

# **CAUSES AND CONSEQUENCES OF CORONA VIRUS (COVID-19) PANDEMIC LOCK DOWN ON INTIMATE PARTNER VIOLENCE AMONGST COUPLES IN KARU NASARAWA STATE, NORTH CENTRAL, NIGERIA**

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## **Abstract**

*This study investigated the causes and consequences of corona virus on intimate partner violence amongst couples in Karu, Nigeria. The study was hinged on four specific objectives which include examining the extent of violence against women in Karu and the factors causing violence against women as well as ascertaining the health consequences of violence against women in Karu, Nigeria. The study used the empowerment theory to explain the social phenomenon studied. It adopted the cross-sectional survey research design. Multi-stage sampling procedure was used to select 642 respondents. Structured questionnaire was used as the primary instrument of data collection. Data were analysed using the Statistical Package for Social Sciences (SPSS) software. The findings indicated that violence against women is a widespread problem with a high prevalence rate in Karu, physical and sexual types ranked amongst the most suffered forms of violence, disobedience, unfaithfulness to the husbands and neglecting marital responsibilities were major reasons for violence against women in Karu. Also, head injuries, bruises, fractures, contracting HIV/AIDS and sexually transmitted infections were the health consequences experienced by women in Karu. The study therefore recommended, among others, that steps should be taken at empowering women economically and educationally to make them less vulnerable to domestic violence. Also, medical experts should after physical treatment, refer victims to counsellors and psychotherapists as violence phenomenon deteriorates women's integrity, giving rise to deficient health, family and social group disorder.*

**Key Words:** Causes, corona virus, consequences, couples, intimate-partner violence.

## **Introduction**

Across the globe, violence against women and girls is one of the most systematic and wide spread human rights violation which are rooted in gender social structures (WHO, 2012). Amid the COVID-19 pandemic, many countries have reported an increase in domestic violence and intimate partner violence. United Nations Secretary-General António

Guterres, noting the horrifying global surge has called for a domestic violence ceasefire (United Nations, 2020; Godbole & Tanika, 2020). The European Parliament came out with a press release addressing the issue writing "we won't leave Europe's women alone" and asked member states to increase support to domestic violence victims during pandemic (www.europarl.europa.eu, 2020). Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual and emotional abuse and controlling behaviours by an intimate partner. Intimate Partner Violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women. Although women can be violent in relationships with men, often in self-defence and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners (Heise, Ellsberg, & Gottemoeller, 1999). By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them (Heise, & Garcia, 2002).

Pandemics, financial insecurity, stress and uncertainty have led to increased aggression at home which was seen previously with the global financial crisis in 2009 and natural disasters such as the 2011 Christchurch earthquake with abusers able to control large amounts of their victims daily life (Johnson, & Kristy, 2020). Domestic violence also sees a rise whenever families spend more time together such as the Christmas vacations (Taff, & Amanda, 2020). As stated by the French Secretary of Equality Marlene Schiappa, "confinement is a breeding ground for domestic abuse" (Abueish, & Tamara, 2020). Many factors have been articulated for being responsible for violence against women. According to Stop Violence Against Women (2010), lack of financial resources is one of the factors that make women vulnerable to violence. (Kalaca & Dundar). According to them, the prevalence of violence against women occurs among uneducated and nonworking women because they lack specialized skills, education and training that are necessary to find gainful employment. Other issues that are responsible for violence are age and place of residence (Jewkes, Levin & Penn-Kekan, 2002). According to them, younger women are more likely to experience violence as they are often forced into marriage and sexual relations, causing health risks, including exposure to HIV/AIDS and limiting their attendance in school. In the same vein, violence against women was more prevalent in rural communities than in urban communities (Martin, Taff & Resick, 2007). To them, this is because of low levels of community intervention or sanctions against violence against women. Therefore, it is against this background that this study investigates the causes and consequences of corona virus on intimate partner violence against women in Karu, Nasarawa State, Nigeria.

