

Determinants of Attitude Towards Gender Based Violence Among Adult Residents in an Urban Community in a Developing Country

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Abstract

Gender based violence (GBV) has very strong and deep cultural roots in developing countries. This study assessed awareness and attitude towards GBV among adult residents in an urban setting, in order to raise awareness on need to stop GBV. A community based analytical cross sectional study was conducted, utilizing pre-tested semi-structured questionnaires to interview 400 consenting adult residents. Data was analysed using SPSS version 20.0 statistical software, statistical significance was set at $p=0.050$ and 95% Confidence Interval.

The mean age of respondents was 30.3 ± 8.9 years, they were aware of the term GBV, with mass media 281(70.3%) reported as their main source of information. Three hundred and forty three (85.7%) of them had negative attitude towards GBV while 57 (14.3%) had positive attitude. Gender (OR=0.102; 95%CI=0.036-0.292; $p<0.001$), marital status (OR=0.219; 95%CI=0.086-0.556; $p<0.001$), religion (OR=31.649; 95%CI=9.404-106.515; $p<0.001$) and knowledge of GBV (OR=0.428; 95%CI=0.181-1.015; $p<0.001$) were identified as significant predictors influencing attitude towards GBV.

Gender, marital status and religion were identified as significant predictors influencing attitude towards GBV. Strategic stakeholder engagement and sensitization efforts can help foster better behavioural and cultural practices against GBV.

Keywords: Adults residents, Awareness, Developing country, Edo State, Gender based violence, Ogbé Community.

Introduction

Gender based violence (GBV) is a major public health challenge with very strong and deep cultural roots especially in developing countries like Nigeria.¹⁻⁶ Gender-based violence are crimes that can occur in all social classes, ethnic groups, cultures and among people of every educational background, affecting men and women, including children and older people, it can have devastating physical, emotional, physiological and financial consequences for the victims as well as for society as a whole.¹⁻³ The cost to women, their children, families and communities could pose a significant obstacle to developing countries like Nigeria achieving the Sustainable Development Goals especially SDG-5.² Gender-based violence is perhaps the most widespread and socially tolerated form of human rights violations.³ Gender-Based Violence (GBV) has become a major concern around the world as it continues to reinforce the inequalities that exist between men and women.¹⁻³

The United Nations (UN), through its Declaration on the Elimination of Violence against Women (DEVAW) defined gender based violence as acts of physical, sexual and psychological violence whether they be in the family or the community, the acts of violence specified in this article include: spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape, traditional practices harmful to women such as female genital mutilation, non-spousal violence, sexual harassment and intimidation, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state such as rape in war.⁴⁻⁶

Acts of GBV violates a number of universal human rights protected by international instruments and conventions.⁴⁻⁵ Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.⁴⁻⁶

The incidence of Gender Based Violence (GBV) is growing astronomical with the activities of the insurgency in the North East and widespread

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farmers/herders and other forms of criminalities growing across the Southern, western and eastern parts of Nigeria, with different forms of attack ranging from kidnapping, rape, forced and early marriages with grave implication to their physical, mental or sexual health.⁷ In Nigeria, like in other developing countries; GBV remains a challenge that significantly constrains women's autonomy and opportunities, the Nigeria Demographic Health Survey⁷ (NDHS) 2018 indicates that 31.0% percent of women in Nigeria aged 15–49 have experienced some form of physical or sexual violence; 13.5 percent had experienced physical or sexual violence within the 12 months prior to the survey. Almost 45 percent of the women who had experienced violence never sought help or told anyone about the incident.⁷

Awareness and Knowledge of GBV remains poor among men and women. Studies conducted In Bayelsa State and Ibadan revealed that over 40% % of men had never heard of the terms GBV.⁸⁻⁹ This lack of information could increase their vulnerability to the risk factors and lead to continuous and repeated occurrences of GBV. Significant proportions of men and women in sub-Saharan Africa accept GBV as justifiable punishment for a woman's transgression of her normative roles in society, as well as for disobedience, adultery and disrespecting her husband's relatives. In Nigeria, a total of 42% of women justified GBV with at least one reason. This positive attitude towards issues of GBV especially among victims and stakeholders in our society will make it more difficult and very challenging to tackle the problem.¹⁰

The issue of attitude is a fundamental stumbling block to attaining gender equality, as women who are the major victims of GBV also justify many of these acts of violence done against them. This attitude has stemmed from long term cultural practices, beliefs and teachings that have made the women come to accept certain forms of GBV as 'normal'.

