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This study aimed to explore the experiences of gender-based violence, insecurity, and health effect of the COVID-19 pandemic lockdown among women and girls three to six weeks into lockdown measures in Nigeria. This was a cross-sectional survey carried out in Nigeria among 1,243 women and girls aged between 10 and 79 from April to May 2020. Data was collected using an online web-based survey platform and analyzed using Microsoft Excel and Epi-Info. There was a statistically significant difference in the experience of violence before and during the COVID-19 lockdown among women and young girls in Nigeria (P = 0.002). During the COVID-19 lockdown, respondents experienced physical (74, 30.8%), sexual (120, 50%), and emotional violence (46, 19.2%). Although various forms of insecurity were experienced among the respondents, the most common form experienced was financial insecurity (960, 77%). 738 respondents (58%) feared getting infected by the virus while 662 (52%) had increased anxiety during this period. The findings highlight some negative unforeseen effects of the lockdown measures taken to reduce the spread of the COVID-19 virus and protect the people. This has important implications for decision-making for future pandemics and the provision of possible mitigating factors.

Keywords: gender-based violence, COVID-19 restrictions, insecurity, lockdown, health

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1 Background

Gender-based violence is violence directed against a person because of their gender and violence that affects persons of a particular gender disproportionately. It commonly affects more women and girls globally and may take forms such as psychological, sexual, economic, or physical harm and suffering to women and girls (European Commission 2020). According to the World Bank, gender-based violence is a pandemic that affects at least one in three women globally in their lifetime, and children who experience violence are more likely to experience gender-based violence as adults or become perpetrators in the future (World Bank 2019). Its effects are devastating to survivors and countries, and involve significant economic and social costs (World Bank 2019). In Nigeria, gender-based violence remains a challenge that hinders women's autonomy and opportunities (World Bank 2019). Nigerian society is predominantly patriarchal which promotes domination of women by men and instigates gender inequalities that lead to gender-based violence (Allanana 2013). A Nigerian national survey in 2018 estimated that the prevalence of physical, sexual, or emotional violence on women by their partners is 67% (National Population Commission (NPC) 2019).

In most societies globally and especially in Low and Middle-Income Countries (LMICs), women and girls have less power than men in decision-making, resources, and over their bodies. Furthermore, societal norms and individual perceptions often overlook the use of violence as a form of discipline and control of women and girls by men, and when women become more financially empowered than men this may lead to challenges in household gender norms which promote gender-based violence (Gupta et al. 2013; UNICEF 2020). Also, this vulnerability for women and girls is often escalated by other issues such as discrimination, geographical inequalities, social class, ethnicity, race, religion, disability, HIV status, and sexual orientation (Michau et al. 2015). Although these drivers are similar during peacetime, conflicts, and post-conflict periods, they are escalated during conflicts especially in vulnerable populations such as women and girls (HM Government 2019). The stress related to conflicts or emergencies may precipitate or exacerbate gender-based violence, forced displacements and family separation; disruption of community protection structures may create opportunities for gender-based violence and may lead to challenges in access to justice for survivors (Wirtz et al. 2014).

Insecurity is broadly defined as the feeling of being at risk of the loss of psychological or physical, interpersonal security, and loss of control (Wen et al. 2022). Previous outbreaks of disease such as zika, ebola, and cholera have been known to put women and children at increased risk of harm and insecurity. This is usually due to the reduction in funding to gender-based violence public health services, reduction in access to health care services, movement restrictions, loss of income, isolation, overcrowding, stress, and anxiety (Chandan et al. 2020). Confinement that may arise due to preventive measures to reduce infectious disease transmission is known to promote tension and strain, and may lead to the isolation of women with violent partners, separating them from the people and resources that can help them (UN Women 2020).

