

PERCEPTUAL INVESTIGATION OF GENDER-BASED VIOLENCE AMONG WOMEN DURING THE COVID-19 LOCKDOWN IN GWAGWALADA AREA COUNCIL, FEDERAL CAPITAL TERRITORY, NIGERIA

By

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ABSTRACT

Gender-based violence (GBV) is one of the notable human rights violations within all societies. Women and girls are more vulnerable to GBV during socioeconomic disruption and insecurity such as the lockdown induced by coronavirus disease 2019 (COVID-19) pandemic but how it occurred in different parts of Nigeria has not been completely documented. Thus, this paper assessed GBV among women during the COVID-19 lockdown in Gwagwalada Area Council, Federal Capital Territory, Nigeria. A total of 400 copies of questionnaire were purposively administered to women in the study area. The data obtained were analyzed using descriptive statistics. Findings revealed that 67% of the respondents strongly agreed that emotional and psychological violence are the most common type of GBV against women. Furthermore, 83% and 75% of the respondents strongly agreed that economic stress and belief in male superiority are the major causes of GBV among women. The results showed that 98% and 97% of the respondents strongly agreed that the major consequences of GBV among women are its effects on women's reproductive health and physical well-being and undesired pregnancies and illegal abortions. The study recommends among others that efforts should be made by government and non-governmental agencies to enhance people's financial strength and palliative measures be provided during the lockdown through community heads to the poor. Furthermore, free counselling on how to reduce GBV should be provided by government to women and perpetrators.

Keywords: COVID-19, Gender-based violence, Lockdown, Women

INTRODUCTION

Globally, one in three women experienced physical or sexual violence mostly by an intimate partner (United Nations Women, 2020). Gender-based violence (GBV) is a public health menace that is highly prevalent across the globe. The United States Agency for International Development (USAID, 2002) defines GBV as violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse, threats, coercion, arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV which manifests in women include female infanticide; child sexual abuse; sex trafficking and forced labour; sexual coercion and abuse; neglect; domestic violence; elder abuse; and harmful traditional practices such as early and forced marriage, honour killings, and female genital mutilation/cutting. GBV can be perpetrated by a variety actors, including intimate partners (referred to as intimate partner violence [IPV]), family members and other community members (World Health Organization [WHO], 2013). Some of the factors that predispose

women to GBV are lack of education, male privileged positions in the societies, cultural and attitudinal constraints and societal relegation of women (WHO, 2017).

Gender-based violence is considered to be one of the most oppressive features of gender inequality. It reinforces the existing gender imbalances between men and women, especially in developing countries. GBV equally violates the fundamental human rights of victims, posing a significant impediment to the realization of equal participation of women and men in social, economic, and political spheres (World Bank Group, 2019). GBV is associated with long-lasting direct and indirect health consequences including mental health disorders, injuries, central nervous system symptoms, gastrointestinal symptoms and suppression of the immune system and even death (Lopez-Neira et al., 2019). GBV occurs at all times but it can be aggravated during periods of socioeconomic disruptions and inactivity like that experienced during the COVID-19 lockdown.

COVID-19 is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2), which originated from the Hunan seafood wholesale market, Wuhan, Hubei State, China in late December 2019 (Rahman and Sahti, 2020). Globally, nations have been battling with the spread of the COVID-19 pandemic which caused a high rate of mortality. One of the measures or the most significant non-medical measure to contain COVID-19 is avoidance or minimization of physical contact from social interaction especially at worship centres, workplace and restriction of movement among residents, thereby culminating into an enforced lockdown as declared by the concerned authorities (WHO, 2020). Siegfried et al. (2020) demonstrated that frustration caused by the lockdown and other movement restrictions contributed to the rise of GBV among women and girls. Also, Lundin et al. (2020) maintained that staying indoor during lockdown, isolation from social networks and economic activities contributed to the risk of GBV. United Nations Population Fund (UNFPA, 2020) argued that COVID-19 widened the existing inequality between men and women.

