



ORIGINAL ARTICLE

Intimate Partner Violence against Men and Women in Nigeria during the COVID-19 Pandemic Lockdown: An Assessment of Prevalence and Forms

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Keywords

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ABSTRACT

Background: The control of the COVID-19 pandemic necessitated the use of stringent control measures such as lockdowns by many countries of the world. This predisposed people in relationships to intimate partner violence (IPV). This study aimed to assess the prevalence and forms of intimate partner violence against both men and women in Nigeria during the COVID-19 pandemic lockdown.

Methods: We conducted a cross-sectional study among 538 respondents using an online electronic questionnaire which was circulated across the 36 states in Nigeria on social media platforms - Facebook, WhatsApp and Twitter. Data were collected from May 22nd - July 27 2020 and descriptive analysis generated using IBM SPSS version 23.

Results: The mean age \pm standard deviation of respondents was 37.2 \pm 8.0 years. The overall prevalence of IPV was 216 (40.2%). Eighty-six (44.8%) men reported experiencing IPV with sexual violence 54 (28.1%) being the most reported form followed by emotional 49 (25.5), financial 20 (10.4%) and physical 18 (9.4%) violence. One hundred and thirty (37.6%) women experienced IPV during the lockdown period. The common forms of violence experienced by women were emotional 100 (28.9%), sexual 66 (19.1%), financial 42 (12.1%) and physical 31 (9.0%) violence.

Conclusion: The prevalence of IPV was higher in men than women. The most reported form of violence was sexual in men and emotional in women. This underscores the need for the Federal Government to put in place systems (such as helplines for counselling and legislation) to protect people who are in relationships from IPV.

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INTRODUCTION

The ongoing pandemic of Corona Virus Disease-19 (COVID-19) has placed enormous burden of stressors on healthcare systems and societies as a whole. The rapid spread of the virus in the absence of targeted therapies or vaccines has forced countries to respond with strong public health measures ranging from mitigation to containment including

quarantine.¹ While quarantines are an effective measure of infection control, they can lead to significant social, economic and psychological consequences. A relevant, yet frequently ignored risk during a pandemic and its socially disrupting response, is the potential increase of intimate partner violence (IPV).¹⁻² Violence refers to the intentional use of physical force or power, threatened or actual,

against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.³ Violence can take various forms namely physical, emotional, sexual, or economic violence.⁴

Intimate partner violence (IPV) has been increasingly recognised as a major public health and human rights problem that cuts across all populations, irrespective of social, economic, religious or cultural groups.⁵ Intimate partner violence (IPV) has been defined as any behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours between former or current intimate partners.^{6,7} One in four women and one in 10 men experience IPV.⁴

The act of physical violence includes pushing, shaking, or throwing something at partner, slapping partner, twisting the arm or pulling partner's hair; punching with the fist or hitting partner with something harmful; kicking, dragging, or beating partner, choking or burning partner on purpose and threatening or attacking partner with a weapon (e.g., gun or knife).⁸ Sexual violence includes forced sexual intercourse; physically forcing partner to perform any other sexual act when undesired, and forcing partner with threats to perform sexual acts when undesired.⁸ Emotional violence refers to humiliating partner in public; threatening to hurt or harm someone close to partner and insulting or making partner feel bad about herself/ himself.⁹ Economic violence involves taking partner's earnings or savings against his or her will refusing to give partner money for household expenses¹⁰

Many of the strategies such as physical, geographical, social, functional isolation, and/or control of daily activities which predispose to and foster abusive relations overlap with the social measures imposed during quarantine.^{1,11} Quarantine, isolation and associated social, emotional and economic stressors as well as potential increases in negative coping mechanisms (i.e., excessive alcohol consumption) can trigger an unprecedented wave of IPV. Anecdotal reports from Australia, Brazil, China, and the United States already indicate increases in IPV due to quarantines.² Intimate Partner violence is a taboo topic, often considered a 'private' matter, with low political priority in many societies, even in times of

relative stability.¹ While men can also be affected, IPV is a gendered phenomenon largely perpetrated against women by male partners and approximately one in three women worldwide will experience physical and/or sexual IPV in her lifetime.^{6,12}