### **Statement of the Problem**

The corona virus pandemic has made life even more difficult for domestic violence survivors who have been forced to quarantine with their abusers. Around the world, stay-at-home orders and other social distancing restrictions are making it more difficult for survivors to seek help and refuge from mental and physical harm. In some cases, access to counsellors and safe houses has been suspended to comply with measures for social isolation.

Violence against women and girls is a problem of pandemic proportions (Moradian, 2010). It continues to be a universal epidemic that kills, tortures and disfigures women physically, psychologically, sexually and economically (United Nations, 2007). This malaise is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age (UNICEF, 2000). It is one of the most systematic and widespread human rights abuses in the world. It is directed against a woman and affects women excessively. Study by the United Nations Human Right in 2002 revealed that more than 1,000 women were killed in Pakistan in respect to honour killing while 47% were killed in Egypt for being raped and in Brazil, killing women was justified to preserve the honour of the husband in cases of adultery. According to them, younger women are more likely to experience violence as they are often forced into marriage and sexual relations, causing health risks, including exposure to HIV/AIDS and limiting their attendance in school.

The persistence of these ugly incidents on women and girls possess a great threat not just their health but also to Nigeria as a nation, hence the need to study and find out why this trend is so. Although several studies have been carried out on violence against women but none of them focused attention on the health consequences of domestic violence against women in Karu local government of Nasarawa State. However, none of them discussed the violence and its health consequences on women; hence this study is aimed at bridging this knowledge gap. This study focused on the causes and consequences of corona virus or intimate partner violence against women in Karu Local Government Area of Nasarawa State, Nigeria.

### **Objectives of the Study**

The aim of this study was to explore the causes and consequences of Covid-19 pandemic or intimate partner violence against women in Nasarawa State, North Central, Nigeria. Specifically, the objectives are:

1. To examine the extent of intimate partner violence against women in Karu Local Government Area, Nasarawa State.
2. To determine the factors responsible for the persistence of violence against women in Karu Local Government Area, Nasarawa State.

3. To ascertain the consequences of intimate partner violence on the health of women in Karu Local Government Area, Nasarawa State.

### **Literature Review**

#### **The Concept of Intimate Partner Violence**

Intimate partner violence is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. IPV can take a number of forms, including physical, verbal, emotional, economic and sexual abuse (Khan, Saha & Lakhanpal, 2011). Women are peripheral and marginal in the management of family matters (Michael & Oliver, 2012). To them, much of gender violence is considered normal and enjoys social sanction. Demonstration of violence includes physical aggression such as blows of varying intensity, burns, attempted hanging, sexual abuse and rape, psychological violence through insults, embarrassment, intimidation, blackmail, economic or emotional threats and control over speech and actions. In extreme, but not unknown cases, death is the result (Azhar, Sohail, Yasin, Mahmood & Mushtag 2013).

#### **Studies on Violence Against Women across the Globe**

Several studies have been carried out throughout the world to examine violence against women. A study carried out by Sahoo and Pradhan (2001) on violence against women in India with 90,303 ever married women indicated that women in India believe that wife beating in India is an acceptable way of disciplining a woman. The results revealed that three out of every five Indian women agreed at least with one reason why wife beating is justified. 40% justified wife beating if wife neglects household or children, if wife goes out without telling her husband 37%, wife shows disrespect for in-laws 34% and husband suspects that the wife is unfaithful 33%. This result was corroborated with a study carried out in Rakai district, a rural area in South-Western Uganda by Koenig, Lutalo, Zhao, Nalugoda, Wabwire-Mangen, Kiwanuka, Wagman, Serwadda, Wawer, and Ron (2003) which found out that most respondents (90%) viewed beating of the wife or female partner as justifiable in some circumstances. These results were also similar with the findings of Abeya, Afework and Yalaw (2012) in their study on intimate partner violence against women in West Ethiopia which revealed that women face violence but majority of them are keeping silent and very few defend themselves from their violent husbands/partners because of their belief that men can lord it over women. Azhar, Sohail, Yasin, Mahmood and Mushtag (2013) found that there is a relationship between economic dependence and violence against women. This was contained in their study which explored socio-economic factors behind violence against women in Sargodha district, Pakistan.

