

COVID-19 LOCKDOWN AND DOMESTIC VIOLENCE IN MAKURDI METROPOLIS, BENUE STATE, NIGERIA

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ABSTRACT

The advent of COVID-19 brought about lock-down and has been associated with high rate of domestic violence in many countries including Benue State. Domestic violence is an ongoing experience of physical, psychological, and or sexual abuse in the home. It is used to establish power and control over another person. The study therefore, examined COVID-19 lock-down and domestic violence in Benue State. Data was collected from a total number of 383 respondents using structured questionnaire. The data was analysed using descriptive and inferential statistics. The findings of the study revealed that stay-at-home was statistically related to domestic violence with the $p.value = <0.05$; staying together also increased the rate of domestic violence in Benue State with the $p.value=0.000$; physical distancing and domestic violence was also statically related to domestic violence ($p.value=0.000$). The study recommended among others that increase in violence against women and children must be dealt with urgently with measures embedded in economic support and stimulus packages that meet the gravity and scale of the challenge and reflect the needs of women who face multiple forms of discrimination.

Keywords: COVID-19, Lockdown, Domestic Violence, Makurdi Metropolis, Benue State.

Introduction

The transmission of the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), a novel virus that causes COVID-19 infection, seems to be indiscriminate (Kristie, 2021). The negative consequences of COVID-19 for some populations are more severe than others, including job loss, food insecurity, inability to manage existing conditions, and inability to maintain preventive measures such as social distancing and use of personal protective equipment (PPE). Those who live in poverty have less control of their living arrangements and their immediate environment, thus the barriers that they are facing when trying to protect themselves and their families are greater than those that are not living in poverty (Waterfield, 2021). Among the most disenfranchised and most disadvantaged in the COVID-19 era are people living with HIV/AIDS,

people at risk of contracting HIV such as sex workers, people who inject drugs, and men who have sex with men, and people with other autoimmune diseases (Artiga, Garfield & Orgera, 2021).

The impact of the COVID-19 pandemic is far reaching, with devastating effects on individuals, communities, and societies across the world. People with chronic health conditions may be at greater risk of contracting or experiencing complications from COVID-19. To mitigate further transmission of COVID-19, the Federal Government of Nigeria, through the Presidential Task Force on COVID-19, declared a nationwide lockdown, with the closure of schools, places of worship, markets, government and private establishments, land, sea, and air borders, necessitating everyone to stay at home by limiting human contact, and allowing time to implement effective control measures (Santiago, Enrique, Amelia, Tommy & Martín 2020). The introduction of strict lockdown measures in response to the COVID-19 pandemic created conditions likely to increase domestic violence (Santiago, et al. 2020).

All over the world, domestic violence has been recognized as a problem, crossing cultural, geographical, religious, social, and economic boundaries (WHO 2017). Generally, both men and women fall victims of domestic violence, but women have suffered more severely from medical problems, such as chronic and acute physical injuries loss of hearing or vision, miscarriage, depression, physical disfigurement, pelvic pain, anxiety, cardiovascular problems, bruises, broken bones among others as a result of domestic violence. Domestic violence may be perceived in many ways such as wife battering, kicking, rape, torture, trafficking, forced prostitution, marriage etc. (Human Rights Dialogue, 2013; Tenuche, 2011).

The alarming statistics from research conducted in United States, the United Kingdom, Columbia, Costa Rica, Brazil, France, the Philippines and in some countries in Africa confirmed the prevalence of the phenomenon although it was often under-reported, unrecorded and to a certain extent, condoned by culture and the legal system. The alarming surge in reported cases of domestic violence resulted in an increase in the intervention of women's advocacy groups in the last two decades who have intensified efforts to draw world attention to the harmful effects of violence against women. The organizations included the Centre for Health and Gender Equity (CHANGE), Organization of American States, World Health Organization, Inter-American Bank (IDB), United Nations Organization and its organs. The actions of these organizations also spurred research in various countries with startling revelations on the nature, prevalence and dimensions of violence against women (WHO, 2014)

