



MALE PARTNER CONTROLLING BEHAVIOUR AS A DETERMINANT OF CONTRACEPTIVE USE AMONG WOMEN IN NIGERIA

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ABSTRACT

In Nigeria, few studies have focused on the relationship between male partner controlling behaviour and contraceptive use. This study examines the influence of male controlling behaviour on contraceptive use among women in Nigeria. Data was extracted from the 2008 Nigeria Demographic and Health Survey (NDHS). The STATA Data Analysis software was used to analyse the data. Chi-square and binary logistic regression were used to examine the relationship between male controlling behaviour and contraceptive use. Results show: 18.3% contraceptive prevalence among the women; and 51.6% of the women had experienced partner's being jealous if they were talking with other men. Results of the logistic regression among others show that: women whose partner's were jealous if talking with other men were 26.2% less likely to use contraceptive (OR = 0.7375, $p < 0.01$); and women accused of unfaithfulness by their partners were 6.4% less likely to use contraceptive (OR = 0.9360, $p > 0.05$). The study suggested the need for a special strategy targeting behaviour change among men in intimate relationships in the country.

Keywords: Male partner; contraceptives; controlling behaviour; violence

1.0 INTRODUCTION

Intimate Partner Violence (IPV) is the most common form of gender-based violence in the world; it represents the most widespread contemporary human rights abuse (United Nations [UN], 2011). Though, research evidence confirmed that both men and women could be victims of intimate partner violence, researchers however widely agreed that partner violence is mainly directed at women because of their gender (Heiss, Ellsberge and Gottmoeller, 1999; Kishor and Bradley, 2012). Global gender statistics revealed that at least 33% of women around the world have been either physically, sexually or emotionally abused in their lifetime by someone within the family (United Nations Development Fund for Women [UNIFEM], 2007). Recent studies also provided evidence of widespread variations in the prevalence and consequences of intimate partner violence (Hindin, Kishor and Ansara, 2008; Tuladhar, Khamal, Lila, Ghimire and Onta, 2013).

The basic dimensions of intimate partner violence are: physical violence such as slapping and kicking a partner; sexual violence such as rape; emotional violence such as constant humiliation and intimidation of a partner; and controlling behaviour such as restricting movement and limiting of access to resources of a partner (World Health Organisation [WHO], 2012). All types of partner violence have serious consequences for women's sexual and reproductive health. It affects women's physical and mental health, ruin their socioeconomic lives, fractures communal well-being, and stalls human development (Heiss and Garcia, 2002; UNIFEM, 2007). It also hinders access to and utilisation of quality reproductive health services and commodities including modern contraceptives (United Nations Fund for Population Activities [UNFPA], 2012).

As rightly observed by Antai (2011), male partner controlling behaviour is not only equated to but could be more life-threatening than physical or sexual violence. The common forms of male controlling behaviour are: damages/destroys property/possessions of female partner; name calling, insults and put downs; keeping track of female partner's whereabouts; limiting contact of female partner with family/friends; angry if female partner speak to other

men; and accusation of unfaithfulness. In spite of its widespread occurrence, women's experience of male partner controlling behaviour is less reported in research compared with women's experiences of physical and sexual violence. Studies have also confirm that women who experience male partner controlling behaviours are more likely to experience other forms of violence within intimate relationships (Mouzos and Makkai, 2004).

In the 2008 Nigeria Demographic and Health Survey (NDHS), the main controlling behaviour women experienced from their partners were being jealous or angry if she talks to other men (49%) and partner's insistence on knowing where she is at all times (34%). Overall, more than two-thirds of women sampled in the 2008 NDHS reported that their male partners often displayed at least one form of controlling behaviour (NPopC and ICF Macro, 2009). As parts of efforts to raise public information and education about the dangers of partner violence, numerous studies such as Abama and Kwaja, (2009); Esere, Adeyemi, Durosaro and Omotosho, (2009); Inokoba, (2011); Omideyi and Omoyeni, (2011); Antai, (2011); Ashimolowo and Otufale, (2012); and Uwameiye and Iserameiya (2013) have focused on several risk factors and correlates of intimate partner violence. However, few studies in Nigeria has specifically link male partner controlling behaviour to women's contraceptive use, which currently has low usage in the country.

