



ORIGINAL ARTICLE

One-year prevalence of domestic violence against women during the COVID-19 pandemic in an urban community in Southern Nigeria

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Keywords

Prevalence;
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ABSTRACT

Background: Violence against women is a major public health challenge particularly in the developing countries. During the COVID-19 pandemic, varied rising incidence of domestic violence against women were reported. This study determined the one-year prevalence of domestic violence against women during the COVID-19 pandemic in an urban community in Southern Nigeria.

Methods: This descriptive cross-sectional study was conducted during the COVID-19 pandemic. Multistage sampling technique was utilized in recruiting 616 female respondents from an urban community in Benin City, Nigeria. Structured interviewer-administered questionnaire was the tool for data collection. The questionnaire was adapted from the 2018 Nigeria Demographic Health Survey and the 2006 World Health Organization multi-country survey tool. Data analysis was done using IBM-SPSS version 25.

Results: More than a third of the women 221 (35.9%) had been victims of domestic violence in the last one year of the COVID-19 pandemic. The types of domestic violence experienced by the women included: psychological 120 (54.3%), physical 68 (30.8%), sexual 38 (17.2%) and economic 36 (16.3%). Husbands 52 (76.5%) and boyfriends 39 (57.4%) of the victims were the most frequent perpetrators of physical violence.

Conclusion: The study revealed a high one-year prevalence of violence against women in the community during the COVID-19 pandemic. Psychological and physical violence were most prevalent and were perpetrated mainly by intimate partners of the women. The social media can be utilized routinely to educate the masses about violence against women. Also, men should be engaged in the prevention of domestic violence programmes through education workshops.

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INTRODUCTION

The widespread nature of domestic violence calls for a global action towards empowering its victims in

order to limit the incidence of this condition which is an obstacle to the achievement of equality and development. Significantly, one in every three women has experienced

domestic violence in one or more forms.¹ The global burden of violence against women (VAW) has been estimated to be between 22-33%, the higher prevalence is found in developing countries like Nigeria.¹ The true burden of VAW in sub-Saharan Africa and in Nigeria may quite exceed those that have been published or reported because the sources of data are usually deficient largely due to underreporting.²

There has been varied reports of rising incidence of domestic violence across the globe widely attributed to the Coronavirus Disease of 2019 (COVID-19) pandemic.³⁻⁵ The COVID-19 pandemic has brought closer interaction between spouses thus exposing vulnerable women to their domestic violence abusers. It has also imposed additional stressors on families which is one of the proximal factors responsible for VAW. In 2016, a descriptive cross-sectional study was done in Ilam, Iran among 334 married women. More than half, 62% of the women reported been victims of Intimate Partner Violence (IPV). In addition, 33.8% of the respondents had been physically violated, while 54.2% and 23.7% were psychologically and sexually violated respectively.⁶

Also, a multi-country study utilized secondary analysis of Demographic Health Survey (DHS) from 27 sub-Saharan African countries. Data was pooled from 43,143 women of reproductive age residing in urban areas. The study revealed a prevalence range of VAW of 10.8% in the Comoros to 56.3% in the Democratic Republic of Congo among the women studied.⁷ In Nigeria, the Demographic and Health Survey (NDHS) of 2018 revealed a high prevalence range of VAW between 17.0-78.8% with considerable regional variations. This makes VAW a major public health problem.⁸ Also, the prevalence of VAW among 10,678 ever married women aged 15-49 years was 36%, while the one-year prevalence rates of physical and sexual violence were 14% and 4%, respectively as stated in the NDHS 2018.⁹

Women are a vulnerable group and are exposed to all forms of violence especially from their male counterparts. The perpetrators of domestic violence according to the NDHS 2018 were mostly the husbands of the women 58%, their mothers/stepmothers 35% followed by their fathers/stepfathers 26% respectively.⁹ Another study which

obtained data from the Ethiopian DHS 2016, also showed that the perpetrators of VAW were most likely spouses of the women studied.¹⁰ Physical (social) distancing, which is one of the non-pharmacological interventions for COVID-19 pandemic was put in place for people to stay at home in order to reduce the spread of the disease. However, this could increase the risk of intimate partner violence (IPV) because the home is often where women and children are at risk of various forms of violence. Furthermore, the adverse economic impacts associated with the COVID-19 pandemic may increase the vulnerability of women and children to economic abuse and other associated deprivations.¹¹

