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Editorial Desk

This marks the 22nd edition of the Nigerian Journal of Health Education having continued without a break since its inception in 1992. This volume addresses curricular issues in Health education at all levels: **school, worksite, community** and the all-important emerging area of **Environmental education**. As professional Health Educators, the issues now are not whether health education in our school system but to what extent. Health education ought to be a stable content in Nigerian schools from the very early year of pre-primary education to the university level. Inevitably, policy makers would one day come to recognize and appreciate the critical need for a sound health education programme within a system of comprehensive health care. Our desire in this volume, the 23rd of the Nigerian Journal of Health Education (NJHE) is to shed more light on what goes on in the typical health education programmes being offered by the various professionals within and outside the classroom. It is our vision that the collection of critical materials from our various experts would show the way forward in our collective dialogue to advance the health education practice in this country.

We have a group of health educators at the grassroots' level - Primary Health Care (PHC), NAFDAC, FEPA, and a few others who do not at the moment fully associate with the Nigerian Association of Health Educators. Efforts must be harnessed to hear from this large group if the goal of health education at the grassroots' level is to be achieved. We would want to know the methods they are using to enforce compliance with indicated behaviours, their unique procedure for accessing difficult rural communities and the unique ways they handle controversial contents in certain communities. Although they are not represented in these volumes in large numbers but I believe with time and appropriate recognition, the situation can be reversed. I am aware that the EXCO of our association is working in that direction by extending recognition to state and regional chapters.

Issues regarding the submission, processing and publication of papers have been quite sensitive. The editorial board has reserved highly respected scholars in health education and related areas to serve as reviewers for the various submissions. The results have been essentially satisfactory. Reviewers' comments are sent to contributors unedited to allow for clearer messaging and corrections following a review by the Editor-in-chief. Where the Editor-in-chief and the reviewer disagreed, a second reviewer is appointed for a third opinion and probably greater clarity. Where the contributor rejects the reviewer's comments with esoteric reasons, the Editor-in-chief returns the paper back to the initial reviewer with the contributor's comments for possible rethink or otherwise. The reviewer's second comments are then juxtaposed with the contributor's by the Editor-in-chief and a final decision is thereby taken and communicated to both parties. About 50% of submitted papers is usually able to withstand the rigor and hence published.

The latest version of **Publication Manual of the American Psychological Association (APA)** is the reserved style for the **Nigerian Journal of Health Education**. Please join the dialogue!

CAUSES AND IMPLICATIONS OF VIOLENCE AGAINST WOMEN AS PERCEIVED BY UNDERGRADUATES IN KWARA STATE UNIVERSITY, MALETE, NIGERIA

Kafayah, A. Jidda.
&
AbdulQudus T. Jamiu

Abstract

Violence Against Women (VAW) implies any act of violence directed at women and girls because of their gender. This study examined the causes and implications of violence against women as perceived by undergraduates of Kwara State University, Malete in Nigeria. A descriptive research design of survey method was used for the study. A multi-stage sampling procedure was employed to select 287 respondents for the study. The four postulated null hypotheses were tested using inferential statistics of t-test and ANOVA @ 0.05 alpha level. The findings from the study revealed that causes of violence against women as perceived by undergraduates include norms granting male control over female, culture linking masculinity to dominance or aggression, early marriage, gender inequality, mental health issues such as witnessing violence as a child, poverty, alcohol abuse and rigid gender roles. The implications of violence against women perceived were that violence makes women become aggressive against men; results in low self-esteem such as depression; leads to rape, Sexually Transmitted Infections, unwanted pregnancy and abortion. It was also found that there was no difference in the perceived causes and implications between male and female undergraduates regardless of their levels. It was therefore recommended among others that comprehensive public awareness campaigns should be carried out, to inform the public that domestic violence is harmful and against the law; the University should integrate a comprehensive understanding of the causes and consequences of Violence Against Women into appropriate education and training curricula at all levels, including, among others, in the professional education of health workers, teachers, law enforcement personnel and social workers

Keywords: Perception, Cause, Implication, Violence and Undergraduates

Introduction

Violence Against Women (VAW) is an aspect of Gender Based Violence (GBV), which is all encompassing. GBV is not only limited to physical, sexual and psychological violence, but includes threats of violence, coercion or arbitrary deprivation of liberty. Though GBV may take many forms, it however cuts across all cultures disproportionately affecting women and children mostly [United Nation Economic and Social Council (ECOSOC), 2000]. Gender Based Violence (GBV) can be described as any harm that is perpetrated against a person, as a result of power of inequalities that are based on gender roles (Ergin, Bayram, Alper, Kerem, & Bilgel, 2006).

