



Research

Socio-Demographic Determinants of Sexual and Gender-Based Violence in Rural and Urban Communities in Rivers State: An Analytical Comparative Cross-Sectional Survey

¹Adeyemo CU, ²Nwadiuto AA

¹Population and Reproductive Health Division, University of Port Harcourt School of Public Health, Nigeria

²Department of Paediatrics and Child Health, University of Port Harcourt, Nigeria

Corresponding author: Chimele Uchendu Adeyemo, Population and Reproductive Health Division, University of Port Harcourt School of Public Health, Nigeria; uchenduchimele@yahoo.com; +2348033106614

Article history: Received 4 December 2022, Reviewed 7 December 2022, Accepted for publication 25 February 2023

Abstract

Background: Sexual and gender-based violence (SGBV) is a widespread public health challenge impacting negatively on the victims. This study was aimed at assessing the socio-demographic determinants of Sexual and Gender-Based Violence in rural and urban communities in Rivers State.

This is an open access journal and articles are distributed under the terms of the [Creative Commons Attribution License](#) (Attribution, Non-Commercial, No Derivatives" 4.0) - (CC BY-NC-ND 4.0) that allows others to share the work with an acknowledgement of the work's

How to cite this article:

Adeyemo CU, Nwadiuto AA. Socio-Demographic Determinants of Sexual and Gender-Based Violence in Rural and Urban Communities in Rivers State: An Analytical Comparative Cross-Sectional Survey. The Nigerian Health Journal 2023; 23(2):612-618.

Method: A total of 746 consenting respondents, 376 rural and 370 urban residents were recruited using a multi-stage sampling technique. Participants were between 15-35 years. Pretested semi-structured interviewer-administered questionnaire adapted from the WHO Violence against Women Instrument was used. Binary logistic regression was used to assess the determinants of SGBV in rural and urban residents. Statistical significance was set at $p < 0.05$.

Results: Respondents were 343(46%) males and 403(54%) females with a mean age of 23.88 ± 6.14 years from 4 communities. Among study respondents who are resident in rural areas, co-habiting respondents showed higher odds of SGBV compared to those single (OR=10.105, $p=0.024$). The odd of physical violence was less in female than male rural residents (OR=0.518, $p=0.006$), while the odd of emotional/psychological violence was higher in rural residents who practice traditional religion compared to the Christians (OR=11.797, $p=0.020$). Rural residents practicing traditional religion had higher odds of socio-economic violence than Christians (OR=15.265, $p=0.009$). The odd of sexual violence among female urban residents was less than the odd of sexual violence among male urban residents (OR=0.542, $p=0.006$). (Table 3).

Conclusion: The socio-demographic determinants of SGBV differ between rural and urban residents, intervention programs should be designed cognizant of differences in socio-demographic determinants between settings.

Keywords: Sexual and gender-based violence, social, cultural, economic, Rivers State.

Introduction

Globally, sexual and gender-based violence (SGBV) is acknowledged as a serious public health issue with wide-ranging effects.¹ According to estimates, approximately 35% of women worldwide have ever been the victim of

physical or sexual abuse from a partner, whether they were intimate or not.² Recent studies have shown that the prevalence of all forms of SGBV in Nigeria is not declining, despite legislation on ongoing efforts to protect vulnerable populations against violence.³



Furthermore, SGBV incidents are far too rarely reported as a result of a number of barriers, such as the victims' fear of being stigmatized for reporting these incidents.¹ SGBV can happen in a variety of ways, including as physical, sexual, emotional or psychological abuse, socio-economic violence, or abuse resulting from harmful traditional practices.

At the individual, family, and community levels, SGBV negatively impacts victims' general health and ability to carry out daily tasks. The negative consequences of SGBV include trauma, both physical and psychological, injuries, mental illnesses, STIs, unwanted pregnancies, as well as an elevated risk of non-communicable diseases.⁴ Additionally, persistent victim abuse results in depression, increased suicidal thoughts, physical disability, alcohol and drug abuse, and chronic pain.⁵ Due to the severe psychological and sociological effects it has on the victim, SGBV intensifies the victim's sense of helplessness and weakness, which can lower the victim's self-esteem and make them more susceptible to further sexual violence.⁶ Altogether, SGBV undermines the socio-economic development of the larger society by hampering the productivity of affected persons.