This study determined the one-year prevalence, types and perpetrators of VAW during the COVID-19 pandemic among adult females in an urban settlement in Benin City, Nigeria. The study hopes to increase the existing body of knowledge on the prevalence of VAW and also provide evidenced-based information for decision-makers about the burden of this menace which constitutes a violation of the rights and freedom of women.

METHODOLOGY

The study was done from June 2020 to June 2021 during the COVID-19 pandemic. This descriptive cross-sectional study was conducted in Evbuomere, an urban settlement in Benin City, Southern Nigeria. The settlement is located in Oluku Ward of Ovia North-East Local Government Area (LGA) in Edo State. Oluku Ward has an estimated population of 41,310, while Evbuomere has an estimated population of 5,000 individuals.¹² The study population consisted of adult females who were resident in Evbuomere community, Benin City, Nigeria. Women who were at least 18 years old as at their last birthday and gave verbal consent at the time of study were recruited for the study. Women who were ill and lacked mental competence to respond appropriately were excluded from the study.

A sample size of 616 was obtained using the Cochran's formula for sample size determination,¹³ $n = z^2pq/d^2$. The standard normal deviate (z) = 1.96 at 95% confidence interval and the degree of precision (d) was set at 0.05. A prevalence (p) of 36% which was the lifetime prevalence of

domestic violence among ever married women in the 2018 NDHS⁹ was utilized, while $q = 1 - p$. A non-response rate of 10% was accounted for and a design effect of 1.5 was used because of the multistage sampling method utilized for selecting respondents. A multistage sampling technique was used in selecting the respondents for this study. Ovia North-East LGA was selected out of 7 LGAs in Edo South Senatorial District using simple random sampling technique by balloting. Adolor ward was selected out of the 13 political wards in the LGA by using simple random sampling also by balloting. Evbuomere Community, an urban settlement was selected out of the communities in Adolor ward using simple random sampling by balloting. A major road divides the community into two approximately equal clusters. The cluster on the right was selected using simple random sampling by tossing a coin. All respondents who met the inclusion criteria and gave verbal consent to take part in the study were recruited.

Ten research assistants consisting of final year medical students of the University of Benin were recruited and trained for two days on the procedure

for data collection. A pretested structured interviewer-administered questionnaire was the tool for data collection. The pretesting of the tool for data collection was done in Ekosodin, one of the communities in Oluku ward among 62 respondents. The questionnaire was adapted from the 2018 Nigeria Demographic Health Survey⁹ and the 2006 World Health Organization (WHO) multi-country survey tool.¹⁴ Data analysis was done using IBM-SPSS version 25. Univariate analysis was carried out on the socio-demographic and socio-economic data of respondents. The basic descriptive statistics were presented as frequencies and percentages. The main outcome variables in this study were prevalence, forms and perpetrators of VAW. The one-year prevalence of VAW was calculated by dividing the frequency of the various types of VAW reported with the study sample size of 616 and converting them to percentages. Respondents from Edo State comprising people of Benin, Esan, Etsako, Owan, Akoko Edo ethnicities etc were grouped as Edo indigenes, while participants from other states were grouped as non-Edo indigenes. Also, the socio-economic status of the respondents was categorized into low, middle and

high. This was done using the average monthly income, skill level and educational status of the respondents, respectively.¹⁵

Ethical approval for the study was obtained from the Ethics and Research Committee of the Edo State Ministry of Health with a protocol number of HA.737/105. Permission was obtained from the traditional head of the Evbuomere community. Verbal consent was obtained from the respondents at commencement of the interview. Participation in the study was voluntary and the participants were told they could opt out of the study at any time they chose to. Confidentiality of the information provided by the respondents was ensured by the researchers. Health education on the types, consequences of and help seeking for domestic violence was given to the respondents after the interview. Respondents who experienced various forms of violence were referred to the Department of Social Works, University of Benin Teaching Hospital, Benin City, for expert management.

