

Intimate partners' Violence and Birth Spacing in Nigeria, Implication for High Fertility. Evidence from 2018 NDHSb3

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Abstract

Past researches that focused on intimate partners' violence have indicated that the practice is on the increase and which was revealed to be associated with victims' reproductive and health lives. In Nigeria, the increase in the violence is being influenced by several factors and has adverse effect on birth spacing which has not been well researched.

Consequently, this study was done using the Nigeria Demographic and Health Survey (2018) to investigate the influence of socio-demographic factors and intimate partners' violence on birth spacing in Nigeria at univariate, bivariate and multivariate level (binary logistic regression). The study revealed that 48.2% of women practiced a minimum of two years' birth spacing and that intimate partners' violence significantly influenced child spacing in Nigeria after controlling for confounding variables. The current age of mothers, region and wealth index significantly associated with birth spacing in Nigeria at p -value < 0.05 . The study therefore recommends that policy and programs should address the significant factors that influence birth spacing in order to achieve the aim of reducing fertility and improved maternal health in Nigeria.

Keywords: Child spacing; Violence; Intimate partners Nigeria

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Introduction

Nigerian population is high with over 200 million people [1] and which is attributed to persistent fertility increase and neglect of measures to avert the increase among women of reproductive ages. Several determinants of fertility increase among these women have been examined but the influence of intimate partners' violence being the most prevalent of gender based violence on fertility behavior through short birth spacing in Nigeria 19 have been under researched [2].

Birth spacing, a means of controlling and creating intervals between births plays a major role in determining health status of children and their mothers has been recorded over time to be associated with Total Fertility Rates (TFR) [20]. Past researches have revealed that short birth spacing of less than 24 months (as recommended by World Health Organization) was associated with increased risk of maternal and child mortality [3], which implies that birth spacing beyond 36 months (three years) is beneficial to maternal and child health. It is classified into short interval (less than 24 months), optimum birth spacing (between 2 to 3 years) and long interval (more than 36 months) and link has been established between various child and maternal health

and birth interval especially short birth interval and long birth interval [12]. There have been several reports of intimate partners' violence in the countries of the world including Nigeria and it is one of the most serious global forms of human rights violations that exist to date [4].

In the country, apart from declaring the violence as a major public health and reproductive issue [21], it is also endemic in the country. Consequently, several reports have been released to curb these serious issues. For instance, World Health Organization, World Health Assembly and other non-governmental organizations has released reports on problems associated with the violence and how to curb the practice. Several analyses have also been made on the intimate partner's violence as a major cause of good health deterrents including child abuse, neglect, youth violence, aborted pregnancies, death, emotional wounds and conspiracies [5]. It can be in form of sexual, physical and emotional violence which have been reported having reproductive and health outcomes on women especially. The perpetrators of this violence take an undue advantage of the victim considered to be weaker. The most common type of violence against women, which is endemic in Nigeria, is actually carried out by their partners leading unintended pregnancies, associated pregnancy outcomes

and pregnancy spacing among the victims [6].

This violence against women has been reported over the years to influence women's intention to space their children as it can either lead to too long or too short period between women previous birth and successive births [7]. It was also reported that one in every five women face some forms of violence which could either lead to serious injury or even lead to deaths [8].

Like some other African countries, Nigeria has shown little change in reproductive behavior by reducing her fertility rate from 5.7 to 5.59. This was helped by the government's efforts geared towards fertility reduction by encouraging contraceptive use, discouraging the practice of short birth spacing, increasing campaigns against sexual violence and also "war" declaration against the acts [9, 10]. However, the rate of fertility reduction in Nigeria still remains low, against expectations and the incidence of sexual violence in the country still remains high in spite of the government's deeds. The effects of sexual and other form of violence on birth intervals which eventually influence fertility behaviour of women's health and well-being are not fully researched and cannot be over emphasized. According to the Nigeria Demographic and Health Survey (2013 & 2018), the Total Fertility Rates (TFR) among women in Nigeria is twice the replacement level. It is a major concern among the stakeholders. It was also evidenced that there exists a variation in Total Fertility Rates across regions of the country which has been associated with prevalence rate of Intimate Partners' Violence which varies by regions [11, 18]

