

GENDERED IMPACT OF COVID 19: A DIALECTIC APPRAISAL OF SEXUAL AND GENDER-BASED VIOLENCE (SGBV) IN NIGERIA

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Abstract: The recent COVID 19 pandemic ravaging the entire universe has distressingly dilacerated the normal process of operation of different people globally. Usually, pandemics like COVID 19 is a threat to the health of all. However, women and girls are the most assailable. This is subject to the fact that, emergencies or disaster like COVID 19 always heighten pre-existing gender inequities, toxic social norms and power hierarchies. Women and girls are commonly, the most vulnerable to these societal and structural vices. More so, since there were no safety protocols put in place to ensure the protection of girls and women against sexual violence during the pandemic, they become helpless and susceptible to exploitation, violence and sexual abuse. Hence, SGBV becomes a latent inference of the COVID 19 pandemic. This study, therefore, is an appraisal of SGBV against women and girls in Nigeria during the COVID 19 pandemic. It uses both qualitative and quantitative methods to obtain data from respondents on the magnitude of SGBV during the pandemic, as well as the factors predisposing women and girls to SGBV. Data collection was done using questionnaire and close observation. Post-structural feminism is the theory that informs this work. It is a theory through which the writer explores the cultural norms and social structures that legitimize and normalize violence against women and girls in the society. It helps to locate the social problem of SGBV in the real world and its structures. The study investigates social and societal structures that encourage SGBV in the pre COVID and COVID epochs. From this cause, therefore, the study has implications for the intervention of both policy makers and practitioners.

Word Count: 272

Keywords: Sexual and Gender-Based Violence (SGBV), COVID 19, Gender Inequities, Post-structural Feminism and Social Structures.

1. INTRODUCTION

OF SThere exist differences in the level of violence faced by women as these vary from one country to another. In Nigeria for instance, women have suffered immense violence, discrimination, rejection as well as deprivation as a result of gender bias. This subjugation over many years has deprived women and affects their peace and dignity as well as their rights as human beings.

Over the past years, discussions on sexual and gender-based violence (SGBV) have increasingly gained considerable attention of researchers. The subject of gender-based violence has garnered much impetus, and attracted intense debate. Arango et al. (2014) defines SGBV to include “intimate partner violence, non-partner sexual assault, female genital mutilation, sexual exploitation and abuse, child abuse, female infanticide, and child marriage”. The effects of such violence can be devastating and long lasting. They pose a danger to the female’s reproductive health and can scar a survivor psychologically, cognitively and interpersonally. A woman who experiences domestic violence and lives in an abusive relationship with her partner may be forced to become pregnant or have an abortion against her will, or her partner may knowingly expose her to a sexually transmitted infection. The accumulation of all these negative impact of SGBV has impaired the female folk economic, political and social power.

Taft and Watson (2008) posits that exposure to intimate partner violence is linked with a multitude of adverse physical health outcomes, including acute injuries, chronic pain, gastrointestinal illness, gynecological problems, depression, and substance abuse. Pallito. C etal (2006) and Garcia-Moreno (2013) are of the opinion that SGBV has become a global public health problem that poses challenges in human health, with a higher prevalence in developing countries. SGBV not only plays a significant component in the morbidity and mortality of women, but this form of violence disproportionately affects the health status of women and their children. SGBV is an abuse of human rights that occurs internationally, in both developing and developed countries, regardless of culture, socio-economic class or religion and varies in frequency, forms and extent from country to country.

Palermo, T etal (2014) refers to it as a ‘tip of the iceberg or silent epidemic’ as victims are hesitant to reveal their experiences of violence due to many barriers. The barriers that women experience about reporting SGBV include fear of stigma and shame, financial barriers, lack of awareness of available services, fear of revenge, lack of law enforcement action and attitudes surrounding violence as a normal component of life. Subsequently, this results in underreporting and challenges in accurately measuring the prevalence of SGBV [WHO (2012 and Hindin, M etal (2008)].

