

THE IMPACT OF COVID-19 PANDEMIC ON WOMEN IN NIGERIA

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Abstract

The paper examines the impact of corona-virus pandemic on women in Nigeria. Emergencies and times of unrest have been linked with increasing reports of Gender Based Violence. Pandemics and Epidemics on the other hand are no exception. The COVID-19 pandemic has been associated with an increase in Gender Based Violence termed the Shadow Pandemic due to the control measures adopted in containing the spread of the virus. The paper adopted the Social Ecological Model to explain and understand the factors that contribute to the increase of Gender Based Violence against women during emergencies or natural disasters and how interaction of individual and environmental factors influence behavior and attitudes that create an atmosphere that encourages violence. The paper was based on secondary sources of data. The findings of the paper revealed that the lockdown isolated women and attenuated opportunities for them to divulge the abuse or receive necessary support services or resources. The paper also discovered that there has been an increased rate of reported cases of Gender Based Violence during the months of lockdown in Nigeria. The paper concluded that the corona-virus outbreak has exposed the shadow pandemic of violence and inequality and the exclusion of the Minister of Women Affairs and Social Development is a step in the wrong direction . The paper recommended that it is pertinent to integrate gender lens into disease response and protection mechanism and Gender Based Violence services should be termed as essential duties during crisis and emergencies.

Keywords: COVID-19, pandemic, women and girls, gender-based violence, government

Introduction

With approximately 4,705,111 deaths and confirmed cases of 229,373,963 (World Health Organization, 2021) globally, the world continues to battle the Corona-virus (COVID-19) Pandemic. The pandemic has brought to the fore the risk of major disease outbreak and highlighted government lack of readiness to fight the virus. The emergence of the Covid-19 pandemic in December 2019 has had devastating effects in human lives. The pandemic has spread across regions differently but its long term impact poses a threat on the economy, health, education, security, protection and social vulnerabilities. Like most complex crisis and emergencies, gender dimension of the pandemic poses a threat to already existing gender and other intersecting inequalities especially on women and girls.

The Corona-virus disease (COVID-19) caused by severe acute respiratory syndrome corona-virus 2 (SARS-COV-2), was first detected in December 2019 and spread rapidly to different regions of the world in the first months of 2020. The outbreak was declared a public health emergency of International concern on 30 January 2020 and a pandemic in 11 March 2020. In a bid to ease the strain of the health sector, governments globally implemented different measures intended to mitigate the spread of the pandemic. These measures include lockdown, social and physical distancing, wearing of face-mask, road blocks, and have been implemented with diverse degree of strictness and at different moments in time.

By November 2020, countries began experiencing the second wave of the pandemic and re-established some of the restrictive measures. The pandemic has led to major disruptions in social and economic activities virtually in all sectors. The first case of COVID-19 was recorded on 27 February 2020 in Nigeria. As cases continued to spike, the government responded by imposing lockdown. The weak capacity of the health care system in developing countries exacerbated the pandemic and impacted on the economy.

In the wake of COVID-19 lies the shadow pandemic posing a major risk for women and girls and has threatened the hard-won progress towards gender equality. In March 2020, the United Nations Population Fund warned the pandemic will compound existing gender inequalities and increase the risks of GBV and that priority should be placed on women and girls.

In Nigeria, the lockdown exposed women and girls to greater levels of violence that preexisted before the pandemic. According to the Ministry of Women Affairs (2020), no fewer than 3,600 cases of rape were reported during the lockdown in Nigeria.

The surge in Gender-Based Violence during the COVID-19 followed a trend in other countries including Kenya, Liberia, UK, Singapore and Canada who all witnessed an increase in sexual assault related distress calls during the lockdown. During the lockdown, women and girls experienced violence at home which led to a spike in femicide in some countries. In the process of providing restrictive measures as a solution to reduce the spread of COVID-19, women and girls were denied access to accurate information and services which were not easily available before the pandemic. For instance, some organizations that provided services related to Gender Based Violence (GBV) had to reassign facilities to address issues associated with COVID-19 instead. Also, women who comprise of majority of front line workers were at risk as organizations struggled to provide effective Protective Personal Equipment (PPE). Programmes combating GBV were unable to operate in some localities and inaccessible to women and girls when they needed these services the most.