GBV increases during every type of emergency whether economic crisis, conflict, or disease outbreak. Pre-existing toxic social norms and gender inequalities, economic and social stress caused by COVID-19 pandemic coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV (United Nations Development Program, 2020). According to Jenyo (2020), the lockdown caused by the COVID-19 pandemic worsened the situation of GBV. This is because prior to the pandemic, partners who had a tendency to be abusive were engaged in activities which took them outside their homes. However, with the restriction of movements due to the pandemic, couples were compelled to stay at home together for weeks, creating additional tensions, perhaps leading to people becoming frustrated and aggressive.

Several studies have been carried out on GBV, for example Iliyasu et al. (2011) conducted a study on the prevalence and correlates of GBV among female university students in Northern Nigeria. A total of 300 copies of questionnaires were self-administered to female university students in Kano, Northern Nigeria to determine the prevalence and risk factors for GBV. Chi-square test and Multivariate logistic regression were used to analyse the data. The overall prevalence of GBV was 58.8% [95% Confidence Interval (CI) = 52.9% to 64.5%]. Specifically, 22.8%, 22.2% and 50.8% of students experienced physical, sexual or emotional violence

respectively. Religious affiliation ethnicity, indigeneship, marital status, campus residence and faculty affiliation were significant predictors of GBV. GBV awareness creation programs, legal protection and implementation of an effective redress mechanism are recommended to curb this menace.

Fawole et al. (2018) determined the prevalence of GBV among public and private secondary school students and identified factors associated with experience of GBV by the students in Ilorin South Local Government area of Kwara State. A total of 640 students were selected using systematic random sampling. The Pearsons Chi-square test and Logistic regression analysis were used to analyse the data. Findings reveal that at least one form of GBV was experienced by 89.1% of public and 84.8% private school students ($p=0.32$). The commonest type of GBV experienced was psychological violence (Public -72.5% vs. Private - 69.2%; $p=0.37$), while sexual violence was least (Public -41.4% vs. Private - 37.4%; $p=0.3$). Females were less likely to experience physical violence (aOR 0.3; 95% CI 0.2-0.4) and psychological violence (aOR 0.6; 95% CI 0.4-0.8). Students who were in a relationship and who had history of parental violence were more likely to experience sexual (aOR 1.7; 95% CI 1.2-2.4) and aOR 1.5; 95% CI 1.2-2.2) and psychological (aOR 1.3; 95%CI 1.1-1.5 and aOR 1.3; 95%CI) violence respectively. The study concluded that GBV was commonly experienced by students in both groups of schools. The study recommended that multi-disciplinary interventions should be emphasized to end physical and psychological violence among private school students and sexual violence in public schools. Interventions that involve the parents, school authorities and students on non-violence conflict resolution are urgently required. Parents and students who perpetrate violence should be referred for counselling.

Obayi (2021) examined the mass media and GBV in Imo State, Nigeria. The multistage sampling technique was adopted to administer 385 copies of questionnaire. Data was analysed using simple percentages and mean. Findings revealed that the extent to which residents of Imo State are exposed to media reports and programmes on GBV is high at 44%. Analysis also revealed that, at a mean average of 3.5 (N=379), the knowledge level of residents on GBV is high. It was also revealed that, at an average mean of 3.5 (N=379), media programmes and reports have been able to induce perceptive/attitudinal change on GBV positively. The study further revealed that adequate awareness campaigns, enlightening programme, media programmes/reports on the need for the abolition of harmful social practices were the factors that can aid media efforts in actualizing perceptive/attitudinal change on GBV. The study recommended that more media programmes aimed at discouraging all forms of violence against women should be put in place by both the state government and non-governmental organisations.

None of the studies reviewed (Iliyasu et al., 2011; Fawole et al., 2018; Obayi, 2021) conducted a perceptual investigation of gender-based violence among women during the COVID-19 lockdown in Gwagwalada Area Council, Federal Capital Territory (FCT), Nigeria which is the aim of this study. The specific objectives are to examine the various types of GBV encountered by women during the COVID-19 lockdown in Gwagwalada Area Council, FCT, Abuja; examine the causes of GBV among women during the COVID-19 lockdown in the study area; and assess the consequences of GBV on women during the COVID-19 lockdown in the study area.

