

Assessment Of Gender-Based Violence In The City Of Ibadan, Oyo State, Southwest Nigeria

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I. Introduction

The World Health Organization (WHO) explains the concept of gender-based violence (GBV) as 'any behavior within an intimate relationship, inclusive of acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors'. The Economic and Social Council (ECOSOC) Humanitarian Affairs Segment 2006 described GBV as "Any harmful act that is committed against a person's will and is predicated on socially associated differences between males and females". Gender-based violence (GBV) significantly impacts public health worldwide and is possibly the most repressive form of gender inequality, posing a formidable hindrance to equity in the participation of men and women in social, political, and economic spheres. Globally, gender-based violence (GBV) is recognized as one of the significant public health problems and a contemporary human rights concern. While women and girls of all ages make up most victims, men and boys are both direct and indirect victims. Gender-based violence against men is generally less acknowledged by the society than GBV against women, further blocking men from reporting their situation. Partly, this is because, in general, in-society, men hold power. Therefore, it is hard to view men as victims. The noxious views of masculinity often prevent men from coming forward when victims of GBV. The associated stigmatization, and the fear of not being believed, can be strong enough to discourage men from reporting the abuse. The occurrence and frequency of GBV against men are highly disputed, with varying research indicating diverse conclusions for different countries and many countries having no data

It is clear that the effects of such violence are both physical and psychological, including but not limited to unwanted pregnancies, exposure to HIV or other sexually transmitted infections, severe physical injuries, post-traumatic stress disorder (PTSD), the limited ability to complete daily tasks, depression, anxiety, and suicidal thoughts, posing long-term detrimental consequences for both the survivors and their communities."

The 2023 WHO and UNFPA statistics on GBV revealed that about a third, (35%) of women and girls have experienced sexual or physical intimate partner violence or non-partner sexual violence. With 7% of women have been sexually assaulted by someone other than a partner²⁴.

Many women feel that violence against wives is justified in some cases. Ethiopia, India, Bhutan, Samoa, and Laos are just some countries where over half of the women feel as such²⁶. While over 90% of offenders never see justice.

II. Purpose

Globally, gender-based violence (GBV) is recognized as one of the significant public health problems and a contemporary human rights concern. According to data from the UNFPA, Oyo State has a GBV prevalence of 7.6%. But by 2021, out of the estimated over 7.8 million population in Oyo State, the fifth most populous state in Nigeria, 17.1 per cent of women in the state have experienced physical violence from age 15. The Oyo State gender violence response team reported a surge in women who reported violence of all forms from 132 in 2019 to 768 in 2020. Further, the proportion of ever-partnered women and girls aged 15-49 subjected to sexual or physical violence by a current or past intimate partner in the previous 12 months in Nigeria in 2018 was estimated at an alarming 13.8% (UNFPA, 2018) Research and studies on adolescents suggest that violent behavior or the intention to use violence is associated with several contextual, individual, and situational factors. The issue devastates survivors of violence, including their families and involves significant economic and social costs. A characteristic of gender-based violence is that it knows no social or economic bounds and affects women and girls of all social and economic backgrounds; this is an issue that need be addressed in both developing and developed countries³³. Furthermore, most studies failed to focus on men as victims. To better understand GBV within Nigeria and identify workable solutions to address the rising incidence, this study assessed gender-based violence against men, adult women, pregnant women and adolescents. We further explored the help-seeking behavior of abused

victims and the response of healthcare providers to GBV cases in Ibadan. This study assessed the trend and patterns of gender-based violence in Ibadan, Oyo State, South western Nigeria.

III. Method:

The research was a quantitative, descriptive cross-sectional study. Composite, semi-structured questionnaires, hosted on Kobocollect, were used to collect study-related data; research tool was both interviewer and self-administered. The study location comprised the 11 LGAs that constitute Ibadan, Oyo State, Southwestern Nigeria. Data analysis was done using SPSS Version 29. Inferential statistics, to test for associations between categorical variables, was done using the Chi-square test for qualitative variables. Logistic regression analysis was done to identify independent factors of GBV. Statistical significance level(p) was set at $p < 0.05$ at a 95% confidence interval.