Since the onset of the COVID-19 pandemic, there have been spikes in gender-based violence in various countries. The Central African Republic (CAR) has experienced surges in gender-based violence with reported injuries to women and children increased by an estimated 10%, rape by 27%, and other assaults by 45% with 97% of gender-based violence victims being female and 76% underage (United Nations Development Programme 2020). Cyber-violence has also been noted to be on the rise with more people confined at home and spending more time online (United Nations Development Programme 2020). The health needs of women and girls are unique and they are least likely to have access to essential drugs, vaccines, quality health care, and health insurance especially in marginalized communities. Societal norms and gender stereotyping also limit women's access to health services and all of these factors have large impacts during global health crises such as pandemics. In regions such as Latin America and the Caribbean, it has been estimated that an extra 18 million women will lose regular access to modern contraceptives, given the current COVID-19 pandemic (United Nations 2020).

To contain the spread of COVID-19, countries adopted various restrictions to movement, which led to the implementation of lockdown strategies ranging from moderate to strict. The adoption of this strategy was based on evidence that suggested that less rigid lockdowns were not sufficient to decrease the spread of the outbreak, and tighter lockdown decreased the transmission promptly. Therefore various efforts were made to ensure compliance (Vinceti et al. 2020). However, many LMICs struggled with implementing adequate strategies for introducing and exiting lockdowns. The Nigerian government, desperately seeking to reduce the transmission of the virus, also adopted this lockdown strategy. In Nigeria, the nationwide lockdown commenced on 30 March 2020, initially in three states (Lagos, Abuja, and Ogun state) and was subsequently extended to the other thirty-four states. However, these measures could not be sustained due to the growing agitation and the socioeconomic stress on citizens which led to easing of the lockdown on 4 May 2020 (Ajide, Ibrahim, and Alimi 2020). The COVID-19 lockdown measures enforced by the Nigerian government included travel restrictions, mandatory closure of schools, commercial activities, religious houses, and industries, forcing everyone to remain home (Eyawo, Viens, and Ugoji 2021). As a result of the pandemic and these restrictions, insecurities among citizens became intensified (Eyawo, Viens, and

Ugoji 2021). Subsequently, there were directives and enforcing of social distancing, restriction of gatherings of more than twenty people, and compulsory use of facemasks in designated places (Ajide, Ibrahim, and Alimi 2020).

In African countries there were numerous reported cases of violence against citizens by security forces who were deployed to enforce curfews and lockdowns to curb the spread of the virus, and in Nigeria, reports indicate that more than one hundred cases of rights violations, resulting in eighteen deaths, occurred in March and April 2020 alone, leaving its citizens feeling insecure (Amadasun 2020). In addition, there were findings that many were tortured, treated inhumanely, unlawfully arrested, properties were illegally confiscated, and women were sexually molested all of which were mostly enacted by law enforcement officers (Odigbo, Eze, and Odigbo 2020). Ideally, the Nigerian law enforcement officers are tasked with the duty to preserve law and order in times of crises but, ensuring citizens comply with movement restrictions amidst a pandemic while already burdened with other forms of crimes was a fairly new obligation for the law enforcement organization. Therefore they might not have been fully prepared for this unique situation (Ojedokun 2021). As a result, the psychological and physical wellbeing of women might be affected far more than that of men because of the preexisting socio-economic conditions of women, gendered traditional and social norms, and power dynamics which are prevalent in LMICs and may lead to financial, emotional stress and physical violence (Gupta et al. 2013).

There is insufficient data on the rates of gender-based violence and insecurity among women and girls due to the COVID-19 restrictions in Nigeria, and the effect of the disease outbreak and related lockdown measures among Nigerian females are unknown. It can be assumed that gender-based violence and insecurity increased due to the restrictions and regulations aimed at curbing the spread of the infection and that these restrictions are also likely to have affected the health of this vulnerable population. This survey aimed to explore the experiences of gender-based violence and insecurity among women and girls in Nigeria and the effect of the COVID-19 restrictions on their health. This survey was carried out during the pandemic period, amidst the lockdown measures instituted to control the COVID-19 pandemic. The findings from this study will hopefully highlight the increased susceptibility of women and girls to gender-based violence, insecurities, and its effect on wellbeing, especially during restrictions aimed to prevent the spread of infectious diseases specifically during a disease pandemic.