#### **Studies on Violence Against Women in Nigeria**

Several studies have also been conducted to explore violence against women in Nigeria. Adekeye (2010) studied the prevalence and patterns of gender violence and its relationship

with sexually transmitted infections including HIV/AIDS in Nigeria and found that cultural belief, traditional values and superstition were responsible for acts of violence against women. Specifically, the study found that the most prevalent form of violence against women is physical (78%) and sexual violence (42%). Polygyny (78%) and cultural belief, traditional values and superstitious (75%) were responsible for the exposure of women to HIV/AIDS. *Adegbite and Ajuwon (2015) in their study on intimate partner violence among women of child bearing age in Alimosho Local Government Area of Lagos State*, found that 88.9% of the respondents had experienced at least one form of violence. The prevalence rates of physical, sexual, psychological and economic forms of violence were 45.9%, 55.9%, 71.1% and 51.2% respectively. Also, *Igbokwe, Ukwuma and Onigwu (2013) studied domestic violence against women and challenges to health and innovation in Nsukka Local Government Area of Enugu State* and found that the most common forms of violence experienced by women are verbal abuse (80.95%) and the physical forms of violence (69.05%).

#### **Factors Influencing Violence Against Women in the Society**

Many factors have been articulated for being responsible for violence against women. According to *Stop Violence Against Women (2010)*, lack of financial resources is one of the factors that make women vulnerable to violence. Another factor that increase violence against women is low socio-economic status and lack of education (Kalaca & Dundar). According to them, the prevalence of violence against women occurs against uneducated and nonworking women because they lack specialized skills, education and training that are necessary to find gainful employment. Other issues that are responsible for violence are age and place of residence (Jewkes, Levin & Penn-Kekana, 2002). Violence against women occurs in all social and economic classes, but women living in poverty are more likely to experience violence (Ndungu, 2004). Lack of education is one of the factors that expose women to violence (Abama & Kwaja, 2009). With women also losing jobs during the lockdowns, their vulnerability has further increased. In many circumstances, whatever little women earn is given to their husbands and when they are not able to meet their husbands subsequent financial demands, it leads to violence (Harr, 2012).

Activists also noted that the moment there is a shortage of food as in a crisis situation like this when there is not much commercial activity, the immediate victims are the daughters and mothers in the houses. Same is the case with healthcare as spending on women in families will further shrink in a period of economic stress. The likelihood that women in abusive relationships and their children will be exposed to violence dramatically increases, as family members spend more time in close contact and families cope with additional stress and potential economic or job losses (WHO, 2019). Pandemics, financial insecurity, stress and uncertainty have led to increased aggression at home (Johnson, & Kristy, 2020; Taub, & Amanda, 2020; Aharish, & Tamara, 2020).

### **Health Impact of Intimate Partner Violence on Women**

The health impacts of violence, particularly intimate partner/domestic violence, on women and their children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies (World Health Organization, 2020). Violence against women is the major cause of morbidity and mortality (Campbell, 2002), with adverse effects for women's physical, mental, sexual and reproductive health (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Campbell, 2002). The health consequences may be immediate and direct (such as disability), indirect or psychosomatic (such as gastrointestinal disorder) or all three (Plichta, 2004). Evidence shows that about half of the women in abusive relationships sustain physical injuries (Catalano, 2006; Hassan, Sadowski, Bangdiwala, Vizcarra, Ramino, De-Paulo, Bordin, & Mitra, 2004; Kishor, & Johnson, 2004), these injuries vary from minor to life threatening injuries. Minor injuries (Scratches, bruises, Welts) are most common, whilst others such as laceration, knife wounds, broken bones, head injuries, broken teeth, burn, and bullet wounds occur with decreasing frequency (Tjaden, & Thoennes, 2000). The consequences of violence against women include physical consequences, psychological consequences and general consequence on the society (Abama & Kwaja, 2009).