IV. Results:

A total of 13,841 persons, comprising 2388 pregnant women, 2027 non-pregnant women, 4452 adolescents, 3688 adult males and 1286 healthcare providers were included in the study.

Among adult non-pregnant female respondents, a lower proportion of younger women aged 20-29 years (43.9%) were at threat of GBV compared to older age groups like women aged 40-49 years (54.1%) ($p=0.001$). Women who are currently employed are less likely to be at threat (39.9%) compared to those who are not employed in the last 12 months (42.8%) or currently unemployed (58.5%) ($p<0.001$). Women with tertiary education have lower proportion at threat of GBV (40.1%) compared to those with secondary education (52.3%) or primary education (55.4%) ($p<0.001$). Among the adult females, only 2.9% agreed that a husband is justified in beating his wife if she goes out without informing him, 3.1% felt that neglecting children is a justifiable reason for violence, 2.4% of respondents agreed that arguing with a husband could justify violence, and 4.4% of adult females believed that refusing sex with their husband justified GBV.

Among pregnant women, age significantly influences the threat of GBV as younger women aged 20-29 (69.5%) and 30-39 (75.5%) are more likely to report being at risk of experiencing GBV while women aged 50 and above appear to have a lower risk (33.3%) ($p = 0.003$). Age shows a significant association with the risk of GBV during pregnancy. Logistics regression revealed women aged 30-39 had an OR of 7.476 ($p = 0.026$), indicating that they are approximately 7.5 times more likely to be at risk of GBV. Similarly, women aged 40-49 have an OR of 6.199 ($p = 0.046$), suggesting a higher risk relative to the reference group (≥ 50 years). There was a significant association between the pregnant women partner's age and the threat of GBV ($p = 0.002$) as younger partners, particularly those aged 20-29 (68.6%), were found to be associated with a lower threat of GBV compared to older age groups. Further, a significant relationship was established between the partner's employment status and the threat of GBV ($p = 0.034$) as partners who are not currently employed or were not employed in the last 12 months are more likely to be associated with GBV threat (81.2%). Findings indicate that most adult pregnant females do not consider any reasons justifiable for GBV, although a small percentage of respondents still hold beliefs that could perpetuate violence. Out of the 2,027 sampled pregnant women, only 3.1% agreed that a husband is justified in beating his wife if she goes out without informing him, 3.6% felt neglecting the children justify GBV, 3.2% agree that arguing with the husband justifies GBV while 4.9% are of the view that refusing sex with husband justifies GBV.

Among adult men, Age is shown to be a significant factor, with younger males (particularly those aged 20-29 and 30-39) having a higher likelihood of experiencing GBV threats compared to those aged 50 and above. Specifically, males aged 20-29 have an odds ratio of 2.603 ($p < 0.001$), meaning they are over 2.6 times more likely to experience GBV threats than those aged 50 and above. Similarly, those aged 30-39 have an odds ratio of 1.935 ($p < 0.001$), indicating a nearly doubled risk of GBV threat compared to those 50 years and above. Of the male respondents who had partners/spouses, 7.1% reported experiencing physical violence from their partners, making it the most common form of abuse in the section. Additionally, 3.6% had been threatened with harm or death by their partners. Other severe forms of abuse, such as choking, strangulation, or suffocation attempts, were reported by 2.4% of the respondents. Meanwhile, 2.7% reported threats or assaults involving weapons and 1.5% indicated that their partner had harmed or threatened to harm a family pet. Also on controlling behaviors, 8.8% of respondents indicated that their partners controlled their access to money. Male respondents with partners who are not currently employed (55.1%) or have not been employed in the last 12 months (53.2%) had higher proportions of being associated with GBV threats when compared to those currently employed (31.1%).

The partner's education level was also significantly associated with GBV threats ($p = 0.002$). as 40.8% of those with partners who had primary education reported GBV threats, compared to 47.0% for secondary education. The threat to GBV among adult males increased with partners' increasing education status with the odds ratios for partners with no formal education and primary education relative to those with tertiary education identified as 0.543 ($p = 0.001$) and 0.590 ($p < 0.001$) respectively.

