

DOMESTIC VIOLENCE AGAINST WOMEN: CHALLENGES TO HEALTH AND INNOVATION

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Abstract

The purpose of the study was to determine the causes and prevention strategies of domestic violence against women in Nsukka LGA of Enugu state. The study adopted a descriptive research design. Specifically, five research questions were posed to guide the study. A multi-staged sampling procedure using simple random sampling technique of balloting without replacement was used to select a sample of 210 women accessing health services in the 35 public primary health facilities in Nsukka LGA of Enugu state. The instrument for data collection was the researchers' self-developed questionnaire. Data collected were analyzed using percentages to answer the research questions. The results showed that the most common forms of domestic violence experienced by women in Nsukka LGA are verbal abuse (80.95%) and the physical forms of violence (beating, battering, slapping) (69.05%). The main causes of domestic violence against women in Nsukka LGA are because women must be submissive to their husbands (86.52%) and because most women depend on men for a living (81.91%). The greatest socio-cultural factors that promote domestic violence include failure to give the husband a male child (83.33%) and silence of the women about incidence of domestic violence (70.95%). Women in the rural setting are more likely to be victims of physical abuse (90.41%) and verbal abuse (91.78%) by their husbands than women in the urban setting while women with no formal education are more likely than women in the other groups to experience all forms of domestic violence with physical violence and verbal abuse occurring in 93.33 per cent and 80 per cent of the rural women respectively. The researchers, among others recommended that parents should ensure adequate education for their girl-children up to the tertiary level.

Keywords: Domestic, violence, women, health, globalisation

Introduction

Domestic violence has been part of the fabric of many societies and cultures worldwide. It is so commonplace, that it has often gone unnoticed and failed to receive the level of concern it deserves in light of the devastating effects on children and families (Wolfe & Jaffe, 1999). According to Pillay (2011), one-third of women in the world have experienced or will experience some forms of violence in their lives while as much as 60 per cent of women have experienced physical violence at least once in their lifetime. Malloy, Christ and Hohlock (1992) stated that domestic violence occurs in as many as one in every four United States families and approximately two to four million women are physically abused each year. In Nigeria, high incidences of domestic violence have also been recorded (British Council, 2012). Obi and Ozumba (2007) stated that 70 per cent of couples experienced abuse in their families with 92 per cent of the victims being female partners and the remaining 8 per cent were male. Obviously, more women are exposed to domestic violence.

Violence has been defined by Leo (1994) as the unlawful use of force or threat on fellow human beings. It is any action, behaviour, or attitude against other people based on anger and frustration, which could lead to injury or harm. Fighting, beating other people by any means, rioting, destruction of lives and properties, and even wars are such actions that amount to violence in the society. It is now recognized that threatening other people, denial of human rights, harassment, intimidation or forcing people against their will constitute violence. Domestic violence has been defined by the World Health Organisation - WHO (2011) as the range of sexually, psychologically and physically coercive acts used against women by current or former male intimate partners whilst women, men, boys and girls can be victims of domestic violence; women and girls are disproportionately affected. Furthermore, the UN General Assembly, in adopting the 1993 declaration on the elimination of violence against women defined gender-based violence as any act of violence that results in physical, sexual, or psychological harm or suffering of women; including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life

(Population Reference Bureau, 2001). Hence, domestic violence involves a wide range of events by a current or past partner that could lead to the discomfort of women at home. Aihie (2009) identified various forms of domestic violence such as physical abuse, sexual abuse, neglect, economic abuse, emotional abuse and spiritual abuse.

Aihie (2009) defined emotional abuse as threatening a person or his or her possession or harming a person's sense of self-worth by putting him/her at risk of serious behavioural, cognitive, emotional or mental disorders. Other forms of emotional abuse include name-calling, criticism, social isolation, intimidating or exploitation to dominate, routinely making unreasonable demand, terrorizing a person verbally or physically and exposing a child to violence. Shouting at a partner has been found to be the most common form of domestic violence (Obi & Ozumba, 2007).

