

## Violence Against Women: Impact on Their Reproductive Health

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### Abstracts

Violence against women is a devastating social problem which constitutes a serious health risk to the women. It occurs commonly in developing societies where gender roles are strictly defined and enforced. Studies exploring violence and women's health consistently report negative effect and have been shown to be associated with increase risk of having many children and limited control over sexual and reproductive health. Studies have found that women who experienced intimate partner abuse are more likely to have gynaecological problem than non-abused women.

**Objective:** The objective of this article review is to bring to focus the importance of re-addressing this important aspect of reproductive health issue in Nigeria. Source of material for this article are from learned journals and reports on the subject.

**Conclusion:** Violence against women is a major concern for women's health. The dehumanizing practices meted out on Women, all forms of taboo and harmful practices on pregnant women also pose risk to their lives and their unborn babies. The violent behaviour of rape and forced prostitution interfere with the women's abilities to control their sexual and reproductive lives. Female Genital Mutilation has been associated with a range of serious health problems including infections, chronic pains, sexual dysfunction and obstetric complications. Interventions can occur at all levels - primary, secondary and tertiary levels. Government and ministries of health should strengthen and coordinate systems for delivering prevention programmes as well as ensuring that relevant resources such as educational materials are consistently at local and national levels.

### Introduction

Violence against women is one aspect of reproductive health that has not been addressed properly in Nigeria despite the fact that Nigeria is a signatory to many international conventions on eliminating the practice of violence against women and promoting human rights<sup>1</sup>. W.H.O recognizes that violence against women constitutes a serious health risk to women, their families and their communities<sup>2</sup>. Internationally, it is a major concern for women's health and women's human right advocates. The platform for Action of the Fourth World Conference On Women made extensive recommendations for actions to governments, NGOs, international agencies and others on violence against women<sup>2</sup>.

In Nigeria, not much studies have been done on domestic violence as a broad social issue<sup>3</sup>. As defined by the United Nations Declaration On the Elimination Of Violence Against Women, violence against women includes any act of gender based violence that results in or is likely to result in physical, sexual or mental harm or suffering including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life<sup>2</sup>. Battery, sexual abuse of female children, dowry-related violence, marital rape, female circumcision, sexual harassment, forced prostitution and other traditional practices harmful to women all constitute violence. Many terms and phrases have been used to refer to violence against women within the context of family, home or intimate relationship.

Neutral terms such as domestic assault, family violence and spouse abuse obscure the gender reality of abuse. Terms like wife assault, wife battering and woman abuse exclude the experiences of many women who are not legally married. Although domestic violence is a

neutral term, in the vast majority of cases, it is a gender specific situation of men violating women. When women do strike out against men within families or in relationships, it is usually in self defence<sup>5</sup>. Therefore, violence comprehends all aggressive behaviours or maltreatment that cause the victim physical or psychological/emotional harm. Any threat, any gross or indecent insult, any curtailment of freedom, personal or economic intimidation, any expression that demeans dignity is considered as injurious as physical assault such as blows, slaps, beating etc.

### Scope Of The Problem

Although reliable population-based data on violence against women by their partners are scarce particularly for developing countries, a growing body of research confirms its pervasiveness<sup>2</sup>. Approximately 40 valid population-based research indicate that 20-50% of women are victims of physical violence by their partners/ex-partners. On average, 50-60% of women who experience physical violence from their partners are sexually abused by them as well<sup>3</sup>. Millions of girls and women suffer from violence and its consequences because of their sex and their unequal status in the society. Violence against women is a serious violation of women's human right<sup>6</sup>.

Globally, at least one in three women has experienced some form of gender based abuse during their life time<sup>6</sup>. The most common forms of violence against women are physical, sexual and emotional abuse by a husband or intimate partner<sup>7</sup>. Preliminary result from multi-country study on women's health and domestic violence indicate

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that in some parts of the world, as many as half of women have experienced Domestic violence. Various forms of violence against women are as follow:

- ◆ About 25% of women have been forced by an intimate partner or ex-partner to have sex at some time in their lives.
- ◆ Early marriage of girls which is common in sub Saharan Africa and South Asia.

In Nigeria (parts of northern Nigeria), the age- range of marriage is 11 years.

- ◆ Female genital mutilation
- ◆ Trafficking in women and girls for forced labour and sexual exploitation
- ◆ Sex selective abortion, female infanticide and the systematic neglect of girl's nutrition and health needs.
- ◆ Widowhood practices
- ◆ Wife inheritance
- ◆ Practices relating to pregnant women
- ◆ Rape ( e.g of women in refugee camps)
- ◆ Forced sexual initiation and sexual abuse of children are common throughout the world .

Cross -sectional studies show that 40% of women in South Africa reported that their first sexual intercourse was forced <sup>8</sup>. Of concern is the fact that women are reluctant to discuss abuse and may accept it as part of their role. There is gross under- reporting of violence against women by the legal system. Health care facilities are also likely to under recognize the extent of violence against women.

