

Perception of Women on Sexual and Gender Based Violence in Nsukka, Enugu State

¹Oliver Ifeanyi Eya, ²Adaoga B. Obuna, ³Grace Obiageli Odinye & ⁴Christy Obi-Keguna

^{1&4}Department of Social Work, University of Nigeria, Nsukka

²Therapeutic Day Care Centre, Enugu.

³Department of Health and Physical Education, ESUT

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Abstract

Sexual and gender issues have been a problem in Africa and in Nigeria in particular where females were considered less important than their male counterparts in their families, cooperatives, businesses, academic matters among others. Gender-Based Violence (GBV) is deeply rooted in many cultural and traditional values. It is regarded as a normal attitude, remains hidden and tacitly condoned. It has devastating health impacts on the women, as women are mostly controlled and dominated by their partners in a relationship and must never complain of sexual harassment and in the case of childlessness; the woman must accept it as her fault. This study was located in Nsukka Local Government area of Enugu State. A cross sectional survey of 200 study participants was conducted. The instruments used for data collection were structured 194 questionnaire and 6 in-depth interview guide. The data was analyzed using Statistical Package for Social Sciences (SPSS), frequency distribution tables and chi-square (χ^2) for hypotheses. The findings from the study stated that sexual/psychological, physical violence and preference of male child are the major forms of GBV in Nsukka, Enugu State. Majority of the respondents (55.7%) indicated that Spiritual manipulation and illiteracy/ignorance are the major causes of GBV. The study also concluded and recommended that mass sensitization/awareness, empowerment, advocacy by social workers, through domestication of the Convention to Eliminate All Forms of Discrimination against Women (CEDAW), will help curb GBV as indicated by 42.7% of the respondents.

Keywords: Gender, Gender-based violence, Nsukka, Perception, Rural Area, Violence, Women.

Corresponding Author: Christy Obi-Keguna

Background to the Study

Gender-based violence (GBV) is a serious public health problem affecting mostly women, though the scourge is particularly difficult to eradicate in Africa, where an unhealthy mix of tradition, inequality and even ignorance conspires against women (Uwameiye and Iserameiya, 2013). GBV has to do with any harm that is perpetrated against a person's will; that has a negative impact on the physical or psychological health, development, and identity of the person (Odimegu, Okemgbo and Ayila, 2010). Gender based violence is a huge public health problem and a long time concern in many African and International communities. Gender based violence is not a new problem (Organization for Economic Cooperation and Development (OECD), 2013). GBV is deeply rooted in many cultural and traditional values. It is regarded as a normal attitude or remains hidden or tacitly condoned (Nnadi, 2012). It has devastating health impacts on the women, as women are mostly controlled and dominated by their partners in a relationship and must never complain of sexual harassment and in the case of childlessness; the woman must accept it as her fault. GBV is practiced against everyone but it affects mainly women and girls and is carried out in all settings including work places, schools, families and communities.

In Nigeria, women perceive GBV as wife assault and battery, rape, Female Genital cutting (mutilation), male preference of male over female child and marginalization in politics. Wife assault and battery refers to situations where husbands physically assaults or beat up their wives and in the process inflict on them bodily injuries and emotional trauma. Most people believe that wife beating is a means of exercising the men's authority or as a control measure over his wife (Odimegwu, 2001). Reports reveal that the level of wife battery is shockingly high despite the fact that there is gross under reporting and improper documentation of this form of violence against women. Rape is another form of gender based violence which is described as the forceful act of carnal knowledge of a woman or girl by a man against her consent (Uzuegbu, 2011). The women's rights group, "*People Opposing Women Abuse (POWA)*" defines rape as 'any forced or coerced genital contact or sexual penetration'. The physical act of rape - forced sex, typically without a condom or any protection, sometimes causing genital injury and bleeding - may directly lead to a girl or woman contracting HIV. If a woman is attacked by multiple assailants (gang raped), her chances of acquiring HIV will, of course, also be multiplied. One of the most worrisome dimensions of rape against women in Nigeria has to do with the involvement of security personnel's, who are supposed to protect the lives and properties of the citizens. Some instances where security forces sexually abused women and young girls in Nigeria as enunciated by Uzuegbu (2011) include the following:

- i. Raping of women by soldiers during the inversion of Odi in Bayelsa State in 1999.
- ii. The rape of women at Ugborodo Delta State by security forces in 2002.
- iii. The rape of women and young girls by the joint military task force known as "Operation Restore Hope" Bayelsa State in February 2005.