In other words, measures meant to keep populations safe have had opposite effect for women and girls. A police station in Jianli County of China reported that it received 162 reports of domestic violence in February 2020, compared to 47 reports in the same month of the previous year. In Tunisia, there was a quintuple increase in calls during the lockdown. It was reported that violence against women had increased by 250 per cent in the first weeks of social isolation measure in Colombia. Emergency calls for domestic violence increased by 25 per cent during lockdown in Argentina. In Cyprus and Singapore, helpline reported an increase in calls 30 per cent and 33 per cent respectively. Italy registered 73 per cent in calls to a national helpline compared to the same time in 2019 during the first six weeks of the lockdown (UNICEF, 2020).

The emergence of COVID-19 pandemic and responses put in place by the government in Nigeria increased risk for survivors of GBV. As communities were forced to obey measures to mitigate the spread of COVID-19, women and girls were at a heightened risk of domestic violence, intimate partner violence, child abuse and other forms of GBV.

They were compelled to remain at home and for some, in shelters with their abusers. In some instances for countries with stricter measures, movements were restricted to one family member per household; more often than not, men. As poverty level and food insecurity increased, women and girls were affected disproportionately as gendered dynamics in most cases mean male control of finances depriving women of the economic stronghold. Women and girls were isolated from people and resources that could render assistance and have few or no opportunities to distance themselves from abusers and perpetrators.

In his remarks, the United Nations Secretary General, Antonio Guterres aptly captured the situation “For many women and girls, the threat looms largest where they should be safest. In their own homes – we know lockdown and quarantine are essential to suppressing COVID19; but women with abusive partners could be trapped” (UN Women 2020).

It is against this backdrop that the paper examined the impact of COVID-19 pandemic on women in Nigeria.

Objectives of the Study

The major objectives of the study were to:

- a. Identify the causes of Gender Based Violence in Nigeria
- b. Examine the challenges of Gender Based Violence in Nigeria
- c. Explore the ways COVID-19 pandemic triggered the Gender Based Violence in Nigeria

Gender Based Violence and COVID-19 In Nigeria

Globally, countries including Nigeria have been faced with GBV crisis rooted deeply in harmful patriarchal social, cultural, traditional and religious norms. However, this crisis has been affected by the COVID-19 pandemic with the widespread evidence that GBV has increased greatly since the inception of the pandemic.

GBV is a human rights violation with detrimental impacts on survivors, families, communities and societies. The types of violence associated with GBV include - physical violence, emotional violence,

sexual violence, psychological violence, economic violence, child marriage, femicide, Female Genital Mutilation (FGM), domestic violence, rape and Intimate Partner Violence (IPV).

One in three women experience physical or sexual IPV or non-partner sexual violence in their lifetime and this figure is mirrored in Nigeria as 30 per cent of women and girls aged 15 - 49 reported to have experienced abuse (United Nations, 2020). These figures can be attributed to discriminatory gender norms that are entrenched and a pervasive culture of impunity. Redressing violations remains a challenge as access to justice is hampered legislature by domesticated barriers and a harmonized legislature due to the tripartite system of government in Nigeria.

The first case of COVID-19 in Nigeria was reported on 27 February, 2020 in Lagos and approximately a month later, 131 cases and 2 deaths were recorded. The president of Nigeria on March 29, 2020 announced a 14-day lockdown in the Federal Capital Territory Abuja, Lagos and Ogun State. These states have been affected and in order to curtail the spread and prevent loss of life, the lockdown measure was adopted. While lock-downs have proven a laudable measure globally, efforts to stymie the impact of the virus have exposed women to the risk of GBV. The Minister of Women Affairs and Social Development informed the public that the number of reported cases of GBV against women had tripled as survivors are in the same space as their abusers and the Inspector General of Police attributed this to the lockdown restriction. Nigeria has one of the lowest rate of help-seeking behaviors at 32 per cent (World Bank, 2019). There is a cultural belief that a woman is particularly responsible for being victimized - under the assumption that she must have triggered or transgressed from her social role and deserves to be punished. One of the many reasons for under reporting of GBV is women and girl's safety while reporting. Stay-at-home mandate increased risk for survivors of GBV were compelled to remain in shelters with their abusers. As poverty level and food insecurity increased, women and girls were affected disproportionately as gendered dynamics in most cases mean male control of finances depriving women of the economic stronghold. It was revealed that there was an increase in Sexual and Gender Based Violence in West Africa during the Ebola outbreak of 2013 – 2016. The response effort during the outbreak emphasized on containing the disease as it played during the COVID-19 pandemic. The focus was important but efforts were not established to protect women and girls from violence during the outbreak. Closure of schools and quarantine were measures put in place to contain the spread of the disease leaving women and girls vulnerable to exploitation and abuse.

