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Gender Based Violence: A Silent Epidemic, Knowledge and Patterns in Ibadan, Oyo State

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ABSTRACT: *Gender Based Violence (GBV) is a crucial social, health issues which is a great concern to human rights abuse globally. There could be increase in their presentations and patterns. The study aims to determine knowledge and patterns of GBV among residents of Idi-Arere in Ibadan South-East Local Government Area; Oyo State. Descriptive quantitative cross-sectional design was used among 220 residents of Idi-Arere in Ibadan South-East Local Government Area, Oyo State were randomly selected. Data was collected by a self-developed questionnaire with the aid of research assistants. Theory of reasoned action was used for the study. Majority 124 (56.4%) of the respondents were females and in 10-59 years range. Most of the respondents had poor knowledge 111 (50.5%) More than half 138 (62.7%) of the total case of the GBV had been sexually abuse one time or the other. Also, majority of the respondents 195 (88.6%) had been physically abused. It is therefore concluded that majority of the victims were 195 (88.6%) females were physically abused and recommended among other things that, Community Health Nurses should assist in preventing gender based violence through family and community intervention programmes.*

KEYWORDS: epidemics, gender-based violence, Ibadan, patterns,

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INTRODUCTION

Gender Based Violence (GBV) is a public health challenge and must be a great concern to human rights abuse globally and could become an epidemic bringing a variation in its patterns and presentation. The relationship between gender and violence is complex (Ndep, et al. 2022) GBV is a global phenomenon that knows no geographical, cultural, social, economic, ethnic, or other boundaries. Liebling, Barrett, and Artz, (2020) maintained that GBV occurs across all societies and represents a brutal violation of human rights, the worst manifestation of gender-based discrimination and a major obstacle to the achievement of gender equality. The different roles and behaviours of females and males, children as well as adults, are harped and reinforced by gender norms within society. In many societies, women are viewed as subordinate to men and have a lower social status, allowing men control over, and greater decision-making power than women. Gender inequalities have a large and wide-ranging impact on society.

Adedigba and Olabanji (2015), the international community recognizes violence as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. Gender-based violence examples include rape, domestic violence, trafficking, forced prostitution, sexual exploitation, sexual harassment, female genital mutilation and forced marriage. Uwameiye and Iserameiya, (2013) noted that, females are biologically and physiologically perceived as the weaker sex who require considerable protection by men. Violence is transmitted from generation to generation in a cyclical manner (Alokan (2013). Moreover, in power and control abusers abuse in order to establish and maintain control over the partner. Most authorities seem to agree that abusive personalities result from a combination of several factors, to varying degrees (Alokan, 2013). Systems for identifying and reporting GBV, for example, are under-resourced and under-developed. At the same time, judicial systems tend to be poorly equipped to address crimes against children and issues of sexual misconduct.

Physical violence as a type of GBV occurs when someone uses or threatens to use physical harm to attack a woman examples include kicking, slapping. Restraint (preventing someone from leaving), punching choking, striking with an object or striking with a weapon (Agisanang Domestic Abuse Prevention & Training Centre (ADAPT). 2019) sexual violence WHO (2002) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Emotional violence may involve intimidating. Insulting, humiliating, restricting someone talks to or spends time with, isolating her from friends or other expressions of extreme jealousy (ADAPT, 2014). Risks of physical harm and of sexually transmitted infections, sexually abused children usually have eating disorders, depression,

insomnia, feelings of guilt, anxiety and suicidal tendencies with highly aggressive behaviour. GBV incur costs through negative impacts on individual families, schools, communities and society as a whole.

According to Alokan, (2013) bruises, broken bones, head injuries, laceration, internal bleeding, injuries to the abdomen and thorax, burns, gastrointestinal disorders and ocular damage are some of the acute effects of gender based violence against women that required medical attention and hospitalization. There is dearth of evidence based studies in this study settings therefore, the need for the research of this kind be carried out to assess the knowledge and pattern of GBV in Idi-Arere, IBSE, LGA.

Research Questions:
1. What is the knowledge of GBV in IBSE, Oyo State, Nigeria?
2. What is the pattern of GBV in IBSE, Oyo State, Nigeria?

Hypothesis

Ho1: There is no statistical significance relationship between knowledge of GBV and level of education?

METHODOLOGY

Research Design: The study was a cross sectional descriptive study. The study population were the residents of Idi-Arere (males and females) to explore the knowledge and patterns of (GBV) in Ibadan SE, LGA. Oyo state, Nigeria, and the implications for community health nursing. Idi-Arere being ward 2 out of the 12 political wards in Ibadan South-east LGA. Taro Yamane's.formula was used to determine the sample size
The formula $n = N/ 1+N (e)^2$
Where N= Population of study, n= Sample size, e= Level of significance at 5% which is (0.05) = Constant.
n = required sample size ()
e = degree of error tolerance set at 5%
n=440/1+[440 (0.05)2]
n=440/1+440 (.0025)
n=440/1+440 (.0025)
n=440/1+1.1000=440/2.1000
n=440/2.1000= 209.5 respondents.
For poorly filled questionnaire, non-response rate there is 10% mortality or attrition rate.

