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Full Length Research Paper

Violence against women and reproduction health among African women: The case of Bette women of Obudu in Cross River State, Nigeria

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Violence against women (VAW) is continually recognized as a global health concern yet population based studies of its determinants and consequences remain scarce in less developed areas. This study was undertaken to fill this gap, the study covered four wards of the ten political wards in Obudu using system rand sampling to obtain respondents. Quantitative instruments (questionnaire) and methods (SPSS) were adopted to generate and analyze the data. The result showed prevalence of violence against women in the study area, common factors that enhance the perpetration of violence against women and it has very serious health consequences for women. The coping strategies included among others perseverance, learning to cope among other strategies. From the following some recommendations were given as panacea to solving these problems so highlighted.

Key words: Violence, reproduction health, women abuse, reproductive decision.

INTRODUCTION

Violence against women is a major health and human rights concern in the world, it is one of the most pervasive yet least recognized human right abuses in the world. World over one of the most occuring forms of violence against women is abuse by their husbands or other intimate male partners. According to conventional human rights, women have rights to enjoy a happy life, to study and to work without violence. Unfortunately, for too many women, the family and the home are no longer safe (Aderinto, 2003). In Nigeria, every woman can be expecting to be a victim of one form of violence at some point of her life (Okemgbo, 2002). Meanwhile, the United Nations defines violence against women as “any act of gender -based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life (Watts and Zimmerman, 2002).

The concepts of reproductive health refers to a phenomenon related to biological reproduction, inducing not only health problems related to reproduction itself, but also those related to the exercise of sexuality and the prevention of undesired pregnancy (Stem, 1993). Violence against women has been generally accepted as “understandable behaivour” with patriarchy lending credence to it through the continuous perpetuation of male dominance (Dickstein, 1988).

Violence against women (VAW) is the most prevalent form of gender-based violence worldwide (Chamaiack et al., 2005; Heise et al., 2002). According to Gupta et al. (1996), between 25 to 50% of women in many countries reported physical abuse by a present or former partner. They further affirmed that many women are powerless to negotiate condom use to protect themselves from partners who consume alcohol. The prevalence of VAW in sub-saharan African ranks high in comparison with levels elsewhere (McCholskey et al., 2005). According to McCholskey et al. (2005), as many as 48% Zambian

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married women reported ever having experienced VAW, with 26 per cent reporting exposure in the past 12 months.

Research suggests that physical violence in intimate relationship is often accompanied by other types of violence (Chamaiack et al., 2005; Krug et al., 2002). Khan et al. (2001) reported that 43% of women were victims of physical violence. According to Watts and Zimmerman (2002) perpetrators of VAW were largely 30 - 40 years old and married for 5 years.

Glantz and Halperin (1996) reported that some men use violence against their wives, especially when such men want their wives to leave or divorce the marriage. This is a frequent occurrence especially when such men are seeing another woman outside their matrimonial homes. The inter-African committee on traditional practices affecting the health of women and children (1995) stated that women accept violence against women because of social prejudice and their low self-esteem. The perpetuation of VAW has continued due to women's economic dependence on men, patriarchy and the differential socialization process women pass through (Heise et al., 1999; Nhloyi, 1996; Kurtz, 1989, Pallitio and Ocampo, 2004).

Violence against women by their male partners is widely condoned by many African societies because of their belief that men are superior and that the women with whom they live together are their possessions to be treated as the men considered appropriate (Kerige, 1995; UWESDHA, 1993). In Nigeria and indeed the whole of Africa, violence is not only widespread: it is also socially acceptable (Stawarth, 1995). In Nigeria as in the Filipino culture, the main perceived domain of women is the home, where women are viewed mainly as mothers, wives or daughters (Carths, 1994). According to Duarte, (1994), the non-intervention of or coming up of most witnesses present when such violence are committed against women to testify against such incidence demonstrates a clear social permissibility of VAW.