There is growing societal concern and outcry on Gender based violence (GBV) as a major public health challenge despite it's with very strong and deep cultural roots. These observations led the Government of Nigeria in 2015 to enact the Violence against persons prohibitions act (VAPPA)¹¹ with a view to stemming this growing societal evil but the extent to which this law has addressed this public health challenge remains a subject of debate. The need to raise awareness and sensitize critical stakeholders on this societal ill and contribute to existing body of knowledge on this subject matter propelled the need for this study with aim to identify determinants of attitude towards GBV among adult residents in an urban community in a developing county.

Materials and Methods

This study was conducted in Ogbe Community, Benin

City Edo State. It is an Urban community that host the Local Government Headquarters. Ogbe community is located in ward 1 which is one of the 12 wards in Oredo Local Government Area in Benin City, which lies at the heart of Benin City, the Oba's Palace is located within the study area. The boundaries of the community are; Ogoubo to the South, Siloko to the North, Ekenwa the West and Airport road to the East, it comprises of 33 streets and has an estimated population as at 2019 of 4400. The major ethnic group is Benin, with Christianity as the major religion, the people are majorly civil servants, traders and tax collectors. The main source of water supply is via rain collection into dug reservoirs, supplemented with borehole water services, major landmark in the community are the Oba palace and the Samuel Ogbemudia stadium popularly called the Ogbe stadium, including large array of hotels, business centres, private hospitals, markets and schools (Nursery, Primary and secondary schools).¹²

A descriptive cross-sectional study design was utilised for this study over a 14 months period (i.e. between March 2016 and May 2017) , involving consenting adult male and female residents (aged 18 years and above) in Ogbe Community, Oredo Local Government Area of Benin City, Edo state, Nigeria.

A minimum sample size of 400 respondents was calculated using Cochran formula¹³ for descriptive study based on a 27% from a previous study.¹⁴ A Multi-stage sampling technique comprising of 4 stages was used to select local government area wards/communities and respondents and the procedure is described as follows;

Stage 1: Selection of LGA: Benin City the urban capital of Edo state is made up of 3 LGAs. Oredo LGA was selected using simple random sampling technique by balloting.

Stage 2: Selection of wards: Oredo is made up of 12 wards. Ogbe ward 1 was selected using random sampling technique by balloting.

Stage 3: Selection of cluster: The borders of the community were mapped out and the community divided into two clusters. The Samuel Ogbemudia stadium is at the center of the community and was used as a reference point to divide the community into two clusters, A and B. Cluster B was selected using simple random sampling by balloting.

Stage 4: Selection of respondents: All households with eligible respondents from the selected cluster who fell within our inclusion criteria were surveyed until the desired sample size was achieved

Data was collected using interviewer-administered semi-structured questionnaire which contained open and closed ended questions divided into sections based on socio-demographic characteristics of respondents, awareness of GBV and attitude towards GBV. Pretest was carried out in Ugbowo Community of Egor LGA and necessary

adjustment and modification were made prior to actual commencement of data collection. Data collected were analysed using SPSS version 20.0 statistical software with statistical significance set at $p \leq 0.050$ and 95% Confidence Interval.

Awareness of GBV was assessed based on those who have heard of the term Gender Based Violence. Attitude was assessed based percentage point score using 9 questions. A score of 1 was allotted for each appropriate response and 0 for every inappropriate response. An aggregate score of greater than 50% was categorised as positive attitude (supportive of GBV) while less than 50% was categorised as negative attitude (not supportive of GBV).

Ethical Consideration (Ref: CMS/REC/2017/009) was sought and obtained from the Research and Ethics Committee, College of Medical Sciences, University of Benin, Benin City, Edo state. Institutional approval was sought from Oredo Local Government Area, Edo State before commencement of the study in addition to written individual informed consent from respondents, who were assured of anonymity and confidentiality of all information given before commencement of the study.

Limitation of the Study

Self-reporting and recall bias this could have influenced result out come, however time lines were introduced to help minimize recall bias.