There has been a documented increase in IPV around the world during the COVID-19 pandemic lockdown. In China's province of Hubei, the lockdown was associated with more than a threefold increase in cases of IPV.¹³ Other documented rates of IPV cases were 33%, 30%, 30% and 25% in Singapore, France, Cyprus, and Argentina respectively.¹⁴ Reports from other countries including Brazil, Canada, Germany, Italy, Spain, UK, and the US also substantiated a soar in IPV occurrence and demand for shelter during the COVID-19 lockdown.¹⁵

An online survey among Arab women showed that exposure of women to any type of IPV during the lockdown significantly increased by 7.3% compared to before the lockdown.¹⁵ IPV against women increased by 23% in Spain during the first lockdown.¹⁶ About 18.4% of the Arab women who were exposed to any type of IPV during lockdown reported suffering from psychological problems, while 8.7% reported that the violence resulted in injuries.¹⁵ A qualitative study in Nigeria showed that IPV was already occurring prior to the lockdown, but increased in severity or involved new types of violence during the lockdown.¹⁷ The global surge in domestic violence was not entirely unanticipated as the United Nations had warned that people will spend more time in close proximity in household isolation, with women been at risk of experiencing higher levels of violence.¹⁸

Several studies have been conducted on IPV against both men and women across different settings in Nigeria, however very few studies have been conducted during quarantine period,¹⁹⁻²¹ hence the need for this research. This study aimed to assess the prevalence and forms of IPV experienced by men and women during the lockdown of the first wave of COVID-19 in Nigeria.

METHODOLOGY

A descriptive cross-sectional study was conducted between 22nd May and 27th July 2020. The study was carried out online across the 36 states and Federal Capital Territory (FCT) in Nigeria. Nigeria has a population of over 216 million. It is the most populous

country in Africa and has over 250 ethnic groups.²² Nigeria just like other countries of the world, put several measures in place to curtail the spread of COVID-19 and protect the health of its citizens. This included an initial lockdown of non-essential activities; closure of schools; a ban on international flights and so on. These measures were gradually eased off to ensure a balance between preserving lives and livelihoods while addressing the socio-economic disruptions caused by the outbreak. Adult men and women (18 years) who were in relationships for more than one year during the lockdown period, able to comprehend English, and possessed android phones with internet access participated in the survey.¹⁹ A total of 538 participants were recruited using the snowball sampling technique through an online survey.

Data were collected using an electronic questionnaire which was designed on google form. The online survey which took about 10-12 minutes to complete was shared via different social media platforms including Facebook, WhatsApp and Twitter. The survey contained the purpose of the study, instructions (eligibility criteria), consent, ethical approval number and an anonymized email address to direct queries about the survey. The participants were asked to kindly share the survey within their social networks who met the eligibility criteria. The names of the researchers were excluded from the online form; this was done to ensure that participants felt comfortable with filling the forms. Link to the questionnaire was: <https://docs.google.com/forms/d/e/1FAIpQLScHUCba9I33LFsMyRactxxS3zDaNgF2u0rLwxzKFWVuMymuNw/viewform?vc=0&c=0&w=1>

Data Analysis

IPV as the outcome of interest was measured as physical, sexual, emotional and economic violence by a current or former partner. A respondent was considered to have experienced IPV if he or she answered yes to at least one act of any of the forms of violence (physical, sexual, emotional or economic). Oyediji's method was used in the estimation of the social class of households. This was done by using the occupations and educational attainment of the study participants and their partners to obtain five socio-economic classes (Class I to Class V).²³ The social class assigned to that couple is the mean score of the occupation and educational attainment for the respondent and his/ her partner to the nearest whole number. Classes I-III were classified as upper class

while IV and V were lower class.²³ Data were downloaded into the excel sheet and exported into IBM SPSS version 23.0 Armonk, NY: IBM Corp. which was used to analyse data. Descriptive statistics including frequencies and proportions for categorical variables and means, standard deviation were done for quantitative variables.

