

Sexual Violence against Women in Marital Dyads, Prevalence, Correlates, and Consequences: Among the Ijesa of South-Western Nigeria

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ABSTRACT

Sexual violence is of a global public health concern. However, population-based studies of its determinants and reproductive health consequences remain scarce in Nigeria. The paper therefore sets to fill this gap. The results showed that 42.7% of all female respondents experienced sexual violence. The logistic regression results showed that religion, occupation, type of marital union, desire for another child, age at marriage, knowledge of husband's extra-marital relationship, the husband's education, occupation, spousal age difference, sleeping together with husband on same bed, couple sharing secrets are factors that significantly affects the chances of experiencing violence. Women who have experienced sexual violence significantly have more births, had higher prevalence of STIs than those who never experienced sexual violence. Endurance is the main coping strategy employed by women who have experienced sexual violence. In sum, sexual violence has negative reproductive health consequences on women. The results underscore the need to prevent its incidence.

Keywords: Sexual violence, Women, Ijesa, Marital Dyads

BACKGROUND OF THE STUDY

Violence against females is a major health and human rights concern. It is a global plague that takes place in public and private spaces [1]. Violence against women and girls occurs in every country and culture, and is rooted in social and cultural attitudes and norms that privilege male over female [2]. Partner violence is the most common form of violence against women globally [3]. It is estimated that 3 out of every 10 women above 15 years have some form of violence by an intimate partner at least once in their lifetime [4]. The reality is that there may be differences in the type and actual level of incidence of intimate partner violence across the various settings women may find themselves [5]. Intimate partner violence (IPV) in sub-Saharan Africa affects 36% of the population [6]. Nigeria is reported as being part of the countries with high incidence of gender-based violence in sub-Saharan Africa [7]. In Nigeria every woman can expect to be a victim of one form of violence at some point in her life [8].

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' [4]. Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours [4]. Thus, intimate partner violence (IPV) could be physical, emotional, sexual, psychological, or financial in nature and it occurs between intimate partners [9]. The focus of this paper is on sexual violence. Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced

penetration of the vulva or anus with a penis, other body part or object [4]. At its most fundamental, sexual violence describes the deliberate use of sex as a weapon to demonstrate power over, and to inflict pain and humiliation upon, another human being.

Indeed, in an unspoken fashion, violence against women has been generally accepted as “understandable behaviour” with patriarchy lending credence to it through the continuous perpetuation of male dominance [10, 11]. The nature or severity of the effects of violence can be influenced by context-specific factors such as: poverty; gender inequality; cultural or religious practices; access to health, legal and other support services; conflict or natural disaster; HIV/AIDS prevalence; and legal and policy environments [2].

Anecdotal evidence suggests that in general intimate partner violence in Ijesaland is a malignant social phenomenon. Consequently, this paper explores the nature and prevalence of sexual violence in Ijesaland and the reproductive health consequences on women. Factors found to be associated with intimate partner and sexual violence occur within individuals, families and communities and wider society [4].

The consequences of violence against women generally cuts across age, culture, or socio-economic status, it is a public health problem [12, 13, 14]. Despite the increasing recognition that intimate partner violence is a global public health concern, population-based studies of intimate partner violence against women, its determinants and consequences remain scarce in developing countries [15]. Furthermore, the determinants of sexual violence against Nigerian women in marital dyads in general and the Ijesa women, as well as its consequences on reproductive health, are yet to be established. There is much that remains to be understood about the total set of possible negative reproductive health outcomes associated with intimate partner violence, especially in developing countries [16].

The importance of establishing the prevalence of intimate partner violence in general and associated patterns of risk is very crucial to addressing women’s health and development [17]. There is increasing evidence to suggest that marital violence revolves around cultural definitions of appropriate sex roles and partners' expectations of each other's roles within relationships, particularly those related to wifely obedience and domestic service [18].