Violence Against Women means any act of Gender-Based Violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to

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women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. According to the declaration on the elimination of Violence Against Women by the United Nation Commission (2000), VAW moves beyond individual acts of violence to include forms of institutionalized sexism that severely compromise the health and well-being of women. It is a global health issue that threatens the health and human rights of women (Ellsberg, 2006). VAW is a form of discrimination and a violation of human rights. It causes untold misery, cutting short lives and leaving countless women living in pain and fear in every country in the world (Crofford, 2007). It harms families across the generations, impoverishes communities and reinforces other forms of violence throughout societies. Violence Against Women can occur at any location including home, school, workplace, community, or public places. Every individual has basic right to live in their home peacefully, but women's basic right is isolated due to violence (Green, 2000).

Violence Against Women stops women from fulfilling their potential, restricts economic growth and undermines development. Violence is a universal act that threatens life, health and happiness of all human beings. This includes threat, coercion and the arbitrary deprivation of resources. Violence Against Women is usually perpetrated by a male partner. It is a global epidemic and gives physical, psychological, sexual and economical tortures. It is a worldwide problem, yet still hidden because victims choose to remain silent. Freedom from the threat of harassment, battery and sexual assault is a concept that most of individuals have a hard time conceptualizing because violence is such a deep part of our cultures and our lives. Violence Against Women is woven into the fabric of society to such an extent that many of us who are victimized feel that we are at fault. Violence Against Women can take many forms to include domestic violence, rape and sexual coercion, prostitution and trafficking, sexual abuse of girls, rape in war, traditional practices (including Female Genital Mutilation (FGM), harmful widowhood practices, widow inheritance) among others.

In acts of Violence Against Women, women are vulnerable to contract Sexually Transmitted Infections (STIs) because they are unable to negotiate contraceptive use. In Thailand, researchers found that one in ten victims of rape had contracted an STI because of Sexual violence (Archavanitkul, & Pramualratana, 2002). Women with STIs have a higher risk of complications during pregnancy; complications which include sepsis, spontaneous abortion and premature births. Some STIs increase a woman's vulnerability to the HIV virus, as well. This happens because sexual assault resulting in tears to delicate vaginal tissue allows the virus easier entry into the bloodstream. With HIV/AIDS, the consequences are usually fatal for the woman, and also for their children as well. Women who have suffered any kind of violence are more likely to experience a number of serious health problems because violence renders them vulnerable to contracting diseases. Research in Norway revealed that chronic pelvic pain is significantly associated with a history of domestic violence (Schei & Bakketeig, 1989). A major study in the United States found that having been the victim of childhood abuse or violent crime doubled a woman's likelihood of suffering from severe menstrual problems, a Sexually Transmitted Infection, or a Urinary Tract Infection (UTI); domestic violence tripled this likelihood (Plichta, & Abraham, 2000).

Violence against women is not unusual nor is it committed only by abnormal or psychologically disturbed individuals. On the contrary, it is perhaps the most pervasive form of abuse, a universal phenomenon that cuts across all divisions of class, race, religion, age, ethnicity and geographical region (Pickup, Williams & Sweetman, 2001). The Centre of Rehabilitation and Education of Women (CREAW) asserts that domestic violence is rampant in Kenya (CREAW, 2011). Among the historical power relations responsible for VAW are the economic and social forces, which exploit the female labour and female body. Economically disadvantaged women are more vulnerable to sexual harassment, trafficking and sexual slavery (Gelle, 2001). For instance, the national debate about Gender-Based physical violence has focused on men as the victims of violent wives, instead of the much more prevalent targeting of women. In fact, open dialogue about VAW is almost non-existent. Abrahams (2007) using the ecological model, suggested that several factors may increase the likelihood of Gender-Based Violence. At the individual level, the factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol. At the level of the family and relationship, cross-cultural studies have cited male control of wealth and decision-making within the family and marital conflict as strong predictors of abuse. On the other hand, at the community level, women's isolation and lack of social support, together with male peer groups that condone and legitimize men's violence, predict higher rates of violence (Follingstad, 2000).