Statistics on DV cases against women prior to the COVID-19 lockdown though high, was made worse by the lockdown down policy of most national government. For instance, the WHO in 2017 indicated a global estimate of about 1 in 3 (35%) of women worldwide who have experienced either physical and/or sexual IPV or non-partner sexual violence in their lifetime (Endurance & Aboluwaji 2020). The WHO further added that most of the DV cases are IPV with about 38% of women who were murdered being committed by a male intimate partner²². A Meta-analysis of prevalence of DV cases in Arab countries revealed a 73.3% estimate of lifetime exposure to any type of IPV, 35.6% physical IPV, 22% sexual IPV and 49.8% emotional/psychological IPV 49_8%. Additionally, a 2019 multilevel study in Nigeria indicated that almost one in four women have experienced IPV (23.6%), while one in five (20%) have reportedly experienced any form of IPV (WHO, 2021). Of the three forms of violence in the study, it was discovered that emotional violence was highest (18%).²⁴ From the two studies above, it could be seen that psychological/emotional violence seems to be the most prevalence before the outbreak of the coronavirus (Endurance & Aboluwaji 2020, WHO, 2021).

In Benue State, like other places, during covid-19 pandemic, several social vices such as suicide, domestic violence, mental disorders, anxiety, depressive disorders increased. The pandemic as well fuelled domestic violence. During the lockdowns in all 193 UN member countries, predicted a 20% increase in domestic violence during the pandemic (United Nations Population Fund (Tandon, 2020; Mahdawi, 2020; UNFPA, 2020).

The pandemic resulted to lockdown and restriction of movement as well as social gatherings as a result couple and other family members were staying together for a long period of time (Ali, 2020; Jahid, 2020). Domestic violence is mostly perpetrated by family members who abuse, attack, humiliate, and torture women and children. The scarcity of social activities and financial pressures increased the tendencies for violence among frustrated men and women within families (Manusher Jonno Foundation (MJF, 2020b).

Despite the interventions by some government, non-governmental organizations (NGOs), community-based organizations (CBOs), voluntary organizations, and religious leaders should use various media and platforms to raise awareness. Social media should be used as a forum to raise awareness of domestic violence.

Objectives

The general objectives of the study was to assess the impact of COVID-19 lockdown on domestic violence in Makurdi Metropolis, Benue State, Nigeria. Specifically, the study :

1. Assessed the prevalence of domestic violence during Covid-19 in Makurdi, Benue state
2. Examine the factors influencing partner violence in Makurdi, Benue state
3. Investigate the impact of partner violence on Marital Instability in Makurdi

Test of Hypotheses

1. Stay-at-home has significant impact on domestic violence in Makurdi Metropolis in Benue State
2. Continuous staying together has significant impact on domestic violence in Makurdi Metropolis in Benue State
3. Physical distancing has significant impact on domestic violence in Makurdi Metropolis in Benue State

Research Methods

This study adopted a cross sectional study design. Cross-sectional studies according Ajir (2009) are studies which limit its observations to a single point in time. The population of the study therefore, was 400 people who were selected from the total number of people in Makurdi metropolis. However, the study embarked on sampling technique with the aim of generalizing the findings on the whole population because of high cost involved in studying a large population, time consuming and energy. A cluster random sampling technique was used to divide the study area into clusters. Each council ward formed a cluster. The area was thus divided into thirteen clusters.

The choice of cluster random sampling was due to the fact that, the population of study was dispersed across the area, the technique ensured easy coverage while simple random sampling provide equal opportunity for every adult in the local government to participate. The size of this study was drawn using Cochran Sample Size formula (1977).

$$N = \frac{Z^2 Pq}{e^2}$$

Where

No= Population size

e= Desired level of precision (Margin of error)

P= The estimated proportion of the population which has the attributes in questions.

Z= The Z value is found in Z table. (See appendix for Z-table)

That is to say

$$no = \frac{(1.96)^2 (0.05)(0.05)}{0.05^2} = 384.16 = 384$$

Therefore, the sample size for this study is 384 respondents; however, 16 respondents were added to 384 in case of non-willingness by some respondents to respond to the study bringing up to 400 respondents.

In order to have a comprehensive data about the population, data was collected using a collection of methods. The first method of data collection in the study was questionnaire method and second method was Key Informant Interview. Data collected was analysed quantitatively and descriptively. Descriptive statistics such as frequencies, percentages, were used in the analyses. Also, the data collected through KII was analysed thematically through triangulation. This means that the data collected from the two methods were presented side by side to supplement each other.

