

ORIGINAL RESEARCH ARTICLE

Prevalence of intimate partner violence against women in Republic of Benin

DOI: 10.29063/ajrh2021/v25i4.7

Chung-Ya Ou¹, Masuma Yasmin², Gainel Ussatayeva³, Ming-Shinn Lee⁴, Koustuv Dalal^{*3,5}

Department of Public Administration, Nanfang College, Sun Yat-Sen University, Guangzhou, PR China¹; Independent Researcher, Kolkata, India²; Department of Epidemiology, Biostatistics and EBM, Faculty of Medicine and Health Care, al-Farabi Kazakh National University, Almaty, Kazakhstan³; Department of Education and Human Potentials Development, National Dong-Hwa University, Hualien, Taiwan⁴; Division of Public Health Science, School of Health Sciences, Mid Sweden University, Sundsvall, Sweden⁵

*For Correspondence: Email: koustuv.dalal@miun.se; koustuv2010@hotmail.com

Abstract

The present study was conducted to estimate the prevalence of intimate partner violence against women (IPVAW) of reproductive age in Benin and to assess the factors related to the experience of IPVAW and attitude towards wife beating among women. The study also assessed whether a family history of violence is a risk factor for experiencing IPVAW. The study used the Benin Demographic and Health Survey 2017-18 data for analyses. A national representative sample of 4488 ever married women was selected to respond to a domestic violence and abuse questionnaire. Cross-tabulation and multivariate logistic regression analyses were performed. The prevalence of IPVAW experience in Benin was as follows: emotional violence, 35.4%; physical violence, 18.4%; and sexual violence, 8.2%. Older age, rural residence, the practice of Vodoun religion, living in a household headed by a male member, family history of domestic violence, and attitudes towards wife beating were significantly associated with the prevalence of IPVAW. Thirty-two percent of women supported wife beating. Women residing in urban areas, having higher educational qualification, higher socioeconomic status, and no family history of domestic violence were less likely to support wife beating. Policymakers should place emphasis on evidence-based prevention programs, gender equality, women empowerment, and policy priority for curbing IPVAW. (*Afr J Reprod Health* 2021; 25[4]: 63-75).

Keywords: Benin; intimate partner violence; prevalence; wife beating

Résumé

La présente étude a été menée pour estimer la prévalence de la violence conjugale contre les femmes (IPVAW) en âge de procréer au Bénin et pour évaluer les facteurs liés à l'expérience de l'IPVAW et à l'attitude envers la violence conjugale chez les femmes. L'étude a également évalué si les antécédents familiaux de violence sont un facteur de risque de subir une IPVAW. L'étude a utilisé les données de l'Enquête démographique et de santé du Bénin 2017-18 pour les analyses. Un échantillon national représentatif de 4488 femmes déjà mariées a été sélectionné pour répondre à un questionnaire sur la violence domestique et les abus. Des tableaux croisés et des analyses de régression logistique multivariée ont été effectués. La prévalence de l'expérience IPVAW au Bénin était la suivante : violence émotionnelle, 35,4 % ; violence physique, 18,4 % ; et violences sexuelles, 8,2 %. L'âge plus avancé, la résidence rurale, la pratique de la religion Vodoun, le fait de vivre dans un ménage dirigé par un membre masculin, les antécédents familiaux de violence domestique et les attitudes envers la violence conjugale étaient significativement associés à la prévalence de l'IPVAW. Trente-deux pour cent des femmes étaient favorables au fait de battre leur femme. Les femmes résidant dans les zones urbaines, ayant un niveau d'instruction plus élevé, un statut socio-économique plus élevé et aucun antécédent familial de violence domestique étaient moins susceptibles de soutenir le fait de battre leur femme. Les décideurs politiques devraient mettre l'accent sur les programmes de prévention fondés sur des données probantes, l'égalité des sexes, l'autonomisation des femmes et la priorité politique pour lutter contre l'IPVAW. (*Afr J Reprod Health* 2021; 25[4]: 63-75).

Mots-clés: Bénin; la violence conjugale; prévalence; femme battant

Introduction

Intimate partner violence against women (IPVAW) is a critical public health issue, having far reaching

consequences on women's health and well-being¹⁻⁵. It affects high, middle, and low income countries and violates fundamental human rights⁶. IPVAW is a type of violence against women which is

perpetrated by their husbands or intimate partners^{7,8}. A WHO study stated that the prevalence of occurrence of IPVAV ranged widely, especially more prevalent in low- and middle-income countries^{2,3}.

IPVAW has several long-term effects on the physical, mental, and sexual, and reproductive health of women^{3,5,9}. It also has various health, familial, social, and economic effects⁷. Women who witness domestic violence in the family during their childhood experience more IPVAV themselves^{2,7}. Similarly, men having a history of domestic violence in the family during their childhood tend to abuse their partners more^{10,11}. Abuse of children is more common in homes where IPVAV is present¹²⁻¹⁴. Therefore, IPVAV has various long-term consequences, affecting both women, as well as their children and families.

In low- and middle-income countries like Benin, due to the deep-rooted existence of male patriarchy in the society, women are often mistreated, oppressed, and objectified¹⁵. They are assumed as the weaker sex and are assigned an inferior role in both the family as well as society. There is the inherent belief that men are supposed to earn money for the family, while women are supposed to look after the household and children^{6,15,16}. Most often, it is believed that IPVAV is stimulated by women's disrespectful attitude towards their partners^{11,17}. Women who justify wife beating are of the belief that they are themselves responsible for the violence inflicted on them by their husbands or intimate partners¹⁵. Moreover, due to the normalization of violence against women in society, women tend to perceive it as cultural norms and accept it^{11,18}. Several factors were found to predict attitudes supportive of wife beating including younger age, rural location, no education, poor socio-economic status, the practice of Vodoun or other traditional religions, and family history of domestic violence¹⁵. Due to the fear of stigmatization, violence against women often goes unreported¹⁹. A countrywide survey during 2010, indicated that 69% of the women in Benin were exposed to violence at least once in their lives¹⁵. Hence, there is a need for estimating the latest prevalence of IPVAV and for further in-depth

studies in order to understand the underlying causes behind IPVAV in Benin, which might help in taking better action and formulation of policies, in the long run.