Social Ecological Model

The paper adopts the Social Ecological Model which conceptualizes violence as a multifaceted phenomenon grounded in an interplay among personal, situational and sociocultural factors. The approach through multidimensional, aims to ensure that interventions consider and address the conditions across the different level that affect women's risk of experiencing violence. The model is a guide to understanding that factors that contribute to the increase of GBV against women. To understand the nexus between GBV and the multidimensional interplay between factors operating during the COVID-19 pandemic, Heise's Ecological Model is adopted. The lockdown measure though termed drastic, was incorporated as a policy for containing the spread of the virus in many countries given the effectiveness at declining the spread of the virus. The severity with which the lockdown was being enforced and the disruption of the pandemic caused a global scale by instilling of fear, panic and uncertainty. The model considers the complexity interaction among the four factors. It gives an understanding of the factors that put people at risk of violence.

The Individual level represents an individual's biological and personal history. The relationship level represents the immediate context in which abuse takes place usually within the family or close relationships. The third level - Community level involves social structures and institutions, whether formal or informal in which relationships are embedded. The fourth level represents the social, cultural, political environment including cultural norms, laws and policies (Heise, Ellsberg and Gottmoller 2002). The SCE alludes that no single factor can explain why some women are at a higher risk of experiencing GBV than others (Heise 1998: Jewkeset 2002).

Challenges of Gender-Based Violence in Nigeria

Entrenched gender norms, patriarchy, legal frameworks, lack of implementation, limited structural and institutional along with wide spread of poverty, create a ripe environment for GBV cases to rise in Nigeria.

Loophole in the Nigerian Legal Sector

The legal system in Nigeria possesses deficient mechanism to protect citizens against GBV. The current definition of rape is both obsolete and inconsistent. For instance, under the law of the Penal Code Act which is applicable to the Northern region, only women can be raped survivors leaving no remedy for male survivors of sexual abuse in this region. In addition, both the Criminal Code Act applicable to Southern region and the Penal Code Act failed to make provision for marital rape. The Nigerian senate voted against an amendment that would have recognized marital rape in the Criminal Code Act.

The age of consent in Nigeria portrays similar degree of inconsistency. This stems from Section 7(2) of the 2015 Sexual Offence Bill stating that “A person who commits an offence of defilement with a child aged eleven years or less shall upon confinement be sentenced to life imprisonment” Alake, (2020). Nevertheless, a detailed reading of sub-sections (3) and (4) of Section 7 of the same Bill reveals that it penalizes sexual activity with a child “between the age of twelve and fifteen years” and between the age of sixteen and eighteen years “respectively Alake, (2020). This poor legal drafting leaves room for various interpretations of legal consent that could permit what others deemed as rape. The Violence Against Person’s Prohibition Act of 2015 (VAPP) contains robust definition of rape as it is gender-neutral and allows marital rape. Unfortunately, only 18 States including the Federal Capital Territory have enacted the VAPP Act. In similar vein, the Child Right’s Act of 2003 sets the legal minimum age for marriage at eighteen regarding consent. Nonetheless, only 25 states including the FCT have passed the Bill.

