

RESEARCH ARTICLE

Regional variations in the acceptance and experience of intimate partner violence in Nigeria: Revisiting cosmopolitan-success and conservative-failure hypothesis

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Abstract

This study investigates regional variations in the factors associated with acceptance and actual experience of intimate partner violence (IPV) among married women in northern and southern Nigeria - two regions with distinct socio-cultural and economic differences. Data from the 2018 demographic and health survey are analysed to compare these two regions. The sample comprised married/living-with-partner women within the reproductive age of 15–49. Overall, a positive association exists between IPV experience and IPV acceptance, regardless of which is used as the outcome variable. Contrary to the notion that IPV is prevalent where its acceptance is high, this study finds that the reverse is true. IPV acceptance is significantly higher in the north than in the south (39.4% versus 14.7%), but the reverse is the case for the actual experience of IPV (20.1% versus 24.7%). Being employed and having access to the internet reduce the odds of IPV victimisation for women in the south, but increases the chances for northern women. Muslims in the north have significantly higher odds of IPV acceptance than their Christian counterparts in the same region, but the reverse is the case in the south. Regional differences also exist in the influence of decision-making, educational difference between spouses, and media exposure. While the cosmopolitan-success and conservative-failure hypothesis explains the regional differences in the acceptance of IPV, it fails to explain differences in the actual experience of IPV. The study provides alternative explanations for the regional differences in the experience of IPV and acceptance of it in Nigeria, and it points to the need for differing intervention programmes across regions. Notably, the study found that the association between justification of IPV and actual experience of it is bi-directional and suggests caution in making causal inferences.

Keywords: north-south differences in Nigeria; wife-beating in Nigeria; spousal abuse; domestic violence

Introduction

Intimate partner violence (IPV) as a common form of domestic violence, is a global menace, and one-third of women globally experience violence from intimate partners in their lifetime (World Health Organization [WHO], 2021). This figure would likely have increased further given the ongoing pandemic. With populations in lockdown due to the coronavirus pandemic and the need to isolate, and couples and families spending longer durations living within close proximity, the need to investigate IPV is more urgent than ever. In 2020, the year that the pandemic struck, the United Nations (UN) (2020) announced a global increase in reported IPV cases. Despite attempts by the UN and its allies to promote gender equality and reduce violence against women, it appears that its efforts are being

thwarted. WHO notes that this is because (1) women are trapped at home in abusive unions due to lockdowns; (2) lockdowns negatively impact livelihoods, reducing family income, thereby increasing the frustration and aggression of husbands towards their wife and children (WHO, 2020). The situation is perhaps worse in developing countries like Nigeria, where many couples live in one-room apartments with their children.

IPV is defined as behaviours that 'include physical, sexual, and emotional abuse and controlling behaviours by an intimate partner' (WHO and Pan American Health Organization, 2012, p.1). An intimate partner in this study refers to a husband or cohabiting partner. Physical IPV includes kicking, dragging, slapping, hitting, kicking, beating, punching, or hitting with objects, and forceful hair pulling. Sexual IPV includes behaviour such as forcing a woman to perform unwanted sexual intercourse and other forms of sexual acts. Emotional IPV refers to various forms of threats, belittling, humiliation, and insults, while controlling behaviour includes isolating a person from social networks, obsessive monitoring of movements and restriction from social, health and economic resources [WHO and Pan American Health Organization, 2012; National Population Commission (NPC) & ICF, 2019]. While physical IPV may be noticed and reported, sexual IPV against women may go unreported due to fear of shame, and uncertainty about society's reaction.

IPV happens in every country, but its intensity and acceptance vary. Sub-Saharan Africa has the highest rate of IPV globally (Devries et al., 2013), and this may be because of the patriarchal view of wife-beating as acceptable. However, there are differences in IPV rates among women across countries in the region ranging from 40.1% of emotional violence in Cameroun to 24.4% and 1.6% of sexual violence in Congo and Comoros, respectively (Ahinkorah et al., 2018). Variations in rates may not only be observed between countries in sub-Saharan Africa but may also apply across regions within countries. For example, Nigeria's rates of IPV acceptance range from 89.8% in Kebbi State (North-Western part of Nigeria) to 2.4% in Ogun State (South West), and its experience vary from 59.4% in Gombe (North East) to 4% in Jigawa (North West) (NPC & ICF, 2019). IPV may be complex and dynamic in a multicultural society like Nigeria; this suggests the importance of understanding cultural dynamics across space and how they influence the acceptance and perpetration/experience of IPV.

Acceptance of IPV and the experience of it have negative implications for victims and their family. While IPV acceptance has a negative impact on the utilisation of professional health facilities for antenatal and postnatal care (Khan & Islam, 2018; Tareque et al., 2020), the experience of it has negative consequences for material hardship (O'Connor & Nepomnyaschy, 2020), suicidal ideation, depression, and other mental health issues (Karakurt et al., 2014). Other consequences include back and neck pain and coronary heart disease (Vives-Cases et al., 2011), use of modern contraceptive methods, and exposure to sexually transmitted infections (Wusu, 2015).

Earlier studies explored IPV victimisation and its acceptance using earlier versions of Nigeria's Demographic and Health Survey (NDHS) data. For instance, Okenwa-Emegwa et al. (2016) and Alabi and Ramsden (2021) investigated gender differences in IPV acceptance using the 2008 data and 2018 data, respectively; Oyediran (2016) takes a step further by studying trends in the acceptance of IPV across 2003, 2008, and 2013 data sets and associated factors. Regarding the actual experience of IPV, Wusu (2015) analysed the risk factors and consequences of IPV among married female youth aged 15-24 using the 2008 data set; Nwabunike and Tenkorang (2017) studied the ethnic differences in IPV victimisation among women using the 2008 NDHS with focus on the three major tribes of Hausa, Igbo, and Yoruba. Sunmola et al. (2020) accounted for how a husband's domineering attitude plays a role in the association between married women's acceptance of wife-beating and actual experience of physical, emotional, and sexual IPV using the 2013 NDHS; Benebo et al. (2018) studied the influence of community norms and women's status on IPV experience among ever-partnered women using the 2013 data set; Dim (2019) studied rural-urban variations in the predictors of IPV using the 2013 data set. In another study, Dim and Olayinka (2019) studied IPV experience and its perpetration among women using the 2008 and 2013 data sets. Behrman (2019) studied the influence of polygynous marriage on

IPV experience among couples using the 2013 data. Other studies have investigated IPV and its justification using primary data collected from community(ies) within a state, and states within a geo-political zone (Alo et al., 2012; Kunnuji, 2014; Adegbite & Ajuwon, 2015; Dim & Ogunye, 2017; Onigbogi et al., 2015).

Nationally representative studies have identified the influence of factors such as age, education, religion, wealth, employment, marriage type, and decision-making on IPV acceptance and/or its experience. But the influence of educational difference- except in a small sample in Lagos State (Dim & Ogunye, 2017)-smoking, extramarital sex, and internet use have not been explored in any great depth. Studies like that of Oyediran (2016) investigating the influence of media exposure have focused on IPV acceptance and not its actual experience. In addition, studying differences in associated factors has taken the form of trend analysis (Oyediran, 2016; Dim & Olayinka, 2019), rural-urban dichotomy (Dim, 2019), and ethnic differences (Nwabunike & Tenkorang, 2017). How factors vary in their influence and magnitude between southern and northern Nigeria (two regions with differences in orientation, economic and socio-cultural make-up), have not been investigated. Although, it is well known that the association between IPV experience and IPV justification is positive, an explanation as to why IPV experience may not necessarily be higher in places where its acceptance is common is yet to be adequately provided in Nigeria. In addition, earlier studies on Nigeria focus on either IPV acceptance or its experience as a dependent variable but not both side-by-side. Using the latest 2018 NDHS, this study provides an update on the factors that may influence the justification of IPV and actual experience of IPV. The study investigates the possible influence of 12 factors (age, education, educational difference, religion, employment, wealth level, marriage type, extramarital sex, smoking, internet use, decision-making and media exposure) on IPV acceptance and the experience of it among married women, and how the associations may vary between northern and southern Nigeria. Married women constitute the focus of this study because unmarried women may have little experience with intimate relationships and may not have an in-depth understanding of the happiness and frustrations that come with being married/living together with a partner.