The current study was conducted to estimate the prevalence of IPVAV experience among women of reproductive age in Benin and to assess the factors related to the experience of IPVAV and attitude towards wife beating among women. Moreover, the study aimed to explore whether witnessing violence at an early age emerges as a risk factor for experiencing IPVAV during adult or later stage.

Methods

Benin is situated in Western Africa. The country is surrounded by Nigeria in the East, Niger in the North, Burkina Faso, and Togo in the West, and North Atlantic in the South. The current population of Benin is 12 123 200. Benin has an earth area of 114 763 square kilometres. The present study has incorporated data from the Benin Demographic and Health Survey (BDHS), which was conducted from Nov 2017 – Feb 2018²⁰. The BDHS-V was the fifth survey conducted during 2017-2018 in Benin after the previous four surveys in BDHS 1996, BDHS 2001, BDHS 2006, and BDHS 2011–12.

The BDHS-V was intended to provide demographic, socioeconomic, and health indicators focusing on women of reproductive age (15 -49 years) and men (15 -64 years), at rural, urban, regional and national levels. The BDHS-V followed a stratified two-stage cluster sampling technique, like previous BDHSs. At first, the list of enumeration areas was developed based on the 2013 Population Census sampling frame. Then 555 Primary Survey Units (PSUs) or clusters were selected from the list of enumeration areas using the probability proportional to size (PPS) technique. From each cluster, counting and listing of households were done. Then from each cluster, 26 households were selected from both urban (251 clusters) and rural (304 clusters) areas, using a systematic draw on equal terms. A total of 14 435 households (6528 in urban and 7907 in rural areas) were selected. All women of reproductive age (15-49 years), who were usually living in the selected

households and slept in the same household the night before the survey was conducted, were eligible for the interview. Data collection was done through face-to-face interviews by using pre-tested questionnaires. In total, 16 233 women were selected to be interviewed and 15 928 interviews (98.1% response rate) were completed. For the domestic violence questionnaire, ever-married women were invited to answer the domestic violence assessment (N=4488). More detail of data collection of BDHS 2017 -18 is available elsewhere²⁰.

Variables of interest

Dependent variable

IPVAW was defined as the respondent being exposed to one or several episodes of Emotional violence, Physical violence, or sexual violence⁷. The emotional violence questionnaire consisted of whether husband/partner ever humiliated, threatened, or insulted. The original questionnaire consisted of two different physical violence, viz. less severe and severe physical violence. The less severe physical violence questionnaire asked the respondent whether her husband/partner ever pushed, shook, slapped, punched, dragged, or kicked her. The severe physical violence questionnaire asked the respondent whether her husband/partner ever tried to burn, choke, or attacked with a knife/gun/other weapons. However, in the current analysis, we have created a single variable, physical violence, by combining the above two variables, less severe physical violence, and severe physical violence. For the sexual violence questionnaire, respondents were asked whether their husband/partner ever forced her to have penetrative sex.

To assess women's attitude towards wife beating, participants were asked five questions, whether she justified wife beating by the husband/partner if the wife goes out without informing; neglects the child; burns food; quarrels; and declines sexual activities with husband. All the questions had dichotomous options, "yes" or "no". In the current study, by merging all the five questions, we generated a single binary outcome

variable, 'Beating justified for any reason' with dichotomous options, "yes" or "no"¹¹.

Independent variables

The demographic and socio-economic characteristics are age, place of residence, education, religion, economic status, sex of the household head, family history of violence, working, and annual employment status. Age was estimated and then constructed in seven age groups with five years range: 15–19 years, 20–24 years, 25–29 years, 30–34 years, 35–39 years, 40–44 years, and 45–49 years. Place of residence was dichotomous, i.e. rural or urban. Educational status had four options: no education, primary, secondary and higher education. Religion in the original questionnaire had ten options: Vodoun, Other traditional, Islam, Catholic, Protestant Methodist, Other Protestants, Celestes, Other Christians, Other religions, and No religion. During analysis, we found that bi-variate analyses were not providing results in some religions due to small numbers. Then we created a new variable, Religion modified with five groups, which includes Vodoun, Islam, Catholic, Other Christians, and Other religions. Economic status was measured by widely used wealth index which includes economic items which could suggest selected durable household assets and economic goods such as televisions, bicycles, flooring material; source of drinking water; types of toilet used, etc. Using the statistical method principal component analysis (PCA), selected household assets and economic goods are placed on a continuous normal distribution scale (mean zero and standard deviation one) of relative wealth. Then the continuous scale of standardized scores is grouped into five quintiles which are known as wealth quintiles: poorest, poorer, middle, richer, and richest^{11,12,15,21}. The sex of the household head was dichotomous: male or female. History of family violence was assessed i.e. whether the respondent had witnessed her father ever beat the mother and had options "yes" or "no". Working status was dichotomous: "yes" or "no". Annual employment status had three options: all year round, seasonal or occasional.