2 Methods

This was a cross-sectional web-based survey in Nigeria among 1,243 women and girls aged between 10 and 79 in the thirty-six states and the federal capital territory. It was carried out from April to May 2020. This period was chosen because this was the first two months into the COVID-19 lockdown in Nigeria, which commenced on 30 March 2020. Data were collected anonymously using an online web-based survey platform, as the recommendation from the Nigerian Centre of Disease Control to minimize face-to-face contact as citizens isolate themselves at home. Approval was obtained from the research ethics committee of the University of Nigeria Teaching Hospital. The link was circulated by the investigators through social media to people who have access to the internet and could communicate in the English language. Online consent was obtained from the participants. Participants were allowed to terminate the survey at any time they desired, and confidentiality of information was assured. The survey was developed using the free software Google Forms.

Additionally, using the principles of snowballing, similar data were collected from 160 participants from rural and urban low-income communities through interviewer-administered questionnaires to ensure that people who may not have access to the online web-based platform were represented. Standard COVID-19 preventive measures (social distancing and use of face masks), as outlined by the Nigerian Centre for Disease Control, were observed.

Socio-economic and demographic data were collected. The questions included if the respondents had experienced any form of violence during the twelve months before the COVID-19 lockdown and during the lockdown, their perceived insecurities, the per-

ceived effects of these insecurities, and the perceived effect of the lockdown on their health and their access to health services. In the context of this survey, food insecurity was defined as inadequate or uncertain access to sufficient or nutritious food during the lockdown period (Wolfson and Leung 2020), job insecurity was defined as a perceived and undesired possibility and fear of loss of current job due to the lockdown (Nella et al. 2015), while financial insecurity was defined as increased frequency of financial worries and financial stress that interfere with work (Rasdi, Zaremohzzabieh, and Ahrari 2021).

Data were analyzed using Microsoft Excel and EPI-INFO version 7. Descriptive statistics were carried out and data was displayed in frequencies and percentages. Comparison between the experience of violence before and during the COVID-19 lockdown was carried out using the McNemar test and a P-value of <0.05 was considered statistically significant.

3 Results

The study was carried out among 1,243 respondents from the six geo-political zones of the country. 942 (74%) had a tertiary level of education and above, 243 (19%) had a secondary/high school education as their highest level of education, 64 (5%) had primary education only, while 24 (2%) had no formal education. 622 respondents (49%) were married and 866 (70%) were employed (Table 1).

When asked if they had experienced any form of violence during the twelve months before the lockdown, 119 (9.3%) indicated that they had, while 240 (18.9%) said they had experienced violence during the lockdown. There was a statistically significant difference in the experience of violence before and during the COVID-19 lockdown among respondents (P = 0.002). The forms of violence experienced were physical (74, 30.8%), sexual (120, 50%), and emotional (46, 19.2%).

On analysis of the data to determine if marital status, age group, level of education, average household monthly income, number in household, and employment status were factors associated with increased gender-based violence during the COVID-19 lockdown, the only factor found to be statistically significantly associated with increased gender-based violence during the lockdown was the average monthly household income. The women in households with an average income of less than 50,000 Nigerian naira were more likely to experience an increase in during the COVID-19 lockdown period (χ^2= 18.442, P=0.048). However, no regression analysis was carried out as there were no other statistically significant factors to control for.

Most of the respondents who experienced gender-based violence felt that the lockdown directives were the cause of the violence they experienced (63%), while 19% felt it was caused by law enforcement personnel, 11% felt it was caused by the social distancing, 5% felt it was caused by working from home and 2% felt it was caused by self-isolation instructions.

The main forms of insecurity experienced during the COVID-19 lockdown were food insecurity (853, 67%), financial insecurity (960, 77%), and job insecurity (420, 34%), along with petty thefts (298, 23.4%), break-in robberies (180, 14%), and cybercrimes (126, 10%). The most common effects of insecurity experienced by the respondents were general fear (662, 52%), inability to earn money (573, 45%), anxiety (560, 44%), and depression/loneliness (420, 33%) (Table 2). Only 16% of respondents attributed the experience of insecurity to being a female.

