TITLE: ATTITUDE TOWARDS SPOUSAL PHYSICAL VIOLENCE AND FERTILITY BEHAVIOUR AMONG CURRENTLY MARRIED WOMEN IN NIGERIA

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ABSTRACT

Spousal Physical Violence (SPV) is a form of Gender Based Violence (GBV) with physical, emotional and reproductive implications. Studies exist on patterns and determinants of GBV but studies addressing the relationship between SPV justification and fertility behaviour are rare. Using 2013 Nigeria Demographic and Health Survey (NDHS) data, we determined the extent of women's approval of SPV; examined the background characteristics of women who justify SPV and examined the relationship between SPV justification and fertility behaviour among married women in Nigeria. Results showed that 37% justified SPV moderately or strongly. Women who moderately or strongly justify SPV were likely to have more children (moderate: IRR=1.060; CI=1.027-1.094; strong: IRR=1.074; CI=1.041-1.108), Women who strongly justify SPV have the least odd of contraceptive use (OR=0.483; CI=0.402-0.581); and least likely to desire additional child (OR=0.850; CI=0.765–0.945). There is need for attitudinal change in gender relations among married women for sustainable fertility transition in Nigeria.

Key words: Fertility behaviour, currently married women, Gender Based Violence and Spousal Physical Violence

BACKGROUND

Gender Based Violence (GBV) is a component of women's status that is recently emerging as a global issue in gender studies. It is a public health issue with serious human right and development concerns (Abramsky et al., 2011; Krug, Mercy, Dahlberg, & Zwi, 2002). Spousal Physical Violence (SPV) is one of several forms of GBV that has serious physical, emotional and reproductive health implications (Antai & Adaji, 2012; Coker, Smith, Bethea, King, & McKeown, 2000; Cokkinides, Coker, Sanderson, Addy, & Bethea, 1999). Despite that there have been studies on patterns and determinants of gender based or intimate partner violence (IPV), there are few studies that has addressed the justification of SPV and the resulting effects on fertility behaviour among currently married women.

Physical Violence is a type of GBV that involves, but not limited to beating, hitting, slapping, punching or throwing objects at the victim, which in most cases happen between intimate partners, with the women mostly affected than men (Kitara et al., 2012; Schlack, Rüdel, Karger, & Hölling, 2013; Yusuf, Arulogun, Oladepo, & Olowokeere, 2011).The relationship between physical violence, pregnancy outcome and under-five mortality is well documented in the literature (Alio, Nana, & Salihu, 2009; Cokkinides et al., 1999; Rico, Fenn, Abramsky, & Watts, 2011). Also, there are studies relating PV in childhood to adverse health conditions and behaviours in adulthood (Brown et al., 2009; Greenfield & Marks, 2010) There are also studies on Physical violence and deformities (Coker et al., 2000; Madzimbalale & Khoza, 2010). The role of physical or domestic violence in the spread of HIV/AIDS in many sub-Saharan African countries also abounds in the literature (Burgos-Soto et al., 2014; Durevall & Lindskog, 2013; Kaye, 2004; Nyamhanga & Frumence, 2014). Yet, the relationship between women's justification of spousal physical violence and fertility behaviour has rarely been documented.

Globally, GBV in most societies are enshrined in the tradition and cultural practices of the people. For example, GBV in most sub-Saharan African countries originate from the traditional gender role which is firmly rooted in the customs and tradition of the people. This traditional gender role is entrenched in the patriarchal and hierarchical nature of most marriage institutions which emphasizes a dichotomy between the husband (as being superior) and the wife, who is expected to have a subordinate role (Amato & Booth, 1995; McCloskey, Williams, & Larsen,

2005). The subordinate roles of women in many African households have further been perpetuated by early marriage and polygynous unions, thereby making them voiceless and powerless; and preventing them from taking deliberate and reasonable steps in controlling their fertility (Hindin, 2000; Makinwa-Adebusoye, 2007). However, in situations where women have the autonomy of decision making, they tend to have a lower fertility (Hindin, 2000; Jejeebhoy, 1988; Morgan & Niraula, 1995; Mosha, Ruben, & Kakoko, 2013; Niraula & Lawoti, 1998). Studies have also shown that although fertility decline has started in some sub-Saharan African countries, the region has the highest fertility rates compared with other developing regions of the world (Bongaarts & Casterline, 2013; Caldwell & Caldwell, 2002; Shapiro & Gebreselassie, 2008). Gender roles in a patriarchal setting is such that women are expected to perform a common set of laid down roles, which results to discipline, especially beating, from the husband once such roles are been transgressed. Such laid down roles include among others; preparation of food, seeking husband's permission to go out, caring for the children, not arguing with the husband and consenting to husband's demand for sex at all times. Women's approval of physical violence is a measure of women's status, which explains women's submission to the superiority of men and the subordination of women in gender relations (John, Lawoko, & Oluwatosin, 2012). Hence, women's justification or non-justification of physical violence in the home setting speaks volume about the gender relations and the resulting effects on fertility level.