Statistical analysis

The current study used secondary data from BDHS-V, which used all necessary sampling techniques which emphasized comparability, consistency, and the best quality in survey results²⁰. Prevalence estimates were calculated to determine the women's justification of wife beating and experiencing emotional, physical, and sexual violence by husbands / intimate partners. For exploring the cross-relationship between dependent and independent variables, we estimated proportions and conducted χ^2 tests, including adjusted standardized residuals. Considering the large sample size, we also used contingency coefficients (ϕ), to measure the real effect sizes of the independent variables^{22,23}. Effect size was estimated using the contingency coefficient (ϕ). We followed Cohen's suggestion that $\phi \geq 0.10$ is considered as low effect size and $\phi \geq 0.30$ is considered as medium effect size (22). Multivariate logistic regressions were estimated to determine the probable association between wife beating justification, experiencing the three forms of IPVAW, and respondent's demographic and socioeconomic status. Data analysis was done using IBM SPSS v 25.

Results

Among 4488 women respondents of reproductive age, 35.4% of women were exposed to emotional violence, 18.4% women were exposed to physical violence, and 8.2% of women were exposed to sexual violence. Among 15928 women respondents, 32.4% of women supported wife beating.

The prevalence of both emotional violence and physical violence increased with age, while the prevalence of sexual violence decreased with age. The prevalence of all forms of IPVAW was found to be higher among women living in rural areas (emotional violence: 38%; physical violence: 20%; sexual violence: 9%) than among the women living in urban areas (emotional violence: 33%; physical violence: 17%; sexual violence: 7%). An increase in educational status and economic status was found to have a decreasing effect on the prevalence of

IPVAW. Women practicing Vodoun religion experienced more emotional (43%) and sexual violence (11%), whereas women practicing Islam experienced less emotional (31%) and sexual violence (6%), as compared to their counterparts of other religions. Women living in households headed by females experienced less emotional violence (33%) but more physical violence (19%). The prevalence of all the forms of IPVAW was much higher among women who had witnessed domestic violence in childhood (emotional violence: 52%; physical violence: 35%; sexual violence: 16%) than among the women who had not witnessed domestic violence in childhood (emotional violence: 33%; physical violence: 16%; sexual violence: 7%) (Table 1).

Women who were working experienced more IPVAW (emotional violence: 37%; physical violence: 19%; sexual violence: 9%) than women who were not working (emotional violence: 26%; physical violence: 16%; sexual violence: 6%). Women who were employed occasionally experienced more IPVAW than those who were employed all year round. It is important to mention here that age, residential area, education, religion, wealth index, sex of household head, and employment status have very low contingency coefficients ($\phi < 0.1$). Family history of violence has low effect sizes ($\phi = 0.14$ for emotional violence, $\phi = 0.17$ for physical violence and $\phi = 0.11$ for sexual violence) (Table 1).

The supportive attitude towards wife beating was found to increase with the increase in age among the respondents, as the 45 -49 women age group had the highest proportion (37%) of supporting attitude ($P < 0.05$, $\phi = 0.03$). Respondents who were residing in rural areas (37%) supported wife beating more than respondents who were residing in urban areas (26%), ($P < 0.001$, $\phi = 0.12$). However, the supportive attitude was found to decrease with the increase in educational status. About 38% of women had no education, 31% of the women having primary education, 24% of the women having secondary education, and only 6% of the women having higher education supported wife beating ($P < 0.001$, $\phi = 0.14$). The supportive attitude towards wife beating was highest among

Table 1: Demographic and socioeconomic characteristics of experience of different types of intimate partner violence against women

Variables	N	Emotional Violence (% of N)	Physical Violence (% of N)	Sexual Violence (% of N)
Age (years)		P<0.001, φ=0.08	P<0.05, φ=0.06	P=0.308, φ=0.04
15-19	212	23	13	8
20-24	717	29	14	7
25-29	1070	38	20	9
30-34	892	39	20	9
35-39	688	35	20	8
40-44	491	37	19	8
45-49	418	37	19	6
Residential area		P<0.001, φ=0.05	P<0.05, φ=0.03	P<0.05, φ=0.03
Urban	1930	33	17	7
Rural	2558	38	20	9
Education		P<0.001, φ=0.08	P<0.001, φ=0.08	P=0.092, φ=0.03
No education	2852	38	19	9
Primary	883	37	20	8
Secondary	690	27	12	6
Higher	63	21	5	5
Religion		P<0.001, φ=0.08	P<0.05, φ=0.06	P<0.05, φ=0.05
Vodoun	429	43	22	11
Islam	1212	31	19	6
Catholic	1045	33	16	7
Other Christians	1470	38	17	9
Others	332	40	25	10
Wealth Index		P<0.05, φ=0.06	P<0.05, φ=0.07	P<0.05, φ=0.06
Poorest	836	37	18	8
Poorer	810	40	23	9
Middle	883	35	20	9
Richer	942	36	16	9
Richest	1017	31	15	5
Sex of Household Head		P=0.128, φ=0.02	P=0.562, φ=0.01	P=0.909, φ=0.00
Male	3612	36	18	8
Female	876	33	19	8
Family history of wife beating		P<0.001, φ=0.14	P<0.001, φ=0.17	P<0.001, φ=0.11
No	3859	33	16	7
Yes	629	52	35	16
Currently working		P<0.001, φ=0.08	P=0.197, φ=0.03	P<0.05, φ=0.03
No	707	26	16	6
Yes	3781	37	19	9
Employment Status		P=0.173, φ=0.03	P=0.810, φ=0.02	P=0.810, φ=0.01
All year	2704	36	19	9
Seasonal	822	39	17	8
Occasional	351	40	19	9