Contraceptive use offers life saving advantages by helping women to avoid high risk pregnancies; it is also the bedrock of all safe motherhood initiatives National Urban Reproductive Health Initiative (2012). Current government interventions to boost contraceptive use in the country include: development and implementation of contraceptive logistics management systems (CLMS); introduction of policy on free contraceptive commodities in public health facilities since April 2011; and family planning advocacy (Federal Ministry of Health [FMOH], 2012). In spite of the success of these interventions, several spousal barriers such as male partner controlling behaviour still pose major limitation to women's demand and utilisation of contraceptives. It is against this backdrop that the study investigates the implication of controlling behaviour by male partners for use or non use of contraceptives in the country.

The objectives of the study are to: (i) examine the prevalence of male partner controlling behaviour; and (ii) assess the relationship between male partner controlling behaviour and contraceptive use among Nigerian women. This is with the view to providing additional information and education about the implications of partner violence for women's sexual and reproductive health in the country.

2.0 DATA AND METHODS

This study relied on data from the 2008 NDHS, a nationally representative survey conducted by the National Population Commission. Until the 2008 NDHS is updated by the recently concluded 2013 survey, it remains the most valid estimates of demographic and health conditions in the country. The study analysed a weighted sample size of 12,563 women. The dependent variable of the study measures women's current use of contraceptives dichotomised into 'not currently using' and 'currently using'. The key explanatory variables in the study are male partner controlling behaviour.

Data was analysed at the univariate, bivariate and multivariate levels using STATA Data Analysis Software (Version 11.1). The sample characteristics and experiences of controlling behaviours were described using frequency distributions. The dependent variable was then cross tabulated with the explanatory variables and the background variables. The chi-square statistic was used to examine statistical significance of the association between the dependent and explanatory variables. The binary logistic regression was performed to examine the simultaneous effect of the explanatory variables on contraceptive use. The logistic regression was replicated in two models. The first model included selected background characteristics of respondents. In the second model, the background characteristics were controlled to examine specific influence of controlling behaviours on contraceptive use.

3.0 RESULTS

Sample Characteristics

Table 1 show results of selected socio-demographic characteristics of the sampled women and their knowledge and contraceptive use. Nearly half of the women (48.6%) had no formal education. The proportions of the women who attained either primary or secondary education were similar (21.7% vs 22.0%). However, higher educational attainment was very low among the women. Less than one-tenth of the women attained higher educational level. Majority of the women (67.6%) resides in rural areas of the country compared with the 32.4% urban based women sampled. Women in the 'lowest' wealth group dominated the sample (44.3%). However, the proportion of women in the 'middle' wealth group was substantial (35.8%). The proportion of women in the 'highest' wealth group was lowest in the sample.

Majority of the women were currently working as at the time of the survey. Overwhelming majority of the women entered into marital unions between 15-24 years of age. However, high proportion of the women entered marital unions at less than 14 years of age. Majority of the women sampled (59%) had between 1-4 children. More than one-third of the women have had five or more children in their reproductive life span. These features indicate poor socio-economic conditions of women in the country. The high proportion of women with no formal education not only portends a drawback for women's empowerment in the country, it significantly determines the status of women in relation to other background characteristics.

The knowledge of at least one method of contraception is widespread among the women. More than two-third of the women (68.2%) knows at least one method of contraception. However, wide variation exists between knowledge and current use of contraceptives among the women. Only 18.4% of the women reported current use of contraceptives while the overwhelming majority reported non use of any method of contraceptives. These results not only confirm current low level of contraceptive use, it also suggests the need for more efforts to boost contraceptive prevalence in the country.

