

## **Gender based Violence in Nigeria: A Review of Attitude and Perceptions, Health Impact and Policy Implementation**

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### ***Abstract***

*Gender based violence (GBV) is a fundamental public health and human rights concern across the world. This article provides a systematic review of attitude and perception of GBV, health impact and policy implementation in Nigeria. Materials to be reviewed were selected based on search criteria which are relevant to the study at hand. Only 21 articles met the set criteria. Intimate partner violence (wife beating) and rape were the categories of violence being studied. Result showed that wife beating is widely justified in Nigeria by the women if they go out without telling him, being disrespectful, neglects the children and burns his food. The men also justified GBV as a means of earning respect as the women are the weaker sex. Rape is considered a crime but the perception of what constitutes rape is poor as marital rape and rape by boyfriends and man friends are not considered as rape. GBV has physical, mental and social health impact among the victims. Policy implementation of GBV is considered to be poor in Nigeria. Recommendations were made based on the findings made from review of the articles.*

**Keywords:** *Gender based violence, rape, intimate partner violence, attitude, perception, policies and policy implementation, Nigeria.*

### **Introduction**

#### **What is gender based violence**

Gender-based violence (GBV) is a term that describes any harmful act that is carried out against a person's will, and the act is based on socially attributed differences between males and females within the context of a specific society (Uwameiye and Iserameiya, 2013).

The United Nations (UN) in the convention on the elimination of all forms of discrimination against women defined gender based violence as any action that causes physical, sexual or psychological injury or suffering to women with the inclusion of acts of coercion (Bott et al, 2005).

GBV is rooted in gender inequality which is excused by the communities, laws and institutions hence it is not just a manifestation of gender inequality but an enforcement of GBV. Around the world, women are the major victims of GBV hence the term violence against women is used interchangeably with GBV as most gender-based violence is inflicted by men on women and girls. Although men and boys can be victims/survivors of some types of GBV For instance, men who have sex with men can become victims of physical or verbal attacks for violating the predominant concepts of masculinity. Men can also suffer violence in the family – by partners or children (Bloom, 2008).

## Forms of gender based violence



- **Physical violence:** Physical abuse may include spitting, scratching, biting, grabbing, shaking, shoving, pushing, restraining, throwing, twisting, slapping (with open or closed hand), punching, choking, burning, and/or use of weapons (e.g., household objects, knives, guns) against the victim. The physical assaults may or may not cause injuries.
- **Sexual violence:** This is the sexual violation of an individual by an individual or a group of people. Generally sexual violence occurs mainly at home but could also occur in other settings. The perpetrator is most often known by the abuser and could come from any strata of the society. Sexual violence include rape, forced marriage, female genital mutilation, prostitution, sexual harassment, forced pregnancy, forced abortion and forced sterilization (Ganley, 1998).
- **Psychological violence:** This includes threat to life, emotional violence, isolation and controlling victim's access to all the family resources: time, transportation, food, clothing, shelter, insurance, and money (Ganley, 1998).

## Levels of gender based violence

Gender based violence can also be perpetuated at three levels

- **Domestic violence:** This refers to a pattern of abusive acts perpetuated by an individual in a close relationship which occurs in multiple episodes during the relationship. This is the most prevalent form of gender based violence and it perpetuated by intimate male partners (Heise et al, 2002). Domestic violence takes the form of or a combination of physical assault, psychological, and sexual violence. Examples include battery, rape, female genital mutilation, name calling/degrading, and derogatory comments, isolation (Jekayinfa, 2002). Domestic violence is also known as intimate partner violence (Heise et al, 2002).
- **Community based violence:** Physical, sexual and psychological violence occurring within the general community include battery, rape, sexual assault, sexual harassment and intimidation in school or work, forced treatments and abusive medication, the exploitation and commercialization of women's bodies which is related to **increased** poverty that is mainly a result of unbridled economic liberalism.