RESULTS

Of the 616 women, over a third of them 252 (40.9%) and 242 (39.3%)

were between 30-39 years and Edo indigenes respectively. A majority of the women 579 (94.0%) were Christians. Over two-thirds of the respondents 429 (69.6%) were ever married and almost half 289 (46.9%) had tertiary level of education. A majority of the women 448 (72.7%) were in the middle socio-economic status (SES). Table 1.

Table 2 shows that more than a third 221 (35.9%) of the women had experienced one or more types of VAW in the last 12 months. The proportions of the various forms of VAW experienced among the 221 respondents in the last one year are: psychological 120 (54.3%); physical 68 (30.8%), sexual 38 (17.8%); and economic 36 (16.3%) respectively. In addition, the one-year prevalence of the various forms of VAW experienced by the women are: psychological 120 (19.5%); physical 68 (11.0%); sexual 38 (6.2%) and economic 36 (5.8%).

Table 3 reveals the various forms of VAW experienced by the women. The most predominant form of physical violence was being 'slapped punched or had something thrown at' which was experienced by 34 (50.0%) of victims of physical violence. The least

frequent forms of physical violence experienced by the women were 'choking or burning on purpose' and 'arm pulling or hair twisting' which were both experienced by 6 (8.8%) of the victims of physical VAW. Forceful/coerced sexual intercourse was the most common form of sexual violence experienced by 27 (71.1%) of the respondents. Verbal insult was the psychological violence experienced by 39 (32.5%) of the respondent. Less than 10.0% were threatened 9 (7.5%); expected to obtain permission to access health care; and 6(5.0%) were ignored or treated indifferently. Almost a third 23 (63.9%) of the respondents were forced to give up their salary while 5 (13.9%) were prevented from getting a job as forms of economic VAW.

As shown in Table 4, intimate partners of victims were the most frequent perpetrators of all but one form of VAW. Husbands and boyfriends of the victims take the lead in physical (76.5% and 57.4%), sexual (57.9% and 36.8%) and economic VAW (38.9% and 44.4%). The most frequent perpetrators of psychological violence were the mothers and husbands of the victims who were

each identified in 49.2% of all cases of psychological violence.

DISCUSSION

In this study, the one-year prevalence of VAW was high. The possible reasons for this finding include the apparently wide acceptance of the culture of female subjugation in Nigerian cultures.¹⁶⁻¹⁸ Amongst Edo people, who made up the largest proportion of our respondents, it is believed that women occupy a subservient role in the society while leadership roles and inheritance of properties are mostly restricted to men. Also, with respect to marriage and premarital relationships, the power dynamics are tilted in favour of men.¹⁶ As a result, any perceived female dominance is considered a threat to masculinity and a potential fertile ground for domestic violence to occur.

Similar observations have been made in many other Nigerian ethnic groups.^{16,18} This will negate the achievement of equality and development for women. Another possible reason for the high prevalence of VAW amongst these

Table 1: Sociodemographic characteristics of the respondents

Variables	Frequency (n = 616)	Percent
Age in years*		
≤24	78	12.7
25-29	102	16.6
30-34	123	20.0
35-39	129	20.9
40-44	75	12.2
45-49	66	10.7
≥50	43	7.0
Ethnicity		
Edo indigenes	242	39.3
Non-Edo indigenes	374	60.7
Religion		
Christianity	579	94.0
Islam	34	5.5
African traditional religion	3	0.5
Marital status		
Ever married	429	69.6
Never married	187	30.4
Marriage type (n = 429)		
Monogamy	423	98.6
Polygamy	6	1.4
Level of education (LOE)		
Tertiary	289	46.9
Secondary	244	39.6
Primary	58	9.4
No formal education	25	4.1
Socioeconomic status (SES)		
Low	133	21.6
Middle	448	72.7
High	35	5.7