Data Presentation and Analysis

Socio-Demographic Distribution of Respondents

This section deals with the presentation of data based on the personal characteristics of respondents. Data from table 1 shows that 65.6%, (252) respondents were males, 34.4% (132) respondents were females the total (310) respondents. The respondents were well represented by sex, however it can be inferred that the opinions were well dominated by men who had 65.6% against women's 34.4%. In the age bracket, data above indicated 13.0% (50) from both the age ranges of 18-29, and 61-70, while the age ranges 30-34, 41-50 was 26.0% (100) respectively. The age range of 51-60 is 22.0% (84). The age range of 30-60 is therefore most represented in the study, this is important for the study because it is the most knowledgeable age bracket. The data also indicated the secondary education level to be most represented with 36.4%, (132) following closely is the Bachelors Degree category with 26.0% (100), next on the hierarchy is the primary school category with 28.6% (124). The respondents all have basic education, this is important for the study because their responses will be likely well cultured.

On marital status, 26.0% of (100) the respondents were single, 40.1% (154) were married while, the others category have 33.9% out of the total 384 respondents, this is important for the study because since the majority are married, they are likely to provide more responsible and experienced information. The religious distribution of respondents has 52% (200) Christians, 26.0% (100) Muslims, and 22.0% (84) Traditional worshippers. It can therefore be deduced that the opinions from this research is Christian oriented and might not necessarily be generalized to Muslims. These findings are presented in the table below:

Table 1: Socio-Demographic Attributes of Respondents

	Variables	Frequency (F)	Percentage (%)
A	Sex		
	Male	268	65.6
	Female	132	34.4
	Total	310	100
B	Age		
	18-30	184	48.0
	31-40	100	26.0
	41+	100	26.0
	Total	310	100
C	Level of Education		
	Primary	144	38.6
	Secondary	100	36.4
	Tertiary	56	16.0
	Total	310	100
D	Marital Status		
	Single	106	33.0
	Married	64	26.1
	Others	130	40.9
	Total	310	100
E	Religion Affiliation		
	Christian	216	52.0

Muslim	100	26.0
Traditional	84	22.0
Total	310	100

Source: Field Survey (2021)

The prevalence of domestic violence during Covid-19 in Makurdi, Benue state

This section presents data on the prevalence of partner violence. The findings of this study revealed that most of the respondents had experienced partner violence. This is shown in table 2 below:

Table 2: Table showing whether respondents have experienced any form of violence during covid-19

Variable	Frequency	Percentage (%)
Have experienced	216	69.7
Have not experienced	94	30.3
Total	310	100%

Source: Field Survey (2021)

The above table reveals that, 69.7% (216) respondents agree that they have ever experienced violence in their homes before, 30.3% (94) respondents claimed not to had experience violence in their homes before. From this, we can conclude that most of the respondents ever experienced violence before; this indicates that, there is a very high incidence of partner violence in the study area. This finding in view agrees with the views of an interviewee; a 30 year old business women in High level who says

in fact, to be sincere with, I am a victim of partner violence I serious issues with my husband, with or without reason He keeps causing us problem I and my children alike because he usually says that, the stew does have the same taste with the meat (KII, 2021)

However, this contradicts the views of a 45 year primary school female primary school class teacher in Kanshio reports that;

“.....although, I am not 100 percent good before my husband, yet, we do not have violence, I lower myself before him and give him respect, and you know, respect brings respect, as I try to respect him and he reciprocate same, thank God for that.....” (KII, 2021).

This finding confirms the findings of Gyuse (2008) whom in his study on partner violence in Konshisha LGA of Benue State and found that, most of the respondents sampled were victims of partner violence. While Sandra (2017) had a similar study and found that, only few of the respondents sampled for the study were victims of partner violence.

Table 3: The Forms of Partner Violence in Makurdi Local Government Area

Variable	Frequency	Percentage (%)
Verbal and open disgrace	149	48.1
Beating	89	28.7
Rape	27	8.7
Denial of sex	4	14.5
Total	310	100.0

Source: Field Survey (2021)

The table above indicates that, 48.1% (149) respondents suffered from verbal abuse and open disgrace, 28.7% (89) respondents suffer from beating while 8.7% (27) respondents suffer from rape abuse while 14.5% (45) respondents suffer from denial of sex. From this we can said that verbal abuse is more common in the study area more than any other form of partner violence.

