

# Effects of Male Controlling Behaviour on Pregnancy Termination in sub-Sahara Africa

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### Abstract

This paper determined the association between Male Controlling Behaviour (MCB) and Pregnancy Termination (PT) using the most recent Demographic and Health Surveys (DHS) of a weighted sample of ever-married women in Democratic Republic of Congo (DRC) (5080) Zambia (8,570) and Nigeria (21,196). More than 19.0% of women in DRC, 13.6% in Nigeria and 13.4% in Zambia claimed to have ever terminated a pregnancy. The unadjusted and adjusted ORs showed that women whose husband exhibited at least one control are more likely to have ever terminated pregnancy in all the three countries. The study concluded that an evidence-based understanding of the association between MCB and PT is a prerequisite for effective intervention to increase awareness on the health implications of MCB.

### Background/Problem Statement

Studies have documented a strong association between domestic violence and serious adverse health outcomes affecting women and their children (Krug et al. 2002; Ahmed et al. 2006; Stephenson *et al.* 2006; Bamiwuye, 2014; Odimegwu, Bamiwuye and Adedini, 2016). Specifically, Kishor and Johnson (2006) found that women who suffer violence in pregnancy are likely to give birth to children with poor health outcomes and are also more likely to give birth to children they don't want and at a time they do not prepare for it. One aspect of violence against intimate partners that has been poorly researched, especially in relation to reproductive outcomes is male controlling behavior (MCB). While MCB may result into violence, non-disclosure of violence especially by intimate partner may be common in a patriarchal tradition for various reasons.

Male dominance, synonymous to marital control describes the attitude of married men who are possessive and domineering of their spouses. The patriarchal traditions in most African countries provide a context that facilitates an oppressive relationship where the husband establishes a pattern of unhealthy control over his wife. The major indicators of domineering behaviours include extreme possessiveness, jealousy, attempts to isolate the woman from her family and friends and untrusting behaviors by the husbands towards their wives (NPC and ICF Macro, 2014). A domineering husband for example, may regulate the type and number of persons his spouse talks to, where she goes or how and when his spouse spends money. He may be extremely jealous and falsely accuses the wife of unfaithfulness and constantly monitors and asks about his spouse whereabouts. Such behaviours are likely to associate with domestic violence. While intimate partner violence violates women's rights and may threaten their reproductive health, marital control may also lead to violence and thus be a reason for worse reproductive outcomes.

Studies using nationally representative and comparable data on association between MCB and PT are scarce in Sub-Saharan Africa. This paper thus examined whether higher degree of marital control is associated with Pregnancy Termination in three selected Sub-Saharan African countries.

### **Literature Review/Theoretical Background**

The sexual and reproductive health of women particularly in Africa remain highly undermined as a result of the socio-cultural norms and practice that subject women to second class citizen and should be ruled by their husbands. This however, has incapacitated women in this part of the world to take care of themselves and attend fully or take full charge of their sexual and reproductive health matters. This patriarchal social context has stemmed issues like wife battery and other forms of violence. Evidence abounds on the association between domestic violence and adverse reproductive health outcomes (Bamiwuye, 2014; Bamiwuye and Odimegwu, 2014;

Odimegwu, Bamiwuye and Adedini (2016); Hoang, 2016; Ferdos, 2017; Berhanie *et al*, 2019). Specifically, Laelago (2017) and Chen *et al*, (2017) found that women who experienced intimate partner violence are more likely to deliver low birth weight babies and more susceptible to other adverse outcomes such as fetal death and miscarriages. Similarly, Swain *et al* (2011) found that female sex workers who experienced either sexual or physical violence were more likely to have experienced pregnancy loss, forced termination of pregnancy and multiple forced termination of pregnancy. Solanke (2016) also found that Pregnancy Termination is associated with women experience of spousal violence in Nigeria.

