Sexual Violence against Women in Marital dyads, Prevalence and Reproductive Health Consequences: A Situation Among The Ijesa Of South-Western Nigeria

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

Introduction

Violence against females is a major health and human rights concern. In Nigeria every woman can expect to be a victim of one form of violence at some point in her life (Okemgbo *et al.*, 2002). The United Nations defines violence against women as 'any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life' (United Nations, 1993). At its most fundamental, sexual violence describes the deliberate use of sex as a weapon to demonstrate power over, and to inflict pain and humiliation upon, another human being.

The concept of reproductive health refers to a phenomenon related to biological reproduction; includes not only health problems related to reproduction itself, but also those related to the exercise of sexuality and the prevention of undesired pregnancy (Stern, 1993). Indeed in an unspoken fashion, violence against women has been generally accepted as "understandable behaviour" with patriarchy lending credence to it through the continuous perpetuation of male dominance (Dickstein, 1988; Inter-African Committee on Traditional Practices Affecting the health of Women and Children Newsletter, 1995). Initially, even sexual assault victim advocates assumed that rape and sexual assault were largely committed by strangers, but over time, sexual assault victim advocates and researchers learned that most sexual assaults were committed by family members, intimate partners, or acquaintances.

In the developed countries studies on intimate partner violence have been conducted with the aim of having better knowledge of the implications of violence against women. However, the same is not true for developing countries and Nigeria in particular. Apart from female genital mutilation (FGM), the nature and prevalence rates of sexual violence against Nigerian women have not been properly documented and understood. It is clear from literature that the nature and incidence of sexual violence, as

well as its consequences on women's reproductive health, needs to be thoroughly investigated and documented, especially in sub-Saharan Africa. Hitherto, the focus has been on the harmful practices against women. Women, in fear of violence, are unable to refuse sex or negotiate for safer sexual practices, and are thus probably open to all kinds of infections including the dreaded Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). This attitude jeopardises the reproductive health of the woman. Casual observers have suggested that intimate partner violence in Ijesaland is a malignant social phenomenon. Consequently, this study explores the nature and prevalence of intimate partner violence in Ijesaland and the reproductive health consequences on the women.

The broad objective of this study is to improve understanding of the nature and prevalence of sexual violence against women, and thereby document the influence of the socio-economic, demographic and cultural factors that influence or promote sexual violence against women and their consequences on their reproductive health. The specific aims of the study are to: explore the nature and prevalence of sexual violence against women; investigate the factors enhancing it; identify the reproductive health consequences of sexual violence on women; examine the strategies adopted by victims to avoid or cope with sexual violence; and make policy recommendations on ways of mitigating the incidence of sexual violence.

Violence against women is a social and public health problem with devastating consequences for women, irrespective of age, culture, sexual orientation and socio-economic status (Cherniak *et al.,* 2005; Naved and Persson, 2005; Krug *et. al.*, 2002). It includes all language, manner, and actions that violate one's physical body, sense of self, and sense of trust (Xiao, *et al.*, 2005). Gender-based violence encompasses the act or threat of inflicting physical, sexual or psychological harm, as well as child abuse, FGM, murder, rape, sexual coercion, female infanticide, sexual and emotional harassment (Gupta*. et. al.* 1996). The historical root of intimate partner violence dates back to patriarchy. Despite the increasing recognition that intimate partner violence is a global public health concern, population-based studies of intimate partner violence against women, its determinants and consequences remain scarce in developing countries (Gage, 2005). Furthermore, the determinants of sexual violence against Nigerian women in marital dyads in general and the Ijesa women in particular, as well as its consequences on reproductive health, are yet to be established. There is much that remains to be understood about the total set of possible negative sexual and reproductive health outcomes associated with intimate partner violence, especially in developing countries (Parish *et al.*, 2004).

The importance of establishing the prevalence of intimate partner violence in general and associated patterns of risk is very crucial to addressing women's health and development (McCloskey *et al.*, 2005). Moreover, prevalence studies of intimate partner violence are a new area of research and data on various types of intimate partner violence, other than physical abuse, are generally not available (Krug

et al., 2002). The perpetuation of intimate partner violence has continued due to women's economic dependence on men, patriarchy and the differential socialization process women pass through (Heise *et al.*, 1994; Mhloyi, 1996; Kurz, 1989). There is increasing evidence to suggest that marital violence revolves around cultural definitions of appropriate sex roles and partners' expectations of each other's roles within relationships, particularly those related to wifely obedience and domestic service (Ezeh and Gage, 1998). The failure of one partner in meeting these expectations results, on many occasions, in the incidence of violence against women. These may be some of the reasons why the problem of intimate partner violence still exists in our society.