Attrition Rate= Previous sample size × standard attrition rate/10-1
Standard Attrition Rate – 1= 209.5 × 10/ 10-1=2095/9
n=232.8 respondents=233respondents
Therefore, 233 residents were selected.
Where n = sample size for the population

Study Setting: The study setting for this research was Ibadan, a town in Oyo State. Oyo State is located in the South-west part of the country, Nigeria. This state is one of the largest states in the country and it has population of over six million people it is known for its cultural heritage, agriculture, and commerce. Oyo State is a diverse region with various communities, socio-economic classes, and cultural practices.

Data Collection Methods: Validated structured questionnaire was used to collect data, it was. designed to gather information on the knowledge and patterns of GBV in Ibadan, Oyo state, Nigeria. The questionnaire was administered to sample size of 233 respondents' men and women of 10-59 years who reside in Idi-Arere, 2 electoral units Ibadan South-East LGA, Oyo State but thirteen (13) decided not to respond to questionnaire thus, only two hundred and twenty (220) were correctly filled and collected on the spot.

Data Analysis Techniques: Collected data was analyzed using descriptive statistics of frequencies, percentages, chi square=x^2. The data was analyzed using SPSS software. The results were presented using tables to facilitate data interpretation.

Tools for data Collection: The validated self-administered questionnaire was developed in English and translated verbally into local language, Yoruba, to ensure that all respondents can understand the contents. The questionnaire was pre-tested to ensure reliability of the instrument. The Instrument was also validated. The questionnaire consists of four parts: the first part gathered data on socio-demographic attributes of the respondents, second part collected data on the knowledge and third part on the patterns of GBV in Ibadan, Oyo State. Nigeria.

Ethical Considerations: This study was strictly guided by the ethical rulesfor research involving human beings. Ethical Review Committee gave approval for the study to be carried out, Ministry of Health, Oyo State. Informed consent was obtained from the respondents and was assured of confidentiality, it was communicated to the respondents that their participation was voluntary, and respondents were advised to withdraw from the study when they wish to do so..

RESULTS

Table 1: Socio-demographic characteristics of respondents

Variables	Frequency (N = 220)	Percentage (%)
Age		
10–19	49	22.3
20–29	61	27.7
30–39.	46	20.9
40–49	43	19.5
50–59	21	9.5
Gender		
Male	96	43.6
Female	124	56.4
Marital Status		
Single	62	28.1
Married	89	40.5
Divorced	26	11.8
Widowed	10	4.5
Separated	33	7.9
Religion		
Christianity	82	37.2
Islam	101	45.9
Others	37	16.8
Occupation		
Government Service	11	5
Trading	107	48.6
Private business	33	15.0
Farming	15	6.8
Unemployed	54	24.5
Education Level		
Tertiary	12	5.4
Secondary	89	40.5
Primary	75	34.0
Quranic education	31	14.0
No Formal Education	13	5.9

As shown in table 1, a total of 220 questionnaires were properly filled and returned, giving a response rate of 96.7%, with 124(56.3%) female and 96(43.6%) male respondents. A greater

proportion of respondents 20-29years, 61(27.7%), followed by 10-19years, 49 (22.3%) next were within the age bracket of 30–39 years, 46 (21%) followed by those within the bracket of 40-49years 43 (19.5%) followed by 50-59years had the least age respondents 21 (9.5%). The mean age of the respondents was 25.4 ± 4.9 years. Most of the respondents 89 (40.5%) were married while 62 (28.1%) were single and 33 (7.9%) separated, divorced were 26 (11.8%), while 10 (4.5%) were widows respectively. Analysis of the occupation of respondents revealed that majority, 107 (48.6%) traders, followed by 54 (24.5%) unemployed respondents next were business persons with 33 (15%) farmers were 15 (6.8%) and government workers were 11(5%) respectively. Most respondents 89 (40.5%) had secondary education, followed by primary school respondents 75 (34.0%) next is Quranic education which was 31 (14.0%) no formal education was 13 (5.9%) and tertiary level education, were 12(5.4%)..

Table 2
Knowledge level of GBV among Idi-Arere residents

Knowledge Level	Frequency (N = 220)	Percent (%)
Poor Knowledge	111	50.5
Moderate Knowledge	91	41.3
Good Knowledge	18	8.1

Knowledge of gender-based violence among Idi-Arere residents. Majority of the respondents 188(85.4%) have heard about gender-based violence, with Radio 214 (97.2%) being the highest source of information, greater part of the population, 213 (96.8%) accepted that maltreatment to a person on the basis of gender resulting harm to the person is called GBV. There were 208 (94.5%) respondents who were able to identify different types of gender-based violence were as follows; they also responded that physical violence 195 (88.6%) sexual violence 138(62.7%), emotional violence 89 (40.5%), all 220 (100.0%) the respondents agreed that rape is a form of GBV.

