Texila International Journal of Public Health
ISSN: 2520-3134
DOI: 10.21522/TIJPH.2013.13.01.Art020

Gender-Based Violence (GBV) Responses: An Analysis of the Knowledge of Service Provision and its Implication on Incidence Reporting in Adamawa State

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Abstract

This study explores the implications of gender-based violence (GBV) response services on the reporting of GBV incidents in Adamawa State, Nigeria. GBV remains a critical public health and human rights issue, particularly in regions affected by conflict, such as northern Nigeria. Using a cross-sectional survey methodology, the study analyzed responses from 362 participants, including women of reproductive age, healthcare providers, and GBV service actors. Participants were surveyed to assess their knowledge of GBV, the availability of services, and the impact on incidence reporting. Results revealed that 60.2% of respondents were aware of GBV services, but only 17.4% had a comprehensive understanding of available support. The prevalence of physical, sexual, and emotional violence was alarmingly high, reported at 69.9%, 74.3%, and 85.6%, respectively. Factors such as alcohol use, low education, and economic hardship were identified as drivers of GBV. Despite the presence of legal frameworks, only 56.6% of respondents reported knowing what actions to take after experiencing GBV. This study highlights the need for improved awareness programs, stronger enforcement of GBV policies, and enhanced healthcare infrastructure to support survivors. The findings have significant implications for developing targeted interventions aimed at increasing GBV reporting and improving service provision for affected populations.

Keywords: *Adamawa State, Gender-Based Violence, GBV Services, Incidence Reporting, Policy Development, Public Health, Survivor Support.*

Introduction

Gender-based violence (GBV) is a critical global public health concern, defined by the United Nations (UN) as any act likely to cause physical, sexual, or mental harm or suffering to women, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life [1]. GBV encompasses various forms, including intimate partner violence (IPV) and non-IPV, and can manifest as sexual, physical, or emotional abuse [2]. While it is a widespread issue, its prevalence is notably higher in developing countries, where cultural and socio-economic factors exacerbate the problem [3], [4].

Historically, gender-based violence has often been minimized, misinterpreted, or mislabeled, receiving inadequate attention in many societies [5]. However, it gained significant global attention during the conflicts in Bosnia, Rwanda, and Kosovo in the 1990s, evolving from a focus on individual rights to the establishment of service provisions for those affected [6]. In Nigeria, the Boko Haram insurgency of 2015 highlighted the urgent need to address GBV, particularly in conflict zones, where women and girls are disproportionately affected.

Despite national and international efforts, GBV remains pervasive in Nigeria, with about two million women and girls subjected to rape

Received: 28.11.2024 ***Accepted: 04.02.2025*** ***Published on: 28.03.2025***
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annually, and one in three women, especially in the northern region, experiencing GBV by the age of 25 [7]. This violence, although preventable, continues to have devastating short- and long-term consequences on the physical, mental, and reproductive health of survivors, often leading to social stigmatization and rejection [7], [8].

The COVID-19 pandemic further exacerbated the situation, with reports of increased intimate partner violence during lockdowns, prompting the Nigerian government to declare a state of emergency on GBV in 2020 [7]. While legislative measures such as the Violence Against Persons Prohibition (VAPP) Act were introduced, gaps remain in service provision, particularly in the health sector, which is often the first point of contact for survivors of sexual violence.

This study seeks to analyze the responses to GBV in Adamawa State, Nigeria, focusing on the knowledge of service provision and its implications for incidence reporting. By examining the prevalence of GBV, awareness levels, and the effectiveness of response services, the study aims to provide insights that can inform policy development and improve service delivery for GBV survivors.

Materials and Methods

Study Area

The study was conducted in Adamawa State, located in the Northeast geopolitical zone of Nigeria. Adamawa has experienced high levels of gender-based violence (GBV) due to ongoing conflicts and insurgency, particularly in rural areas. The state provides a crucial setting for assessing the impact of GBV response services on incidence reporting.

Study Design

This study employed a descriptive cross-sectional design to analyze the responses to GBV in the state. The design was chosen to gather data on prevalence, knowledge of GBV, and the effectiveness of service provision across different demographics.

Study Population

The study population included women of reproductive age, healthcare workers providing GBV services, and other GBV actors such as law enforcement officers and policymakers. Women above the age of 18 who had experienced any form of GBV were eligible, while women who had reached menopause or were too ill to participate were excluded.