### **Factors Contributing to Violence Against Women**

Violence against women occur commonly in societies and within cultures where gender roles are strictly defined and enforced; where masculinity is closely associated with toughness, male honour or dominance ; where punishment of women and children is accepted and where violence is a standard way to resolve conflicts<sup>7</sup>. Also, poverty and stress associated with poverty contribute to intimate partner violence <sup>9</sup>. Within relationships, male control of wealth and decision making are strongly associated with abuse<sup>7</sup>. Research now indicates that domestic abuse increase women's risk of having many children by limiting their ability to control the timing of sex and use of contraception<sup>10</sup>

### **Reproductive Health Effect Of Violence**

Women's reproductive and sexual health clearly is affected by gender -based violence. Studies exploring violence and health consistently report negative and far reaching effects, the true extent of which is difficult to ascertain because of the invisible nature of the crimes.

A U.S study found that women who experienced intimate partner abuse were three times more likely to have a gynecological problem than were non -abused women<sup>11</sup>. These problems include chronic pelvic pain,

vaginal bleeding or discharge, vaginal infection, fibroids, pelvic inflammatory disease ,painful intercourse , urinary tract infection etc. Sexual abuse ,especially forced sex can cause physical and mental trauma. In addition to damage to the urethra, vagina and anus, abuse can result in sexually transmitted infections (STIs ) including HIV/AIDS.Flavia, from Bombay Women's Centre, illustrates the effects of violence on one woman's mental health : "In fact the body mends soon enough. Only the scars remain. But the wounds inflicted upon the soul take much longer to heal. And each time I re-live these moments , they start bleeding all over again. The broken spirit has taken the longest to mend; the damage to the personality the most difficult to overcome"<sup>12</sup>.

### **Early marriage**

Early child bearing ,often a result of early and forced marriage ,can result in a range of health problems including effects of unsafe abortion. Girls under 15 years of age are five times more likely to die in child birth than women in their twenties<sup>13</sup>. The consequences are greivous as these physically immature young women become pregnant and their anatomical make ups are not mature enough to carry pregnancy or undergo the rigours of labour and delivery.Complications of pregnancy include anaemia, pre-eclampsia, toxoemia, prematurity, prolonged obstructed labour, ruptured uterus and fistulae (Vesico vaginal fistula or Recto vaginal fistula) which leave a life- long debility.

### **Female genital mutilation**

Female Genital Mutilation (FGM) also known as "female genital cutting" and "female circumcision" is a culturally supported form of gender -based violence prevalent in more than 20 countries in Africa, Asia and the Middle East. The term FGM describes a variety of procedures involving the partial or complete removal of the external female genitalia and or injury to the female genital organs for cultural or other non therapeutic reasons<sup>14</sup>.

It is estimated that 85-114 million girls and women have undergone the procedure and an estimated two million girls are at risk of FGM every year<sup>15</sup>. It is estimated that about 60% of Nigeria women are genitally mutilated in one form or the other<sup>16</sup>.FGM is associated with a range of serious health problems including infection, chronic pain, sexual dysfunction and obstetric complications. Less is known about the psychological/emotional consequence, but stress, anxiety and depression may be associated with the procedure.In Nigeria, FGC (Female Genital Cutting) is commonly performed in infancy, with 42% being performed before one year of age<sup>17</sup>. About 70% of all circumcisions in Nigeria are performed by traditional birth attendants, 30% by circumcision practitioners. This pattern is observed at all educational levels and across all regions. Other factors affecting the extent of physical complications include hygiene of the environment and tools used.'

During cutting. Most of the time, the instruments used are crude and dirty. Death is the most serious immediate complication and this is under-reported. Death occurs as a result of haemorrhage, neurogenic shock and acute septicaemia. Infections such as tetanus, HIV, hepatitis are common within a few days. These are not only due to unsterile instruments but also due to application of traditional medicines contaminated with faeces and urine. These infections can lead to septicaemia and gangrene. Injury to the neighbouring organ is common. This is as a result of poor technique, unsuitable instruments and the involvement of women and children during the procedure. Organs frequently damaged are the bladder, urethra, vagina and rectum. These injuries result in fistulae, urinary retention and urinary tract infection. Long term complications include dermoid cyst formation, keloid (Scar formation), UTI, chronic urinary tract obstruction, reproductive tract infection, chronic pelvic pain and infertility.