Ethical Consideration

Ethical approval was sought from Health Research Ethics Committee, UDUTH (UDUTH/HREC/2020/951). The survey was voluntary, and participants were assured that all information provided will be treated as confidential and anonymity maintained. Details about the study were stated in the first section of the google form and consent was sought from the participants before filling out the form. Participants who did not consent to the survey were automatically directed to the "submit form" button.

RESULTS

A total of 596 responses were received. Fifty-eight persons opted out (i.e. clicked that they did not want to participate in the survey) of the study. Hence 538 responses were analyzed, giving a response rate of 90.3%. About half 273 (50.7%) of the respondents were within the 35-44 years age group. The mean age \pm standard deviation of respondents was 37.2 ± 8.0 years while 248 (46.1%) of the partners were within the 35-44 age group with a mean age of 39.0 ± 10.1 years. There was a preponderance of females 346 (64.3%). Most of the respondents and their partners were within the upper social class 480 (89.2%) and majority were married 505 (93.9%) (Table 1). The overall prevalence of IPV was 216 (40.2%) with 86 (44.8%) men and 130 (37.6%) women reporting an experience of IPV, respectively. Sexual violence was the most common form experienced by men 54 (28.1%) while emotional violence was the most common form reported by women 100 (28.9%). (Table 2).

The commonest type of physical violence was reported as the partner pushing or throwing an object at the respondent 25 (4.6%) while sexual deprivation 96 (80.0%) and sexual assault 36 (30.0%) were the most reported types of sexual violence. 'Partner insulted or made you feel bad about yourself' was reported by 129 (86.6%) as the commonest type of

emotional violence. Refusal to provide money for household expenses 40 (64.5%) was the commonest example of economic violence reported. One hundred and eighty (83.3%) respondents reported that it was not the first time their partners were carrying out any act of violence and a small proportion of respondents [23 (10.6%)] felt that their lives were in danger (Table 3).

Forty-nine (9.1%) of those who experienced any form

of IPV reported the incident to someone. Thirty-three (67.3%) of them reported to law enforcement agents, 9 (18.4%) to friends, 4 (8.2%) to family and 3 (6.1%) to pastor. Among those who did not report IPV incident to anyone 104 (62.2%) felt that their partner's behaviour was normal so there was no need for reporting, 27 (16.2%) didn't know who to report to, 9 (5.4%) needed to maintain privacy and 3 (1.8%) were tired of reporting (Table 4).

Table 1: Socio-demographic Characteristics of respondents and partners

Variables	Frequency (n= 538) n (%)
Age (years)	
18-24	14 (2.6)
25-34	181 (33.6)
35-44	273 (50.7)
45-54	49 (9.1)
≥55	21 (3.9)
Partner's Age	
18-24	25 (4.6)
25-34	144 (26.8)
35-44	248 (46.1)
45-54	85 (15.8)
≥55	36 (6.7)
Sex	
Female	346 (64.3)
Male	192 (35.7)
Ethnicity	
Ibo	181 (33.6)
Hausa	127 (23.6)
Yoruba	93 (17.3)
Others	137 (25.5)
Religion	
Christianity	388 (72.1)
Islam	150 (27.9)
Social Class of Couple	
Upper	480 (89.2)
Lower	58 (10.8)
Place of Residence	
Urban	479 (89)
Rural	59 (11)
Type of Relationship	
Married	505 (93.9)
Dating	27 (5.0)
Engaged	29 (0.4)
Cohabiting	4 (0.7)

Table 2: Prevalence and forms of IPV violence experienced by both males and females during lockdown