THE STUDY AREA

Gwagwalada Area Council lies between Latitudes $8^{\circ} 53' 0''$ and $9^{\circ} 30' 0''$ N of the Equator and Longitudes $6^{\circ} 51' 30''$ and $7^{\circ} 17' 0''$ of the Greenwich Meridian. It is one of the six area councils of the FCT, Abuja and has a land area of $1,069 \text{ Km}^2$ (Figure 1). Abuja has a tropical continental climate with distinct wet and dry seasons. The rainy season starts between March and April and ends between September and October, while the dry season begins from October. The annual rainfall is 1630mm, while temperatures differ from 22°C around December and January to 35°C in March and April (Abam et al., 2013). The soil is generally shallow and sandy, the soil is erodible due to the sand content. Due to the high soil fertility in the area, the population engage in farming as a major economic activity. Others engage in the civil and public services as well as businesses. The study area has experienced a rapid population growth and continuous expansion after the relocation of the FCT from Lagos to Abuja in 1991. The projected population of the study area as at 2021 is 246, 741.

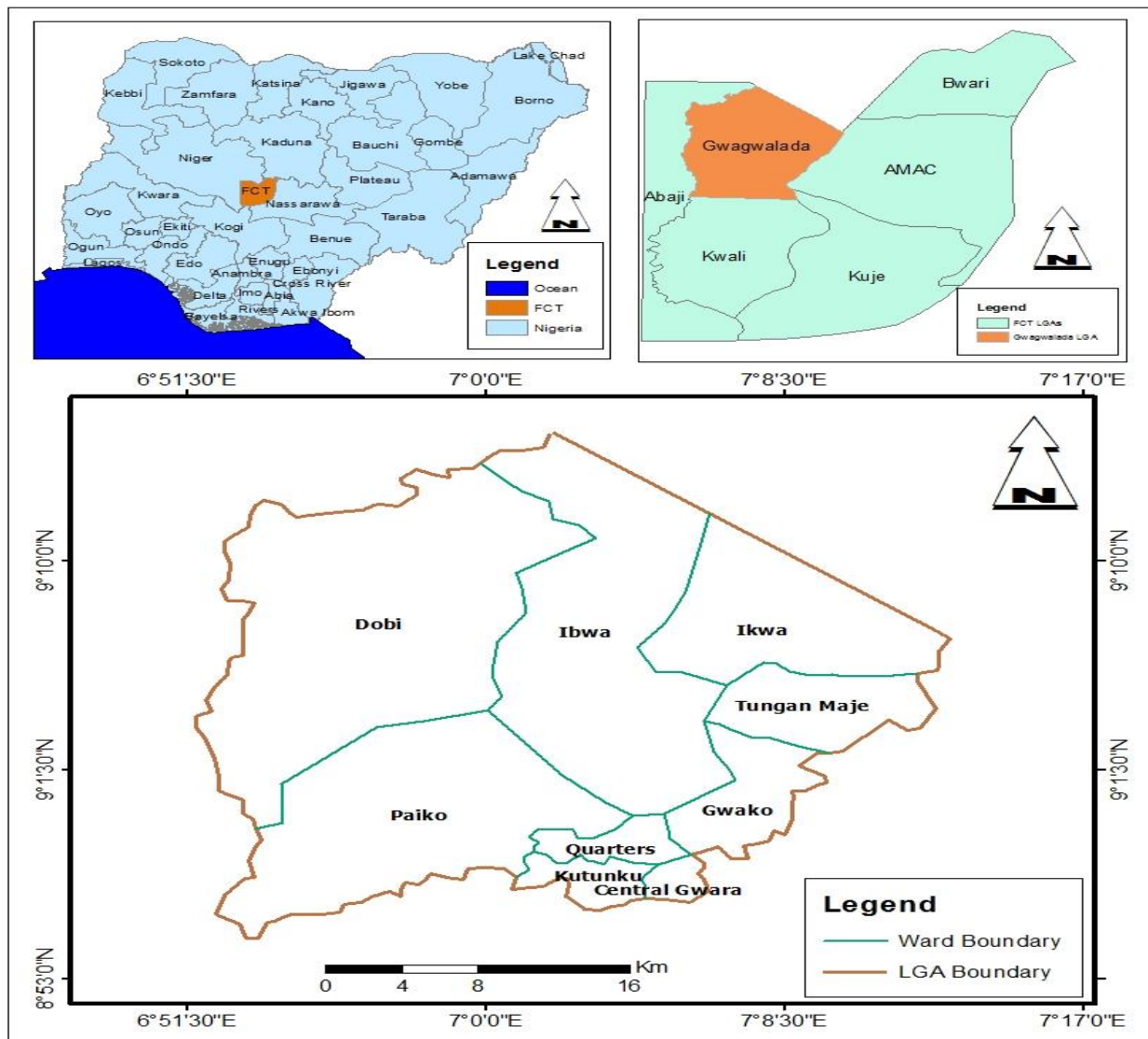


Figure 1: Gwagwalada Area Council

Source: Modified from the Administrative Map of Gwagwalada

MATERIALS AND METHODS

In order to be well acquainted with the study area, a reconnaissance survey was undertaken using precautionary measures by visiting some selected wards. The researchers interacted with some women in the study area to get an insight on the occurrence of GBV. Findings from the reconnaissance survey suggests that women were abused during the lockdown which was imposed by government in a bid to curtail its spread.

