

**Assessment of Gender-based Violence in Ibadan, Oyo State, Southwest Nigeria**

<sup>1</sup>Taiwo Iyabode OLARINDE, <sup>2</sup>Oliver EZECHI, <sup>3</sup>Folahanmi AKINSOLU, <sup>4</sup>Mofadeke AJAYI,

<sup>5</sup>Adekemi Agnes ONI

<sup>1, 2, 3, 4, 5</sup>Lead City University, Ibadan, Oyo State, Nigeria

tolarinde1@gmail.com

+2348035505470

**Abstract**

This descriptive, cross-sectional study assessed Gender-based Violence (GBV) in Ibadan, Oyo State, Nigeria. There were 10,046 respondents comprising 2,951 men, 1,622 pregnant women, 1,911 non-pregnant women and 3,562 adolescents. The study further examined the knowledge and attitude of healthcare providers to survivors of GBV. The Domestic Violence Assessment Tool (DVAT), a validated questionnaire, hosted on Kobo, was deployed. Data analysis was with SPSS version 29. Inferential statistics examined data categories' relationships, while logistic regression determined independent predictors of GBV, at a p-value of 0.005. The prevalence of GBV was 23.8% among women. Older (40-49years) women were more prone to GBV than younger ( $p=0.001$ ). Employment status, education level, number of children ( $p<0.001$  respectively) and years of marriage( $p=0.001$ ) were identified as key predictors of GBV among women. 11% of pregnant women reported physical abuse from their partners. Pregnant women (30–39years) were more likely to experience GBV than counterparts above 50years. GBV prevalence among men was 13.7%, with younger men more vulnerable. Employment status, education status and years of marriage ( $p<0.001$  respectively) were identified as highest predictors of GBV among men. Adolescents (10-14 years) were more likely to experience GBV. The prevalence of GBV was 15.36% among out-of-school and 3.06% among in-school adolescents respectively. The research recommends pregnant women be screened for GBV during antenatal booking, men-centred gender-based violence care be established at the grassroots level and that long-term support, empowerment and client-focused care be considered, and sustained, across all levels of care for GBV survivors

Keywords: Gender-based Violence, Nigeria, Men, Women, In-school Adolescents, Out-of-school adolescents

**Word Count:242**

**Introduction**

Gender-based violence (GBV) represents a critical international health crisis and is a stark expression of the power imbalance between genders (Abiodun et al, 2019). It serves as a major impediment to the ability of men and women to participate equally in the social, governmental, and economic aspects of life. The World Health Organisation (WHO) identifies GBV within a close partnership as any conduct involving physical assault, forced sexual activity, emotional mistreatment, or controlling actions. Such aggression commonly occurs between individuals involved in a romantic or sexual relationship, with females typically being the party subjected

to the harm. Globally, violence stemming from gender is understood to be a significant threat to public well-being and an urgent matter of fundamental human rights (Abiodun et al, 2020).

Gender based Violence, GBV, which is also termed gender oppression through violence, includes all forms of abuse and mistreatment, including affection withholding, sexual, domestic assault, and gaslighting forced upon someone against their consent, which is based on the culturally defined roles and differences between men and women. Universally, females possess diminished authority compared to males when it comes to autonomy over their own bodies, access to assets, and the power to make choices. Cultural standards that approve of male aggression as a method for asserting authority, enforcing order, and maintaining power intensify the disparities between genders and sustain the cycle of gender-based violence (Ringland, 2020). On a worldwide scale, females, with a specific emphasis on those in their teenage years, face the greatest vulnerability (UNOCHA, 2019).

While females who experience gender-based violence may come forward to the authorities, it is contended that men who are victims encounter societal pressures that deter them from reporting (Montoya, 2001). They face potential social disgrace tied to perceived failures in their manliness and other criticisms of their masculinity. In its foundational report on abuse and wellbeing, the World Health Organization highlighted that most experts concur that official data does not reflect the true number of male rape victim. Prevalence of male victimization in sex-based violence is little documented and insufficiently examined both worldwide and within Nigeria. Gender-based violence (GBV) endangers men's health (Montoya, 2001). Society often recognizes gender-based violence against women more than that against men, hence inhibiting males from reporting their circumstances (Adegboyega, 2018). This is partly due to the widespread societal dominance of men in positions of authority. Limited research has investigated the frequency, patterns, and correlations of gender-based violence among male victims in Nigeria (Montoya, 2001).