Violence against women causes human suffering, impediments to personal development and or reduction in the contribution women can make to the lives of others (el-Bushara and Piza, 1993). VAW hinders them to protect themselves from unwanted pregnancy and sexually transmitted diseases (STDs) (Haise, 1993). Glants and Halperin (1996) stated that VAW has negative effect on women's reproductive health because it occurs in connection with pregnancy and delivery or with fidelity and sexuality. Haise (1993) continued that the fear of violence keeps women submissive to male decision-making. Quite a lot of women in their efforts to avoid violence accept insults and misery or flee from the marriage.

Despite the fact that there has been explicit acknowledgement of the state's responsibility for human rights' violation by private actors in both public and private spheres in several international conventions, in particular the Vienna Accord of 1993 and the Beijing Platform of 1995, violence against women remains highly prevalent and is still a major cultural blind sport (Aderinto, 2003). This study therefore aimed at determining the prevalence and effects of violence against women on their reproductive health in Obudu local government area of Cross River State, Nigeria.

Statement of problem

Violence against women is a social and public health problem with devastating consequences for women, irrespective of age, culture, sexual orientation and socio-economic status (Chamaiack et al., 2005). Despite the increasing recognition that VAW is a global public health concern, population-based studies of VAW and its determining consequences remain scarce in developing countries (Gage, 2005).

Beside the determinants of VAW in Nigeria and Obudu women in particular its consequence on reproductive health, have yet to be established. There is much that remains to be understood about the total set of possible sexual and reproductive outcomes associated with VAW, especially in developing countries (Parish et al., 2004).

Though studies have been conducted in developed countries on violence against women to highlight its implications for development in these developed countries, it has become a major topical issue in modern development for developing countries (Oyediran and Isiugo-Abanihe, 2005).

VAW is universal and differs only in scope from one society to another (Oyediran and Isiugo-Abanihe, 2005) available statistics from around the globe indicate that one out of every three women has experienced violence in an intimate relationship at some point in her life (Che and Cleland, 2004).

Violence against women is recognized as a violation of human rights. As early as 1984, the universal declaration of human rights adopted by the UN General Assembly identified VAW as an abuse that threatens the security of women and their fundamental rights to life and liberty, as well as freedom from fear and want (Che and Cleland, 2004).

The fact that domestic violence against women and girls has long been considered a "private affair" has contributed to the serious gap in public health policy-making and the lack of appropriate programmes.

Women for fear of inability to refuse sex or negotiate for safe sexual practices, are thus, probably exposed to all evils of infections including the Human Immune-Deficiency Virus/Acquired Immuno Deficiency Syndrome [incomplete] (HIV/AIDS), hepatitis, gonorrhea. It is now clear from literature that the nature and incidence of violence against women, as well as its consequence on women's reproductive health is a global issue, but differing in scope. The present study focused on this

Table 1. Prevalence of violence against women by types.

Types of violence	All women (N = 509)	Currently married (N= 408)	Not currently married (N = 101)
Verbal/psychological	65.2	40.6	49.6
Economic	35.6	19.1	29.9
Sexual	55.4	28.3	402
Physical	42.4	25.4	40.2

Source: Field survey.

using the Bette women of Cross River State, Nigeria, as a case study.

Objective

The main objective of this study is to improve the understanding of the nature and prevalence of violence against women and their consequences on their reproductive health.

The specific objectives are therefore:

i.) To explore the nature and prevalence of violence against women.
ii.) To examine the factors that enhances violence against women.
iii.) To identify the reproductive health consequences of violence against women.
iv.) To examine the strategies adopted by victims to avoid or cope with violence against women.
v.) To make policy recommendations on ways of mitigating the incidence of violence against women.

Hypotheses

i.) There is a significant relationship between the women's background characteristics and their chances of experiencing violence VAW.
ii.) There is a significant relationship between perpetuation of VAW and men's attitude to justify wife beating.
iii.) Women who experienced VAW have more births than women who have not experienced VAW.

METHODOLOGY

The study population consists of a total 509 woman and men between the ages of 15 and 49 years in Obudu Local Government Area. Only quantitative data was generated for this study. The data generated was analyzed using the statistical package for the social sciences (SPSS).