Nigeria is the largest country in Africa, with a Total Fertility Rate of 5.5 children per woman, which has evolved over time. Fertility rates in Nigeria were around 7.0 children per woman in the 1970s as evidenced by World Fertility Surveys. Decline in the rates continued till the 1990s to levels slightly above 6.0 (Feyisetan & Bankole, 2002). However, fertility rates since the late 1990s till date in Nigeria has remained above 5.0 and for 2013 report, the rate was at 5.5 (National Population Commission (NPC) [Nigeria] and ICF International 2014; NPC & ICF Macro, 2009 ; and NPC & ORC Macro, 2004). Apart from the patriarchal and hierarchical nature of marriage institutions, other factors that have contributed to high fertility rates in Nigeria in particular include – early and universal marriage, early childbearing, which results to bearing children through much of the reproductive years; social values placed on child bearing, generally low use of contraception among other factors. However, according to Mason (1995), attitudes to gender role do not influence fertility alone, but interacts with other variables to predict fertility.

Hence the need to ask the following questions – To what extent do currently married women justify SPV in Nigeria? What factors predict women's justification of SPV? What influence do justifications of SPV have on the fertility behaviour of currently married women in Nigeria?

Studies on different forms of GBV in SSA and Nigeria in particular are often related to socio-economic characteristics (Bamiwuye & Odimegwu, 2014; Bazargan-Hejazi, Medeiros, Mohammadi, Lin, & Dalal, 2013; Okenwa, Lawoko, & Jansson, 2009). While other studies only examined women's perception of domestic violence (Oyediran & Isiugo-Abanihe, 2005; Rani, Bonu, & Diop-Sidibe, 2004; Speizer, 2010; Uthman, Lawoko, & Moradi, 2009, 2010). For example, Rani et al. (2004) in an empirical study of attitudes to wife-beating among men and women in seven sub-Saharan African countries found that in all the countries studied, wife beating was widely accepted by men and women under particular circumstances. Similarly, Oyediran and Isiugo-Abanihe (2005) in their study of the perception of Nigerian women on domestic violence using the 2003 NDHS, found that wife beating was widely acceptable among women irrespective of their marital status, though the level of acceptance varied across regions. The reviewed studies suggest a rigid gender norm which place women in a position of inferiority compared with men in many SSA countries. This paper therefore seeks to – determine the extent of women approval of SPV; examine the demographic and socio-economic characteristics of women who justify SPV under different conditions and; examine the relationship between justification of SPV and fertility behaviour among currently married women in Nigeria.

DATA AND METHODS

Data Source

The 2013 Nigeria Demographic and Health Survey (NDHS) data on individual women was analyzed for this study. Demographic and Health Survey (DHS) is a project funded by the United States Agency for International Development and implemented by ICF Macro. DHS data are cross-sectional, nationally representative household sample surveys. Data for currently married women were extracted from the data of all women aged 15-49 years. Thus, from the data of 38,948 women, 27, 274 currently married women were analyzed.

Outcome Variable (OV)

The Outcome Variables (OV) for this study is fertility behaviour as measured by Children Ever Born (CEB), Contraceptive Use and Fertility desire. DHS measured CEB as the total number of children ever born to a woman in the reproductive age 15-49. CEB is a measure of fertility behaviour, which is used as a measure of the actual fertility of a population. Contraceptive use is a proxy measure of fertility behaviour, while fertility preference measures the desire for more children.

Explanatory Variable

The principal explanatory variable is "Women's justification of SPV", which is captured by reasons why a woman feels a man is justified for beating his wife. Five reasons were included in the DHS questionnaire. Women were asked if a man is justified to beat his wife, if (i) she goes out without telling him (ii) if she neglects the children (iii) if she burns the food (iv) if she argues with him or (v) she refuses to have sex with him. Other explanatory variables include demographic and socio-economic characteristics of married women – age, age at marriage, religion, wealth status, age at first birth, place of residence, educational status, occupational status and employment status.