- **State perpetuated GBV:** Physical, sexual and psychological violence are too often perpetrated or tolerated by states that priorities custom or tradition over the respect of fundamental freedom. In some countries, the rise of religious fundamentalism is extremely disturbing with regards women's right to their economic autonomy and their freedom of choice. The social exclusion of women is so great that it constitutes a new form of apartheid. Women are considered second class beings, of lesser value, deprived of their fundamental rights. Violence against women is also exercised as a weapon of war in situations of armed conflict. It has many forms including murder, rape, sexual slavery, hostage taking and forced pregnancy.

### **The research problem**

The 2013 National Demographic Health Survey indicates that 28% of women are experiencing GBV and it cuts across all socio-economic and cultural backgrounds. Forms of violence span from forced marriage to physical, mental and sexual assault. According to the UNFPA, the incidence of GBV is growing at an alarming rate in Nigeria especially in the North-Eastern Region due to the activities of insurgents. About 3 in 10 Nigerian women have experienced physical violence by the age of 15. There is a lot of silence on the issues of GBV both in the society and among victims. Hence the article seeks to search existing literatures to identify reported attitudes and perceptions of Nigerians towards GBV and health impact to the victims of GBV. It also seeks to know what policies are in place to reduce the growing trend of GBV and the level of implementation of these policies in Nigeria. Knowledge gained from this article would show new frontiers for research to help curb GBV in Nigeria.

### **Objectives**

To review literatures to assess attitude, perception and health impact of GBV in Nigeria and to review existing policies and level of implementation of GBV policies in Nigeria.

### **Methodology**

#### **Data sources and search procedure**

Materials on GBV in Nigeria which was published within the last 10 years from electronic databases such as Google Scholar, Medline and PubMed were searched in May 2016. The search followed a Boolean procedure which led to initial selection of materials based on the appearance of any of the search terms related to GBV, any of the search terms related to attitude, perception, health impact and any of the search terms related to policies and policy implementation. Full articles and abstracts of studies identified through the process stated above were reviewed to check if inclusion of the targeted search term had substance or is in tandem with the focus of the article. It was also determined if the articles sampling universe was sufficiently generalizable.

### **Inclusion and exclusion criteria**

The study followed the principles of a systematic review (Mulrow, 1994) in defining explicit inclusion criteria for studies considered during the review. Five core themes structured such inclusion criteria: GBV; attitude; perception; health impact; policies and policy implementation. For the purposes of this review, an article which addresses any of the five thematic areas was accepted. Articles of GBV that is not related to Nigeria i.e. participants from the study are not Nigerians or study was done in places other than Nigeria was excluded from the study. Articles that are published in languages other than English Language was also excluded from the review.

### **Basic findings**

The search for literatures on the internet for the attitude, perception, health impact and policy implementation of gender based violence in Nigeria yielded twenty-one (21) articles that met the criteria for the review. Two main categories of gender based violence were commonly studied: Intimate partner violence and community based violence. Eight (8) of the articles reviewed focused on attitude and perception of women to Intimate partner violence, two (2) articles focused on attitude and perception of men to Intimate partner violence although one out of the two articles looked at gender based violence generally. Four articles focused on the health impact of intimate partner violence and five (5) articles focused on the policy implementation of GBV.

Community based violence that was reviewed was rape and female genital mutilation and two of the articles focused on rape and one focused on female genital mutilation.

### **Study design**

Cross sectional studies was employed for fifteen (15) articles under review where structured questionnaires were used to assess the attitude and perception on gender based violence and health impact of GBV. Two of the articles employed focus group discussions and in depth interview to study attitude and perception on gender based violence and policy formulation and implementation of gender policy in a community respectively. One of the articles combined cross sectional study, focus group and in depth interview in the study of attitude and perception on gender based violence. Secondary literatures were also reviewed to assess implementation of gender policy in Nigeria since there was no other article that assesses policy implementation of GBV in Nigeria.