Some of the risk factors for perpetrating and experiencing intimate partner and sexual violence include: lower levels of education, exposure to child maltreatment, witnessing family violence, harmful use of alcohol, attitudes that are accepting of violence and gender inequality [4]. There is likely to be intimate partner violence in marital unions in which there is marital discord and dissatisfaction as well as couples that are having difficulties in communicating [4].

Violence against women by their male partners is widely condoned by many African societies because of the 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 [19, 20]. In Nigeria, women are often encouraged to stay in abusive relationships because of the cultural beliefs that a woman's place is with her husband and because divorced and separated women are not held in high social regard compared to women who remain in marriage [21].

The specific aims of the paper are to: explore the nature and prevalence of sexual violence against women; investigate the factors enhancing it; identify the reproductive health consequences of sexual violence on women; examine the strategies adopted by victims to avoid

or cope with sexual violence; and make policy recommendations on ways of mitigating the incidence of sexual violence.

Materials and Methods

Data were drawn from a larger study of intimate partner violence and women's reproductive health carried out in Ijesaland, Osun State, Nigeria. The study population consists of ever married women between 15 to 49 years of age and ever married men in Ijesaland. The Ijesa is one of the sub-ethnic groups within the Yoruba ethnic group. The Ijesa people can be found in the south-eastern part of Osun State. Osun State is located in the South-west of Nigeria. The Ijesa can be found in seven LGAs namely; Atakumosa-East, Atakumosa-West, Boluwaduro, Obokun, Ilesa-East, Ilesa-West and Oriade. The traditional political centre of Ijesaland is Ilesa [22]. The Ijesa are known in Yorubaland to be a brave and courageous people and are popularly called "Osomaalo". They are great traders, reputed to have introduced the hire-purchase system into the Nigerian business several years ago.

The sexual violence was captured with six items captured from the modified conflict tactics scale, which includes the woman being "verbally pressured or forced to have sex", "denied of sex as a form of punishment", "pressured for sex more often than would like to", "spouse become angry if the woman do not want to go along with his request for sex", "spouse forced her to have sex when her judgement was impaired", and "spouse infected her with a sexually transmitted infections". The female respondents were asked if their husbands had perpetrated any of the acts against them in the past 12 months preceding the survey. A score of 1 is given for the perpetration of each of the items capturing sexual violence, and zero if the act was not perpetrated. An index of sexual violence against women was computed by adding the scores for each of the items capturing sexual violence. There is said to be a case of sexual violence against women if there was at least a perpetration of any of the items capturing sexual violence. When there is a case of sexual violence a new variable measuring incidence of sexual violence is given a code 1 and zero otherwise. The analyses in this paper focuses on sexual violence and are based on information elicited from respondents from a population-based cross sectional survey. The prevalence of sexual violence in the past year before the survey is adopted. This is often thought to be a more accurate assessment of sexual violence because it reduces the assumption of less recall bias on the part of the respondent [23]. The unit of analysis consists of ever-married women. This is because a cross-sectional measure of sexual violence based solely on current intact relationships would under-represent shorter-term violent relationships, which may also involve more frequent or severe violence [15]. A sample size of 1,613 ever married females and 808 ever married men was drawn. The data being used in this paper are the female data set. After data cleaning 1,441 responses were analysed.

Conceptual Framework

The ecological model of factors associated with intimate partner violence helps in understanding the interplay of personal, situational, and socio-cultural factors that combine to cause intimate partner violence [24]. The innermost ellipse represents the biological and personal history that everyone brings to his or her behaviour in relationships. While the second shows the immediate context in which abuse takes place, the third represents the institutions and social structures in which relationship are embedded: neighbourhood, social networks, peer groups, and the workplace among others. The fourth outermost ellipse is the economic and social environment, including cultural norms. It should be mentioned that violence against women results from the interaction of various factors at different levels of the social environment.