The study was conducted in Obudu Local Government Area of Cross River State, Nigeria. The local government is dominated by two major ethnic groups - the Bette and the Utugwang. It is one of the eighteen local government areas in Cross River State. It lies between latitude 5°N and 15°S of the equator. It has an unusual climate at its plateau rising above sea level.

The Bette tribe or clan was purposively selected for the study. The tribe was sub-divided into different chiefdoms and there are 25 of them. This was done using systematic random sampling. In each chiefdom, 10% of the population was selected.

Thus, a sample size of 509 and 152 female and male respectively was obtained. A response rate of 95% was obtained for the female respondents while 98% response rate was obtained from the male respondents. After cross-checking, updating and cleaning the instruments for the study after administration, only 90 and 89% of the female and the male were found suitable for analyses.

RESULTS

The results showed that the proportion of men with the least secondary education is higher than the proportion of women with at least same level of education. Majority of respondents are christians and a majority of the female are presently working especially in trading.

Only 10.8% of the female respondents have the final say in the use of their earning. More than one-fifth of the female respondents still rely on their husbands to make the final decision of the use of their earnings.

The mean age of the male respondents was 30.4 years while the female respondents have a mean age of 35.4 years. The median age at first birth for the female respondents was 22 years. 9 out of every 10 of the respondents are currently married.

Nature and prevalence of violence against women

Table 1 presents the nature and prevalence of VAW experienced by female respondents in the age group 15 - 49 years in the last 12 month preceding the study. The result shows that verbal psychological violence was (65%) and sexual violence (55.4%) are the most prominent types of violence that women are exposed to. The result showed that over 50% of the female respondents experienced economic violence in the past twelve months and about 42% experienced physical violence.

The results also show the proportion of men who have perpetuated VAW in the last 12 months preceding the survey. About 45% of the men reported verbal/psychological violence against their wives while 25% reported physical

Table 2. Factor enhancing violence against women.

Factors	Percent
Age	68.9
Educational level	70.2
Relative in households	70.2
Witnessing parents in VAW	60.2

Source: Field survey.

Table 3. Percentage distribution of intendedness of births during the last year according to whether women have ever experienced VAW.

Experience of violence	Intendedness of pregnancy			
	Wanted then	Wanted later	Not wanted	Total
Ever experience violence	80	30	-	100.0
Never experienced violence	46	54	-	100.0

Source: Field survey.

violence and 20% reported economic violence and sexual violence (19.90%). In sum, the study showed that there is a prevalence of violence against women in the study area.

Factors enhancing violence against women

The result shows that there are some factors that predispose women to violence more than others, such factors from the study showed that younger women have a likelihood of experiencing VAW than the older women. The result also shows the odds of experiencing VAW increase with age and terminating at age 35 to 39 years. This is because it is with in the age range of 25 to 35 that issue of contraception, when to have sex and choice of having more children are prominent (Table 2).

Women who are educated and are married to men who are not educated are the least likely to experience VAW. The reverse however, is when an uneducated woman married an educated husband. Such women face the highest risks of experiencing VAW. It follows therefore, that the incidences of VAW is highest among couples in which only the husband has some level of formal education, while it is lowest in unions where only the wife is educated. This follows that the level of education of the husband of a woman is significantly related to the incidence of VAW.

Results also show that violence against women is higher in households in which there are no persons outside the nuclear family. This is pronounced in unions where the parent-in-law or the sibling-in-laws resides.

Women who witnessed violence against women between their parents are more likely to experience VAW in their unions than the women who never saw any act of VAW between their parents while growing up. It also follows for men who witnessed same between their parents. Following from above, the enhancing factors for violence against women in the area are age. Education level, households with relatives living with couple and witnessing violence against women.

Reproduction health consequence of violence against women

Violence against women has serious reproduction health consequences, but those of concern in the present study are: having unintended births and having non-live birth.