All forms of violence have been shown to be strongly correlated with social determinants such as poor leadership, a lack of a strong legal system, cultural and social norms, gender norms, unemployment, economic disparity, and a lack of educational opportunities.⁷ Although these social determinants differ between rural and urban contexts, they are likely to have an effect on SGBV. However, it is unclear what socio-demographic factors influence SGBV in urban and rural residents.

A shortage of money or other economic factors make women more vulnerable to physical and emotional abuse. This phenomenon generates self-perpetuating cycles of violence and poverty, making it extremely challenging for victims to escape such patterns. It is not uncommon for men to resort to violence when they are feeling down on themselves because of issues like unemployment and financial stress.⁸ As a result of their underrepresentation in political and power positions, women are less able to shape public discourse, affect policy shifts, and advance measures to prevent violence against women and advance gender equity. This underrepresentation of women in politics is a factor in some political issues. Yet, domestic violence is often overlooked, and gender-based violence is sometimes dismissed as unimportant, despite the prevalence of both.⁸

Variations in access to resources, employment opportunities, parity, and the number of children in many polygamous marriages may account for the observed differences in the rates of Sexual and Gender-Based Violence between rural and urban areas. For instance, research on domestic violence in sub-urban settings as well as city centers shows a striking disparity in the number of women who have experienced such violence. That was the conclusion reached by researchers.⁹

The practice of restricting a person's access to, utilization of, and maintenance of economic resources, thereby putting that person's financial security and capacity for self-sufficiency in jeopardy, is referred to as economic violence. The use of economic coercion as a tool for coercing, controlling, and manipulating another person to induce dependency on them or otherwise exploit their financial situation can be very effective.¹⁰ The goal of economic violence is to turn the victim into someone who is economically reliant on the offender.

There are many ways in which women are subjected to economically motivated violence. Intervention at work, preventing the spouse from working outside the home or in the community, harassing or disturbing the spouse at work, preventing or limiting education, limiting access to money or refusing access to financial information, stopping or limiting funds needed for basic needs like food and clothing, stealing money from the spouse, refusing to work and causing the woman to go into debt, controlling the family economy by making decisions for the woman.¹⁰ This study assessed the socio-demographic determinants of SGBV in rural and urban areas of Rivers state

Method

Study design and Study site: This analytical comparative cross-sectional survey was carried out in two rural and two urban communities in two Local Government Areas (LGAs) of Rivers State, Nigeria. The LGAs were Obio/Akpor (urban LGA) and Emohua (rural LGA). The study was carried out between March and August 2021.

Participants: Residents between 15-35 years of age who have lived for at least six months in Obio/Akpor and Emohua Local Government Areas were recruited for this study. A total sample size of 760 with 380 respondents per group was obtained using the sample size formula for comparison of two proportions with power set at 80%, alpha of 5% and previously reported prevalence of physical violence of 37.2% in rural and



23.5% in urban settings reported in Southeastern Nigeria.¹¹

Study participants were selected using a multistage sampling technique. Simple random sampling using a table of random numbers was used to select one urban and one rural LGA. The random numbers were generated from a sampling frame comprising the list of rural and urban LGAs in Rivers State. Within the LGAs 2 wards were selected by simple random sampling using a sampling frame consisting of all wards within the respective LGAs. In each of the selected wards, a list of communities was drawn to form the sampling frame. Each community constituted a cluster. One cluster was selected per ward, making a total of four clusters. Hence, a total of four communities (two urban communities and two rural communities) were selected. In each of the sampled clusters, the list of households was enumerated. To attain a sample size of 380 youths in urban LGA and 380 youths in rural LGA, 190 households were sampled from each of the four selected communities. For households with more than one eligible youth balloting was used to select one eligible youth per household. A total of seven hundred and sixty (760) participants were recruited for this study, however, due to incomplete entries, 14 respondents dropped out. This represents a compliance rate of 98.2%.