The most common health effects of the lockdown experienced by the respondents were fear of getting infected with COVID-19 (738, 58%), increased anxiety (662, 52%), lack of money to buy regular medications or sanitary products (356, 28%), and inability to visit the hospitals/clinics for help due to the lockdown (227, 17.8%) (Table 3).

4 Discussion

Gender-based violence affecting women and girls in developing countries such as Nigeria is widely accepted due to traditional norms that perpetuate male dominance, social inequalities, and societal acceptance of domestic violence (Sardinha and Nájera Catalán 2018). Pandemics and conflicts worsen already existing inequalities especially for women and girls (United Nations 2020). Various stakeholders in both developed and developing countries have drawn attention to rising global levels of violence against

Table 1: Sociodemographic characteristics of respondents

	Frequency (n=1,243)	Percentage (%)
Age (years)		
10–14	10	0.8
15–19	75	5.9
20–24	254	20.0
25–29	228	17.9
30–34	175	13.7
35–39	151	11.9
40–44	122	9.6
45–49	78	6.1
50–59	127	10.0
60–69	45	3.5
70–79	8	0.6
Marital status		
Co-habiting	19	1.5
Divorced	19	1.5
Married	622	48.9
Separated	30	2.4
Single	533	41.9
Widowed	50	3.9
Education		
No formal education	24	1.9
Primary school only	64	5.0
Secondary/high school only	243	19.1
Tertiary/all post-high school	942	74.0
Employment status		
Trading/market	81	7
Not working/housewife	48	4
Not working/student	180	14
Not working/seeking employment	134	11
Own business/employer of labor	291	23
Retiree	15	1
Wage/salary employment, private sector	208	17
Wage/salary employment, public sector	251	20
Other	35	3
Average monthly household income (Nigerian naira)		
0–50,000	735	59
51,000–100,000	225	18
>100,000	283	23
Household size		
0–4	484	39
5–8	649	52
9+	110	9

Figure 1: Forms of insecurity experienced by respondents

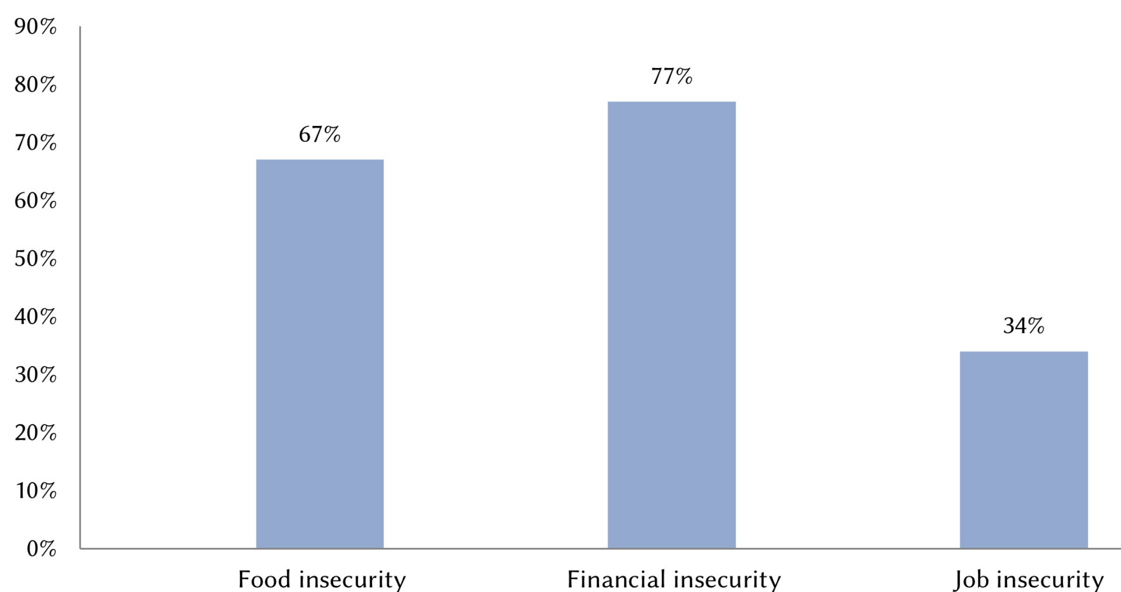

Table 2: Effect of insecurity experienced by respondents during the COVID-19 lockdown