The rape of two young undergraduate girls of Enugu State University of Technology (ESUTH) aged 17 and 18 years by three police officers led by a police superintendent. Female genital cutting is a traditional practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons (Mohammed, Ali and Yinger; 1999).

Female Genital cutting according to Population Reference Bureau, (2000) is practiced in 28 African countries and in about 20 Middle Eastern and Asian nations. Despite the constitutional provision against torture and human dignity, female genital cutting is widespread among various cultures in Nigeria. According to Chukwu (2006) female Genital cutting is an unnecessary gruesome and crude surgery that involves partial or total removal of the external organs of women as a prerequisite to earn respect and recognition. In the area of male preference, most African cultures and beyond have the belief that male children are better than female children. This stems from their belief that male child makes a turning point in the family and is usually accompanied with an elaborate celebration. Women who have male children see themselves as having secured their places in the families. This is unlike those who have no male child. They face all sorts of humiliation from the family members which in most cases led them to seek for assistance from unspeakable quarters. The preferential treatment given to male children in their family goes a long way informing their opinions and attitudes towards their sisters and women in general. Some of these advantages denied the females right to formal education, denial of eating certain foods, subjection to all kinds of family chores and so on. Marginalization in politics and leadership is very obvious in Nigeria. Women's participation in Nigeria politics is generally low when compared to that of men. Though women constitute approximately half of the country's population, they still find it difficult to break into the mainstream of political participation due to reasons which according to Uzuegbu (2011) includes high illiteracy level, lack of fund, electoral violence, religion and social barriers.

The causes of gender-based violence are many and varied depending on the types of violence. Bitangaro (1999), had summarized the causes of violence against women as being deeply rooted in the way society is set up-cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance. Studies reveal that the causes of gender based violence are complex and certainly multi-factorial; nonetheless any explanation must be seen against a background of gender inequality where the victims are most frequently the women and the structure of the society act to conform to this inequality (Abam and Kwaja, 2009; Okoreafor, 2010). The prevalence of gender based violence is dependent upon the type of social and cultural rules and values held by a given society. Some of the factors that contribute to gender based violence include: cultural acceptability of GBV, patriarchal nature of Nigeria society, inadequate laws and system of enforcement, lack of awareness of existing laws and policies.

Women perceive gender based violence as hindering their empowerment like taking control of their lives, setting their own agendas, gaining skills, building self-confidence, solving problems, developing self-reliance and so on. Outsiders cannot empower women: only women can empower themselves to make choices or speak out on their own behalf. Gender based violence seriously affects all aspects of women's health- physical, sexual and reproductive, mental and behavioural health. Health consequences of GBV can be both, immediate and acute as well as long lasting and chronic; indeed, negative health consequences may persist long after the violence has stopped. The more severe the level of violence, the greater the impact will be on women's health. Furthermore, exposure to more

than one type of violence (e.g. physical and sexual) and/or multiple incidents of violence over time tends to lead to more severe health consequences (WHO 2002; Johnson and Leone, 2005). Women also perceive gender based violence as a threat that can result in women's deaths. Fatal outcomes may be the immediate result of a woman being killed by the perpetrator, or in the long-term, as a consequence of other adverse health outcomes. For example, mental health problems resulting from trauma can lead to suicide, or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. HIV infection as a result of sexual violence can cause AIDS and ultimately lead to death (Heise 1999; WHO 2013). They also perceive violence as occurring during any phase of women and girl's lives because many women experience multiple episodes of violence that may start in the prenatal period and continue through childhood to adulthood and old age. Women also feels that in the global synthesis of lifetime prevalence data on intimate partner violence reveals high prevalence rates among young women, indicating that violence starts early in women's relationships.

