

## **1. Background**

IPV, which emanates as a severe consequence of gender inequality in society, is the most pervasive form of GBV as the majority of abuse is perpetrated by intimate partners and has major sexual and reproductive health consequences for women; such as high parity, inconsistent and lower levels of contraceptive use, unintended pregnancies, and adverse pregnancy outcome. Studies have found links between IPV and unintended pregnancy, postulating that women in abusive relationships have a limited ability to control their fertility. The more control a woman has over her reproductive health; the more likely she is to use contraceptives and therefore decrease the number of children ever born. Thus, one of the most important factors that authors have attributed to declining fertility rates is the upliftment in the status of women. Despite concerted efforts by African governments, fertility levels in the region remain high. Africa is the region that has been least responsive to family planning programmes.

## **2. Data and Methods**

This study investigated the relationship between IPV and fertility in Uganda using the DHS 2016, amongst adult women of reproductive ages (15-49) that were included in the domestic violence module of the individual recode. Children ever born was selected as the fertility outcome variable, and three forms of IPV (Emotional, Physical and Sexual) were the main independent variables. Independent factors included were proxies of women's empowerment / gender inequality such as age at first cohabitation, household decision making, attitude to wife beating and key reproductive health outcomes - number of dead children, current type of contraceptive method, and ever had a stillbirth, miscarriage or abortion.

Percentage distributions of the outcome, IPV and independent variables; as well as cross-tabulations were done. Chi-square tests were performed to test for associations between the independent and dependent variables as well as the overall mean CEB for those that experienced and did not experience each of the forms of IPV were included. Adjusted Poisson Regression models, showing both coefficients and Incidence Risk Ratios (IRR) for children ever born and the different forms of IPV, as well as the reproductive and women's empowerment variables.

## **3. Preliminary Results**

Women whom have experienced any form of IPV in their lifetime have a higher mean number of children ever born than those that have not. Those whom have experienced emotional IPV have an average of 4.66 children, compared to 3.85 children amongst those who have never experienced emotional IPV. Furthermore, women whom have ever experienced physical IPV have an average of 4.62 children, compared to 3.88 amongst those whom have never experienced this form of IPV. Although the

difference is far smaller, women whom have ever experienced sexual IPV have an average of 4.51 children compared to 4.08 children amongst those whom have never experienced sexual IPV. The results of the adjusted models show that there is a significant associative relationship between children ever born, and each of the forms of IPV, even when the effects of the reproductive and women's empowerment variables are included. Women whom experience emotional IPV have 12% more children than women who do not experience emotional IPV; whilst it was 8% for physical IPV and 7% for sexual IPV.

#### **4. Conclusion**

Analyses show a strong association between both IPV and Fertility – mediated by gender inequality and reproductive health outcomes. Therefore, IPV may be one of the unexplained proximate determinants of persistently high fertility in countries such as Uganda. These results have important implications for understanding both the fertility transition in Uganda, but also for programmes and policies addressing unwanted pregnancies and unmet need for contraception that is driving fertility up, and IPV amongst women which we know from previous work has severe reproductive health outcomes but which we have now identified is a contributor to high fertility as well. IPV could be, in part, a factor that explains the low uptake of family planning programmes in Uganda. Empowering women in general, and having programmes and policies that directly talk to the value and quality of children (as opposed to the quantity of children), increasing female education, and behaviour change programmes that work around the issue of the value and respect of women in society may go a long way in not only decreasing the incidence of IPV but, therefore, decrease fertility overall and thus increasing the opportunity to benefit from the demographic dividend and increase levels of development and economic growth.