The rationale for investigating a north-south dichotomy

With some exceptions and the recognition of intra-regional differences, Nigeria's northern and southern regions have sociocultural differences, making it problematic to assume a uniform approach to problem-solving in the country. However, the differences, which may have implications for social phenomena, including the acceptance and perpetration of IPV, have yet to receive sufficient attention in the academic literature.

Before 1914, the southern and northern protectorates existed as independent and separate entities, and each region was composed of different tribes who governed themselves according to their specific cultural configurations. However, in 1914, the northern and southern protectorates were merged and tagged 'Nigeria' by Lord Lugard for administrative convenience. The merger has often been held to have contributed to social inequality and ethnic rivalry in the country (Obi-Ani et al., 2016; Olowookere, 2017). Consequently, Alabi et al. (2020) call the attention of researchers and policymakers to the historical, sociocultural differences between the two regions, how they influence differing social and health-seeking behaviours, and the need to employ commensurate intervention techniques with the sociocultural make-up of each region.

Some regional differences, which have existed since the pre-colonial era, survived for decades after the amalgamation and are still present today. For example, at least one state in each of the three geo-political zones in the north (i.e., north central, northeast, and northwest) operates Shari'a Law but not in the south. While the south uses the criminal code, some states in the north use the penal code, section 55 (1) of which permits a husband to use beating, which does not inflict physical injury, to correct his wife. This difference has implications for gender equality and acceptance and experience of IPV. The latest 2018 NDHS survey shows that 62.8% of married women in

the north do not have any formal education, compared to 7.7% in the south; 78.7% of them in the north are Muslims, while 85.1% of those in the south are Christians; and the rate of married women not working is 38.2% and 13.6% in north and south, respectively. Also, the majority (31.5%) of married women in the north are classified as ‘poorest’ while the majority (33.4%) of those in the south are in the ‘wealthiest’ category; approximately three-quarters of those from the north live in rural areas compared to 42.8% in the south; and 35.6% of married women in the north are in a polygynous union compared to 14.1% in the south (NPC & ICF, 2019). All these differences are the foundations of the cosmopolitan-success and conservative-failure hypothesis (CSCFH), which suggest that residents of southern Nigeria are more likely to be accepting of cultural differences and to exhibit elements of equality, diversity, and innovation than their counterparts in the north (Kunnuji et al., 2017, Alabi et al., 2020). The differences highlighted above suggest that reactions to social phenomena such as marriage dynamics, the experience of IPV, and acceptance of it may not be the same across the two regions. By implication, policy interventions geared towards reducing IPV may need to consider the sociocultural dynamics of each region in their problem-solving approaches.

However, recent studies conducted on the use of insecticide-treated nets [ITNs] (Adejoh et al., 2022), and obesity/overweight (Alabi & Badru, 2021) do not give credence to the assumption of CSCFH that the south exhibits better health and social behaviours than the north. This is so because a higher proportion of residents in the north utilized ITNs and have lower risks of overweight/obesity than their counterparts in the south. In fact, Alabi and Badru (2021) argued that “the attribution of success and failure to cosmopolitanism and conservatism, respectively needs to be revisited both cosmopolitan and conservative behaviours, regardless of how they are defined, have pros and cons. Hence, it is important for people to be able to choose when to be ‘cosmopolitan’ and when to be ‘conservative’ for a healthy living” (p. 17).

To be sure, the use of “cosmopolitan” and “conservative” in this study is not to suggest that one region is better than the other. Instead, this study aims to test the fundamental assumptions of CSCFH. Considering the stated regional differences and the tenets of CSCFH, it is hypothesised that (1) married women in the north will more likely be victims of IPV and will more likely accept IPV than their counterparts in the south, and (2) factors influencing the two variables will vary across regions.

Methods

Data and settings

Data from the 2018 Nigeria Demographic and Health Survey (NDHS) are analysed in this study. The survey is the sixth and latest to be conducted on the demographics and health status of Nigerians. The survey sampled approximately 42,000 women across all 36 states and Federal Capital Territory (FCT). The current study comprises 28,888 married/living-with-partner women (19,051 from the north and 9,837 from the south) within the reproductive age of 15–49. Of this number, 28,765 women (19,051 and 9,837 in the north and south, respectively) provided valid responses to the question on acceptance of IPV. The NDHS sampled one-third of the women for additional questions on the actual experience of domestic violence; only 8,349 women (4,886 from the north and 3,463 from the south) of the selected women provided valid responses.

Nigeria comprises 36 states and FCT, Abuja. The 36 states and FCT are grouped into 6 geopolitical zones, namely, north east (Yobe, Borno, Bauchi, Gombe, Adamawa and Taraba states); north central (Plateau, Kogi, Niger, Benue, Kwara and Nassarawa states, and FCT); north west (Sokoto, Katsina, Kebbi, Kaduna, Jigawa and Kano states); south east (Imo, Ebonyi, Abia, Enugu and Anambra states); south-south (Akwa Ibom, Bayelsa, Cross River, Delta, Edo and Rivers states); south west (Lagos, Ondo, Oyo, Osun, Ogun and Ekiti states). The northern region consists of 19 states and the FCT, while the south comprises 17 states. The NDHS captures each

respondent's geo-political zone (i.e. north west, north central, north east, south south, south east or south west). These categories were merged to create two regional categories, north and south, and the data set was split accordingly.

Ethical considerations

The DHS programme office upon reviewing our request (<https://dhsprogram.com/data/new-user-registration.cfm>) granted the researchers permission to use the data. The DHS programme office abided by the necessary ethical guidelines during and before data collection.

Measures

Outcome variable

The dependent variables are experience of IPV and acceptance of it. Regarding the experience of IPV, women were asked if they have ever experienced acts of physical and sexual violence such as pushing, slapping, punching, kicking, strangling, threatening with objects, arm twisting, or three types of forced sexual acts-physically forced into unwanted sex, forced into other unwanted sexual acts, and physically forced to perform sexual acts respondents did not want - from their husband. The response outcomes were 'never', 'often', 'sometimes', and 'yes, but not in the last 12 months'. We computed results for responses to the ten questions and reduced the outcomes to two. Those who responded 'never' to all the ten questions were treated as 'never experienced spousal violence', while others were categorised as having experienced at least one form of IPV.

With respect to justification of IPV, the respondents were asked if a man is justified in beating his wife if she: (a) goes out without telling him; (b) she neglects the children; (c) argues with him; (d) refuses to have sex with him; (e) burns the food. The response format was '0=No', '1=Yes' and 'Don't know'. From this data we created a single zero-one binary variable. We summed respondents' answer to the questions (resulting in discrete scores ranging from 0 to 5) and coded 0 as 'disapproval of IPV'. Those who had scores of 1-5 were treated as having accepted/justified IPV and coded as '1'.