Gender bases violence is very difficult to tackle in Nigeria; this is because our ethnic groups, cultures and traditions tend to ignore its implication in the society. In fact, it does not appear that even with the establishment of social welfare unit in most Local Government nationwide, there are still increasing cases of violence which have posed such increased problems that helping professionals do not find it easy to put together practical programmes that can check effectively the rate of the violence. This very aspect is complicated by absence of appropriate legislation on this matter. The study proposed here, is therefore designed to study the problem of GBV in Nsukka LGA of Enugu State with special focus on the perception of women in the LGA on this issue.

This brings us to the need for professional help based on the fact that GBV is a serious social challenge that social workers have to deal with on a daily basis. Social workers are committed to help vulnerable populations, which include the victims of GBV. By law, social workers are mandated to report suspected abuse and neglect of children, women and elderly adults. By their professional code of ethics, they are responsible for being knowledgeable on various aspects of gender based violence, thus enabling them to help victims and their abusers (McClennen, 2010). It therefore expected from the social worker to take positive leadership roles, establish linkages with shelter workers to develop more case coordination, increase their knowledge of the correlates and dynamics of family violence, develop resources and support networks, and provide advocacy for women (Kanuha, 1998).

Many intriguing studies have been conducted over the last thirty years that have explored different aspects of knowledge of women about GBV, awareness of GBV, prevalence of GBV, factors that contribute to gender based violence among others in Nigeria (Nnadi, 2013; Odimegwo, Okemgbo and Ayila, 2010; Abama, and Kwaja, 2009; Ezeilo, and Ohia, 2006; Madu, 2007). Nevertheless, none of these studies addressed the perception of women about gender based violence in Nsukka local government area of Enugu State. The hypotheses were formulated thus;

1. Women who reside in rural areas are likely to experience gender based violence than those who reside in urban areas.

2. Educated women are more likely to understand gender based violence than the uneducated women.

Theoretical framework

Having considered all the relevant theories in explaining gender based violence in our society, the feminist theory which was propounded by Solomon de Beauvoir (1949) was chosen because it has the common purpose of ending gender based violence. It centres on the implications of male hierarchical structure of the society. Its sustainability for the study lies on the fact that gender based violence is a product, an offshoot of gender-imbalance. Besides, in all the contemporary Nigeria society that is characterized by male-dominance, men viewing themselves as superior to women, feel very free to treat them as they like. Feminist theory deals with the structural causes of violence and addresses their problems by alerting at all possible levels. It addresses social divisions and structural inequality to provide a more appropriate and sensitive services by responding to women's need regardless of their social status. It is concerned with equal access and opportunity for women. The objectives of feminist theory are to address and draw public attention on the issue of gender based violence as well as seek and recommend measures to prevent and eliminate violence in a holistic manner.

Method

Study area

This study was conducted in a patriarchal area called Nsukka local government area of Enugu State which is located in South-east region of Nigeria. Nsukka has prominent federal university which is the first indigenous university in Nigeria (University of Nigeria, Nsukka). The influx of students from different part of the country has also contributed to the population diversity in the areas, since some of them stay back to work after graduation and settle down. Also the area has a big market called Ogege market that brings people from different regions to ply their trades.

It is located at the northern part of Enugu state in the Udi Hills between the latitude 60.25 East and 70.25 West of the equator. Nsukka Local Government Area is the centre of Enugu north senatorial zone which is bounded by other local government areas such as Udenu L.G.A. in the West, Igbo-Etiti L.G.A. in the south by Igbo-Eze north and south respectively. Specifically, it comprises of many communities namely: Opi, Edeoballa, Nru, Edem, Edemani, Okpuje, Iheneowerri, Lejja, Isiakpu, Iha-Lumona, Eha-ndiagu, Ibagwa-ani, Ibagwa-aka, Obukpa, Alor-uno, Nguru, Obimo and Nsukka town. Nsukka Town houses the site of the renowned University of Nigeria, Nsukka (UNN). Moreover, Nsukka has an area of 1,810 square kilometres. Nsukka has a climate condition below 2400C of temperature during the rainy season and above 2700c of temperature during the dry season. It is also characterized by rocky hills topography.