The issue of having unintended births was investigated by examining the responses to the question that wanted to know whether at the time of last pregnancy, the women wanted to have it. The result show that over 8% of women who gave birth in the last 12 months had not experienced it to say that the birth was wanted at the time of conception 70% compared with those who never experienced it (39.0%). Table 3 explains further.

Non-live birth

Research findings have shown that violence is positively associated with adverse pregnancy outcomes such as miscarriages and abortion (Kishor and Johnson, 2004; Jensen et al., 2003; Jejeebboy, 1998). Results in this study showed that women who have ever been pregnant by the experience of violence are more likely to have non-live-births. Women who have experience VAW are more likely to have had a non-live-birth compared with women who have never experience it.

Table 4 indicated that 59.1% of the respondents who have experienced violence had a non-live-birth and

Table 4. Percentage distribution of ever-married women who have ever had a non-live-birth according to whether they experience violence or not.

Experienced of violence	Percentage who ever had a non-live
Ever experienced	59.1
Never experienced	40.1
Total	100.0

Source: Field survey.

Table 5. Percentage distribution of coping strategies adopted by victims of violence.

Strategies	Percentage
Endure	43.9
Prayers/revolution	43.1
Physical violence	22.0

Source: Field survey.

Table 6. Relationship between the women background characteristics and the chances of experiencing violence.

Background characteristics	Ever experienced	Never experienced
Educated	43.7	22.9
Not educated	56.3	77.1
Total	100.0	100.0

$X^2 = 11.793$, df = 1, $P < 0.001$.

40.9% who never experienced violence has non-live-birth. From above, it is obvious that women who have ever experienced violence during pregnancy are most likely to have non-live-birth.

Coping strategies

The study revealed that women who experienced violence's main coping strategy are endurance. It is employed by about 44% of the women. The next coping strategies employed is resorting to prayers and resolution of the issue. About 35% of the respondents used these strategies. Next to these is the strategy of physical violence that is, fighting back at the partner that is violent (Table 5).

The reason often given for endurance is for them to take care of their children. In a study by Ajala (2005: 25) an in-depth interview response was given thus:

"*My advice is for her to know that the incident of violence against women will cease or stop one day. This is because she herself to avoid the things that lead to violence. You know there are different forms of violence. She should avoid the reason for the violence. For a woman who wants to live long in her marital union she must have a lot of endurance, patience, love and long suffering. The man also should be one who loves his wife and children, and should be alive to his responsibilities. It is believed that she should stay and take good care of the children, for it she packs away and the husband remarries, the new wife may not take good care of her children, so to have peace of mind, such woman should ensure and remain in their matrimonial home inspite of violence."*

Test of hypotheses

From the chi-square test, it is shown that there is a significant relationship between women's background characteristics and the chance of experiencing violence. This is because the X^2 of 11.973 at P value of .001 is significant. This upholds the alternate hypothesis (Table 6).

Table 7 showed a consistent relationship between violence against women and perception of justifying wife beating. The X^2 of 43.049 is significant at 0.05 levels. The alternate hypothesis is accepted.

Table 8 shows that there is a significant relationship between the experience of violence and having non-live-

Table 7. Relationship between perpetuation of VAW and men's attitude to justifying wife beating.

Perpetuation of violence	Men	Women
Never perpetrated any	58.8	34.3
Perpetrated at least once	42.2	65.7
Total	100.0	100.0

Pearson chi-square = 43.049, P<.001, df = 2.

Table 8. Relationship between women who experience VAW and number of live of births.

Experience of violence	Have higher number of children	Have lower number of children
Ever experience violence	58.2	41.8
Never experience violence	42.2	65.7
Total	100.0	100.0

Pearson chi-square = 10.931, df = 2.

births. The X^2 test of 10.931 is significant at 0.05 alpha levels.