Table 1: Distribution of respondents by selected socio-demographic characteristics

Variable	Number of women	Percent
Education		
None	6,109	48.6
Primary	2,730	21.7
Secondary	2,767	22.0
Higher	957	7.6
Place of residence		
Urban	4,075	32.4
Rural	8,488	67.6
Household wealth		
Lowest	5,568	44.3
Middle	4,500	35.8
Highest	2,495	19.9
Employment status		
Not working	3,994	31.8
Working	8,569	68.2
Age at first marriage		
14 years or less	3,589	28.6
15-24 years	7,649	60.9
25-34 years	1,263	10.5
35 years and above	62	0.5
Number of Children ever born		
1-4	7,407	59.0
5-9	4,433	35.3
10 and above	723	5.7
Knowledge of any method		
No knowledge	3,993	31.8
Knows at least a method	8,570	68.2
Current contraceptive use		
Not using	10,257	81.6
Using	2,306	18.4
Total	12,563	100.0

Source: 2008 NDHS

Prevalence of Controlling Behaviours of Male Partners

Table 2 shows women's experiences of each type of controlling behaviour. As shown in the table, the dominant controlling behaviour ever experienced by the women is partner's being 'jealous' if women were talking with other men. More than half of the women (51.6%) reported that their husbands or partners were jealous if they were talking with other men. The prevalence of partner's insistence on knowing the whereabouts of women was also high among the respondents. More than one-third of the women (35.1%) reported that their partners had displayed insistence on knowing their whereabouts.

Table 2: Prevalence of Controlling Behaviour of Male Partners

Male Controlling Behaviour	Number of women	Percent
Partner jealous if talking with other men		
Not jealous	6,079	48.4
Jealous	6,484	51.6
Partner accusation of unfaithfulness		
Does not accuse her	10,688	85.1
Accuse her	1,874	14.9
Meeting friends/relatives		
Partner does not permit her	1,840	14.6
Partner permits her	10,723	85.4
Contact with family		
Partner does not limit contact	11,428	91.0
Partner limits contact	1,135	9.0
Insistence on knowing where she is		
Partner does not insist	8,155	64.9
Partner insists	4,408	35.1
Trust with money		
Partner does not trust her	2,611	20.8
Partner trust her	9,952	79.2
Experienced at least one controlling behaviour		
Never	4,515	35.9
Ever	8,048	64.1
Total	12,563	100.0

Source: 2008 NDHS

The occurrence of other types of controlling behaviour was less severe compared with being jealous and insistence on knowing women's whereabouts. With the exclusion of women not trusted with money by their husbands or partners, none of the remaining controlling behaviour had a prevalence rate of up to 20% among the women. When the controlling behaviours was aggregated into a single variable, result show that 64.1% of the women had experienced at least one type of controlling behaviour.

Socio-Demographic Characteristics and Contraceptive use

Table 3 shows women's use of contraceptives according to selected background characteristics. Levels of contraceptives use increase progressively as educational attainment increases ($\chi^2 = 417$, $p < 0.001$) indicating significant statistical association between education and contraceptive use. Improving women's education is thus, central to all initiatives aiming at boosting contraceptive prevalence rate in the country.

The proportion of contraceptive use was also higher among urban women compared with rural women implying a significant association between place of residence and contraceptive use ($\chi^2 = 169$, $p < 0.001$). Usually, urban women as a result of concentration of health facilities in urban areas, have more access and utilisation of virtually all reproductive health commodities including contraceptives. However, as found in this study more women resides in rural areas than urban areas, government attention to the provision of family planning commodities should be refocused to pay more attention on rural areas where higher potential demand for contraceptives exists.