More often, SGBV has generally been found to increase in the face of pandemics and disasters. While disease outbreaks threaten populations’ health, the aggressive response measures of governments, such as lockdowns and quarantines, often increase women and girls’ vulnerability to SGBV. Several researches have indicated a rise in family violence and sexual violence during and after any large crisis or pandemics. [New Zealand Family Violence Clearinghouse NZFVC (2020), International Federation of Red Cross and Red Crescent Societies (2020) and UNFPA (2020, March 20)]. This is because pandemics often lead to breakdowns in laws and social infrastructures thus compounding the already existing weaknesses and conflicts. As a result, the pre-existing gender inequality is worsened by the pandemic situations. This thereby increases the exposure of children and women to harassment and sexual violence when they try to procure necessities such as water, food, and firewood.

Cases of SGBV in Nigeria are following a similar trend to elsewhere in the world. During the various versions of lockdown put in place across the country on 30 March, 2020 reported cases of gender-based violence substantially risen. According to an article published in a national newspaper of Nigeria, Daily Trust (June 23, 2020), during the COVID-19 lockdown, crime increased, especially cases of rape, defilement, sodomy and bestiality. However, the COVID-19 pandemic and its associated lockdown, according to the International Federation of Women Lawyers (FIDA), Nigeria, should not be an excuse for rape and gender-based violence.

The prevalence of SGBV in Nigeria is alarming. In Edo State, a 22-year-old University of Benin (Uniben) student, Uwaila Vera Omozuwa, was raped and killed in a church. In Ondo, Tope Onifade's two daughters were defiled by their father. In Osun, the headless naked bodies of a woman and her child were found in a gutter. Equally, in Enugu, Baby Ebube Christy Umeh was violently abused with a razor blade by a neighbor; and a woman battered her six-month old baby with razor cuts because the father refused to marry her. In Cross River State, Chioma, a 14-year-old, was raped by her landlord's son who is a 31-year-old father of three, while in Jigawa, a 12-year old girl was raped by 11 men. In Yobe State, Halima's hand was cut off by her husband for not taking permission to attend a wedding.

There are a number of reasons for such increase in gender violence cases during the pandemic. Economic dependence is one of the major reasons for the increase in SGBV during pandemic. Since more women were in informal jobs and were mostly laid off, they become economically dependent on their male counterparts. This eventually increase their risk of SGBV as well as also make it difficult for them to leave their perpetrators. Other factors responsible for the exacerbated

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rise in cases of SGBV are mental health issues like anxiety, substance abuse, depressive symptoms, insomnia, and so on. A good number of researchers confirmed that there is always an overwhelming increase in the sales of alcohol and drug substance during any pandemic. [Capaldi DM et al (2012), Devries KM et al (2013) and The Recovery Village (2020)].

Whilst there had been research works conducted on the prevalence of SGBV during disasters and pandemic, there exist a porosity of research work on the gendered impact of the novel COVID 19 pandemic as well as the factors that predispose women and girls to SGBV during the pandemic. It is against this background that this study seeks to appraise the prevalence of SGBV during the COVID 19 pandemic. It also reviews the various risk factors that are responsible to the heave in SGBV such as social structures and norms that normalize violence against women and girls, inadequate protection protocols for women during the pandemic, as well as enabling government policies that reinforce SGBV.

Aim and Objectives

The aim of the study is to systematically appraise the gendered impacts of COVID 19. Additionally, the study examines the magnitude of SGBV against women and girls during the pandemic, it also investigates the factors predisposing women and girls to SGBV by examining the cultural and social norms that normalize violence against women. Specifically, the study enquires about the level of awareness of SGBV, the impacts of SGBV AND the responses of victims to SGBV.

2. METHODOLOGY

A mixed methods design was used for the study comprising of quantitative and qualitative methodologies to obtain data from respondents on the magnitude of sexual and SGBV during the COVID 19 pandemic, as well as the factors predisposing women and girls to SGBV. Data collection was done using questionnaire and primary data gathered from the field. A total number of 208 respondents were garnered from different age groups, social strata, gender and ethnic background.

Thematic Preoccupation of the Study

Post-structural feminism is the theory that informs this study. In exploring the cultural norms and social structures that legitimize and normalize violence against women and girls in the society, this study uses Post-structural feminism to illustrate how and why violence subsist in our society, thereby, projecting the process of overcoming it. This theory offers an in-depth and clear perception on existing social reality and structures that predispose women and girls to SGBV. More so, the theory offers a broad and capacious understanding of violence through merged analysis of discourses and gender.