The patriarchal context of most of the African societies provides a situation which gives men the chance of intimidating their wives into knowing every single step they take. Some of the indicators of domineering behavior highlighted in the Demographic and Health Surveys include jealousy, extreme possessiveness, attempt to isolate the woman from her family and friends and untrusting behaviors by the husbands towards their wives [National Population Commission Nigeria (NPC) and ICF Macro, 2014].

While Gender Based Violence (GBV) violates women's rights and may threaten their reproductive health, male dominating attitude may also lead to violence and thus lead to adverse reproductive outcomes. However, there is a paucity of data on male domineering behavior in relation to poor reproductive health outcomes in Sub-Saharan Africa.

This work leans on the theory of hegemonic masculinity which explains a man's legitimate dominant position and role in the society which varies across time, culture and individual (Connell, 2005). The theory also justifies the subordination of women by men. This theory was derived from the theory of cultural hegemony by Antonio Gramsci, which explains the power relations among social classes in a society. The theory emphasises the cultural dynamics by which a social group claims and sustains a leading and dominant position in the society. Thus, the concept of hegemonic masculinity arises from the culturally acceptance of manhood as exclusive and as bread-

winner (Donaldson, 1993).

### **Research Questions**

- a) What is the extent of male dominance in Sub-Saharan Africa as measured by indicators of marital control?
- b) Is there any association between male controlling behaviours and termination of pregnancy? In other words, "Are women with more controlling husband/partner more likely to have ever terminated pregnancy than other women with less or no controlling husband/partner?"

### **Data and Method**

We sourced the data used in this study from the most recent Demographic and Health Surveys (DHS) of three countries in Sub-Saharan Africa selected on the basis of geographical differences and availability of comparable data in the domestic violence module in each country's survey. Democratic Republic of Congo (DRC) was selected from Central Africa, Zambia from Eastern Africa and Nigeria from Western Africa. The unit of analysis was ever-married women who had at least one child, five years preceding each survey and who participated in the interview questions in the DHS domestic violence module.

The only outcome variable in our analysis is termination of pregnancy. Respondents were scored 1 if they reported ever termination of pregnancy and 0 otherwise. The principal explanatory variable in the study is Male Controlling Behaviour. We measured Male Controlling Behaviour using indicators of marital control provided by the DHS. The DHS questionnaire collected information on different combinations of five such behaviours, namely:

- husband is jealous if she talks to other men;
- husband frequently accuses her of being unfaithful;
- husband does not permit her to meet her female friends;
- husband tries to limit her contact with family;

- insists on knowing where she is at all times; and

each indicator was scored 1 if present or 0 otherwise. A composite score of MCB was created to indicate the number of controlling behaviours experienced by the women from their husbands. This was dichotomised as 1 for at least three controlling behavior or 0 otherwise.

Five variables were used as control in the multivariate analysis. These were background variables that have been found common to analysis of reproductive health outcomes (Kishor and Johnson, 2006; Bamiwuye, Adedini and DeWet 2013; Bamiwuye and Odimegwu, 2014): age of the respondent measured in three groups (15-24, 25-34, 35+), highest education (no formal education, primary, and secondary or more); household characteristics – residence (rural or urban) and household wealth status and current work status. The data were analysed separately taking into account the complex survey design of the DHS by incorporating domestic violence sampling weights which adjusts for the probability of selection into the domestic violence module and for nonresponse. We also adjusted for the standard errors for the cluster sampling of primary sampling units using Stata's svy range of commands. At the univariate level analysis, we presented the percentage distribution of the respondents by background characteristics, fertility outcomes and male controlling behavior, separately for each country

At the second level of analysis, we analysed the associations between controlling behaviours and Pregnancy Termination in each country using the Chi-Square test. At the multivariate analyses level, we obtained the unadjusted and adjusted Odd Ratios (ORs) from binary logistic regression of the effect of male controlling behaviours on pregnancy termination.