Table 2: Prevalence of VAW among respondents

Variable	Frequency (n = 616)	Percent
Experienced VAW in the last one year		
Yes	221	35.9
No	395	64.1
One-year prevalence of VAW		
Psychological	120	19.5
Physical	68	11.0
Sexual	38	6.2
Economic	36	5.8

*Multiple responses

women is the COVID-19 pandemic which has confined a lot of persons to their homes, put some persons out of job and imposed additional psychological and financial stressors on

families. This implies that women in the community will have increased contact time with their potential abusers.¹¹ The COVID-19 lockdown may have increased unemployment

Table 3: Forms of VAW among respondents

Variable	Frequency	Percent
Physical violence (n = 68) *		
Slapped punched or had something thrown at	34	50.0
Pushed or shoved	28	41.2
Hit with a fist	17	25.0
Kicked, dragged or beaten up	24	35.3
Arm pulled or hair twisted	6	8.8
Choked or burnt on purpose	6	8.8
Threatened with a weapon	8	11.8
Sexual violence (n = 38) *		
Physically forced to have sexual intercourse	27	71.1
Had sexual intercourse under duress	15	39.5
Degraded or humiliated by sexual act	11	28.9
Psychological violence (n = 120) *		
Verbally insulted	39	32.5
Threatened	9	7.5
Belittled or humiliated	28	23.3
Intimidated	15	12.5
Isolated from family or friends	20	16.7
Restricted from contacting family	13	10.8
Insisted on knowing location at all times	13	10.8
Ignored or treated indifferently	6	5.0
Gotten angry for speaking to other men	22	18.3
Suspected of being unfaithful	27	22.5
Expected to seek permission for health care	11	9.2
Economic violence (n = 36) *		
Prevented from getting a job	5	13.9
Forced to give up salary	23	63.9
Possession forcefully taken away	9	25.0
Denied opportunities or resources	5	13.9

*Multiple responses

and other adverse economic impacts, thus increasing possible dependence of men on their partners and families. In addition, there may be particular risks for women who cannot purchase essential goods such as medicines and food because they are prevented from leaving their home by an abusive partner or are denied funds to purchase essential goods.¹¹

Several studies have drawn links between the COVID-19 pandemic and increased incidence of VAW even in

the developed world. A study done in Bangladesh observed an increase in the number of rape cases by 42.4% in 2020.³ Similarly, another study carried out in United States of America reported 300% increase in the incidence of domestic violence.¹⁹ In addition, domestic violence cases in France, Cyprus, and Singapore increased by approximately 30% only a few months after the onset of the COVID-19 pandemic and during lockdowns in these countries.⁵

Table 4: Perpetrators of various forms of VAW

Variable	Frequency	Percent
Perpetrators of physical violence (n = 68) *		
Husband	52	76.5
Boyfriend	39	57.4
Father	28	41.2
Mother	24	35.3
Mother-in-law	17	25.0
Sibling	13	19.1
Father-in-law	6	8.8
Neighbour	6	8.8
Perpetrators of sexual violence (n = 38) *		
Husband	22	57.9
Boyfriend	14	36.8
Uncle	7	18.4
Neighbour	2	5.3
Sibling	1	2.6
Perpetrators of psychological violence (n = 120) *		
Mother	59	49.2
Husband	59	49.2
Sibling	53	44.2
Boyfriend	52	43.3
Father	48	40.0
Mother-in-law	30	25.0
Neighbour	24	20.0
Father-in-law	14	11.7
Uncle	10	8.3
Perpetrators of economic violence (n = 36) *		
Boyfriend	16	44.4
Husband	14	38.9
Father	7	19.4
Mother-in-law	2	5.6
Mother	3	8.3

*Multiple responses

The poor help seeking and reporting of VAW by victims² may be as a result of societal stigma and possible public embarrassment associated with this menace which encourage this disgraceful act. A study in Zimbabwe revealed that religious, cultural and economic reasons prevented most cases of VAW to be reported to law enforcement agencies.²⁰