Physical abuse is the use of physical force in a way that injures the victim or puts him/her at risk of being injured. It includes beating, kicking, knocking, punching, choking, confinement. Female genital mutilation is also regarded as a form of physical abuse (Aihie, 2009). Physical abuse is one of the most common forms of abuse. Thus, Obi and Ozumba (2007) found that 83 per cent of respondents in their study reported physical abuse and is the second most common form of violence against women.

Sexual abuse has been defined by the National Centre for Injury Prevention and Control (2012) as forcing a partner to take part in a sex act when the partner does not consent. This includes all forms of sexual assaults, harassment or exploitation. It also involves using a child for sexual purposes including child prostitution and pornography. Marital rape is a form of sexual abuse, but unfortunately; many women regard this as a part of marriage. This was observed among Asian women who tend to believe that marriage offers their husbands an unlimited access to their bodies. (Bhandari & Diebold, 2010).

Neglect includes failure to provide for dependants who may be adults or children, denying family members food, clothing, shelter, medical care, protection from harm or a sense of being loved and valued (Aihie, 2009). Neglect has been observed as one of the most common form of abuse faced by the elderly especially, the women (Asogwa & Igbokwe, 2010).

Economic abuse includes stealing from or defrauding a loved one, withholding money for

essential things like food and medical treatment, manipulating or exploiting family member for financial gain, preventing a loved one from working or controlling his/her choice of occupation. While spiritual abuse deals with preventing a person from engaging in his/her spiritual or religious practices or using one's religious belief to manipulate, dominate or control him/her.

Domestic violence can be caused by a variety of factors. The causes of gender-based violence are many and varied depending on the types of violence. Traditional attitudes towards women around the world help perpetuate the violence. Stereotypical roles in which women are seen as subordinate to men constrain a woman's ability to exercise choices that would enable her end the abuse. Njenga (1999) opined that poverty and financial insecurity are another cause of gender-based violence. If a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by the society which portrays a man to be viewed as being strong, educated, creative, and clever while a woman is the opposite of all these traits and also a source of gender-based violence in later life. Bitangaro (1999) had summarised the causes of violence against women as being deeply rooted in the way society is set up: cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance. Olasunkanmi (2012) opined that the attitude of women as regards their dressing and their dependability on men for living make men have the opportunity to humiliate them. Saran (1999) had earlier disagreed with the myth that a woman's dress and behaviour can cause rape. This myth places the blame for rape on a woman and views men as unable to control themselves. She concluded that if a woman is known as a party animal or a tease and wears provocative clothing, she is asking for attention, flattery, or just trying to fit in. She is not asking to be raped. In view of these causes of domestic violence some of which cannot be controlled directly, there is a need for adequate prevention strategies.

Prevention of domestic violence according to the UN Women (2011) are in three levels: primary, secondary and tertiary. Primary prevention interventions are those that seek to prevent violence before it occurs. Primary prevention focuses on changing environments so that they are safer for women and changing behaviour or building the knowledge and skills of individuals on the underlying causes of domestic violence such as gender inequality and poverty (VicHealth, 2011).

Secondary prevention deals with the immediate response to limit its consequences after violence has occurred. The tertiary is a long term care that provides support for the victim. Women in different Nigerian population adopt such preventive strategies as fighting back and defying the perpetrators, confrontation and not doing anything about it or remaining silent and praying with the hope that the situation will improve. This is in line with the findings of Fawole, Adedibu, Aderonmu and Fawole (2005) that one of the reasons given by women in Ibadan, Southwest of Nigeria for remaining in abusive relationship is that they hope that their partners will change. There is also the issue of shame and social stigma associated with being unable to sustain a family. Such women are considered imprudent and irresponsible (Bhandari & Diebold, 2010).