### **Sampling and response rate**

True random sampling that is generalizable to a larger population was achieved in only three of the studies identified through this review. In half of the studies, specific health centers, hospitals and towns were purposefully selected based on logistics, convenience or other unspecified reasons.

Majority of the articles did not report response rate while the ones that reported recorded a high response rate. This could be attributed to the researchers being a member of the places being studied.

### **Attitude and perception towards gender based violence**

The main findings on the attitude and perception of Nigerians from the six geopolitical zones of the country are outlined in Table 1. Most of the articles reviewed focused on Intimate partner violence particularly wife battery (only a few focused on GBV perpetuated among youths but restricted the study to students in the universities).

Despite these limitations, certain trend can be detected in relation to the attitude and perception of Nigerians to GBV. It is observed that gender based violence is perceived by the participants to occur in almost every home. It is observed that in every part of the country that gender based violence is justified for reasons such as going out without telling him, being disrespectful, arguing with him, refusing him sex, and burning food by a large percentage of women who participated in the study ranging from 42-62%. The men also justified GBV based on the same reason the women justified GBV. It is explained that wife beating

is the way to assert authority and make the women responsible as the women are the weaker sex and hence needs to be controlled. Unfortunately, the women in the studies reviewed also view themselves in the same light as the men's view. The Hausa ethnic group is more likely to justify GBV than any other ethnic group.

The women in the studies reviewed also have the attitude of not reporting the perpetrators of GBV to the police, a majority would rather keep it to themselves or report to close family, friends or to their religious leaders.

Majority of the articles reviewed on GBV among youths were among university students and rape was the major GBV of focus. The participants perceive rape to be a crime due to the dignity of the raped being violated, violation of the fundamental rights and exposing of the victim to unwanted pregnancy and HIV/AIDs. However forced sex by the boyfriend or man friend is not considered as rape. This could also be the reason why the participants of IPV do not recognize marital rape.

The women in the studies reviewed will not consider exiting a violent marriage because of the children, the belief that the perpetrator would change, the fear of being a burden to parents and the fear of being called a prostitute (Ilika, 2005; Fawole et al., 2005).

Study	Objectives	Methods	Findings
Antai and Antai (2009)	To investigate the predictors of women's attitudes toward intimate partner violence in the Niger Delta in comparison to the attitudes of women from other parts of Nigeria	Setting: Nigeria Demographic and Health Survey (DHS) was used in this study. Sample size: 3725 women from 7864 households. 771 from Niger Delta Instrumentation: Cross sectional study	47 percent of women in the Niger Delta would justify IPV for at least one of the given reasons, while 42 percent of the women in the rest of country would justify IPV for at least one of the reasons. Women in the Niger Delta would justify IPV after: going out without telling him (83%), neglecting the children (92%), arguing with him (89%), refusing to have sex with him (100%), and burning food 27%). The women in the rest of the country would justify IPV for reasons such as, going out without telling him (78%), neglecting the children (61%), arguing with him (49%), refusing to have sex with him (40%), and burning food (19%).
Ameh N. and Abdul M. A. (2004)	to document the prevalence, knowledge and perception of domestic violence (DV) amongst pregnant women	Setting: Antenatal clinic Ahmadu Bello University. Sample size: 270 pregnant women were randomly selected but 178 women participated in the survey. Instrumentation: Cross sectional study	On their view about domestic violence, 87 (48.9%) felt it was excusable under certain circumstance while 26 (14.6%) felt it is always excusable. if they experienced domestic violence against them 64 (35.9%) would keep it secret, 49 (27.5%) would report to their family, 28 (15.7%) would report to the doctor, while others would report to the in-laws, police, clergy or tell a close friend.
DE Antai, JB Antai, (2008)	To investigate the determinants of attitudes toward IPV among rural women in Nigeria.	Setting: Rural setting Sample size: 3911 women in 200 rural areas in 6 geopolitical zones	In total, 42% of the rural women justified IPV after: going out without telling him (63%), neglecting the