Independent variables

Twelve independent variables were considered, namely, age, education, location, religion, marriage type, employment, wealth level, extramarital sex, smoking, internet use, media exposure, and decision making. The NDHS data records the age, in years, of survey respondents. The categories were collapsed into two: 'less than 30' and '30 years and above'. Level of education was captured at four levels in line with the formal education system in Nigeria: '0= no education', '1= primary education', '2= secondary education' and '3= higher/tertiary education'. In order to test for the influence of educational difference between partners, husbands' level of education was subtracted from the wife's (i.e respondents) which resulted in seven categories ranging from -3 to 3. The outcome would be -3 if the wife is three levels more educated than the husband (i.e the wife has tertiary education while the husband has no formal education) and would be 3 if the reverse was the case. The outcome would be '0' if both partners have the same level of education. For marriage type, respondents were asked 'including yourself, in total, how many wives or live-in partners does he have?' Those who stated '1' were treated as being in monogamous marriage, while those who stated more than 1 were regarded as polygamous. The NDHS has five outcomes for religion: Catholic, other Christians, Muslims, Traditional and Others, which was reduced to Christianity, Islam, and Traditional.

NDHS contains information on wealth level based on a respondents' ownership of consumer goods (such as bicycle/car, television) and household characteristics like flooring materials, source of drinking water, and toilet facilities (NPC & ICF, 2019). Responses consist of five categories:



Figure 1. Reasons for justifying IPV by region, percentage.

'poorest', 'poorer', 'middle', 'wealthy' and 'wealthiest'. To account for employment status, respondents were asked if they were currently working, and responses were recorded with 'no' and 'yes' categories. Regarding smoking, respondents were asked whether they currently smoke tobacco with 'no' and 'yes' categories. For extramarital sex, respondents were asked to state how many sexual partners they have had, excluding their spouse, in the 12 months preceding the survey. Those who had one or more sex partners were treated as having had extramarital sex. Regarding internet use, respondents were asked how frequent they use the internet in the month preceding the survey with four outcomes (0 = not at all; 1 = less than once a week; 2 = at least once a week; 3 = almost every day). With respect to decision making, respondents were asked three questions related to household decision maker(s): (a) 'who usually decides how the money you earn will be used?' (b) 'Who usually makes decisions about health care for yourself?' (c) 'Who usually makes decisions about making major household purchases?' All the questions have five response options 'respondent alone', 'respondent and partner jointly', 'partner alone', 'someone else' and 'other'. For media exposure, respondents were asked how frequently they read the newspaper, listen to radio, and watch television with three response options (1 = not at all; 2 = less than once a week; 3 = at least once a week).

Data analysis

The analysis started with a simple analysis of the dependent variables, 'justification of IPV' and 'actual IPV'. A bar chart shows the percentage distribution of reasons for accepting IPV in both regions as shown in figure 1. From observation of Figure 1, it is clear that there are substantial differences in justification of IPV between southern and northern regions, with a much higher proportion of respondents justifying IPV in the north based on all five reasons. The bar charts in figures 2 and 3 show the rate of IPV acceptance and its experience respectively across the 36 states in Nigeria and FCT. Figure 2 suggests there are pronounced regional differences in acceptance of IPV with respondents in Northern states more likely to accept IPV. The regional picture is less clear in terms of actual experience of IPV (Figure 3). Pearson's chi square tests were used to

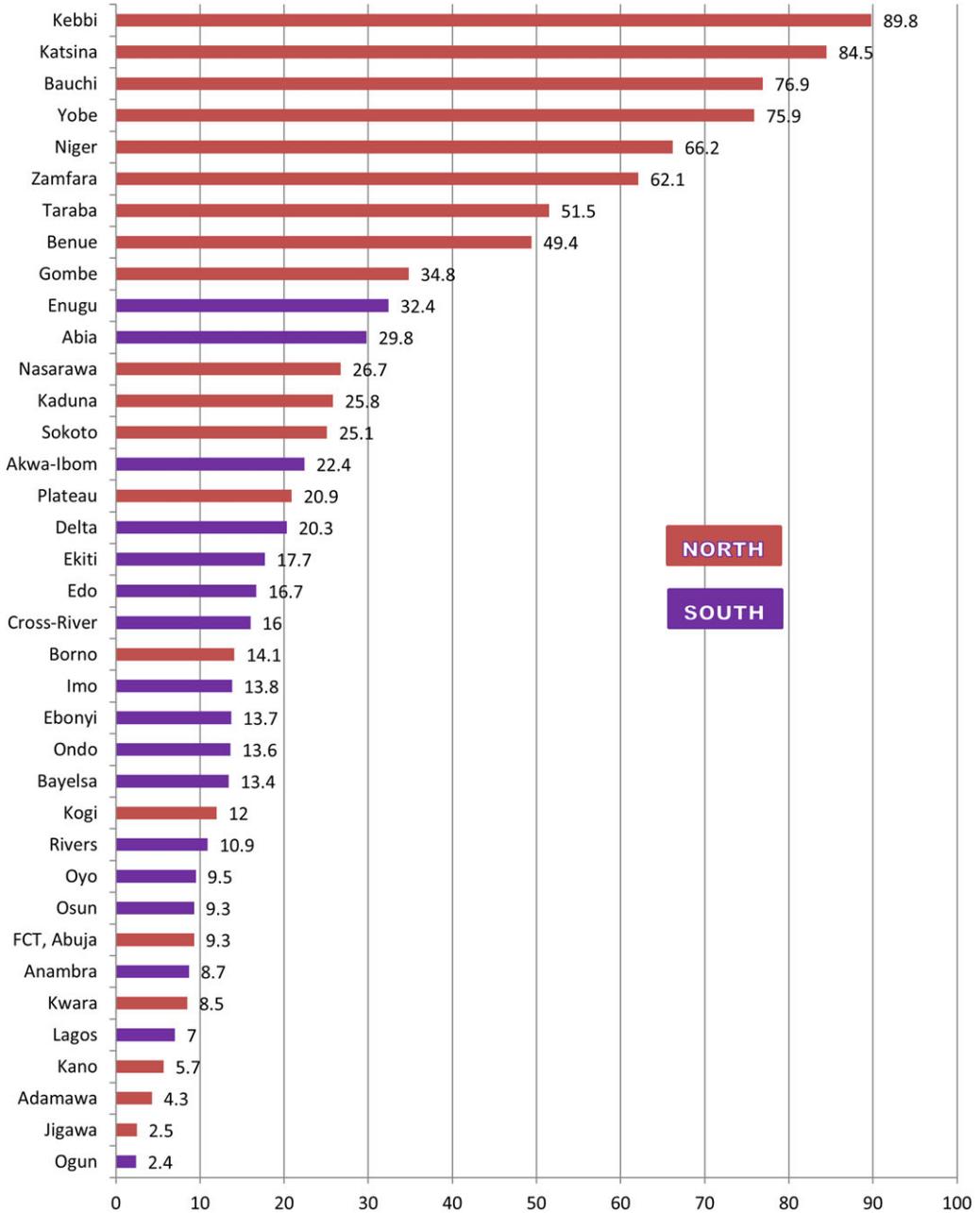


Figure 2. Acceptance of IPV by states, percentage.

test the association between region (north and south) and the two dependent variables. Significant associations are observed for the two dependent variables.

