Determinants of Spousal Violence among Ever-Married Women in Ethiopia: Evidence from 2016 Ethiopia Demographic and Health Survey

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ABSTRACT

Background: Spousal violence is the most common form of gender based violence which has enormous maternal health consequence. Though spousal violence is still the highest contributor to gender based violence in Ethiopia, evidence on the identification of its determinant factors is limited. Thus, this study aimed to determine the prevalence of spousal violence and associated factors among reproductive-age women in Ethiopia.

Methods: A nationaly representative 2016 EDHS data were used, and a weighted sample of 4,687 married women was selected. The analysis was performed using SPSS version 20 statistical package. Bivariable and multivariable logistic regression analysis was conducted to examine determinants of spousal violence, and statistical significance was declared at p value < 0.05.

Results: The prevalence of spousal violence among ever married women in Ethiopia was 31.8% (95% CI: 30.6, 33.2). Age at marriage (AOR = 1.94; 95% CI: 1.54, 2.44), being divorced (AOR = 1.71; 95% C.I: 1.31, 2.21), primary education (AOR = 0.70; 95% CI: 0.59, 0.84), secondary education (AOR = 0.73; 95% CI: 0.57, 0.94), higher education (AOR = 0.62; 95% CI: 0.45, 0.85), working status (AOR = 0.77; 95% CI: 0.60–0.99), partner alcohol drink habit (AOR = 3.66; 95% CI: 2.88, 4.64) and decision-making power (AOR = 9.29; 95% CI: 6.63, 13.03) were independently associated with spousal violence

Conclusion: This study showed that nearly one-third of ever-married women have ever experienced spousal violence in their lifetime. Hence, policymakers, public health experts, government and other stakeholders should establish effective strategies and mobilize resources to minimize problem of spousal violence and identified risk factors. Moreover, empowering decision-making power and educational level of women can be effective strategies to reduce spousal violence.

Keywords: Spousal violence, Determinants, Women, EDHS 2016, Ethiopia

INTRODUCTION

Violence is an extreme form of aggression and violation of fundamental human right which has social, clinical health, as well as public health challenges [1]. Though several interventions have implemented to halt violence, it has remained high among women and girls [2].

Spousal violence is defined as any type of behavior directed at either a woman or a girl by an intimate partner that causes physical, sexual, or psychological harm to those in the relationship [3]. Spousal violence is the most common form of gender based violence which comprises all sexual, physical, or emotional harms as well as marital controlling behaviors by an intimate partner [4].

Domestic violence (DV) is prevalent among women and has been associated with poor reproductive health. A study conducted by World Health Organization (WHO) revealed that the prevalence of lifetime spousal violence among ever-married women was 30% [5]. Literatures have reported an increase occurrence of intimate partner violence in Sub-Saharan Africa (SSA) [6]. Furthermore, intimate partner violence in developing countries is higher with the prevalence of almost 37% among reproductive age women [7].

Spousal violence has enormous maternal health consequence such as psychiatric illnesses, physical injuries, sexually transmitted infections, and unintended pregnancies which further lead to forced and unsafe abortions and gynecological problems [8-10].

Furthermore, researches have provided plenty of evidence that stillbirths, premature labor and low birth weight are possible adverse effects of spousal violence [11,12].

Several studies have identified the risk factors of spousal violence to include women's current age, religion, age at marriage or cohabitation, education, place of residence, employment status, wealth status, partner education, and alcohol and substance abuse by the partner [13-15].

In Ethiopia, spousal violence is still the highest contributor to gender based violence with about 34% of ever-married reproductive age women have experienced spousal physical, sexual, or emotional violence in the 12months preceding the 2016 Ethiopia Demographic and Health Survey (EDHS) [16]. Despite the government emphasis to reduce violence against women, the size of spousal violence and its associated factors (particularly, age at marriage, occupational status of women, occupational status of partners, educational status of partners, decision maker in household and partner alcohol drinking habit) remain under-investigated in Ethiopia. Thus, this study was aimed to assess the magnitude of spousal violence and associated factors among ever-married women in Ethiopia.