Variables	Frequency (%)
Prevalence of IPV	
Total IPV in the study (n=538)	216 (40.1)
Males who experienced any form of IPV (n= 192)	86 (44.8)
Females who experienced any form of IPV (n= 346)	130 (37.6)
Forms of IPV experienced by males (n=192)*	
Sexual	54 (28.1)
Emotional	49 (25.5)
Economic	20 (10.4)
Physical	18 (9.4)
Forms of IPV experienced by females (n=346)*	
Emotional	100 (28.9)
Sexual	66 (19.1)
Economic	42 (12.1)
Physical	31 (9.0)

**Multiple responses applied*

Table 3: Forms of violence experienced by respondents during the COVID-19 lockdown

Variables	Frequency (%)
Types of Physical Violence (n=49) *	
Partner pushed you or threw something at you	25 (51.0)
Partner punched you with his/her fist or did something that could hurt you	24 (49.0)
Partner twisted your arm or pulled your hair	23 (46.9)
Partner kicked, dragged or beat you up	12 (24.5)
Partner tried to choke or burn you on purpose	11 (22.4)
Types of Sexual Violence (n=120)*	
Partner deprived you of sexual intercourse when you were in the mood for sex	96 (80.0)
Partner forced you to have sex when you didn't want to	36 (30.0)
Partner forced you to perform other sexual acts you didn't want to	18 (15)
Types of Emotional Violence (n=149) *	
Partner insulted or made you feel bad about yourself	129 (86.6)
Partner said or did something to humiliate you in front of others	71 (47.7)
Partner threatened to hurt or harm you or someone close to you	34 (22.8)
Types of Economic Violence (n= 62)*	
Partner refused to give money for household expenses	40 (70.2)
Partner took earnings or savings against your will	34 (59.6)
First time partner is doing any of the above (n=216)	
Yes	36 (16.7)
No	180 (83.3)
Feels life is in danger (n=216)	
Yes	23 (10.6)
No	193 (89.4)

**Multiple responses applied*

Table 4: Reporting of IPV among respondents during COVID-19 lockdown period

Reporting of IPV	Frequency (%)
Reported incidents experienced above to anyone (n= 216)	
Yes	49 (9.1)
No	167 (90.9)
The person to whom incident was reported (n= 49)	
Law enforcement Agents	33 (67.3)
Friends	9 (18.4)
Family	4 (8.2)
Pastor	3 (6.1)
Reasons for not reporting incident (n= 167)	
Felt partner’s behaviour was normal so no need for reporting	104 (62.2)
Didn't know who to report to	27 (16.2)
Felt ashamed	24 (14.4)
To maintain privacy	9 (5.4)
Tired of reporting	3 (1.8)

DISCUSSION

This paper highlights the prevalence and forms of IPV among men and women in Nigeria during the COVID-19 pandemic lockdown. The reported IPV prevalence of 40.2% in this study is higher than reports from Singapore (33%), France (30%), Cyprus (30%) and Argentina (25%).¹⁴ This may be due to factors associated with IPV such as poverty, unemployment, male and female illiteracy. Individuals who accept violence as normal or even positive and households that use corporal punishment are more prevalent in Africa.¹² Surprisingly, more men than women experienced IPV in this study. It is a general notion that men are strong and unlikely to suffer any form of violence from their partners. This study proved otherwise. The reported higher IPV prevalence among men may arise from the questionnaire being self-administered and they felt comfortable reporting exactly what they felt in their relationships. It is also possible that the true picture of IPV against men is not known as few studies have been

carried out on violence against men. This underscores the need for researchers to carry out more studies on violence against men. Women, on the other hand, may have under-reported their experiences because they do not wish to be seen as having failed in their relationships especially marriage (social desirability bias) as women are generally blamed for the outcomes of relationships, especially within the context of the African society.²⁴

Men also reported sexual violence much more frequently than women with the commonest type of sexual violence being sexual deprivation. This corroborates with a study conducted in Nigeria where women were said to have reported excessive urges to have sex from their husbands.¹⁷ This may be because men had more sexual drive than women during the lockdown period, coupled with the restrictions on movement and outdoor activities which left couples with more time to engage in sexual activities. During the lock down period, there

were increasing demands on women resulting from the presence of family members who were compelled to stay indoors. Women are traditional caregivers- taking care of the family as a whole and performing other house chores, all these, have the potential of physically exhausting her and making her not in the mood for sex.