Violence against women by their male partners is widely condoned by many African societies because of the belief that men are superior and that the women with whom they live together are their possessions to be treated as the men considered appropriate (Kiragu, 1995; UNCSDHA, 1993). In Africa, violence is not only widespread; it is also socially acceptable (Stewart, 1995). Odujinrin (1993) has pointed out that in Nigeria, women are often encouraged to stay in abusive relationships because of the cultural beliefs that a woman's place is with her husband and because divorced and separated women are not held in high social regard compared to women who remain in marriage.

Materials and Methods

Data were drawn from a larger study of intimate partner violence and women's reproductie health carried out in Ijesaland, Osun State, Nigeria between January 2004 and July 2004. The study population consists of ever married women between 15 to 49 years of age and ever married men in Ijesaland. The analyses in this work are based on information elicited from respondents from a population-based cross sectional survey. The focus of this paper is about prevalence of sexual violence in the past year, which is often thought to be a more accurate assessment of intimate partner violence because of the assumption of less recall bias on the part of the respondent (Xiao *et al.*, 2005). The unit of analysis in this study consists of ever-married women. This is because a cross-sectional measure of intimate partner violence based solely on current intact relationships would under-represent shorter-term violent relationships, which may also involve more frequent or severe violence (Gage, 2005). A sample size of 1,613 respondents was obtained, with a response rate of 94.2% and after data cleaning 89.4% of the sample size was found suitable for analysis. The quantitative data obtained was analysed by the use of SPSS statistical software.

CONCEPTUAL FRAMEWORK

The ecological model of factors associated with intimate partner violence helps in understanding the interplay of personal, situational, and socio-cultural factors that combine to cause intimate partner violence (Heise *et al.,* 1999). The innermost ellipse represents the biological and personal history that

each individual brings to his or her behaviour in relationships. While the second shows the immediate context in which abuse takes place, the third represents the institutions and social structures in which relationship are embedded: neighbourhood, social networks, peer groups, and the workplace among others. The fourth outermost ellipse is the economic and social environment, including cultural norms. It should be mentioned that violence against women results from the interaction of various factors at different levels of the social environment.

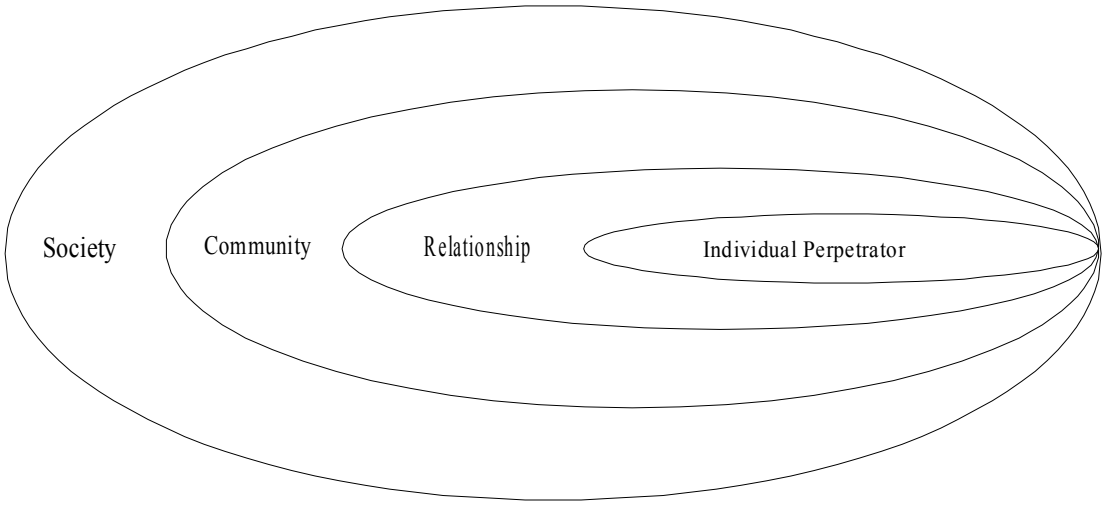

Fig 1: ECOLOGICAL MODEL OF FACTORS ASSOCIATED WITH intimate partner violence (Adapted from Heise (1998))