Wilson (2002) observed that every fifteen seconds in the United States of America (USA) a woman is battered by someone who tells her he loves her. The author further indicated that half of all women in USA experienced some form of violence from their partners during their relationship and that more than a third were battered repeatedly every year. According to Himanshu and Pand, (2007), it is estimated that one in every five women faces some form of violence during her lifetime and in some cases leading to serious injury or death. In early 2002, the home office in England and Wales observed that at least two women were brutally murdered each week by an existing or past partner. The Metropolitan Police Service highlighted that in 2001, there was 36 domestic violence murders in the Purice district. Extrapolated nationally, the figures indicated that approximately 35% of all murders were linked to domestic violence (Shipway, 2004). A study by the World Health Organization (WHO, 2007) puts the number of women physically abused by their partners at 30% in the United Kingdom and 22% in the USA.

According to the Nicaragua Report (2000), 360 women had experienced domestic violence with a prevalence rate of physical violence at 52% and currently prevalence among mothers was 27%. This study also found that women's age, educational level or attainment and occupation were not strongly associated with domestic violence while the number of children, history of violence in husband's family, husband's controlling behavior and lack of a social network were found to be associated with domestic VAW (Ellsberg, 2000). In sub-Saharan Africa, in 1998, 66.7% of the surveyed women in Sierra Leone had experienced physical abuse at the hands of their partners. The preliminary report of the special rapporteur on violence against women (United Nations Development Fund for Women (UNIFEM), 2000) argues that women's vulnerability to violence is determined by their sexuality, resulting for

example in rape or female genital mutilation (FGM), from their relationships to some men and from membership of groups where VAW is a means of humiliation directed at specific group (for example, mass rape in conflict situations). Violence Against Women is reinforced by doctrines of privacy and the sanctity of the family, and by legal codes which link individual, family or community honor to women's sexuality (United Nations Development Fund for Women (UNIFEM), 2000).

Statement of the Problem

The roots of violence against women have to do with historically unequal power relations between men and women and pervasive discrimination against women both in public and private lives. The researchers' discuss with some undergraduates of Kwara State University, Malete revealed that it is normal for the husband as the head of the family to take sole decisions for the family without discussing the issues with the wife. Also, getting married at an early age limits women's education, social interactions and spousal communication, all of which are needed in empowering the woman to take charge of her life. Giving birth early also exposes the woman to reproductive risks such as tears and fistulas, which leaves the affected women in awe and further compounds the violence.

Mouzos and Makkai (2004) observed that physical violence and sexual abuse can put women at risk of infection and unwanted pregnancies directly, if they are forced to have sex, or if they fear that using contraception or condoms may warrant reactions from their partners. Violence not only demoralizes the dignity of women but also make them lose many opportunities that could have contributed to their well-being (Straut & Gelles, 2000). McEvoy (2012) posited that pregnancy may result from rape, though the rate varies between settings and depend particularly on the extent to which non-barrier contraceptives are being used. A study of adolescents in Ethiopia found that among those who reported being raped, 17% became pregnant after the rape (Mulugeta, Kassaye & Berhane, 2000). Abused women seeking abortion experienced more serious physical injury than general gynaecology patients. The present study aims at examining causes and implications of Violence Against Women as perceived by undergraduates in Kwara State University, Malete. It is being hypothesized in this study no significant differences exist in the causes and implications of violence Against Women as perceived by undergraduates in Kwara State University, Malete, based on their gender and academic levels.

Research Question

The following research questions were raised to guide the study;

1. What are the causes of Violence Against Women as perceived by undergraduates in Kwara State University, Malete?
2. What are the implications of Violence Against Women as perceived by undergraduates in Kwara State University, Malete?