As noted by a 35 year old woman in Yaikyo

“.....my husband is a very wicked man to a point that, he insults me always, calling me many negative names, in fact, he insults my parents

that, they did not train me very well before he married me. Yet I still have to keep quiet because I am just a woman, so, I have to bear the pains of insult no matter what” (KII, 2021).

In a related sense, a 29 years old woman in Modern Market submits that

“My husband is the type that fights me always, whether I have done something wrong or not, the best he can do is to beat me. It was a difficult cross for me to bear, but now I get used to be situation, so I am always ready for him. However, whenever he fights me, I tried defending myself; because I am a daughter of a human being and not a slave. What I always do to him is that, whenever he beats me, I do not open my laps for him at night, to show him that at least, I have power over him in that area” (KII, 2021).

These findings contradicts the ones made by Weaver (2014) who in her studies of partner violence in Enugu state discover that sexual abuse is the major type of violence found in that area. While Wach and Reeves conducted their studies and discovered that emotional abused is more in their area of study.

Table 4; Showing the frequency of their experience of Violence

Variable	Frequency	Percentage (%)
Daily	73	23.5
Weekly	84	27.1
Monthly	139	44.8
Yearly	14	4.5
Total	310	100.0

Source: Field Survey (2021)

The table 4 above reveals that, 23.5 % (73) respondents affirmed that they experience partner violence on daily basis, 27.1% (84) respondents experience violence on weekly basis, 44.8% (139) respondents experienced violence on monthly basis while 4.5% (14) respondents said that they experienced it on annual basis. One of the respondent female respondents in Wurukum reveals that

.....”as old as I am now, my husband quarrels me, virtually every hour. I always have to keep quit so that he won’t lose his anger to the worse, (you know he is a terrible man)” (KII, 2021)

At the same time, a 25 years old woman in Fiidi alerts

“In fact, I do not go to bed without beating and insults; on the daily basis my husband beats me. If I am lucky, it is only once in a week but if otherwise.....I regret knowing this shameless man called Day Junior, he barks like a mad dog, he does not care whether I am happy or not, when I blame myself, not my impatience, I was carried away by his deceitful tongue, he is not a man enough, I am not proud of him at all” (KII, 2021).

The above section analysis data on the nature of partner violence, the section found that, most of the respondents have experienced partner violence before. The finding is in table 4.6 above. The common type of violence experienced by respondents is verbal abuse and open insults, while most of the respondents experienced violence at least monthly.

Factors influencing partner violence in Makurdi, Benue state

This section presents and analysis the factors influencing partner violence in Makurdi, Benue state. The responses are as presented in the table below;

Table 5 Showing responses on the causes of partner violence in Makurdi, Benue state

Variable	Frequency	Percentage (%)
Infertility	35	11.3
Friends	46	14.8
Insubordination	99	31.9
Husband impotency	30	9.6
Inability to provide family needs	100	32.3
Total	310	100%

Source: Field Survey (2021)

The above table reveals that, 11.3% (35) respondents affirm that, infertility is the major cause of partner violence, 14.8% (46) respondents said that, friends are the major cause of partner violence, 31.9% (99) respondents said that, the major cause of violence is insubordination, 9.6% (30) respondents said that, the major cause of violence is impotency, while 32.3% (100) respondents attributed the causes of violence to their in laws. Based on this finding, one may be quick to conclude that, in laws are the major causes of partner violence against in Makurdi metropolis.

A 34 year old female respondent in Gaadi reports that

“ my husband causes trouble at home only when he drinks, (you know he is a drunkard) I tried my best to curtail such habit from him when he brought me to his house newly, but all my efforts proved abortive”

Relatedly another respondent in Ankpa Quarters says

“the kinds of friends my husband keeps are not helping him, they told him that, I am not qualified to be his wife, that I am not educated, I am not a working class and my family members are not rich, so, he turns to hear their advices and is now maltreating me, so that I should go and give him chance to bring in another wife”

Also, another 38 years old woman in Welfare Quarters laments that

“my ex-husband drove me away from his house because, he is a womanizer, he used to spend all his money on women while his children and myself used to beg for food from our neighbours, in fact, while in his house, my mother used to send foods stuffs to me. Despite all these I was quiet to avoid trouble, the only thing I used to do was that, whenever he womanize an comes home to sleep with, I denied him of having sex with me, I would not wanted to contact HIV/AIDS, after all he had so many concubines.” He also keeps complaining that I am not romantic, so, this caused us to separate.