Statistical Analysis

The results are presented at three levels of analysis; the Univariate, the Bivariate and the Multivariate analyses. Frequency distribution was the descriptive technique used, while Chi-square tests, Poisson and Logistic regressions were the analytical techniques used. Data were analyzed using STATA 12.

Poisson regression fits a model where the independent variables are either grouped, categorical or ordinal and the dependent variable is a count variable. Here, justification of Spousal Physical Violence and socio-demographic variables are been treated as discreet predictors of fertility behavior. The Poisson model follows a pattern where a random variable **Y** is assumed to have a Poisson distribution with parameter **μ** if it takes absolute values y=0,1,2… with probability

$$\Pr\{Y=y\}= \frac{e^{-\mu}\mu^{y}}{y!} \qquad \text{for } \mu>0$$

Poisson Regression model has a quantity known as the Incidence Rate Ratio (IRR), which is the rate at which events occur. The event here is fertility as measured by births. Hence, in any Poisson Regression model, the Incidence Rate for *jth* observation is therefore assumed to be given by

$$r_j = e^{\beta_0+\beta_1 x_{1,j}+\ldots+\beta_k x_k,\, j}$$

If E_j is the exposure, then the expected number of events, C_j will be given as

$$C_j = E_j e^{\beta_0+\beta_1 x_{1,j}+\ldots+\beta_k x_k,\, j}$$

$$= e^{\ln(E_j) + \beta_0+\beta_1 x_{1,j}+\ldots+\beta_k x_k,\, j}$$

The IRR is analogous to Relative Risk Ratio (RRR) in Multinomial logistic regression analysis and Odds Ratio (OR) in binary logistic regression analysis. Binary logistic regression fits a model where the dependent variable is a dichotomous variable.

Based on responses to each of the five reasons stated, percentage responses by justification or non-justification were derived. Women whose responses were "No" were regarded as not in support of SPV; while women whose responses were "Yes" were regarded as those who justified PV. On a scale of 0-5, a woman is assessed on the number of reasons why she feels a man is justified to beat his wife. The value "0" stands for "No justification", values "1 and 2" stands for "moderate justification", and values "3-5" stands for "strong Justification" for SPV.

Appropriate weighting were applied to the variables so as to make the sample analyzed to be representative of the entire study population; and to adjust for disproportionate sampling and non-response in the data.

Ethical Issues

Informed consent for the survey was obtained from the respondent before conducting the individual interview. Permission was also obtained from MEASURE DHS to download the datasets for further analysis.

RESULTS

Results of women's background demographic and socio-economic characteristics (Table 1) showed that most of the women (39%) were aged between 25 and 34years. About 60% of the women were married before age 18; with 47% having their first birth before age 25. Information on the level of education attained showed that 48% of the women interviewed had no formal education; with 2 out of 5 women engaged in sales as their main occupation. The rural dwellers were 64% of the total and 45% of the women was in the poor wealth quintile. Over 50% of currently married women have had a minimum of 4 children, with almost 70% desiring more children and only15% currently using a method of contraception.

Result of the response to questions on women's justification of PV for the five stated reasons is presented in figure 1 below. Overall, 37% of the women justified at least one of the five stated reasons for PV. While the least justification of PV is for food burning, with 16% of the women responding that a man is justified for beating his wife if she burns food; more than a quarter (28%) of the women were in support of a man beating his wife if she goes out without telling him.

Table 2 shows the relationship between women's demographic and socio-economic characteristics, justification of SPV and the proxy measures of fertility behaviour (contraceptive use and fertility desire). Justification of SPV, either moderate or strong, significantly reduced with age, age at marriage, age at first birth, educational attainment, employment status and wealth status (p<0.001). Justification of SPV was least among women in the professional, technical, managerial or clerical occupational group, while women in the rural areas justified SPV more than women in urban areas. Also, contraceptive use significantly increased with age, age at marriage, age at first birth, educational attainment and wealth status (p<0.001). Working women and women from urban areas used contraceptives more than non-working and rural

women. Women's age, age at first marriage, educational attainment, religion, occupation, employment status, place of residence and wealth status were significantly related to fertility desire (p<0.001).