## **Results**

Table 1 presents information on ever married women in DRC, Nigeria and Zambia according to experience of different forms of violence; background characteristics, fertility outcomes and marital

control behaviour. The results show that about two-fifths of women in DRC and Zambia experienced physical violence while less than fifteen percent experienced physical violence in Nigeria. At least one-quarter of women in DRC experienced any sexual violence and less than one-fifth experienced sexual violence in Zambia. With respect to emotional violence, about 20 percent women experienced emotional violence in Nigeria, 24 percent in Zambia and approximately 37 percent experienced emotional violence in DRC. Result also shows that women who experienced all forms of violence were nearly half in Zambia, one-quarter in Nigeria and 57 percent in DRC. Further, 45 percent and 38 percent women experienced any severe physical violence in DRC and in Zambia while only 14 percent experienced such in Nigeria. In summary, experience of all forms of violence including severity of physical violence was lowest in Nigeria but highest in DRC.

Information on individual characteristics of respondents show that about two-fifths were in ages 25-34 years. Majority of the women dwell in the rural area and were poor. Primary education was the highest among the women in Nigeria while secondary education was the highest educational attainment of the women in DRC and Zambia. Early marriage is high in Nigeria and Zambia with at least half of the women having being married below 18 years of age.

Fertility-related outcomes show that the mean children ever born and mean parity among the women in all the selected countries was at least 3 while total fertility rate was more than 5 across all the countries. 29 percent women and 37 percent women in DRC and Zambia reported they never wanted their last birth at all. Only 8 percent women reported they never wanted their last child as at when it occurred. Most of the women never wanted their current pregnancy and less than 20 percent have had a termination of pregnancy.

Results from Table 2 show the percentage of ever-married women whose husbands/partners exercised one or more controlling behaviours in DRC, Nigeria and Zambia. Many women reported that their husbands/partners exhibited at least one controlling behavior

with the highest in DRC (83 percent), followed by Zambia (74 percent) while the lowest is in Nigeria (64 percent). In DRC, more than two-fifths of the women claimed that their husbands or partners exhibited at least 3 controlling behaviours compared with 35 percent in Zambia and 13 percent in Nigeria. Table 2 also show the results of each of the five specific controlling behavior exhibited by respondents' husbands/partners. For example in DRC, nearly 7 in 10 women (69.0%) reported their husbands/partners are always jealous or angry if they talk to other men compared to 57 percent in Nigeria and 63 percent in Zambia. Roughly 3 in 10 women in DRC, 36.7 percent in Zambia and 10percent in Nigeria reported husband frequently accuse them of being unfaithful. The proportion of women whose husbands/partners do not permit them to meet with their female friends was highest in DRC with 41percent, followed by Zambia with 21 percent and lowest in Nigeria (10percent). More women in DRC (63.1%) and Zambia(55.1%) compared with 37 percent of women in Nigeria expressed that their husbands/partners always insist on knowing wherever they are at all times. With respect to control on visit to family members, 27 percent of women in DRC, 12.6 percent in Zambia compared with 7 percent in Nigeria reported that their husbands try to limit their contact with their family members.

Table 3 presents the percentage of ever-married women whose husbands or partners display none of the listed behaviours and three or more of these behaviours, by pregnancy termination experience in DRC, Nigeria and Zambia. In all the three countries, women whose husband or partner engaged in at least one control behavior are most likely to report Pregnancy Termination compared with those whose husbands or partners displayed none of the five controlling behaviours. For example in DRC, 15.3 percent of women whose husband exhibited no control relative to 19.8 percent of those whose husband/partner engaged in at least one control behaviours reported Pregnancy Termination. Similarly, in Zambia 10.6 percent of women whose husband or partner displayed no behavior compared with 14.4 percent of women whose husband/partner exhibited at least one control behaviours. In Nigeria, there is a slight margin of difference in

the proportions of women whose husband/partner displayed no behavior and at least one control behavior relative to pregnancy termination (13.2% vs 13.9%). The bivariate analysis using the Chi Square test showed a significant association between pregnancy termination experience and with no or at least one control behavior) for DRC ( $\chi^2 = 10.9, p < 0.05$ ) and Zambia ( $\chi^2 = 21.8, p < 0.001$ ).