Results

Four hundred respondents participated in the study. The mean age of respondents studied was 30.3 ± 8.7 years. Two hundred and fifty (62.5%) of them were aged 18-30 years while 150 (37.5%) were above 30 years. Two hundred and thirty seven of the respondents studied (59.3%) were males while 165 (40.7%) females. In relation to ethnic group, 152 (38.0%) were Benin and 111 (27.8%) were Esan. Other ethnic groups were Ebira, Hausa, Igarra, Tiv, accounting for 21 (5.2%) of the respondents. Three hundred and seventy two of the respondents (93.0%) practiced Christianity while only 4 (4.0%) Islam. Furthermore, 7 (1.8%) of the respondents had no formal education, 15 (3.8%), 133 (33.2%) of the respondents had primary and secondary level of education while 245 (61.2%) of them had tertiary level of education. As regards marital status, 182 (45.5%) were married, 181 (45.3%) single, 19 (4.8%) cohabiting and 3 (0.8%) separated.

Two hundred and forty nine (62.3%) of respondents studied were in the upper socio-economic class while 151 (37.7%) in lower socio-economic class. One hundred and seventy nine of the respondents (44.8%) were unemployed while 221 (55.2%) employed. Among the employed, 142 (35.5%) were self-employed, 35 (8.8%) worked in the private sector,

Table 1: Socio-demographic characteristics of adult residents of Urban Community

Variable	Frequency (n= 400)	Percent
Sex		
Male	237	59.3
Female	163	40.7
Male : Femaleratio	1.5:1	
Age Group (years)		
18-30	250	62.5
>30	150	37.5
Mean age \pm S.D	30.3 ± 8.7	
Ethnic Group		
Benin	152	38.0
Esan	111	27.8
Ibo	27	6.8
Urhobo	21	5.2
Yoruba	20	5.0
Ukwuani	14	3.5
Etsako	12	3.0
Isoko	12	3.0
Ijaw	10	2.5
*Others	21	5.2
Religion		
Christian	372	93.0
African Traditional Religion	24	6.0
Islam	4	4.0
Level of education		
No formal education	7	1.8
Primary	15	3.8
Secondary	133	33.2
Tertiary	245	61.2
Marital status		
Married	182	45.5
Single	181	45.3
Cohabiting	19	4.8
Widowed	8	2.0
Divorced	7	1.8
Separated	3	0.8
Marital status		
Ever married	200	50.0
Never married	200	50.0

*Ebira, Hausa, Igarra, Tiv

while 44 (11.0%) worked in the public sector. Among the married respondents studied, 168 (84.0%) were in monogamous unions while 32 (14.0%) in polygamous unions (See Table 1 and 2).

In relation to awareness and source of information on GBV (see Table 3), all respondents studied had heard of the term GBV, with media 281 (70.3%) reported as main source of information followed by friends 196 (49.0%), books 132 (33.0%), family members 100 (25.0%) and least from health workers 43 (10.8%).

In relation to attitudinal response towards

Table 2: Socio-demographic characteristics of adult residents of Urban Community

Variable	Frequency(n = 400)	Percent
Socio-economic class		
Upper	249	62.3
Lower	151	37.7
Employment status		
Unemployed	179	44.8
Employed	221	55.2
Form of employment	(n = 221)	
Self-employed	142	35.5
Public sector	44	11.0
Private sector	35	8.8
Marriage type	(n = 200)	
Monogamy	168	84.0
Polygamy	32	14.0

Table 3: Awareness and Source of Information on Gender Based Violence (GBV)

Variable	Frequency	Percent
Have you heard of GBV	(n=400)	
Yes	400	100.0
No	0	0.0
Source of information for GBV	(n=400)	
media	281	70.3
Friends	196	49.0
Books	132	33.0
Family members	100	25.0
School	68	17.0
Religious places	44	11.0
Health workers	43	10.8

Table 4: Attitude of respondents towards Gender Based Violence

Variable	Attitudinal Response	
	Inappropriate Frequency (%)	Appropriate Frequency (%)
Gender based violence(n=400)		
Should be encouraged	382 (95.5)	18 (4.5)
Should be excused if the perpetrator is wealthy	372 (93.0)	28 (7.0)
Perpetrators of GBV should be penalized	121 (30.3)	279 (60.7)
GBV is a private family matter	329 (82.3)	71 (17.8)
It is normal for a partner to force their spouse to have sex if led on	313 (78.3)	87 (21.8)
Government policies have been in place to combat it	40 (10.0)	279 (69.8)
Alcohol is an excuse	275 (68.8)	125 (31.3)
The legal system treats victims of GBV badly	266 (66.5)	134 (33.5)
GBV should be resolved domestically without interference	138 (34.5)	262 (65.5)

GBV (see Table 4) 382 (95.5%) of respondents studied were of the opinion that GBV should be encouraged; 372 (93.0%) GBV should be excused if perpetrator was wealthy; 279 (60.7%) perpetrators of GBV should be penalized; 329 (82.3%) GBV is a private family matter; 313 (78.3%) it is normal for a partner to be forced to have sex if led on; 275 (68.8%) Alcohol is an

excuse for GBV, 266 (66.5%) that the legal system treats victims of GBV badly and 138(34.5%) that GBV should be resolved domestically without interference. Three hundred and forty three (85.7%) of respondents studied had negative attitude towards GBV while 57 (14.3%) of them had positive attitude towards GBV.

