Understanding Violence against Women: Prevalence and Risk
“Violencia, creo, es falta de respeto”

“I think that violence is a lack of respect”

Participant TCB_L_2401
YOUNG MEN’S GAMBLING AND INTIMATE PARTNER VIOLENCE PERPETRATION IN MWANZA, TANZANIA

REBECCA BRAMBILLA, GERRY MSHANA, DONATI MALIBWA, SIMON SICHALWE, SAIDI KAPIGA, HEIDI STÖCKL

Population: Cross-sectional data from 1,002 men aged 18-24
Location: Mwanza, Tanzania
Data collection: June 2021 – March 2022

Demographic covariates
- Age
- Education
- Employment

Health-related covariates
- Alcohol Use
- Depression Use
- Suicidal Ideation

Gender norms
- Attitudes towards wife-beating

GAMBLING (24%)
In the past 12 months, have you bet or spent money on gambling or gambling machines?

Physical IPV (18%)
aOR: 0.95 (0.56–1.62)

Sexual IPV (39%)
aOR: 2.50 (1.65–3.80)

Emotional IPV (60%)
aOR: 1.63 (1.19–2.23)

Economic IPV (39%)
aOR: 1.38 (0.99–1.93)
MULTI-CONTEXTUAL VIOLENCE IN THE UNITED NATIONS MULTI-COUNTRY STUDY ON MEN AND VIOLENCE IN ASIA AND THE PACIFIC

What patterns of victimization exist for men and women across space and time?

How do these patterns relate to mental wellbeing?

Patterns differ across countries and are associated meaningfully with mental wellbeing

Christine Bourey, cbourey1@jhmi.edu
Why do some countries have such a high prevalence of violence against women? Findings from the EVE Study on structural and contextual drivers

Latent class analysis

Class 3
- Patriarchal
- Post-colonial
- Armed conflict
- Disaster-affected

Class 1
- Egalitarian
- Non-patriarchal
- Low homicide rate

Class 2
- Patriarchal
- Post-colonial
- High homicide rate

Mixed-methods systematic review

VIOLENCE AGAINST WOMEN AND GIRLS

Causes of interpersonal conflict
- Harmful alcohol use
- Food insecurity
- Stigma (disability, living with HIV)
- Dowry/bride price

Harmful masculinities
- Acceptance of male dominance
- Violent masculinities

Consequences
- Normalisation of violence
- Social norms
- Stress/anxiety
- Depression

Violence exposure
- War trauma
- Disaster trauma
- Gang violence
- Child abuse
- Forced first sex
- Witnessing parental violence

High-prevalence contexts
- Patriarchal gender norms
- Armed conflict
- Disasters
- Poverty

Supported by

The EVE Project
Evidence for Violence prevention in the Extreme

UK Research and Innovation
MASCUINITY, VIOLENCE AGAINST WOMEN, AND JUSTICE-SEEKING IN NEPAL (2022)

<table>
<thead>
<tr>
<th>Those who supported:</th>
<th>Were also:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inequitable gendered attitudes (GEM Scale)</td>
<td>3.5 times more likely to commit any type of violence ever</td>
</tr>
<tr>
<td>Norms justifying and supporting violence</td>
<td>5.1 times more likely to commit any type of violence ever</td>
</tr>
</tbody>
</table>

“An ideal woman is able to keep everyone around her happy even when she is suffering.”
- Focus group participant, Province 2

Scale up VAWG prevention  Improve access to justice  Engage men and boys

Authors: Dr. Taveeshi Prasad Gupta, Dr. Mahesh Puri, Dr. Karuna Onta (karuna.onta@fcdo.gov.uk), Danielle Stein, Bipa Shrestha, Kusum Wagle, and Brian Heilman