Moreover, Post-structural feminism goes beyond the liberal feminist's interest on individual women's rights and the radical feminist attention on social justice and the end of patriarchy to exposing the layers of power previously unrecognized in order to restructure the society in less grinding ways. According to Davies, B. (2006), Post-structural feminism helps us move beyond the binaries of male and female and essentializing practices. Connel (1987) affirms that it is through an analysis of gender and discourses that construct it, that we can begin to unpick violence as both constitutive of and constituting hegemonic masculinity.

In societies where females are less valued and possess fewer rights than males, they are inevitably more vulnerable to violence and death. Hudson (2009). Post-structural feminist is not always a result of direct violence, it can take the form of medical and nutritional neglect. Therefore, Post-structural feminist approach shows that women cannot be understood as powerless and men cannot be depicted as having all the power as assumed in a U.S. traditional feminist paradigm. Women can and do exercise power; sometimes in forms similar to how men use power. However, because we live in a society that privileges men how we understand the use of this power is different. Therefore, policy proscriptions and treatment interventions should reflect these differences in order to better account for the various experiences, motivations, meanings, and contexts of perpetrators and victims.

3. STATISTICAL ANALYSIS RESULTS AND DISCUSSION

3.1 Socio – Demographic Characteristics of the Respondents

The socio-demographic characteristics of the respondents is as shown in Table 1. It takes into consideration the social variables, their levels, frequency and percentage distribution.

Table 1: Summary of Socio-demographic Characteristics of Respondents

Variable	Levels	Frequency	Percentage
Gender	Male	79	38.0
	Female	129	62.0
	Total	208	100
Age (Years)	15 – 19	1	0.5
	20 – 24	24	11.5
	25 – 29	37	17.8
	30 – 34	55	26.4
	35 – 39	40	19.2
	40 and Above	51	24.5
	Total	208	100
Marital Status	Single	75	36.1
	Married	133	63.9
	Separated	0	0
	Divorced	0	0
	Total	208	100
Religion	Christianity	199	95.7
	Islam	8	3.8
	Traditional	0	0
	Others	1	0.5
	Total	208	100
Highest Education Attained	Primary School	0	0
	Secondary School	12	5.8
	NCE / OND	17	8.2
	HND / BSC	91	43.8
	Post – Graduate	88	42.3
	Total	208	100
Employment Status	Student / Trainee	30	14.4
	Employed	117	56.3
	Not Employed	11	5.3
	Self Employed	50	24.0
	Total	208	100
Ethnic Affiliation	Yoruba	175	84.1
	Hausa	6	2.9
	Igbo	12	5.8
	Other	15	7.2
	Total	208	100

Table 1 presents the social-demographic characteristics of distribution of respondents. It can be observed from the table that 129 (62.0%) of the total respondents were female while 79 (38.0%) of the respondents were male. The table also shows the age distribution of the respondents with a modal group in 30 – 34 years age category. Majority of the respondents 133(63.9) were married while 75(36.1%) were singles. This analysis also shows the religion of the respondents with 199 (95.7%) of total respondents being Christians and 8 (3.8%) practicing Islam. It shows the respondents' highest educational status as 91 (43.8%) for HND / BSC degrees which was followed closely by 88 (42.3%) as post-graduate studies. it also shows that majority of the respondents 117 (56.3%) were fully employed while just 11 (5.3) were either students or trainees. Further examination from the table also shows the divergent ethnic affiliations of the respondents as 175 (84.1%) for Yoruba, 6 (2.9%) for Hausa, 12 (5.8) for Igbo and 15 (7.2%) for respondents of other ethnic groups.

3.2 Analysis of Research Objectives

3.2.1 Examining the extent of sexual and gender-based violence against women and girls during the COVID-19 pandemic

Descriptive statistics was employed in analyzing this research objective. Issues such as Awareness of the term SGBV, Awareness of the Victims of SGBV, Provisions of enough protection for victims of SGBV, Major forms of SGBV and Negative impacts of SGBV were looked into. Tables 2 show the descriptive statistics of each of key variables for examination.