At the multivariate level, two logistic regression models were computed for each region. One model shows the influence of the 12 factors on acceptance of IPV, and the other for IPV experience. A correlation matrix was computed for each model to test for multicollinearity, but no evidence of high correlation was found between the independent variables. Furthermore, predicted

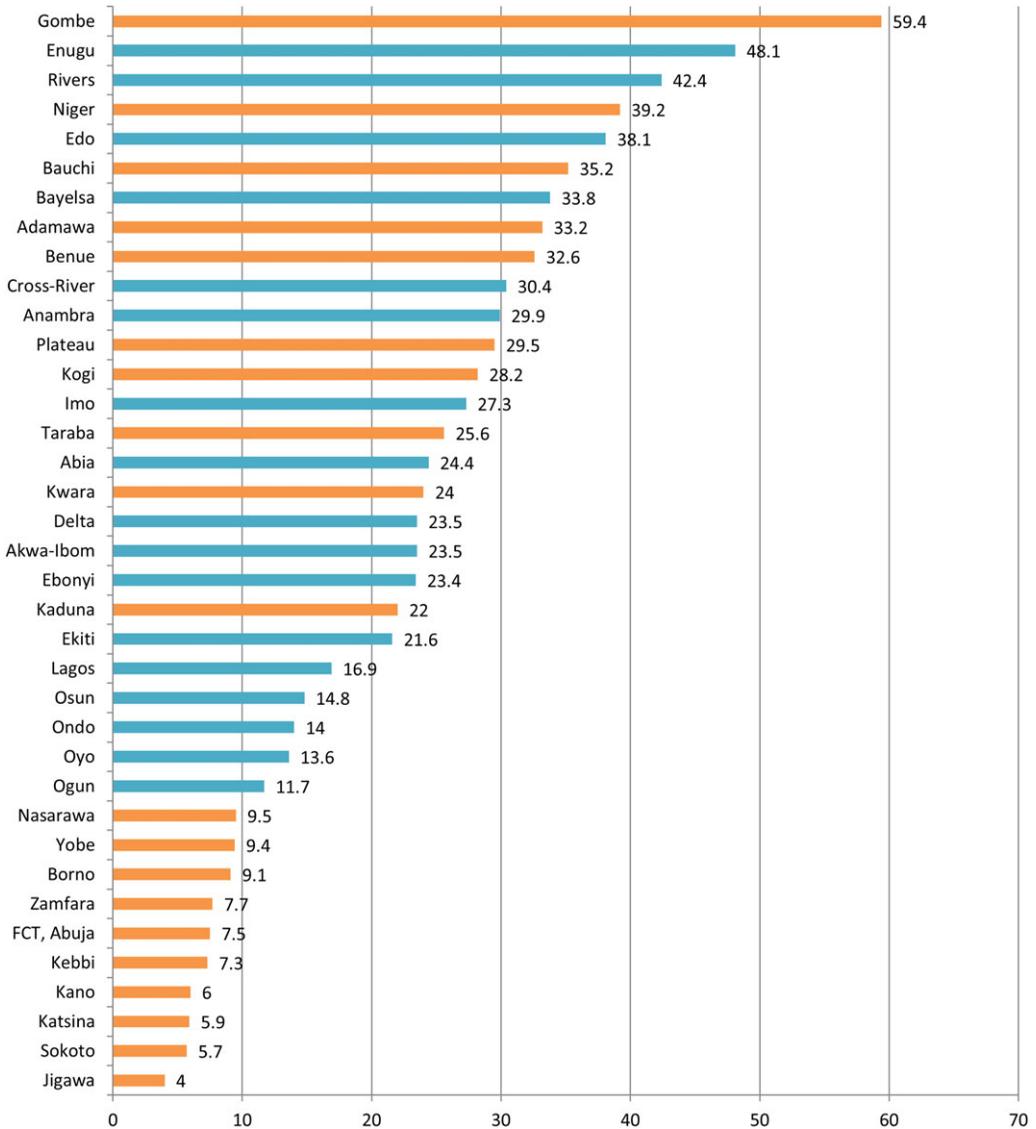


Figure 3. Actual experience of IPV by states, percentage.

probabilities were computed based on the regression models, and ANOVA test was used to show the mean difference in the probability of IPV acceptance and the experience of it across groups in the independent variables. All the bivariate and multivariate tests were computed at 95% level of significance.

Results

Univariate and bivariate analyses

Frequency distribution of socio-demographic characteristics and other variables is presented in table 1. It was found that more than one-third (39.4%) of women from the north accept IPV compared to only 14.7% in the south. In contrast, one-fifth of northern respondents experienced IPV

Table 1. Descriptive analysis

Demographic variables	North (19051)		South (9837)	
	F	%	F	%
Age				
Below 30	9042	47.5	3070	31.2
30 and above	10009	52.5	6767	68.8
Education				
No education	11969	62.8	756	7.7
Primary	2719	14.3	2091	21.3
Secondary	3342	17.5	5415	55.0
Tertiary	1021	5.4	1575	16.0
Educational difference				
Equal education	11704	61.4	5923	60.8
Wife is more educated	1327	7.0	1644	16.9
Husband is more educated	5725	30.1	2172	22.3
Religion				
Christianity	3992	21.0	8270	85.1
Islam	14988	78.7	1408	14.5
Traditional	69	0.4	38	0.4
Current employment				
Not working	7283	38.2	1341	13.6
Working	11768	61.8	8496	86.4
Wealth level				
Poorest	5998	31.5	397	4.0
Poorer	5261	27.6	1006	10.2
Middle	3727	19.6	2126	21.6
Richer	2505	13.1	3026	30.8
Richest	1560	8.2	3282	33.4
Marriage type				
Monogamy	15204	64.4	8454	85.9
Polygamy	8406	35.6	1383	14.1
Extra-marital sex				
No	18986	99.7	9708	98.7
Yes	65	0.3	129	1.3
Currently smoking				
No	19017	99.8	9821	99.8
Yes	34	0.2	16	0.2
Frequency of use of internet last month				
Not at all	18316	96.1	8049	81.8

(Continued)

Table 1. (Continued)

Demographic variables	North (19051)		South (9837)	
	F	%	F	%
Less than once a week	131	0.7	299	3.0
At least once a week	251	1.3	606	6.2
Almost every day	353	1.9	883	9.0
Decision on how respondent's earnings are spent				
Respondent alone	7927	79.6	4370	56.7
Joint	1030	10.3	2665	34.5
Partner alone	996	10.0	679	8.8
Decision on respondent's health care				
Respondent alone	125	16.6	1689	17.2
Joint	4204	22.1	5534	56.4
Partner alone	13543	71.3	2587	26.4
Decision on household purchases				
Respondent alone	731	3.9	994	10.1
Joint	4512	23.8	5557	56.7
Partner alone	13711	72.3	3258	33.2
Frequency of reading newspaper or magazine				
Not at all	17923	94.1	7485	76.1
Less than once a week	807	4.2	1602	16.3
At least once a week	321	1.7	750	7.6
Frequency of listening to radio				
Not at all	11027	57.9	2389	24.3
Less than once a week	4002	21.0	3110	31.6
At least once a week	4022	21.2	4338	44.1
Frequency of watching TV				
Not at all	13585	71.3	2378	24.2
Less than once a week	2463	12.9	2743	27.9
At least once a week	3003	15.8	4716	47.9
Acceptance of IPV				
No	11510	60.6	8339	85.3
Yes	8441	39.4	1439	14.7
Experience of IPV				
No	3903	79.9	2607	75.3
Yes	983	20.1	856	24.7

compared to approximately a quarter in the south. Figure 1 shows the reasons for justifying IPV in each of the two regions. Figures 2 and 3 show the rate of IPV experience and its acceptance by state respectively. It is shown that, in line with the CSCFH, the nine states with the highest IPV acceptance rate are in the north with Kebbi (north west) recording the highest rate of 89.8%, followed by 84.5% in Katsina (north west). However, contrary to the hypothesis that the northern states are conservative and will consequently experience higher IPV experience rate than the southern states, it is found that the ten states with the least IPV experience rate are in the north including all the six states in north west. Many of the southern states rank low in IPV acceptance- Ogun State records the least with 2.4%, Lagos (7%), Anambra (8.7%). However, five of the ten states with the highest rate of IPV experience are from the south with Enugu (south east) having the second highest rate (48.1%) only after Gombe in the north east (59.4%).