From the past and recent literatures, it was revealed that birth spacing remains a reproductive health challenge in some less developed countries including Nigeria despite the efforts geared towards curbing the acts and its negative implications [12]. Inability to control fertility and take decision on interval between previous births and subsequent births by a woman as a result of violence by her partner can lead to unintended pregnancies and associated risks, which are also associated with adverse outcomes for women's and infant health, especially in developing countries [13]. A longitudinal survey in Senegal revealed that prolonged breastfeeding is the major cause of long interval birth spacing [14] and which has maternal health outcomes. Findings from a study by Nti, Gadegbeku, Doodoo, Ofosu, Akoto & Agbi-Dzorkar in 2014 revealed that intimate partner's violence is one of important factors which influenced the decision of mothers on birth spacing [15]. Another important factor that was reported associated with birth spacing is poverty. The closely spaced children can lead to much burden in the family, poor school performance caused by malnutrition and failure of the parent to provide each child's need [16]. In the work done in Kenya, it was reported that during the early childhood period, children born within 18 months of an earlier birth are more than twice as likely to die as those born after an interval of 36 months or more [17].

Some of the factors reported having influence on violence against women by their partners were employment status of the partner, poverty among some women and different socio economic status of women. This is particularly important for understanding maltreatment in the lives of African women, especially, Nigerian women. Women of low income status, educational status, and low autonomy are vulnerable to assault

by their partners. However, the influence of sexual violence on birth spacing especially across the women of different socio-economic characteristics in the country has not been well researched, hence, the conduct of this study which is targeted at examining the effect of intimate partner violence on birth spacing in Nigeria with specific objectives of revealing the distribution of birth spacing practices among women in Nigeria, examining the relationship between intimate partner violence and birth spacing in Nigeria and examining the effect of intimate partner violence and socio-demographic variables on birth spacing in Nigeria [18].

Data and Methods

Data Source

This study utilized secondary data from the 2018 Nigerian Demographic and Health Survey (NDHS). The NDHS is a nationally representative stratified, self-weighting probability sample of women aged 15- 49 years. The survey utilized a multi-staged stratified sampling method to elicit its respondents. The Women recode data set of the NDHS was used. The NDHS had an objective of giving detailed information about fertility levels, marriage, fertility preferences, awareness and use of family planning methods, child feeding practices, nutritional status of women and children, adult and childhood mortality, awareness and attitudes regarding HIV/AIDS, and domestic violence [19].

Study Population and Variables

A total of 41, 821 women aged 15 - 49 who had had a live birth before the survey and who has experienced violence one time or the other were considered in this survey. The main dependent variable in the study is birth spacing which was dichotomized into less than two years and at least 2 years while the main independent variable is the intimate partners' violence which was sub-divided into sexual, emotional and physical violence. Other independent variables of the study include current age of mothers, religion, and place of residence, wealth index and partner's occupation [20].

Data Analysis and Ethical Consideration

State package was used to analyse the study at uni-variate, bi-variate and multivariate level using frequency distribution, chi-square and binary logistic regression respectively. Frequency distribution was used in summarizing the body of data, chi-square test was used to establish the association between intimate partners' violence and birth spacing and logistic regression was used to examine the effect of intimate partner violence and other socio-demographic variables on birth spacing in Nigeria. The study which utilized the NDHS data as its source also relied on the ethical measures taken by the survey, therefore, it posed no ethical challenge to the respondents as the ethical measures of the NDHS subsist for this study (Figure 1, 2).

Table I revealed the percentage distribution of the study variables. The women have a mean age of 29.2 years. It was also revealed that women aged 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45+ were 20.1%, 16.3%, 17.4%, 14.8%, 13.1%, 9.4% and 8.6% respectively. Christian, Islam, and traditional women were 46.1%, 53.6% and 0.3% respectively. Urban and rural women were 45.8%

Birth Spacing among the Women

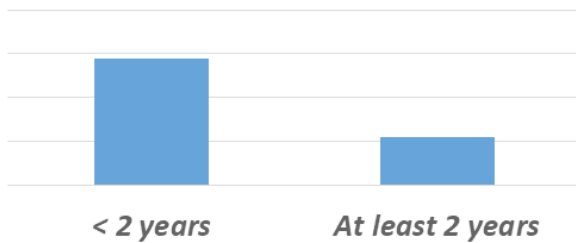


Figure 1 Birth Spacing Practice among Women in Nigeria.

Experienced Intimate Partners Violence

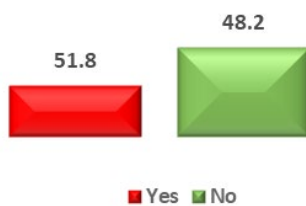


Figure 2 Experience of IPV among Women in Nigeria.

and 54.2% respectively. North Central, North East, North West, South-East, South and South West women were 14.1%, 15.9%, 29.2%, 11.9%, 11.6% and 17.3% respectively. Women in poor, middle and rich wealth index were 36.5%, 19.6% and 43.9% respectively. Women that reported that their partners were not working, engaging in non-agriculture and engaging in agriculture work were 3.7%, 56.5% and 39.8% respectively [21].