X² Significance Level p values, Contingency coefficient (φ). Table estimated Chi-square tests and the (adjusted) standardized residual for each group of a variable

the women practicing Vodoun and Islamic religions (38% each), whereas it was found to be lowest among the Catholics (26%), (P<0.001, φ=0.10). In addition, the supportive attitude was found to

decrease with the increase in the economic status of the women (P<0.001, φ=0.15). Moreover, the women who lived in households having a female as household head were found to support wife beating

Table 2. Demographic and socioeconomic characteristics of attitude towards wife beating

Variables	N	Beating Justified (% of N)
Age (years)		P<0.05, φ=0.03
15-19	3335	31
20-24	2916	31
25-29	2971	32
30-34	2195	33
35-39	1905	32
40-44	1333	33
45-49	1273	37
Residential area		P<0.001, φ=0.12
Urban	7045	26
Rural	8883	37
Education		P<0.001, φ=0.14
No education	8762	38
Primary	3116	31
Secondary	3685	24
Higher	365	6
Religion		P<0.001, φ=0.10
Vodoun	1332	38
Islam	4677	38
Catholic	3945	26
Other Christians	4839	30
Others	1135	34
Wealth Index		P<0.001, φ=0.15
Poorest	2856	39
Poorer	2976	36
Middle	2985	39
Richer	3281	33
Richest	3830	20
Sex of Household Head		P<0.001, φ=0.04
Male	12247	34
Female	3681	29
Family history of wife beating		P<0.001, φ=0.07
No	4664	30
Yes	744	40
Currently working		P<0.05, φ=0.03
No	3898	30
Yes	12030	33
Employment Status		P<0.001, φ=0.05
All year	8554	33
Seasonal	2701	35
Occasional	1148	27

X² Significance Level p values, Contingency coefficient (φ). Table estimated Chi-square tests and the (adjusted) standardized residual for each group of a variable

less (29%) than male-headed families (34%), (P<0.001, φ=0.04). The supportive attitude towards wife beating was found to be much higher among the women who witnessed domestic violence in childhood (40%) when compared to women who

did not witness domestic violence in childhood (30%), (P<0.001, φ=0.07). Women who were currently working (33%) supported wife beating more than the women who were not working (30%), (P<0.05, φ=0.03). Women who were seasonal workers (35%) supported wife beating more than the women who were employed all year round (33%) or occasionally (27%), (P<0.001, φ=0.05). (Table 2).

The adjusted ORs indicated that the respondents in the age group of 25-29 years were twice as likely to be exposed to sexual violence (OR: 1.95; CI: 1.20-3.17). Women who were residing in urban areas were less likely to experience emotional violence (OR: 0.83; CI: 0.71-0.97). The women practicing Islam religion were less likely to face emotional violence and sexual violence. In addition, the women living in households headed by males were more likely to face emotional violence (OR: 1.20; CI: 1.01-1.42). The women who never witnessed their fathers beating their mothers were less likely to be exposed to all the three forms of IPVAV (Table 3).

The adjusted ORs indicated that respondents living in urban areas were less likely (OR: 0.73; CI: 0.63-0.85) to support wife beating, when compared to the respondents living in rural areas. Higher educational qualification and higher economic status were found to be significantly associated with a less supportive attitude towards wife beating. In addition, women who did not witness domestic violence in childhood were less likely to support wife beating (OR: 0.68; CI: 0.56-0.81) (Table 4).

Discussion

The current study was conducted to estimate the prevalence of experience of IPVAV among Beninese women. The prevalence of IPVAV experience was found to be: emotional violence, 35.4%; physical violence, 18.4%; and sexual violence, 8.2%. These findings are consistent with another study which was conducted in Nigeria⁶. A recent meta-analysis of IPVAV from sub-Saharan African countries indicated that the prevalence of emotional violence was 29.40%, physical violence was 25.87% and sexual violence was 18.75%²⁴.

Table 3: Multivariate logistic regression for experience of various types of intimate partner violence against women in terms of demographic and socioeconomic characteristics

Variables	Emotional Violence			Physical Violence			Sexual Violence		
	OR	95% CI		OR	95% CI		OR	95% CI	
Age (years)									
15-19	0.62	0.4	0.97*	0.72	0.41	1.28	1.44	0.67	3.09
20-24	0.83	0.63	1.11	0.83	0.58	1.19	1.35	0.78	2.33
25-29	1.12	0.87	1.44	1.19	0.88	1.64	1.95	1.2	3.17***
30-34	1.18	0.91	1.52	1.18	0.86	1.62	1.86	1.14	3.04*
35-39	0.94	0.72	1.23	1.18	0.85	1.63	1.65	0.99	2.75
40-44	1.03	0.78	1.36	1.09	0.77	1.54	1.46	0.85	2.52
45-49	Ref			Ref			Ref		
Residential area									
Urban	0.83	0.71	0.97*	0.94	0.78	1.14	0.89	0.68	1.15
Rural	Ref			Ref			Ref		
Education									
No education	1.41	0.72	2.75	3.28	0.99	10.84	0.97	0.29	3.33
Primary	1.51	0.78	2.95	3.42	1.03	11.29*	0.89	0.26	3.06
Secondary	0.98	0.49	1.92	1.94	0.58	6.49	0.79	0.23	2.76
Higher	Ref			Ref			Ref		
Religion									
Vodoun	Ref			Ref			Ref		
Islam	0.67	0.52	0.86***	0.86	0.64	1.15	0.62	0.41	0.94*
Catholic	0.74	0.58	0.96*	0.76	0.56	1.04	0.78	0.51	1.19
Other Christians	0.86	0.68	1.09	0.77	0.58	1.03	0.89	0.61	1.32
Others	0.84	0.62	1.15	1.05	0.72	1.51	0.99	0.6	1.62
Economic status									
Poorest	1.14	0.88	1.47	1	0.73	1.39	1.69	1.05	2.71*
Poorer	1.25	0.97	1.61	1.29	0.95	1.77	1.79	1.13	2.84*
Middle	1.11	0.87	1.41	1.15	0.86	1.55	1.82	1.18	2.81*
Richer	1.14	0.91	1.42	0.91	0.69	1.21	1.65	1.09	2.49*
Richest	Ref			Ref			Ref		
Sex of Household Head									
Male	1.2	1.01	1.42*	0.92	0.75	1.13	1.02	0.76	1.36
Female	Ref			Ref			Ref		
Family history of wife beating									
No	0.46	0.39	0.56***	0.36	0.29	0.44***	0.39	0.30	0.52***
Yes	Ref			Ref			Ref		
Currently working									
No	Ref			Ref			Ref		
Yes	1.08	0.69	1.67	1.49	0.81	2.76	1.13	0.53	2.39
Employment Status									
All year	Ref			Ref			Ref		
Seasonal	1	0.84	1.19	0.76	0.61	0.96*	0.76	0.56	1.04
Occasional	1.13	0.89	1.43	1	0.75	1.34	0.95	0.63	1.42