Law Enforcement Agencies

Nigeria’s law enforcement agencies do not possess the adequate tools, training, knowledge to respond to GBV case effectively. Some of them presume that such cases are domestic in nature and outside their jurisdiction. Some women have been intimidated and assaulted by police officers for filing rape reports. Furthermore, in cases where the justice system decides to bring charges, perpetrators often escape conviction. The concurrent application of Western and Islamic Jurisprudence (Sharia laws) can also limit judicial convictions of GBV since perpetrators seldom hide under the Sharia law. For instance, in Bauchi state, convicted rapist can file counterclaims on grounds of “character defamation” and avoid punishment while shifting blame to victims. If left unattended to, the combination of ambiguous laws,

weak enforcement as well as many states' failure to implement and pass progressive legislation poses a big threat to Nigeria's attempt to eliminate and combat GBV.

Challenges in the North and South Region

Nigeria faces unique regional challenges which increase incidences of GBV in certain areas. Inequality tends to exacerbate GBV as it harms cohesion, reduces mobility and limits the ability of women and girls to partake in social, economic and political life.

87 per cent of poor Nigerian are from the North and some of the worst indicators are health, education (World Bank, 2019) and security and over half of all women are married by the age of 16 (Hamourni, 2020). Violence and instability from the ongoing Boko Haram insurgency in the North East and school children abductions in the North west have led to vast displacement of people in the region. This displacement subjects people to deprived and overcrowded living conditions, thereby heightening incidences of GBV in communities. GBV cases are predominantly evident in the South where inequality is high. Physical violence and child abuse takes the center stage in this region where almost half of the unmarried women have experienced physical violence (United Nations Nigeria 2020). In addition to physical violence, the highest prevalence of Female Genital Mutilation (FGM) also occurs in this region (Thomson Reuters Foundation, 2018). It was revealed that FGM is prevalence among 77 per cent of adult women in the south-south, 68 per cent in the south east and 65 per cent in the south west.

Lack of Education

Depriving children of education remains a big threat and contributes to GBV, as confinement at home increases the risk of child marriage, teenage pregnancy, domestic violence at the hands of live-in abusers. Before the pandemic, an estimated 10.5 million school children were out of school. Poor school attendance is heightened in the North where more than half of female children do not go to school (UNICEF, 2019). Accordingly, 70.8 per cent of young women aged 20 – 29 in the North west are unable to read and write, compared to 9.7 per cent in the South east (British Council Nigeria, 2012).

According to UNICEF (2020), 262 million school children are out of school globally and 13.2 million are Nigerians. The National Bureau of Statistics (NBS 2017) Multiple Indicator Cluster Survey (MICS)

revealed approximately 50.8 per cent of Nigerian children aged 15 – 17 are involved in child labour. These jobs include hawking washing car, sales girls, baby-sitting, domestic helps and others. These children suffer fatigue, irregular attendance at school, lack of comprehension and motivation, exposure to risk of sexual abuse, likelihood of involvement in crime or recruitment to bad gangs. Under-funding, school shortages, insecurity are some of the contributors to education deprivation in the North. The ongoing conflict in the Northeast has left approximately 802 schools closed, 497 destroyed classrooms and 1,392 damaged but repairable (UNICEF, 2019). Finally, entrenched gender norms often cause families to give preference to male education and turn to early marriage for the female children as a means of reducing dependency at home.

Religious/Cultural Norms

Religion, Ethnicity and cultural norms play an important role in dictating attitudes towards gender and GBV. For instance, the large per cent of physical violence towards women cannot be divorced from cultural reality that more women in south, compared to the north, believe that beating a woman is justified in some cases. The presence of sexual assault within churches in the south has received national scrutiny amidst a surge in violent acts committed against women – including Vera Omozouwa, who was brutally raped and murdered in a church in Edo state. Gender norms typically uphold child marriage and there exists a strong incentive for traditional leaders and politicians to not speak out against child marriage to avoid backlash from their constituents.