The percentage distribution of indicators of intimate partner violence and the frequency distribution of the dependent variables were revealed. Victims of IPV were (36.3%) and those who were not victims of IPV were 63.7%. Victims of emotional violence were 31.7% and those that were not victims of emotional violence were 68.37%; victims of physical violence were 19.3% and the non-victims of physical violence were 80.77%, victims of sexual violence were 6.8% and non-victims of sexual violence were 93.2%. Women who engage in birth spacing at less than two year's birth spacing were 51.8% and those engage in birth spacing for at least two years were 48.2% (see figure 1) (Table 1 and 2).

From Table 2, it was revealed that age of the respondents, residence, region of the women and wealth index were significantly associated with birth spacing among the women in Nigeria ($p < 0.05$)

It was also revealed that intimate partner violence was significantly related to birth spacing ($p < 0.05$). It further sub-classified intimate partner violence into emotional violence, physical violence and sexual violence. These three classification

Table 1. Socio-Demographic Characteristics of Respondents and Percentage distribution of indicators of Intimate Partner Violence and Birth Spacing.

Variable	Number	(%)	Mean SD
Current Age (Years)			
15-19	8423	-20.2	29.2+9.7
20-24	6844	-16.3	-
25-29	7203	-17.4	-
30-34	5997	-14.8	-
35-39	5406	-13.1	-
40-45	4057	-9.4	-
45+	3891	-8.6	-
Religion			
Christian	20506	-46.1	-
Islam	20959	-53.6	-
Traditional	156	-0.3	-
Place of residence			
Urban	16984	-45.8	-
Rural	24837	-54.2	-
Region			
North Central	7772	-14.1	-
North East	7639	-15.9	-
North West	10129	-29.2	-
South East	5571	-11.9	-
South South	5080	-11.6	-
South West	5630	-17.3	-
Wealth Index			
Poor	16093	-36.5	-
Middle	8859	-19.6	-
Rich	16869	-43.9	-
Partner's occupation			
Not working	1051	-3.7	-
Non-Agriculture	16222	-56.5	-
Agriculture	11434	-39.8	-
Experience Intimate partners violence			
No	5537	-63.7	-
Yes	3373	-36.3	-
Emotional violence			
No	5972	-68.3	-
Yes	2938	-31.7	-
Physical violence			
No	7071	-80.7	-
Yes	1839	-19.3	-
Sexual violence			
No	8226	-93.2	-
Yes	684	-6.8	-
Birth Spacing practice			
<2 years	10287	-51.8	-
At least 2 years	9233	-48.2	-

of intimate partner violence significantly influenced birth spacing in Nigeria at p -value < 0.05 (see Table 2) (Table 3, 4).

Table 3 revealed the relationship between intimate partner violence and socio - demographic factors on birth spacing in Nigeria, adjusting for confounding effect. It was revealed that current age of mothers, religion, region, and wealth index

Table 2. Bivariate distribution of women’s background characteristics and Birth spacing.

Current Age (years)*	<2years	>=2years	p-value	Chi-square
15-19	46.6	53.4	0	
20-24	45.9	54.1		Chi2(6)=651.823
25-29	48.6	51.4		
30-34	53.6	47.4		
35-39	62.7	37.3		
40-45	76.4	23.6		
45+	83.6	16.4		
Religion*				
Christian	53.4	46.6	0.166	
Islam	52.1	47.6		Chi2(2)=3.593
Traditional	56.7	43.3		
Place of Residence*				
Urban	51.4	48.6	0.006	
Rural	53.4	46.6		Chi2(1)=7.507
Region*				
North Central	46.7	53.3	0	
North East	48.1	51.9		Chi2(5)=299.75
North West	58.8	41.2		
South East	62.7	37.3		
South South	53.8	46.2		
South West	45.1	54.9		
Wealth Index*				
Poor	53.8	46.2	0.001	
Middle	50.5	49.5		Chi2(2)=12.093
Rich	52.5	47.5		
Partners occupation				
Not working	55.7	44.3	0.531	
Non-agriculture	51.5	48.5		Chi2(2)=1.267
Agriculture	54.8	45.2		
Bivariate distribution of dependent and independent variables.				
Variables	<2 years	>=2 years	p-value	Chi-square
Intimate partners violence*				
No	49.3	50.7	0	
Yes	49.5	50.5		Chi2(1)=31.722
Emotional violence*				
No	49.3	50.7	0	
Yes	49.6	50.4		Chi2(1)=17.633
Physical violence*				
No	49.9	50.1	0	
Yes	47	53		Chi2(1)=28.296
Sexual violence				
No	49.6	50.4	0.077	
Yes	46.5	53.5		Chi2(1)=3.120