### **Problem Statement**

Gender-based violence is globally known as a great threat to society wellness and a critical violation of people's rights. This study addresses Gender-based violence holistically, defining it as aggression intended to enforce and maintain power disparities rooted in restrictive gender norms; this definition includes violence directed at women, men, and adolescents of both genders.

Statistics from the United Nation Population Funds (UNFPA) show that Oyo State has a gender-based violence prevalence rate of about 8%, while Gombe State reports the nation's highest rate at 36%, and Sokoto State the lowest at 3% (UNFPA, 2021). By 2021, in Oyo State, Nigeria's fifth most populous state with over 8 million people, an estimated 17% of women have been abused physically (Oyo State Factsheet 2022). Supporting this, the Oyo State gender violence response team noted a sharp rise in females reporting violence, 122 cases in 2018 to 770 in 2020. Additionally, data from 2018 indicated that a troubling 13.8% of Nigerian females aged 14-49 who had ever had a partner had suffered psychological, sexual abuse or physical abuse from that partner within the last year (National Bureau of Statistics, 2022).

In Nigeria, educational achievement and employment status have been identified as key factors that influence the dynamics of gender-based violence. Violence among youth constitutes a major public health concern and a pervasive issue globally. Studies show that a propensity for aggression and violent acts among adolescents is associated with a combination of influences from their surroundings, personal makeup, and specific circumstances. Gender-based violence directed at males is typically less acknowledged by society compared to GBV against women, hence hindering males' willingness to report their circumstances. This is also due to the cultural perception that males possess strength, making it difficult to regard them as victims.

The rising incidence of gender-based violence (GBV) necessitates a thorough examination of its causes, determinants, and exacerbating factors within the Nigerian context to develop effective ways to mitigate this issue. Moreover, most of the research have extensively examined gender-based violence (GBV) in women, resulting in a disproportionate focus that neglects males as victims. Determining the prevalence of violence against females necessitates a community-oriented and multifaceted strategy. Continuous interaction with all stakeholders is essential. Effective programs tackle the root causes or risk factors of violence, including social construct related to gender roles or identities, and the permissibility of violence.

The issues pertaining to gender-based violence may not have been thoroughly examined, resulting in a general rise in GBV incidents in Nigeria (National Bureau of Statistics,2022). Moreover, most of the research neglected to address men and adolescents as victims (Montoya 2001). This study holistically, perhaps the first of its kind, examined gender-based violence in Nigeria, focusing on men, adult non-pregnant women, pregnant women, and adolescents (both in-school and out-of-school), to comprehend the issue and suggest viable solutions to the increasing prevalence.

### **Research Questions**

The research was designed to find answers to the following questions:

1. What are the patterns of gender-based violence affecting adult, non-pregnant women?
2. What is the prevalence of gender-based violence among adult, non-pregnant women?
3. What is the prevalence of gender-based violence among pregnant women?
4. What are the associated predictors of gender-based violence among pregnant women?
5. What are the patterns and risk factors connected to gender-based violence experienced by adolescents?
6. What are the Patterns and Prevalence of GBV among in and out-of-school adolescents?
7. What is the prevalence of gender-based violence among adult men,
8. What are the patterns of gender-based violence among adult men?

### **General objective**

This research assessed the prevalence of gender-based violence in Ibadan, Oyo State, Nigeria. This is the overarching objective.

The specific aims of this research were to:

- i. Assess the frequency, patterns, and predictors of gender-based violence among adult non-expectant women in Ibadan.
- ii. Evaluate the frequency, patterns, and related risk factors of gender-based violence among pregnant women in Ibadan.
- iii. Assess the frequency, patterns, and risk factors of gender-based violence among in and out-of-school adolescents in Ibadan.
- iv. Evaluate the prevalence, patterns, and drivers of gender-based violence among adult males in Ibadan.

