GENDER-BASED VIOLENCE: A THREAT TO HEALTH AND HUMAN RESOURCE DEVELOPMENT

Dr. Sylvanus Ubi  
Department of Physical & Health Education,  
Cross River State College Of Education,  
Akamkpa

And

Goddy A. Otibu  
Department Physical & Health Education,  
Cross River State College Of Education,  
Akamkpa

Abstract

Gender-based violence is a major public health problem and a violation of human rights. The effect of violence can be devastating to a woman’s reproductive health as well as other aspects of her physical and mental well-being. Women with a history of sexual abuse are also at increased risk of unintended pregnancy, sexually transmitted infections and adverse pregnancy outcomes. Furthermore, many of the norms in our society make it difficult for women to have a say, or protect themselves from sexual violence (Ogundele-Andetona, 2000). National Bureau of Statistics (2008) reported that women form about 36.2% (compared to 23% of men) of the illiterate population in Nigeria (National Bureau of statistics, 2008). This situation makes it difficult for them to develop their potential and enter the high status employment of the public sector. Such women therefore, end up in the informal sector of the economy. This paper therefore, addressed the causes of violence against women and the threats to their health education and human resource development. Some recommendations were also proffered.

Violence against women and girls includes physical, sexual, psychologically and economic abuse. It is often known as “gender-based” Violence because it evolves in part from women’s subordinate status in society. Many cultures have beliefs, norms and social institutions that legitimize and therefore, perpetuate violence against women. Violence against women is the most pervasive yet least recognized human rights abuse in the world. It is also a profound health problem, sapping women’s energy, compromising their physical health, and eroding their self-esteem. Despite its high costs, almost every society in the world has social institutions at legitimize, obscure and deny abuse. The same acts would be unchallenged when men
direct them at women especially within the family.

In Nigeria for instance, millions of women are being physically and psychologically abused by their partners daily, because they don’t know their right to legal protection, more so because societal demand discourages women from being vocal. According to Simbayi (2002) Gender-based violence occurs both in rural and urban areas and also cuts across socio-economic classes. The problem however is that, due to under reporting of incidence and low rate of prosecution, conviction of the offenders, it has remained difficult to arrive at an accurate estimate of the magnitude of the phenomenon.

In 1993, the United Nations offered the first official definition of such violence when the General assembly adopted the declaration on the elimination of violence against women. According to Article 1 of the declaration, violence against women includes:

Any act of gender-based violence that results or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such act, coercion or arbitrary deprivations of liberty, whether occurring in public or private (UN-General Assembly, December 2, 1993).

There is increasing consensus as reflected in this declaration, that abuse of women and girls, regardless of where and how it occurs, is best understood within a “gender” framework because it stems in part from women’s and girls’ subordinate status in society.

Article 2 of the United Nations declaration clarifies that the definition of violence against women should ‘encompass, but not be limited to acts of physical, sexual and psychological violence in family and community. These acts include spousal battering, sexual abuse of female children, dowry related violence, rape including marital rape, and traditional practices harmful to women, such as female genital mutilation (FGM). They also include non spousal violence, sexual harassment and intimidation of work and in school, trafficking in women, forced prostitution, and violence permitted or condoned by the state such as rape in war.

In this article the author focuses principally on the two types of violence:

i. Abuse of women within marriage and other intimate relationship and
ii. Coerced sex, whether it takes place in childhood, adolescence or adulthood. This focus reflects the type of abuse most dominant in the lives of women and girls particularly in the developing countries including Nigeria. Finally, the paper will focus on the impact of the abuse on health and human resource development.

Causes of Violence against Women – Overview
The home is the starting point; intimate partner abuse is a major form of violence in homes. According to Bose (1973), many women in Nigeria suffer in silence, as they are turned into punching bags by their irate husbands. Partner violence occurs in all countries and transcends social, economic, religious and cultural groups. Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners. While research into intimate partner abuse is in its early stages, there is growing argument about its nature and various factors that cause it. In the last population base survey from round the world, over 50% of women reported being hit or otherwise physically harmed by an intimate male partner at some stage in their lives (Population Report, 1998). Campbell and Socken (1999) postulated that physical violence in intimate relationship almost always is accompanied by psychological abuse and, in one-third to over one half of cases, by sexual abuse. For example 613 abused women in Japan, 57% have suffered all three types of abuse—physical, psychological and sexual. (Yoshihama and Sorenson, 1994), while on the other hand, Elsberg and Pencis (1999), were of the view that most women who suffer any physical aggression, generally experience multiple acts over time. For instance, the average number of physically assault in the previous year among current abused women surveyed in London was seven times in the increase (Mooney, 1993). In all, women often complained that the psychological abuse and degradation are even more difficult to bear than the physical abuse.

**Causes of Violence against Women – Specific**

1. **Culture:** Many cultures hold that, men have the right to control their wives’ behaviour, and those women who challenge that right even by asking for household money or by expressing the needs of the children may be punished. According to findings conducted by Armstrong (1998), in countries as different as Bangladesh, Cambodia, India, Mexico, Nigeria, Tanzania and Zimbabwe, violence is frequently viewed as physical chastisement—the husband’s right to correct an erring wife.