Please talk to Dr. Onta and/or visit the Equimundo booth for information on accessing the full report
PREVALENCE OF INTIMATE PARTNER VIOLENCE (IPV) AGAINST ADULT WOMEN IN BRAZIL, HEALTH CONSEQUENCES, USE OF HEALTH SERVICES AND ASSOCIATION WITH SELF-PERCEPTION OF HEALTH: FINDINGS FROM THE NATIONAL HEALTH SURVEY (2019)

Marcos Signorelli, Felipe de Souza, Raimundo Pinheiro Jr, Juliana Valente, Solange Andreoni, Leandro Rezende, Zila Sanchez

Federal University of Parana (UFPR); Federal University of Sao Paulo (UNIFESP)

n = 34,334 women
18-59 years old
Last 12 months:
7.6% any IPV
Weighted n = 4.95 million women

Typologies of violence
- Verbal 6.2%
- Psychological 4.3%
- Threat 2.8%
- Physical 2.7%
- Economic/Property 1.5%
- Digital/Technological 1.0%
- Sexual 0.7%

Physical consequences 16.3%
Psychological consequences 69.1%
STI or unwanted pregnancy 8.1%

Searched for health care 13.9%
Received health care 88.8%

VARIABLES | aOR | p
---|---|---
18 to 24 years | 1.45 | 0.043
Divorced/Separated/Widowed | 1.64 | 0.003
Up to 1 minimum wage | 1.61 | 0.053

SELF-PERCEPTION OF HEALTH
- Eating problems 1.29 0.042
- Disinterest/Absence Pleasure 1.41 0.005
- Felt depressed 1.39 0.031
- Feeling of failure 1.75 <0.001
- Suicidal thoughts 1.73 0.001

@DrSignorelli signore@ufpr.br
Disabilities, violence and HIV among young women in Lesotho

Greta Massetti, PhD, CDC

Lesotho Violence Against Children and Youth Survey (VACS) 2018: Nationally representative survey of youth ages 13–24

- **14.1%** Prevalence of any disability among adolescent girls and young women
  - Most common impairments were vision (6.5%) and cognition (6.4%)
  - 2.8% had 2 or more disabilities

- **Females with any disability had higher odds of**
  - Any violence, sexual violence, emotional violence, and physical violence
  - Witnessing interparental violence in childhood
  - Not being in school
  - HIV
  - Lifetime transactional sex

- Functional disabilities increase risk for violence and HIV; need for HIV prevention efforts that prioritise outreach for girls with disabilities and support expanded access to care

Sexual Violence Research Initiative 2022 Forum
Mexico, September 2022
BACKGROUND

- Secondary data analysis of the baseline community survey of a C-RCT in 4 districts in Central Ghana
- Analysis based on 1973 partnered men, aged 18yrs or older

MEASURES

Explore inter-relationship between:
- Childhood adversity experience (ACEs),
- Gender Inequitable attitudes (societal and individual gender attitudes),
- Sexual behavior (multiple partners, transactional sex),
- Poor mental health (depression and PTSD),
- Alcohol use and
- Past year non-partner sexual violence (NPSV) & intimate partner violence (IPV) perpetration

FINDINGS

- 85% had experienced childhood trauma
- 1 in 3 men were depressed
- 1 in 3 perpetrated IPV in past year
- 10% perpetrated NPSV in past year
- 83% who perpetrated NPSV also perpetrated IPV
- Men with multiple sexual partners or involved in transactional sex are 3 times likely to perpetrate IPV & 4 times likely to perpetrate NPSV.
- High Gender inequitable attitudes score & high childhood trauma score associated with increased risk of IPV & NPSV perpetration

CONCLUSIONS AND KEY MESSAGES

- ACEs has direct influence on IPV perpetration, and through gender attitudes, poor mental health and sexual behavior.
- Men’s inequitable gender attitudes has influence on the sexual behavior that leads to non-partner sexual violence perpetration and violence perpetration against their partners.
- Poor Mental Health has direct impact of alcohol use and violence perpetration (NPSV & IPV), and through toxic masculine behaviors (multiple main sexual partners, transactional sex, multiple one-off sexual partners).