Other prevention strategies include legislations and policies. For instance Nigeria has the Violence against Women Prevention, Protection and Prohibition Act of 2002. Meanwhile, only four Nigerian states (Ebonyi, Jigawa, Cross Rivers and Lagos) have enacted domestic violence laws, while just six (Enugu, Edo, Bayelsa, Delta, Cross Rivers and Ogun) have passed laws against FGM (British Council, 2012). Though it is argued that the law as currently constituted does not offer women and girls adequate protection from violence as certain statutory, religious and customary laws in Nigeria still permit violence against women (Mahdi, 2011; Nigeria CEDAW NGO Coalition, 2008). An example is the penal code (section 55(4)), applicable in the Northern regions, that legalises 'corrective' beating of a child, pupil, servant or wife, as long as this does not cause grievous hurt while marital rape is excluded from the definition of rape in penal legislation in the North and under the criminal code in the South (Nigeria CEDAW NGO Coalition, 2008). However, laws and policies can help prevent domestic violence. Another prevention strategy used by abused women involves seeking solace in the church and thus, the U. S. Catholic bishops (2013) in a pastoral statement on domestic violence, declared that Church ministers should see themselves as "first responders" who listen to and believe the victim's story, help her to assess the danger to herself and her children, and refer her to counselling and other specialized services. Therefore, marriage institutions also run counselling units and marriage courses for prospective couples to help them prevent domestic violence. Applying effective and efficient preventive strategies of domestic violence against women has desirable implication for globalization and meeting health needs via innovations.

Globalization as defined by Bhandari and Diebold (2010) refers to the conversion of national capitalism to global capitalism. It involves aggravation of financial, political, social, and cultural relations across the globe. Prabhakar (2003) asserted that globalization is not limited to economic arenas but extends in areas of flow of services, technology, information, ideas, and people across international boundaries. Therefore, globalization promotes the flow of health services and innovation across borders in order to bridge the gaps in health needs between developed and developing countries. According to the Suny Levin Institute (2013); everyone in the developing world remains more susceptible to poor health because of lack of services, or lack of access to services, and a lack of education and information about health issues. Women have additional vulnerabilities, especially malnutrition, sexually transmitted diseases, pregnancy complications, cervical and breast cancer, domestic violence, sexual abuse, and genital mutilation. In many cultures, women are the first to take care of the vulnerable, sick, and dying and the last to receive preventative or life saving treatment. There are some cultural practices which impose threats to the health of women, and are tackled through health education and preventative policies as can be seen in the Millennium Development Goals (MDGs) which other nations of the world are expected to reflect in their individual health policies.

Although global advancements especially in terms of women's health and rights have been recorded, strong cultural and religious factors still puts the man on top and the woman below in most Nigerian communities (Olugbenga-Bello, Oboro, Araoye & Musa, 2009). Also compounding the problem of domestic violence is the fact that many women do not know if they had been abused or not (Afrolnews, 2007). This could be due to the acceptance of some abusive behaviour as 'normal'. Oyediran and Isugo (2005), in a study of women's perception of wife-beating in Nigeria, found that 64.4 per cent and 50.4 per cent of ever married and unmarried women, respectively, expressed consent for wife beating. This was reaffirmed by the Nigerian Demographic Health Survey (2008) which revealed that a surprisingly high number of women think beating a wife is completely justified. Considering the gross under reporting and non documentation of domestic violence due to cultural factors and the resultant health related implications of domestic violence, it becomes important to study the causes and prevention strategies of domestic violence against women in Nsukka LGA of Enugu state.

Nsukka LGA is one of the seventeen local government areas in Enugu state. It is located in the Enugu North senatorial zone of Enugu state between coordinates 6.85667oN and 7.39583oE and covers a land area of 45.38Km². It is composed of urban and rural settings dominated by Nsukka natives with the presence of people from other parts of the state and the country who are attracted by the University located there.

No study exists on causes and prevention strategies of domestic violence against women in Nsukka LGA of Enugu state, to the best knowledge of the investigator. This study therefore, seeks to fill this gap.