2. **Gender Norms:** Typically, men are given relatively free reign as long as they provide financially for the family. Women are expected to tend the house and mind and children, and to show their husband obedience and respect. If a man perceives that his wife has somehow failed in her role, stepped beyond her bounds, or challenged his rights, then he may react violently. Many of the norms in our society make it difficult for women to protect themselves from sexual abuse. UNAIDS (2008) reported that gender norms related to masculinity can encourage men to have sexual relationship with much younger women. This contributes to high infection rate among women 15-24 years compared to younger men of the same age. In a study conducted in seven countries, Cameroo, Chile, Costa Rica, Papua, New Guinea, Philippines and Zimbabwe, it was found that notions of masculinity encourage young men to view sex as a form of conquest and a
right. In which case, a woman must succumb to her man any time he demands for sexual satisfaction.

3. **Other Events:** Studies identify a consistent list of events that are said to “trigger” violence. These include: women not obeying their husbands, talking back, not having food ready on time, failing to care adequately for the children or home, questioning him about money or girl friend, going somewhere without his permission, refusing him sex, or expressing suspicion of infidelity. (Hassan 1995, Jejebohog 19980.

**Sexual Coercion**

Sexual coercion exists along a continuum, from forcible rape to non physical forms of pressure that compel girls and women to engage in sex against their will. The tough stone of coercion is that a woman lack is choice and faces severe physical or social consequences if she resists sexual advances. Some form of coercion-such as forced penetration (rape), sexual assault (forced sexual contact) and sexual molestation of children are recognized crimes by many legal systems. These are other forms such as intimidation, verbal pressure, forced marriage – these are culturally tolerated and at times, even condoned. Still others involve collusion by organized crime ore the military, such as trafficking in women and children, and rape.

Most sexual coercion takes place against children or adolescents in both industrial and developing countries. According to information from justice system and rape in Chile, Peru, Malagasia, Mexico, Panama, Papua, New Guinea and the U.S., (Heise, Pitanug and German, 1994), reported that most known sexual assault victims are aged 15 years or younger. They maintained that during childhood, young girls can become easy targets for older male relatives or friends who obtain sex through force or deception. Later, boy friends, teachers, relatives or other men in authority may force young women into unwanted sexual encounters. For example, at an antenatal clinic in Cape Town, South Africa, 32% of 191 teenage mothers with average age of 16 years reported that their first intercourse had been forced. Some 72.2% reported having had sex against their will at some point, and 11% said they had been raped (Amoko, and Nacayiyana, 1996).

On the other hand adolescent boys also admit that coercion of female partners is common. In Kenya and Nigeria for instance, boys aged 12 to 14, 15 to 19 years in focus group discussion observed, “we seduce them at first but they remain adamant and we forced them, or drug them or even gag them to prevent screams” – (Khan and Townsend, 1996). Evidence also showed that, the younger a woman is at first sexual intercourse, the more likely the sex is forced. Also even when first intercourse takes place within marriage, it can be traumatic, especially where women and girls are given little information about sex. Girls who are married off at a younger age are especially vulnerable (Khan and Townsend, 1996).

**Threats to Health and Development**
The negative consequences of abuse extended beyond a woman’s sexual and reproductive health to their overall health, the welfare of their children, and even the economic and social fabric of nations. By sapping women’s energy, under mining their confidence, and compromising their health, gender violence deprives society of women’s full participation. As United Nations development Fund for Women (UNIFEM) reported on violence observed “Women cannot lend their labour or creative ideas fully if they are burdened with the physical and psychological scars of abuse (Change, 1997).

Violence against women has been linked to many serious health problems, such as injury, chronic pain syndromes, gastrointestinal disorders, and a range of mental health problems including anxiety and depression. Violence also undermines health by increasing a variety of negative behaviours, such as smoking and alcohol and drug abuse (see figure 1) below.