Table 3 is the result of the Poisson and Logistic regressions showing the relationship between women's justification of SPV and fertility behaviour in Nigeria. Women's justification of SPV is a significant predictor of CEB in Nigeria. Women who justify SPV either moderately or strongly have a slight but significantly higher fertility level than women who do not (moderate: IRR=1.060; CI=1.027-1.094; strong: IRR=1.074; CI=1.041-1.108). Justification of SPV also depicts low contraceptive use and less desire for another child. Women who strongly justify SPV have the least odd of contraceptive use (OR=0.483; CI=0.402- 0.581) compared with women who do not or who moderately do. However, women who strongly justify SPV have the least odd of desiring an additional child (OR=0.850; CI=0.765 – 0.945) compared with women who do not, or who moderately do.

Table 4 shows the relationship between women's justification of SPV and fertility behaviour after controlling for demographic and socio-economic characteristics. Justification of SPV remained statistically significantly related to CEB (moderate: IRR=1.039; CI=1.022 – 1.057; strong: IRR=1.025; CI=1.009-1.042); while the relationship lost its statistical significance with Contraceptive use and fertility preference.
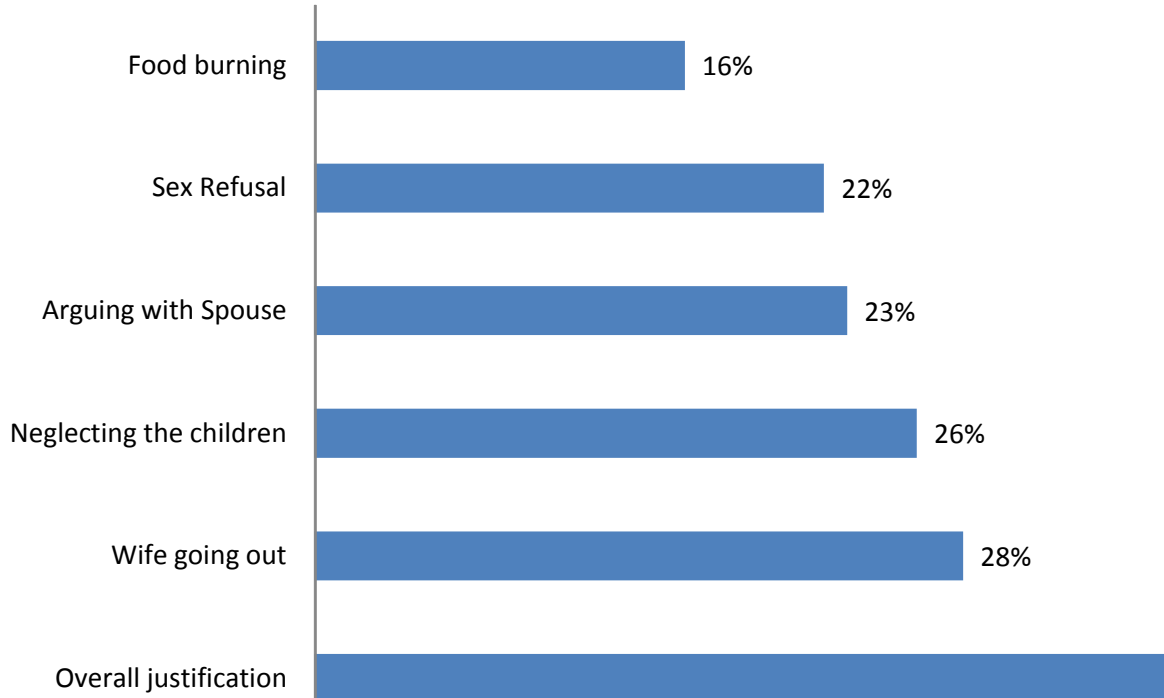
Table 1: Background characteristics of currently married women in Nigeria