Studies have shown that younger age places women at relatively higher risk for intimate partner violence (Ruiz-Perez *et al.,* 2006; Xiao *et al.,* 2005; Naved and Persson, 2005; Parish *et al.,* 2004; Koenig *et al.,* 2003). It is believed that delay in marriage by a woman would reduce her chances of experiencing intimate partner violence. Women who are separated, divorced or widowed are more likely to experience intimate partner violence than currently married women (Ruiz-Perez *et al.,* 2006; Xiao *et al.,* 2005). Childlessness has also been found to be associated with a significant higher risk of intimate partner violence (Koenig *et al.,* 2006). Some studies have also shown that having 3 or more children is associated with intimate partner violence (Ruiz-Perez *et al.,* 2006; Gage, 2005; McCloskey *et al.,* 2005). This may be explained by the fact that women with a large number of children may be in relationships where negotiation about sex and birth control are difficult or practically impossible. It may be due to the fact that the greater the number of children a woman has the greater the difficulties for her to be emotionally and economically independent from the male partner, and therefore, escaping the abusive

relationship. Unions that are either explicitly polygamous or implicitly polygamous because of extramarital relationships on the part of the men are more likely than monogamous unions to be characterized more by intimate partner violence (McCloskey *et al.,* 2005).

Many studies have revealed a negative relationship between education of both partners and intimate partner violence (Naved and Persson 2005; Koenig *et al.,* 2003; Haj-Yahia, 2000). There is a complex relationship between a woman's employment and intimate partner violence. According to Ruiz-Perez *et al.* (2006), a woman not having an employment is significantly associated with sexual intimate partner violence. Naved and Persson (2005) also posited that a woman's employment might increase marital conflict and violence against her. This happens more in unions where the man feels threatened of his perceived role as a "bread winner" as a result of the contributions of the woman to household maintenance. There also may be less violence when the woman is working and the man is not, because in such situations the woman is responsible for the family needs and as such this may be a form of protection for her against intimate partner violence.

There is no doubting the fact that religious beliefs would have effect on intimate partner violence. According to Oyediran and Isiugo-Abanihe (2005), the relationship between religious affiliation and intimate partner violence is likely to be mediated by social and demographic factors such as education. There is likely to be intimate partner violence in unions where the wife gets to know of her husband's involvement in extra-marital affairs. Marital duration have a significant effect on the chances of a woman experiencing intimate partner violence (Koenig *et al.,* 2006). This is predicated on the fact that the length of stay in a union by a couple would enhance their ability to understand one another and they would have been able to evolve a process of internal conflict resolution. Intimate partner violence is more common in urban areas than rural areas (Naved and Persson, 2005; Hindin and Adair, 2002). The implication of this is that there are some factors in the urbanization process that increases stress-induced violence.

Marital intimacy was measured by asking the respondents whether she eats together with her husband; sleeps on the same bed with her husband; shares leisure with her husband; shares secrets with her husband. Marital intimacy will reduce the chances of occurrence of intimate partner violence. Gage (2005), buttressed this position when she reported that "if a woman described her partner as spending his free time with her, consulting her on various household-related issues, displaying affection towards her and respecting her wishes, the less likely she was to report intimate partner violence". Extended family residence is inversely associated with risk of intimate partner violence (Koenig *et al.,* 2006; Koenig *et al.,* 2003). There is likely to be less intimate partner violence where the living structure is nuclear. The presence of in-laws in the household may give rise to some conflict, but at the same time may also prevent violence (Naved and Persson, 2005). Family structure is a potentially important factor associated with intimate partner violence.

In situations where men have lower educational level than their wives, they use intimate partner violence as a means of maintaining their dominant position in the family as prescribed by patriarchy (Xiao *et al.* 2005; Gage, 2005). Koenig *et al.* (2006) also found that higher levels of education among husbands were significantly negatively associated with intimate partner violence. Spousal age difference is an important variable in patriarchal settings, where most relationships are defined by age gap, especially in marital union. The larger the spousal age difference, the more difficult it may be for wives to express views contrary to their husband and where this happens it engenders intimate partner violence (Oyediran and Isiugo-Abanihe, 2005).