OTHER FINDINGS

- Highlights the direct negative impact of ACEs on Gender Attitudes, Mental Health, Alcohol use, Sexual behavior and ultimate impact on VAWG.
- Highlights the need for gender transformative interventions across the life course (adult men and boys) and need for positive parenting interventions (prevention of violence against children)
- Need to integrate mental health in community and primary health care services and in male-targeted VAWG prevention programmes.
Factors associated with sexual violence among married women in Nigeria

Method

Background

- United Nations defines gender-based violence as any act of violence that results in physical, sexual, or psychological harm to women, girls, men, and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty.
- Despite legislation to eliminate all forms of violence in Nigeria, there are reports of spousal violence across the countries.
- This study intends to determine the prevalence of intimate partner sexual violence and its associated factors.

Methods

- This study used the domestic violence module from the 2018 Nigeria Demographic and Health Survey.
- Sexual violence was measured using three variables:
  1. physically forced to have sexual intercourse with partner even when you did not want to
  2. physically forced to perform any other sexual acts you did not want to, or
  3. partner forced you with threats or in any other way to perform sexual acts you did not want.
- Descriptive statistics and multivariable logistic regression models were performed using Stata 15.0 (StataCorp LLC, College Station, Texas, USA) at p-value <0.05.

Result

- The prevalence of Spousal sexual violence was 6.6% (95% CI 5.9-7.4), higher among adolescent girls (p<0.04; 95% CI 6.7-10.4) compared to older women.
- The prevalence of sexual violence varied across States; highest in Gombe (p=46%; 95% CI 32.1-60.6), with no reported cases in Kebbi.

Multivariable Logistic Regression Model

- The findings showed that adolescent girls and young women have higher odds of experiencing sexual violence compared to older women 25 years and above.
- Similarly, women who had STI, having multiple sexual partners, from the North-eastern region and married as first wife in a polygamous union were associated with a high likelihood of experiencing sexual violence.
- Women whose partner takes alcohol were 2.14 times more likely to experience sexual violence
- Women who responded that their father beat their mother were 2.32 times more likely to have experience sexual violence while respondents who fail to respond to questions on whether their father ever beats their mother were 3.18 times more likely to have experience sexual violence compared to women who had never witness parental violence.

Conclusion and Recommendation

This study shows that there are regional and ethnic differentials in the reporting of sexual violence.

Programmes and interventions that include extensive sexual and reproductive health and rights and choices and positive social norms should be intensified taking into all these factors into considerations.
Association between non-IPV sexual trauma and economic hardship

Veronica Ades1,2, Caryn Ha3, Victoria Chen4, Mirella Torresan5, Katherine Thompson6, Fang Wang1, David Keefe1
1NYU Grossman School of Medicine Dept of Obstetrics and Gynecology, 2Jacobi Medical Center Dept of Obstetrics and Gynecology, 3Georgetown University Graduate School of Arts and Science, 4NYU Grossman School of Medicine, 5NYU College of Arts and Sciences, 6Donald and Barbara Zucker School of Medicine

OBJECTIVES
- Investigate the association between a history of sexual trauma and economic hardship

METHODS
- Women from ages 18-50 were recruited from Sanctuary for Families, the EMPOWER Clinic, and federally qualified health centers in NYC
- Secondary analysis of a cross-sectional cohort study comparing women with known sexual trauma to unexposed controls
- Structured interviews using several validated questionnaires, including the Economic Hardship Index, U.S. Household Food Security Survey Module, and Depression Anxiety Stress Scale
- Data collected using REDCap and analyzed using STATA v.16

Sexual Trauma Survivors (n=14)
- 14.3% College graduates
- 85.7% Single, Separated, or Divorced
- 61.5% Food Insecure
- Scores 3x higher on Economic Hardship Index
- More depression, anxiety, & stress

Control (n=16)
- 43.8% College graduates
- 56.3% Married/Live-In Partner
- 87.5% Food Secure
- Scored 2.1 out of 13 on Economic Hardship Index
- Less depression, anxiety, & stress

*Significance levels: p=0.079, p=0.017, p=0.006, p<0.0012, p<0.0002, p<0.001, p<0.002*
The ecological model is preferred frame of analysis for the Spotlight Initiative because it underscores the connection between family, community and society.