Study population

Nsukka local government area has a population of 309,633 (National Population Census (NPC), 2006). However, out of the total population of 309,633 people, 160,392 are female while the remaining 149,241 are male. About 80% of women between the age range of 18

years and above constitute the population because they are the ones that experience Gender Based Violence more in the society. The sample size was drawn from the total population of 309,633; a sample size of 200 (two hundred respondents) was drawn and all were females aged 18 years and above.

Procedure/Instrument

The sampling technique adopted was systematic random sampling. Using the recent 2006 census house numbering, every 5th household was selected, i.e. 5, 10, 15, 20, 25, 30, 35, 40 etc and two respondents were purposively selected from each household in each village. A total of 40 respondents were systemically selected from each village making 200 respondents from the whole Local Government Area. Two hundred (200) questionnaires were distributed to the communities which include: Opi, Edeoballa, Edem, Nsukka town and Obukpa. The communities were made up of urban and rural areas which are heterogeneous and homogenous populations. A uniform set of structured questionnaire was designed by the researcher using the research questions and hypotheses to draw on the perception of women about gender based violence and In-depth interview guide was also employed to support or oppose the findings from the questionnaire in Nsukka Local Government Area of Enugu State. The questionnaire covered the respondent's demographic characteristics, background, women perception of gender based violence, causes of gender based violence and the problems it poses to its victims among others. The data was computed, processed and analyzed with Statistical Package for the Social Sciences (SPSS) packages. Descriptive statistics such as percentage and frequency distribution table were used to analyze the data. Furthermore, the two hypotheses were tested using chi-square χ^2 statistics tested at 0.05 level of significant.

Results

A total of 200 questionnaires were administered to the respondents for the study. However, 8 questionnaires were not returned. Therefore, the data presentation and analysis was based on the 192 questionnaires that were collected. This is therefore considered appropriate for making generalization since there is a return rate of 92%.

On section of demographic features, distribution of the respondents by age. Out of a total of 192 respondents, the highest proportion of the respondents were aged 18-27 years (28.1%), followed by those aged 28-37 years (22.9%), 38-47 years (18.2%), 58 years and above (15.6%) and 48-57 years (15.1%). This showed that majority of the respondents were within the age range of 18-27 years. Therefore, this age distribution is expected to facilitate accurate information from the respondents on the research issue. Distribution of respondents by marital status. Out of a total of 192 respondents, the distributions revealed that highest proportion of the respondents were married (40.6%), followed by those that were widowed (30.7%), followed by those that were single (12.0%), followed by those that were divorced (9.4%) and lastly those that were separated (7.3%). This marital status distribution reflects the higher number of married women in Nsukka L.G.A of Enugu State. Data on distribution of respondents by marital status. Out of a total of 192 respondents, the distributions revealed that highest proportion of the respondents had WAEC/NECO (22.9%), followed by

HND/B.sc (21.4%), and then OND/NCE (20.3%), FSLC (12.0%), others specify (12.0%) which include: M.Sc. and Ph.D. and lastly no formal education (11.5%). This educational qualification distribution reflects the higher number of women who had WAEC/NECO in Nsukka L.G.A of Enugu State. Data on distribution of respondents by place of residence. Out of a total of 192 respondents, the distributions revealed that highest proportion of the respondents were from Nsukka town (20.8%), followed by Opi (20.3%) then Edeoballa (19.8%), Edem (19.8%) and lastly Obukpa (19.3%). The residence distribution reflects that the higher number of women were from Nsukka town in Nsukka L.G.A of Enugu State.

Table 1: Percentage distribution of the respondents on whether sexual and gender based violence exist

Responses	Frequency	Percentage
Yes	188	97.9
No	4	2.1
Total	192	100.0

The above table showed the percentage distribution of respondents on whether gender based violence exists. The responses showed that highest proportion of respondents (97.9%) answered Yes, followed by those who answered No (2.1%). The distribution is a reflection of high level of awareness of respondents on the research issue.

Table 2: Percentage distribution of the respondents on have you been a victim

Responses	Frequency	Percentage
Yes	174	90.6
No	18	9.4
Total	192	100.0

The above table showed the distribution of respondents on have you been a victim. The responses showed that (90.6%) of were victims of GBV while (9.4%) were not victims. The findings indicated that the highest proportion of respondents were victims of GBV.