Table 2: Variables for Examining the Extent of SGBV

Variable	Levels	Frequency	Percentage
Awareness of the term SGBV	Yes	184	88.5
	No	13	6.3
	Not Sure	11	5.3
	Total	208	100
Awareness of the Victims of SGBV	Yes	108	51.1
	No	100	49.9
	Total	208	100
Provisions of enough protection for victims of SGBV	Yes	19	9.1
	No	156	75.0
	Not Sure	33	15.9
	Total	208	100
Major forms of SGBV	Sexual assault	39	18.8
	Physical violence	13	6.3
	Psychological abuse	23	11.1
	Rape	111	53.4
	Forced / early marriage	7	3.4
	Denial of rights & resources	15	7.2
	Total	208	100
Negative impacts of SGBV	Stigmatization	94	45.2
	Pregnancy	14	6.7
	Dropped out of schools	8	3.8
	Aborted visions and aspirations	92	44.2
	Total	208	100

From Table 2, it shows that 184 (88.5%) of the respondents were aware of the term Sexual and Gender-based Violence (SGBV) against women and girls, 13 (6.5%) were not aware while 11 (5.3%) were not sure. Likewise, 108 (51.1%) of the respondents confirmed of their awareness of the victims of SGBV, 100 (49.9%) were not aware while 21 (10.1%) were not sure. In addition, it also shows that 156 (75.0%) of the respondents said that there were not enough protection for victims of SGBV, 19 (9.1%) said there were enough provision of protection while 33 (15.9%) were not sure. 111 (53.4%) of respondents claimed that rape was the major form of SGBV against women and girls, 39 (18.8%) of the respondent said sexual assault was next, 23 (11.1%) of the respondent said Psychological abuse was next, 15 (7.2%) of the respondent said denial of rights and resources was next, 13 (6.3%) of the respondent said Physical violence was next while 7 (3.4%) of the respondent said forced / early marriage was the least major forms of SGBV. 94 (45.2%) of the respondents affirmed that stigmatization constituted most of negative impacts of SGVB, 92 (44.2%) of the respondents affirmed that aborted vision and aspiration followed, 14 (6.7%) of the respondents affirmed that pregnancy followed while 8 (3.8%) of the respondents affirmed that dropped out of school was the lest negative impacts of SGBV.

In addition to Table 2, those that were aware of the victims of SGBV mentioned the steps that were taken to include: reporting to lawyers, police and local authorities, condemned the acts, engaged in prayers and counselling, while few did nothing about the issue.

3.2.2 Investigating the factors predisposing women and girls to sexual and GBV

With respect to investigating the factors influencing women and girls to sexual and GBV, the key issues considered included major factors of SGBV, location of cases, vulnerability, safety and health protocols put in place and government policies. These are as shown in Figures 1 to 5.

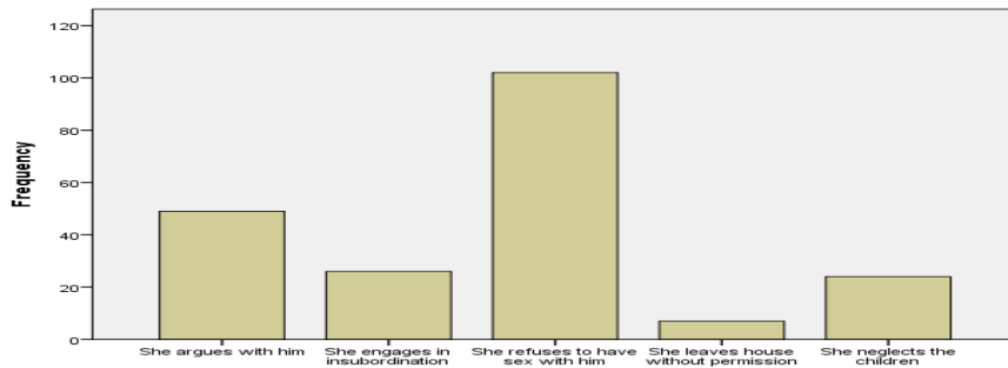


Figure 1: Major factors that contribute to SGBV

From Figure 1, it can be deduced that the major factor that contribute to SGBV is refusal of females to have sex with males which account for 102 (49.0%) of the respondents. This is followed by females’ arguments with male 49 (23.6%) while females leaving houses without permission 7 (3.4%) recorded the least.