GBV Challenges Triggered by COVID-19

Risk of child marriage and FGM due to closure of schools

In order to mitigate measures to nib the spread of COVID-19, school closure was one of such measures that government all over the world acceded to. In Nigeria, approximately 18 million female school student have been affected by school closure put young girls at adolescent age at increased risk of child marriage and teenage pregnancy. The World Bank (2017) revealed that there was a spike in early marriage in India during the lockdown as families battling poverty took advantage of low cost wedding ceremonies due to physical and social distance restrictions. Approximately 4,000 school girls were impregnated in Kenya in a Machakos county during the imposed lockdown Micheal Oduor (2019). The

pandemic affected Kenya's goal to end FGM by March 2022 as at least 79 girls aged 9-12 years underwent genital mutilation since schools closed in March 2020 due to COVID-19.

Survivors trapped with Abusers

In the three Nigeria locations that initially went on lockdown, Lagos, Ogun and Abuja, the number of domestic violence cases rose by 297 per cent from 60 in March to 238 in April United Nations Nigeria (2020). By contrast, states that observed less stringent lockdown such as Benue, Ebonyi and Cross River states saw 50 per cent increase in domestic violence cases between March and April United Nations Nigeria (2020). The rise in rape cases within lockdown strongly points to a positive correlation between lockdown and rising GBV incidents. The incidences of physical abuse towards minors and teens, often at the hands of women also increased during the COVID-19 pandemic. The Lagos State Domestic and Sexual Violence response team recorded a 10 per cent rise in physical abuse cases received on its hot-lines in March, which averaged 13 calls per day EjiroUmukoro (2020).

Limited Access to Health Services

Lockdown have severely limited access to essential health services, including reproductive care for women. In Zimbabwe for instance, the number of cesarean sections performed in the country decreased by 42 per cent between January and April 2020 compared within the same period in 2019. Sexual and domestic violence facilities faced similar lack of access during the lockdown period. Mirabel Centre, a sexual assault referral Centre in Lagos, Nigeria found that many domestic abuse survivors in Lagos were unable to access the shelter during the lockdown.

Economic Impact on Women and Children

Women comprise the majority of informal sector workers and bear the brunt of any economic downturn. As unpaid child care typically falls on women, this reality coupled with school closures, add additional weight to an already heavy burden. Economic difficulty and loss of livelihoods during the lockdown increased the risk of women engaging in transaction sex, thereby heightening exposure to Sexual Transmitted Diseases, sexual exploitation and unwanted pregnancies. Child Labour has also risen in Nigeria during the lockdown as parents use underage children to carry out vocational jobs. In some cases, these children become the primary economic providers exposing them to undue physical strain, injury and higher rates of abuse and kidnapping.

Social Isolation

The social restriction of lockdown brought risks and challenges of its own, including anxiety, depression, stigmatization, isolation and social unrest. These dynamics in turn exacerbated the risk that individuals experienced or perpetrated GBV. Despite the risk of increased violence, reporting decreased in many places around the world. Survivors were unable or unwilling to report out of fear of further violence, lack of knowledge about access to available services.

Militarization of Movements

Efforts to halt the spread of COVID-19 included the curtailment of physical movement through border closure, curfews, lockdown, mandatory checkpoints of which involved security agencies. Militarization heightened GBV as a result increasingly unequal power dynamics, real or perceived impunity for military.

A pattern emerged of militarized forces using COVID-19 as a pretext or catalyst for detaining, arresting or otherwise opportunistically targeting individuals for gendered violence. Conflict setting location data revealed that the incidence of sexual violence has been related to enforcement of COVID-19 control measures throughout the pandemic. COVID-19 related lockdown created a new and unique opportunity for soldiers to perpetrate sexual violence within a context of defined military power.

Reduced Socioeconomic Status

Financial stress and economic violence are defining characteristics of the COVID-19 pandemic for most households in the country especially for families who depend on daily income. Economic disruption and loss of employment have been felt mostly by all especially women and girls whose income, education and occupation were affected by the pandemic. The risk of Intimate Partner Violence increased as male heads of households encountered economic threats.

Education

Access to education is one of the world's most powerful tools to help women and girls achieve economic equality. Yet COVID-19 related school closure and curtailment of other social services are fueling disparities in knowledge acquisition. Though, some countries have adapted to taking education and employment online and technology-based platforms, these adaptations cannot be assumed to work

in low-income households especially in Nigeria and conflict settings where women are excluded from virtual economy and from remote classrooms and devices. Despite adoption of the curricula for remote learning, in comparison to their male counterparts, girls face additional barriers to accessing the internet, computers, mobile phone, television and radio because the gender digital divide and restrictive gender norms vis-a-vis education when technology is scarce.