	Frequency	Percentage (%)
General fear	662	52.0
Inability to make money	573	45.0
Anxiety	560	43.9
Depression/loneliness	420	32.9
Feeling angry	395	31.0
Fear of intimidation	242	19.0
Becoming hostile	178	13.9
Not affected	26	2.0
Other	0	0.0

Multiple responses were allowed

Table 3: Effect of COVID-19 lockdown on health and access to health services

	Frequency	Percentage (%)
Fear of being infected	738	59
Increased anxiety	662	53
No money to buy regular medicines and sanitary needs	356	29
Inability to visit a hospital/clinic for help due to lockdown/staying at home	277	22
No access to pharmacy for regular drugs and sanitary needs	117	9
Health not affected	36	3

women and girls since the COVID-19 pandemic began (Titilope 2020). A report by the United Nations showed that intimate partner violence cases in Nigeria increased from 346 in March 2020 to 794 in April 2020, approximately two weeks into the COVID-19 lockdown in Nigeria (UN Women 2020).

Findings from this survey showed that 9% of the respondents had experienced a form of violence in the twelve months before the COVID-19 lockdown in Nigeria, and this increased to almost 19% during the lockdown period. In Somalia, there were cases of sexual and domestic violence during curfew hours imposed during COVID-19 restrictions and it was discovered that over 50% of the perpetrators of violence lived in the same house as the survivors or are neighbors, and about 65% of reported cases involved girls (Saferworld 2020). As the COVID-19 pandemic progressed and intensified economic and social stress in addition to restricted movement and social isolation measures, it is no surprise that gender-based violence increased as many women and girls were being forced to 'lockdown' at home with their abusers at the same time that support services were being disrupted or made inaccessible (United Nations 2020).

In this survey, 63% of respondents believed that it was the lockdown directives that led to their experience of violence, and sexual violence was the most common form of violence experienced. Other possible reasons why there was an increase in violence during the COVID-19 lockdown period among women and girls include that the uncertainties during this period are likely to lead to mental health issues such as anxiety, extreme stress, and depression (Usta, Murr, and El-Jarrah 2021). They were also isolated from their support systems thus increasing their risk of experiencing violence. Furthermore, women are more likely to be affected by unemployment and poverty because they work more in informal and private sectors, such as cleaning and child care where they have lower wages (Usta, Murr, and El-Jarrah 2021). The lockdown likely affected their ability to work or receive wages thus making women more financially dependent on men and therefore increasing the risk of gender-based violence.

There were also findings of experience of insecurity among the respondents. Financial insecurity was the most common followed by food insecurity. Feelings of financial insecurity were likely due to the increase in job losses during the lockdown leading to loss of livelihood especially in the informal job sector, which is a significant sector in developing countries like Nigeria (Rasdi, Zaremohzzabieh, and Ahrari 2021). According to the International Labour Organization, more than 60 percent of the employment in low-income and middle countries in informal, and women in these regions are more affected by informal employment than men (International Labour Organization 2020). Furthermore, a monthly average household income of less than 50,000 Nigerian naira (approximately US$122) was found to be associated with the experience of violence during the lockdown, and this could be because households with low income levels were likely to have little or no savings to depend on during the COVID-19 lockdown and were more likely to face financial insecurities. Other research has shown that economic stress due to disruption in household earnings is a major contributor to the increase in intimate partner violence during the COVID-19 pandemic (Center For Global Development 2020). Food insecurity was also found to be a common experience among respondents. This corroborates with reports in the United States where 17.4% of mothers with children under 12 years reported that during the pandemic there was insufficient food in their household, and they could not afford to buy food (Bauer 2020). There is significant concern that the COVID-19 lockdown had a negative impact on the nutritional status of women and children globally, especially in African countries where food insecurity has always been a problem, and that this could worsen over time (Awungafac et al. 2021). This may possibly substantiate the findings from the modeling of possible impacts of COVID-19 which suggested that COVID-19 related food insecurity and disruption of community-based programmes aimed at tackling malnutrition will likely lead an increase in wasting by 10–50% among Nigerians (Roberton et al. 2020). Women, and children even more so, are likely to bear the brunt of the effects of food insecurity, as well as the health system disruptions associated with COVID-19 (Lancet Global Health 2020), and findings have shown that food insecurity is associated with an increase in risk in times