Witnessing of violence between parents as a child emerges a strong predictor of subsequent intimate partner violence. This could be the result of poor emotional development or simply as a consequence of learning strategies to cope with conflict (Koenig *et al.* 2006; Naved and Persson, 2005; Gage, 2005). It is expected that past exposure to familial violence would be a significant determinant of intimate partner violence against women. Such women who witnessed violence between parents may construct attachment models along dominance-subordination and victim-perpetrator dimensions (Gage, 2005). Women in unions where the man or the woman believes that a man has justifications for wife abuse will experience intimate partner violence. It is an important correlate of sexual violence (Gage, 2005).

Intimate partner violence has serious reproductive health consequences, including increased levels of STI and HIV/AIDS (Diop-Sidibe *et al.,* 2006; Stephenson *et al.,* 2006; Pallitto and O'Campo 2004 and 2005; Hathaway *et al.,* 2005).

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

FINDINGS OF THE STUDY

Background Characteristics of the Respondents

Data were collected from 1,441 females. The results in Table 1 show that 42.7 per cent of the respondents experienced sexual violence. The two most common acts of sexual violence against the women are turning down husbands' sexual advances (38.4%) and the women being denied sex by their husbands as a form of punishment (31.0%). The prevalence of sexual violence cuts across the various age groups but highest among women who are 35-39years and those 45-49years. The prevalence of sexual violence is higher among those residing in the urban areas relative to those in the rural areas. Women in

Table 1: Percentage Background Characteristics of respondents who have experienced sexual violence

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

Source: Field survey, 2004

polygynous unions had higher prevalence of sexual violence in their unions relative to those in monogamous unions. The results also show that prevalence of sexual violence reduces with delay in marriage. Prevalence of sexual violence is least among muslim women, and highest among Catholic faithfuls. The result also show that prevalence of sexual violence increases with higher children ever born (CEB). Women who have been married for at least 10 years experience more sexual violence to women who have been married for less than 10years.

The results in Table 2 show the couple characteristics of women who have experienced sexual violence. Prevalence of sexual violence is highest among women in unions where the couple are not educated and union in which only the husband is educated. The level of education of the woman appears to reduce the chances of the woman experiencing sexual violence. The higher the age difference between the husband and his wife the higher the chances of women in such unions experiencing sexual violence. Women in unions in which the couple eats together or sleeps on the same bed have slightly higher chances of experiencing sexual violence than unions in which the couple shares leisure or secrets together.

Table 2: Couple Characteristics of women who have experienced Sexual Violence

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

Source: Field survey, 2004

Factors Enhancing Sexual Violence

Logistic regression is used to determine the factors that have effect on a woman's risk of experiencing sexual violence. The Logistic regression is useful for situations in which one wants to be able to predict the presence or absence of a characteristic or outcome based on values of a set of predictor variables.

The results of the Logistic regression show that women residing in the rural areas are significantly less likely to experience sexual violence relative to those who reside in the urban areas. The incidence of intimate partner violence cuts across the different age strata. Younger women have a higher likelihood of experiencing intimate partner violence than older women. A woman's odds of experiencing

Table 3: Multivariate Analysis of the Predictors of Intimate Partner Violence

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

difference	Both no education	-0.29	0.745
	Husband only educated	0.02	1.021
	Both educated	0.76	2.148
Spousal occupational difference	Both not working (r)		
	Wife only working	-1.23	0.292
	Husband only working	0.13	1.142
	Both working	0.08	1.080
Marital duration	0-4 (r)		
	5-9	-0.36	0.700
	10-14	-1.05^{+}	0.349
	15+	-0.71*	0.490
Marital intimacy	eat together	-0.20	0.816
	sleeps on same bed	0.67^{+}	1.948
	have leisure together	0.54^{+}	1.708
	share secrets	-0.71^{+}	0.492
Residence	Urban (r)		
	Rural	-0.58^{+}	0.559
Family structure	Non-nuclear (r)		
	Nuclear	0.63*	1.886
People residing in the household	Sibling-in-law	0.55*	1.728
	Siblings	0.46	1.582
	Parent-in-laws	1.02^{+}	2.774
	Parent	0.13	1.143
	Other relatives	0.28	1.319
	Non relatives	0.56	1.748
Witnessing of violence while growing up	Yes (r)	0.71^{+}	2.027
	No		
Gender attitude	Gender positive (r)		
	Gender Negative	0.29*	1.341
Constant		1.962	
-2 log likelihood		1455.85^{+}	
Nagelkerke R square		0.344^{+}	
Number of women		1441	
Classification		75.1	

Source: Field Survey, 2004

(r) – reference category

sexual violence increases with age, peaking at age 35–39 years. It should be noted that it is within the age range 25 to 39 that issues of contraception, when to have sex and choice of having more children are prominent, which may explain why women in this age range have significantly higher odds of experiencing intimate partner violence (Table 3).