### **Research Hypotheses**

The Null hypothesis ( $H_0$ ) include:

1. There is no significant association between men with a lower financial status than their partners and the likelihood of physical aggression or controlling behaviours.
2. Women's partners' superior financial status has no significant relationship with their exposure to physical abuse or manipulative control in intimate relationships.
3. Men's economic security has no significant effect on their risk of experiencing gender-based violence from their partners.
4. Age group is not significantly associated with women's vulnerability to experiencing gender-based violence from intimate partners.
5. Early adolescent age is not significantly associated with an increased risk of experiencing gender-based violence.

### **Methodology**

**Study Design** Research design was cross-sectional with a quantitative approach.

**Population and Sample** The research was designed to include participants from several distinct groups: pregnant mothers, women who were not pregnant, men, in-school adolescents, out-of-school adolescents, and medical and healthcare providers. For the purposes of this study, these groups were defined as follows:

**Pregnant women:** Any woman currently expecting a child, regardless of the trimester.

**Non-pregnant women:** Any woman not currently expecting a child.

**Men:** Adult individuals who identify as the male gender.

**Adolescents:** Individuals in the transitional phase of life from childhood to adulthood, generally between the ages of 10 and 19.

### **Geographic Location**

The study area included the eleven LGAs that make up Ibadan Metropolis, consisting of Ibadan North, Ibadan North-East, Ibadan South-East, Ibadan South-West, Akinyele, Lagelu, Ido, Ona-Ara, Oluyole, Ibadan North-West, and Egbeda.

### **Sample Size Determination**

The required number of participants was established by utilizing the Raosoft online sample size calculator (Raosoft,2021). The formulas for determining the sample size (n) and the margin of error (E) are presented as:

$$E. = \sqrt{\frac{(N-n)x}{n}} (N - 1)$$

In this equation, 'N' stands for the overall size of the population, 'r' signifies the expected percentage of a particular response under investigation, and 'Z(c/100)' represents the critical Z-score for a given confidence level, 'c'.

The Raosoft sample size calculator was employed based on the following set of criteria:

- An estimated target population in Ibadan of more than 20,000 people.
- A confidence level of 95% with a margin of error of 2.5%.
- An assumed response distribution of 50% to maximize sample robustness, which initially indicated a need for 1,428 participants.
- 30% attrition rate.

Therefore, the adjusted minimum sample size for the research was established at 1,857 individuals for each designated population category based on the raosoft calculation.

In the end, a total of 11,332 individuals participated in the study. This group was composed of 1622 expectant mothers, 1,911 non-expectant women, 3,562 adolescents, 2,951 adult males, and 1,286 healthcare professionals

### **Sampling technique**

A layered 5-stage sampling technique was employed. The first stage entailed the complete and inclusive selection of all eleven Local Government Areas located in Ibadan. Stage two of the process comprised the random selection of five wards from each of the 11 LGAs, which brought the total number of selected wards to 55. Prior to stage three, a list of all communities within the chosen wards was acquired from the State Ministry of Lands and Housing. From each of the 55 wards, five communities were selected using a lottery-style draw, which resulted in a target of 275 communities for the study. In stage four, an exhaustive attempt was made to capture and include every household, residence, secondary school, and healthcare center within the selected communities. In stage five, all married men, expectant mothers, non-expectant women, youths, and healthcare staff who satisfied the study's eligibility criteria were recruited. This recruitment continued until the required sample number for each LGA was reached. The allocation of the sample size was not evenly divided among the LGAs but was instead calculated proportionally based on the anticipated population data for the year 2022.

The data for the study was collected using composite, semi-structured questionnaires that were filled out by both the participants themselves and by interviewers. All data was analyzed using SPSS Version 29.

A summary of the findings is laid out in frequency tables and charts. For making inferences, the Chi-square test was used to check for significant associations between different categories of non-numerical data.

A logistic regression analysis was also performed to identify the independent factors that contribute to GBV.

Throughout the analysis, the threshold for statistical significance ( $p$ ) was established at  $p < 0.05$ , which corresponds to a 95% confidence interval.