### **Theoretical Thrust**

This study adopts the empowerment theory as its framework. The origin of empowerment theory was traced back to the Brazilian humanitarian and educator, Freire's book on education for critical consciousness which was published in 1973. The major tenet of the theory is to liberate the oppressed people of the world through education (Freire, 1973). Empowerment was associated with alternative approaches to psychological or social development and the concern for local, grassroots community based movements and initiatives (Parpart, Rai, & Staudt, 2003). Empowerment is the process of increasing individuals' control over their lives which ensures positive changes in the capacities or abilities of the individual as well as positive changes within the community by actualizing their demands (Soleiman, Shojaeizadeh, Foroushani, Ghofranipour, & Ahmadi, 2013). Since violence against women can be found in all societies and it seems an end to it is not in sight, it is necessary to educate people about the adverse effect of violence against women. Through education women will be made to know their rights, develop skills that will make them self reliant and consequently challenge the obnoxious practices that make them vulnerable to violence. This is important because when people are aware of the adverse effects of violence against women, the incidence will be highly reduced. One criticism of empowerment theory is that it overemphasizes individual responsibility for change at the expense of societal factors (Minkler, 1997). This theory is relevant to this study because it provides opportunity for women to have control over their lives. The major aspect of empowerment theory which focusses on liberating the oppressed people

of the world, particularly women, is part of the reason that this theory is suitable for this study. In trying to rid society of the exploitation of women, empowerment theory advocates for educating women about their rights. Educating women about their rights is germane since violence against women can be found in all societies and one of the proactive ways to end it is by giving women appropriate education which will ensure that they know their rights and consequently kick against obnoxious practices that will hinder their progress.

### **Materials and Methods**

#### **Study Location/Population/Research Design**

The study was conducted in Karu Local Government Area of Nasarawa State, Nigeria. Karu is a Local Government Area in Nasarawa State, North Central, Nigeria. It is close in proximity to the Federal Capital Territory of Nigeria. It has an area of 2,640 km<sup>2</sup>. Karu local government has its headquarters in New Karu town. According to the 2006 census, the population of mainly New Karu town was 205,477 (NPC, 2006). The study adopted the cross-sectional survey research design and made use of the multi-stage sampling procedure. The study population comprised of residents of Karu Local Government Area in Nasarawa State, Nigeria. Multi-stage sampling procedure is relevant in this study because the study population is large. The first stage involved the purposive selection of all the six (6) wards (Ado, Mararaba, Masaka, New Nyanya, Karu, and One Man Village). The second stage involved the selection of one (1) village (Gidan Zakara, Karshi, Kuruduma, New Karu, Gidan Ado, and Gidan Kuruduma) each from the wards using simple random sampling technique via balloting while the third stage involved the selection of respondents from the six wards and six earlier selected villages within the study area, 67 respondents each were selected from the 6 wards (Ado, Mararaba, Masaka, New Nyanya, Karu, and One Man Village/402 respondents) while 40 respondents each were selected (Gidan-Zakara, Karshi, Kuruduma, New Karu, Gidan-Ado, and Gidan-Kuruduma/240) were selected via stratified random sampling which brought the total to 642 respondents selected for the study.

#### **Methods of Data Collection/Analysis**

Data were generated from the field through structured questionnaire. Descriptive statistics were used for data analysis using the Statistical Package for Social Sciences (SPSS) version 21 and statistically analyzed using frequency tables and simple percentages to describe the socio-demographic characteristics and other substantive issues of the study. Out of the 642 questionnaire administered to the selected respondents, 4 were lost and not returned, so the analysis and presentation of results/findings was based on the 638 questionnaires that were duly retrieved from respondents in the study area.

### Results/Findings

The analyses of this study are divided into two sections. The first section focuses on the analysis of the respondents socio-demographic characteristics while the second section centres on the analysis of the objectives of the study.