Bivariate analyses suggest that women from the north are significantly more likely to accept IPV than their counterparts from the south (39.4% vs 14.7%; χ^2 : 1835.478, $p < 0.001$), thereby supporting the earlier stated hypothesis. In contrast to the CSCFH however, the actual experience of IPV is higher in the south than in the north (24.7% vs 20.1%; χ^2 : 24.966, $p < 0.001$). Furthermore, this study found a positive association between IPV justification and IPV acceptance, but the nature of the association is yet unclear. Using Chi-square and bivariate logistic regression tests, it was found that women who have experienced IPV are significantly more likely to accept it ($P < 0.001$). Also, women who accept IPV have higher risks of experiencing it ($P < 0.001$).

Regional differences in factors influencing acceptance and experience of IPV

Having identified that there are significant differences in the rates of IPV acceptance and experience across regions, multivariate logistic regression is deployed to explore these differences to ascertain possible regional differences in the factors associated with the two dependent variables. A model is estimated using northern region data. Another model is estimated using southern region data. Logistic regression model outputs when the response variable is the justification of IPV is presented in table 2, while the models with the experience of IPV as the response variable is presented in table 3. Differences in predicted probabilities are presented in table 4.

Models 3 and 4 show some evidence that respondents who have tertiary education are less likely to be victims of IPV compared to those who have no formal education (AOR: 0.515, $p < 0.05$ in the north; AOR: 0.523, $p < 0.05$ in the south). Educational difference between partners has some influence and considerable difference exists across the two regions. In the north, differences between partners' education reduce the odds of women's acceptance of IPV compared to when both partners have equal education (reference category). Compared to women who have equal level of education as their husband, the odds of acceptance is 0.776 ($p < 0.05$) when the husband is more educated, and 0.867 ($p < 0.01$) when the wife is more educated. But in the south, the odds of women's acceptance of IPV is higher (AOR: 1.231, $p < 0.05$) when the husband is more educated compared to when both partners have equal education. Educational difference does not show any significant influence on actual experience of IPV in the north. But in the south, educational difference in favour of either of the partners is significant and increases the odds of women's experience of IPV compared to when both partners have equal education. The adjusted odds of IPV experience is 1.5 ($p = 0.001$) when the wife is more educated than the husband, and 2.0 ($p < 0.001$) when the reverse is the case.

Religion has a significant influence on both variables, with regional differences. Models 1 and 2 show that in the north, Muslims have higher odds of IPV acceptance than Christians (AOR: 2.112; $p < 0.001$), but the reverse is the case in southern Nigeria (AOR: 0.609; $p < 0.001$). However, the results show that Muslims are less likely to experience IPV than their Christians counterparts in both regions (AOR: 0.493, $p < 0.001$ in the north; AOR: 0.311, $p < 0.001$ in the south).

The influence of wealth level on IPV acceptance is consistent across the regions as the model shows that women who are outside the 'poorest' category are less likely to accept IPV than those in

Table 2. Regression model showing the predictors of justification of IPV among women

Predictors	North (Model 1)					South (Model 2)				
	B	P	AOR	95% C.I.forEXP(B)		B	P	AOR	95% C.I.forEXP(B)	
				Lower	Upper				Lower	Upper
Age										
30 years and above	-.077	.105	.926	.843	1.016	.055	.506	1.056	.899	1.240
Education										
Primary	-.029	.688	.971	.843	1.120	.225	.090	1.252	.965	1.624
Secondary	.014	.867	1.014	.859	1.198	.249	.081	1.283	.970	1.698
Tertiary	-.131	.396	.877	.648	1.187	.104	.617	1.110	.738	1.669
Educational difference										
Wife is more educated	-.143	.007	.867	.782	.961	.026	.793	1.027	.843	1.251
Husband is more educated	-.254	.015	.776	.632	.951	.208	.022	1.231	1.031	1.471
Religion										
Islam	.748	<0.001	2.112	1.826	2.443	-.496	<0.001	.609	.489	.758
Traditional	1.831	<0.001	6.242	2.844	13.701	-.065	.898	.937	.348	2.522
Employment										
Employed	.902	<0.001	2.463	2.009	3.020	-.106	.686	.899	.536	1.507
Wealth level										
Poorer	-.219	<0.001	.804	.714	.904	-.164	.298	.849	.624	1.156
Middle	-.336	<0.001	.715	.625	.818	-.520	.001	.594	.443	.797
Wealthy	-.640	<0.001	.527	.444	.626	-.748	<0.001	.473	.350	.641
Wealthiest	-1.038	<0.001	.354	.275	.456	-1.434	<0.001	.238	.169	.337
Marriage type										
Polygamy	.076	.114	1.079	.982	1.185	.414	<0.001	1.513	1.268	1.807
Extramarital sex										
Engaged	.720	.082	2.055	.914	4.624	.240	.393	1.271	.733	2.203
Smoking										
Yes	.278	.673	1.321	.363	4.804	.079	.922	1.083	.220	5.319
Frequency of internet use										
Less than once a week	-.061	.840	.941	.519	1.705	-.047	.843	.954	.599	1.519
At least once a week	-.458	.088	.633	.374	1.070	-.867	<0.001	.420	.259	.683
Almost every day	-.749	.003	.473	.287	.778	-1.174	<0.001	.309	.183	.521
Decision on earning										
Joint decision	-.089	.313	.915	.770	1.087	-.043	.609	.958	.812	1.130
Partner alone	.316	<0.001	1.371	1.186	1.585	.057	.662	1.058	.820	1.366
Decision on healthcare										
Joint decision	.483	<0.001	1.621	1.262	2.083	-.223	.060	.800	.635	1.010

(Continued)

Table 2. (Continued)

Predictors	North (Model 1)					South (Model 2)				
	B	P	AOR	95% C.I.forEXP(B)		B	P	AOR	95% C.I.forEXP(B)	
				Lower	Upper				Lower	Upper
Partner alone	1.151	<0.001	3.161	2.526	3.956	-.355	.004	.701	.552	.891
Decision on household purchases										
Joint decision	.297	.060	1.346	.988	1.834	.042	.760	1.043	.795	1.369
Partner alone	-.058	.699	.943	.703	1.267	.183	.174	1.201	.923	1.562
Reading newspaper										
Less than once a week	-.035	.789	.966	.747	1.248	.007	.950	1.007	.811	1.250
At least once a week	.141	.489	1.152	.772	1.718	-.108	.568	.898	.620	1.300
Listening to radio										
Less than once a week	-.314	<0.001	.730	.647	.824	.059	.551	1.061	.873	1.288
At least once a week	-.380	<0.001	.684	.606	.772	.171	.068	1.186	.987	1.425
Watching TV										
Less than once a week	-.118	.116	.889	.767	1.029	.017	.856	1.018	.843	1.228
At least once a week	.125	.132	1.133	.963	1.332	-.342	.001	.711	.586	.862
Constant	-2.493	<0.001	.083			-1.049	.002	.350		

Reference categories: less than 30 years old; no formal education; equal education for both partners; Christianity; unemployed; poorest; monogamous marriage; not engaged in extramarital affairs; does not smoke; no internet use; respondent alone makes decisions on earnings, health care and household purchases; no reading of newspapers, no listening to the radio and no watching television'

the aforementioned class (i.e poorest), and the influence is such that, the odds of acceptance reduces as wealth level increases across the two regions. However, the wealth variables do not have a significant influence on the actual experience of IPV in models 3 and 4.