Study instrument and Data collection: An interviewer-administered semi-structured questionnaire adapted from the WHO Violence against Women Instrument, developed for use in the WHO Multi-Country Study on Women's Health and Domestic Violence against Women was used to collect data in this study. Quantitative data was collected through the administration of questionnaire. This was carried out by five trained research assistants who were postgraduate students of statistics from the University of Port Harcourt; that did not know and were unknown to the respondents. The questionnaire was interviewer-administered among all respondents.

The questionnaire was pretested with the same social demographics in different locations. The pretesting was aimed at identifying flaws, removing irrelevant questions and revision questions accordingly. A double entry and random manual check were also used to ensure the validity of the data. The independent variables were the sociodemographic characteristics of the respondents- sex, age, place of residence, religion, marital status and level of education. The dependent variables were the five forms of sexual and gender-based violence;

physical, sexual, emotional, socio-economic violence and violence due to harmful traditional practices. The responses to each positive question under any form of violence was dichotomized into “yes” with a score of “1” and “No” with a score of “0”. Each form of violence was measured by summing all the scores for each form of violence. A respondent is said to have experience any form of violence if the respondent has a score of at least one (1) in any section of the various forms of SGBV.

Statistical analysis: Primary data obtained were entered into an excel file and cleaned before exporting into the software, IBM Statistical Product and Service Solution (SPSS) version 25 for analysis. Data were presented as frequencies and percentages. The differences in proportions between urban and rural were compared for statistical significance using the Chi-square test. Binary logistic regression analysis was used to determine odds ratio. Statistical significance was set at $p < 0.05$.

Ethical consideration: Ethical approval was obtained from the ethics committee of the School of Graduate Studies, University of Port Harcourt, Rivers State (UNIPORT) with an ethics number (UPH/CEREMAD/REC/MM73/017). Administrative approval and community entry permission were also obtained from various community leaderships within the study areas. Written informed consent was obtained from all study participants after carefully explaining the study protocol and its significance. All materials used were de-identified by using randomly assigned research identifiers. The study participants were assured of privacy and confidentiality of the information they provide.

Results

A total of 746 respondents comprising 343 (46%) males and 403 (54%) females aged 23.88 ± 6.14 years were surveyed from 8 communities in Rivers State. Three hundred and seventy-six (376; 50.4%) of the respondents were surveyed from rural LGAs and 370 (49.6%) from urban LGAs. The preponderant religion, marital status and educational level among the study respondents were Christianity (90.9%), single (68.4%) and Secondary (57.0%) respectively. (Table 1)

Among study respondents who are resident in rural areas, respondents who were co-habiting showed a higher odd of SGBV compared to those who were single (OR=10.105, $p=0.024$). Also, the odd of physical violence was less in female rural residents than in male



rural residents (OR=0.518, p=0.006), while the odd of emotional/psychological violence was higher in rural residents who practice traditional religion compared to the Christians (OR=11.797, p=0.020). Rural residents practicing traditional religion had higher odds of socioeconomic violence than Christians (OR=15.265, p=0.009). In addition, the odds of violence due to harmful traditional practices among rural residents were higher in separated respondents than in singles (OR=5.464, p=0.022). (Table 2)

The odd of sexual violence among female urban residents was less than the odd of sexual violence among male urban residents (OR=0.542, p=0.006). (Table 3)

Table 1: Socio-demographic characteristics of respondents (n=746)

Variable	Freq (n)	Percent (%)
Sex		
Male	343	46.0
Female	403	54.0
Age		
Mean ±SD (years)	23.88±6.14	
Place of residence		
Rural	376	50.4

Variable	Freq (n)	Percent (%)
Urban	370	49.6
Religion		
Christianity	678	90.9
Islam	41	5.5
Traditional religion	24	3.2
Others	3	0.4
Marital status		
Single	510	68.4
Co-habiting	62	8.3
Married	139	18.6
Separated	29	3.9
Divorced	4	0.5
Widowed	2	0.3
Level of education		
Non-formal	16	2.1
Primary	34	4.6
Secondary	425	57.0
Tertiary	271	36.3

Table 2: Binary logistic regression of SGBV and socio-demographic characteristics of rural residents