Sample Size and Sampling Technique

The sample size for the study was determined using Cochran's formula, with a prevalence rate of GBV of 31% based on the Nigeria Demographic Health Survey (NDHS). This resulted in a sample size of 362 women. A multistage sampling technique was employed, involving the random selection of four Local Government Areas (LGAs), followed by the purposive selection of two villages from each LGA, and the systematic selection of households.

Data Collection Tools

Data was collected through structured interviewer-administered questionnaires, adapted from the World Health Organization's (WHO) GBV toolkit. The questionnaire covered socio-demographic characteristics, prevalence of GBV, knowledge of services, and response patterns. Key informant interviews (KII) were also conducted with healthcare workers and policymakers to gather qualitative insights.

Pretesting

The questionnaire was pretested in a similar setting outside the study area to ensure clarity and reliability. The results from the pretest informed minor adjustments in question phrasing to improve respondent understanding.

Data Analysis

Quantitative data was analyzed using SPSS version 20.0, with results presented as frequencies and percentages. Bivariate analyses were conducted to establish associations between socio-demographic factors and GBV prevalence. Multiple logistic regression was used to identify predictors of GBV incidence, with statistical significance set at $p < 0.05$. Qualitative data from KIIs were transcribed and thematically analyzed.

Ethical Considerations

Ethical approval for the study was obtained from the Adamawa State Ministry of Health. Informed consent was secured from all participants, ensuring confidentiality and voluntary participation. The study adhered to ethical guidelines, with no identifiable information shared or disclosed.

Results

A total of 362 participants were included in the study, with the majority falling within the age range of 21–30 years (53.3%). The socio-demographic characteristics of the participants are detailed in Table 1.

Socio-Demographic Characteristics

Most of the participants were single (67.7%), while 26.0% were married. The educational level varied, with 42.8% having tertiary education, and a large proportion (56.4%) being self-employed. Islam was practised by 25.4% of the participants, while Christianity was the predominant religion (74.6%).

Prevalence of Gender-Based Violence

The overall prevalence of GBV among the participants was found to be 89.5%. Physical violence was reported by 69.9% of the participants, while 74.3% experienced sexual violence, and 85.6% were subjected to emotional violence. A significant number of participants had encountered more than one form of GBV.

Perpetrators of Gender-Based Violence

The most common perpetrators of physical and emotional violence were husbands and partners, accounting for over half of the reported cases (56%). Neighbours were the most frequent perpetrators of sexual violence, followed by partners.

Table 1. Socio-Demographic Characteristics of Study Participants

Socio-demographic characteristics	**Frequency**	**Percentage**
Age group		
≤20	69	19.1
21-30	193	53.3
≥31-40	73	20.2
>40	27	7.5
Mean SD age	27.62±7.79	
Marital status		
Single	245	67.7
Married	94	26.0
Separated	6	1.7
Divorced	10	2.8
Widowed	7	1.9
Marriage type		
Monogamous	86	73.5

Polygamous	31	26.5
Wife order		
1st	87	74.4
2nd	17	14.5
3rd	13	11.1
Parity		
Nullipara	274	75.7
Multipara	53	14.6
Grand multipara	35	9.7
Religion		
Christianity	270	74.6
Islam	92	25.4
Educational level		
Non formal	49	13.5
Primary	98	27.1
Secondary	60	16.6
Tertiary	155	42.8
Employment status		
Unemployed	70	19.3
Employed	88	24.3
Self-employed	204	56.4

Table 2. Prevalence of Gender-Based Violence

	Frequency	**Percentage**
Physical violence		
Yes	253	69.9
No	109	30.1
Sexual violence		
Yes	269	74.3
No	93	25.7
Emotional violence		
Yes	310	85.6
No	52	14.4
Overall		
Yes	324	89.5
No	38	10.5
Total	362	100.0

Table 3. Perpetrators of GBV According to Type of GBV

	Frequency	**Percentage**
Perpetrators of sexual-based violence		
Husbands	38	14.0
Partner	63	23.2
Children	5	1.8

Neighbours	104	38.2
In-laws	10	3.7
Employers	22	8.1
Strangers	22	8.1
Others	8	2.9
Perpetrators of physical violence		
Husbands	31	12.4
Partner	112	44.6
Children	4	1.6
Neighbours	53	21.1
In-laws	14	5.6
Employers	22	8.8
Strangers	7	2.8
Others	8	3.2
Perpetrators of emotional violence		
Husbands	48	16.0
Partner	70	23.3
Children	7	2.3
Neighbours	107	35.7
In-laws	13	4.3
Employers	42	14.0
Strangers	4	1.3
Others	9	3.0

Knowledge of Gender-Based Violence

Only 17.4% of the participants demonstrated good knowledge of GBV. The majority (44.8%) had poor knowledge, with most respondents citing the media (24.9%) as their main source of information on GBV.