***P<0.001, *P<0.05

Another study which was conducted in India stated that about 14% of women experienced emotional violence, 31% experienced less severe physical violence, 10% experienced severe physical violence, and 8% experienced sexual violence⁷. The variations between the countries could be due to the differences in socio-cultural and economic factors,

political situation, cultural norms, and the status of women in society.

Several socio-demographic factors, such as older age, rural residence, the practice of Vodoun or traditional religions, and lack of education acted as predictors of IPVAW in Benin. The prevalence of IPVAW experience was much higher among

Table 4: Multivariate logistic regression for attitude towards wife beating in terms of demographic and socioeconomic characteristics

Variables	Beating Justified		
	OR	95% CI	
Age (years)			
15-19	1.2	0.89	1.63
20-24	0.9	0.69	1.19
25-29	1.06	0.82	1.37
30-34	1.08	0.83	1.39
35-39	0.94	0.71	1.23
40-44	1	0.75	1.34
45-49	Ref		
Residential area			
Urban	0.73	0.63	0.85***
Rural	Ref		
Education			
No education	8.35	2.59	26.89***
Primary	7.43	2.31	23.93***
Secondary	6.48	2.01	20.89***
Higher	Ref		
Religion			
Vodoun	Ref		
Islam	1.06	0.83	1.35
Catholic	0.96	0.75	1.23
Other Christians	0.9	0.71	1.14
Others	0.92	0.68	1.26
Economic status			
Poorest	1.39	1.07	1.79*
Poorer	1.32	1.02	1.69*
Middle	1.68	1.33	2.12***
Richer	1.39	1.11	1.73***
Richest	Ref		
Sex of Household Head			
Male	0.94	0.8	1.09
Female	Ref		
Family history of wife beating			
No	0.68	0.56	0.81***
Yes	Ref		
Currently working			
No	Ref		
Yes	1.37	0.89	2.09
Employment Status			
All year	Ref		
Seasonal	1.07	0.9	1.27
Occasional	0.72	0.56	0.91*

***P<0.001, *P<0.05

women residing in rural areas than among the women residing in urban areas. The probable reason could be that the gender differences and traditional values were more prevalent among the rural people. Men were supposed to go out of the home and earn a livelihood for their families.

Women were expected to be domesticated and take care of the household chores and children. It was believed that women must be obedient to their husbands and should show proper respect to them; otherwise, men were entitled to discipline them. In contrast, the study conducted in India and African countries stated that urban residence was a risk factor for IPVAW^{5,7}. The present study revealed that women practicing Vodoun or traditional religions experienced more emotional and sexual violence, as compared to the women of other religions. This finding is in support of the previous study conducted in Benin¹⁵. The probable reason could be the low status of these women in society, because of which their partners tended to develop a sense of entitlement towards them. The women were mostly mistreated due to the inherent patriarchal society, where women were thought of as second class citizens in their own country. In Benin, Vodoun is practiced as more than a belief system, incorporating guidance of way of life, mainly focusing on patriarchal society. Vodoun also includes philosophy, influences art, dance, and music. Most importantly, it emphasizes religious practices more than modern medicine, as people visit Vodoun priests for various reasons, such as to have a child, to get a job, to settle business issues, to get rid of physical problems including diseases, to be cured, and to control the enemy. Therefore, policy makers could use the channel of Vodoun priests for creating awareness against IPVAW and for promoting gender equality.

The increase in educational qualification and socio-economic status had a considerable effect on the reduction of IPVAW in Benin. This finding is supported by several other studies conducted previously in different countries^{7,15,16,21,24-28}. The economically weaker sections of the society also referred to as oppressed or vulnerable groups are more likely to enact or experience IPVAW within their own communities due to their disempowerment or lack of economic opportunity¹⁵. On the other hand, educated women, belonging to higher socio-economic backgrounds, question and challenge the gender norms existing in a patriarchal society. Due to better decision-making power, they tend to be intolerant towards IPVAW

and choose to leave abusive relationships. It is evident that education and economic well-being are important factors for the prevention of IPVAW. However, working women in Benin experienced more IPVAW than non-working women, which is also indicated by existing literatures^{6,29}. Women stepping out of the house and earning a living was considered a threat to the male ego, because of which women were subjected to higher levels of violence and abuse by their partners. Due to the prevalence of male-dominated society, the working status of women or the changing gender roles were unacceptable to men. As a result, they believed in keeping their wives under control by beating and abusing them³⁰. Therefore, a considerable reduction in IPVAW might be achieved when women's empowerment, in terms of education, employment, and economic independence is combined with bridging the gender differences. The present study also indicated that women living in households headed by females were exposed to less emotional violence but more physical violence. Similarly, the study conducted in India revealed that women living in households headed by females were more exposed to domestic violence, as compared to women living in households headed by males⁷. More in-depth studies exploring such a relationship could enrich the understanding and could help for planning better preventive interventions for IPVAW in Benin.