Women who are currently married are significantly less likely to experience sexual violence relative to women who are separated or divorced. This may be an indication that those who are separated or divorced are as a result of the incidence of sexual violence in their marital unions. The logistic regression analysis show that the odds ratio of experiencing sexual violence decreases with delay in marriage. Incidence of sexual violence increases as the spousal age difference increases. Every additional child a woman has significantly increases the odds of her experiencing sexual violence.

Women who do not want more children are twice and two fifth times as likely to experience sexual violence as women who want more children.

Women in unions where the couple are not educated are the least likely to experience sexual violence. The reverse is the case the couple is educated. Indeed, such women face the highest risk of experiencing sexual violence. Women who are not working are more likely to experience sexual violence. The incidence of sexual violence is higher in polygynous unions than in monogamous unions. The odds ratio of a woman experiencing sexual violence declines with marital duration.

Women who eat together with their husbands are less likely to experience sexual violence relative to those who do not eat together, even though it is not statistically significant. Sleeping on the same bed and having leisure together significantly enhance the chances of a woman experiencing sexual violence relative to a woman who does not sleep on the same bed with her husband or does not share leisure together with her husband. The chance of experiencing sexual violence is significantly reduced in unions where there are 'no secrets' and where there is communication between husband and wife.

Incidence of sexual partner violence is higher in households in which no person outside the nuclear family members resides with the couple, relative to households in which there is at least a person outside the nuclear family. The results in the Logistic regression show that women who are not aware of their husband's involvement in extra marital relationships are significantly less likely to experience sexual violence relative to those who know that their husband are involved with extra marital relationship. Women who witnessed physical violence between their parents are more likely to experience sexual violence in their unions than the women who never saw any act of physical violence between their parents while growing up. Women who are not culturally disposed are about 1.34 times more likely to experience sexual violence as those who are gender positive

Reproductive Health Consequences of intimate partner violence

Sexual violence has serious reproductive health consequences, but those of concern in this study include the following; number of births, and having STIs. The direction of causality between intimate partner violence and higher fertility is unclear even though research has shown that there is an association between intimate partner violence and higher fertility (Kishor and Johnson, 2004). The results in Table 4 show that ever-married women age 15-49 years who have experienced sexual violence have a higher number of children ever born.

Overall, these data suggests that fertility for women who have ever experienced sexual violence is higher than that for women who have never experienced sexual violence. In furtherance to the picture depicted in Table 4, a null hypothesis which states that women who have experienced sexual violence do not have more births than women who have never experienced sexual violence was tested using

independent samples t-test. The results show that there is a significant difference in the number of births between women who have ever experienced sexual violence and those who have never experienced sexual violence (Table 5). This implies that reduction of sexual violence (or a more harmonious partner relationship) may facilitate or engender fertility decline over time.

Table 4: Mean number of children ever born to ever-married women age 15-49 by age in years, according to whether they have ever experienced sexual violence by their husband or not

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

Source: Field Survey, 2004

Table 5: Mean Number of Children to Women by whether or not they experienced Sexual Violence and summary of Independent Samples test comparing the means

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

Source: Field Survey, 2004
*** $p < 0.01$

Research suggests that there is a positive association between sexually transmitted infections(STIs) and sexual violence resulting from forced sex among women who are abused by their male partners, and relative inability to negotiate and use condoms (Campbell, 2002; Cohen *et al.*, 2000). Every woman was asked whether they had been infected with a STI in the last 12 months by their husband. Table 6 shows how this self-reported prevalence of STIs varies by the violence status of women. The prevalence of STIs among women who have experienced sexual violence is much higher than among women who have never experienced sexual violence. In testing the relationship between the prevalence of STIs and intimate partner violence, it was hypothesized that there is no significant relationship between sexual violence and STIs. The results as in Table 7 show that the Pearson Chi-square of 90.457 is statistically significant ($p< 0.01$), thus we reject the null hypothesis that there is no significant relationship between sexual violence and STIs, while the alternate hypothesis which states that there is a significant relationship between sexual violence and STIs is accepted.