There are considerable differences in the influence of employment as the study shows that it is a significant predictor of IPV acceptance in the north but not in the south. Regarding IPV experience, model 4 shows that, in the south, employed women have less likelihood of being victims of IPV compared to unemployed wives (AOR: 0.363; $p < 0.001$), but this relationship does not appear to hold in the north (AOR: 1.438, p not significant). Table 4 shows that the probability of IPV experience for unemployed and working women in the south is 13.1% and 19% respectively, but 45.1% and 24.6% respectively in the north ($p < 0.001$). This suggests that employment increases the vulnerability of women to IPV in the north but reduces it in the south; this is an indication that attempts to reduce the rate of IPV in the north should transcend women empowerment via employment.

The study shows regional differences in the influence of internet use on IPV experience, but the pattern of influence on IPV acceptance is consistent – respondents who use the internet everyday have lower likelihood of IPV acceptance compared to those who do not use the internet (AOR: 0.473, $p < 0.001$ in the north; AOR: 0.309, $p < 0.001$ in the south). Regarding the influence on actual experience of IPV in the north, respondents who use the internet less than once a week are 2.6 times more likely to be victims of IPV than those who do not use it at all. But the trend is not consistent as women who use the internet at least once a week are less likely to be victims than women who do not use it at all ($p > 0.05$). In the south, those who use the internet everyday are less likely to be victims (AOR: 0.592; $p < 0.001$).

Table 3. Regression model showing the predictors of experience of IPV among women

Predictors	North (Model 3)					South (Model 4)				
	B	P	AOR	95% C.I.forEXP(B)		B	P	AOR	95% C.I.forEXP(B)	
				Lower	Upper				Lower	Upper
Age										
30 years and above	.037	.748	1.037	.829	1.298	-.090	.390	.914	.745	1.121
Education										
Primary education	-.122	.462	.885	.640	1.225	.408	.055	1.504	.991	2.284
Secondary education	-.211	.276	.810	.554	1.184	.125	.577	1.133	.731	1.757
Tertiary education	-.664	.043	.515	.270	.979	-.648	.026	.523	.296	.924
Educational difference										
Wife is more educated	.115	.603	1.122	.726	1.734	.429	.001	1.536	1.188	1.987
Husband is more education	.182	.138	1.200	.943	1.527	.706	<0.001	2.026	1.442	2.846
Religion										
Islam	-.707	<0.001	.493	.374	.649	-1.169	<0.001	.311	.224	.431
Traditional	.453	.469	1.573	.461	5.368	-.473	.553	.623	.131	2.976
Employment										
Employed	.363	.160	1.438	.867	2.385	-1.013	.001	.363	.200	.659
Wealth level										
Poor	.058	.704	1.059	.787	1.426	-.095	.717	.910	.545	1.519
Middle	-.096	.571	.908	.651	1.267	-.088	.720	.916	.568	1.479
Wealthy	-.224	.290	.799	.528	1.210	.016	.948	1.016	.626	1.650
Wealthiest	-.494	.090	.610	.345	1.080	-.267	.313	.766	.456	1.285
Marriage type										
Polygamy	.115	.351	1.122	.881	1.430	.423	.002	1.527	1.171	1.992
Extramarital sex										
Engaged	1.397	.087	4.043	.817	20.008	.658	.124	1.931	.836	4.462
Smoking										
Yes	1.783	.186	5.950	.423	83.747	.718	.394	2.049	.394	10.671
Internet use										
Less than once a week	.940	.034	2.560	1.073	6.106	.278	.298	1.320	.782	2.228
At least once a week	-.555	.278	.574	.210	1.565	.073	.740	1.075	.701	1.650
Almost every day	.564	.153	1.758	.811	3.812	-.524	.026	.592	.373	.940
Decision on earning										
Joint decision	.295	.065	1.343	.982	1.836	.116	.296	1.123	.903	1.395
Partner alone	-.752	.002	.471	.296	.751	.033	.847	1.033	.742	1.439
Decision on healthcare										
Joint decision	-.452	.048	.636	.406	.996	-.399	.016	.671	.486	.928

(Continued)

Table 3. (Continued)

Predictors	North (Model 3)					South (Model 4)				
	B	P	AOR	95% C.I.forEXP(B)		B	P	AOR	95% C.I.forEXP(B)	
				Lower	Upper				Lower	Upper
Partner alone	-.285	.164	.752	.503	1.124	-.142	.389	.868	.628	1.199
Decision on household purchases										
Joint decision	.192	.487	1.211	.706	2.080	-.026	.888	.974	.680	1.397
Partner alone	-.468	.074	.626	.375	1.047	-.085	.634	.918	.647	1.304
Reading newspaper										
Less than once a week	-.322	.238	.725	.425	1.237	-.027	.848	.973	.739	1.282
At least once a week	-.353	.392	.702	.312	1.579	.314	.127	1.369	.914	2.051
Listening to radio										
Less than once a week	-.040	.777	.961	.728	1.268	-.327	.015	.721	.554	.939
At least once a week	.093	.530	1.097	.822	1.464	-.284	.023	.753	.589	.961
Watching TV										
Less than once a week	.309	.058	1.362	.990	1.874	-.290	.043	.748	.565	.990
At least once a week	.004	.984	1.004	.695	1.451	-.011	.933	.989	.763	1.282
Constant	-.748	.048	.473			.241	.586	1.272		

Reference categories: less than 30 years old; no formal education; equal education for both partners; Christianity; unemployed; poorest; monogamous marriage; not engaged in extramarital affairs; does not smoke; no internet use; respondent alone makes decisions on earnings, health care and household purchases; no reading of newspapers, no listening to the radio and no watching television'

Discussion

This study concurrently investigates the influence of 12 factors (i.e., age, level of education, educational difference between spouses, religion, employment, wealth level, marriage type, extramarital sex, smoking, internet use, decision making, and media exposure) on the justification of IPV and its actual experience among married women in Nigeria, and how the associations vary between northern and southern survey respondents.

Regional variation in the rate of IPV experience and acceptance

The study shows that acceptance of IPV is higher in the north than in the south, but the actual experience of IPV does not follow a similar pattern. This finding appears to defy logic as one will expect higher IPV experience in the region where it is perceived more as 'normal' for a husband to use beating to correct his wife. But this underpins the differences in the social systems of the regions, which is the main focus of this study. It is important to note that having a relatively lower rate of IPV experience in the north does not connote women's autonomy nor mean that northern women are better treated in marriage than those in the south. While the CSCFH explains the regional difference in the acceptance of IPV, it fails to account for the difference in actual experience of IPV.