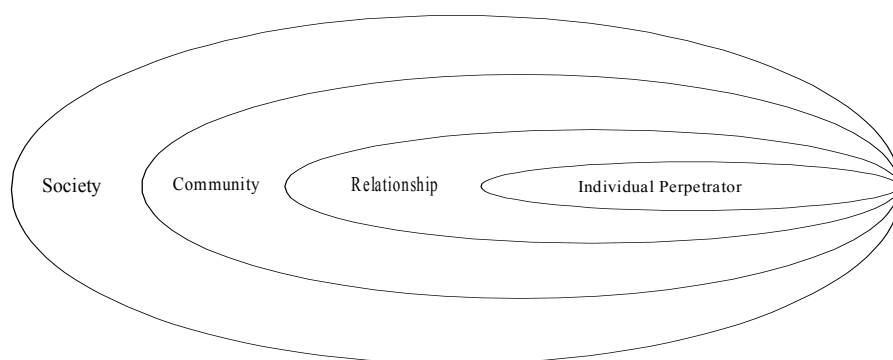


Fig 1: ECOLOGICAL MODEL OF FACTORS ASSOCIATED WITH intimate partner violence (Adapted from Heise (1998))

Studies have shown that younger age places women at relatively higher risk for intimate partner violence [25, 23, 13, 16, 26]. It is believed that delay in marriage by a woman would reduce her chances of experiencing intimate partner violence. Women who are separated, divorced, or widowed are more likely to experience intimate partner violence than currently married women [25, 23]. Childlessness has also been found to be associated with a significant higher risk of intimate partner violence [27]. Some studies have also shown that having 3 or more children is associated with intimate partner violence [25, 15, 17]. This may be explained by the fact that women with many children may be in relationships where negotiation about sex and birth control are difficult or practically impossible [2]. It may also be that such women have unintended pregnancies. Intimate partner violence and sexual violence can lead to unintended pregnancies and sexually transmitted infections, including HIV [4]. Unions that are either explicitly or implicitly polygamous¹ are more likely than monogamous unions to be characterized more by intimate partner violence [17].

Many studies have revealed a negative relationship between education of both partners and intimate partner violence [13, 26, 28]. There is a complex relationship between a woman's employment and intimate partner violence. An unemployed woman is significantly likely to experience sexual violence [25]. There are situations in which a woman's employment might increase marital conflict and violence against her [13], this happens more in unions where the man feels threatened of his perceived role as a "bread winner" as a result of the contributions of the woman to household maintenance. There also may be less violence when the woman is working, and the man is not, because in such situations the woman is responsible for the family needs and as such this may be a form of protection for her against intimate partner violence.

Marital duration has a significant effect on the chances of a woman experiencing intimate partner violence [27]. This is predicated on the fact that the length of stay in a union by a couple would enhance their ability to understand one another and would have been able to evolve a process of internal conflict resolution. Intimate partner violence is more common in urban areas than rural areas [13, 29].

¹ because of extramarital relationships on the part of the men

Marital intimacy² will reduce the chances of occurrence of intimate partner violence in general [15]. Family structure is a potentially important factor associated with intimate partner violence. Extended family residence is inversely associated with risk of intimate partner violence [27, 26]. There is likely to be less intimate partner violence where the living structure is nuclear. The presence of in-laws in the household may give rise to some conflict, but at the same time may also prevent violence [13].

Higher levels of education among husbands were significantly negatively associated with intimate partner violence [27]. Spousal age difference is an important variable in patriarchal settings, the larger the spousal age difference, the more difficult it may be for wives to express views contrary to their husband's and where this happens it engenders intimate partner violence [30].

Witnessing of violence between parents as a child emerges a strong predictor of subsequent intimate partner violence. This could be the result of poor emotional development or simply because of learning strategies to cope with conflict [27, 13, 15]. It is expected that past exposure to familial violence would be a significant determinant of intimate partner violence against women. Such women who witnessed violence between parents may construct attachment models along dominance-subordination and victim-perpetrator dimensions [15]. Women in unions where the man or the woman believes that a man has justifications for wife abuse will experience intimate partner violence. It is an important correlate of sexual violence [15]. Intimate partner violence has serious reproductive health consequences, including increased levels of STI and HIV/AIDS [31, 32, 33, 34, 35].