Responses from Government in Ensuring Safety of Women and Girls

The exacerbating effect of COVID-19 on GBV has affected countries around the world and forced nations to design innovative measures combat this increase. In Canada, domestic violence shelters remained opened during the lockdown. A Canadian aid package of \$50 million to support shelters for facing sexual violence and other forms of GBV in the province of Quebec and Ontario. Domestic violence shelters are deemed as essential services and remained opened during the lockdown.

In Italy, prosecutors ruled that in situations of domestic violence, perpetrators and abusers must leave the family home instead of survivors. In the case of France, as shelters exceeded capacity, alternative accommodation was put in place for domestic violence survivors by hotels, and countries like the Caribbean explored other alternative accommodations. The hashtag AntiDomesticViolence during the pandemic took off as part of advocacy with links to online resources – helping to break the silence and expose violence as a risk during lockdown in China.

In South Africa, support was allocated to accelerate community-level service delivery for survivors of GBV, with dedicated emphasis on women in the informal economy, as well as young girls and women affected with HIV and AIDS. Australia, France and UK allocated dedicated funding to support women experiencing violence and to organizations providing such services. In Nigeria, the imposition of the lockdown required the Federal government to institute additional palliatives and long-term measures that address GBV. The Ministry of Humanitarian Affairs paid 20,000naira to families registered on the National Social Register for Poor and Vulnerable Households as a short-term means to alleviate financial burden during the lockdown (PERL, 2020). Regarding education, the UNICEF office in Nigeria received a Global Partnership for Education (GPE) grant of \$140,000 to support the Ministry of Education to prepare a COVID19 strategic framework for continuity of learning (PERL, 2020). The grant developed the “opening better” school initiative to mitigate the impact of the pandemic on the well-being of children in Jigawa, Kaduna, Kastina, Kano and Sokoto states.

The Federal government created a sexual offender register to counter sexual violence. With the increase of GBV cases during the lockdown, the Nigerian House of Representatives took further action and pledged to set aside funds in the 2021 budget towards the fight against GBV. The Nigerian Senate passed an amendment to the Criminal Code Act removing gender-restrictive language that previously excluded male rape survivors and also eliminating the statute of limitations for prosecuting statutory rape cases. The senate passed a sexual harassment Bill, combating sexual misconduct in tertiary institutions; and the federal government pledged to collaborate with states on passing the Child Right's Act.

In the wake of the pandemic, state governments in Nigeria adopted various measures to address GBV. The Nigeria Governors' Forum declared a state of emergency on SGBV and called on governors to adopt relevant gender-based bills as well as updated penal code. In addition, the forum asked governors to implement a sex offender registry as already created Ekiti and Lagos states. In the Northeast, Bauchi state signed the VAPP Act, while other governors reaffirmed their commitment to pass the law soon. The governor of Kaduna state, Nasir Ahmed El-Rufai signed into law an amendment to the Kaduna state penal code which provides stiff penalties for individuals convicted of child rape including surgical castration for male convicts and removal of Fallopian tube for female convicts. This amendment requires convicts to be listed in the state's Sex Offenders Register.

Conclusion and Recommendation

The paper interrogated the nexus between COVID-19 and the surge of Gender Based Violence in Nigeria. The study established that Nigeria failed to incorporate lessons learned from the Ebola Outbreak to ensure preventive measures for GBV while taking into cognizance measures to adopt for containing the spread of the virus. Consequently, the following recommendations are proffered: In times of emergencies or crisis, the Ministry of Women Affairs and Social Development should be involved in proffering solutions to emerging challenges as well as incorporated as a member of Presidential Task Force Committee on COVID-19 in order to uphold issues and protect survivors of Gender-Based Violence. The paper recommended that in cases of emergencies, natural disasters or pandemics, Gender Based Violence response services should be categorized as essential duty. There should be an integration of Gender lens into disease response and protection mechanism

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