Family history of domestic violence emerged as a risk factor for IPVAW in Beninese society. The prevalence of IPVAW was much higher among women who had witnessed their fathers abusing their mothers in childhood which is similar to a study carried out in Asia and Africa, stating that women having a family history of domestic violence were more likely to be victimized themselves, than the women who had no such family history^{7,24,28}. Several other studies have also revealed similar findings and established the fact that IPVAW is usually passed on from one generation to the next^{2,28,31,32}. The probable reason could be that due to the existing patriarchal society, men had the inherent belief that they were the stronger gender, and should dominate and abuse women to keep them in control. On the other hand,

women believed that they were the weaker sex, and should be obedient and respectful towards men. A woman, during her lifetime, depends first on her father, then her husband, and finally her sons, mainly for economic reasons^{27,33}. The normalization of domestic violence was the main reason for the acceptance and prevalence of IPVAW¹⁸. Another study conducted among adolescents in Jordan revealed that harsh disciplining by caregivers during the childhood years was a predictor for acceptance of IPVAW³⁴. Therefore, the current study has an immense policy implication for planning immediate preventive action. As the IPVAW in Beninese society is being passed over generations, it is a priority task for controlling IPVAW now, so that the next generation of Beninese women could experience less IPVAW.

The present study also aimed to explore the perceptions of IPVAW among women of reproductive age in Benin. The study findings revealed that 32.4% of women supported wife beating. Another study conducted previously in Benin (2011-12) stated that about 15.8% of women accepted the violence inflicted on them by their husbands or intimate partners¹⁵. It is observed that the acceptance of IPVAW among Beninese women has almost doubled in recent years. The various reasons for justifying wife beating could be burning of the food, arguing with the spouse, going out of the house without informing the spouse, neglecting the household chores, neglecting the children, or being unwilling to have sex with the spouse. A multi-country study indicated that women from 39 countries held attitudes that supported wife beating in a wide range, 2% in Argentina to 90% in Afghanistan, 39% in middle-east and northern Africa, 45% in eastern and southern Africa, and 57% in western and central Africa¹⁷. It is evident that women are culturally conditioned to accept wife beating and the supportive attitude towards domestic violence is being passed on through generations.

Several socio-demographic and economic variables were related to the justification of wife beating given by the women. The current study indicated that the justification of wife beating

increased with the increase in age of the study participants, which is in line with a Nigerian study³⁵. Similar findings were revealed in the previous study carried out in Benin, which stated that the acceptance of IPVAW was highest among married or divorced women (15). However, previous studies conducted in Jordan and Zimbabwe stated that women belonging to the younger age groups were more likely to justify wife beating than the women belonging to the older age groups^{30,36}. In Benin, women with more economic solvency were less likely to support wife beating, which is similar to studies from Africa and Asia^{4,11,24,30,35,36}. Urban women were less likely to support wife beating than rural women, which is further supported by the findings of an Ethiopian study conducted among women of reproductive age³⁷. Due to the deep-rooted cultural norms being widely prevalent in rural areas, women tended to be more submissive towards their partners and justified the violence inflicted on them by their partners. Women practicing Vodoun or Islam religions were found to support wife beating more than women of other religions, which could be seen as the religion playing a role of social control, like in other African countries³⁵. Further investigative studies, probably qualitative studies, are warranted for exploring in Beninese religious context why women practicing Vodoun or Islam religions support wife beating. Low educational status and poor socio-economic background among these women could be important factors contributing to their acceptance of IPVAW^{15,38,39}. Therefore, initial resource constrained preventive activities for IPVAW could target these risk groups of women in Benin. Benin government can consider including awareness and evidence-based informative study materials in the education system, so the younger generation knows and can discuss different issues regarding IPVAW in the Beninese context, which could have a long-term social implication against IPVAW^{7,31,40,41}.

Higher educational qualification and higher economic status were found to be significantly associated with a less supportive attitude towards wife beating which is similar to other African and Asian studies^{4,11,30,35,36}. The present study indicated

that working women supported wife beating more than non-working women, which is similar to an Indian study⁷. With the achievement of higher education along with better economic opportunity, women would be able to develop self-respect and should refuse wife beating. However, in the Beninese context, this is the opposite. Therefore, investigative qualitative studies are warranted to understand why the affluent women of the Beninese society are supporting wife beating. Women who lived in households headed by females held less supportive attitudes towards wife beating, which is similar to other Asian studies^{4,11}. However, we need more such studies from Africa exploring the relationship between the sex of the household head and women's supportive attitude towards wife beating.

Policymakers should focus on the implementation of various interventional strategies in order to prevent IPVAW in Beninese society. There should be targeted action towards oppressed or vulnerable groups, including rural communities, people practicing Vodoun and Islam religions, and uneducated and economically weaker sections of Beninese society. Religious leaders could have a major role to play in the achievement of gender equity in households and society. Women empowerment in terms of education, employment, and financial independence must be achieved, along with bridging gender differences. Evidence indicated that the shared decision-making power of women in the family would elevate their status in society, thereby reducing the prevalence of IPVAW^{2,37,40}.