The level of contraceptive use among women in lowest wealth group was 4.8%. As household wealth increase from 'lowest' to 'middle', contraceptive use increased to 21.2% and further increased to 43.6% as wealth group improve to 'highest' suggesting significant association between wealth group and contraceptive use ($\chi^2 = 399$, $p < 0.001$). However, the importance of household wealth group to contraceptive utilisation in the country is likely to diminish in the nearest future as a result of the introduction of free contraceptive policy in public health facilities.

Table 3: Percentage of respondents by use of contraceptives, according to selected background characteristics

Variable	Percent using Contraceptive	Number of women	Statistic
Education			
None	3.8	234	
Primary	22.5	615	
Secondary	37.5	1,038	
Higher	43.9	420	Df (3), $\chi^2 = 417$, $p < 0.001$
Residence			
Urban	32.3	1,316	
Rural	11.7	990	Df (1), $\chi^2 = 169$, $p < 0.001$
Wealth group			
Lowest	4.8	265	
Middle	21.2	953	
Highest	43.6	1,088	Df (2), $\chi^2 = 399$, $p < 0.001$
Employment status			
Not working	10.6	425	
Working	22.0	1,881	Df (1), $\chi^2 = 131$, $p < 0.001$
Age at first marriage			
< 14 years	7.7	276	
15-24 years	21.1	1,615	
25-34 years	32.6	412	
35+	4.2	3	Df (3), $\chi^2 = 115$, $p < 0.001$
Children ever born			
1-4	19.8	1,463	
5-9	18.1	802	
10+	5.5	41	Df (2), $\chi^2 = 30$, $p < 0.001$
Total		2,306	

Other background characteristics showed similar significant association between contraceptive use and each of the specific individual characteristics of the women. Use of contraceptive was higher among women who were working compared with women who were not working (22.0% vs 10.6%). Age at first marriage was positively associated with use of contraceptives until age 35+ where contraceptive use decline from 32.6% at age 25-34 years to 4.2%. Use of contraceptives and number of children ever born were negatively associated. As number of children ever born increases beyond four children, the use of contraceptives reduces consistently.

Controlling Behaviour and Contraceptive use

The relationships between male partner controlling behaviours and contraceptive use are shown in Table 4. Women whose husbands or partners do not display controlling behaviours consistently reported higher use of contraceptives compared with women experiencing controlling behaviour. Women whose partners were not jealous had 19.2% contraceptive prevalence compared with 17.6% among women whose partners were jealous. Women not being accused of unfaithfulness by their partners slightly had higher use of contraceptives than women who were accused of unfaithfulness by their partners (18.7% vs 18.3%). Women who were permitted by their partners to freely meet with friends also had higher use of contraceptives compared with those not permitted to meet with friends (21.3% vs 17.9%).

Women whose partners do not limit their contact with family members were more likely to use contraceptives compared with women whose partners limits their contact with family members (18.4% vs 18.2%). Women whose partners often insists on knowing her

whereabouts were less likely to use contraceptives compared with women whose partners do not insist on knowing her whereabouts. Unlike the results for other behaviour, the chi-square test confirmed the statistical significance of the association between partner insistence or not and contraceptive use ($\chi^2 = 34$, $p < 0.001$). Similarly, a statistically significant association exists between partner's trusts or not and contraceptive use ($\chi^2 = 11$, $p = 0.001$). Women who were not trusted with money by their partners reported lower use of contraceptives compared with women who were trusted with money by their partners (17.6% vs 21.1%). This result suggests that controlling behaviours of male partners is significantly related to contraceptive use.