It is seen as the best approach to achieving the transformation to break the normalization and acceptance of violence, which starts very early in life and continues throughout adulthood.

Intimate partner and family – insecurity, economic dependency, control over women’s bodies, relations of power, men feeling threatened when women advance at the educational level

Community level - peer pressure among other men, living in a hostile environment and inability by women to access resources or help in community

Societal level - patriarchy and men being socialized to feel superior to women, masculinity, which was linked to aggression and need for respect and culture of homophobia.

GBV is a multifaceted phenomenon, which is often grounded in an interplay among several factors that reinforce each other at the various levels. These factors often link back to gender ideologies that prescribe what it means to be a man and to be in or take charge of your woman.
Reproductive coercion in ten low- and middle-income contexts


Background
• Reproductive coercion (RC) is a type of abuse where a partner asserts control over a woman’s reproductive health
• RC Scale: conceptualized in US and most comprehensive measure to date; sub-Saharan Africa data are limited

Objectives
1. Validate RC Scale across ten diverse contexts
2. Calculate the prevalence of RC and specific behaviors
3. Assess correlates of RC

Methods
• Leveraged PMA Phase 2 cross-sectional data from 10 sites in eight project countries
• Assessed past-year RC (binary) via five survey items (*6th item in Burkina Faso, Cote d’Ivoire, and Kenya)
• Confirmatory factor analyses: prevalence estimates
• Bivariate and multivariable logistic regression to identify RC correlates across socioecological framework

Prevalence of past-year RC, by site

<table>
<thead>
<tr>
<th>Site</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kongo Central, DRC</td>
<td>20.3%</td>
</tr>
<tr>
<td>Uganda</td>
<td>16.9%</td>
</tr>
<tr>
<td>Kinshasa, DRC</td>
<td>11.9%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>7.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>7.0%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>6.2%</td>
</tr>
<tr>
<td>Kano, Nigeria</td>
<td>5.7%</td>
</tr>
<tr>
<td>Lagos, Nigeria</td>
<td>5.0%</td>
</tr>
<tr>
<td>Rajahstan, India</td>
<td>3.9%</td>
</tr>
<tr>
<td>Niger</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

RC Survey Items
1. Made you feel bad or treated you badly for wanting to use a family planning method (1.5%, Niger – 14.5%, Kongo Central, DRC)
2. Tried to force or pressure you to become pregnant (0.8%, Niger – 11.1% Kongo Central, DRC)
3. Told you he would have a baby with someone else if you did not get pregnant (0.8%, Niger – 8.8%, Kongo Central, DRC)
4. Said he would leave you if you did not get pregnant (0.7%, Niger – 8.3%, Kongo Central, DRC)
5. Taken away your family planning or kept you from going to the clinic to get family planning (1.0%, Niger/ Cote d’Ivoire, Kenya)
6. Hurt you physically because you did not get pregnant (0.5%, Burkina Faso – 12%, Kenya)

High internal consistency (alpha range: 0.67 Burkina Faso - 0.86 Uganda/Kano, Nigeria)