METHODS

Data Source

This population based cross-sectional study uses secondary data from the 2016 EDHS. A two-stage cluster sampling was employed to obtain a nationally representative sample. The first and second stages involved the selection of 645 clusters (202 in urban and 443 in rural), and 28 households in each cluster, respectively.

The 2016 EDHS implemented a module of questions on the most common form of violence against women which is domestic violence. As per the World Health Organization's (WHO) guidelines, in the 2016 EDHS, only one eligible woman was randomly selected per household for interviewing, and the interview was not implemented if privacy could not be obtained. Accordingly, a total of 5,860 women were selected in the violence against women module [17]. From this sample, a total of 4,687 (weighted) ever-married women were selected for the analyses. Data were weighted for the complex nature of the stratified, multistage cluster sampling strategy and for non-responses.

Study Variables

The outcome variable was spousal violence where it combined all the three forms of violence (emotional, physical and sexual violence). Women were asked independent questions indicated whether their husbands/partners had ever or did physical violence (hit, push, slap, kick, beat up, throw something; twist arm or pull hair; punch with fist or with something else; tried to choke or burn; threaten or attack with any material), sexual violence (force them to have sexual intercourse or any other sexual when they do not want) and emotional violence (say something to humiliate them in front of others, insult them or make them feel bad, threaten to hurt them or someone they care about themselves). The expected response was either 'yes' to any of the three questions implied experience of any spousal violence and 'no' implied no experience of any spousal violence.

The independent variables were age, education level of the women, current marital status, religion, residence, working status, age at marriage, wealth index, partner education level, partner working status, partner alcohol drinking habit, frequency of listening radio, watching TV and reading newspaper.

Data Processing and Analysis

The data were analyzed using SPSS version 20 statistical software packages. Frequencies and weighted percentage of study variables were calculated to summarize selected background characteristics of women. Bivariable and multivariable logistic regression analysis was performed to identify the factors associated with spousal violence. Those determinant variables with $p < 0.2$ in the bivariate logistic analysis were included in the multivariate logistic regression analysis. Adjusted odds ratios (AOR) with 95% confidence interval (CI) were used to predict the strength of association between determinants and spousal violence. The model fitness was assessed using likelihood ratio test which shows the model was fitted, and multicollinearity between covariates was checked using the variance inflation factor (VIF) which showed VIF for each independent variable less than 10. In all analyses, sampling weights that accounted for complex survey design were incorporated as per recommended. Variables that had a p value of <0.05 were considered as statistically significant.

RESULTS

Descriptive characteristics of study respondents

A total of 4687 ever-married women who reported their experience of spousal violence were included. The mean age and standard deviation of respondents was 26.32 ± 7.8 years and the age range was from 15–45 years old. More than one-fourth (26.3%) of women were between the age of 15 and 19 years old. Majority (84.9%) of the women were married, resided in rural areas (73.5%), and had no formal education (45.9%). Regarding the wealth status of the women, about 46.2% women were from the poor family. Regarding their partners, (32.7%) had a primary education, and about 9% had alcohol drinking habit. The Oromia region had the most (13.1%) women, while the Harari region the fewest (5.6%) representation (Table 1).

Prevalence of spousal violence

The prevalence of spousal violence among ever married women in Ethiopia was 31.8% (95% CI: 30.6, 33.2). Of this, the prevalence of physical, sexual and psychological violence was 21.2%, 18.4%, 16.1% respectively. The maximum spousal violence is found in Amhara (40.1%) followed by Tigray (35%) regional states while lowest (21.6%) is observed in Afar region (Figure 1).

Factors associated with spousal violence

In multivariable logistic regressions analysis; age at marriage, current marital status, educational status of women, working status of women, partner alcohol drinking habit and decision maker in household had association with spousal violence.

Age at marriage was associated with spousal violence. Women who married before 18 years were more likely (AOR = 1.94; 95% CI: 1.54, 2.44) to experience spousal violence compared to those who married after the age of 18. The likelihood of experiencing spousal violence for divorced women is 1.71 times more likely compared to married women (AOR = 1.71; 95% C.I: 1.31, 2.21) while there is no significant difference between married and widowed women. The likelihood of experiencing spousal violence was less likely among women with primary education (AOR = 0.70; 95% CI: 0.59, 0.84), secondary education (AOR = 0.73; 95% CI: 0.57, 0.94)

and higher education (AOR = 0.62; 95% CI: 0.45, 0.85) compared to those women with no education. Women who were working had lower odds (AOR = 0.77; 95% CI: 0.60–0.99) of experiencing spousal violence compared to those women who were not working.