Earlier explanations and implications are that actual IPV experience rate (but not its acceptance) is usually underreported in the north due to women's absolute submissiveness to their husband (see Nwabunike & Tenkorang, 2017), but this study has an alternative explanation as to why acceptance of IPV is higher in the north but actual experience of it is higher in the south. Firstly, in the core north (north west and most part of north east), the overwhelming majority are Muslims

Table 4. Differences in mean probability across groups

	Acceptance of IPV		Experience of IPV	
	North	South	North	South
	(Based on Model 1)	(Based on Model 2)	(Based on Model 3)	(Based on Model 4)
Mean	.3437197	.1348246	.1866971	.2497551
Age	P<0.001	P<0.05	P<0.001	P<0.001
Less than 30	.3669357	.1311550	.1753960	.2602647
30 and above	.3290388	.1362423	.1938435	.2456950
Education	P<0.001	P<0.001	P<0.001	P<0.001
No education	.4098193	.1832431	.1800836	.2089390
Primary	.3146789	.1890095	.2127647	.3017911
Secondary	.2416585	.1314676	.2057140	.2695293
Higher	.1366660	.0557881	.1376229	.1401052
Educational differences	P<0.001	P<0.001	P<0.001	P<0.001
Equal education	.3518120	.1224482	.1740873	.2510565
Wife is more educated	.2763824	.1326478	.1881399	.2856900
Husband is more educated	.3443132	.1704752	.2096058	.2183250
Religion	P<0.001	P<0.001	P<0.001	P<0.001
Christianity	.1801191	.1415398	.2832731	.2748251
Islam	.3842669	.0967218	.1609005	.1131955
Traditional	.7500000	.1834471	.3457704	.2036547
Employment	P<0.001	P>0.05	P<0.001	P<0.001
Unemployed	.2241130	.1275115	.1308909	.4506619
Employed	.3516142	.1349646	.1903805	.2459097
Wealth level	P<0.001	P<0.001	P<0.001	P<0.001
Poorest	.4474016	.2733556	.1750581	.3013659
Poorer	.3784163	.2467817	.2109580	.2833153
Middle	.3328217	.1819754	.1963169	.2876751
Wealthy	.2530413	.1351162	.1775291	.2777377
Wealthiest	.1440882	.0551948	.1507820	.1844833
Marriage type	P<0.001	P<0.001	P<0.01	P<0.001
Monogamy	.3139805	.1223319	.1891802	.2364500
Polygamy	.3858957	.2079686	.1831756	.3276555
Extramarital sex	P>0.05	P<0.001	P<0.001	P<0.001
No	.3438361	.1340933	.1853344	.2469018
Yes	.3094219	.1935484	.5881571	.4788750
Smoking	P>0.05	P<0.05	P<0.001	P<0.001
No	.3437411	.1347383	.1861506	.2495013

(Continued)

Table 4. (Continued)

	Acceptance of IPV		Experience of IPV	
	North	South	North	South
	(Based on Model 1)	(Based on Model 2)	(Based on Model 3)	(Based on Model 4)
Yes	.3288494	.2000000	.5668954	.4413600
Frequency of internet use	P<0.001	P<0.001	P<0.001	P<0.001
Not at all	.3569570	.1566528	.1873307	.2681119
Less than once a week	.1595745	.0927167	.2848420	.2441359
At least once a week	.1034483	.0388548	.0948861	.2047080
Almost every day	.0889507	.0245280	.1903064	.1218581
Decision on respondent's earning	P<0.001	P<0.001	P<0.001	P<0.001
Respondent alone	.3430220	.1368204	.1856227	.2438448
Respondent and partner	.2368504	.1254671	.2858591	.2537532
Partner alone	.4619814	.1604148	.0908511	.2736819
Respondent's health care	P<0.001	P<0.001	P<0.001	P<0.001
Respondent alone	.1506633	.1643515	.2620324	.3004087
Respondent and partner	.2467613	.1246262	.2324090	.2294407
Partner alone	.4078951	.1389129	.1583834	.2646351
Large household purchases	P<0.001	P<0.001	P<0.001	P<0.001
Respondent alone	.1861042	.1484755	.2723182	.2975720
Respondent and partner	.2877356	.1250791	.2578302	.2363142
Partner alone	.3777375	.1509876	.1505571	.2608579
Reading newspaper	P<0.001	P<0.001	P<0.001	P<0.001
Not at all	.3560557	.1484966	.1900824	.2603388
Less than once a week	.1888442	.1036741	.1488107	.2081973
At least once a week	.1875000	.0652870	.1325082	.2325479
Listening to radio	P<0.001	P<0.001	P<0.05	P<0.001
Not at all	.4052986	.1547957	.1883065	.3190401
Less than once a week	.2737648	.1337928	.1877252	.2194261
At least once a week	.2827624	.1254776	.1824878	.2359915
Watching TV	P<0.001	P<0.001	P<0.001	P<0.001
Not at all	.3962188	.2051371	.1808031	.3164261
Less than once a week	.2607234	.1524142	.2314580	.2169541
At least once a week	.2325859	.0903629	.1720225	.2357930

(NPC & ICF, 2019), and the Shari'a Law is infused with a sense that women should submit to their husband. In fact, an earlier study has shown that Muslim women believe that the key to their paradise lies with their husband (Eidhamar, 2018). Hence, we see why submission of women to their husbands is higher in the north, and this explains the high rate of IPV acceptance in

the region. So no matter what the husband does, if the wife does not challenge him, then IPV may not be said to have happened. But in the south, there is more sympathy for equal gender rights, so women may challenge their husbands on domestic issues and decisions, and this may be the beginning of IPV. This is not to say that keeping mute in the face of adversity is a way of avoiding IPV.

Secondly, the finding that experience of IPV is higher in the south (31.2% in south east, 33.2% in south south and 14.1% in south west) is in consonance with an earlier study by Nwabunike and Tenkorang (2017), who reported that experience of sexual and emotional violence was more rampant among Igbo women who are predominant in the south east and partly in the south south than the two other dominant groups (Yoruba of south west and Hausa of the north) in the country. This may be explained by a bride's wealth or bride price or bride dowry. Bride wealth is high in the two regions of south east and south south [especially south east (Nwatu and Nwogugu, 2018)], which may cause frustration among men and indicates transfer of right from the bride to the groom (Nwabunike and Tenkorang, 2017). High bride wealth may suggest that women are commodities to be sold and bought and reduces their autonomy (Heeren et al. 2011; Dodoo et al., 2014).

Thirdly, earlier studies have established that infidelity or suspicion of it is a major cause of confrontation and wife-beating (Braun, 2017; Pichon et al., 2020). In the core north, women rarely travel alone, and some of them practise the *Purdah* system and stay at home to the extent that many of them do not go to mosque to pray but worship at home. As shown in table 1, 38% of women in the north are not working, compared to 13.6% in the south. So reasons for a man to be suspicious of his wife are less common, though exists. In the south, however, many women can go out, they can board the same motorcycle with a man who is not their husband, they work and travel freely – so there is a greater likelihood for the husband to become suspicious of the wife, and this may lead to IPV.

Four, section 55(1)(d) of the Penal Code of Northern Nigeria permits wife-beating (i.e., it is not an offence) if both parties are married, and if there is no grievous harm. As a result, women may be much more submissive in order to avoid beating – which usually begins with confrontation and trading of words – even when their rights are being trampled upon. Lastly, a number of studies have shown evidence that alcohol consumption increases the risk of IPV in Nigeria (Onigbogi et al., 2015, Wusu, 2015; Dim, 2019). Since alcohol consumption is restricted in the core-north, but allowed in the south, it is plausible that men in the south will be more prone to alcohol consumption and consequently exhibit aggression and violence than their counterparts in the north. The study by Nwabunike & Tenkorang (2017) using earlier NDHS data did show that Hausa women of the north reported less alcohol consumption by their husband than did Yoruba and Igbo women of southern Nigeria.