VARIABLES		N=27,830 (%)
Age	15-24	6,613(24%)
	25-34	10,782(39%)
	35+	10,435(37%)
	Mean Age	32
Age at First Marriage	<18	16,042(58%)
	18-24	9,126(33%)
	25+	2,661(9%)
	Median Age at first Marriage	17
Age at First Birth	<18	10,192(40%)
	18–24	11,914(47%)
	25+	3,247(13%)
	Median Age at first Birth	19
Highest Level of Education	None	13,470(48%)
	Primary	5,336(20%)
	Secondary	6,981(25%)
	Post-Secondary	2,042(7%)
Religion	Christian	10,581(38%)
	Islam	16,812(61%)
	Traditional	280(1%)
Occupation	Not working	7,999(29%)
	Prof., tech., manag.,clerical	1,392(5%)
	Sales	11,056(40%)
	Agric. Empl/Hhold/Domestic Services/Skilled/unskilled	3,085(11%)
	Manual	4,185(15%)
	Others	113(0%)
Employment Status	Not Working	8,508 (31%)
	Working	19,321 (69%)
Place of Residence	Urban	10,124(36%)
	Rural	17,705(64%)
Wealth Status	Poor	12,410(45%)
	Middle	4,983(18%)
	Rich	10,437(37%)
CEB	0	2,476(9%)
	1-3	11,207(40%)
	4+	14,147(51%)
Current Contraceptive Use	Not Using	23,613(85%)
	Currently Using	4,216(15%)
Fertility Preference	Want More Children	18,766(69%)
	No more/Sterilized/Infecund	8,508(31%)

Source: 2013 Nigeria Demographic and Health Survey (NDHS)

Figure 1: Percentage distribution of women by Justification of SPV

Category	Percentage
Food burning	16%
Sex Refusal	22%
Arguing with Spouse	23%
Neglecting the children	26%
Wife going out	28%
Overall justification	

Table 2: Bivariate Analysis showing the relationship between women's background demographic and socio-economic characteristics and justification of SPV, Contraceptive use and Fertility Desire

Variables	Justification of SPV			Contraceptive use		Fertility Desire	
	No Justification	Moderate Justification	Strong Justification	Non-Use	Use	Want another child	No More
Age							
15-24	57.80	16.43	25.77	92.96	07.04	94.18	05.82
25-34	63.23	15.15	21.62	83.63	16.37	82.95	17.05
35+	65.88	14.62	19.50	80.97	19.03	42.12	57.88
	χ^2 =18.425***			χ^2 =141.499***		χ^2 =1692.225***	
Age at first Marriage							
<18	58.14	15.94	25.92	91.76	08.24	72.09	27.91
18-24	67.43	14.79	17.78	76.35	23.65	66.77	33.23
25+	76.41	12.74	10.85	72.33	27.67	71.70	28.30
	χ^2 =51.984***			χ^2 =266.044***		χ^2 =20.015***	
Age at first birth							
<18	57.82	15.77	26.42	90.74	09.26	68.53	31.47
18-24	64.06	15.67	20.27	80.55	19.45	67.47	32.53
25+	74.75	12.26	12.99	72.51	27.49	68.97	31.03
	χ^2 =45.583***			χ^2 =169.245***		χ^2 =1.117	
Highest Educ. Level							
None	56.72	16.31	26.97	97.33	02.67	74.23	25.77
Primary	60.68	15.74	23.58	80.05	19.95	61.23	38.77
Secondary	70.33	14.68	14.98	70.84	29.16	70.56	29.44
Higher	8.41	9.08	6.82	63.00	37.00	67.28	32.72
	χ^2 =49.990***			χ^2 =474.512***		χ^2 =41.122***	
Religion							
Christianity	67.63	14.38	17.99	70.36	29.64	60.84	39.16
Islam	60.28	15.66	24.06	93.79	06.21	76.29	23.71
Traditional/others	48.13	20.05	31.81	91.96	08.04	61.83	38.17
	χ^2 =10.221***			χ^2 =294.209***		χ^2 =132.632***	
Occupation							