Furthermore, alcohol drink habit of women's partner was also associated with spousal violence. Women who had a husband/partner who were drank alcohol had higher odds of experiencing spousal violence (AOR = 3.66; 95% CI: 2.88, 4.64) compared to those whose partners were never drunk. Moreover, women whose husband/partner made decision in household mainly had higher odds of experiencing spousal violence (AOR = 9.29; 95% CI: 6.63, 13.03) compared to those who made a joint decision within the couple (Table 2).

Table 1: Socio-demographic and socio-economic characteristics of ever-married women and their partners in Ethiopia, 2016

Variables	Frequency	Percent
Age		
15-19	1227	26.3
20-24	780	16.6
25-29	1010	21.5
30-34	966	20.6
35-39	349	7.4
40-44	251	5.4
45-49	104	2.2
Marital status		
Married	3979	84.9
Divorced	585	12.5
Widowed	123	2.6
Religion		
Orthodox	3159	67.4
Muslim	1261	26.9
Protestant	211	4.5
Catholic	56	1.2
Place of residence		
Urban	1240	26.5
Rural	3447	73.5
Educational level		
No formal education	2150	45.9
Primary school	1529	32.6
Secondary school	656	14.0
Higher education	352	7.5
Respondents current working status		
Yes	2522	53.8
No	2165	46.2
Husband educational level		
No formal education	1088	23.2
Primary school	1533	32.7
Secondary school	731	15.6
Higher education	1335	28.5
Husband current working status		
Yes	3224	68.2
No	1463	31.2
Husband drinks alcohol		
Yes	421	9.0
No	4266	91.0
Watching TV		
Not at all	3459	73.8
≤1 a week	1064	22.7
> 1 a week	164	3.5
Listening Radio		
Not at all	2798	59.7
≤1 a week	781	16.7
> 1 a week	1108	23.6

Reading newspaper		
Not at all	3921	83.6
≤1 a week	200	4.3
> 1 a week	566	12.1
Decision maker in household		
Mainly respondent	79	1.7
Mainly husband/partner	3288	70.1
Jointly	1320	28.2
Age at marriage		
Less than 18 years	1068	22.8
18 and above years	3619	77.2
Wealth status		
Poor	2166	46.2
Middle	1005	21.4
Rich	1516	32.4
Region		
Tigray	453	9.7
Afar	422	9.0
Amhara	401	8.6
Oromia	613	13.1
Somalia	464	9.8
Benishangul	302	6.4
SNNPR	532	11.4
Gambela	346	7.4
Harari	261	5.6
Dire Dawa	336	7.1
Addis Ababa	557	11.9
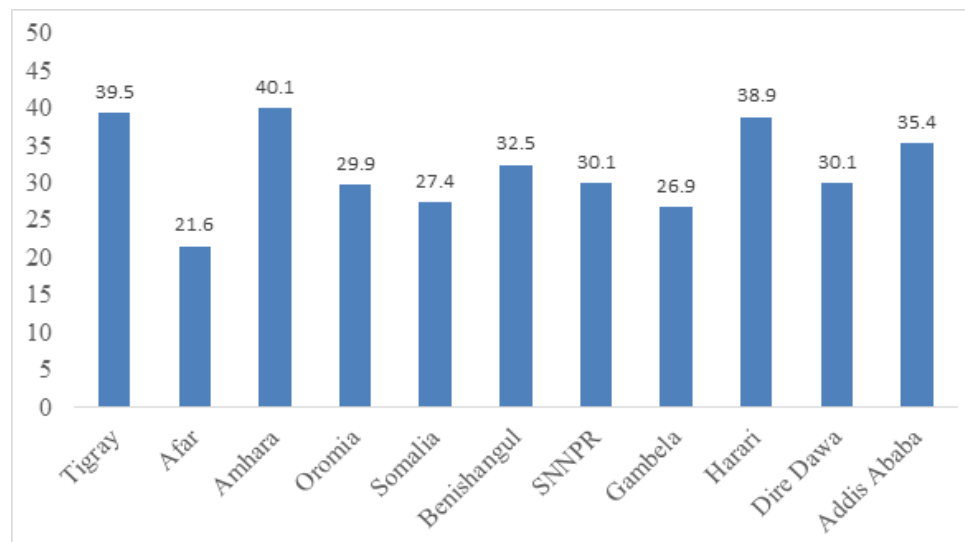
Figure 1: Percentage of ever-married women who have experienced spousal (physical, sexual, or emotional) violence by region of Ethiopia, 2016.