Factors influencing IPV experience and acceptance

This study found that the association between IPV acceptance and experience is bi-directional. While some studies reported IPV acceptance as a predictor of IPV experience (WHO, 2010; Benebo et al., 2018), others report that IPV experience (Kunnuji, 2014) and experience of inter-parental violence (Aboagye et al., 2021) are predictors of IPV justification. Hence, this study advises caution when drawing an association/conclusion between IPV justification and IPV experience.

The finding on education is that tertiary education is the turning point as respondents with tertiary education have the lowest likelihood of IPV experience across the two regions. The studies by Alo et al. (2012), Wusu (2015) and Alabi and Ramsden (2021) are consistent with our study as they reported that having post-secondary education reduces the likelihood of women's IPV victimisation and justification in Nigeria. Other studies reported reduced IPV experience and acceptance of it as the level of education increases (Oyediran, 2016; Nwabunike & Tenkorang, 2017;

Dim, 2019; Dim & Olayinka, 2019). The finding of this study can be explained because tertiary education may increase negotiation skills, self-autonomy, and knowledge of human rights (Alabi and Ramsden, 2021). While tertiary education has been established to reduce IPV risks for women, marrying a husband with higher level of education is also important for such educated women. For instance, Onigbogi et al. (2015) reported that women who are married to husbands with little or no education are more likely to experience IPV than those whose husbands are well educated.

Differences in education between spouses show regional variation as the regression models indicate that, in the south, when there is difference in education between spouses (not minding which partner has the greater education), women's odds of IPV experience are higher than when partners have equal level of education. The finding of Dim and Ogunye (2017) who reported that in Lagos, Nigeria, women who had lower education compared to their spouse are more likely to be victims of IPV than those who have equal education with their spouse gives some credence to the current research. What is not clear is why southern women who are more educated than their husband have higher odds (1.5) of being victimised. Future studies intending to understand the impact of education and educational difference might investigate this further, perhaps using a qualitative approach, and attempt to unravel the educational trajectories of women and their spouse from the beginning of their marriage and the consequent trend in women's experience of spousal abuse and threats.

Regarding religion, this study shows that Muslim women in the north are more likely to accept IPV than their Christian counterparts, but the reverse is the case in the south. There appears to be a consensus in earlier studies in Nigeria and elsewhere that supports the finding that Muslim women are more likely to justify IPV than Christians (Obeid et al., 2010; Doku & Asante, 2015; Oyediran, 2016; Dickson et al., 2020), and this may be because of the point – which has been debated – that Islam allows the husband to correct an erring wife via beating. Earlier studies in Nigeria did not run a separate analysis for different regions. This study has shown the importance of the socio-cultural and the economic make-up of an environment in shaping the religion and worldviews of people. The regional difference in the influence of religion is an indication that the way a religion is practiced may be a function of the socio-cultural and economic formation of an environment. A reason why Muslim women accept IPV in the north, as discussed earlier, may be due to the Penal Code of northern Nigeria, which permits the husband to beat his wife but not to the extent of causing grievous bodily harm – defined as being hospitalised for at least 21 days (see Obidiebube, 2018). The finding that Muslim women are less likely to be victims of IPV than Christians across the two regions is supported by Dim and Olayinka (2019) and Ahinkorah et al. (2018), who found that Christians experience IPV more than Muslims.

This study found some differences in the influence of marriage type as the regression models show that polygyny significantly increases risks of both IPV acceptance and experience in the south but not in the north. Earlier studies have reported a link between polygyny and IPV experience among women in Nigeria (Adegbite & Ajuwon, 2015; Onigbogi et al., 2015; Berhman, 2019) and other countries (Jansen & Agadjanian, 2020). The reason for this is that competition, rivalry, and quarrels may occur among co-wives in polygynous unions (Onigbogi et al., 2015) and the husband may resort to IPV in 'correcting' them.

The finding on employment shows that being employed reduces the odds of IPV experience among women in the south, but it may increase the likelihood of IPV acceptance and experience of it in the north. Earlier studies have found mixed results, but this study investigates the pattern. It was realised that studies that used the nationally representative data – especially the DHS – in Nigeria (Dim, 2019; Dim & Olayinka, 2019) and Ghana (Ghana Statistical Service et al., 2009) give credence to the finding from the north while those conducted in a community in one state or a geopolitical zone in southern Nigeria (Alo et al., 2012; Onigbogi et al., 2015) support this study's finding from the south. Another study among 2000 women in Ghana supports the finding from northern Nigeria that being employed increases the risk of IPV for women (Ogum Alangea

et al., 2018). Analysis of 31 developing countries, excluding Nigeria, using the DHS data also shows that female employment increases their risk of IPV, and the situation is worse if a man is unemployed, but his wife has improved employment opportunities or earns more than the husband (Bhalotra et al., 2019).

Conclusion

This study has shown that regional variation exists not only in IPV acceptance and IPV experience, but also in some predicting factors such as religion, employment, educational difference, polygyny, internet use, decision making, etc. While IPV acceptance is higher in the north than in the south, the reverse is the case for actual experience of IPV. Consequently, attempts geared towards IPV reduction in Nigeria should consider these variations as well as sociocultural differences across regions. The findings of this study on regional differences in the prevalence of IPV acceptance supports the logic of CSCFH. However, the findings on IPV experience contradicts the tenets of theory. Like earlier studies (Alabi et al., 2020; Alabi & Badru, 2021; Adejoh et al., 2022), this study has contributed to CSCFH and argued that being 'conservative' does not necessarily attract failure neither does being 'cosmopolitan' lead to success in all social and health outcomes. The association between IPV experience and IPV acceptance is not clear, and future studies, in this regard, should be careful about making causal inferences.

Limitation of the Study

The study has a few limitations. First, this study treated six geo-political zones as two entities (i.e., north and south). This may not account for the differences within each region as the behaviour of residents from the north central may be quite different from those from the core north (north west and north east), and those from south east may be different from their counterparts in the south west. Perhaps, future studies may consider each geopolitical zone separately. Second, NDHS relies on self-account of the respondents which is prone to biases, under and over-reporting of information. Third, the study has treated one-off and repeated victims as one entity. By implication, those who have experienced IPV just once in their decades of marriage are put in the same category as those who experience it continuously. Future studies should attempt distinguishing between those who reported occurrence 'frequently' from 'sometimes', and 'yes, but not in the last 12 months' and analyse them separately to identify repeated victims who may need urgent treatment and intervention. Four, the findings on extramarital sex should be used with caution. Nigeria is a patriarchal society where it may be very difficult for women to divulge information on their own involvement in extramarital affairs to a researcher. Despite these limitations, this study has contributed to the literature on risk factors associated with IPV and its acceptance, and demonstrated that policy interventions may need to consider socio-cultural differences across geographical locations.

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Ethical Approval. The latest 2018 NDHS was approved by the Institutional Review Board of ICF with number ICF IRB FWA00000845. The survey was also approved by Nigeria's National Health Research Ethics Committee (NHREC) with approval number NHREC/01/01/2007. Permission to use the data was sought from the DHS programme office. The rationale for using the data and country of research interest was stated in the online request form (<https://dhsprogram.com/data/newuser-registration.cfm>). Access to the data was granted after consideration of the researchers' request. The researchers did not consider any ethical issues as the data were anonymous. Furthermore, the DHS programme office followed all necessary ethical guidelines before and during data collection. The authors assert that this work complies with the ethical standards

of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

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