**Table 1: Distribution of respondents socio-demographic characteristics (N=638)**

Variable (%)	Category	Frequency	Percentage
Sex	Male	222	34.80
	Female	416	65.20
Age in years	15-24	154	24.14
	25-34	308	48.27
	35-44	138	21.63
	45 & above	38	5.96
Marital Status	Single	293	45.92
	Married	309	48.43
	Separated	26	4.08
	Divorced	10	1.57
Religious Affiliation	Christianity	376	58.90
	Islam	232	36.40
Level of Education	ATR	30	4.70
	No Formal	92	14.42
	Primary	213	33.39
	Secondary	294	46.00
Occupational Status	Tertiary	39	6.11
	Unemployed	332	52.04
	Student	46	7.21
	Farming	30	4.70
	Trading	122	19.12
Income Level	Civil Service	108	16.93
	Less than 20, 000	94	14.73
	20,000-30,000	126	19.75
	31,000-40,000	244	38.24
	41,000-50,000	65	10.20
Total	51,000 & above	109	17.08
		638	100.0

Table 1 above shows that majority of the respondents constituting 416(65.20%) were females while the remaining 222(34.80%) were males. Findings reveal that more females than males participated in the study. On the age distribution of the respondents, a little less than half of the respondents representing 308(48.27%) were aged between 25-34 years, 154(24.14 %) were aged 15-24 years, 138(21.63%) were within the age of 35-44 years, while those aged 45 years and above were 38(5.96%) years old. The marital status of the



respondents shows that most of them representing 309(48.43%) were married, 293(45.92%) were single, a few others 26(4.08%) were separated, while the remaining few 10(1.57%) were divorced. Findings revealed that more married women followed by single women or ladies 45.92% were involved in the study. Also, majority of the respondents constituting 376(58.90%) were Christians, 232(36.40%) of the participants were Muslims while the other few 30(4.70%) were African tradition religious practitioners. From the results, more Christians than Muslims and African traditional region worshippers took part in the study.

Furthermore, the educational attainment of the respondents shows that majority of the them constituting 294(46.08%) were holders of Senior Secondary School Certificate, followed by a few respondents with tertiary educational qualification representing 39(6.11%), 213(33.39%) were holders of primary school certificate while the remaining 92(14.42%) of the respondents had no formal education. Equally, results show that majority of the entire respondents representing 332(52.04%) were unemployed, 122(19.12%) of the respondents were into trading, 108(16.93%) of the respondents were in the civil service, 46(7.21%) of the respondents were students while the remaining few 30(4.70%) of the respondents were into farming. From the findings, it is likely due to the fact that majority 72.57% of the respondents expose women to violence against them deriving from low level of education accounting lower income on the overall.

Finally, the income level of the respondents show that most of them representing 244(38.24%) earned between 31,000-40,000 naira per month, 126(19.75%) earned between 20, 000-30, 000 naira monthly, 109(17.08%) of the entire respondents earned between 51, 000 thousand naira and above, 94(14.73%) of the respondents earned less than 20, 000 naira per month while the remaining 65(10.20%) of the respondents earned between 41,000-50,000 naira monthly. Findings reveal that the general take home pay of two-third of the respondents were meagre and could account for the persistence of violence against women in Karu Local Government Area, Nasarawa State, Nigeria.

**Table 2: Distribution of respondents on the forms/level of violence in Karu (N=638)**

Variable (%)	Category	Frequency	Percentage
Are you aware of violence against women?	Yes	543	85.11
	No	95	14.89
Do you think it is a widespread problem?	Yes	521	81.66
	No	117	18.34
In what form does violence against women take place?	Sexual abuse/Rape	108	16.93
	Wife battering	428	67.09
	Emotional/Psychological	102	15.98
Have you ever witnessed it?	Yes	463	72.57

	No	175	27.43
What types did you witness?	Physical Violence	194	30.41
	Sexual Violence	104	16.30
	Financial Violence	153	23.98
	Sexual Harassment	119	18.65
	Emotional/Psychological	68	10.66
What is level of Violence in Karu	Very High	98	15.36
	High	362	56.74
	Low	138	21.63
	Don't Know	40	6.27
<b>Total</b>		638	100.0