The instrument for data collection of this study was a structured questionnaire. It consists of three sections, namely; Sections A, B C and D. Section A comprised of the demographic and socioeconomic characteristics of respondents, section B focused on the types of GBV encountered, section C focused on causes of GBV and section D concentrated on the consequences of GBV on women during the COVID-19 lockdown in the study area. The questionnaire was designed using a Likert scale of Strongly Agreed, Agreed, Undecided, Disagreed, Strongly Disagreed. The total population of females in Gwagwalada Area Council as at 2006 was 78,436. Using the Extrapolation method of population projection, the 2006 inter-census growth rate of 9.28 for the Federal Capital Territory, Abuja, the projected female population of the study area for the year 2021 is 122,012. The sample size was determined using the Yamane (1967) formula. The Yamane's formula assumes a degree of variability (proportion) of 0.05 and a confidence of 95%.

$$n = \frac{N}{1+N(e)^2}$$

Where n = Sample size
 N = Population size
 e = Margin of error (0.05)
 $n = 399.99817 \approx 400$

Thus, the sample size for the study is approximately 400 respondents.

The study covered all the wards in Gwagwalada Area Council namely: Dobi, Gwagwalada central, Gwako, Ibwa, Ikwa, Kutunku, Paiko, Staff Quarters, Tungan Maje and Zuba. The purposive sampling technique was used to administer questionnaire to the respondents in the study area. The respondents comprises of women aged 15 years and above, who perceived the occurrence of GBV among women during the lockdown. Forty (40) respondents were purposively selected from each of the ten wards in the study area, since there is no ward population according to the 2006 census. Considering the gender-sensitive nature of the study, three female research assistants helped in the collection of data. The descriptive statistic such as frequencies, percentages and mean were used to analyse the data and presented in the form of tables.