Table 3: Percentage distribution of the respondents on cultural acceptance of GBV

Responses	Frequency	Percentage
Yes	120	62.5
No	72	37.5
Total	192	100.0

The above table showed the distribution of respondents on cultural acceptance of GBV. The responses showed that highest proportion of respondents (62.5%) answered Yes, followed by those who answered No (37.5%). The distribution is a reflection of high level of cultural acceptance of GBV.

Table 4: Percentage distribution of the respondents on what are the forms of GBV in your area

Responses	Frequency	Percentage
Rape	26	13.5
female genital mutilation/cutting(FGM)	33	17.2
preference of male child	80	41.7
harmful widowhood practices	8	4.2
wife assault/battery/beating	11	5.7
all of the above	34	17.7
Others specify	-	-
Total	192	100.0

The above table showed the distribution of respondents on what are the forms of GBV in your area. The responses shows that highest proportion of respondents (41.7%) said preference of male child (17.7%) indicated all of the above, (17.2%) female genital mutilation, (13.5%) said rape (5.7%) said wife assault/battery/beating and (4.2%)said harmful widowhood practices. The findings indicated that preference of male child is the major form of GBV in Nsukka L.G.A.

On the percentage distribution of respondents on consequences of these GBV in your community, the responses showed that highest proportion of respondents (41.1%) indicated all of the above, (19.3%) said that it hinders women's contribution to national development, (16.1%) traumatic experiences, (15.1%) said that I leads to psychological/mental health problems then lastly (8.3%) indicated that it violate women's human right. Therefore, the findings indicated that GBV can lead to the four consequences listed above.

Table 5: Percentage distribution of the respondent's contributory factors of these GBV

Responses	Frequency	Percentage
Poverty	10	5.2
illiteracy/ignorance	107	55.7
cultural acceptability of GBV	31	16.1
Alcohol	1	.5
inadequate laws and systems	3	1.6
all of the above	40	20.8
Others specify	-	-
Total	192	100.0

The above table showed the percentage distribution of respondents on contributory factors of these GBV. The responses showed that highest proportion of respondents (55.7%) indicated illiteracy/ignorance, (20.8%) indicated all of the above,(16.1%) cultural acceptability of GBV, (5.2%) said poverty (1.6%) indicated inadequate laws and systems, and lastly (.5%) alcohol. Therefore, the findings indicated that the contributory factors of these GBV were illiteracy/ignorance. On the percentage distribution of respondents on whether the abused women report their cases. The responses showed that (75.0%) of the respondents said No while (25.0%) said Yes. The findings indicated that the highest proportions of the abused do

not report. A female participant from the IDI supported this finding with the following statement that:

Most women don't report the issue of gender based violence because of fear of being labelled/tagged/stigmatized, fear of the reaction of the culprit, attitude of personnel of government agencies and financial constraints (Female civil servant, Obukpa Community).

Table 6: Percentage distribution of the respondents on how can effect of GBV be reduced

Responses	Frequency	Percentage
sensitization/awareness	36	18.8
Empowerment	25	13.0
Advocacy	17	8.9
through domestication of CEDAW	32	16.7
all of the above	82	42.7
Total	192	100.0

The above table showed the distribution of respondents on how effect of GBV be reduced. The responses showed that (42.7%) of the respondents indicated all of the above, (18.8%) said sensitization/awareness, (16.7%) indicated through domestication of CEDAW, (13.0%) indicated empowerment then lastly (8.9%) advocacy. The findings indicated that the highest proportions of the respondents were of the view that GBV can be reduced through four of the listed ways of reducing GBV. A female participant from the IDI did not support this finding with the following statement that:

It is only God who can help this nation to stop all forms of gender based violence such as rape, assaults or wife battery, exclusion in government or politics and circumcision. God answers all prayers, so the people that are affected should be able to pray well. Government can also help by making policies that protect women from all form of domestic violence and also implement the policies (Female civil servant, Nsukka Urban).