Table 2 above shows that majority of the women representing 534(85.11%) were aware of violence against women in Karu Local Government Area of Nasarawa State while the remaining few 95(14.39%) of the respondents reported not been aware of violence against women. This showed that violence against women was on the rise during the lockdown due to the corona virus pandemic in Nigeria. In the same vein, majority of the respondents constituting 521(81.66%) reported that its occurrence against women is a wide spread problem, 177(18.34%) of the respondents expressed that violence against women is not a wide spread problem in Karu, Nigeria. Furthermore, on the forms of violence suffered by women in the study area, majority of the respondents representing 428 (67.09%) reported wife battering (physical form of violence) as the form of violence against women in Karu, 108 (16.93%) stressed sexual abuse and rape while a few 102(15.98%) reported experiencing emotional/psychological violence from their partners. Majority of the women constituting 463 (72.57%) reported witnessing violence against them while the remaining 75 (27.43%) said that they have never witnessed any form of violence.

Lastly, less than half of the respondents constituting 194 (30.41%) reported physical violence as the type of violence against women witnessed in Karu, 153 (23.98%) financial violence, 119(15.65%) opined sexual harassment, 104 (16.30%), 68(10.66%) reported witnessing emotional/psychological violence. On the extent of violence against women in Karu, majority of the women constituting 362(56.74%) reported that violence against them is high in Karu Local Government Area, a few others 138 representing (21.63%) opined that the incidents of violence against women in Karu is low while the remaining few 40(6.27%) stressed that they did not know whether violence against women in Karu was very high, high or low.

**Table 3: Distribution of respondents on factors causing violence against women**

Variable Percentage (%)	Category	Frequency
Factors causing violent act against women 33.86	Disobedience to the husband or In-laws	216
28.84	Unfaithfulness to the husband	184
20.22	Neglect of marital responsibilities	129
11.60	Query to issues of extra-marital affairs	74
5.48	Incessant demands/Financial constraints	35
Age interval at which violence against women occur 14.50	Less than 18 years	74
22.14	19-25 years	154
40.44	26-36	258
15.36	37-47	98
8.46	48 years & above	54
<b>Total</b> 100.0		<b>638</b>

Table 3 shows that majority of the respondents constituting 216 (33.36%) reported disobedience to the husband or in-laws as the cause of violent acts against women in Karu, a few others 184 (28.84%) of the respondents stressed unfaithfulness to the husband as the factor influencing violence against women in the study area, 129 (20.22%) reported that neglect of marital responsibilities as the cause of violence against women, 74 (11.60%) expressed that questioning the husband about issues of extramarital affairs triggers violence against women in Karu while the remaining 35 (5.48%) of the respondents indicated that frequent and unreasonable demands as well as low earnings which constrained women financially as a factor causing violence against women in the study area.

**Table 4: Distribution of respondents on the health impact of intimate partner violence against women in Karu**

Variable Percentage (%)	Category	Frequency
Level of violence on 10.34	Anxiety/Depression/Poor concentration	66
women in Karu? 10.34	Sexual problems during sex/vaginal bleeding	66
21.63	Head injuries/bruises/fractures	138
6.27	Headaches/migraine/heart problems	40
18.81	Sexual transmitted infections/HIV	120
19.44	Unwanted pregnancies/sleeping issues/abortion	124
13.17	Stress/PTSD/ or a feeling of pressure	84
<b>Total</b> 100.0		<b>638</b>