In all the three countries, women whose husband/partner engaged in at least three of the five controlling behaviours are significantly more likely to report pregnancy termination than those whose husband/partner displayed less than 3 controlling behaviours in DRC ( $\chi^2 = 15.4, p < 0.01$ ); Nigeria ( $\chi^2 = 49.2, p < 0.001$ ) and Zambia ( $\chi^2 = 21.5, p < 0.001$ ). Specifically, 21.3 percent in DRC; 17.8 percent in Nigeria and 15.6 percent in Zambia whose husband/partner engaged in three or more controlling behaviors are most likely to report pregnancy termination compared to 17.2 percent in DRC, 13.2 percent in Nigeria and 12.2 percent in Zambia whose husband/partner exercised less controlling behaviour.

Results of multivariate analyses in Table 4 show that both unadjusted and adjusted ORs from binary logistic regression analysis of effects of controlling behavior on Pregnancy Termination are significant in all the three countries. For example, ever-married women in DRC whose husbands exhibit 3 or more controlling behaviours were 1.3 times more likely to have had at least a pregnancy terminated than women whose husbands exhibit less than 3 controlling behaviours. The adjusted odds of terminating pregnancy increase when background variables of age, education, wealth status and current work status were introduced into the logistic regression model.

Similarly both the unadjusted OR and adjusted ORs of experiencing pregnancy termination were significantly higher among women whose husband exhibit excessive controls ( $\geq 3$  controlling behavior) in Nigeria (uOR=1.45;  $p < 0.01$ ; aOR=1.41;  $p < 0.001$ ) and Zambia (uOR=1.33;  $p < 0.001$ ; aOR=1.38;  $p < 0.001$ ) than their counterparts who women whose husbands exhibit less control ( $< 3$  controlling behavior).



## **Conclusion and Potential Policy Significance**

Our research effort builds on previous research on adverse reproductive health outcomes, in particular Pregnancy Termination in Sub-Saharan Africa and makes some important contributions to understanding the determinants of Pregnancy Termination from the perspective of male controlling behaviours and using nationally representative and comparable data.

We have attempted to provide an answer to our main research question on whether male dominance measured as male controlling behaviour is associated with Pregnancy Termination among ever-married women in three Sub-Saharan African countries. The findings in this study supported our hypothesis that women with controlling husband/partner are more likely to have ever terminated pregnancy than other women with no controlling husband/partner in all the selected countries. We conclude that an evidence-based understanding of the association between male controlling behavior and worse reproductive outcomes (Pregnancy Termination) using nationally representative and comparable data is not only important for public health practitioners, but also for developing effective educational programmes to increase awareness on the health implications of excessive male domineering behaviours in patriarchal traditional settings in Sub-Saharan Africa.

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**Table 1:** Percentage Distribution of Ever Married Women by Experience of Different Forms of Violence; Background Characteristics and Fertility Outcomes: DRC, Nigeria and Zambia