SGBV	Variable	Categories	OR	P
Overall	Marital status	Single		
		Cohabiting	10.105	0.024*
		Married	1.140	0.715
		Separated	<0.001	>0.999
		Divorced	<0.001	>0.999
Physical	Sex	Male		
		Female	0.518	0.006*
Emotional	Religion	Christianity		
		Islam	4.377	0.057
		Traditional	11.797	0.020*
Socio-economic	Religion	Christianity		
		Islam	2.799	0.083
		Traditional	15.265	0.009*
Harmful traditional practices	Marital status	Single		
		Co-habiting	1.296	0.510
		Married	0.766	0.481
		Separated	5.464	0.022*
		Divorced	<0.001	>0.999

*Significant at p<0.05



Table 3: Binary logistic regression of SGBV and socio-demographic characteristics of urban residents

SGBV	Variable	Categories	OR	p
Sexual	Sex	Male		
		Female	0.542	0.006*

*Significant at $p < 0.05$

Discussion

Socio-demographic characteristics of study respondents were tested as independent risk factors for SGBV among rural and urban residents. Among rural residents, marital status was identified as a significant predictor of SGBV with cohabiting couples showing higher odds of SGBV. Cohabitation, referred to as a co-residential intimate relationship without an official marriage license, is becoming more and more acceptable in contemporary society.¹² Cohabiting can provide co-residential intimacy and a family-like environment with a more egalitarian family structure and a low level of economic consolidation.¹³ However, cohabitation can be seen to deliver a weakened relationship bond without an inherent barrier against separation.

This finding aligns with a previous study carried out in Hong Kong that reported a higher level of physical violence and injury by cohabiting women compared to married women. Cui et al. (2010) found in an Iowa study that cohabiting couples were more likely to engage in IPV than married couples. Similarly,¹⁴ found for the Dunedin sample that IPV was more likely in cohabiting relationships than in dating or married¹⁵ also found negative effects of cohabitation on the incidence of male-to-female partner violence in a longitudinal survey of couples.¹⁶ also found for the male and female partner violence and perpetration that after controlling for the effects of family and school correlates, dating couples were less likely to perpetrate IPV than cohabiting couples. These reports support our current findings and identify cohabiting couples as targets for SGBV intervention programs.

In this present study, physical violence was independently predicted by sex among respondents living in rural areas. Female respondents had lower odds of experiencing physical violence in this present study. Although this finding contradicts the report of studies with college samples that men and women commit similar rates of physical aggression.¹⁷ It agrees with the National Family Violence Survey that observed 12.4% of wives self-reported that they used violence against their husbands compared to 11.6% of husbands who self-reported using violence against their wives.¹⁸ The

odds of physical violence would have been expected to be higher among females compared to males, hence the finding of this present study could be indicative of a paradigm shift. It could also be an indication that gender-based enlightenment and awareness programs aimed at reducing SGBV have had an appreciable impact on male-to-female violence but are limited in curbing female-to-male violence.

The independent predictors of sexual violence were religion and sex among rural and urban residents respectively. Religion plays a major role in shaping the beliefs and perceptions of individuals thereby impacting their conduct and deeds. Hence it is not surprising that religion was found to be a determinant of sexual violence. Although religiosity would be expected to curb cases of sexual violence, however, religion can become a challenge by hampering the freedom of the victim to speak up and seek justice while protecting the perpetrator of the act. This was demonstrated in a previous study by¹⁹ in Indonesia, in which a victim of sexual harassment did not report or tell anyone about incidents of sexual harassment because she thought she had committed a grave sin in the form of adultery. In this study, sex predicted sexual violence in urban residents, with female sex showing lower odds of sexual violence. This gives further credence to our earlier assumption that gender-based enlightenment and awareness programs aimed at reducing SGBV may have had an appreciable impact on male-to-female violence but are limited in curbing female-to-male violence. Our finding is supported by the report of²⁰ that females appeared to be more likely than males to engage in the perpetration of sexual violence as part of a team or group. They reported that 2 of the 10 female perpetrators in their study engaged in group sexual assault compared with 1 of the 39 male perpetrators.