Correlates of RC

<table>
<thead>
<tr>
<th>Site</th>
<th>Polygynous Union</th>
<th>Partner Education</th>
<th>Marital Status</th>
<th>Household Wealth Tertile</th>
<th>Polygynous Union</th>
<th>Partner Education</th>
<th>Marital Status</th>
<th>Household Wealth Tertile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>14.8</td>
<td>8.7</td>
<td>12.6</td>
<td>2.1%</td>
<td>14.8</td>
<td>8.7</td>
<td>12.6</td>
<td>2.1%</td>
</tr>
<tr>
<td>Rajahstan</td>
<td>32.6</td>
<td>6.0</td>
<td>12.0</td>
<td>4.9%</td>
<td>32.6</td>
<td>6.0</td>
<td>12.0</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lagos</td>
<td>10.9</td>
<td>4.2</td>
<td>14.0</td>
<td>9.1%</td>
<td>10.9</td>
<td>4.2</td>
<td>14.0</td>
<td>9.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>12.2</td>
<td>6.3</td>
<td>18.1</td>
<td>5.9%</td>
<td>12.2</td>
<td>6.3</td>
<td>18.1</td>
<td>5.9%</td>
</tr>
<tr>
<td>Kinshasa</td>
<td>28.4</td>
<td>10.9</td>
<td>18.1</td>
<td>5.8%</td>
<td>28.4</td>
<td>10.9</td>
<td>18.1</td>
<td>5.8%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>8.7</td>
<td>6.0</td>
<td>18.1</td>
<td>8.5%</td>
<td>8.7</td>
<td>6.0</td>
<td>18.1</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

aOR = 0.70
aOR = 0.29
aOR = 0.17
aOR = 0.70
aOR = 0.70
aOR = 0.70
aOR = 0.23
aOR = 0.23
aOR = 0.23
EXPOSURE TO SEXUALLY EXPLICIT MATERIALS & SEXUALLY VIOLENT BEHAVIOR AMONG FIRST-YEAR UNIVERSITY MEN IN HANOI, VIETNAM

PRESENTED AT THE SEXUAL VIOLENCE RESEARCH INITIATIVE FORUM, SEPTEMBER 2022
I. BERGENFELD¹; Y.F. CHEONG¹ T.H. MINH²; Q.T. TRANG²; K.M. YOUNT¹

I. Background & Aims
• Adolescence, emerging adulthood is marked by heightened risk of sexual violence
• Empirically, exposure to sexually explicit material (SEM) among adolescents and college students may be associated with sexually violent behavior
• Gaps: sparse longitudinal data, few studies outside US and especially in LMICs
• Limitations: studies have not controlled for individual propensity to seek out SEM, raising questions about its causal effects
• Aim: assess the relationship between prior exposure to different types of SEM and sexually violent behavior in a sample of emerging adult men in Vietnam

II. Methods
• Longitudinal data from GlobalConsent SV prevention program RCT [1]
• Conducted at two universities in Hanoi, Vietnam September 2019-December 2020
• 730 first-year male students completed all three surveys
• Data on contact and non-contact sexually violent behavior, SEM exposure (any, sexual acts, violent sexual acts), demographic characteristics
• Estimated average treatment effect (ATE) of exposure to SEM (any, sexual acts, violent sexual acts) on sexually violent behavior
• Created propensity scores (PS) for exposure to SEM
• Estimated latent classes of exposure frequency to violent SEM: none, infrequent, frequent (monthly or more) to estimate ATE of class membership on SV

III. Results
• 86% of sample exposed to any SEM in prior six months
• 41% exposed to violent SEM in prior six months
• Only the effect of violent SEM remained consistently significant after PS adjustment
• Exposure to any violent SEM raises prevalence of sexually violent behavior 2%-14%
• Effect of violent SEM increases to 29% for frequently exposed vs. unexposed

IV. Limitations, Conclusions & Future Directions
1. Exposure to violent SEM is prevalent among university men in Vietnam and may be contributing to sexually violent behavior
2. Prior studies may have overestimated effect of SEM by not adjusting for confounding
3. Evidence-based interventions like GlobalConsent to reduce SV on college campuses should consider incorporating education about SEM into their programming
4. Future work will examine intentional vs. unintentional exposure, mediators of the SEM effect, effects of exposure to SEM on young women and younger adolescents

¹Emory University, Atlanta, GA, US
²Center for Creative Initiatives in Health & Population, Hanoi, Vietnam

