Intimate Partner Violence, Family Planning, and Gender Norms: Evidence from Selected Demographic and Health Surveys

Background

Gender is complex, multidimensional, and evolving; thus, it requires multiple angles of inquiry to deepen our understanding of how to incorporate gender more intentionally and meaningfully into policy and practice. As part of this larger aim, Breakthrough ACTION conducted a secondary analysis of selected Demographic and Health Surveys (DHS) Program datasets published since 2015 to examine the interconnections among and between intimate partner violence (IPV), gender norms, or the contextually appropriate behavior, practices, actions for men and women, and family planning (FP) behaviors. We sought to answer the following key research questions: What are the ideational, behavioral, and structural correlates of (1) IPV experience and (2) modern contraceptive use? Which correlates are significant for both outcomes? Which are unique for each? What are the relative contributions of the significant predictors? What are the implications for social and behavior change (SBC) interventions?

Methods

To capitalize on DHS couple-level data, the analysis focused on country datasets that included both responses from both partners to the main survey instruments and women's responses to the Domestic Violence module. The DHS Domestic Violence module is limited to one individual per household for ethical and safety reasons, so the analysis explored women's IPV experience. Datasets from Mali, Nigeria, Nepal, Pakistan, Tanzania, and Zambia met these criteria. Measures of gender norms in the DHS are limited; therefore, we used attitudes about wife-beating as a proxy for gender-related norms.

The dependent variables in the analyses were women's reports of emotional, physical, and sexual IPV experience and FP use, including covert use where relevant. The independent variables, drawn from both partners, included ideational factors (FP-related knowledge, individual and community-level attitudes regarding wife-beating); behavioral factors (agency as measured by participation in decision-making, men's alcohol consumption, marriage before age 18, experience of IPV, use of modern contraceptives), and structural factors (access to health facilities, educational attainment, wealth quintile).

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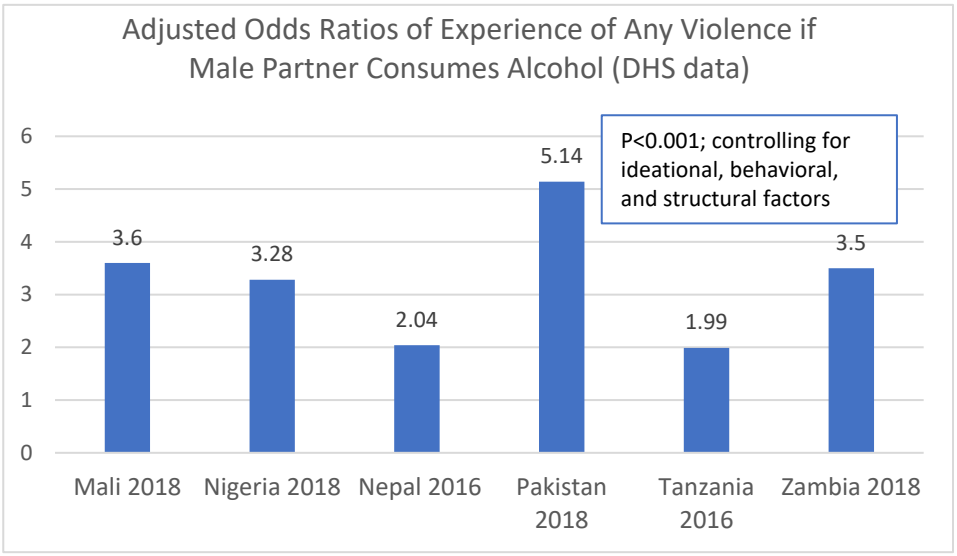
All variables that were statistically and significantly associated with the dependent variables were included in multivariate analysis, which was conducted holding background variables constant. All results reported below are based on multivariate analysis ($p < 0.01$). Initial Blinder-Oaxaca decomposition and latent class analyses did not yield informative results; further analysis is planned.

Results

IPV



Analysis of women's scores on participation in decision-making demonstrated a positive association with experience of any violence in Mali, Nigeria, Nepal, and Zambia. The study found a positive association between women's attitudes justifying wife-beating and experience of any violence and emotional violence in all countries except Nepal, but these attitudes were less consistently associated with sexual and severe violence. The association between men's attitudes justifying wife-beating women's experience of violence were inconsistent. The analysis showed community justification of violence to be positively associated with women's report of any violence in Mali, Tanzania, and Zambia. A strong positive association between men's alcohol use and IPV appeared in all countries studied. Difficulty accessing a health facility was positively associated with violence experience in Nigeria and Pakistan. Women's and men's educational attainment was a protective factor in Nepal. Regarding poverty and experience of violence, results in Nigeria showed a positive association, but a negative one in Pakistan.

Contraceptive Use

Multivariate analysis found a highly positive association between women's decision-making participation and any use, including covert use, of contraceptives in Tanzania and Zambia. Other factors positively associated with women's report of FP use in the multivariate analyses included experience of any form of violence (Mali, Nigeria, Pakistan), husband's alcohol consumption (Nepal, Tanzania), and household wealth quintile (Mali, Nigeria, Pakistan, Zambia). The analysis found a negative association regarding women's attitudes justifying wife-beating, at both the individual and community level, with FP use in Nigeria. In Mali and Nigeria, the results showed a positive association between women's experience of violence and contraceptive use.

Implications

The evidence suggests that women's and men's attitudes justifying wife-beating should be addressed programmatically, specific to context. Alcohol consumption is clearly an issue that stakeholders can no longer overlook; addressing it will require additional, intentional understanding of the contextual factors while cautiously considering potential unintended consequences.

With respect to research, the mixed results suggest that our understanding of the role of gender in FP and IPV would be furthered with more nuanced measures of gender norms. One way to gain further clarity would be to design studies that measure both gender attitudes and social norms to learn what respondents think is done and should be done with respect to IPV and FP. Finally, future studies should include measures at the structural, institutional, and community levels as well as phenomenological inquiry to gain further insights into the associations among IPV, FP, and social and gender norms.

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