Two complications of FGM that need to be discussed separately are:

- a) the transmission of HIV and other blood borne infections There is a higher rate of suspicion of HIV in those who are subjected to all types of FGC. This is due to unsterile instruments used to perform the procedure in countries where HIV prevalence is high. Another factor that may increase the risk of women contracting HIV could be increased anal intercourse due to difficult vaginal intercourse.
- b) Complication at pregnancy/childbirth. Complications are generally thought to be higher in those who are infibulated than those who are not infibulated. (Infibulation is the type of FGC which involves removal of clitoris, the labia minora and part of the labia majora. The lips of the labia majora are then sutured together leaving a tiny passage for urine and menstrual blood). The complication associated with infibulation are difficulty in performing vaginal antenatal assessment; painful scars and impeded catheterization. In labour, there is difficulty in assessment of the degree of cervical dilatation, prolonged /obstructed labour, tears leading to vesico vaginal or recto vaginal fistulae, post partum haemorrhage and infection. Also associated with prolonged /obstructed labour are increased risk of fetal distress, still birth and Early neonatal death.

#### **Widowhood Practice**

This is one of the most cruel treatment meted out to women. This offensive traditional practice varies depending on the ethnic group. The dehumanizing practices pose very serious health problems to widows. Many go through sleeping on a bare cold floor predisposing them to pneumonia. Many drink the deceased bath water and eat from broken plates. Among

women who pass through this ordeal, there have been reports of nervous breakdown<sup>16</sup>

#### **Wife inheritance**

Intrinsic in the widowhood practice is wife inheritance in which a woman is given out to her deceased husband's relation; often times against her wish. When a woman loses her husband, she is automatically willed to a junior brother or another relation of the deceased husband. This is one terrible practice that increases the risk of spread of HIV/STI. If for example the woman is certain about her HIV/STI status, the culture forbids her to request the surrogate husband to check his own status. This increases women's vulnerability to HIV/AIDS.

#### **Practice Relating To Pregnant Women.**

All forms of taboos and harmful practices on pregnant women pose risk to the life of the pregnant women and their unborn babies. In some parts of the country, pregnant women are denied of highly nutritious food such as snail, meat, liver etc because of taboos associated with such foods. The deficiency caused by denying such food lead to anaemia and subsequent increased maternal morbidity. It is estimated that maternal mortality rate in Nigeria is 1,500 per 100,000 deliveries<sup>17</sup>. Some of these deaths are associated with harmful practices carried out on the pregnant women.

#### **Effect Of Rape and Forced Prostitution**

The violent behaviour of rape, forced prostitution and refusal to use condoms interfere with women's abilities to control their sexual and reproductive lives<sup>18</sup>. This puts women at risk of contracting HIV/AIDS, STIs and unwanted pregnancy. Rape that occurs prior to marriage carries an additional liability in some cultures where virginity is essential to maintaining the honour of young women and their families.

#### **Trafficking in Women**

Between 700,000 and 2,000,000 people most of them women and children are trafficked across international borders every year for forced labour, including sex work<sup>19</sup>. Most of these victims of trafficking originate in Asia, but substantial number come from countries in the former Soviet Union (100,000), Eastern Europe (75,000) and Africa (50,000). Trafficking in people is estimated to be the third largest source of profit for organized crime. Ethnic conflicts also contribute to trafficking especially of women and girls. Many trafficked people are kidnapped while others turn to trafficking network for assistance in being smuggled. Low income families may see no other choice than to sell their daughters for sex work. Women and girls who are forced into sex work and those who are sexually abused suffer a range of health problems. They rarely seek health care because they are afraid of being deported or lack the necessary money. They have a very high risk of contracting STIs including HIV/AIDS and risk complications from pregnancy and unsafe abortion.

## Conclusion

Violence against women has long been a major concern for women's health and has increasingly been recognized in the international arena as a major issue for women's human right. Its health consequences have negative effects on the women. In all its ramification, it is a devastating social problem and a serious deviation and thus needs an urgent attention. The dehumanizing practices meted out on women pose very serious health problems. All forms of taboo and harmful practices on pregnant women also pose risk to their lives and their unborn babies. The violent behaviour of rape and forced prostitution interfere with the women's abilities to control their sexual and reproductive lives. Female Genital Mutilation has been associated with a range of serious health problems including infections, chronic pains, sexual dysfunction and obstetric complications. In Nigeria, the Women Human Rights Project of Legal Defence and Assistance Project (LEDAP) came up with a bill on domestic violence. Attention should be paid to implementing control measures in Nigeria. Government should put in place a mechanism of educating the populace about the dangers of violence against women, both physical, emotional and psychological. There should be organizations set up by government or NGOs to address the needs of women whose rights have been violated. Violence against women could also be addressed through education and empowering women. Young people should be socialized to respect each other as they grow up irrespective of their sex. Interventions can occur at all levels - primary, secondary and tertiary levels. These interventions should aim at ending existing violence early in the process and preventing further damage, ameliorating the damaging effect. But more over, prevention to stop violence against women thus averting health problems is of utmost importance. Government and ministries of health should strengthen and coordinate systems for delivering prevention programmes as well as ensuring that relevant resources such as educational materials are consistently at local and national levels.

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