Table 4: Percentage of respondents by use of contraceptives, according to controlling behaviours of male partners

Controlling behaviour	Percent using Contraceptive	Number of women	Statistic
If talking with other men			
Not Jealous	19.2	1,167	
Jealous	17.6	1,139	$\chi^2 = 3.0$, $p > 0.005$
Unfaithfulness			
Does not accuses her	18.7	1,955	
Accuses her	18.3	351	$\chi^2 = 0.1$, $p > 0.005$
Meeting friends			
Permits her	21.3	392	
Does not permit her	17.9	1,914	$\chi^2 = 7.0$, $p > 0.005$
Contact with family			
Does not limit contact	18.4	2100	
Limits contact	18.2	206	$\chi^2 = 0.01$, $p > 0.005$
Knowing where she is			
Does not insists	22.0	1,338	
Insists	16.4	968	$\chi^2 = 34$, $p < 0.001$
Trust with money			
Does not trust her	17.6	550	$\chi^2 = 11$, $p = 0.001$
Trust her	21.1	1756	
Total		2,306	

Multivariate analysis

Table 5 shows results of the binary logistic regression analysis of contraceptive use. In model 1, both the selected background characteristics of the women and the controlling behaviours were included in the model. Results show that the odds of contraceptive use are higher for women with improved socio-economic status. More educated women were more likely to use contraceptive than uneducated women. Women in urban areas were more likely to use contraceptives than rural women.

Employment status also had significant influence on contraceptive use. Women currently working were 48.8% more likely to use contraceptives compared with women not currently working (OR = 1.4881, $p < 0.01$). Younger women age 15-24 years were more likely to use contraceptives than women in other age groups (OR = 1.2844, $p < 0.01$). Women who have had more than four children had higher likelihood of contraceptive use. However, contraceptive use declines among women with ten or more children. As shown in the table, with the exclusion of partner's insistence on knowing the whereabouts of the women, none of the controlling behaviours show any significant influence on contraceptive use in model 1.

Model 2 controlled for the background characteristics, results as shown in the table indicated that partner's controlling behaviours had significant influence on contraceptive use.

Women whose partner's were jealous if talking with other men were 26.2% less likely to use contraceptive (OR = 0.7375, $p < 0.01$); women accused of unfaithfulness by their partners were 6.4% less likely to use contraceptive (OR = 0.9360, $p > 0.05$) compared with women whose partner's did not accused them of unfaithfulness; and women permitted by their partners to meet with friends were 28.9% more likely to use contraceptive than women who were not permitted to meet with friends (OR = 1.2891, $p > 0.05$). Similarly, women whose partner's limit their contact with family members were 30.3% less likely to use contraceptive compared with women whose contact with family members were not limited by their partners (OR = 0.6966, $p < 0.05$). However, two of the controlling behaviours (partner's insistence and lack of trust for women) were not positively related with contraceptive use.

Table 5: binary logistic regression examining influence of socio-demographic variables and male controlling behaviour on contraceptive use

Variable	Model 1		Model 2		
	Odds Ratio	95% CI	Odds Ratio	95% CI	
Education					
None (RC)	1.0000	-	-	-	-
Primary	4.4463*	3.68-5.36	-	-	-
Secondary	6.6759*	5.41-8.23	-	-	-
Higher	7.1886*	5.56-9.30	-	-	-
Place of Residence					
Urban (RC)	1.0000	-	-	-	-
Rural	0.7735**	0.66-0.91	-	-	-
Household Wealth					
Lowest (RC)	1.0000	-	-	-	-
Middle	2.3071*	1.87-2.85	-	-	-
Highest	3.9353*	3.08-5.03	-	-	-
Employment Status					
Not working (RC)	1.0000	-	-	-	-
Working	1.4881*	1.26-1.72	-	-	-
Age at first marriage					
14 years or less (RC)	1.0000	-	-	-	-
15-24 years	1.2844**	1.08-1.53	-	-	-
25-34 years	1.0949***	0.86-1.40	-	-	-
35 years and above	0.0949**	0.57-1.30	-	-	-
Children ever born					
1-4 (RC)	1.0000	-	-	-	-
5-9	1.3887*	1.22-1.58	-	-	-
10 and above	0.8605***	0.57-1.30	-	-	-
If talking with other men					
Partner not Jealous (RC)	1.0000	-	1.0000	-	-
Partner jealous	0.9324***	0.81-1.07	0.7375*	0.64-0.85	-
Accusation of unfaithfulness					
Does not accuses her (RC)	1.0000	-	1.0000	-	-
Accuses her	1.0620***	0.86-1.27	0.9360***	0.78-1.13	-
Meeting friends					
Permits her (RC)	1.0000	-	1.0000	-	-
Does not permit her	0.9307***	0.76-1.14	1.2891***	1.06-1.56	-
Contact with family					
Does not limit contact (RC)	1.0000	-	1.0000	-	-
Limit contact	0.8954***	0.69-1.16	0.6966***	0.55-0.89	-
Knowing where she is					
Does not insists (RC)	1.0000	-	1.0000	-	-
Insists	1.2663*	1.10-1.46	1.5963*	1.39-1.83	-
Trust with money					
Does not trust her (RC)	1.0000	-	1.0000	-	-
Trust her	1.0642***	0.91-1.24	1.1568**	1.01-1.33	-