Research Hypotheses

The following research hypotheses were postulated for the study;

H₀₁: There will be no significance difference in the causes of Violence Against Women as perceived by the undergraduates based on gender

H₀₂: There will be no significance difference in the causes of Violence Against Women as perceived by the undergraduates based on academic levels

H₀₃: There will be no significance difference in the implications of Violence Against Women as perceived by the undergraduates based on gender

H₀₄: There will be no significance difference in the implications of Violence Against Women as perceived by the undergraduates based on academic levels

Methodology

The research design that was used for this study is the descriptive research of the survey method. The population of the study comprised all undergraduates in Kwara State University, Malete, Nigeria. The total population of undergraduate in Kwara State University, Malete was 14,399 for the (2018/2019) academic session and respondents were selected from four (4) colleges. Simple random sampling technique of fish bowl method was used to select four (4) colleges out of six (6) colleges in Kwara State University. Proportionate sampling technique of ten percent (10%) was used to select the samples from the population. Simple random sampling technique was used to select 287 respondents for the study. The instrument that was used for this study was a validated researchers' designed questionnaire. The questionnaire consisted of two sections. Section A elicited information on the demographic data of the respondents such as gender and academic levels. Section B and C which were structured in a four-response type of Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, Strongly Disagree (SD) = 1 were used to elicit data on the perceived causes and implications of violence against women respectively. The reliability was ascertained using the test re-test method. A reliability coefficient of 0.76 was obtained using Spearman-Brown Rank Order. Verbal consents of the respondents were sought before administration.

The copies of questionnaire were organized in a sequential and orderly manner to make it less burdensome and more efficient during the administration. Two hundred and eighty-seven (287) copies of the questionnaire were distributed to respondents which were used to derive useful information from the respondents. After the distribution, retrieval was made immediately to prepare for analysis of data and to prevent the loss of the instrument. The data collected was sorted and analyzed with the use of descriptive statistics of frequency count and percentage for the demographic data. Inferential statistics of t-test and Analysis of Variance (ANOVA) were used to test the hypotheses postulated at 0.05 alpha level.

Data Analysis and Results

Out of 287 (100%) undergraduates sampled for this study, 123 (42.9%) of them were males and 164 (47.1%) were females. Also, 52 (18.1%) of the respondents were in 100level; 61 (21.3%) were in 200level; 86 (29.9%) were in 300level and 88 (30.7%) of the respondents were in 400level.

Answering of Research Questions

Question One: *What are the causes of violence against women as perceived by undergraduates in Kwara State University, Malete?*

A cut-off score of 2.50 was used as the baseline for determining participants' responses since the questionnaire items were structured in a four-response-type. Therefore, items found with mean scores equal or above 2.50 were remarked as the perceived causes of violence against women while items with mean scores below 2.50 were remarked otherwise.

Table 1: Causes of Violence against Women as perceived by Undergraduates

N	Causes Violence against Women	Mean	Rank	Remark
1	Norms granting male control over female	3.26	1 st	Perceived
3	Culture linking masculinity to dominance, honour or aggression	3.14	2 nd	Perceived
5	Early age at marriage	3.08	3 rd	Perceived
6	Gender inequality that makes females socially and traditionally inferior to males	2.82	4 th	Perceived
4	Alcohol Abuse	2.76	5 th	Perceived
8	Mental health problems (from witnessing violence as a child)	2.64	6 th	Perceived
2	Economic factors such as poverty, unemployment	2.57	7 th	Perceived
7	Rigid gender roles at home (girls work i.e. sweeping, washing plates)	2.53	8 th	Perceived

As shown in Table 1, all the items were perceived as the causes of violence against women. Thus, norms granting male control over females, culture linking masculinity to dominance, honour or aggression, early age at marriage, gender inequality that makes females socially and traditionally inferior to males, alcohol abuse, mental health problems, poverty and rigid gender roles were perceived as the causes of violence against women by undergraduates in Kwara State University.

Question Two: What are the implications of violence against women as perceived by undergraduates in Kwara State University, Malete?

A cut-off score of 2.50 was used as the baseline for determining participants' responses since the questionnaire items were structured in a four-response-type. Therefore, items found with mean scores equal or above 2.50 were remarked as the perceived implications of violence against women while items with mean scores below 2.50 were remarked otherwise.