RESULTS AND DISCUSSION

Demographic and Socio-Economic Characteristics

Table 1 shows the sociodemographic characteristics of respondents in the study area. Findings revealed that 26% of the respondents are between 25-29 years, and only 1% are 50 years and above. This implies that the population is youthful. This finding does not corroborate that of Iliyasu et al. (2011) on the prevalence and correlates of GBV among female university students in Northern Nigeria where 43.9% and 31.6% were aged 25-29 and 20-24 years respectively. Results further revealed that 50% are Muslims, 37% are Christians and 13% practice African traditional religion. Most of the respondents are Muslims because the study area is located in the north-central part of the country where the dominant religion is Islam. This result disagrees with that of Habib et al. (2021) on the perceptions of COVID-19 pandemic in Kano State, Northern Nigeria where 93.5% are Muslims and 6.1% are Christians. This is because Kano is a Muslim Hausa society. The study further shows that 56% of the respondents are married and only 2% are separated. This is an indication that most of the respondents are in marital union. This disagrees with the findings of Wada et al. (2022) on GBV during COVID-19 lockdown in a community in Lagos, Nigeria where 36.2% and 35.4% are married and single respectively. The result shows that 55% are in a polygamous union and the rest are in a monogamous union.

The distribution of respondents based on level of education shows that 42% of the respondents have Ordinary National Diploma/National Certificate of Education and only 2% had no formal education. This shows that many of the respondents have attained tertiary level of education. This is probably due to the presence of two federal tertiary institutions, the University of Abuja and the FCT College of Education, Zuba in the study area. The finding of this study does not concur with that of Wada et al. (2022) where 29.2% and 28.5% of the respondents had no formal and secondary education respectively.

Table 1: Sociodemographic Characteristics of Respondents

Age group (years)	Frequency	Percentage (%)
15-19	73	18.0
20-24	92	23.0
25-29	102	26.0
30-34	68	17.0
35-39	39	10.0
40 -44	10	3.0
45-49	9	2.0
50 and above	7	1.0
Total	400	100.0
Religion		
Islam	200	37.0
Christian	148	50.0
Traditional	52	13.0
Total	400	100.0
Marital Status		
Single	130	33.0
Married	226	56.0
Divorced	20	5.0
Widowed	16	4.0
Separated	8	2.0
Total	400	100.0
Marital Union		
Monogamy	180	45.0
Polygamy	220	55.0
Total	400	100.0
Highest Educational Qualification		
Primary School	44	11.0
Secondary School	68	17.0
Degree/HND	167	42.0
Postgraduate	92	23.0
OND/NCE	20	5.0
No formal education	9	2.0

Table 2 shows that 49% are into trading and business, 15% are into farming and 6% are full-time house wives. This is not surprising as Gwagwalada Area Council is a commercial centre in the FCT with a market that has made most of the women to be involved in various kinds of business and trading. This does not concur with the study of Otufale (2013) on sociocultural factors influencing GBV on agricultural livelihood activities of rural households in Ogun State, Nigeria where 30.6% are farmers and 19% are traders. On the monthly income of respondents, 50% earn below ₦30,000 and 13% earn between ₦60,001 and ₦90,000. This implies that most of the respondents are low income earners since the women are engaged in trading and business.

Table 2: Economic Characteristics of Respondents

Employment Status	Frequency	Percentage (%)
Unemployed	40	10.0
Full time housewife	25	6.0
Farming	60	15.0
Trading/business	195	49.0
Civil service	80	20.0
Total	400	100.0
Monthly Income (₦)		
<30,000	200	50.0
30,00 - 60,000	148	37.0
60,001-90,000	52	13.0
Total	400	100.0

Types of GBV

Table 3 shows the types of GBV perceived by respondents to have occurred during the COVID-19 lockdown in the study area. Findings revealed that 67% of the respondents strongly agreed that emotional and psychological abuse such as emotional neglect, isolation, verbal abuse, threat and humiliation were the main types of GBV. This is corroborated by a high mean score of 4.25, which shows that the respondents largely perceived the prevalence of emotional and psychological abuse strongly in the study area. This result is similar to that of Barbara et al. (2020) where there was a significant increase in psychological abuse on partners in Italy during the COVID-19 lockdown. This is followed by 41% of the respondents who strongly agreed that socio-economic violence such as financial abuse to women, neglect, unfair distribution of household labour are also types of GBV perceived by respondents during the COVID-19 lockdown in the study area. Harmful traditional practices however, had the least mean score of 1.93, revealing that a large number of the respondents did not perceive harmful practice during the COVID-19 lockdown.