This paper tested the relationship between women's background characteristics on the chances of a woman experiencing sexual violence. It also tested if women who experienced sexual violence do not have more births than women who have not experienced sexual violence. Finally, the paper tested to see if there is a significant difference in the prevalence of sexually transmitted infections between women who have experienced intimate partner violence and those who have not.

FINDINGS

Socio-Demographic characteristics of the respondents

The proportion of men with at least secondary education is higher than the proportion of women with at least same level of education. Table 2.1 shows that a higher proportion of females than males do not have any formal education. Despite the differences in the level of education, a higher proportion of women than men are currently working. At least four out of every ten of the female respondents are into trading/business. A ranking of the proportion of respondents by their occupation shows that generally most of the men included in this study are artisans (28.7 per cent), farmers (19.3 per cent), traders/business men (16.1 per cent) and civil servants (16.1 per cent).

Majority of the male respondents are in monogamous unions while at least one-fifth of the female respondents are in polygynous unions. A good majority of the male and female respondents live together with their spouse.

The information on who decides on use of earnings of the respondent can be used as a measure of the status of the woman (her autonomy) and can also be an indication of level of patriarchal

² Marital intimacy was measured by asking the respondents whether she eats together with her husband; sleeps on the same bed with her husband; shares leisure with her husband; shares secrets with her husband.

control women are subjected to. Only 25.7 per cent of the female respondents have the final say on the use of their earnings, while 46 per cent take the decision on the use of their earnings jointly with their husbands. More than one-fifth of the female respondents still rely on their husbands to make the final decision on the use of their earnings. The situation is different among the male respondents only 4 per cent of the men rely on their wife to make the final decision on the use of their earnings. Even the proportion of men who jointly make decision on use of earnings with their wives is lower than the proportion of women who jointly make similar decision with their husbands.

Table 2.1 Percent distribution of respondents by selected background characteristics

Characteristics	Women (1441)	Men (743)
Education level attained		
No formal	15.6	8.3
Primary	26.3	20.3
Secondary	31.5	36.1
Tertiary	24.9	33.8
Others	1.7	0.3
No response	-	1.2
Currently working	95.1	92.2
Occupation³		
Trading/Business	43.6	16.1
Farming	7.3	19.3
Professional ⁴	5.6	5.0
Artisans	12.2	28.7
Teaching	13.6	9.0
Civil servants	10.2	16.1
Others	1.8	2.5
No response	5.7	3.4
Type of marriage		
Monogamy	78.1	90.3
Polygyny	21.9	9.7
Living pattern with spouse⁵		
Living together	81.5	93.0
Living separately	18.5	7.0
Decision on use of earnings		
Self	25.7	55.5
Partner	24.4	4.0
Jointly with partner	46.0	38.1
Someone else	0.5	0.3
No response/Missing	3.4	2.1
Total (N)	100.0 (1441)	100.0 (743)

Source: Field Survey, 2004

Prevalence of Sexual violence by Background Characteristics of the Respondents

The results in Table 2.2 show that 42.7 per cent of the respondents experienced sexual violence. The prevalence of sexual violence cuts across the various age groups but highest among women who are 35-39years and those 45-49years. The prevalence of sexual violence is higher among those residing in the urban areas relative to those in the rural areas. Women in polygynous unions experienced higher prevalence of sexual violence relative to those in monogamous unions. The results also show that prevalence of sexual violence reduces with delay in marriage. Prevalence of sexual violence is least among Muslim women, and highest among Catholic faithfuls. The result also show that prevalence of sexual violence increases

³ This includes only those currently working

⁴ This includes bankers, lawyers, doctors, nurses, accountants

⁵ For widows, the response is while the late spouse was alive

with higher children ever born (CEB). Women who have been married for at least 10 years, experience more sexual violence than women who have been married for less than 10years⁶

Prevalence of sexual violence is highest among women in unions where the couple are not educated and union in which only the husband is educated (Table 2.3). The level of education of the woman does appear to reduce the chances of her experiencing sexual violence. The higher the age difference between the husband and his wife the higher the chances of women in such unions experiencing sexual violence. Women in unions in which the couple eats together or sleeps on the same bed have slightly higher chances of experiencing sexual violence than unions in which the couple shares leisure or secrets together.