Emotional and psychological violence among rural residents was associated with religion, and those who practice traditional religion had higher odds of emotional and psychological violence compared to other religions. The term religious-related abuse has been coined to describe occasions when religion or certain religious beliefs correlate with various types of abuse.²¹ Although it is difficult to believe that religion or a particular form of religious awareness can be used to

degrade and humiliate individuals, or that it can be used to justify abusive behavior, these are becoming realities that challenge religious practice in a variety of contexts. Religious-related abuse in the context of emotional or psychological violence is justified by the threat of God's wrath for disobedience. There was also an association between religion and socio-economic violence among rural residents with traditional religion practitioners showing higher odds of socio-economic violence than other religions. This indicates the need to interrogate the role of traditional religion in SGBV particularly in rural communities to understand the intricacies that increase the odds of SGBV. Information from such endeavours will provide direction on how traditional religion can thus be harnessed in SGBV eradication programs.

The socio-demographic determinant of violence due to harmful traditional practices among rural residents was marital status. Respondents who were separated showed higher odds of violence due to harmful traditional practices compared to others. Major movements against harmful traditional practices have been mostly targeted at ending female genital mutilation (FGM), however, other harmful traditional practices may be targeted at separated individuals putting them at a higher likelihood of experiencing violence due to harmful traditional practices. Further studies that will identify harmful traditional practices that both pressure and put separated individuals at higher risk of experiencing the associated violence are needed.

Significance of the findings: This present study demonstrated that socio-demographic determinants of SGBV differ with the nature of the community setting in which victims of SGBV reside. By implication, policies and intervention measures towards reduction or elimination of SGBV need to be assessed by their applicability within the various settings. It also spotlights the socio-demographic characteristics of individuals within urban and rural settings that can be targeted as high-risk profile for identification of SGBV victims.

Limitations of the study: Identification of SGBV victims in this present study was based on self-report, hence the chances of recall biases was therefore likely to affect report of SGBV. The use of SGBV assessment tool designed specifically for women may also have affected report of SGBV by male victims in this present study.

Conclusion

In conclusion, the socio-demographic determinants of SGBV differ between rural and urban residents. Hence, intervention programs should be designed cognizant of the differences in socio-demographic determinants between rural and urban settings.

Declarations

Conflict of Interest: Nil conflict of interest declared.

Funding: -No external funding was received for the conduct of this research and publication of the finding

References

1. Jansen HAFM, Watts C, Ellsberg M, Heise L, García-Moreno C. Interviewer Training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women* [Internet]. 2004;10(7):831–49. Available from: <http://dx.doi.org/10.1177/1077801204265554>
2. WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence [Internet]. Penny H, editor. Geneva 27, Switzerland: WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland; 2013. 68–70 p. Available from: www.who.int
3. Fawole OI, Balogun OD, Olaleye O. Experience of gender-based violence to students in public and private secondary schools in Ilorin, Nigeria. *Ghana Med J* [Internet]. 2018 Jun;52(2):66–73. Available from: <https://pubmed.ncbi.nlm.nih.gov/30662077>
4. Jewkes R, Fulu E, Tabassam Naved R, Chirwa E, Dunkle K, Haardörfer R, et al. Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multicountry cross-sectional study in Asia and the Pacific. *PLoS Med*. 2017 Sep 1;14(9).
5. Perrin N, Marsh M, Clough A, Desgropes A, Yope Phaniel C, Abdi A, et al. Social norms and beliefs about gender based violence scale: A measure for use with gender based violence prevention programs in low-resource and humanitarian settings. *Confl Health*. 2019 Mar 8;13(1).
6. Kalra G, Gupta S, Bhugra D. Sexual variation in India: A view from the west. *Indian J Psychiatry* [Internet]. 2010 Jan;52(Suppl 1):S264–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/21836691>
7. Palermo T, Bleck J, Peterman A. Tip of the iceberg: reporting and gender-based violence in developing countries. *Am J Epidemiol* [Internet]. 2013/12/12. 2014 Mar 1;179(5):602–12. Available from: <https://pubmed.ncbi.nlm.nih.gov/24335278>
8. Anca-Ruxandra P, Dariusz G, Ellie K. Gender matters A manual on addressing gender-based violence affecting young people. Second edi. Anca-Ruxandra P, Dariusz G, Ellie K, editors. Vol. 2, Council of Europe. France: Council of Europe; 2019. 1–218 p.
9. Ajah LO, Iyoke CA, Nkwo PO, Nwakoby B, Ezeonu P. Comparison of domestic violence against women in urban versus rural areas of southeast Nigeria. *Int J Womens Health* [Internet]. 2014 Oct 8;6:865–72. Available from: <https://pubmed.ncbi.nlm.nih.gov/25336992>
10. Alkan Ö, Özar Ş, Ünver Ş. Economic violence against women: A case in Turkey. Zhang S, editor. *PLoS One*