Another interviewee in Modern Market says that

“personally, my problem with my husband is that, he is a civil servant, yet do not care to provide for the family needs, he doesn't buy soap and food stuff yet he expects to eat good food, especially when he brings in visitors. So, whenever I call him good for nothing, he gets annoyed and violence is likely to take place.....”

Table 6: Showing respondent’s view on who is responsible for the violence

Variable	Frequency	Percent
Husband	195	62.9
Wife	70	22.6
Children	8	6.8
Neighbor/family	24	7.7
Total	310	100

Source: Field Survey (2021)

The table above reveals that, 62.9 (195) respondents said that husbands are the ones that bring partner violence to the family, 22.6% (70) respondents said it is wives who bring violence to the family, 6.8% (8) respondents said, children bring violence to the family while 7.7% (24) respondents said that it is neighbours and family members that bring violence to the family. Based on these findings, it is good to conclude that, husbands are the major people who bring partner violence women in Makurdi metropolis.

The Impact of partner violence on Marital Instability in Makurdi

This section presents respondent’s view on the effects of partner violence. Findings from the study revealed that, partner violence has alarming effects as presented below:

Table ; 8 The Impact of partner violence on Marital Instability in Makurdi

Variable	Frequency	Percentage
It results to marital breakdown	44	14.2
Partner violence affect the social well being of the children	61	19.7
It causes physical harm and injuries to children	50	16.1
It hinders effective socialization of children	39	12.6
Children that grow up under this condition are liable to involve in social vices	57	18.4
Partner violence can make children to drop out of school	4	2.3
Total	310	100

Source: Field Survey (2021)

The above table indicates that, 14.2% (44) respondents were of the opinion that partner violence affects the emotional well being of children, 19.7% (61) respondents said that it can affect the social well being of the children, 16.1% (50) respondents said that it causes physical injuries of women, 17.7% (55) respondents said that it affect the entire society, 12.6% (39) respondents said that it hinders effective socialization of children on the society, 18.4% (57) respondents said that children that grow under such condition are liable to involve in social vices where as 2.3% (4) respondents said that it can make children to drop out of school. This finding corroborate with the views of a 59 year old respondent in North Bank alert that:

“It can make children to be deviant, smokers, drug addict, cultist, and some can from school especially when fathers do not pay their school fees. Relatedly, the number of wayward children will see today is as a result of partner violence and if not controlled, it can doom the children’s future and jeopardize their effective and efficient upbringing in the society” (KII, 2021)

At the same time another informant laments in Wurukum that

“women are seriously in danger because of excessive beating, insults and all manners of pains that we pass through under our husbands, some women are wounded, some have continues menstrual pains, while other are in constant fears and relate well, these among others are the consequences of partner violence that I can think of now” (KII, 2021)

Test of Hypotheses

4. Stay-at-home has significant impact on domestic violence in Makurdi Metropolis in Benue State
5. Continuous staying together has significant impact on domestic violence in Makurdi Metropolis in Benue State
6. Physical distancing has significant impact on domestic violence in Makurdi Metropolis in Benue State

Table 9: Chi-Square Tests on Stay-at-home and domestic violence in Makurdi Metropolis in Benue State

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	374.461	9	.000
Likelihood Ratio	380.803	9	.000
Linear-by-Linear Association	83.728	1	.000
N of Valid Cases	310		

a. 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.65.

Symmetric Measures

	Value	Approximate Significance
Nominal by Nominal Phi	.980	.000
Cramer's V	.980	.000
Contingency Coefficient	.687	.000
N of Valid Cases	310	

Source; Field Survey, 2021

The above tables (9a and 9b), indicated that there is a relationship between stay-at-home and domestic violence in Makurdi Metropolis in Benue State in Makurdi metropolis, Benue State, Nigeria. The value of X^2 was 374.461 indicated a strong positive relationship. Also, the sig. value, P. Value was .000 and less than 0.05. This finding showed that stay-at-home and domestic violence were statically related and the relationship was significant at the V value of 0.981. This indicated that a strong positive association between stay at home and domestic violence.