FORMS OF GBV	DRC (DHS 2013/14)	NIGERIA DHS 2013	ZAMBIA DHS 2013/14
	N (%)	N (%)	N (%)
Any Physical	45.9(2330)	14.4(3062)	38.8(3330)
Any Sexual	25.5(1295)	4.8(1008)	16.7(1431)
Any Emotional	36.6(1858)	19.2(4062)	24.0(2054)
Any of the three forms	57.4(2914)	24.5(5197)	47.2(4041)
<b>Severity of physical violence</b>			
Any severe physical	45.3(2296)	14.1(2987)	38.3(3281)
Less severe physical	12.7(646)	5.9(1182)	13.6(1163)
<b>BACKGROUND VARIABLES</b>			
<b>Current age</b>			
15-24	25.5(1295)	23.2(4911)	22.2(1904)
25-34	41.7(2119)	37.5(7950)	40.9(3509)
35+	32.8(1666)	39.3(8335)	36.9(3159)
<b>Residence</b>			
Urban	33.4(1698)	37.2(7883)	42.0(3597)
Rural	66.6(3382)	62.8(13313)	58.0(4975)
<b>Education</b>			
No education	18.9(959)	47.1(9980)	10.9(933)
Primary	41.1(2089)	19.7(4176)	55.0(4711)
Secondary +	40.0(2032)	33.2(7040)	34.1(2922)
<b>Age at marriage</b>			
<18	25.5(1295)	57.0(12086)	49.4(4236)
18-24	41.7(2119)	33.2(7036)	44.1(3781)
25+	32.8(1666)	9.8(2074)	6.5(554)
<b>Wealth Quintile</b>			
Poor	41.3(2096)	43.4(9193)	43.8(4126)
Middle	19.9(1008)	18.5(3926)	22.0(2072)
Rich	38.9(1976)	38.1(8077)	34.2(3218)
<b>FERTILITY-RELATED OUTCOMES</b>			
Mean CEB	3.9	3.8	4
Mean Parity	3.4	3.2	3.5
TFR	6.6	5.5	5.3
<b>Wanted last birth</b>			
Wanted as at then	70.9(2711)	91.6(13014)	62.6(3810)
Wanted later/not at all	29.1(1111)	8.4(1185)	37.4(2272)
<b>Wanted current pregnancy</b>			
Yes	68.5(511)	91.0(2825)	58.8(542)
No	31.5(235)	9.0(279)	41.2(380)
<b>Ever terminated a pregnancy</b>			
Yes	19.0(967)	13.7(2891)	13.4(1149)
No	81.0(4113)	86.3(18277)	86.6(7421)

**Table 2:** Percentage of Ever-Married Women by Experience of Controlling Behaviour from DRC (DHS 2013/14), Nigeria (DHS 2013) and Zambia (DHS 2013/2014)

VARIABLES	DRC (DHS 2013/14)	NIGERIA (DHS 2013)	ZAMBIA (DHS 2013/14)
<b>Number of controlling behavior</b>			
0	17.3 (876)	36.1 (7645)	26.2 (2244)
1	16.6 (843)	26.7 (5657)	17.2 (1471)
2	21.5 (1091)	24.2 (5134)	21.7 (1862)
3	19.7 (998)	7.7 (1632)	18.9 (1619)
4	14.2 (721)	3.1 (661)	9.6 (824)
5	10.8 (551)	2.2 (467)	6.4 (552)
<b>Number of controlling behavior</b>			
At least 1 controlling Behaviour	82.7 (4204)	63.93 (13551)	73.8 (6328)
No controlling behaviour	17.3 (876)	36.07 (7645)	26.2 (2244)
<b>Number of controlling behavior</b>			
Less than 3	55.3 (2811)	86.98 (18436)	65.1 (5577)
3+	44.7 (2269)	13.02(2759)	34.9 (2995)
<b>Types of Male controlling behaviour</b>			
Husband jealous or angry if she talks to other men	69.0 (3502)	57.0 (12073)	63.4 (5428)
Husband frequently accuses her of being unfaithful	29.6 (1504)	10.0 (2119)	36.7 (3097)
Husband does not her female friends	40.8 (2065)	10.4 (2199)	20.8 (1780)
Husband tries to limit her contact with family	27.3 (1384)	7.0 (1474)	12.6 (1081)
Husband insists on knowing where she is at all times	63.1 (3201)	37.4 (7935)	55.1 (4721)