Table 3: Types of GBV Perceived by Women during the COVID-19 Lockdown

Types	SA	A	U	D	SD	MS
Emotional and psychological violence	267(67%)	67 (17%)	0(0.0)	33 (8%)	33 (8%)	4.25
Socio-economic violence	164 (41%)	132 (33%)	10 (3%)	63 (16%)	31 (7%)	3.83
Intimate partner violence	151(38%)	144 (36%)	5 (1%)	67 (17%)	33 (8%)	3.75
Physical violence	133 (33%)	98 (24%)	2 (1%)	100 (25%)	67 (17%)	3.32
Sexual violence by non-partners	100 (25%)	67 (17%)	0(0.0)	167 (42%)	66 (16%)	2.92
Harmful traditional practices	34 (9%)	53 (13%)	0(0.0)	80 (20%)	233 (58%)	1.93

SA = Strongly Agreed, A = Agreed, U = Undecided, D = Disagreed, SD = Strongly Disagreed. Mean Score (MS): 1.0-2.4=Low; 2.5-3.4=Moderate; 3.5-5.0=High

This does not agree with the findings of Wada et al. (2022) where the respondents reported a 7.7% increase in cases of sexual assault during the COVID-19 lockdown. Over half (52.3% and 54.6%) of the respondents perceived physical and sexual assault to have occurred, while 41.5% and 45.4% perceived verbal assault and sexual harassment respectively to have occurred during the COVID-19 lockdown. The result is different from the assertion of George and Ndubuisi (2022) in Nigeria, that domestic violence (61.6%) was the major type of GBV, followed by spousal battering (48.5%) and rape with 45.5%.

Causes of GBV

Table 4 presents the causes of GBV perceived by respondents during the COVID-19 lockdown in the study area. The Table shows that 83% of the respondents strongly agreed that economic stress such as poverty-induced tensions followed by belief in male superiority (75%) are the major perceived causes of GBV among women during the COVID-19 lockdown in the study area. Fifty percent of the respondents believed that when a woman deviates from her gender roles such as wifely duties, harmful social norms against women (42%) and assertion of female autonomy (49%) such as when a woman has more money than her husband are other causes of GBV in the study area. It was also strongly agreed by 33% of the respondents that disabilities increases the risk of GBV for women, because of their vulnerability, hence a high susceptibility to being abused. The mean score to this variable however, is moderate (3.08), as respondents maintain a neutral point of view.

This does not agree with the findings of Otufale (2013) in Ogun State, Nigeria where 44.1% of the respondents agreed that the domineering attitude of men is a socio-cultural factor that promotes GBV. Also 43.1% of the respondents agreed that non conformity to some societal norms such as “wife must show respect to her husband” promotes GBV. This does not also agree with the findings of Chepkwony (2015) where 82.3% and 18% of the respondents strongly agreed that drug abuse and some forms of cultural beliefs influence domestic violence in their families. This perhaps is because the work of Chepkwony is based in Kenya with a focus on domestic violence which is a type of GBV.

Table 4: Perceived Causes of GBV among Women during the COVID-19 Lockdown

Causes	SA	A	U	D	SD	MS
Economic stress	333 (83%)	67 (17%)	0(0.0)	0(0.0)	0(0.0)	4.83
Belief in male superiority	300 (75%)	98 (24%)	2 (1%)	0(0.0)	0(0.0)	4.74
Deviation from societal defined gender roles	200 (50%)	167 (42%)	5 (1%)	17 (4%)	11 (3%)	4.32
Assertion of female autonomy	196 (49%)	78 (20%)	12 (3%)	65 (16%)	49 (12%)	3.76
Harmful social norms against women	167 (42%)	159 (39%)	6 (2%)	22 (6%)	46 (11%)	3.93
Disabilities increases the risk of GBV for women	132 (33%)	67 (17%)	3 (1%)	100 (25%)	98 (24%)	3.08

SA = Strongly Agreed, A = Agreed, U = Undecided, D = Disagreed, SD = Strongly Disagreed. Mean Score (MS): 1.0-2.4=Low; 2.5-3.4=Moderate; 3.5-5.0=High