Table 10: Chi-Square Tests on the impact of continuous staying on domestic violence in makurdi metropolis in benue state

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	291.505	9	.000
Likelihood Ratio	380.803	9	.000
Linear-by-Linear Association	83.728	1	.000
N of Valid Cases	310		

- a. 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.65.

Symmetric Measures		Value	Approximate Significance
Nominal by Nominal	Phi	.958	.000
	Cramer's V	.958	.000
	Contingency Coefficient	.687	.000
N of Valid Cases		349	

Source; Field Survey, 2021

The above tables (10a and 10b), the value of X^2 was 291.505 which indicated that there is a relationship between continuous staying together and domestic violence in Makurdi Metropolis in Benue State, Nigeria. The value of V was 0.958 indicated a strong positive relationship. Also, the sig. value, P. Value was .000 and less than 0.05.

Table 11a: Chi-Square Tests on the relationship between Physical distance and domestic violence in Makurdi Metropolis in Benue State

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	349.954	9	.000
Likelihood Ratio	32.719	9	.000
Linear-by-Linear Association	83.728	1	.000
N of Valid Cases	349		

- a. 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.65.

Symmetric Measures		Value	Approximate Significance
Nominal by Nominal	Phi	.492	.000
	Cramer's V	.914	.000
	Contingency Coefficient	.687	.000
N of Valid Cases		349	

Source; Field Survey, 2021

The above tables (11a and 11b), the value of $X^2=349.954$ indicated that there is significant impact between physical distance and domestic violence in Makurdi Metropolis in Benue State level. The value of V was 0.956 indicated a strong positive relationship.

Discussion of Findings

The findings of this study revealed that, majority of the sampled population experience partner violence as affirmed by 69.7% (216) respondents in table 4.6 of this study. Also, 66.1% (2005) respondents agreed that they are victims of partner violence, by implication, there are high cases of partner violence in Makurdi metropolis which is the study area. This coincide with the findings of Ade (2008) who found same in her study on partner violence in Otukpo Local Government Area of Benue State. The type of partner violence experience in Makurdi metropolis by the respondents include verbal beating and rape as well as

insults as found in table 4.8 of this work and also coincide with the findings of Ade (2008). Similarly, respondents revealed that the persistence of partner violence experience is high as affirmed by 55.8% (173) while only 44.1% (139) respondents claim to have rare cases of partner violence, while most of the interviewee also have cases of partner violence.

Causes of partner violence include infertility 11.3% (35) respondents, third parties 47.1% (146) respondents, insubordination 31.9% (99) respondents and husband's impotency 9.6% (20) respondents. This is found in table 4.10 of this work. While key informant indicates that friends, alcoholism, and infidelity are some causes of partner violence.

Conclusion/ Recommendations

Based on the findings of this study, it was concluded that the major causes of partner violence against women in the study area includes the following; alcoholism, extra marital affairs, forced sex, disrespect, financial factor and marital infidelity. Relatedly, it was concluded that domestic violence against women in the study area occurs verbal and physical assaults. It can be further concluded from the research findings that, domestic violence against women affects women's health physically, mentally and socially. The study finally concluded that, society will be incomplete without women contribution especially in the agricultural production, economic and development in general. Obviously, the world will not be complete without women; development will not be rapid without women contribution. So therefore, there is the need to eliminate partner violence against women to ensure women full participation in agricultural activities and other means of livelihood and societal developmental activities.

Based on the above, the following recommendations are made based on the findings of the study.

1. For effective gender relations, the Federal Government should appropriately implement the National Gender policy in Nigeria and the study Area; by doing this will help in eradicating women from all forms of violence in the society.
2. A massive awareness campaign and orientation should be given to all Men and Women on the effect of violence against women's health.
3. Government should mandate the law enforcement agencies to arrest and prosecute perpetrators of partner violence against women in the study area. And the punishment should be rigid one to deter other potential perpetrators who may intend to commit the same act in the study area.
4. Women should be given adequate orientation to meet up with the challenges that are confronting them in the society. For there is the need to collectively come together under one umbrella and fight against their oppressed in the society. This should be done through Women Associations like all community's women associations, Christian Women Associations, Muslim Women Associations, National Union of Women Lawyers, National Council for Women in Society and all other NGOs and human Rights activist. By doing this will help reduced the high rate of the said menace in the study Area.

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