Table 4 shows the health consequences of violence against women in Karu. Less than half of the respondents constituting 138 (21.63%) reported having or experienced head injuries, bruises and fractures as health consequences of violence against women. A few others 124 (19.44%) of the respondents cited unwanted pregnancies/sleeping disorder as well as complications arising from abortion as health consequences of violence against them in Karu, 120 (18.81%) of the respondents reported contracting sexually transmitted infections including HIV as health consequences resulting from violence against women in Karu, few others 84 (13.17%) indicated stress, post traumatic stress disorder as well as a feeling of pressure as health consequences of violence against women in Karu, 66 (10.34%) of the respondents experienced sexual problems during as well as vaginal bleeding arising from violence against women in the study area, 66 (10.34%) of the respondents reported anxiety, depression and trouble concentrating as a result of violence against women in Karu, while the remaining 40(6.27%) of the respondents stated having headaches, migraine and heart problems as consequences of violence against them. From the findings, respondents experienced diverse types of the health consequences due to violence against women in Karu Local Government Area of Nasarawa State.

### Discussion of Findings

This study examined the impact of corona virus pandemic on intimate partner violence amongst couples in Karu Local Government Area in Nasarawa State, Nigeria. Accordingly, majority of the respondents were females. Most of the respondents were aged

25-34 years old, a few of the respondents were aged 15-24 years old, others were within the age of 35-44 years old. This implies that on the overall, majority of the selected sample were young and youths which could account for the depth of violence against these group of women in the study area during the corona virus pandemic in Nigeria. This assertion, corroborates the findings of Minayo and Souza (2013) that the percentage of women 15-49 years old who had experienced physical and/or sexual violence by an intimate partner in their lifetime ranges from 15% to 71%. Most of the respondents were married, a little less than half were single. Majority of the respondents were Christians. A little less than half of the respondents were holders of secondary school certificates, a few others had primary school certificates which accounts for low level of education of the women in Karu. Majority of the respondents were unemployed which probably predisposes women in Karu to violence deriving from their low level of education, as well as low income level, a few of the respondents earned between 31,000-40,000 naira per month on the overall for respondents in Karu. These findings agreed with the study by Azhar, Sohail, Yasin, Mahmood, & Mushtag (2013) on the socio-economic factors behind violence against women in Sargoba district, Pakistan, found 71% have faced psychological violence due to economic dependence on their male counterpart. Sarkar (2010), in a study on violence against adult and adolescents females in a rural area of West Bengal, found that 23.4% of adult and adolescent females were exposed to violence due to lack of economic power. Also, supporting the above findings, according to a study by Jewkes, Levin and Penn-Kekana (2002), the prevalence of violence against women occurs more against uneducated and nonworking women because they lack specialized skills, education and training that are necessary to find gainful employment.

Also, majority of the respondents were aware of violence against women in Karu during the corona virus pandemic lockdown, 81.66% stressed that violence against women in Karu is a widespread problem, most of the respondents reported that the level of violence against women in Karu during the pandemic stay at home was high. Less than half of the respondents claimed experiencing physical violence, others said sexual violence, a few expressed financial (economic) violence, a few others of the respondents reported emotional/psychological type of violence. Majority reported wife battering as the most common form of violence experienced by women during the stay at home order in Karu. This result was corroborated by a study carried out in Rakai district, a rural area in South-Western Uganda by Koeing, Litalo, Zhao, Nalugoda, Wahwire-Mangen, Kiwanuka, Wagman, Serwadda, Wawer and Ron (2003) who found out that 90% viewed wife or female partner beating as justifiable in some circumstances, 16.93% stressed that it was sexual abuse/rape that they witnessed, 15.98% said emotional/psychological type of violence.

ranging from disobedience to the husbands or in-laws, unfaithfulness of the wives to their husbands and neglecting their marital responsibilities. Findings further revealed that the respondents suffered head injuries, bruises, fractures, had unwanted pregnancies which resulted into having abortions, sleeping disorders were among the health consequences emanating from violence against women in Karu during the stay at home order by Nigeria government during the corona virus pandemic. This malaise of violence against women in the area of study during corona virus pandemic lockdown has left most women battling with various health consequences such as stress, traumatisation, injuries of various degrees and grappling with psychological effects emanating from experiencing intimate partner violence during the pandemic lockdown. The prevalence of violence against women has serious implications for the development of the society and the psychological development of children. The future of any nation depends on the quality of its children, women and youths. Consequently, government must pay urgent attention towards eradicating the evil phenomenon of domestic violence in the Nigerian society.