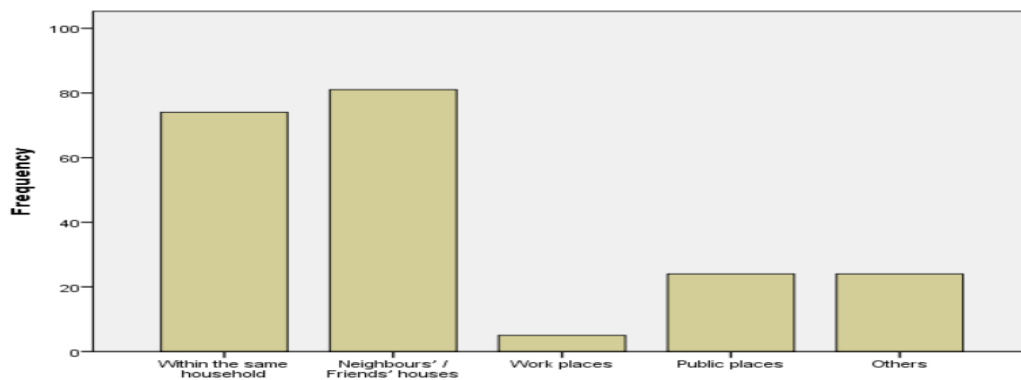


Figure 2: Location of Occurrence of SGBV Cases

Figure 2 shows that houses of Neighbors / friends accounts for the majority of locations 81 (38.9%) where cases of SGBV occurred with least occurrence at work places 5 (2.4%).

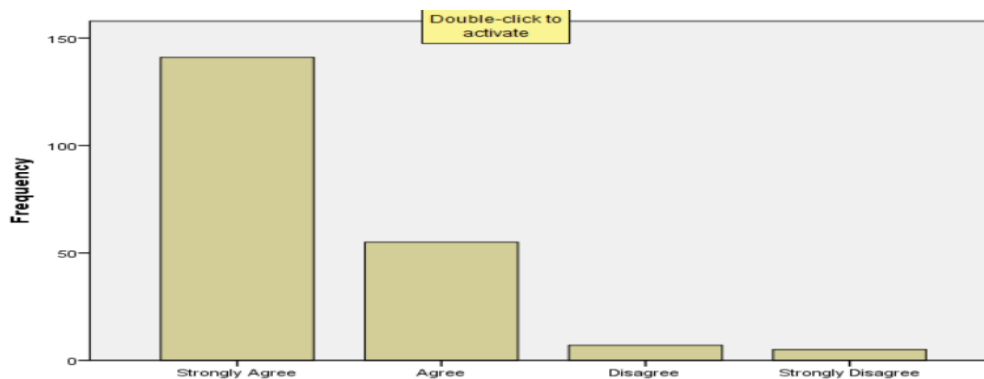


Figure 3: Vulnerability of Women and Girls to SGBV

Figure 3 shows the opinions of the respondents with respects to vulnerability of women and girls to SGBV. 141 (67.8%) strongly agreed that female victims are more vulnerable, 7 (3.4%) disagreed while 5 (2.4%) strongly disagreed.

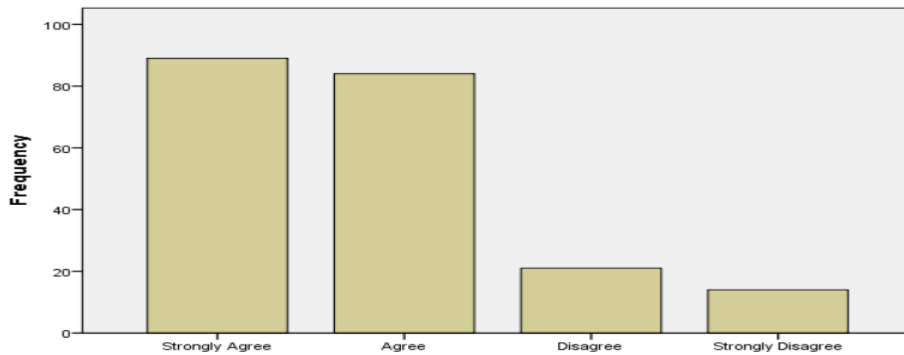


Figure 4: Health and Safety Protocols Measures for Protecting Victims of SGBV

Figure 4 shows the opinions of the respondents with respects to provision of enough health and safety protocols for women and girls who are victims of SGBV. 89 (42.8%) strongly agreed that female victims are more vulnerable, 21 (10.1%) disagreed while 14 (6.7%) strongly disagreed.