Source: NDHS, 2018 *significant at p < 0.05

significantly influenced birth spacing in Nigeria. Women age - groups 20-24, 25-29, 30-34, 35-39, 40-44 and 45+ were 1.52, 1.44, 1.25 times more likely and 0.83, 0.44, 0.29 times respectively less likely to practice birth-spacing beyond two years compared to women age 15-19 years. Islamic and Traditional worshiper's

Table 3. Binary Logistic Regression showing the experience of IPV and Socio-Demographic Factors on Birth Spacing.

Variables		ORP>/Z/	95% CI
Current age (years)			
15-19	RC	-	-
20-24	1.515	0	1.34 - 1.704
25-29	1.436	0	1.28 - 1.61
30-34	1.249	0	1.10 - 1.40
35-39	0.832	0.006	0.73 - 0.94
40-45	0.437	0	0.36 - 0.52
45+	0.287	0	0.21 - 0.38
Religion			
Christian	RC	-	-
Islam	1.129	0.009	1.03 - 1.23
Traditional	1.35	0.248	0.81 - 2.24
Place of residence			
Urban	RC	-	-
Rural	0.935	0.105	0.86 - 1.01
Region			
North Central	RC	-	-
North East	0.956	0.393	0.86 - 1.05
North West	0.635	0	0.57 - 0.70
South East	0.586	0	0.51 - 0.67
South South	0.912	0.199	0.79 - 1.04
South West	0.921	0.189	0.95 - 1.23
Wealth Index			
Poor	RC	-	-
Middle	1.025	0.569	.94 - 1.11
Rich	0.921	0.101	.83 - 1.01
Partners Occupation			
Not working	RC	-	-
Non-Agriculture	1.32	0.006	1.08 - 1.60
Agriculture	1.153	0.158	.94 - 1.01
Intimate partners violence			
No	RC	-	-
Yes	1.176	0.001	1.02 - 1.98

Table 4. Binary logistic regression showing the effect of intimate partner’s violence on birth spacing.

		ORP>/Z/	95% CI
Intimate partners violence			
No	RC	-	-
Yes	1.015	0.782	0.90 - 1.13

Source: NDHS, 2018

women were 13 percent and 35 percent respectively more likely to practice birth spacing compared to Christian women. North East, North-west, South East, South and South west women were 0.96, 0.64, 0.59, 0.91 and 0.92 times respectively less likely to practice birth spacing compared to North central women. Rich women were 0.92 times less likely to practice birth spacing compared to poor women. Women who were victims of intimate partner violence were 18 percent more likely to practice birth spacing compared to those who are not victims.

Table 4 showed the effect of intimate partner violence on birth spacing without adjusting for confounding variables of the study.

It revealed that victims of intimate partner violence were more likely to space their birth (O.R 0.78; C.I 0.90 - 1.13).

Discussion and Conclusion

The study revealed that 51.9% of the respondents engage in birth spacing of a minimum of 12 months (2 years) years. It was revealed that current age of mothers, religion, region, wealth index and intimate partner violence significantly influenced birth spacing in Nigeria. The study further revealed that emotional, physical and sexual violence had significant effect on intimate partner violence in Nigeria. These findings are similar to a previous finding that revealed that aside for intimate partner violence, aging, marital status and other factors significantly influence birth spacing (Christine et al, 2014). Women in the early reproductive ages (15-34) were more likely to space birth compared to women in late reproductive ages beyond 35 years, when compared to women in age 15-19 years age group. Christian women practice birth spacing of two years minimum more than the Muslims. South-

west women practice birth less than Northern women (North-central, North West) and South East women. Poor (low wealth quantiles status) women practice birth spacing more than the rich women and victims of intimate partner violence were also more likely to practice birth spacing compared to non-victim women. These results are consistent with previous findings by Brunson in 2010 that linked poverty with birth spacing.

This study therefore recommends that the significant factors, which include age of mothers, region, wealth status, most especially poverty and intimate partner violence should be addressed in programs and policies so as to increase the practice of birth spacing of a minimum of two years in Nigeria to avoid short birth interval and its implications. In addition, physical, emotional and sexual violence should be curbed in order to achieve improved birth spacing of less than two years in Nigeria. The pattern of the effect of these factors on birth spacing can be critically examined from a qualitative perspective in future studies.

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