**Table 3: Association between Male Controlling Behaviour and Pregnancy Termination**

Variable	DRC			Chi Square
	Ever Terminated Pregnancy			
Number of controls	No N (%)	Yes N (%)	Total N (%)	10.93*
No control	742 (84.7)	134 (15.3)	876 (100.0)	
At least one control	3371 (80.2)	833 (19.8)	4204 (100.0)	
<b>Total</b>	<b>4113 (81.0)</b>	<b>967 (19.0)</b>	<b>5080 (100.0)</b>	
Number of controls	No N (%)	Yes N (%)	Total N (%)	15.35**
Less than 3 controls	2327 (82.8)	484 (17.2)	2811 (100.0)	
3 or more controls	1786 (78.7)	483 (21.3)	2269 (100.0)	
<b>Total</b>	<b>4113 (81.0)</b>	<b>967 (19.0)</b>	<b>5080 (100.0)</b>	
Variable	NIGERIA			Chi Square
	Ever Terminated Pregnancy			
Number of controls	No N (%)	Yes N (%)	Total N (%)	1.692 (ns)
No control	6633 (86.8)	1012 (13.2)	7645 (100.0)	
At least one control	11672 (86.1)	1879 (13.9)	13551 (100.0)	
<b>Total</b>	<b>18305 (86.4)</b>	<b>2891 (13.6)</b>	<b>21196 (100.0)</b>	
Number of controls	No N (%)	Yes N (%)	Total N (%)	49.20***
Less than 3 controls	16036 (87.0)	2400 (13.0)	18436 (100.0)	
3 or more controls	2268 (82.2)	491 (17.8)	2760 (100.0)	
<b>Total</b>	<b>18305 (86.4)</b>	<b>2891 (13.6)</b>	<b>21196 (100.0)</b>	
Variable	ZAMBIA			Chi Square
	Ever Terminated Pregnancy			
Number of controls	No N (%)	Yes N (%)	Total N (%)	21.8***
No control	2004 (89.4)	239 (10.6)	2243 (100.0)	
At least one control	5417 (85.6)	910 (14.4)	6327 (100.0)	
<b>Total</b>	<b>7421 (86.6)</b>	<b>1149 (13.4)</b>	<b>8570 (100.0)</b>	
Number of controls	No N (%)	Yes N (%)	Total N (%)	21.50***
Less than 3 controls	4894 (87.8)	681 (12.2)	5575 (100.0)	
3 or more controls	2527 (84.4)	468 (15.6)	2995 (100.0)	
<b>Total</b>	<b>7421 (86.6)</b>	<b>1149 (13.4)</b>	<b>8570(100.0)</b>	

\* p<0.05; \*\*p<0.01; \*\*\*p<0.001 ; ns not significant

**Table 4:** Logistic Regression Analysis of the Effects of Male Controlling Behaviours on Pregnancy Termination; DRC (2013/14), Nigeria (2013) and Zambia (2013/14)

DEMOGRAPHIC OF CONGO (DRC)				
VARIABLE	uOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.30	2.69	1.07-1.58	<0.01
Constant	0.208	-22.09	0.181-0.239	<0.001
Number: 5691	Pop Size: 5080	Design df= 535	F(1,535)=7.22; p<0.01	
VARIABLE	aOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.39	3.19	1.14-1.70	<0.01
Constant	0.092	-9.63	0.056-0.149	<0.001
Number: 5680	Pop Size: 5080	Design df= 535	F(13,523)=8.67; p<0.001	
NIGERIA				
VARIABLE	uOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.45	5.13	1.26-1.67	<0.001
Constant	0.15	-49.79	0.139-0.161	<0.001
Number: 22305	Pop Size: 21196	Design df= 895	F(1,895)=22.33; p<0.001	
VARIABLE	aOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.41	4.56	1.21-1.63	<0.001
Constant	0.062	-20.03	0.047-0.081	<0.001
Number: 22305	Pop Size: 21196	Design df= 895	F(13,883)=16.83; p<0.001	
ZAMBIA				
VARIABLE	uOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.33	3.62	1.14-1.55	<0.001
Constant	0.139	-36.30	0.125-0.155	<0.001
Number: 9414	Pop Size: 8531	Design df= 720	F(1,720)=13.11; p<0.001	
VARIABLE	aOR	t-statistic	95%	P
<3 controlling behaviour	1.00			
>=3 controlling behavior	1.38	3.97	1.18-1.61	<0.001
Constant	0.065	-13.02	0.043-0.099	<0.001
Number: 9377	Pop Size: 8531	Design df= 720	F(13,708)=8.03; p<0.001	