Table 2: Bivariable and multivariable logistic regression analysis of factor associated with spousal violence among ever-married women aged 15-49 years in Ethiopia, 2016.

Variables	Spousal violence		COR (95% CI)	AOR (95% CI)
	Yes	No		
Age at marriage				
Less than 18 years	208	860	2.27(1.92, 2.68)*	1.94(1.54, 2.44)*
18 and above years	1283	2336	1	1
Marital status				
Married	1262	2717	1	1
Divorced	197	388	1.09(0.91, 1.31)	1.71(1.31, 2.21)*
Widowed	32	91	0.76(0.51, 1.14)	0.93(0.57, 1.53)

Residence				
Urban	421	819	1.14(0.99, 1.31)*	1.11(0.92, 1.56)
Rural	1070	2377	1	1
Educational status				
No formal education	776	1374	1	1
Primary school	423	1106	0.68(0.59, 0.78)*	0.70(0.59, 0.84)*
Secondary school	189	467	0.72(0.59, 0.87)*	0.73(0.57, 0.94)*
Higher education	103	249	0.73(0.57, 0.94)*	0.62(0.45, 0.85)*
Respondents current working status				
Yes	712	1810	0.70(0.62, 0.79)*	0.70(0.59, 0.82)*
No	779	1386	1	1
Husband current working status				
Yes	1072	2152	1.24(1.08, 1.42)*	0.82(0.66, 1.03)
No	419	1044	1	1
Husband drinks alcohol				
Yes	261	160	4.03(3.27, 4.96)*	3.66(2.88, 4.64)*
No	1230	3036	1	1
Listening Radio				
Not at all	873	1925	1	1
≤1 a week	381	400	2.01(1.79, 2.47)*	2.79(0.98, 4.81)
> 1 a week	237	871	0.61(0.51, 0.71)	1.81(0.93, 4.09)
Reading newspaper				
Not at all	1382	2539	1	1
≤1 a week	6	194	0.57(0.25, 1.09)	1.32(0.92, 2.64)
> 1 a week	103	463	0.41(0.35, 1.54)	1.19(0.86, 1.65)
Decision maker in household				
Mainly respondent	34	45	3.33(2.09, 5.31)*	2.45(0.87, 6.38)
Mainly husband/partner	1213	2075	2.57(2.21, 3.01)*	9.29(6.63, 13.03)*
Joint decision	244	1076	1	1
Wealth status				
Poor	658	1708	0.91(0.79, 1.04)	0.86(0.72, 1.02)
Middle	340	665	1.06(0.89, 1.26)	0.79(0.66, 1.97)
Rich	493	1023	1	1

DISCUSSION

This study analysed the 2016 Ethiopian DHS to assess the prevalence and examine the determinants of spousal violence. Accordingly, the study revealed that nearly one-third (31.8%) of women reported having ever experienced spousal violence. This finding indicates substantial number of women in the country is still suffering from spousal violence. Furthermore, the finding implies that the need for evaluating existing interventional programs, and to design evidence-based strategies that respond to and prevent spousal violence.

The prevalence of spousal violence against women in this study is comparable with the result of other similar studies in Turkey (30.0%) [17] and Ivory Coast (32.1%) [18]. However, the prevalence seen in this study was relatively low compared to a finding from low and middle income countries where the prevalence was 37% [2]. Moreover, this result was lower than other similar studies conducted in Kenya [19], Uganda [20], Southern Sweden (39.5%) [21], Ghana (39%) [22] and Portuguese (43.4%) [23]. The reason for this variation could due to differences in culture, belief, norm and traditions across regions, even though nationwide. The other reason could be due differences in the likelihood of reporting spousal violence experienced in women.