		<p>of the country were used for the study Instrumentation: Cross sectional study</p>	<p>children (57%), arguing with him (51%), refusing to have sex with him (48%), and burning food 39%).</p>
<p>Ilika A.L. et al (2002)</p>	<p>To assess the prevalence and characteristics of intimate partner violence among women of childbearing age in a primary health centre.</p>	<p>Setting: Nnamdi Azikiwe University Teaching Hospital Primary Health Centre at Neni. Sample size: All the women of childbearing age who attended antenatal clinic and infant welfare clinic each day were given numbers. This formed the sampling frame from where every third woman was chosen, such that 8–10 persons were recruited during a clinic day until all the 300 women were recruited. Instrumentation: Cross sectional study</p>	<p>Abused women most times reported to family members. A statistically significant number of women reported to their husband's family (p &lt;0.05). Forty seven per cent reported to their husband's family, 9.4% to their own family, 37.8% to both families, and 7.9% to their pastor or husband's friends. Only 1% reported to the Police.</p>
<p>Oyediran K.A, and Isugobani U.C (2003)</p>	<p>To examines women's perception of domestic violence against women under various scenarios.</p>	<p>Setting: Rural and Urban area in the 6 geopolitical zones of Nigeria. Sample size: the 2003 Nigeria Demographic and Health Survey (NDHS) was used to calculate the sample size. 7,620 were in the reproductive age group (15–49 years), either married or never married. Instrumentation: Cross sectional study</p>	<p>62.4% of the respondents justified IPV after: one half of the respondents justified beating after going out without telling him, 48.5% for neglecting the children, 42.9% for arguing with him, 36.7% for refusing to have sex with him, and 30% burning food. The results show that respondents of the Hausa/Fulani ethnic group and other northern minority ethnic groups were more supportive of wife beating than their counterparts of Igbo or Yoruba origin and southern minority ethnic groups. For instance, about 80% of Hausa/Fulani respondents</p>

Fawole et al (2005)	To document the prevalence, factors associated with, and justification for partner abuse among public workers in the Oyo State civil service.	Setting: Urban Area in Ibadan Sample size: a total of 431 respondents were interviewed; 196 from primary and secondary schools, 157 were from the ministries, 45 from parastatals and 33 from tertiary institutions. The participants were majorly from the Yoruba ethnic group. Instrumentation: Cross sectional study	<p>affirmed that a husband is justified for beating his wife, compared to 36.3% among Igbo women.</p> <p>Female respondents were found to justify violence more than the males. 17.5% of those who felt beating is justified because a wife was disrespectful were men, compared with 82.5% of the women. 34.5% of the male respondents, compared to 65.5% of the females, felt beating is justified if meals were late.</p> <p>Younger respondents (&lt; 36 years) had significantly (<math>p &lt; 0.05</math>) worse attitude to all the statements justifying violence. Civil servants with higher education had better attitudes than those with lower education.</p> <p>Consideration for the welfare of the children was</p> <p>The main concern of both male and female respondents (33%) and hoping that partner would change was stated by 29% and 28% respectively as reasons for remaining in abusive relationship.</p> <p>Violence avoidance mechanism included keeping quiet (46%) and moving away (29%). Major sources of succor or redress to women in abusive relationships were parents/relatives (34.1%) and friends (40.9%).</p>
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<p>Ilika A.L (2005)</p>	<p>To ascertain women's perception of partner violence in a rural Igbo community in Nigeria.</p>	<p>Setting: Ozubulu LGA (Rural Community)                  Sample size: Ten focus group discussions and 25 in-depth interviews were held with women selected from the groups to represent women leaders, victims of partner violence and levels of education.                  Instrumentation: Qualitative study</p>	<p>Suggestions by respondents on how to stop partner abuse included imposition of fines or jailing of offenders (8.3%) and public enlightenment (76.3%),</p>
<p>Women between 36-40 years believe that there is virtually no family where the husband never beat or scolded his wife. In fact, within the first years of marriage, it is fighting and wrestling.                  Women between 41-51 years justified wife battery if the woman is disobedient, exchanged words with husband, refuse sex or does anything wrong because it is a corrective and training measure. After all if he hits her hard he would pay the bills. The women did not agree that there could be rape within marriage.                  Cases of violence should be reported to family members, husband's friends, pastors and other religious leaders. Victims can report to health care providers only if they have serious injuries that warrant seeing a health care-giver. They did not consider it right to report to the police.                  Exiting a violent marriage is difficult because children are involved, she becomes a burden to her parents and if she empowers herself she is seen as a prostitute. The custom sees a man as woman's pride.</p>			