Table 2.2: Background Characteristics of respondents who have experienced sexual violence

Characteristics		Percentage	Total Number of women
Age	Below 25yrs	37.5	120
	25-29yrs	38.9	347
	30-34yrs	38.9	375
	35-39yrs	50.4	270
	40-44yrs	43.1	202
	45-49yrs	55.9	118
	Don't know	11.1	9
Place of residence	Urban	47.6	1169
	Rural	22.1	272
Highest level of education	No formal	50.2	225
	Primary	44.1	379
	Secondary	38.3	454
	Tertiary	41.8	359
	Others	50.0	24
Job status	Currently working	43.2	1370
	Not working	33.8	71
Marital status	Currently married	41.3	1328
	Divorced/separated	68.6	86
	Widowed	33.3	27
Type of marital union	Monogamous	38.7	1126
	Polygynous	57.1	315
Age at current marriage	15-19years	39.7	131
	20-24years	42.9	473
	25-29years	40.9	492
	30+ years	36.0	125
	Don't know	52.3	220
Religion/Denomination	Catholic	55.9	374
	Protestant	30.3	277
	Pentecostal	44.0	423
	Islam	34.7	291
	Others	47.4	76
Total number of children ever born	None	41.3	63
	1-2	34.2	558
	3-4	47.6	609
	5+	51.7	211
Marital duration	0-4years	37.1	342
	5-9years	38.1	378
	10-14years	40.9	269
	15+ years	53.1	226
	No response	50.9	226
TOTAL		42.7	1441

Source: Field survey, 2004

⁶ This may be due to a failure of the couples to realise the fact that marriage is not just for procreation

Table 2.3: Couple Characteristics of women who have experienced Sexual Violence

Characteristics		Percentage	Total Number of women
Educational disparity	Couple not educated	51.7	89
	Wife only educated	39.4	66
	Husband only educated	50.4	131
	Couple educated	41.4	1124
Spousal age difference	0-4years	35.8	516
	5-9years	43.8	514
	10-14years	55.6	135
	15+ years	49.5	95
	No response	43.6	181
Employment Disparity	Husband alone works	32.4	68
	Wife alone works	26.4	72
	Couple works	44.3	1293
	Couple not working	66.7	3
	No response	0.0	5
Couple eats together	Yes	42.3	822
	No	43.3	619
Couple sleeps on same bed	Yes	42.2	983
	No	43.9	458
Couple shares leisure together	Yes	41.7	964
	No	44.9	477
Couple shares secrets together	Yes	40.4	1090
	No	50.1	351

Source: Field survey, 2004

Factors Enhancing Sexual Violence

Logistic regression⁷ is used to determine the factors that have effect on a woman's risk of experiencing sexual violence. The results of the Logistic regression show that women residing in the rural areas are significantly less likely to experience sexual violence relative to those who reside in the urban areas. The incidence of sexual violence cuts across the different age strata. A woman's odds of experiencing sexual violence increases with age, peaking at age 35–39 years. It should be noted that it is within the age range 25 to 39 that issues of contraception, when to have sex and choice of having more children are prominent, which may explain why women in this age range have significantly higher odds of experiencing intimate partner violence (Table 2.4).

Women who are currently married are significantly less likely to experience sexual violence relative to women who have been separated or divorced. The odds of experiencing sexual violence decreases with delay in marriage. Incidence of sexual violence increases as the spousal age difference increases and with every additional child. Women who do not want more children are twice and two fifth times as likely to experience sexual violence as women who want more children.