Age at marriage was associated with spousal violence, with women who married before 18 years were more likely to experience spousal violence than those women who married after the age of 18. This

finding is consistent with a study conducted in Turkish [17]. This could indicate women who married before 18 years may not more empowered to fight for their rights and make certain independent decisions.

Marital status was associated with spousal violence. Being divorced was more likely to experience spousal violence compared to current married women. This finding is supported by a study conducted in Arkansas and New Mexico [24]. This could be due to the fact that married women are more likely to compromise on certain issues which brings less conflict in their homes.

Women's educational status was significantly associated with spousal violence as women with primary, secondary, or higher education had decreased odds of experiencing spousal violence compared to those with no education. This could be due to the fact that education can enable women to get plenty of information on their rights and better negotiating ability with their partner, which helps in changing male-controlled norms and values [25].

Working status was significantly associated with spousal violence. Women who were in working status had lower odds of experiencing spousal violence compared to those women who were not working. This indicated that women who have work may contribute financially to household needs, so that they can get involved in decision making of the household issues, and have lower chance of experiencing spousal violence.

Furthermore, women having a partner who drinks alcohol were more likely experiencing spousal violence as compared to their counterparts. This finding is in agreement with other studies in Uganda [20] and Ghana [22]. The reason may be due to the fact that alcohol drinking can cause irresponsible behaviour, aggression, altered mental and clouded judgment which increase the likelihood of performing violence [26].

Women with low decision-making power in the household issues were more likely to have experienced spousal violence than those who had a joint decision-making within the couple. This is in agreement with a study conducted in Bangladesh [27]. The reason could be the fact that the culture of the communities wishes women to be subordinated to men instead of making a joint decision in the household issues.

LIMITATIONS

This study couldn't ascertain causality among key variables as it was using cross-sectional data. Furthermore, the self-reporting of spousal violence is associated with underreporting and social desirability biases. Subsequently, women may have been hesitant to disclose their experiences of spousal violence, which may have affected the reported prevalence in this study. Moreover, community-related factors were not assessed, due to a lack of information in the dataset. Aside from the limitations, this study provides a vigorous estimation of spousal violence among reproductive-age women using a nationally representative sample.

CONCLUSION

This study showed that nearly one-third of ever-married women have ever experienced spousal violence in their lifetime. Age at marriage, being divorced, educational level of women, working status of women, partner alcohol drinking habit and low decision-making power in the household are found to be significant predictors of spousal violence. Hence, policymakers, public health experts, government and other stakeholders should establish effective strategies and mobilize resources to minimize problem of spousal violence and identified risk factors. Moreover, empowering decision-making power and educational level of women can be effective strategies to reduce spousal violence.

ABBREVIATIONS

AOR: adjusted odds ratio; CI: confidence interval; COR: crude odds ratio; EDHS: Ethiopian Demographic and Health Survey; FP: Family planning; MEASURE DHS: monitoring and evaluation to assess and use results demographic and health surveys; SNNPR: Southern Nations, Nationalities, and Peoples' Region.

DECLARATIONS

Ethics approval and consent to participate

The protocol was approved by the Ethiopian Health and Nutrition Research Institute (EHNRI) Review Board, the National Research Ethics Review Committee (NRERC) at the Federal Democratic Republic of Ethiopia Ministry of Science and Technology, the ICF Macro Institutional Review Board, and the Centers for Disease Control and Prevention (CDC). As indicated in the EDHS 2016 publications, written consent for participation was obtained from each respondent. Though the dataset of the EDHS is not available as a public domain survey dataset, after developing protocol, the authors requested the data by registration on the MEASURE DHS website at: www.dhsprogram.com. Finally, access to use the data

for this research was granted from demographic and health survey program team.

Availability of Data and Material

The dataset of the EDHS is not available as a public domain survey dataset, but can accessed with request by registration on the MEASURE DHS website at: www.dhsprogram.com.

Authors' Contributions

BDM wrote the proposal to request the data, analysis, report writing and drafted the manuscript. Finally, the author reviewed, revised and approved the manuscript for publication.

Competing Interests

The author states that there is no competing interest.

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