<p>Iliasu Z. et al (2011)</p>	<p>to determine the prevalence of GBV and its subtypes, perpetrators and predictors of its occurrence among female students of Bayero University in Kano,</p>	<p>Settings: Bayero University Kano          Sample size: A sample size of 300 students was obtained using the hypothesis testing method and based on prevalence numbers from a previous study          Instrumentation: Cross sectional studies</p>	<p>About half (n=146, 50.2%) of respondents attributed GBV to immodest dressing; more than a third (n=112, 38.5%) attributed it to exchanges for academic and financial favors. Other respondents (n=13, 4.4%) said it was due to alcohol and substance abuse. The rest (n=20, 6.9%) attributed GBV to being tardy to class and late submission of assignments          Regarding means of prevention, nearly half (n=143, 49.1%) of the respondents considered creating awareness among students as a major step in preventing GBV. Others suggested the enactment of laws (n=108, 37.1%); creating awareness among members of the community (n=130, 44.7%) and strengthening clubs and associations (n=23, 7.9%).</p>
<p>Oshiname FO et al (2013)</p>	<p>to assess the knowledge and perceptions of date rape among female undergraduate students of the University of Ibadan, Nigeria.</p>	<p>Setting: University of Ibadan          Sample size: The interviewed study participants were 651. However it is the 610 copies of the questionnaire with valid and consistent responses that were used for the study.          Instrumentation: Cross sectional study</p>	<p>Majority (66.9%) of the participants had perceptions supportive of date rape. More than a quarter (28.4%) of the participants opined that date rape is a risk any lady who is dating a man or boy should expect. (9.7%) were of the opinion that “forced sex” is classified as rape only when the perpetrator is not one’s boyfriend or man-friend. (22.0%) participants were of the perception that getting raped by a dating partner</p>

<p>Elegeleye O.S (2006)</p>	<p>To investigate what the people, particularly, those that populate the university environment, perceive of rape.</p>	<p>Setting: 3 Universities in Nigeria. Sample size: 1500 participants were randomly administered questionnaires on stratified convenience participants in three Nigerian Universities in the western, northern and Eastern geographical zones of the country. Instrumentation: Cross sectional study</p>	<p>is not as serious as being raped by a stranger. The view of 65.3% of the participants was that the stigma that follows the reporting of a case of date rape is worse than the rape itself. Ladies who wear seductive dresses, who demand material things from men without giving sex in return and women who love parties are perceived as people who are the risk of being raped.</p>
<p>Adika et al; (2013)</p>	<p>To study the knowledge and attitude of men towards gender violence against women in Amarata community of Bayelsa State.</p>	<p>Setting: Amarata community Sample size: 200 men aged 25-55 years from an estimate of 1000 men that were engaged for study Instrumentation: Cross sectional study</p>	<p>Participants significantly agree (52.8% SA, 32.2 A) that rape is considered a crime first because the victim essentially suffers personal indignities, second, (35.5% A, 30.7% SA) that rape is a crime as it does not allow the victim any exercise of fundamental human right in the matter, and third (29.5% A, 36.3% SA) that rape is a crime essentially because it does often lead to unwanted pregnancy and the risk of contracting HIV/AIDS by the victim.</p>
			<p>54% preferred men over women in positions of leadership, while 46% indicated no preference of men over women in leadership position. 44% of respondents, said yes and 56%, who said no to equal sex rights between men and women. On why GBV is practiced 30% of the respondents gave the reason that women are the weaker sex and so</p>