On the percentage distribution of respondents on the roles of helping professionals (Social Workers, Counsellors, etc.) in ameliorating the effects and the problems of GBV, the responses showed that (23.4%) indicated all of the above, (36.6%) said provision of counselling services, (17.5%) indicated advocacy, (18.3) said empowerment and lastly (4.2%) indicated provision of appropriate care. The findings indicated that the highest proportions of the respondents indicated provision of counselling services.

Test of Hypotheses

Hypothesis one: Women who reside in rural areas are likely to experience gender based violence than those who reside in urban areas.

Table 7: Residence and experience of gender based violence among women in Nsukka L.G.A of Enugu State

Place of residence	Victim of gender violence		Total
	Victim	No victim	
Urban	35(20.1)	5(27.8)	40(20.8)
Rural	139(79.9)	13(72.2)	152(79.2)
Total	174(100.0)	18(100.0)	192(100.0)

Chi-square(χ^2) = 581, df = 1, P = .310

The table above showed the test of hypothesis on the residence of respondents. Out of the total population of respondents 174 who were victims of gender based violence, 20.1% were residing in urban area and 79.9% were older. While out of 18 of the total population of respondents who indicated they were not victims of gender based violence 27.8% were residing in urban area and 72.2% were residing in rural area. To gain clarity on the data presented in the table, the chi square test of significance of relationship was employed and tested as is usually the case at 0.05 levels. The chi –square calculated value of 581, had a tabulated value of .310. This implies that there is no statistical significant relationship between the residence of respondents and a more likely experience of gender based violence. Therefore, we reject the hypothesis and accept the null hypothesis that women who reside in rural areas are not likely to experience gender based violence than those who reside in urban areas.

Hypothesis two: Educated women are more likely to understand gender based violence than the uneducated women.

Table 8: Education and the understanding of gender violence

Level of education	Victim of gender violence		Total
	Victim	No victim	
Lower education	88(50.6)	1(5.6)	89(46.4)
Higher education	86(49.4)	17(94.4)	103(53.6)
Total	174(100.0)	18(100.0)	192(100.0)

Chi-square (χ^2) = 13.295, df = 1, P = .000

The table above showed the test of hypothesis on the educational level of respondents. Out of the total population of respondents 174 who were victims of gender based violence, 50.6% had lower education and 49.4% had Higher education. While out of 18 of the total population of respondents who indicated they were not victims of gender based violence 5.6% had lower education while 94.4% had higher education. The chi-square (χ^2) calculated is 13.295, while the tabulated value is .000. The result of the test showed that the χ^2 value of 13.295 is highly significant at .000. This implies that the hypothesis is accepted. Hence we accept the hypothesis which states that there is a statistical significant relationship between the level of education of respondents and the experience of gender based violence.

Discussion

The study provided quantitative insights on the perception of women about gender based violence in Nsukka Local Government Area of Enugu State. Findings from the study shows that only women from 18years and above and from five villages in Nsukka Local Government Area of Enugu State namely: Nsukka town, Opi, Edeoballa, Edem and Obukpa were used in the study and the highest percentage of the respondents (28.1%) were within the age range of 18-37 years. It also showed that greater percentage of the respondents (22.9%) had WAEC/NECO. From the result gotten and the analysis made in respect to this study, it shows that Illiteracy/ignorance was the major factors that give rise to gender based violence in Nsukka Local Government Area of Enugu State. This disagrees with Abama, and Kwaja (2009), they stated that violence is related to poor economic conditions like poverty, unemployment, and underemployment and so on which results to financial insecurity and frustration. In an environment of wide spread chronic poverty, material concern tends to lead to an atmosphere of tension and general nervousness.

The findings also revealed that majority (41.1%) of the respondents indicated that all of the above (psychological/mental health problems, traumatic experiences, hinders women's contribution to national development, violate women's right) were the consequences of gender based violence. This is in line with the findings of (Heise 1999, WHO 2013), they wrote that HIV infection as a result of sexual violence can cause AIDS and ultimately lead to death. For example, mental health problems resulting from trauma can lead to suicide or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. According to Madu (2013), women in Nigeria are relegated to the background where they will be seen but not heard because the patriarchal nature of the society accord them subordinate position as they are seen as inferior to men in gender power relation. Thus women are relegated to the background in political, economic and social sectors of the economy.