- [Internet]. 2021 Mar 15;16(3):e0248630. Available from: <https://dx.plos.org/10.1371/journal.pone.0248630>
11. Ajah LO, Iyoke CA, Nkwo PO, Nwakoby B, Ezeonu P. Comparison of domestic violence against women in urban versus rural areas of southeast Nigeria. *Int J Womens Health*. 2014;6(October):865–72.
 12. Lampard R. Stated Reasons for Relationship Dissolution in Britain: Marriage and Cohabitation Compared. *Eur Sociol Rev* [Internet]. 2013;30(3):315–28. Available from: <http://dx.doi.org/10.1093/esr/jct034>
 13. Heimdal KR, Houseknecht SK. Cohabiting and Married Couples' Income Organization: Approaches in Sweden and the United States. *Journal of Marriage and Family* [Internet]. 2003;65(3):525–38. Available from: <http://dx.doi.org/10.1111/j.1741-3737.2003.00525.x>
 14. Magdol L, Moffitt TE, Caspi A, Silva PA. Hitting Without a License: Testing Explanations for Differences in Partner Abuse between Young Adult Daters and Cohabiters. *J Marriage Fam* [Internet]. 1998;60(1):41. Available from: <http://dx.doi.org/10.2307/353440>
 15. Caetano R, Field CA, Ramisetty-Mikler S, McGrath C. The 5-Year Course of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States. *J Interpers Violence* [Internet]. 2005;20(9):1039–57. Available from: <http://dx.doi.org/10.1177/0886260505277783>
 16. Herrera VM, Wiersma JD, Cleveland HH. The Influence of Individual and Partner Characteristics on the Perpetration of Intimate Partner Violence in Young Adult Relationships. *J Youth Adolesc* [Internet]. 2007;37(3):284–96. Available from: <http://dx.doi.org/10.1007/s10964-007-9249-4>
 17. Cercone JJ, Beach SRH, Arias I. Gender Symmetry in Dating Intimate Partner Violence: Does Similar Behavior Imply Similar Constructs? *Violence Vict* [Internet]. 2005;20(2):207–18. Available from: <http://dx.doi.org/10.1891/vivi.2005.20.2.207>
 18. Straus MA. Prevalence of Violence Against Dating Partners by Male and Female University Students Worldwide. *Violence Against Women* [Internet]. 2004;10(7):790–811. Available from: <http://dx.doi.org/10.1177/1077801204265552>
 19. Muassomah M, Abdullah I, Istiadah I, Mujahidin A, Masnawi N, Sohrah S. Believe in Literature: Character Education for Indonesia's Youth. *Universal Journal of Educational Research* [Internet]. 2020 Jun;8(6):2223–31. Available from: http://www.hrpub.org/journals/article_info.php?aid=9272
 20. Ybarra ML, Mitchell KJ. Prevalence Rates of Male and Female Sexual Violence Perpetrators in a National Sample of Adolescents. *JAMA Pediatr* [Internet]. 2013;167(12):1125. Available from: <http://dx.doi.org/10.1001/jamapediatrics.2013.2629>
 21. Novšak R, Mandelj TR, Simonič B. Therapeutic Implications of Religious-Related Emotional Abuse. *Journal of Aggression, Maltreatment & Trauma* [Internet]. 2012;21(1):31–44. Available from: <http://dx.doi.org/10.1080/10926771.2011.627914>