Response Services Perception

Perceptions of GBV response services revealed that 85.1% of participants believed that perpetrators should be penalized. However, only 56.6% were aware of what actions to take if abused, indicating gaps in service awareness.

Table 4. Knowledge of Gender-Based Violence (GBV) Among Residents

	Frequency	**Percentage**
Good	63	17.4
Fair	137	37.8
Poor	162	44.8
Total	362	100.0

Table 5. Response Services Perception

	Frequency	**Percentage**
The legal system treats victims badly.		
Agree	84	23.2
Indifferent	159	43.9
Disagree	119	32.9

Government policies have been put in place to combat gender-based violence.		
Agree	140	38.7
Indifferent	77	21.3
Disagree	145	40.1
Gender-based violence among women should be discussed in antenatal clinics.		
Agree	192	53.0
Indifferent	35	9.7
Disagree	135	37.3
Perpetrators of gender-based violence should be penalized.		
Agree	308	85.1
Indifferent	10	2.8
Disagree	44	12.2

Table 6. Do You Know What to Do If You Are Abused?

	Frequency	**Percentage**
Yes	205	56.6
No	157	43.4
Total	362	100.0

Discussions

The results of this study highlight a significant prevalence of gender-based violence (GBV) in Adamawa State, Nigeria, with nearly 90% of participants reporting experiences of one or more forms of violence. This finding aligns with previous studies in conflict-affected regions, emphasizing the widespread nature of GBV, particularly among vulnerable populations such as women of reproductive age [9].

The high prevalence of emotional violence (85.6%) underscores the pervasive nature of psychological abuse, which is often underreported compared to physical and sexual violence. Additionally, the study revealed that husbands and partners were the primary perpetrators of physical and emotional violence. These findings are consistent with global trends where intimate partner violence (IPV) significantly contributes to GBV [3].

The involvement of neighbours as the main perpetrators of sexual violence points to the broader community's role in perpetuating GBV. This extends beyond intimate relationships and reflects findings from other regions in Nigeria [10].

Factors such as marriage type, religion, and education level have influences on GBV prevalence. These factors were identified through existing literature rather than being direct findings from this study. To clarify, prior research suggests that polygamy and lower education levels exacerbate vulnerability to GBV [11]. While these factors were not explicitly assessed in this study, their inclusion provides context for the results and underscores the complexity of GBV dynamics.

Despite the widespread occurrence of GBV, knowledge levels among participants were alarmingly low, with only 17.4% demonstrating good knowledge of GBV. Media was identified as the primary source of information, but its current role in raising awareness remains insufficient. Strengthening the use of media as an educational tool could improve public understanding and reporting of GBV incidents.

Perceptions of response services revealed that while most participants supported penalties for perpetrators, only 56.6% knew the actions to take when abused. This gap indicates a need

for more accessible and effective communication about available GBV services. Enhanced public awareness campaigns and training for healthcare providers could address these deficiencies.

Conclusion

The study revealed that while the knowledge and response mechanisms of service providers were found to be adequate and positive, public knowledge of GBV remained relatively low despite its high prevalence. This apparent disconnect highlights the need for targeted awareness programs to bridge the gap between effective service provision and public understanding.

The findings suggest that cultural norms, such as those permitting physical and emotional abuse as forms of discipline, significantly contribute to the high prevalence of GBV. Furthermore, the high rate of sexual violence perpetrated by partners and neighbours points to societal and traditional influences. While service providers may have adequate systems in place, the study underscores the importance of scaling up public education initiatives and enhancing access to services, particularly in rural and conflict-affected areas.

Marital status and marriage type were significantly associated with GBV occurrences, underscoring the need for culturally sensitive interventions. Addressing these socio-demographic factors, alongside increasing public awareness, could significantly reduce the incidence of GBV and improve support for survivors.

Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this study.

Acknowledgements

The author would like to express sincere gratitude to the participants of this study for their time and willingness to share their experiences. Special thanks are extended to the healthcare workers, policymakers, and gender-based violence response service providers in Adamawa State for their invaluable contributions. We also appreciate the guidance and support of the Adamawa State Ministry of Women Affairs in facilitating this research. Lastly, heartfelt thanks go to the research assistants and data collectors for their dedication and commitment to the project.

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