RC (Reference Category), * $p \leq 0.01$, ** $p \leq 0.05$, *** $p > 0.05$

4.0 DISCUSSION

In this study, we assessed the relationship between controlling behaviour of male partners and contraceptive use. Findings of the study in line with previous studies such as Omideyi and Omoyeni (2011), UNFPA (2012), and UN (2012) confirmed that contraceptive use is generally low among women in Nigeria. Though we cannot ignore the fact that women's social status catalyses or undermines use of contraceptives, this study found that male partner controlling behaviour is related to contraceptive use among women. The relationship may be premised on the fact that cultural beliefs and practices arising from the patriarchal nature of Nigerian communities vests major household decisions on men.

The decision on pregnancy and childbearing which include decision on contraceptive use is one of the key areas that men are expected to have final say as 'head of household'. Women's resistance to this cultural practice through autonomous use of contraceptive may lead to conflict and violence within marital unions. In many parts of the country, women are not likely to use or sustain use of contraceptive without the consent of the male partner. This provides evidence of the need to address cultural practices that may hinder women's reproductive autonomy in the country.

Considering the fact that for most women, male controlling behaviour is usually the precursor of physical and sexual violence, a woman with a violent male partner might see non use of contraceptive as a means of dousing tension and conflict within the union, particularly when the male partner usually accuses her of unfaithfulness. Such non use of contraceptives further endangers the sexual and reproductive health of women in the country through exposure to unintended and unwanted pregnancies, unsafe abortion and sexually transmitted infections.

This finding indicate that addressing the prevalence of controlling behaviour of male partners is an important factor that should be factored into existing women's health and development programmes in the country. The current Behaviour Change Communication programme of the National Population Commission should be reviewed to include strategies to influence male behaviour change within intimate relationships. The strategy should encourage men to treat women particularly those in conjugal relationships with more respect and dignity and stressed the linkages between marital happiness and improvement in women's reproductive health status.

5.0 CONCLUSION

This study examined the prevalence of controlling behaviour of male partners and assessed its relationship with contraceptive use among ever married Nigerian women. The findings of the study indicated that male partner controlling behaviour is an unnoticed determinant of contraceptive use among women in the country. A special strategy targeting behaviour change among men in intimate relationships is needed in the country to encourage more respect and dignity for women in the country. However, in understanding the inference made in the study, it should be borne in mind that the data analysed in the study though valid and reliable was extracted from a cross-sectional survey which is not sufficient to establish causality between controlling behaviour and contraceptive use. In the absence of qualitative data to augment the secondary data analysed in the study, a follow-up study is suggested as soon as the 2013 survey data sets are available for use. This is necessary to assess changes in controlling behaviour of male partners as it affects contraceptive use in the country.