<p>Fawole OL and Salawu TA (2010)</p>	<p>To assess men's perception of IPV in Ibadan.</p>	<p>Setting: six urban communities in Ibadan          Sample size: 820 married men from six urban communities in Ibadan was done using interviewer administered questionnaire. Four focus group discussions were conducted.          Instrumentation: cross sectional study and Qualitative study.</p>	<p>must be controlled. For 11% of the respondents, the role of women in society is just to make the man happy, 34% said that women are not as men; also another 10% gave the reason that women do not deserve a self-worth as individuals and a further 15% gave the reason that women are being discriminated often just because our culture says so. 40% respondents said that the workplace is where gender violence is practiced against women, while 10% said the community social activities as where gender violence is practiced and 10% said that the community policy making process is where gender violence is practiced against women, 25% said family decision making process is where gender violence occur, and 15% said religious affiliations is where gender violence occur.</p>
			<p>“Being rude” (66.4%) and “insufficient care of the children” (54.3%) were common justifications for IPV. Motive of the abuse were “to make partner responsible” (60.3%) and “to obtain respect” (59.9%).</p>

## Health impact of gender based violence

The main findings on the health impact of GBV are illustrated in Table 2. Two of the articles focused on the physical health effect of GBV, one of the articles focused on the perception of the respondents on the health impact of GBV, one on the physical, mental and social health impact of rape on the victims and one of the articles on the mental health effect of gender based violence.

Most of the articles reviewed focused on the health impact of GBV self-reported by the respondents which could have been exaggerated as the objective assessment of the health impact of GBV could not be ascertained in the studies carried out. Despite the limitations observed it is clear that GBV has a negative health impact on the victims. The physical health effect of IPV is minimal compared to the mental health effect that resulted from IPV.

Studies on the common physical health effect of GBV in the six-geopolitical zone of the country show bruises (26%), injuries, sprains, dislocations or minor burns (12%), wounds, broken bones, broken teeth or other serious conditions (6%) and severe burns (6%) (Antai, 2011). The study carried out by Adebite and Anjuwon (2015) showed sprain, bruises and cuts 59.3%, Injury and broken bones 32.0%, Ear block 3.6%, Threatened abortion 1.1%, Bleeding from the nose 1.5%. IPV in pregnancy according to the perception of the respondents could lead to pregnancy complications such as abortion, premature labor and depression (Efetie and Salami, 2007).



The mental health impact of IPV reported by the respondents include depression (48.8%), fear and anxiety (31.0%) and suicidal ideation (11.3%) which is far more a serious condition than the physical health impact of GBV (Fatusi and Alatise, 2006). The social health impact of IPV is shame the result of the in depth interview by Ilika 2005, He beat me mercilessly and all my face was bruised and battered. I could not go to the market for four days. In addition to the pain and discomfort, I could not stand the anguish and shame of responding to inquisitive neighbors.

The Physical health impact of rape include sexually transmitted infections 38% followed by unwanted pregnancy 27.5% and body injuries 13.6%.

The mental health impact (%). Post-Traumatic Stress Disorder (PTSD) accounted for the highest proportion (30.9%) of psychological effects, followed by depression (25.6%) and low self-esteem (11.6%). The social health impact includes stigmatization 23.2%, isolation 20.5% and poor social relationship 16.3% (Oshiname et al; 2013). The health seeking attitude by victims of GBV show that majority do not seek for help when violated (Adebite and Anjuwon, 2015).