**Figure 1 – Health Outcomes of Violence against Women**

<table>
<thead>
<tr>
<th>FATAL OUTCOMES</th>
<th>NON-FATAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
</tr>
<tr>
<td>Maternal mortality</td>
<td></td>
</tr>
<tr>
<td>Aids-related</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL HEALTH</th>
<th>CHRONIC CONDITION</th>
<th>MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Chronic pain syndrome</td>
<td>- Post-Traumatic stress</td>
</tr>
<tr>
<td>- Functional Impairment</td>
<td>- Irritable bowel syndrome</td>
<td>- Depression</td>
</tr>
<tr>
<td>- Physical Symptoms</td>
<td>- Somatic Complaints</td>
<td>- Anxiety</td>
</tr>
<tr>
<td>- Poor Health</td>
<td>- Fibromyalgia</td>
<td>- Phobias/Panic disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MENTAL HEALTH</th>
<th>NEGATIVE HEALTH BEHAVIOURS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Post-traumatic stress</td>
<td>Smoking</td>
<td>- Low self esteem</td>
</tr>
<tr>
<td>- Depression</td>
<td>Alcohol and drug abuse</td>
<td></td>
</tr>
<tr>
<td>- Anxiety</td>
<td>Sexual risk taking</td>
<td></td>
</tr>
<tr>
<td>- Phobias/pain disorder</td>
<td>Physical inactivity</td>
<td></td>
</tr>
<tr>
<td>- Sexual</td>
<td>Over Eating</td>
<td></td>
</tr>
<tr>
<td>- Unsafe abortion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unwanted Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- STIs/HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Gynecological disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unsafe abortion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pregnancy complication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pelvic Inflammatory disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Miscarriage/low birth weight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Centre for Health and Gender equality (CHANGE).
Not surprisingly, violence is a major cause of injury to women ranging from relatively minor cuts and bruises to permanent disability and death. In its most extreme form, violence kills women worldwide. An estimated 40% to over 70% of homicides of women are committed by intimate partners, often in the context of an abused relationship (Gilbert, 1996). Nevertheless, injury is not the most common physical health outcome of gender based abuse. There are a number of other physical ailments including irritable bowel syndromes. According to Delvaux, Denis and Allemand (1997) studies, such disorders are linked with history of physical or sexual abuse.

Mental Health Consequences of Abuse

Many women consider the psychological consequences of abuse to be even more serious than its physical effects. The experience of abuse often erodes women self-esteem and put them at greater risk of a variety of mental health problems including depression, post-traumatic stress disorder, suicide, and drug abuse. Women who are abused by their partners suffer more depression, anxiety, and phobias than women who have not been abused, (Cascardi and O’Leary, 1995). On mental health consequences, it is also observed that many abused women experience post-traumatic stress disorder (PTSD) an acute anxiety disorder that can occur when people go through or witness a traumatic event in which they feel over-whelmingly helpless or a threat of death or injury.

Gender-Based Violence: A Threat To Human Resource Development.

Violence against women hinders women’s participation in public life and undermines the economic well being of society. In Papua New Guinea, for example, a study by the Department of Education, found that the main reason female teachers gave for not taking promotions was fear that it would provoke their husbands to violence. The same study also revealed that some husbands have prevented their wives from attending interviews for jobs, by locking them in the house, by pulling them off vehicles or by pursuing and dragging them home (Gibson, 1990). In Canada, a 1995 study estimated that violence against women cost the country 1.5 billion dollars in lost labour productivity and increased use of medical and community support service (Day, 1995). Such increased need for health care adds considerably to the health care cost thereby affecting the entire economy of a country. A country’s potential for economic growth is greatly influenced by its endowment in terms of physical and human resources, (Ogundele-Adetona, 2010). Nigeria, as a country, is endowed with physical and human resources, yet the economic growth rate has been low, 0.1% from 1965 – 1996 with per capita income of $1,060 for West Africa (World Bank, 2003).

Nannan, Bradshaw, Timacus and Dorrington (2000) reported that women have less access to economic opportunities and autonomy which exposes them to risky sexual behaviour. In most societies, women face heavier risk of sexual abuse because their diminished economic/social status makes them powerless to choose
safer and healthier life strategies. Allen, Meizen-Derr and Kautzmann (2003) also agreed on this position by saying that lack of education and economic security affect millions of women and girls whose literary levels are generally low. This situation forces many women to adopt survival strategies that further expose them to sexual abuse.

**Conclusion**

Ending violence against women requires strategies co-ordinated among many sectors of society and community at national levels. An agenda for change must include:

i. Empowering women and girls, by eliminating laws that discriminate against women and girls. Strengthening women in leadership and decision making increases women’s access to and control over economic resources.

ii. Making stringent policies and laws that make violent behaviour more daring to abusers.

iii. Providing for the need of victims: This can be done through setting up crisis centers or other services to address needs of abused women and girls. Such centers should generally offer medical, legal and counseling services.

iv. Coordinating instructional and individual responses. This involves individuals not only in health care, but in areas as well-including community and religious leaders, the mass media and parents can promote non-violent relationship.

v. Reaching out to men working with women to change their behaviour is an important part of any solution to problem of violence against women.

vi. Changing community norms. To end violence against women means changing the community norms and cultural attitudes and beliefs that promotes men’s abusive behaviours towards women. Perhaps most important, however, social attitudes must change so that women again greater control over their own bodies, their economic and family resources, and over their own bodies, their economic and family resources, and over their lives in general.

vii. Women’s social and economic status should be raised in order to create favourable conditions of delayed marriages and lower marital fertilities. This will lead to a smaller number of children and, thus a higher standard of living.

**References**


Centre for Health and Gender equality (CHANGE) (1999). Mental health and behavioural outcomes of sexual abuse, Data summary (Table), Maryland 3.


Moponey, J. (1993). *The Hidden Figure: Domestic Violence in North London,* London Middlesex University, 80.