REFERENCES

- Abama, E., and Kwaja, C. M. A. (2009). Violence Against Women in Nigeria: How the Millennium Development Goals Addresses the Challenge. *Journal of Pan African Studies*, 3(3), 23-34.
- Antai, D. (2011). Controlling behaviour, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. *BMC Public Health*, 11:511. <http://www.biomedcentral.com/1471-2458/11/511.pdf>, retrieved June 25th, 2013.
- Ashimolowo, O. R. and Otufale, G. A. (2012). Assessment of Domestic Violence among Women in Ogun State, Nigeria. *Greener Journal of Social Sciences*, 2(3), 102-114.
- Esere, M. O., Adeyemi, I. I., Durosaro, I. A., and Omotosho, J. A. (2009). Causes and consequences of intimate partner rape and violence: Experiences of victims in Lagos, Nigeria. *Journal of AIDS and HIV Research*, 1(1), 1-7.
- Federal Ministry of Health (2012). *Status of Family Planning in Nigeria*. Abuja, Nigeria: Family Health Department, Federal Ministry of Health.
- Heise, L., Ellsberg, M., and Gottemoeller, M. (1999). Ending Violence Against Women, *Population Reports*, L(11), Baltimore, Johns Hopkins University School of Public Health, Population Information Program.
- Heise, L., and Garcia-Moreno, C. (2002). Violence by intimate partners. In: Krug, E. G. *et al.*, eds. *World Report on Violence and Health*. World Health Organization, Geneva, 87– 121.
- Hindin, M. J., Kishor, S., and Ansara, D. L (2008). Intimate Partner Violence and Couples in 10 DHS Countries: Predictors and Health Outcomes. *DHS Analytical Studies*, No. 18. Macro International Inc, Calverton, MD USA
- Kishor, S., and Bradley, S. E. K. (2012). Women's and Men's Experience of Spousal Violence in Two African Countries: Does Gender Matter? *DHS Analytical Studies*, No. 27. ICF International, Calverton, MD USA.
- Inokoba, P. K. (2011). Violence Against Women: Why Men and Women should Unite. *Journal of Sociology and Social Anthropology*, 2(!), 53-59.
- Mouzos, J., and Makkai, T. (2004). Women's Experiences of Male Violence: Findings from the Australian component of the International Violence against Women Survey (IVAWS). *Research and public policy*, Series No 56. Australian Institute of Criminology, Canberra.
- National Population Commission & ICF Macro (2009). *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro.
- Nigerian Urban Reproductive Health Initiative (2012). *Investing in Family Planning/Childbirth Spacing Will Save Lives and Promote National Development: Fact Sheet*. Abuja, Nigeria: NURHI.
- Omideyi, A. K., and Omoyeni, S. T. (2011). Gender-Based Violence and Family Planning Practice in Nigeria: An exploration of the linkages between intimate partner violence and contraceptive use among ever married women. <http://uaps2011.princeton.edu/papers/110762>, retrieved June 25th, 2013.
- Tuladhar, S., Khanal, K. R., Lila, K. C., Ghimire, P. K., and Onta, K. (2013). *Women's Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal: Further analysis of the 2011 Nepal Demographic and Health Survey*. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International.
- United Nations Fund for Women (2007). Say No to Violence against Women. <http://www.unifem.org>, retrieved October 26, 2013.

- United Nations (2011). *Violence against Women*. UN Department of Public Information. <http://www.un.org/en/women/endviolence/pdf/pressmaterials/unite-the-situation-en.pdf>, retrieved June 27th, 2013.
- United Nations Fund for Population Activities (2012). *Achieving Universal Access to Reproductive Health Services in Nigeria*. Abuja, Nigeria: UNFPA.
- Uwameiye, B. E., and Iserameiya, F. E. (2013). Gender Based Violence against Women and its Implication on the Girl Child Education in Nigeria. *International Journal of Academic Research Education and Development*, 2(1), 219-226.
- World Health Organisation (2012). *Understanding and addressing violence against women*. <http://apps.who.int/iris/bitstream/10665/77432/1/WHO-RHR-1236-eng.pdf>, retrieved June 25th, 2013.

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