*Please direct correspondence to: kathryn.yount@emory.edu (PI) or minh@ccihp.org (site-PI). This project was funded by an anonymous charitable foundation. Authors thank, reviewers, CCIHP staff, and study participants.
But his intentions were already obvious. I had already noticed that he didn’t want a friendship or to just drive me to work just because. He was always there harassing me and saying things to me, inviting me [out]. Because obviously, nothing comes for free [...] I wanted to keep working because of my situation. Also, my younger sister, two sisters were in Mexico. The younger one was studying, the other working. I said, “Ay, no, no.” I accepted the relationship with this person, with my supervisor [...] even though in reality I didn’t like him, I didn’t want to have a relationship with him, because one, I didn’t like him, I felt no liking towards him, I felt more like an obligation, after I felt like I was tangled up in this.
Sexual harassment in low-and middle-income countries (LMICs): a qualitative systematic review of the evidence
Selina Hardt, Heidi Stöckl, Joyce Wamoyi, Meghna Ranganathan

WHAT IS IT?
• Unwanted verbal, non-verbal & physical behaviours.
• Workplace, educational settings & public spaces.
• Evidence gaps: lack of definitional clarity, poor data quality & lack of studies from LMICs.

WHY THE REVIEW?
• To explore how participants conceptualised sexual harassment & to investigate drivers, consequences, coping strategies, and recommendations.

WHAT DID WE FIND?
• Conflation of sexual harassment with sexual violence.
• Intersections of gendered power with hierarchies of authority, age, socio-economic status.
• The role of power is different in street versus educational & workplace settings.
• Varied expectations around how women should cope.

Zdenek Sasek, www.zdeneksasek.com

RECOMMENDATIONS
• Gender norms change, engage men & bystanders.
• Policies should address upstream drivers of sexual harassment,
• Effective legislation to target street harassment.

485 abstracts screened, narrowed to 34 studies.
Gender-based violence: Voices of women migrant workers (WMW) in Thailand

Study design
- **Areas**: 7 provinces in THA
- **Target**: WMWs from KHM, LAO and MMR to THA
- **Sampling**: Snowball
- **Method**: 494 Quant, 24 IDIs, 9 FGDs

43% of WMW have experienced Intimate Partner Violence

46% of WMW have experienced Non-Partner Violence

“I was exhausted, and I just wanted to sleep at the end of the day. He would call me insensitive, just because I did not want sex when he did. Sometimes I had to compromise.”

“Some customers touched grabbed my butt, so I told them that I’m not kind of women like that (sex worker, beer promoter). I just doing my job as a waitress.”

% of WMW who have experienced violence, per type and perpetrator (n=494)

- Psychological: 30% (Partner), 34% (Non-partner)
- Physical: 12% (Partner), 23% (Non-partner)
- Economic: 16% (Partner), 25% (Non-partner)
- Sexual: 6% (Partner), 14% (Non-partner)
- Cyberbulling: 6% (Partner), 18% (Non-partner)

Knowledge of where to seek help

- Do you know where to seek help? (n=494)
  - Yes 55.3%
  - No 44.7%

Who do you think you can get support? (multiple choice; n=273)
- Thai police 54.6%
- CSO 39.6%
- Family 26.4%
- Friends 26.4%

Actual help-seeking behaviour

- Have you ever told someone or sought help? (n=494)
  - Yes 27.7%
  - No 72.3%

Who did you ask for help? (multiple choice; 137)
- Thai police 6.6%
- CSO 3.7%
- Family 52.6%
- Friends 59.1%

Presenting author: Asst. Prof. Montakarn Chuemchit, Ph.D., College of Public Health Sciences, Chulalongkorn University. E-mail: montakarn.ch@chula.ac.th
Burning jealousy for two dollars: Acid attack, a corrosive intimate partner violence in Cambodia

Shelly Makleff on behalf of Maurice Eisenbruch
DOMESTIC VIOLENCE AGAINST INFERTILE WOMEN: LIVED EXPERIENCES OF JORDANIAN WOMEN

