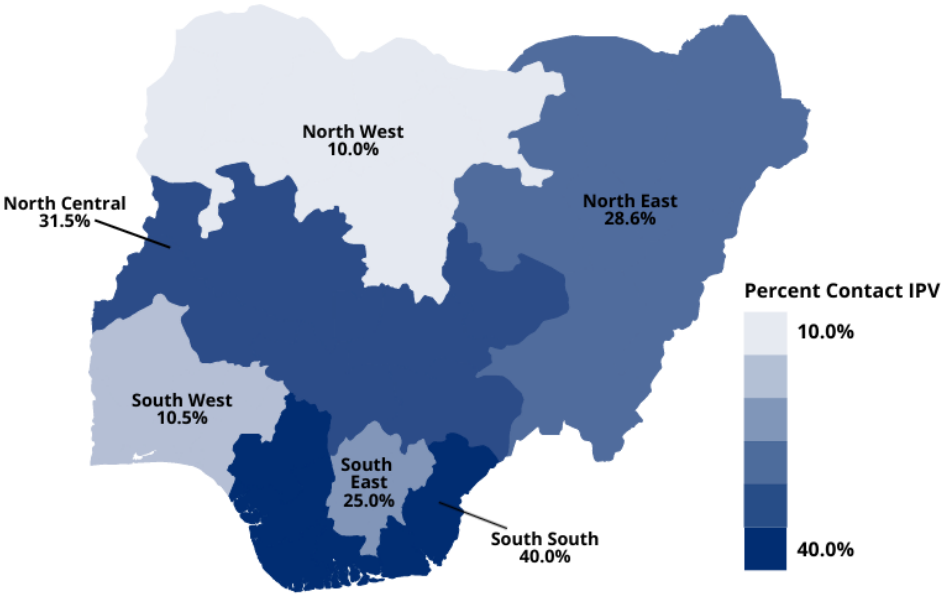
Figure 1: Prevalence of lifetime contact IPV among ever-partnered AGYW in Nigeria aged 15-24 years (n=1,825)



***Contact IPV**: Any physical or sexual IPV*

Lifetime contact IPV among AGYW substantially varied by region, ranging from 10.0% in the North West (NW) region to 40.0% in the South South (SS) region.

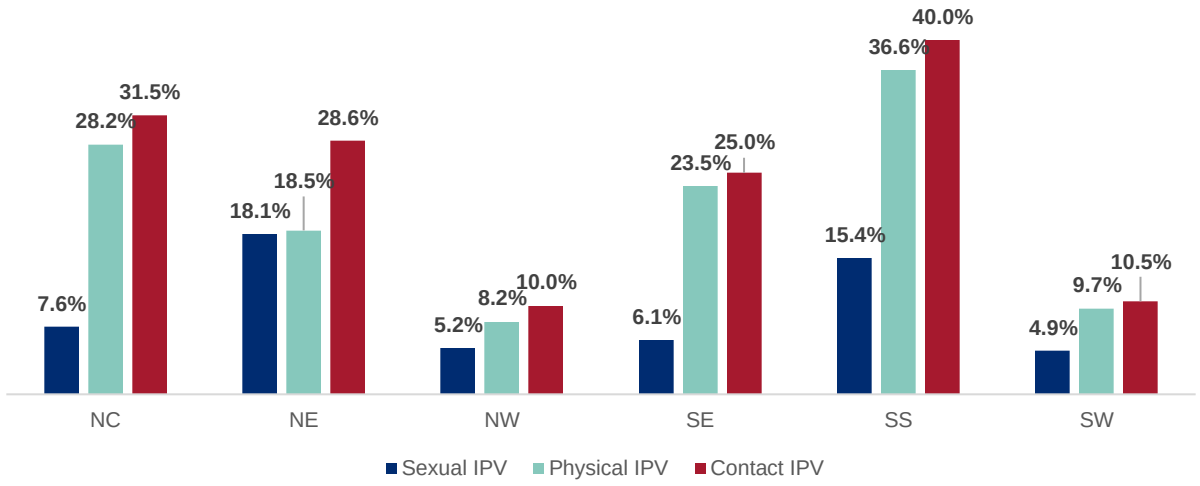
Figure 2: Prevalence of lifetime contact IPV, by region



Physical IPV was lowest in the NW region (8.2%) and highest in the SS region (36.6%).

Sexual IPV was less prevalent than physical IPV in every region and ranged from 4.9% in the South West (SW) region to 18.1% in the North East (NE) region.