DISCUSSION

The findings of the study have revealed several issues especially the consequence of violence on the reproduction health of women. On the first objectives, the findings of the study is in line with other studies like (Chamich, 2005; Heise et al., 2002; Gapfta et al., 1996; McClosky et al., 2005; Kong et al., 2002; Khan et al., 2001) who severally maintained that the most prevalent form of gender-issued violence worldwide was violence against women. They went on to say that many women were powerless to negotiate condom use of to protect themselves from a partner who abuse alcohol. The prevalence of violence against women in sub-Saharan African ranks high in comparison with levels in other developing regions (McClosky et al., 2005). They affirm that as many 48% of Zambian married women report ever having experienced violence, with 26% reporting exposure within the past 12 months. Glanze and Halperin (1996) reported that violence against women is often intended to divorce the man. Elsewhere, it is stated that women due to social prejudices and low self-esteem could account for it. Finally, Heise et al. (1999) posited that the dependence of women on men is a fertile ground for violence.

Violence against women cause human suffering, impediments to personal development and a reduction in the contribution women can make to the lives of others (El-Bushra and Pise, 1993). Violence against women impacts their ability to protect themselves from unwanted pregnancy and sexually transmitted disease (STDs) Heise, 1993a).

RECOMMENDATIONS

The recommendations here are focus on preventing incidences of violence against women and reducing the severity of the consequences. This will be done at three levels-primary, secondary and tertiary.

At the primary level, there is need to encourage educational programme that provide adolescent and young adults with vocational training and educational support or social development programmes to teach very young person social skills, anger management and conflict resolution skills, so as to prevent violence in later life. This will involve changing the beliefs and behavioural patterns of individuals especially those of women towards women.

At the secondary level the focus is on early detection of threat before the consequences and as such preventing disability and death resulting from VAW.

At the tertiary level, attention should be given to the creation of better women's shelter and community-based support services for women who are seeking assistance in coping with violence or safely leaving a violence relationship (Coker, 2004). There is also need to at this level, create a legal framework for women who have experienced violence to seek redress in the court of law. This will mean providing laws that will change the perception of the society that looks at violence against women as a private to a public health concern in order to elicit appropriate punishment for culprits.

These essential and life-saving services will helps to create an environment that will reduce if not eliminate the occurrence of violence against women from the socialization process where society will come to see violence against women as a wrong act punishable by law and an opportunity to seek immediate redress in cases of early detection.

Conclusion

The study has found that there is a prevalence of violence against women in the study area and this cut across age, culture and socio-economics status. It follows therefore that this age long evil against women is still prevalent despite so much presentations in international conferences on women and their rights. It has also shown that these acts often go unpunished because they lack alternatives and hope that the condition will change or that they will resolve the problems. It is therefore, prudent to say that there is need to change societal belief and behavioural patterns to the extend that it change the culture of wife beating and take up a very bold step at seeing them as partners and not possessions.

REFERENCES

Aderinto AA (2003). "Public Concern of Private Affair: Social Construction of Domestic Violence against Women in post-colonial Nigeria". Paper presented at the Congress of the South African.

Chamaiack D, Grant L, Mason R, Moore B, Pelliari R (2005). "Intimate Partner Violence Consensus Statement" (April). J. Obstetrics Gynecol., 157: 365-388.

Che Y, Cleland J (2004). "Unitended Pregnancy among Newly Married Couples in Shanghai". Int. Family Plann. Perspect., 30(1): 6-11

Coker AL (2004). "Primary Prevention of Intimate Partner Violence for Women's Health. A response to plichta". J. Interpersonal Violence, November, 19(1): 1324-1334.

Dickstein LJ (1988). "Spouse Abuse and Other Domestic Violence". Paychiatr. Clin. North Am., 11(4): 611-608.

Duarte S (1994). "Violence and Women's Health Emotional Consequences of the Domestic Abuse of Women's in Maternidad sin riegos en Mexico, edited by Ma del Carmen Elu, Ana Langer, Mexico City, pp. 69-84.

El-Bushra J, Piza LE (1993). "Gender-related Violence: Its Scope and Relevance". Focus on Gender Jun, 1(2): 1-9.

Gage AJ (2005). "Women's Experience of Intimate Partner is Gaibi". Soc. Sci. Med., 61: 343-364.