The current study has incorporated the BDHS-V data in Benin, which is a nationally representative sample, and hence, there is a better generalization of the findings. The rigorous sampling methodology, having a high response rate, and instruments used in the survey follow the ethical standards for research in IPVAW, set by the National Ethics Committee for Health Research, Benin. A recent review study has indicated that mostly in high-income countries screening in the healthcare settings has insufficient evidence for identifying women exposed to IPVAW⁴¹. Therefore, in the least developed country like

Benin, a national survey and related IPVAV research have immense importance. However, the current study has a cross-sectional design, hence it is difficult to establish causality. So further longitudinal studies should be carried out for drawing causal inference. This study has another limitation, inherent in the BDHS questionnaire because exploring the attitude towards wife beating consists of only five pre-tested questions. The generalised questions were being regularly asked in any DHS program survey in other countries for assessing the attitude towards wife beating. Qualitative studies exploring more in-depth assessment of women's attitude towards wife beating could provide country-specific scenario based on cultural contextualization, which could eventually provide more specific quantitative questions also for a particular country. The present study has only considered the IPVAV that is inflicted by their husbands or intimate partners. However, previous studies have stated that women might experience violence from other sources too, such as relatives, friends, acquaintances, neighbors, and by the men in powerful positions, such as police, soldiers, and political figures^{7,8,42-44}. So further study is warranted in this regard. Also, qualitative studies investigating the empowerment variables and autonomy variables related to IPVAV may be carried out for a better understanding of the context. The United Nations agencies have provided a series of preventive strategies against IPVAV focusing on involving multiple stakeholders. Beninese government needs to seriously consider the suggestions and take necessary actions such as women-centered preventive programs, advocacy, women's empowerment, and gender equality involving Vodoun and Islamic leaders. Community-based participatory programs, including IPVAV victims' home visits, group training of the women and men are effective interventions for curbing IPVAV⁴⁰.

Ethical consideration

Secondary data was used in the present study and hence ethical permission was not required. However, the original BDHS-V received authorization from the National Statistical Council

(CNS). The study received ethical permission from Benin by the National Ethics Committee for Health Research (NECHR). Two national bodies in Benin studied and validated the methodological issues, financial documents, and data collection tools. The ICF ethical committee has approved the investigation protocol.

Conclusion

The acceptance and prevalence of IPVAV indicate gender differences and the low status of women in Beninese society. Higher education and higher socio-economic status have a considerable influence on the reduction of IPVAV. However, women's working status seems to aggravate the occurrence of violence and abuse against them. Policymakers should focus on the empowerment of women, in terms of education and employment. At the same time, there must be efforts towards bridging the gap between the genders, in order to bring about an increase in women's decision-making power, both in the family as well as in the society, by integrating various interventional services for preventing IPVAV.

Conflict of interest

None

Authors Contributions

All the authors contributed and approved the final study.

Funding

The study received no funding but all the authors received their salaries from their respective institutions.

References

1. Dillon G, Hussain R, Loxton D and Rahman S. Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine* 2013; 2013:1-15.
2. Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen HAFM and Heise L. What factors are associated with recent intimate

- partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 2011; 11(1).
3. Pallitto C, Garcia-Moreno C, Jansen H, Heise L, Ellsberg M and Watts CH. Intimate partner violence, abortion, and unintended pregnancy: Results from the WHO multi-country study on women's health and domestic violence. *International Journal of Gynecology & Obstetrics* 2012; 120(1):3-9.
 4. Dalal K, Rahman F and Jansson B. Wife abuse in rural Bangladesh. *Journal of Biosocial Science*. 2009; 41(5):561-573.
 5. Semahegn A and Mengistie B. Domestic violence against women and associated factors in Ethiopia; systematic review. *Reproductive Health* 2015; 12(1).
 6. Balogun M, Fawole O, Owoaje E and Adedokun B. Experience and attitude of rural women to IPV in Nigeria. *Journal of Public Health* 2013; 21(4):333-341.
 7. Dalal K and Lindqvist K. A national study of the prevalence and correlates of domestic violence among women in India. *Asia Pacific Journal of Public Health* 2010; 24(2):265-277.
 8. Guruge S, Roche B and Catallo C. Violence against women: An exploration of the physical and mental health trends among immigrant and refugee women in Canada. *Nursing Research and Practice* 2012; 2012:1-15.
 9. Babu BV and Kar SK. Domestic violence against women in eastern India: a population-based study on prevalence and related issues. *BMC Public Health* 2009; 9(1).
 10. Kalokhe A, del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A and Sahay S. Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Global Public Health* 2016; 12(4):498-513.
 11. Zhu Y and Dalal K. Childhood exposure to domestic violence and attitude towards wife beating in adult life: A study of men in India. *Journal of Biosocial Science* 2009; 42(2):255-269.
 12. Dalal K, Lawoko S and Jansson B. The relationship between intimate partner violence and maternal practices to correct child behavior: A study on women in Egypt. *Journal of Injury and Violence Research* 2010; 2(1):25-33.
 13. Holt S, Buckley H and Whelan S. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect* 2008; 32(8):797-810.
 14. Postmus J and Merritt D. When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. *Children and Youth Services Review* 2010; 32(3):309-317.
 15. Kpozehouen A, Paraïso N, Ahanhanzo Y, Klikpo E, Jérôme C, Ouédraogo L and Salamon R. Perception of Beninese on intimate partner violence: Evidence from 2011-2012 Benin demographic health survey. *BMC Women's Health* 2018; 18(1).
 16. Jayatilleke A, Poudel K, Sakisaka K, Yasuoka J, Jayatilleke A and Jimba M. Wives' attitudes toward gender roles and their experience of intimate partner violence by husbands in Central Province, Sri Lanka. *Journal of Interpersonal Violence* 2010; 26(3):414-432.
 17. Tran TD, Nguyen H and Fisher J. Attitudes towards intimate partner violence against women among women and men in 39 Low- and Middle-Income Countries. *PLoS ONE* 2016; 11(11):e0167438.
 18. Schuler S, Yount K and Lenzi R. Justification of wife beating in Rural Bangladesh. *Violence against Women* 2012; 18(10):1177-1191.
 19. Jejeebhoy SJ and Sathar ZA. Women's autonomy in India and Pakistan: The influence of religion and region. *Population and Development Review* 2001; 27:687-712.
 20. Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF International. *Enquête Démographique et de Santé du Bénin 2017-2018*. Calverton, Maryland: USA INSAE et ICF International; 2019.
 21. Rutstein SO and Johnson K. *The DHS wealth index*. DHS Comparative Reports no. 6. Calverton, MD: ORC Macro, 2004.
 22. Cohen J. A power primer. *Psychological Bulletin*. 1992; 112:155-159.
 23. Sullivan GM and Richard F. Using Effect Size—or Why the P Value Is Not Enough. *Journal of Graduate Medical Education* 2012; 4(3):279-282.
 24. Muluneh MD, Stulz V, Francis L and Agho K. Gender based violence against women in Sub-Saharan Africa: A systematic review and meta-analysis of cross-sectional studies. *International Journal of Environmental Research and Public Health* 2020; 17:903.
 25. Naved R and Persson L. Factors associated with physical spousal abuse of women during pregnancy in Bangladesh. *International Family Planning Perspectives* 2008; 34(02):071-078.
 26. Koenig M, Ahmed S, Hossain M and Mozumder A. Women's Status and Domestic Violence in Rural Bangladesh: Individual- and Community-Level Effects. *Demography* 2003; 40(2):269-288.
 27. Rizvi N, Feroz A, Pervez S and Oyeboode O. Prevalence and factors associated with violence against women in Pakistan. *Journal of Women's Health and Gynecology* 2019; 6:1-3.
 28. Jewkes R, Levin J and Penn-Kekana L. Risk factors for domestic violence: Findings from South Africa: Cross-sectional study. *Social Science and Medicine* 2002; 55:1603-1617.
 29. Bates L, Schuler S, Islam F and Islam M. Socioeconomic factors and processes associated with domestic violence in Rural Bangladesh. *International Family*