Consequences of GBV on Women

Table 5 shows the perceived consequences of GBV by respondents during the COVID-19 lockdown in Gwagwalada Area Council. The Table shows that majority (98%) of the respondents strongly agreed that GBV affects women’s reproductive health and physical well-being, as corroborated by a high mean score of 4.98. This is followed by 95% of the respondents strongly agreed that GBV causes anxiety and depression in marriage. Only 5% strongly agreed that GBV leaves them emotionally and physically shattered, and substantiated by a very low mean score (1.83). This also reveals the limited knowledge the respondents have on the consequences of GBV. These findings corroborate with those of Airaoye et al. (2023) which revealed the dire consequences of GBV on women include negative impact on women’s physical and mental health, economic stability, and social well-being, often leading to long-term psychological trauma and hindering their ability to fully participate in society.

Table 5: Perceived Consequences of GBV on Women during the COVID-19 Lockdown

Consequences	SA	A	U	D	SD	MS
GBV affects women’s reproductive health and physical well-being	393 (98%)	7 (2%)	0(0.0)	0(0.0)	0(0.0)	4.98
GBV causes anxiety and depression in marriage	380 (95%)	20 (5%)	0(0.0)	0(0.0)	0(0.0)	4.95
Physical injury	367 (92%)	33 (8%)	0(0.0)	0(0.0)	0(0.0)	4.91
High risks of STIs or HIV/AIDS infection	267 (67%)	133 (33%)	0(0.0)	0(0.0)	0(0.0)	4.66
Women face rejection after rape	166 (41%)	100 (25%)	0(0.0)	67 (17%)	67 (17%)	3.57
Loss of confidence	133 (33.3%)	167 (41.8%)	1 (0.2%)	67 (16.8%)	32 (8%)	3.75
Leaves victim emotionally and physically shattered	20 (5%)	30 (7.5%)	15 (3.7%)	135 (33.8%)	200 (50%)	1.83

SA = Strongly Agreed, A = Agree, U = Undecided, D = Disagreed, SD = Strongly Disagreed. Mean Score (MS): 1.0-2.4=Low; 2.5-3.4=Moderate; 3.5-5.0=High

According to Akinlusi et al. (2014), the health consequences of sexual assault include sexually transmitted diseases, unwanted pregnancies, unsafe abortions, physical injuries, immediate psychological reactions such as shock, shame, guilt and anger; and long-term psychological outcomes like depression, post-traumatic stress disorder, suicidal ideation, lack of sexual enjoyment, and fear.

CONCLUSION

Conclusively, this study reveals that women are vulnerable to GBV during perilous periods like a pandemic-imposed lock-down. The study revealed that emotional and psychological as well as socio-economic violence are the main types of GBV perceived to be perpetrated in the study area. The findings also showed that economic stress and belief in male superiority are the major causes of GBV. Furthermore, GBV has resulted into serious consequences for women such as affecting their mental health, resulting in anxiety and depression. These reveal the high level of vulnerability women are exposed to during periods like the COVID-19 lockdown.

Sequel to the findings of this study, the following recommendations become imperative:

- i. Government should make policies to integrate GBV in national/subnational lockdown response plans and budgets.
- ii. Government and non-governmental organizations should make efforts to enhance women's financial strength and provide palliatives to reduce the economic causes of GBV.
- iii. Government should engage and empower partners through counselling and send a strong message via media and other means, that violence will not be tolerated and perpetrators will be punished.
- iv. Government, through the Federal Ministry of Health and other relevant agencies, should organize training for healthcare providers to recognize and respond to GBV since it is one of the ways to identify and assist victims.
- v. Government should support police and justice actors to provide adapted services during periods of lockdown.
- vi. Religious clerics should further enlighten people on the detriments of GBV within the family.
- vii. Agencies such as the Federal Ministry of Health and The Society for Family health should make more effort in educating the populace on non-evident forms of abuse and the devastating effects the can have on victims

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