Table 2: Implications of Violence against Women as perceived by Undergraduates

N	Implications of Violence against Women	Mean	Rank	Remark
4	Violence against women leads to negative behavior that makes such women become aggressive against the men	3.72	1 st	Perceived
3	Violence against women results in low self-esteem such as depression, feeling inferior and suicide.	3.35	2 nd	Perceived
1	Violence against women results in non-use of contraceptives	3.32	3 rd	Perceived
6	Sexual abuse (violence) results in sexually transmitted infections	3.26	4 th	Perceived
5	Violence against women results to unwanted pregnancy and pregnancy complications	3.17	5 th	Perceived
8	Violence against women results in Homicide and death	3.09	6 th	Perceived
2	Violence against women results in miscarriages and Abortions	2.82	7 th	Perceived
7	Violence against women result in chronic conditions such as hypertension and obesity	2.66	8 th	Perceived

As revealed in Table 2, violence against women makes women become aggressive against the men; results in low self-esteem such as depression; sexual abuse

may precipitate STIs, unwanted pregnancy and accompanying complications, results in miscarriages and abortions; VAW can also result in chronic conditions such as hypertension and obesity as perceived by undergraduates in Kwara State University.

Hypotheses Testing

Hypotheses one and two were tested using independent t-test while hypotheses three and four were tested with the use of Analysis of Variance (ANOVA) at 0.05 level of significance

Hypothesis One: There is no significance difference in the causes of violence against women as perceived by the undergraduates based on gender

Table 3: t-test Statistics Showing the Difference in the Causes of Violence against Women as perceived by the Undergraduates based on Gender

Gender	No	Mean	S. D.	df	t-value	Sig	Remark
Male	123	14.562	2.138	285	1.613	0.13	NS
Female	264	15.127	2.227				

*Insignificance at $p > 0.05$

Table 3 shows that the t-value 1.613 is obtained with a p-value of 0.13 computed at 0.05 alpha level. Since the p-value of 0.13 is greater than 0.05 level of significance, the null hypothesis one is retained. Therefore, there is no statistically significant difference in the causes of violence against women as perceived by undergraduates in Kwara State University based on gender ($t_{285} = 1.613$, $p > 0.05$).

Hypothesis Two: There is no significance difference in the causes of violence against women as perceived by undergraduates in Kwara State University based on academic levels

Table 4: ANOVA Summary of the Difference in the Causes of Violence against Women as Perceived by the undergraduates based on Academic Levels

Variables	Sum of Squares	df	Mean Square	F	Sig.	Remark
Between Groups	131.248	2	65.624	1.944	0.07	NS
Within Groups	9584.354	284	33.748			
Total	9715.302	286				

*Significance at $p > 0.05$

As shown in table 4, the F-value of 1.944 with a p-value of 0.07 computed at 0.05 alpha level. Since the p-value of 0.07 obtained is greater than 0.05 level of significance, the null hypothesis two is retained. This thus implies that there is no statistically significant difference in the causes of violence against as perceived by the undergraduates based on academic levels ($F_{(2, 284)} = 1.944$, $p > 0.05$).

Hypothesis Three: There is no significance difference in the implications of violence against women as perceived by the undergraduates based on gender

Table 5: t-test Statistics Showing the Difference in the Implications of Violence against Women as perceived by the Undergraduates based on Gender

Gender	No	Mean	S. D.	df	t-value	Sig	Remark
Male	123	15.278	2.341	285	1.492	0.19	NS
Female	264	15.418	2.119				

*Insignificance at $p > 0.05$

Table 5 shows that the t-value 1.492 is obtained with a p-value of 0.19 computed at 0.05 alpha level. Since the p-value of 0.19 is greater than 0.05 level of significance, the null hypothesis three is retained. Therefore, there is no statistically significant difference in the implications of violence against women as perceived by the undergraduates based on gender ($t_{(285)} = 1.492, p > 0.05$).