Majority of the adolescents identified as students (65.1%), while most (96.9%) had never been married. Just 1.7% responded they had been married with 1.3% admitting living together with a partner; 2.1% of the adolescents had one child and a negligible (0.4%) had two children. More than half (53.8%) reported experiencing being slapped or pushed without sustaining injuries or lasting pain at least once, 15.4% experienced it three times, and 7.7% reported experiencing it eight times within the past year. Also, 7.7% of the adolescents have experienced being beaten up with severe contusions, burns, or other serious injuries at least five times under the review year. The study indicated that age and employment status, as opposed to educational level, gender and residence, were significantly associated with the risk of GBV. Specifically, adolescents aged 10-14 years were more likely to be at risk, with 59.4% of this age group experiencing GBV, compared to 37.3% in the 15-19 age group ($p=0.021$). Employment status also showed a significant association with GBV risk. Adolescents who were not currently employed had a higher risk of GBV, with 46.6% reporting such experiences, compared to 28.6% of those currently employed and 26.2% of those not employed in the last 12 months ($p=0.002$).

The logistic regression analysis on the sociodemographic determinants of gender-based violence (GBV) risks among adolescents identified age and employment status as factors influencing the likelihood of experiencing GBV. Age was a significant determinant, with adolescents aged 10-14 years being 2.43 times more likely to be at risk of GBV compared to their older counterparts aged 15-19 years, as indicated by an odds ratio (OR) of 2.430 and a p -value of 0.026.

Similarly, adolescents who were not currently employed were 2.825 times more likely to experience GBV compared to those who had not been employed in the last 12 months, with a statistically significant p -value of 0.002. Educational level of the partner significantly impacts the risk of GBV. Adolescents whose partners had only primary education exhibited a higher risk of GBV, with 68.4% of such cases reporting GBV compared to 31.6% who did not ($p=0.033$). This suggests that lower educational attainment among partners may be associated with a heightened risk of GBV.

A total 647 health facilities were captured in the study, with only 22% reporting GBV cases within the past 6 months. In terms of health facility distribution, most workers are employed in Primary Health Clinics/Centers (50.5%), followed by General Hospitals (34.2%). Gender distribution shows a predominance of female healthcare workers (83.4%), while males constitute only 16.6%. Professionally, the largest groups are Nurses/Midwives (34.7%) and Health Assistants and CHEWs (17.1%). Out of a total of 1,286 respondents, 1,001 (77.7%) express a positive attitude towards the urgent treatment of GBV survivors while, 285 (22.3%) have a negative attitude. Out of the 638 respondents, only 24.1% (154) correctly knew the meaning of GBV, while a majority 75.9% (484) did not, indicating a significant gap in basic understanding of GBV among HCWs. When asked to identify the common types of GBV, 77.4% of respondents identified only one type, and 17.1% identified two types, while only 1.4% could identify four types. A small fraction (2.2%) of HCWs could identify three types, with just 0.2% identifying all five common types of GBV, demonstrating limited knowledge of the different forms of GBV. Medical care is the most frequently provided service, representing 81.5% (527 out of 647) of the total services offered. Counselling and psychological support follows with 54.4% (352), while referral services accounting for 42.7% (276). Screening and assessment services make up 28.9% (187), showing that health facilities prioritize medical treatment, mental health support, and referrals for survivors. Follow up care (19.2%), education and prevention (16.4%), documentation and reporting (12.4%) and advocacy and empowerment (3.7%) constituted the least services offered. These figures suggest that while immediate care is prioritized, there may be gaps in long-term support and empowerment initiatives for GBV survivors. In 2023, 64.1% of facilities reported no male adult cases, while 31.8% of facilities reported 2-5 cases among female adults, showing higher reporting for females.

V. Conclusion:

Age, employment status, level of education and alcohol consumption by partners, had a direct significance on likelihood of GBV, in varying but alarming degrees, among women, men and adolescents in Ibadan, Oyo State. Figures suggest that while immediate medical care is prioritized, there may be gaps in long-term support and empowerment initiatives for GBV survivors. The findings further identified gaps in the knowledge of healthcare providers and limited long-term support for survivors of GBV. While some facilities reported cases among women, there were fewer reports of GBV among men, highlighting the need for increased public awareness and survivor-focused care. Most facilities reported 2-5 cases among female adults within the past 6 months, showing higher reporting for females as against males.