### **Inclusion Criteria**

Individuals enrolled in the study were able to provide consent and are resident, schooling or working within the study area. Adult males and females included in the study were 18 years and above, while adolescents included in the study were between 10-19 years of age and were also resident, schooling or working within the study site.

### **Research Instrument**

The primary tool for gathering data was a carefully organized survey, created specifically for this study and administered digitally using the KoboCollect platform. Its development was guided by an extensive review of existing academic literature, leading to the adaptation of several established instruments. This resulted in a composite, structured, validated questionnaire that integrated components from the Domestic Violence Safety Assessment Tool (DVSAT)(UNFPA 2012), Danger Assessment (DA) Instrument, Revised Tilburg Pregnancy Distress Scale (TPDS-R)(Yasemin, 2021, Gigase, 2022), the UNFPA GBV Assessment and Situational Analysis Tools and the Customized Survey Tool for Healthcare Professionals created from the domestic violence healthcare providers' survey questionnaire (DVHPSS)(UNFPA, 2012).

### **Ethical Protocol**

To ensure the research was conducted responsibly, formal ethical clearance was secured from multiple bodies. Approval was granted by the ethics committee of Lead City University (Reference No: LCU-REC/22/168) and the research ethics committee within the State Ministry of Health's directorate of planning, research, and statistics (Reference No: AD13/479/44573<sup>B</sup>). Furthermore, the necessary ethical permissions were also obtained from the State Ministry of Education (Reference No EDU/1650T<sup>3</sup>VOL III/97) before any data was collected, documented written consent was secured from every participant involved in the study.

**Results**

**Table 1 Patterns and prevalence of gender-based violence affecting non-pregnant women living in Ibadan** N = 1911

Pattern	Frequency (%)	Percentage (%)
Partner ever threatened to harm or kill you	86	4.5
Partner ever used physical violence against you	195	10.2
Partner ever choked, strangled or suffocated you or attempted to do any of these things	64	3.4
Partner ever threatened or assaulted you with any weapon (including knives and/or other objects)	58	3.0
Partner ever harmed or killed a family pet or threatened to do so	30	1.5
Partner ever been charged with breaching an apprehended domestic violence order	26	1.4
<b>Sexual assault</b>		

Partner has ever done things to me, of a sexual nature, that made me feel bad or physically hurt me	73	3.8
---	----	-----

Table 1 provides a breakdown of the patterns and prevalence of GBV amidst the non-pregnant women surveyed in Ibadan. Prevalence of GBV among women was determined at 23.8%. The findings indicate that as many as one in ten participants (10%) have experienced bodily harm from their spouse. Financial abuse was also reported, with 6.7% of the women stating their spouses limited their financial access. Furthermore, economic instability appears to be a significant factor, as 15% of the couples were experiencing financial strain, and 21% of the partners were unemployed. Lastly, 6.2% of the women reported that their partner had ever made threats or acted violently towards them at some point. Infrequently reported types, as illustrated in the table, pertain to sexual assaults, with approximately 3.8% of respondents stating they experienced sexual actions from their partner that elicited negative feelings or resulted in physical harm, while 3.4% reported instances of choking, strangling, or suffocation by their partners or attempts thereof.

**Table 2 Prevalence of Gender based violence among Pregnant Women living in Ibadan** N = 1622

Pattern	Frequency (n)	Percentage (%)
Has your partner ever made verbal threats of physical injury or death towards you?	64	3.9
Have you ever been subjected to physical battery by your partner?	179	11.0
Has your partner ever attempted to asphyxiate you by choking, strangling, or suffocating you?	56	3.5
Have you ever been menaced or attacked by your partner with a weapon or other object?	35	2.2

Has your partner ever injured or killed a pet, or made threats to do so?	26	1.6
Has your partner ever faced legal consequences for violating a protective order?	23	1.4
Has your partner ever made verbal threats of physical injury or death towards you?	74	4.6
Have you ever been subjected to physical battery by your partner?	158	9.7
Has your partner ever attempted to asphyxiate you by choking, strangling, or suffocating you?	219	13.5
Have you ever been menaced or attacked by your partner with a weapon or other object?	66	4.0
Has your partner ever made threats of physical harm or acted violently toward you?	161	9.9
Has your partner ever injured your children or made threats to do so?	46	2.8
<b>Coercive or Unwanted Sexual Acts</b>		
Partner has ever done things to me, of a sexual nature, that made me feel bad or physically hurt me	111	6.9
Partner has ever been arrested for sexual assault	34	2.1