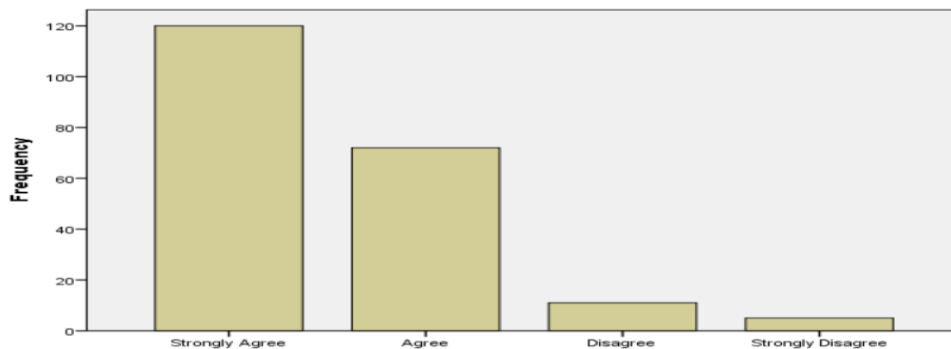


Figure 5: Government Policies on Curbing SGBV

As regards the significance of the roles being played by the government policies for women and girls who are victims of SGBV, Figure 5 shows that 120 (57.7%) of the respondents strongly agreed that good policies can help in curbing the menace of SGBV, 72 (34.6%) agreed while 11 (5.3%) disagreed.

3.2.3 Interrogating the cultural norms and social structures that normalize violence against women and girls in the society

Issues such as reported cases, why not reporting cases and possibility of total eradication of SGBV were considered in interrogating the cultural norms and social structures that normalize violence against women and girls in the society. These are as shown in Figures 6 to 8.

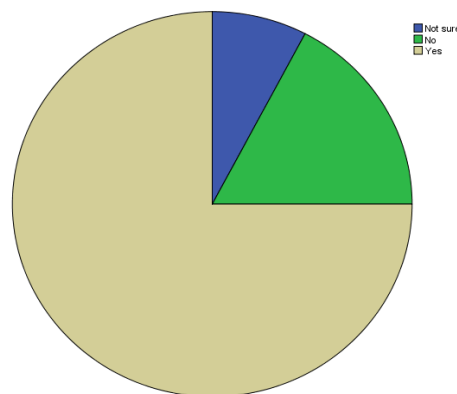


Figure 6: Reported cases of SGBV

Figure 6 shows the awareness of reported cases of SGBV against women and girls. 156 (75.0%) of the respondents claimed to be aware of such cases, 36 (17.3%) claimed not to be aware of such cases while 16 (7.7%) were not sure of their awareness.