### **Recommendations**

Based on the aforementioned findings, the study recommends thus:

1. All stakeholders in the Karu society ranging from government, religious bodies, civil society groups, community leaders must embark on vigorous awareness creation and education on the negative implications of domestic violence on the overall well-being of women. Also, all statutory, religious and customary laws that promote violence against women should be abolished during and after the pandemic lockdown.
2. Given the fact that both physical violence and sexual violence against women in Karu were the most common forms, there is need to sensitize members of the society on the health consequences of violence against women.
3. A training programme for the legislators who make the Nigerian laws at National and State levels, the Police Force, Judicial officers and other state Agencies should be emphasized as this will help them to enact relevant laws to eradicate domestic violence of all forms against women as well as steps taken at empowering women economically and educationally to make them less vulnerable to domestic violence during the pandemic lockdown period and in the future.
4. Since the consequences of violence for women's health, physical and psychological complications stand out, medical professional experts should help abused women; after physical treatment, by referring them to counsellors and psychotherapists, as violence phenomenon deteriorates women's integrity, giving rise to deficient health, family and social group disorder during and after the pandemic lockdown, as well as to ensure that perpetrators of violence against women are arrested, charged and punished according to the law both within Karu and across the Nigeria.

Furthermore, findings revealed that on factors causing violence against women in Karu. Most of the respondents reported disobedience to the husband or in-laws, others stressed unfaithfulness to the husband, a few others said neglecting marital responsibilities, for questioning the husband about extra-marital affairs, 5.48% for excessive demands and financial constraints. This finding corroborates the study carried out by Sahoo and Pradhan (2001) in India on violence against women where they indicated that 37% of women or wives were beaten or battered for disobeying their husbands, 40% justified wife beating if wife neglects household or children, 37% if wife goes out without telling her husband, 34% if wife shows disrespect for in-laws, and 33% if husband suspects that the wife is unfaithful.

Finally, on the health consequences of violence against women in Karu during the stay at home order by the government of Nigeria due to corona virus pandemic, few of the respondents reported experiencing head injuries, bruises and fractures, a few others stressed having unwanted pregnancies, sleeping disorders and/or having abortions as a result of violent acts of sexual abuse and rape, 18.81% reported contracting sexually transmitted infections including HIV/AIDS deriving from violence against women, 13.17% expressed experiencing stress, Post Traumatic Stress Disorder (PTSD) or a feeling of pressure, 10.34% said anxiety, depression and poor concentration, 10.34% opined having sexual problems during sex and vaginal bleeding impliedly emanating from sexual abuse and rape, while 6.27% stressed that they experienced headaches, migraines and heart problems as a result of violence against women in Karu. Corroborating the above findings from the literature, evidence showed that about half of the women in abusive relationships sustain physical injuries (Catalano, 2006; Hassan, Sadowski, Bangdiwala, Vizcarra, Ramino, De-Paulo, Bordin & Mitra, 2004; Kishor, & Johnson, 2004). These injuries vary from minor to life threatening injuries. Minor injuries (scratches, bruises, welts) are most common while others such as laceration, knife wounds, broken bones, head injuries, broken teeth, burns, and bullet wounds occur with decreasing frequency. Also, the consequences of violence against women include consequences, psychological consequences and general consequences on the society (Tjaden & Thoennes, 2000; Abama & Kwaja, 2009).

### **Conclusion**

This study investigated the causes and consequences of corona virus pandemic lockdown on intimate partner violence amongst couples in Karu, Nigeria. Results of the study showed that majority of Karu women and residents were aware of domestic violence, its high prevalence rate and the widespread challenges it poses to their well-being and that of residents during and after the stay at home order by government of Nigeria. It was observed that physical, sexual violence, wife beating/battering were the most common forms of violence against women in Karu with the reasons or factors responsible for such violence

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