Women in unions where the couple are not educated are the least likely to experience sexual violence, the reverse is the case when the couple is educated. Women in unions where only the husband is working are more likely to experience sexual violence. The incidence of sexual violence is higher in polygynous unions than in monogamous unions. The odds ratio of a woman experiencing sexual violence declines with marital duration.

Women who eat together with their husbands are less likely to experience sexual violence relative to those who do not eat together, even though it is not statistically significant. Sleeping

⁷ The Logistic regression is useful for situations in which one wants to be able to predict the presence or absence of a characteristic or outcome based on values of a set of predictor variables.

on the same bed and having leisure together significantly enhance the chances of a woman experiencing sexual violence relative to a woman who does not sleep on the same bed with her husband or does not share leisure together with her husband. The chance of experiencing sexual violence is significantly reduced in unions where there are 'no secrets' between husband and wife.

Table 2.4: Multivariate Analysis of the Predictors of Intimate Partner Violence

Characteristics	Categories	B	Odds Ratio
Age	Below 25 (r)		
	25-29	0.53*	1.704
	30-34	0.64*	1.889
	35-39	0.90+	2.460
	40-44	0.51	1.659
	45-49	0.65	1.914
Age at current marriage	15-19 (r)		
	20-24	0.12	1.125
	25-29	-0.01	0.989
	30+	-0.22	0.804
Marital Status	Separated/Divorced (r)		
	Currently married	-0.90*	0.408
	Widow	0.53	1.700
Parity		0.10	1.100
Type of marriage	Monogamous	-0.61+	0.543
	Polygamous (r)		
Highest level of education	No formal (r)		
	Primary	-0.55	0.575
	Secondary	-0.48	0.617
	Tertiary	-0.39	0.678
Occupation	Agriculture (r)		
	Trading	-0.58*	0.559
	Professional	0.34	1.405
	Artisan	-0.51	0.603
	Teaching	-0.75*	0.475
	Civil Servant	-0.51	0.604
	Other	-0.42	0.658
Religion	Pentecostal (r)		
	Catholic	-0.11	0.899
	Protestant	-0.30	0.738
	Islam	-0.22	0.801
	Other	-0.55	0.579
Partner's involvement in extramarital relationship	Yes (r)		
	No	-1.75+	0.174
Desire for more children	Yes (r)		
	No	0.875+	2.398
Husband's education level	No formal (r)		
	Primary	-0.33	0.721
	Secondary	-0.35	0.707
	Tertiary	-0.45	0.637
Husband's occupation	Agriculture (r)		
	Trading	-0.17	0.847
	Professional	0.67*	1.956
	Artisan	0.26	1.298
	Teaching	-0.20	0.823
	Civil Servant	0.19	1.211
	Other	0.16	1.174
Spousal age difference	0-4 (r)		
	5-9	0.30*	1.353
	10-14	0.52*	1.678
	15+	1.07+	2.907
Spousal educational difference	Wife only educated (r)		
	Both no education	-0.29	0.745
	Husband only educated	0.02	1.021
	Both educated	0.76	2.148

Spousal occupational difference	Both not working (r)		
	Wife only working	-1.23	0.292
	Husband only working	0.13	1.142
	Both working	0.08	1.080
Marital duration	0-4 (r)		
	5-9	-0.36	0.700
	10-14	-1.05+	0.349
	15+	-0.71*	0.490
Marital intimacy	eat together	-0.20	0.816
	sleeps on same bed	0.67+	1.948
	have leisure together	0.54+	1.708
	share secrets	-0.71+	0.492
Residence	Urban (r)		
	Rural	-0.58+	0.559
Family structure	Non-nuclear (r)		
	Nuclear	0.63*	1.886
People residing in the household	Sibling-in-law	0.55*	1.728
	Siblings	0.46	1.582
	Parent-in-laws	1.02+	2.774
	Parent	0.13	1.143
	Other relatives	0.28	1.319
	Non relatives	0.56	1.748
Witnessing of violence while growing up	Yes (r)	0.71+	2.027
	No		
Gender attitude	Gender positive (r)		
	Gender Negative	0.29*	1.341
Constant			1.962
-2 log likelihood			1455.85+
Nagelkerke R square			0.344+
Number of women			1441
Classification			75.1