**Table 2.** Summary of health impact of GBV

<b>Study</b>	<b>Objective</b>	<b>Methods</b>	<b>Findings</b>
Antai D, (2011)	To assess the association between IPV and traumatic physical health consequences on women in Nigeria,	Setting: 6 Geopolitical zone Sampling: Cross-sectional data from the 2008 Nigeria Demographic and Health Survey (DHS) was used in this study. 4162 women out of 23,752 women have suffered IPV and participated in the study. Instrumentation: Cross sectional study	Bruises were the most common consequences (26%, n = 904) of IPV, followed by injuries, sprains, dislocations or minor burns (12%, n = 414), and less frequent were wounds, broken bones, broken teeth or other serious conditions (6%, n = 218), and severe burns (6%, n = 214).
Adegbite O.B and Ajuwon A.J (2015)	To determine the extent to which married women had experienced physical, sexual, psychological and economic forms of violence by their intimate partners	Setting: Alimosho Local Government Area (LGA) of Lagos State. Sampling: A sample of 606 women was selected from the eight health districts using stratified random sampling. Instrumentation: Cross sectional study	Outcome of physical violence reported by respondents include sprain, bruises and cuts 59.3%, Injury and broken bones 32.0%, Ear block 3.6%, Threatened abortion 1.1%, Bleeding from the nose 1.5%. Out of the 278 respondents who reported physical violence experiences, about two third 166 (59.6%) did not seek help, 40.4% did. For sexual violence, one hundred and ninety five (61.9%) of the women sought no help after being victimized while 38.1% did. Out of 427 women who experienced psychological violence, 292 (68.4%) sought no help
Oshiname et al, (2013)	To assess the knowledge and perceptions of date rape among	Setting: University of Ibadan Sample size: The interviewed study participants were 651.	The respondents know that the health effect of rape include sexually transmitted infections which

	female undergraduate students of the University of Ibadan, Nigeria.	However it is the 610 copies of the questionnaire with valid and consistent responses that were used for the study. Instrumentation: Cross sectional study	constituted the highest proportion (38.0) of the physical effects of date rape, followed by unwanted pregnancy (27.5%) and body injuries (13.6%). Post-Traumatic Stress Disorder (PTSD) accounted for the highest proportion (30.9%) of psychological effects, followed by depression (25.6%) and low self-esteem (11.6%). Stigmatization (23.2%) topped the list of the mentioned social effects of date rape followed by isolation (20.5%) and poor social relationships (16.3%).
Efetie ER and Salami HA (2007)	To assess the prevalence and health effect on pregnant women in Abuja Nigeria	Setting: Abuja Nigeria	37.4% of women had experienced domestic violence of which 21.2% required medical treatment as a result of DV. The respondents were aware of the pregnancy complications such as abortion, premature labor and depression
Fatusi AO and Alatise OI (2006)		Setting: Ile Ife Nigeria Sample size: random sampling out of which 323 respondents were selected Instrumentation: Cross sectional study	Self-reported effects of IPV by victims include depression (48.8%), fear and anxiety (31.0%) and suicidal ideation (11.3%)



### **Policy implementation of gender based violence**

The main on policy implementation of GBV in Nigeria is illustrated in Table 3. Only one study was able to evaluate policy implementation of GBV the other study aimed to identify factors that hinders policies against GBV. The study by Ilika and Ilika 2005 demonstrated how policies on GBV is developed and implemented. Although some forms of GBV was eliminated such as not bathing and ritual bathing, drinking of washings from the corpse, most of the GBV were still enforced for a shorter period and practices such as the widow losing her lands due to lack of sons were not abolished in the study. The practices that were abolished have a tendency of being reinstated due to the fact that there were no sanctions in place to serve as a deterrent.