In this study, men and women experienced almost the same levels of physical violence. This could be because of the increased awareness of women's rights and advocacy for equality of sexes which has made women more intolerant of domestic violence and likely to retaliate any act of violence. Studies have shown that men who are victims of physical violence are also perpetrators of physical violence.^{25,26} Surprisingly, in another study in Belgium, men suffered significantly more physical violence than women although the injuries sustained by the women from the violence perpetrated by their male partners were more severe.²⁶ This contrasts findings from another study in Congo where a much higher prevalence of physical violence was reported in women than men.²⁷ This implies that if physical violence is allowed to continue in intimate relationships, there will be hospitalizations and deaths among partners resulting from physical injuries. Women on the other hand suffered more emotional violence than men. This resonates with findings from other studies where women suffered shouting, insults and manipulation from angry spouses who had lost their sources of income following the restrictions in movement.^{15,27,28} Couples who experienced financial and family stressors during the pandemic were likely to have an increase in the number of arguments and conflicts.^{29,30} There was a lot of anxiety, crippling fear and disturbing news associated with the pandemic coupled with the frustration of having no cure or vaccine in sight to alleviate the burden. Most families in Nigeria lacked access to any form of psychological counselling and so people tended to take the toil out on their partners.

Women suffered more economic violence than men in this study with the commonest reason for this being partner refused to give money for expenses. Most likely the men did not have money to provide for basic necessities to sustain

the family which was misinterpreted as refusal to provide money by their spouses. Majority of people who live in developing countries survive via day-to-day activities in the informal sector. Thus the confinement was a period of significant economic crisis for couples and families from especially those working in informal economies or who were self-employed.^{31,32} During the lockdown period, developed countries had a robust welfare system for taking care of families whereas in countries like Nigeria, families were locked down without adequate source of livelihood or support from the Government thus worsening the already poor economic situation of families. Studies have shown that there was an increased risk of other forms of violence following pandemic-induced financial worries and inability of men to meet up with the financial obligations of their families.^{9,33}

Less than 10% of those who had experienced IPV during the lockdown reported the incident. This may be because the prevalence was higher in men than women and men might not want to report as it may not match the cultural perceptions of masculinity. The commonest reason for not reporting was that partner's behaviour was seen as normal and hence there was no need for reporting. This further reflects a liberal stance towards IPV in communities where partners are excused for being violent once it occurs within the confines of relationships, especially marriage. There is also a "culture of silence" around marital issues where both partners are encouraged to keep whatever happens in their marriage secret and not involve third parties, although only a small proportion of respondents did not report the incident because they wanted to maintain privacy was small 9 (5.4%). This further buttresses the fact that people see violence in relationships as not warranting external intervention especially in traditional African societies. In more advanced countries, there was availability of hotlines to report any act of IPV for prompt action. It was reported that the number of women calling domestic violence support services rose significantly in various countries where a national lockdown was implemented.¹⁸

Limitations of the study: Since the study was carried out online, people who did not have android phones or internet access were not able to participate. Given the high coverage of mobile phones and internet access in the country, it is believed that those with limited or no access are relatively fewer. Respondents were not randomly selected so the data may not be generalizable. However, the study presents some descriptive data on IPV during lockdown situations which can inform future and in-depth studies. The google form was designed in such a way as to allow a respondent access the questionnaire only once. This was done to avoid multiple entries by the same respondent.

Conclusion: The overall prevalence of IPV in this study was high. The prevalence of IPV was higher in men than women. Sexual violence was the most reported form of violence among men while women reported emotional violence. This underscores the need for the Federal Government to put in place systems (such as legislation, help lines, and shelters) to protect people who are in relationships from IPV and these may have greater utility during periods of lockdown among others.

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