None	58.93	16.77	24.30	92.50	07.50	81.42	18.58
Prof./Tech./Maneg./Clerical	82.71	09.59	07.69	64.62	35.38	61.66	38.34
Sales	65.70	14.70	19.60	82.10	17.90	64.95	35.05
Agric/Hhold/Domestic	53.34	16.57	30.08	85.23	14.77	57.61	42.39
Services/Skilled/ Unskilled manual	63.85	14.66	21.49	83.84	16.16	75.58	24.42
Others	53.66	19.87	26.46	88.46	11.54	65.00	38.35
	$\chi^2 = 19.259^{***}$			$\chi^2 = 66.145^{***}$		$\chi^2 = 105.056^{***}$	
Employment status							
Not working	59.28	16.81	23.90	92.31	07.69	80.90	19.10
Working	64.54	14.57	20.89	81.57	18.43	65.64	34.36
	$\chi^2 = 8.746^{***}$			$\chi^2 = 148.959^{***}$		$\chi^2 = 359.972^{***}$	
Place of Residence							
Urban	73.75	13.38	12.87	73.20	26.80	65.83	34.17
Rural	56.71	16.33	26.95	91.51	08.49	72.86	27.14
	$\chi^2 = 57.754^{***}$			$\chi^2 = 175.407^{***}$		$\chi^2 = 33.933^{***}$	
Wealth Status							
Poor	54.38	17.11	28.50	96.67	03.33	75.74	24.26
Middle	57.56	15.26	27.18	86.74	13.26	68.37	31.63
Rich	75.58	13.06	11.36	69.89	30.11	64.77	35.23
	$\chi^2 = 69.479^{***}$			$\chi^2 = 385.335^{***}$		$\chi^2 = 59.206^{***}$	

***p<0.001

Table 3: Regression Analysis showing the relationship between women's justification of SPV and fertility behaviour (CEB, Contraceptive Use and Fertility desire) in Nigeria.

Variables	CEB (Poisson Regression)		Contraceptive use (Logistic Regression)		Fertility Desire (Logistic Regression)	
Justification of SPV	**IRR**	**(95% CI)**	**OR**	**(95% CI)**	**OR**	**(95% CI)**
No Justification	1.00	-	1.00	-	1.00	-
Moderate Justification	1.060	1.027 - 1.094***	0.684	0.588 - 0.795***	1.020	0.922 – 0.1.129**
Strong Justification	1.074	1.041 – 1.108***	0.483	0.402 – 0.581***	0.850	0.765 – 0.945**

CI – Confidence Interval   **p<0.05 ***p<0.001

Table 4: Regression Analysis showing the relationship between women's background demographic and socio-economic characteristics, justification of Physical Violence and Fertility Behaviour.

Variables	Children Ever Born (CEB) Poisson Regression: OV – CEB		Contraceptive Use Logistic Regression: OV – Contraceptive use		Fertility Desire Logistic Regression: OV – Fertility Preference	
	IRR	**CI (95%)**	**OR**	**CI (95%)**	**OR**	**CI (95%)**
Age						
15-24	1.00	-	1.00	-	1.00	-
25-34	2.294	2.247 – 2.342***	1.373	1. 195 – 1.578***	3.484	2.904 – 4.181***
35+	3.887	3.800 – 3.976***	1.677	1.446 – 1.944***	25.288	20.763 – 30.801***
Age at first Marriage						
<18	1.00	-	1.00	-	1.00	-
18-24	0.910	0.892 – 0.927***	1.354	1.170 – 1.567***	1.119	0.995 – 1.258
25+	0.841	0.809 – 0.874***	1.237	0.992 – 1.542	0.764	0.630 – 0.927**
Age at first birth						
<18	1.00	-	1.00	-	1.00	-
18-24	0.813	0.801 – 0.826***	0.952	0.830 – 1.092	0.649	0.588 – 0.717***
25+	0.575	0.557 – 0.594***	0.755	0.617 – 0.924**	0.344	0.289 – 0.409***
Highest Educ. Level						
None	1.00	-	1.00	-	1.00	-
Primary	0.977	0.959 – 0.995**	3.465	2.750 – 4.366***	1.126	0. 985 – 1.287
Secondary	0.889	0.870 – 0.909***	4.191	3.338 – 5.263***	0.949	0.802 – 1.123