**Table 3.** Summary of policy implementation of GBV in nigeria

<b>Study</b>	<b>Objective</b>	<b>Method</b>	<b>Findings</b>
Ilika AL and Ilika UR (2005)	To report the activities and outcome of a Christian women group initiative to eliminate dehumanizing widowhood practices.	<p>Setting: Ozubulu community Anambra State.</p> <p>Sample size: Thirty in-depth interviews of the officers of the CWO at various levels, twenty five in-depth interviews of widows and ten in-depth interviews of women elders were conducted. Fifteen informal group discussions were also recorded.</p> <p>Instrumentation: qualitative study</p>	<p>Dehumanizing widowhood rites and practices were identified in the community. They include Drinking washings from husband’s corpse to exonerate wife from accusations of killing her husband; Crawling over husband’s corpse for the same purpose of exoneration; Not bathing for one month and sitting on the bare floor during mourning; crying aloud to the hearing of the villagers all night for one month as a sign of mourning; Restriction of women’s movement throughout one year of mourning; Loss of inheritance if she has no male child; Imposed fasting on the day of husband’s burial and punitive punishment by women groups for refusal of widow to shave her head; forced marriage by close relatives at the end of the mourning period. The attitude and perception that promotes perpetration of GBV among widows such as prejudices of the enforcers on the windows, and superstitious beliefs that promotes GBV.</p> <p>The following resolutions were made to eliminate GBV they include: Reduction of mourning period to six months; reduction of</p>

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## Discussion

The data set presented in this review is limited; this shows that there is a lot of room for more studies on gender based violence in Nigeria. Despite these limitations it is clear that women are at the greatest risk for violence when they are in their own homes and suggest that GBV programs need to develop innovative strategies for reaching out to victims who suffer GBV in their own homes.

Though most of the women felt that domestic violence is not excusable; the fact that some felt it can be excused under certain conditions or always is rather disturbing. It is equally disturbing that although rape is considered a crime some can justify rape by spouse boyfriends and man friends. Possible theoretical explanations for these acceptance attitudes could include the cognitive dissonance theory, which refers to the distressing mental state in which individuals feel "they find themselves doing things that don't fit with what they know, or having opinions that do not fit with other opinions they hold (Festinger, 1959). These women find themselves trapped in an environment of conflict, and as such, tend to cope with, and make sense of their experiences by accepting violence toward them in certain circumstances. Another plausible explanation for the women's attitude of justifying GBV could be the ecological theory, which is based on multiple, interconnected elements of individuals, communities, institutions, and cultures, and suggests that an individual's behavior is shaped not only by his/her upbringing, but by current contextual factors such as the batterer, reactions he/she receives from those around him/her, and the resources available to him/her. Hence there is need for much work in knowledge improvement to be done to correct this perception. This would be beneficial in reducing the health impact of GBV.

Nigeria, after several decades of ratification of CEDWA, has failed to domesticate the international instrument as part of her municipal law. This regrettably has seriously slowed down the pace of women emancipation in Nigeria. Nigeria is made up many ethnic groups and each ethnic group, operates a peculiar customary law. Most of Nigerian customary laws, especially Igbo customary law are fraught with a legion of gender discriminatory practices. Igbo customary law which operates in South East Nigeria for instance, permits forced/child marriage; wife/girl child disinheritance; polygamy; denies women custodial and maintenance rights, encourages harmful widowhood practices and female genital mutilation (Emakhu, 2013). The Nigerian constitution also legalizes rape gives minimum sentence if assault is perpetuated on a female and legalizes women chastisement. This shows that GBV is being paid lip service hence the reason only one study on the implementation of GBV policy could be found during the search. Despite the limitation, the study by Ilika and ilika 2005 showed that successes can be achieved if community participation is ensured during agenda setting, policy development and policy implementation. Stakeholder analysis was key to the successes achieved in eliminating GBV; this ensured that all anticipated issues were rectified.

## Conclusion

The review has highlighted that there is need for more studies to be done on Gender based violence especially in other forms of GBV. There is also a need for more objective studies on the physical mental and social health impact on gender based violence. Presently in Nigeria, Ebonyi, Jigawa, Cross-Rivers and Lagos states have enacted domestic violence laws. Enugu, Edo, Bayelsa, Delta, Cross-Rivers and Ogun States have also passed laws against female genital mutilation, hence there is a need to evaluate implementation of these laws in this states.

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