of conflicts, and has been found to be a factor related to an increased risk of being a perpetrator of physical and sexual violence among men (Gutiérrez-Romero 2020; Awungafac et al. 2021). The implication of this is that households were forced to venture out to access basic resources such as food during the lockdown and by doing so, risk breaking COVID-19 preventive measures, aid in the spread of COVID-19 thereby jeopardizing the preventive measures put in place by the government and exposing themselves to violence from law enforcement who are trying to enforce the lockdown directives (Ekumah et al. 2020). These insecurities experienced by respondents negatively affected their mental health. Most had increased fear, anxiety, and depression. In the case of future pandemics where preventive measures such as restrictions and lockdowns are implemented it should be noted that these may expose women to psychological issues. Implementation of lockdowns in Nigeria and most countries involved enactment of restrictions and deployment of law enforcement agencies to ensure compliance, unfortunately, 19% of the respondents in this survey claimed to have experienced violence from this law enforcement personnel. Similar occurrences have also been reported from other countries such as Kenya and South Africa where citizens complained of police harassment during the COVID-19 lockdown restrictions (Amnesty International 2020). Other researchers have also found that while enforcing lockdown laws and restrictions in different countries, law enforcement officers abused peoples' fundamental human rights (Odigbo, Eze, and Odigbo 2020). Other health effects reported by respondents include limited access to health care services, and the inability to access or purchase routine medications and sanitary products. This is similar to the findings of a web survey in China that reported 30% anxiety rates and 17% depression amongst 1,210 respondents during the lockdown (Qiu et al. 2020). Other findings showed that during emergencies health services - especially sexual and reproductive health services - are usually neglected (Parray 2020).These can also be explained by the findings from previous incidents such as the Ebola virus outbreak which showed that the needs of women were mostly unmet, as they were less likely to participate in planning, policy-making, and decision making which may lead to neglect of issues most important to women. Also, resources for sexual and reproductive health were directed towards outbreak response, leading to increased maternal and child mortality (Parray 2020).

5 Conclusion

Although these lockdown measures were taken to reduce the spread of the virus and protect people, the negative fallouts which were identified need to be addressed to avoid long-term effects and prepare for future pandemics. It is, therefore, necessary that coping strategies are put in place by individuals, communities, and governments. For instance, the development of a network of subsidized violence support shelters and counseling services for women and girls. Also reinforcing the use of internet services in the provision of health services including mental health services needs to be scaled up. It is important to institute measures to address food shortages and for stakeholders to consider gender when planning and implementing programmes, especially in disease outbreak control. Response to infectious disease pandemics requires a multi-sectorial approach. All sectors involved in the response should be adequately trained.

6 Limitations

Although this study included a large geographical coverage, it resulted in a reduction in the variety of responses, and participation was limited to women and girls who could afford access to internet services, and/or lived in communities with adequate internet coverage. However, this was partly made up for by the collection of data from participants in selected lower-income communities across the six geopolitical zones of the country and the collection of data using questionnaires from some selected participants. Also, due to the web-based design, the response rate could not be estimated as it was not possible to estimate how many persons were reached by promotion through social networks, and there was no way of confirming all the responses were from women and girls.

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Declarations

The authors declare that they have no conflict of interest.

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