Source: Field Survey, 2004
(r) – reference category

Incidence of sexual partner violence is higher in households in which no person outside the nuclear family members resides with the couple, relative to households in which there is at least a person outside the nuclear family. The results in the Logistic regression show that women who are not aware of their husband's involvement in extra marital relationships are significantly less likely to experience sexual violence relative to those who know that their husband are involved with extra marital relationships. Women who witnessed physical violence between their parents are more likely to experience sexual violence in their unions than the women who never saw any act of physical violence between their parents while growing up.

Reproductive Health Consequences of Intimate Partner Sexual Violence

Sexual violence has serious reproductive health consequences, but those examined in this paper include; number of births, and infection with STIs. The direction of causality between sexual intimate partner violence and higher fertility is unclear even though research has shown that there is an association between intimate partner violence and higher fertility [36]. Women who experience physical intimate partner violence or forced sexual intercourse by any perpetrator appear to be at greater risk of unintended or unwanted pregnancy than women with no history of abuse, both in the short term and over the course of their reproductive lives [2].

The results in Table 2.5 show that ever-married women age 15-49 years who have experienced sexual violence have a higher number of children ever born relative to those who never experienced sexual violence.

Overall, the data suggests that fertility for women who have ever experienced sexual violence is higher than that for women who have never experienced sexual violence, irrespective of their age. An independent samples t-test was carried out to test the null hypothesis that women who have experienced sexual violence do not have more births than women who have never experienced sexual violence. The results show that there is a significant difference in the number of births between women who have experienced sexual violence and those who have never experienced sexual violence (Table 2.6). This implies that reduction of sexual violence (or a more harmonious partner relationship) may facilitate or engender fertility decline over time.

Table 2.5: Mean number of children ever born to ever-married women age 15-49 by age in years, according to whether they have ever experienced sexual violence by their husband or not

Experience of violence	Age groups							Ever married women 15-49
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Ever experienced	1.00	1.56	2.17	2.98	3.56	3.89	4.32	3.09
Never experienced	1.00	1.49	1.97	2.68	3.44	3.77	2.63	2.73

Source: Field Survey, 2004

Table 2.6: Mean Number of Children to Women by whether or not they experienced Sexual Violence and summary of Independent Samples test comparing the means

	Mean Number of Children	Std Deviation
Experienced Intimate Partner Violence	3.09	1.63
Never experienced Intimate Partner Violence	2.73	1.53
t-test	-4.358***	
degree of freedom	1439	

Source: Field Survey, 2004

*** p < 0.01

Research suggests that there is a positive association between sexually transmitted infections (STIs) and sexual violence resulting from forced sex among women who are abused by their male partners, and relative inability to negotiate and use condoms [37, 38]. Research has also shown that women who had been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection compared to women who have not experienced partner violence [4]. Every woman was asked whether they had been infected with a STI in the last 12 months by their husband. Table 2.7 shows how this self-reported prevalence of STIs varies by the violence status of women. The prevalence of STIs among women who have experienced sexual violence is much higher than among women who have never experienced sexual violence. In testing the relationship between the prevalence of STIs and sexual violence, it was hypothesized that there is no significant relationship between sexual violence and STIs. The results as in Table 2.8 show that the Pearson Chi-square of 90.457 is statistically significant ($p < 0.01$), thus the null hypothesis that there is no significant relationship between sexual violence and STIs was rejected, while the alternate hypothesis which states that there is a significant relationship between sexual violence and STIs is accepted.