Methods

This study adopted a descriptive survey design. Nworgu (2006) asserted that descriptive survey research design is one which aims at collecting data on, and describing in a systematic manner, the characteristics, features or facts about a given population. According to Cohen, Manion and Morrison (2011), descriptive survey research sets out to describe and to interpret what is, gathers data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared, or determining the relationships that exist between specific events. Hence, this design was found appropriate for the present study.

The population of the study comprised 2100 women accessing health services in the 35 public primary health facilities in Nsukka LGA of Enugu state. The

multistage sampling procedure using simple random sampling technique of balloting without replacement was utilized to select 210 being the sample size for the study. This is in line with Nwana (1990) assertion that 10 per cent of the population serves as a good sample, if the population runs into a few thousands.

The instrument used for data collection was researcher’s self developed questionnaire. The questionnaire used was developed from the literature in line with the research questions. The face validity was established through the judgement of three lecturers in the department of Health and Physical Education, University of Nigeria, Nsukka. The instrument was distributed to the respondents during ante-natal and infant welfare clinic services with the help of the health officers in charge of the facilities. Completed copies of the questionnaire were collected on the spot with 100 per cent return rate. The data generated were analysed using descriptive statistics of frequency count and percentages. The results are presented in tables with brief interpretation of its content.

Results

Of the 210 women who participated in this study, age ranged from 17-39 with a mean age of 29.43 years. 137 (65.24%) are from the urban setting while 73 (34.76%) are from the rural setting of the LGA. 15 (7.14%) of the respondents had no formal education, 19 (9.05%), 53 (25.24%) and 123 (58.57%) have acquired primary, secondary and tertiary education respectively.

The results are hereby presented in Tables as they relate to the research questions.

Table 1
Forms of Domestic Violence against women in Nsukka LGA (n=210)

Items	F	%
Battering/Beating/slapping/pushing/ use of dangerous objects on women	145	69.05%
Forced sexual relationship without consent of the woman	34	16.19%
Verbal abuse by my husband	170	80.95%
Economic threats/Deprivation of financial resources by husband	61	29.05%
Unequal power distribution within the household	25	11.91%

Table 1 shows that the most common forms of domestic violence experienced by women in Nsukka LGA is verbal abuse (80.95%) and the physical forms of violence (beating, battering, slapping) (69.05%). Other forms of domestic violence appear to be insignificant.

Table 2

Causes of domestic violence against women in Nsu

Items	30	A (n=210)	
		f	%
Women are regarded as inferior in the society		43	20.48%
Women have a general irresponsible attitude		21	10.00%
Most women depend on men to provide for them		172	81.91%
Women must be submissive to their husbands		188	86.52%
Most women do not dress well		56	26.67%

Table 2 shows that the main causes of domestic violence against women in Nsukka LGA are because women must be submissive to their husbands (86.52%) and because most women depend on men for a living (81.91%). Others were insignificant.

Table 3

Socio-cultural factors that promote domestic violence against women in Nsukka LGA (n=210)

Items	f	%
Silence of women about incidence of domestic violence	149	70.95%
Domineering attitude of men over their female counterparts	41	19.52%
Failure to give man a male child in the family	175	83.33%
Sex role socialization promotes domestic violence.	31	14.76%
The shame and social stigma of leaving the husband's house attributed to failure to sustain a marriage	59	28.10%

Table 3 shows that some of the main socio-cultural factors that promote domestic violence include the failure to give the man a male child (83.33%) and silence of the women about incidence of domestic violence (70.95%). Others were insignificant.

Table 4

Influence of location on domestic violence

Items	Urban setting (N=137)		Rural setting (N=73)	
	f	%	f	%
Battering/Beating/slapping/pushing/ use of dangerous objects on women	71	51.83%	66	90.41%
Forced sexual relationship without consent of the woman	13	9.49%	19	26.03%
Verbal abuse by my husband	75	54.75%	67	91.78%
Economic threats/Deprivation of financial resources by husband	12	8.75%	29	39.73%
Unequal power distribution within the household	21	15.34%	17	23.29%

Table 4 shows that women who live in the rural (90.41%) and verbal abuse by their husbands setting are more likely to be victims of physical (91.78%) than women in the urban setting.