Glantz NM, Halperin DC (1996). Studying domestic violence: Perceptions of women in chiapas, Mexico.

Gupta GR, Heise L, Weise E, Whelan P (1996). "Fostering Linkages between AIDs community and the violence against women movement" Paper presented at the 11th international conference on AIDs, Vancouver, Canada, July, 7-12, p. 7.

Heise L (1993). "Gender violence and reproductive choice: Freedom close to home". Populi, Jan., 20(1): 7-11. (1993b) violence against women: the Mange Kolsmky, Judith Tingyan and Jill Gay. Bouger, Colorade: West view pree; pp. 171-195. (1995): Gender-based abuse and women's reproductive health" (Draft) unpublished, prepared for the population council, (1998): "Violence against women: An integrated ecological framework".

Heise L, Elisberg M, Gotte MM (1999). Ending Violence Against Women Population Reports, series 1, No.11, Baltimore Maryland". Johns Hopkins University School of Public Health, Population Information Programme.

Heise L, Elisberg M, Gotte MM (2002). "A global overview of gender-base violence". Int. J. Gynaecol. Obstetrics, 78 (suupl.1): 55-84. cited in batyes, L. M. Schuler, S. R. Islam, F. and Kharul Islam (2004). Social-economic factors and processes associated with domestic violence in rural Bangladesh int. Family Plann. Perspect., 30(4): 190-199.

Inter-African Committee on traditional practices affecting the health of women and children Newsletter (1995). Violence against women, April, (17)5.

Kerige J (1995). HIV prevention and women's rights: Working for one means working for both" AIDs captions, Nov., 11, No.3.

Khan ME, Ubaidan R, Hissain SMI (2001). "Violence against women and its impact on women lives-some observation from Bangladesh". J. Offanly Welfare, 46(2): 12-24.

Krug EG, Dablberg LL, Mercy JA (2001). A. B. and R., Lozano (eds.) (2002). World Report of violence and health Geneva: World Health Organization.

McCholskey LA, Williams C, Larsen U (2005). "Gender inequality and Intimate partner violence among women in Moshi, Tanzania". Int. Family Plann. Perspect., 31(3): 124-130.

Nhloyi M (1996). Socio-Culture milieu, Women's status and Family Planning" in Family Planning, Health and Family well-being Bengalore, India, 26-30 October, 1992 (compiled by) United Nations. Department of Economic and Social Information and Policy Analysis Population Division New York. United Nations, 61-85t/ESA/SER.R/131.

Okemgbo CN, Omideyi AK, Odimegwu CO (2002). "Prevalence, patterns and correlates of domestic violence in selected Igbo communities in Imo State, Nigeria". Afr. J. Reprod. Health Surv., 9(2005): 38-53.

Oyediran KA, Isiugo-Abanihe UC (2005). "Perceptions of Nigerian Women on Domestic Violence: evidence from 2003 Nigeria Demographic and Health Survey". Afr. J. Reprod. Health Surv., 9(2005): 38-53

Pallitio CC, Ocampo P (2004). "The relationship between intimate partner violence and unintended pregnancy: analysis of a national sample from Colombia" Int. Family Planning Perspect., 30(4): 165-173.

Parish WL, Wang T, Lauman EO, Luo Y, Pan S (2004). "Intimate partner violence in China: National Prevalence, risk factors and associated health problems". Int. Family Plann. Perspect., 30(4): 174-181

Stawarth S (1995). Working with a radical agenda; The Musasa Project, Zimbabwe". Gender and Development: Women ND Culture, February. 3(1): 30-35.

Stem (1993). Why a program on Reproduction Health and Society". Salud Reproductive Y. Soivedad September – December, 1(1): 111-112.

United Nations Commission on the status of women (1993). Declaration on the Elimination of Violence against Women. Washington, DC: United Nations.

Watts C, Zimmerman C (2002). "Violence Against Women: Global scope and Magnitude". Lancet, 359(9313): 1232-1237.