Respondents in this study were mostly women with a reasonably high

level of education and socioeconomic status. While it is widely proposed that girl child education is a key intervention in mitigating acts of VAW,¹ the anticipated effect of this intervention was hardly visible amongst studied respondents. Disproportionately high levels of VAW were also recorded in some countries ranked with some of the most gender equal indicators in terms of education, economic opportunities, pay and political representation. This

is referred to as 'the Nordic paradox'.²¹

Amongst the various forms of VAW understudied, psychological violence takes the fore with almost one in every five women having experienced it in the last one year during the COVID-19 pandemic. This finding is in tandem with the report from the NDHS 2018 where emotional VAW was also found to be the most prevalent form of VAW in Nigeria followed by physical and sexual violence.⁹ Other studies carried out in Kwara and Edo States in Nigeria also reported similar findings.^{22,23}

The most predominant form of physical violence experienced by these women was 'being slapped, punched or had something thrown at'. A few women reported to have been 'choked or burnt on purpose'. These forms of physical VAW portend a high risk of physical injuries which may lead to lifelong deformity or even death. The United Nations (UN) in 2019 reported that the most gender related homicidal deaths are perpetrated by individuals with family ties to the victims. The UN report also stated that Africa had the highest rate of gender related and intimate partner

homicide.²⁴ Early identification of cases of VAW and prompt intervention by the legal system will help deter perpetrators and reduce the occurrence of intimate partner violence.

The most predominant form of sexual violence was forced sexual intercourse which amounts to rape. These cases of sexual violence often go unreported.^{25,26} Breaking the culture of silence on sexual related violence and offences may further unravel a higher burden and foster appropriate legal and otherwise indicated actions that will, in turn, promote the health and wellbeing of women in the community. Economic violence, which is a less known and often under-reported form of VAW, was experienced by fewer women when compared to sexual violence. This is in-line with the findings from a study that was carried out in Lagos State, Nigeria where it was found that sexual violence was experienced by slightly more women than economic violence.²⁷ Economic VAW promotes gender inequality and economic dependence among women.²⁸ Women should be empowered and encouraged to maintain their own source of livelihood.

The perpetrators of VAW identified in this study were mostly family members of the victims. The findings of this study suggest that most forms of VAW experienced by women in this urban settlement fall under the purview of intimate partner violence (IPV). Domestic VAW has been identified as a major public health challenge by the WHO, particularly IPV and sexual violence.¹ This study findings are similar to those obtained in the 2018 NDHS which showed that close family relations were the most likely perpetrators of VAW. Husbands and boyfriends of the victims were the most implicated.⁹ This is worrisome because in many African communities, spouses of women especially husbands are regarded as the head of the home. They are accorded the responsibility of instilling discipline in the home even to their wives.²⁹ This will make it difficult for many victims of VAW to report cases of domestic violence, as punitive measures might not be taken against their spouses. Women and vulnerable populations should be protected against violence and perpetrators of VAW should be prosecuted. The Violence Against Persons Act which aims to eliminate all forms of violence and also includes the right to assist victims of violence

should be implemented in the country.³⁰ The major limitation of this study is that it was a cross-sectional descriptive study and as such it is unable to determine causality for the result obtained. The study also interviewed only women and therefore did not capture the male's perspective to violence against women.

Conclusion: The one-year prevalence of VAW in the urban community studied in Benin City, Southern Nigeria was 35.9%. The most prevalent types of VAW during the COVID-19 pandemic were psychological and physical, followed by sexual and economic violence. Intimate partners of women were the most common perpetrators of VAW. The social media can be utilized routinely to educate the masses of the types and consequences of domestic violence against women. Also, men should be engaged as partners in the prevention of domestic violence programmes through education workshops. Women and vulnerable populations should be protected against violence. Perpetrators of VAW should be reported and prosecuted. Effort should also be made to deliver critical interventions such as case reporting, counselling and scheduling

of appointments through various communication channels, particularly through phone lines as is the case in some developed countries. The Violence Against Persons Act which aims to eliminate all forms of violence and also includes the right to assist victims of violence should be implemented in the country.

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