Table 2.7: Percentage distribution of ever-married women who reported having an STI according to whether they have ever experienced sexual violence in the past 12 months or not

Experience of violence by husband	Percentage who had an STI	Number of women
Ever experienced	24.4	616
Never experienced	0.5	825

Source: Field Survey, 2004

Table 2.8: Relationship between Having a Sexually Transmitted Infection and Experiencing of Sexual Violence

Had STI infection in the past 12 months	Victimization of Sexual violence	
	Never victimized	Victimized
No	99.5 (821)	75.6 (466)
Yes	0.5 (4)	24.4 (150)
Total	100.0 (825)	100.0 (616)

**Source: Field Survey, 2004 Pearson
Chi-Square= 210.45 p=0.000**

Coping Strategies

The results in Table 2.9 show that endurance is the main coping strategy adopted by women who have experienced sexual violence. The next two coping strategies employed are resorting to prayers and resolution of the issue. The endurance approach is premised on three basic assumptions namely; the incidence of violence will cease one day; for the sake of her children a woman should stay in a violent relationship, and the couple should be patient with each other.

Table 2.9: Percentage distribution of respondents by the Coping Strategies generally adopted by victims of intimate partner sexual violence in the 12 months preceding the survey

Strategies	Percentage
Endure	40.1
Separate	2.8
Physical violence	0.5
Reporting to elders/religious clerics	0.8
Verbal violence	0.3
Resolving the issue	4.2
Indifferent	1.8
Prayer	10.7

Source: Field Survey, 2004

Limitations

The experience of sexual violence was measured in the context of the 12 months before the survey and not for the life time of the respondents. The fact that a woman did not experience sexual violence in the past 12 months does not imply that such a woman has never experienced any acts of sexual violence, or that she is precluded from experiencing sexual violence soon. Also, like in many studies of this nature, the study may not have accurately measured the number of women who have been abused, but rather the number of women who are willing to disclose abuse. The fact that the data for this study are cross-sectional, temporal relationship between sexual violence and a covariate measuring an event that clearly predates its occurrence cannot be established. Also, the cross-sectional design of the data required relying on respondents' ability to recall violent experiences and on respondents' willingness to disclose this information.

CONCLUSION

The findings confirm the fact that sexual violence is prevalent in the study area and it cuts across age, status, and education as in many other places. The chance of experiencing sexual violence decreases with delay in marriage. This could be because a woman who married late would have been exposed to the methods of handling conflicts in intimate relationships. Part of the reasons why sexual violence is high in marital unions where the husband and wife are educated could be due to cultural stereotypic attitudes and expectations on the part of the man about the subservience of woman to man. Thus, patriarchy is at the core of the reasons for the incidence of sexual violence. The presence of in-laws enhances the incidence of sexual violence. This is because most in-laws have the tendencies of passing negative comments

about the wife of their son or sibling. The negative comments often serve as catalysts to intimate partner violence.

The reason the fertility of women who had experienced sexual violence is higher than those who never experienced sexual violence may be that such women have discontinued use of contraception. This is because the woman turning down the husbands' sexual advances is one of the commonest acts of sexual violence. The higher prevalence of STIs among women who have experienced sexual violence may be linked to the husbands being involved in extra-marital relationships. The conclusion to be drawn from the findings is that sexual violence has negative reproductive health consequences on women.

RECOMMENDATIONS

The focus of the recommendations is the prevention of the incidence of sexual violence and reducing the severity of its consequences. The issue of sexual violence in intimate relationships need be tackled at different levels. At the individual level, there is the need to encourage educational programmes that provide adolescents 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, to prevent violence later in life. This should be targeted at changing the beliefs and behaviours of individuals. Indeed, parents should endeavour to give their daughters education to the tertiary level. This would also ensure that women do not go into marriage at an early age, to reduce their chances of experiencing sexual violence. At the relationship level, there could be training on effective communication skills; there should also be mentoring programmes to match young persons with caring adults to prevent antisocial behaviour; and home visitation programmes.

At the community level efforts should be geared towards raising public awareness about violence, stimulating community action and providing care and support for victims. These could include media campaigns to target entire communities or educational campaigns for settings such as schools, workplaces, and other institutions. Such programmes may be enhanced by appropriate training for health professionals to help them identify and respond better to different types of violence. At the community level also, women should be encouraged to marry men who are of the same age bracket with them.

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