HALA BAWADI, ZAID AL-HAMDAN, RACHEL HALL-CLIFFORD, IRINA BERGENFELD, SAMHITA KUMAR, WARDHA MOWLA, CARI JO CLARK

Background:
- In Jordan, marriage is tightly linked to family creation
- Unfulfilled gender roles due to infertility affect one’s sense of self, and frame interactions with others
- Infertile women are at elevated risk of IPV and other forms of violence

Aim:
To examine the meanings attributed the infertility and violence as part of a pilot test of a mental health violence prevention intervention

Method:
- 22 in-depth semi-structured interviews with women seeking fertility services
- Interpretive phenomenological approach used for coding and analysis

Macro-level:
Discrimination and isolation

Meso-level:
Intimate partner and in-law violence

Micro-level:
Bearing the burden & relentless suffering

“My cousin, we engaged together but I married one year before her, but she got pregnant and gave birth and she blocked me on all social media, she thinks I will envy her for the boy”

“We share the same tragedy: Instead of supporting each other, he abuses me in different ways.”

“My mother-in-law and sisters-in-law give me hard time, and they never said a kind word to me. My sisters-in-law repeat that they are better than me because they gave birth, and they say that the process of pregnancy and childbearing is very easy.”

“Usually, people do not blame the man; they always blame the wife...”

Summary and Implications:
- Women experiencing infertility experience violence at multiple levels
- Marital quality, coping skills, social support and mental health suffer due to infertility
- Infertility clinics are a possible avenue to provide mental health support, promote positive coping skills
Background

Sexual violence is a violation of human rights, deeply rooted in harmful social norms and culture; perpetuated by misconceptions of religious text, gender inequality and the patriarchal nature of countries in sub-Saharan Africa.

Sexual violence which may lead to unwanted pregnancies, affecting mostly adolescent girls and young women (AGYW) during the early phase of marriage, has serious implications on their sexual and reproductive health and rights.

This study examines the association between sexual violence and unintended pregnancy among cohabiting or married young women aged 15-24 in their first union.

Methods

The Nigerian Demographic Health Surveys 2008, 2013, and 2018 were pooled for this analysis.

- 8,961 adolescents and young adults who have had at least a childbirth in the last five years or are currently pregnant were eligible for this study.

- A univariate and multivariable Poisson regression with robust standard errors was used to investigate the association between sexual violence and unintended pregnancy while adjusting for other covariates.

- The covariates are current age, age at first marriage, marital status, level of education, wealth status, parity, religion, ethnicity, region, place of residence, work status, knowledge about contraceptive methods, exposure to mass media, partner education, and occupation, spousal age difference, and alcohol intake.

- All analyses were adjusted for the complex survey design at a p-value<0.05 as well as the population distribution.

Results

Descriptive analysis of findings:

- Sexual violence among AGYW was 5.1% (95%CI: 4.5-5.7) and varies across states in Nigeria.

- Unintended pregnancy prevalence was 9.1% (95% CI : 8.3 -9.9).

Inferential Analysis

- The univariate analysis showed that AGYW who experience sexual violence were 2.5 times (95%CI: 2.0-3.1) more likely to report unintended pregnancies.

- In the adjusted analysis, they were 1.8 times (95%CI: 1.5-2.8) more likely when all other factors were considered.

- Other covariates including age – being an adolescent, marital status - cohabiting, Muslim religion, having more than 2 to 3 children, region – South South and South West, knowledge about contraceptive method were associated with high report of unintended pregnancies.

Conclusion and Recommendation

• This study revealed that survivors of sexual violence are at a higher risk of unintended pregnancies.

• Adolescent girls were more likely to experience unintended pregnancies compared to young women.

• Positive social norm change, comprehensive sexuality education and use of contraceptive is recommended.

Acknowledgement

We are grateful to the DHS program for granting the access to use these datasets.