Hypothesis Four: There is no significance difference in the implications of violence against women as perceived by the undergraduates based on academic levels

Table 6: ANOVA Summary of the Difference in the Implications of Violence against Women as perceived by the Undergraduates based on Academic Levels

Variables	Sum of Squares	df	Mean Square	F	Sig.	Remark
Between Groups	142.611	2	71.306	1.689	0.09	NS
Within Groups	11986.428	284	42.206			
Total	8329.110	286				

*Insignificance at $p > 0.05$

Table 6 shows that the t-value 1.689 is obtained with a p-value of 0.09 computed at 0.05 alpha level. Since the p-value of 0.09 is greater than 0.05 level of significance, the null hypothesis four is retained. Therefore, there is no statistically significant difference in the implications of violence against women as perceived by the undergraduates based on academic levels ($t_{(2, 284)} = 1.689, p > 0.05$).

Discussion of Findings

Findings from this study revealed that the causes of violence against women as perceived by undergraduates in Kwara State University were norms granting male control over females, culture linking masculinity to dominance, honour or aggression, early age at marriage, gender inequality that makes females socially and traditionally inferior to males, alcohol abuse, mental health problems, poverty and rigid gender roles. This finding is in line with that of Flood and Pease (2009) who found that the most common cause of school-based violence against female student was parental factors embedded in rigid trade-social norms. Luthra and Gidycz (2006) also posited that low level of parental control of young females especially those who have violent families result in developing a belief that violence is a normal condition, and this may cause them to fail to report. Again, this result is similar to the findings of Nwachukwu (2008), Luthra and Gidycz (2006) as well as that of Parks, Hsech, Bradizza and Romosz (2008) who evaluated that family background of students are some of the causes of violence against females in schools.

This study also revealed that undergraduates in Kwara State University perceived violence against women makes women become aggressive against the men; results in low self-esteem such as depression; sexual abuse may precipitate STIs, unwanted pregnancy and accompanying complications, results in miscarriages and abortions; VAW can also result in chronic conditions such as hypertension and obesity. This finding is in line with that of Badri (2014) who posited that a dramatic consequence of sexual abuse is unwanted pregnancy which can be detrimental to both maternal and child health, or can lead to unsafe abortions or infanticide. In most cases it compromises females' education. He further explained that unwanted pregnancy contributes in certain societies to marginalization and stigmatization of the women who may suffer from family and public disapprobation and denial of support. It also often leads to early marriage for girls, causing school drop-out as a corollary.

In addition, findings of this study showed that there was no statistical difference in the perceived causes and implications of violence against women among undergraduates in Kwara State University based on gender and levels. This implies that both male and female undergraduates irrespective of their academic levels hold similar perceptions on the causes and implications of violence against women. This outcome corroborates Osadebe, (2013) whose study indicated that there was no major discrepancy in the views of men and women on the implications of violence against women

Conclusion

The study thus concluded that Situations that could cause VAW include norms granting male control over females, culture linking masculinity to dominance, honour or aggression, early age at marriage, gender inequality that makes females socially and traditionally inferior to males, alcohol abuse, mental health problems, poverty and rigid gender roles were perceived as the causes of violence against women by undergraduates in Kwara State University.

The implications that can result from VAW include women becoming aggressive against the men; having low self-esteem such as depression; exposure to STIs, unwanted pregnancy and accompanying complications, having miscarriages and abortions; nursing chronic conditions such as hypertension and obesity as perceived by undergraduates of Kwara State University, Malete

However, both male and female undergraduates irrespective of their academic levels hold similar perceptions on the causes and implications of violence against women

Recommendations

Based on the findings and conclusion of the study, the following recommendations were made.

1. Public awareness campaigns should be carried out, to inform the public that domestic violence is harmful and against the law.
2. The University should integrate an understanding of the causes and consequences of violence against women into appropriate education and training curricula at all levels, including, among others, in the professional education of health workers, teachers, law enforcement personnel and social workers

3. It is also necessary that states, donors and international organizations allocate significant resources to eliminate discrimination against women, promote gender equality and prevent and redress all forms and manifestations of violence against women.
4. The state should integrate efforts to prevent and reduce male violence against women into a wide range of programme areas such as HIV/AIDS, reproductive health, urban planning, immigration, poverty reduction, development, conflict, post-conflict and refugee situations and humanitarian relief.

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