In relation to the determinants of attitude

TABLE 5: Determinants of attitude towards GBV among respondents

Predictors	<i>B</i>	<i>OR</i>	95% CI for OR		<i>P</i>
			Lower	Upper	
Sex					
Male	-2.282	0.102	0.036	0.292	<0.001
Female*		1			
Marital status					
Never married	-1.519	0.219	0.086	0.556	<0.001
Ever married*		1			
Religion					
Christian	3.455	31.649	9.404	106.515	<0.001
Islam	23.571	1724805436	0.000	-	0.999
ATR*		1			

*Reference category, $R^2 = 32.7\% - 58.9\%$, *B* = regression coefficient, CI = Confidence Interval, OR = Odds Ratio

towards GBV (See Table 5), 32.7% - 58.9% of the observed variation in the outcome variable (negative attitude towards GBV) is attributed to the inputted variable. Furthermore, being male decreased significantly the likelihood of having a negative attitude towards GBV by an odds ratio of 0.102 compared to being female (OR = 0.102; 95% CI = 0.036 – 0.292). In relation to marital status, being never married decreased significantly the likelihood of having a negative attitude towards GBV by an odds ratio of 0.219 compared to being ever married (OR = 0.219; 95% CI = 0.086 - 0.556). Finally, in relation to religion, respondents who practiced Christianity were significantly more likely by an odds ratio of 31.649 to have negative attitude towards GBV compared to those who practiced Islam and African traditional religion (OR = 31.649; 95% CI = 9.404- 106.515).

Discussion

Almost all respondents who took part in this study had heard of GBV, with media and friends reported as the main source of information. This is possibly a reflection of the high literacy rate and educational status of respondent studied, as over two-third of them had completed tertiary level of education and may be exposed and have access to quality information on interest through various media platform i.e. internet and printed media. This finding is in keeping with findings from a study done in Zaria and Abuja where it was observed that nearly all respondents had heard of GBV.¹⁵ This finding shows that awareness about issues of GBV is high possibly a reflection of the increasing sensitization of the general public through varying media outlets such as internet, television and radio communication following the enactment of the violence against persons prohibition act in 2015.¹¹

This finding also chronicles the important role of the media in disseminating information about critical

issues and as such the media should be employed more in spreading useful information on GBV in relation to the types and categories, and process to seek help, especially to areas where awareness is still low.

Over four fifth of respondents studied had a negative attitude towards GBV and were not in support of GBV. Female respondents, those that were married and practised Christianity had significantly higher odds for negative attitude towards GBV than others. This might be a reflection of existing evidence in literature which reports and reflects a higher occurrence of GBV among females compared to males¹⁻⁶ and as such they may naturally incline to being against acts of GBV. Furthermore, because of the culture of silence in developing countries like Nigeria and the high premium placed on marriage and stability of families and in keeping with cultural norms and religion, women would remain in their matrimonial homes irrespective of acts of GBV they may constantly experience. Furthermore, it has been reported that gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support, so suffering in silence till they break out the silence.⁴⁻⁶

The high level of negative attitude towards GBV identified among study participants is encouraging and similar to that observed in a study carried out in Turkey¹⁶, Serbia¹⁷. This findings proffers hope for the near future as more women become more empowered they can become vocal voices speaking-up against GBV and their perpetrators and as such progressively reduce the vulnerability of sufferers especially women to the risk factors of GBV and help curtail its repeated occurrences in our communities.

This development will also help curtail the deeply

rooted socio-cultural notion among men and women in sub-Saharan Africa who continue to accept GBV as justifiable punishment for a woman's transgression of her normative roles in society, as well as for disobedience, adultery and disrespecting her husband's relatives.¹⁰

This study identified gaps between awareness and attitude towards GBV among adult residents in Ogebe community Benin City, with gender, marital status and religion of respondents identified as significant predictors influencing attitude towards GBV. There is need to sustain the high awareness level on GBV identified through all available media platforms to help better sensitize target audience for appropriate behaviour change intervention in promoting better cultural practices against GBV in our environment

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