Higher	0.833	0.802 – 0.866***	4.987	3.798 – 6.550***	0.927	0.720 – 1.194
Religion						
Christianity	1.00	-	1.00	-	1.00	-
Islam	1.068	1.045 – 1.091***	0.455	0.339 – 0.547***	0.509	0.440 – 0.588***
Traditional	1.067	1.002 – 1.135**	0.613	0.307 – 1.224	0.671	0.427 – 1.055
Occupation						
None	1.00	-	1.00	-	1.00	-
Prof./Tech./Maneg./Clerical	1.035	0.976 – 1.097	0.972	0.641 – 1.474	1.002	0.695 – 1.444
Sales	1.086	1.036 – 1.139***	1.088	0.743 – 1.591	0.946	0.691 – 1.296
Agric/Hhold/Domestic	1.130	1.075 – 1.188***	0.994	0.652 – 1.515	1.178	0.847 – 1.637
Services/skilled manual	1.067	1.016 – 1.121**	0.966	0.654 – 1.427	0.751	0.542 – 1.042
Unskilled manual/others	1.074	0.978 – 1.179	1.921	0.424 – 2.003	1.158	0.653 – 2.055
Employment status						
Not working	1.00		1.00		1.00	
Working	0.971	0.928 – 1.017	1.332	0.948 – 1.873	1.219	0.910 – 1.633
Place of Residence						
Urban	1.00		1.00		1.00	
Rural	0.981	0.960 - 1.003	0.746	0.641 – 0.868***	0.962	0.835 – 1.107
Wealth Status						
Poor	1.00		1.00		1.00	
Middle	0.964	0.947 – 0.982***	1.882	1.537 – 2.303***	1.234	1.071 – 1.421**
Rich	0.905	0.883 – 0.927***	2.880	2.300 – 3.607***	1.580	1.349 – 1.850***
Justification of PV						
Non-justification	1.00		1.00		1.00	
Moderate Justification	1.039	1.022 – 1.057***	0.884	0.763 – 1.025	1.161	1.021 – 1.319**
Strong Justification	1.025	1.009 – 1.042**	0.881	0.750 – 1.033	1.002	0.886 – 1.133

**p<0.05 ***p<0.001

DISCUSSION

This study determined the level of women's justification of SPV; examined the demographic and socio-economic predictors of women's justification of SPV and; examined the relationship between justification of SPV and fertility behaviour among currently married women in Nigeria. Findings from this study showed a low level of justification of SPV, as most women are not in support of PV for any of the five stated reasons. This finding is contrary to the findings of other studies, showing the wide acceptance of PV in SSA countries generally and Nigeria in particular. For example, Rani et al. in their empirical investigation of attitudes towards wife beating among men and women in seven sub-Saharan African countries, found an almost universal acceptance of wife beating across the seven countries been studied[38]. Similarly, in a study on the attitudes of men and women to intimate partner violence and experience in Uganda found that PV was generally acceptable among men and women in the country[42]. Also, Oyediran and Isiugo-Abanihe found that more than 65% of ever-married women were in support of PV using the 2003 NDHS data[39]. The difference in this study from the previous ones therefore suggests changing attitude to SPV, particularly among married women in Nigeria. Hence the need to further examine critically individual and communal factors influencing women's changing attitude to SPV in Nigeria.

Although studies on perception of spousal violence by married women are not as common as studies on the determinants of experiences of spousal violence; existing studies show a significant association between perception of spousal violence and actual experience among married women. In other words, women who justify wife beating are more likely to experience SPV. For example, in a study of factors influencing domestic and marital violence against

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women in Ghana, it was found that women who justified wife beating were more likely to experience physical and sexual violence[43]. Similarly, a study of community-level influences of IPV on women's experience of different types of Intimate Partners Violence (IPV) in Nigeria found among others, that justification of wife beating was significantly associated with IPV types[5].

Further findings from this study have also shown that, women who are in support of SPV are likely to have more children, less likely to use contraceptives and less likely to desire an additional child. These findings corroborate findings from other studies that showed that increased number of children increased the likelihood of women's experience of PV from intimate partners [19, 44]. Women who moderately or strongly justify SPV have slightly, but significantly higher fertility levels than women who do not justify SPV. This finding suggests that changing attitude to SPV may further enhance the fertility transition, which is generally on the way in many sub-Saharan African countries, and particularly Nigeria. However, it is surprising that women with strong justification for SPV were least likely to use contraception, yet, they have the least desire for another child. One would have expected that since they are least likely to desire another child, they would be more likely to use contraception. This finding speaks a lot about contraceptive uptake among women generally and among married women in particular. It shows the level of unmet needs for contraception in the population, hence the need to address factors hindering women from contraceptive uptake, particularly when they do not desire another child.

CONCLUSION

In conclusion, findings from this study suggest that attitudinal change to gender role is key to sustainable fertility transition apart from raising the age at marriage, improving the education of women among other factors. These changes should include a re-orientation of women not to see themselves as being subordinate to men, but as partners in achieving a reasonable fertility level. One would expect that women with less desire for another child would use contraceptives more, but the reverse is the case. This portrays the extent of unmet need for family planning among married women in the population. There is the need to further expand family planning services within the country to further address contraceptive needs of women generally and married women in particular.

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