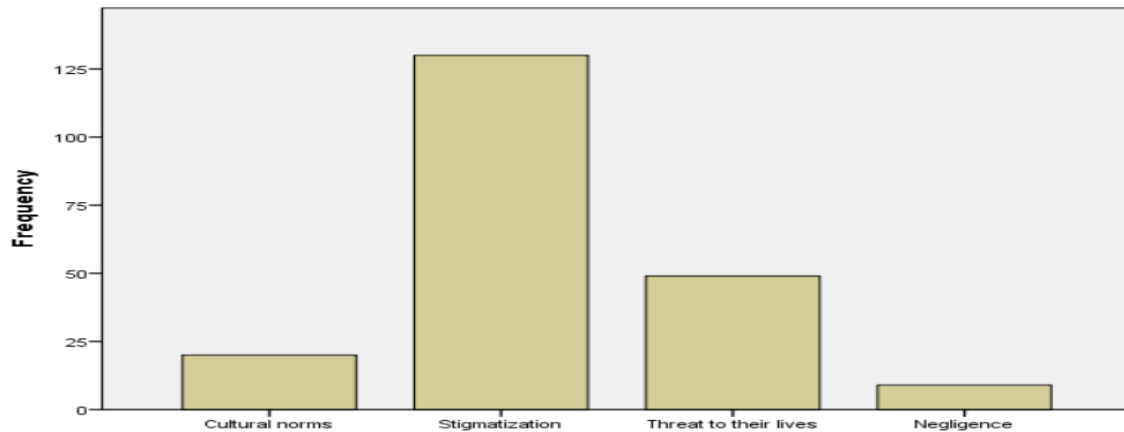


Figure 7: Why Not reporting SGBV Cases

On why some cases of SGBV against women and girls were not reported, Figure 7 shows that 130 (62.5%) of the respondents submitted that it could be as a result of stigmatization of the victims, 49 (23.6%) of the respondent said it could be as a result of threats to their lives, 20 (9.6%) said it could be as a result of cultural norms while 9 (4.3%) of the respondents admitted that it could be as a result of negligence on the part of the victims.

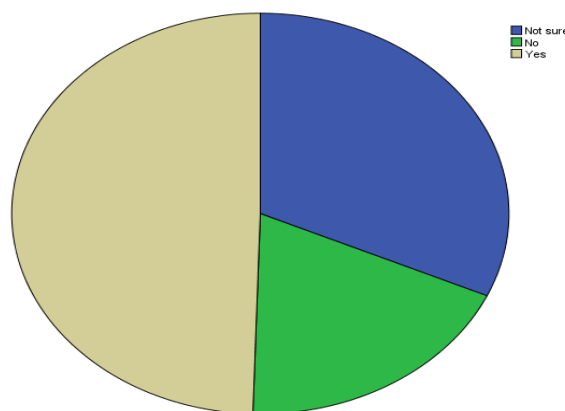


Figure 8: Total eradication of SGBV Cases

Figure 8 shows the possibility of total eradication of SGBV against women and girls. 103 (49.5%) of the respondents affirmed that cases of SGBV against women and girls could be completely eradicated, 66 (31.7%) of the respondents were not sure while 39 (18.8%) submitted that such cases could not be totally eradicated.

4. CONCLUSION

This study has revealed that the perception of sexual and gender-based violence (SGBV) varies among individuals. Various forms of SGBV have been identified in the study to include sexual assault, physical violence, psychological abuse, rape, forced/early marriage, denial of rights and resources. More so, we have been able to identify factors predisposing women and girls to SGBV especially during disasters or pandemics. We also looked at the negative impact of SGBV on the victims. We also examine the possibility of total eradication of SGBV from our society.

From the foregoing, we can conclude that, the deprivation of women resulting from violence should be of central concern to governments and to societies at large. It is essential that the Nigerian government and its international development partners invest in the capacity of gender-based violence service providers to meet the increasing demand for support. This

includes ensuring that staff can operate safely in line with WHO guidelines on social distancing during the pandemic. The government's information dissemination and community education on COVID-19 or any other future occurrence of diseases or epidemic to also incorporate messaging on raising awareness about gender-based violence, including providing information on where victims can seek help. More so, there should be enough safety protocol put in place for women and girls during pandemic.

The justice sector must prioritize the prosecution of perpetrators of gender-based violence whilst police enforcing lockdowns should be equipped with appropriate training on response and referral of incidences of gender-based violence. Government cash transfer schemes cushioning the COVID-19 pandemic's impact on livelihoods should target vulnerable women. Meanwhile, the government and its partners in the education sector can prioritize the safe and continued learning of girls through widening the reach of lessons broadcast via radio, television, and simple mobile phones. Meanwhile, government should put in place enabling policies that will help in curbing the perpetrators. It is essential that SGBV helplines are available and that there is an option for women to access support online whether this is through text message, call centers, or more sophisticated web/app systems, if available. Finally, we want all governments to recognize the fundamental human right to access sexual and reproductive healthcare – it is a life-saving, essential service for all, especially the most vulnerable and marginalized.

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