Table 3
Patterns of GBV experienced

Respondents who ever experienced GBV		
Yes	198	90.0
No	22	10.0
Patterns experienced		
Physical Violence	195	88.6
Sexual Violence	138	62.7
Emotional Violence	98	23.7

Reported the GBV cases		
Yes	87	39.5
No	133	60.5

Hypothesis Testing
There was no statistical significant relationship between level of education and knowledge of GBV having 45(37.81%) respondents with good knowledge of gender based violence. Analysis using the Chi-square test showed that this difference was statistically significant (P =0.00003; $\chi 2$ =34.99). The researcher rejected the null hypothesis and the conclusion was drawn that there is a statistical significant association between the educational level of gender-based violence and the knowledge level of education among residents of Idi-Arere, IBSE LGA.

DISCUSSIONS

Knowledge of gender-based violence among residents of Idi-Arere, IBSE, LGA
Results showed th at majority (83.1%) of respondents heard about GBV and 37.7% respondents were able to define GBV as maltreatment meted to an individual due to his or her gender which could cause harm, this is not good because adequate knowledge of GBV is a is necessary to curb GBV. Ndep, et al 2022 showed knowledge of GBV of 69% a score above average could describe GBV. This current study corroborated the report from the study of Ndep, et al, 2022 where 83.1 % of people in the area have heard about GBV. The findings of this study that 78.7% of the respondents could definine GBV which went contrary to this current study. Another study in Lagos, Nigeria by David, et al. 2015 corroborated this study because it showed their respondents did not have adequate knowledge and positive perceptions on GBV also 65.3% was said to have heard about GBV.

In contrary to our study, Mtaita, et al., (2021) in their study had out of 403 study respondents, (77.9%) had moderate to good knowledge of GBV definition and its contents. Few respondents (30.7%, n = 124) had knowledge of GBV health services. Osuna-Rodrigues et al., (2020) had sufficient knowledge of GBV and showed positive perception, and higher in female students. A study by Oladepo, Yusuf and Arulogun (2011) had more than half 58% of respondents had 60% on GBV knowledge..

Patterns of GBV among residents of Idi-Arere, IBSE, LGA
Ndep, et al. (2022) in their study analysis revealed 198(47.9%) respondents have experienced a form of GBV sometimes, it represents 47.9% part of GBV this is in contrary to our study as our own study findings revealed 198 (90.0%) out of 220 respondents have one time or the other had GBV experience. Further analysis in Ndep, et al.(2022) 108(26.2%) sexual violence, 140(33.9%)

physical violence were often reported patterns of GBV to which this study is in line with as 195 (88.6%) had physical violence, 138 (62.7%) had sexual violence while 98 (23.7%) had emotional violence. Another study by Mamoud, (2011) had 33.9% physical violence while 26.2% had sexual violence which is not in terms with this current study.

Some respondents reported to religious leaders, medical doctors, police NGOs and some family members. GBV were always due to the following reasons, shame 132(32.0%); fear 109(26.3%); stigma 59 (14.3%); 53 (12.8%) family disappointment and 60(14.5%) maintained that authorities might not do anything about Gender Based Violence even when reported. According to Chime, (2022) physical/emotional violence was (96.29%) higher in 2020 compared to 2019 and 2018. may likely be due to COVID-19 pandemic lockdown in Nigeria.

Another one by Chime, (2022) had 18.20% respondents not reported when they had GBV, 19.9% maintained keeping it to themselves if they had GBV because of stigmatization, fear and weak law enforcement of laws. The result from a study of GBV among young adults in Lagos, Nigeria is similar to this current study, victims reasons for not reporting include, stigma, not exposing or giving the family a bad name moreover, the perpetrator may be a powerful person in the community.

Onyinye, Nduagubam, and Orji (2022) reported high cases of sexual violence in their study than physical and emotional violence. This may be connected with the knowledge level of respondents GBV in the community because they treat the victims at home. Community members might not have the information about where to find such services. Majority of the respondents claimed that in their community they women should be submissive in their relationships for example in their beliefs, values and culture. This means that lot of GBV was occurring in this study setting, it means that victims go unreported as they did not report GBV, be sexual or others. This could also be due to GBV been hidden in any community where they do not report in other to avoid stigmatization from members of the community. Victims who try to seek justice may be blamed for reporting the GBV in their families and communities.

Implication for Community Health Nursing Practice

However, community health nurses function extends to individuals, families and community as a whole. It is one of the duties of a CHN to prevent GBV, provide intervention and give necessary support where violence is inevitable. CHN should partner with other bodies and stakeholders to to get the best treatments and justice for survivors, families and community. This will help in designing preventive strategies on violence not only in the community and schools but also in all aspects of life.

CONCLUSION AND RECOMMENDATIONS

It was therefore concluded that majority of the victims of GBV had poor knowledge, majority were females, more than half of the total respondents had been sexually abused and physical violence was the common prevalent pattern, it was thus, recommended among other things that, a comprehensive educational intervention at community levels. Community Health Nurse should assist in preventing gender based violence in order to sanitize our community by bringing it to the bearest minimum if it cannot be totally eradicated. GBV is a menace that everybody should be concerned about especially in this study setting IBSE, LGA. Oyo State.

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