Table 5
Influence of education on domestic violence 31

Items	No formal education (N=15)		Primary education (N=19)		Secondary education (N=53)		Tertiary education (N=123)	
	f	%	f	%	f	%	f	%
Battering/Beating/slapping/pushing/ use of dangerous objects on women	14	93.33%	16	84.21%	39	73.59%	71	57.72%
Forced sexual relationship without consent of the woman	04	26.66%	09	47.37%	21	39.62%	28	22.76%
Verbal abuse by my husband	12	80.00%	15	78.95%	34	64.15%	67	54.47%
Economic threats/Deprivation of financial resources by husband	07	25.40%	09	47.37%	17	32.08%	14	11.38%
Unequal power distribution within the household	09	60.00%	10	52.63%	19	35.85%	20	16.26%

Table 5 shows that women with no formal education are more likely than women in the other groups to experience all forms of domestic violence and verbal abuse occurring in 93.33 per cent and 80 per cent respectively.

Discussion

Forms of domestic violence

The findings in table 1 showed that the most common forms of domestic violence experienced by women in Nsukka LGA is verbal abuse (80.95%) and the physical forms of violence (beating, battering, slapping) (69.05%). The result was expected and not surprising because of male centred tradition of Nsukka people which encourages subjugation of women. This finding was in line with Obi and Ozumba (2007), in which the commonest forms of abuse reported were shouting at a partner which occurred in 93% and physical violence such as slapping or pushing (77%) and punching and kicking (40%).

Causes of domestic violence against women in Nsukka LGA

Table 2 showed that the main causes of domestic violence against women in Nsukka LGA are because women must be submissive to their husbands (86.52%) and because most women depend on men for a living (81.91%). This finding was expected due

to the cultural and social belief within the LGA that a woman should be dependent on the man who heads the family. This is consistent with the findings of Dixon (1993) that women must obey their husbands who are the head of the family and by virtue of their position exercise unquestionable authority within the family. This is also in line with the studies of Ezeh and Gage (1998) that at the societal level, the discrimination of women is traceable to male authority and decision making in the home, rigid gender roles, definition of masculinity that are linked to dominance or male honour, economic inequality between men and women, and the use of physical force for conflict resolution.

Socio-cultural factors of domestic violence in Nsukka LGA

Table 3 showed that the greatest socio-cultural factor that promotes domestic violence include failure to give the man a male child (83.33%) and silence of the women about incidence of domestic violence (70.95%). The findings were not surprising but in support of some literature assertions. Ramoneka (1994) stated that victims of the violence do not express their experiences publicly because of some cultural beliefs and values. This is in line with the views and findings of Ashimolowo and Otufale (2012) in which they asserted that most of the domestic violence experienced by women in their households or in the communities go unreported by

the victims because of the culture of silence and acquiescence about domestic violence in our culture. The issue of sex selection is still very sensitive in Africa. Monjok, Smesny, Ekabuae and Essien (2010) stated that in Nigeria, there is a widespread preference for male children. Usually, a man without sons is regarded as childless. This has been shown to make husbands more hostile to their wives.

Influence of location on domestic violence in Nsukka LGA

Table 4 showed that women in the rural setting are more likely to be victims of physical abuse (90.41%) and verbal abuse (91.78%) by their husbands than women in the urban setting. This outcome was plausible. It is consistent with literature and in agreement with Koenig, Lutals, Nalugoda, Wabhare-Mangen, Kuwanuka, Wagman, Serwadda, Wawer and Gray (2003) who asserted that in Uganda, about one in three women living in rural Rakia district experienced verbal abuse or physical threats from their partners. Udegbe (1995) had earlier asserted that in the rural areas in Nigeria, the exploitation of women is perpetuated, where the relationship between men and women is that of senior-junior. This was explained by a gap in social recognition, economic and educational status which makes rural women more vulnerable to domestic violence.