The study also showed that the highest proportion of respondents (41.7%) indicated that the major form of GBV in Nsukka L.G.A. was preference of male child. The preferential treatment given to male children in their family goes a long way informing their opinions and attitudes towards their sisters and women in general. Some of these advantages denied the females right to formal education, denial of eating certain foods, subjection to all kinds of family chores and so on. It has devastating health impacts on the women, as women are mostly controlled and dominated by their partners in a relationship and must never complain of sexual harassment and in the case of childlessness; the woman must accept it as her fault, (Nnadi, 2012).

Finding also indicated that (17.7%) of respondents that making favourable policies was the major ways of curbing the menace or incidence of gender based violence. Violence against women prevention protection and prohibition Act 2002 is an act that did not support this finding there by stating that Nigerian law has not helped the cause against the elimination of gender based violence as only a few states have signed in the Act 2002. The Gender in Nigeria Report 2012 by British Council shows that only four states, Ebonyi, Jigawa, Cross Rivers and

Lagos States have signed this into law in a country that has 36 states. Also, an Act that prohibits Female Genital Mutilation (FGM) has only been passed into law by six states- Enugu, Bayelsa, Delta, Ogun, Edo and Cross Rivers states.

The test of research hypothesis one that women who reside in rural areas are likely to experience gender based violence than those who reside in urban areas was rejected based on conclusions from the research findings. This is contrary to the view of USAID (2014) that gender based violence is frequently invisible since it happens behind closed doors, and effectively, when legal systems and cultural norms do not treat as a crime, but rather as a "private" family matter, or a normal part of life. Also, Nnadi, (2012) asserts that GBV is deeply rooted in many cultural and traditional values. It is regarded a normal attitude or remains hidden or tacitly condoned. Shell and Henlud (2000), also support this finding because according to him, traditional practitioners who have no medical training, medically untrained perform the majority of female genital cutting.

Conclusion and Recommendation

The study was carried out to ascertain women's views on sexual and gender based violence. From this study, it can be said that gender based violence is an age long problem that has been existing in Nsukka L.G.A. of Enugu State which has to be addressed. It is an obstacle to peace, progress and a threat to the objective of equality; they appear as traditions, customs and religious practices that lower the status accorded to women. Their implications are likely to hinder women's participation in national development and in politics or leadership roles.

In order to reverse the negative trends of gender based violence and to improve the wellbeing of the women, to aid sustainable development in Nigeria, the researcher recommend that Nigeria government should make laws concerning gender based violence and they should also endeavour to review already made gender discriminatory laws that still exist on the pages of statutory books in order to demonstrate her total commitment to eradicate gender based violence. There is also need for enactment of gender based specific laws to curb violence against women. Our present laws on gender based issues have been criticized as grossly inadequate.

Also, obnoxious practices that impede the rights of women should be uprooted. Nigerian Government should collaborate with traditional rulers and other stakeholders to ensure that all harmful traditional practices which target only women are uprooted. This could be advanced through dialoguing with the traditional rulers who are custodian of our culture; they should be made outlaw all oppressive practices in their domain. Gender right activists should extend advocacy and enlightenment programs on gender rights violation to grassroots because it has been observed that most Nigerian women were been socialized from infancy into believing that gender based violence is cultural and therefore normal. Human right activists should ensure that those who violate human rights like rape are adequately prosecuted in order to teach others their lesson.

There is also need to encourage victims of gender based violence to speak up. This is necessary because most victims are either ashamed or afraid of disclosing what happened to them

because of government not responding to their complaint, fear of being hurt more by the abuser, fear of social stigma attached to such abuse like rape and so on. This should be championed by social workers, and those in-charges of social welfare agencies. Also, it is advocated that establishment of more gender violation monitoring agencies be established by the Nigerian governments especially at the grass root level like Nsukka Local Government Area of Enugu State for an effective monitoring and reporting of gender rights violators against female gender in Nigeria. More so, since rape is revealed to be the commonest form of gender based violence in Nsukka L.G.A. of Enugu State, this calls for serious intervention of security agencies and others involved in safeguarding the lives of citizens in Nsukka L.G.A.

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