Table 6: Percentage distribution of ever-married women who reported having an STI according to whether they have ever experienced sexual violence in the past 12 months or not

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

Source: Field Survey, 2004

Table 7: Relationship between Having a Sexually Transmitted Infection and Experiencing of Intimate Partner Violence

Had STI infection in the past 12 months	Victimization of various types of violence	
	Never victimized	At least victimized a type of violence
No	99.5 (821)	75.6 (466)
Yes	0.5 (4)	24.4 (150)
Total	100.0 (825)	100.0 (616)

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

Coping Strategies

The results in Table 8 show that endurance is the main coping strategy adopted by women who have experienced sexual violence. The next two coping strategies employed are resorting to prayers and resolution of the issue.

Table 8: Percentage distribution of respondents by the Coping Strategies generally adopted by victims of intimate partner sexual violence in the 12 months preceding the survey

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

Source: Field Survey, 2004

The endurance approach is premised on three basic assumptions namely; the incidence of violence will cease one day; for the sake of her children a woman should stay in a violent relationship, and the couple should be patient with each other. It is also believed that with love for the other partner then endurance of intimate partner violence is possible. Enhancing the love for each other is a sure way of reducing, if not totally eradicating, the incidence of intimate partner violence.

Limitations of Study

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

data required relying on respondents' ability to recall violent experiences and on respondents' willingness to disclose this information.

Conclusions

The findings of this study confirm the fact that sexual violence is high in the study area and it cuts across age, status and education. The chance of experiencing sexual violence decreases with delay in marriage because such woman would be ready to do anything to keep such marriage. Part of the reasons why sexual violence is high in marital unions where the husband and wife are educated may be because such women tend to claim some degree of equality with the husband, while the man would want to continue in the cultural stereotypes. Thus patriarchy cannot be ruled out as part of the reasons for the incidence of sexual violence. The presence of in-laws enhances the incidence of sexual violence. This is because most in-laws have the tendencies of passing negative comments about the wife of their son or sibling. The negative comments often serve as catalysts to intimate partner violence.

The reason why the fertility of women who had experienced sexual violence is higher than those who never experienced sexual violence may be that such women have discontinued use of contraception and might have employed sexual intercourse as a coping strategy for sexual violence. This is because the woman turning down the husbands' sexual advances is one of the commonest acts of sexual violence. The higher prevalence of STIs among women who have experienced sexual violence may be linked to the husbands of such women being involved in extra-marital relationships. When this is so and the woman gets to know, it may be a source of more violence. One of the main issues of this study is the reproductive health consequences of intimate partner violence. The conclusion to be drawn from the findings is that sexual violence has negative reproductive health consequences on women.

Recommendations

The focus of the recommendations is the prevention of the incidence of sexual violence and reducing the severity of its consequences. The focus of the secondary prevention is early detection of threat before the consequence and as such preventing disability and death resulting from violence. The focus of the primary prevention interventions is changing risk-taking behaviors to reduce an individual's or population's risk of experiencing sexual violence. Primary prevention interventions are more cost-effective as the individual does not experience sexual violence (Gordis, 2000). The recommendations would be a mix of secondary and primary prevention strategies.

At the individual level, there is the need to encourage educational programmes that provide adolescents and young adults with vocational training and educational support, or social development programmes to teach very young person social skills, anger management and conflict resolution, so as to

prevent violence later in life. This should be targeted at changing the beliefs and behaviours of individuals. Indeed, parents should endeavour to give their daughters education to the tertiary level. This would also ensure that women do not go into marriage at an early age, so as to reduce their chances of experiencing sexual violence. At the relationship level, there could be training on effective communication skills; there should also be mentoring programmes to match young persons with caring adults to prevent antisocial behaviour; and home visitation programmes.

At the community level efforts should be geared towards raising public awareness about violence, stimulating community action and providing care and support for victims. These could include media campaigns to target entire communities or educational campaigns for settings such as schools, workplaces and other institutions. Such programmes may be enhanced by appropriate training for health professionals to help them identify and respond better to different types of violence. At the community level also women should be encouraged to marry men who are not much older than they.

Prevention strategies at the societal level focus on cultural, social and economic factors related to violence, and include changes in legislation, policies and the larger social and cultural environment to reduce the risk of violence both in various settings as well as in entire communities.

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