Influence of education on domestic violence in Nsukka LGA

Table 5 shows that women with no formal education are more likely than women in the other groups to experience all forms of domestic violence with physical violence and verbal abuse occurring in 93.33 per cent and 80 per cent of the rural women respectively. This finding was interesting as it implies that the level of education of women has an inverse relationship with domestic violence. Antai (2011) asserted that education is a significant community-level factor associated with traumatic physical consequences, suggesting the importance of increasing women's levels of education. Uskun, Nayir and Kisioglu (2012) asserted that it is obvious that level of education has an inverse relationship with domestic violence such that the more educated individuals were less prone to domestic violence as well as less likely to remain under such conditions of victimization as they make better choices of prevention strategies. In line with this, Antai (2011) stated that education could further present a woman with more opportunities for financial development and independence, allowing her to leave an abusive husband, and providing her husband or partner with an incentive to desist from abusing her. An educated wife may also be more valued and respected

compared with an uneducated wife, thereby protecting her from abuse.

Conclusion

Based on the results of the study and discussion, the following conclusions were made:

1. The greatest forms of domestic violence experienced by women in Nsukka LGA are physical and emotional forms of domestic violence.
2. The main causes of domestic violence against women in Nsukka LGA includes that women are regarded as inferiors to men, economically dependent on men and therefore, must be submissive.
3. The greatest socio-cultural factors that promote domestic violence include failure to give the husband a male child and silence of the women about incidence of domestic violence.
4. Education of women reduces their vulnerability to domestic violence and increases their chances of refusing to remain under conditions of victimisation.
5. Women in the urban setting were less prone to domestic violence than those in the rural settings in Nsukka LGA.

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Implication for globalization: Challenges to health and innovation

The current wave of globalization has greatly improved the lives of women worldwide, particularly the lives of those women in the developing world (Suny Levin Institute, 2013). Global efforts such as the UN's Millennium Development Goals prioritize gender equality and empowerment of women. Hence, there is a general increase in the number of women participating actively in the world economy due to the recognition of the role played by women and children. Thus, even a greater effort is made to ensure their health by offering 'special care' to them, due to their large numbers (Park, 2004). Therefore, improved health services are available resulting in reduced maternal and child mortality rates, healthier and happier communities.

The findings of the present study revealed that the most common forms of domestic violence experienced by women in Nsukka LGA are emotional and physical violence due to the belief that women are regarded as inferiors by men, economically dependent on men and therefore, must be submissive. Considering global trends in gender equity, women empowerment and the active

participation of women in global economy, there is no gainsaying that Nigeria is yet facing numerous challenges because there is a need for all hands to be on deck for national development. Nigerian women are not dependent on men by choice but due to obsolete traditional beliefs. According to Villarreal (2000), access to productive resources such as land, credit, technical know-how, knowledge, technology transfer are strongly determined along gender lines, with men having more access to all these than women. With the death of the man, the wife may be left without the access she has gained through her husband's claim; and her livelihood can be immediately threatened.

Health concerns posed by this male domination in Nigeria is such that men take decisions on family size, child spacing, contraceptives use and health services that the woman should attend without due consideration of the woman's health. Considering the fact that women are more susceptible to poor health because of a lack of services or lack of access to services, and a lack of education and information about health issues, there is a great need to educate every girl-child and woman, and enforce laws and policies against domestic violence against women. With the current prevalence of domestic violence in Nsukka LGA, there is a need to shed some cultural beliefs in order to catch up with other developing countries of the world. If Nigerian women are educated, capable of making the right choices and less dependent on men, there will be healthier women who can promote quality family life and contribute actively in nation building.

Recommendations

Based on the findings and discussions, the following recommendations were made:

1. Health educators and the clergy should be enlightened in aiding victims of domestic violence, make correct choices about managing abuse as any relationship that entertains violence is an unhealthy relationship.
2. Parents should ensure adequate education for their girl-children up to the tertiary level.
3. The police, lawyers, judges need to be educated on the important role they ought to play in curbing domestic violence in the society.

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