- Planning Perspectives 2004; 30(04):190-199.
30. Linos N, Khawaja M and Al-Nsour M. Women's autonomy and support for wife beating: Findings from a population-based survey in Jordan. *Violence and Victims* 2010; 25(3):409-419.
 31. Dalal K. Causes and consequences of violence against child labor and women in developing countries. Stockholm, Sweden: Karolinska Institutet; 2008.
 32. Martin SL, Moracco KE and Garro J. Domestic violence across generations: Findings from northern India. *International Journal of Epidemiology* 2002; 31:560-572.
 33. Jeyaseelan L, Sadowski LS, Kumar S, Hassan F, Ramiro L and Vizcarra B. World studies of abuse in the family environment: Risk factors for physical intimate partner violence. *International Journal of Injury Control and Safety Promotion* 2004; 11:117-124.
 34. Schuster I, Gul P, Eisner M and Ghuneim L. Attitudes toward wife beating among female and male adolescents in Jordan. *Journal of Interpersonal Violence* 2020. <https://doi.org/10.1177/0886260520903131>
 35. Oyediran KA. Explaining trends and patterns in attitudes towards wife-beating among women in Nigeria: Analysis of 2003, 2008, and 2013 Demographic and Health Survey data. *Genus* 2016; 72:11.
 36. Hindin MJ. Understanding women's attitudes towards wife beating in Zimbabwe. *Bulletin of the World Health Organization* 2003; 81(7):501-508.
 37. Gurmu E and Endale S. Wife beating refusal among women of reproductive age in urban and rural Ethiopia. *BMC International Health and Human Rights* 2017; 17(1):6.
 38. Yoshikawa K, Shakya T, Poudel K and Jimba M. Acceptance of wife beating and its association with physical violence towards women in Nepal: A cross-sectional study using couple's data. *PLoS ONE* 2014; 9(4): e95829.
 39. Nagae M and Dancy B. Japanese women's perceptions of Intimate Partner Violence (IPV). *Journal of Interpersonal Violence* 2009; 25(4):753-766.
 40. Ellsberg M, Arango DJ, Morton M, Gennari F, Kiplesund S, Contreras M and Watts C. Prevention of violence against women and girls: What does the evidence say? *The Lancet* 2014; 385(9977):1555-1566.
 41. O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G and Taft A. Screening women for intimate partner violence in healthcare settings. *Cochrane Database of Systematic Reviews* 2015; 7:CD007007.
 42. Bradbury-Jones C, Appleton JV, Clark M and Paavilainen E. A profile of gender-based violence research in Europe: Findings from a Focused Mapping Review and Synthesis. *Trauma, Violence, & Abuse* 2017: 1-14.
 43. Gupta J, Falb KL, Lehmann H, Kpebo D, Xuan Z, Hossain M, Zimmerman C, Watts C and Annan J. Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: A randomized controlled pilot study. *BMC International Health and Human Rights* 2013; 13(46). <https://doi.org/10.1186/1472-698X-13-46>
 44. Baser F, Demrci N, Cicek N S and Saglam HY. Attitudes toward violence against women and the factors that affect them in Kutahya, Turkey. *African Journal of Reproductive Health* 2019; 23 (1):16.