Figure 3: Prevalence of lifetime sexual, physical, and contact IPV among AGYW, by region (n=1,825)



Contact IPV: *Any physical or sexual IPV*

NC: *North Central;* ***NE:*** *North East;* ***NW:*** *North West;* ***SE:*** *South East;* ***SS:*** *South South;* ***SW:*** *South West*

Factors significantly associated with contact IPV among AGYW varied by region. In the North Central (NC) and NW regions, having a partner who drinks alcohol, as compared to having one who doesn't, was a risk factor for contact IPV.

In the SS and SW regions, being in a polygynous partnership, compared to being in a monogamous partnership, was a risk factor for contact IPV.

Having a higher level of education (compared to none/primary) and being a part of Islam or other traditional religion (compared to Christianity) were protective against contact IPV among AGYW in the NC region.

In the NE region, having a partner who was 40 years of age or older (compared to having one less than 40 years) was a risk factor for IPV, while in the South East (SE) region, being a part of a wealthier socioeconomic class (compared to a poorer class) was protective against IPV.

Table 1. Factors significantly associated with lifetime contact IPV among AGYW, by region

	NC	NE	NW	SE	SS	SW
	aOR (95% CI)					
Religion (ref. Christianity) Islam/others	**0.35 (0.16-0.77)****					
Education (ref. None/primary) Higher education	**0.27 (0.13-0.59)*****					
Partner drinks alcohol (ref. No) Yes	**3.01 (1.58-5.74)*****		**12.60 (2.07-78.83)*****			
Partner ≥40 years old (ref. No) Yes		**3.35 (0.98-11.40)***				
Household wealth (ref. Poorest/poor) Richer/richest				**0.32 (0.96-1.07)***		
Polygynous union (ref. No) Yes					**4.18 (0.88-19.94)***	**6.17 (1.69-22.17)*****

***<0.1; **<0.05; ***<0.01**

Factors marginally significant in bivariate models (p<0.1) were included in multivariable models

Action Steps

- Policy makers, advocates, and healthcare providers working with young people should be informed about the region-specific factors that may increase IPV risk for AGYW.
- Region-specific interventions, in line with the RESPECT framework,[5] should be implemented to address the high burden of IPV among AGYW, taking into account regional risk factors (e.g., partner use of alcohol in the NC and NW regions, education in the NC region, and household wealth in the SE region).
- Behavior change communication is also needed to address the acceptance of violence in certain cultural contexts, like for those in polygynous partnerships or partnerships with large age differences.
- On the research side, a nationwide survey should be conducted to collect primary data on factors not part of the Nigeria Demographic and Health Survey (NDHS) design, including youth knowledge and perception of IPV prevention, peer pressure, family support, family functionality, and experience of or witnessing violence during childhood.
- Additionally, this analysis should be repeated using the 2024 NDHS data to assess trends over time.

Methods

This is a secondary data analysis of the 2018 NDHS.[1] NDHS collects cross-sectional, nationally representative data using a sampling frame prepared for the Population Census of the Federal Republic of Nigeria.

This analysis includes a sample of female AGYW ages 15-24 years who participated in the domestic violence module (n=1,825). Factors explored for their potential association with IPV included sociodemographic characteristics (age, education, employment, current marital status), partner characteristics (age, education, drinking behaviors, polygynous partnership, living with partner), family characteristics (religion of household, household wealth, number of children in household), and involvement in household-level decision making. The outcome variable was any contact IPV, which included any physical or sexual violence perpetrated by an intimate partner. All analyses were stratified by region.

Suggested citation:

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References

1. National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF
2. World Health Organization. (2013). WHO | Global and regional estimates of violence against women. In WHO, 1–2. Department of Reproductive Health Research. London School of Hygiene and Tropical Medicine. South African Medical Research Council.
3. Stöckl H, March L, Pallitto C, Garcia-Moreno C. Intimate partner violence among adolescents and young women: Prevalence and associated factors in nine countries: a cross-sectional study. BMC Public Health. 2014;14:751. doi: 10.1186/1471-2458-14-751.
4. Ler P, Sivakami M, Monárrez-Espino J. Prevalence and factors associated with intimate partner violence among young women aged 15 to 24 years in India: a social-ecological approach. J Interpers Violence. 2020;35(19-20):4083-4116. 10.1177/0886260517710484.
5. RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19). License: CC BY-MC-SA 3.0 IGO.