Table 2 presents the patterns and prevalence of GBV among pregnant women residing in Ibadan. A considerable number of women have encountered extreme types of abuse. Specifically, the prevalence of physical assaults (the most commonly reported) among pregnant respondents was determined at 11% of women, while 3.9% had experienced threats of harm or death. Furthermore, 3.5% of respondents indicated experiences of choking, strangulation, or suffocation, while 2.2% reported threats or assaults employing weapons. Partners manage the finances of pregnant women, as 13.5% of women report that their partner regulates access to funds.

**Table 3: Associated Predictors of Gender based Violence among pregnant women in Ibadan**

Variables	Odds Ratio	p-value	Confidence Interval	
			Lower	Upper
<b>Age (grouped)</b>				
20-29	5.895	0.051	0.995	34.936
30-39	7.476	0.026	1.279	43.720
40-49	6.199	0.046	1.032	37.241
≥50 (Reference Category)	1.000			
<b>Employment Status</b>				
Currently employed	0.683	0.120	0.422	1.105

Not currently employed	0.933	0.778	0.575	1.513
Not employed in the last 12 months (RC)	1.000			
<b>Education level</b>				
No formal education	1.346	0.335	0.736	2.462
Primary	1.286	0.192	0.881	1.875
Secondary	1.132	0.307	0.893	1.435
Tertiary (RC)	1.000			
<b>Residence</b>				
Rural	1.012	0.911	0.815	1.257
Urban (RC)	1.000			
<b>Number of Children</b>				
None	0.512	0.125	0.218	1.205
1-2	0.552	0.153	0.244	1.248
3-4	0.581	0.181	0.262	1.287
5-8 (RC)	1.000			
<b>Years Married</b>				
1-5	0.790	0.290	0.510	1.223
6-10	0.873	0.523	0.576	1.324
>10	1.000			

Table 3 presents a logistic regression analysis detailing the drivers of gender-based violence threats among pregnant women. Age demonstrates a notable correlation with the probability of gender-based violence during pregnancy. Women aged 30-39 possess an odds ratio of 7.476 ( $p = 0.026$ ), signifying that they are around 7.5 times more susceptible to the risk of gender-based violence. Women aged 40-49 exhibit an odds ratio of 6.199 ( $p = 0.046$ ), indicating an elevated risk compared to the reference group ( $\geq 50$  years).

Additional variables, including employment position, educational attainment, place of residence, number of offspring, and duration of marriage, do not exhibit statistically significant correlations with the likelihood of gender-based violence (GBV).

**Table 4 Pattern of Gender based Violence among Adolescents**

Variables	Frequency(n)	Percentage(%)
<b>No of times slapped and/or pushed without injuries/lasting pain</b>		
0	2	15.4
1	7	53.8
2	1	7.7
3	2	15.4
8	1	7.7
<b>No of times punched/kicked/bruised/cut you with continued pain</b>		

0	9	69.2
1	2	15.4
2	1	7.7
4	1	7.7
<b>No of times ex/partner beat you up with severe confusions, burns etc</b>		
0	11	84.6
1	1	7.7
5	1	7.7
<b>No of times ex/partner threatened to use weapon causing injury</b>		
0	10	76.9
2	3	23.1
<b>No of times weapon was used causing wounds</b>		
0	10	76.9
1	1	7.7
2	2	15.4

Table 4 delineates the pattern of Gender-Based Violence (GBV) among adolescents, emphasising the kind, frequency, and intensity of the diverse forms of abuse encountered by the participants during the last year. Concerning events in which participants were slapped or shoved without incurring injuries or enduring pain, a majority (53.8%) indicated having encountered this form of abuse at least once, while 15.4% reported encountering it three times, and a further 7.7% stated it occurred eight times over the last year. In the context of more serious physical violence, like being punched, kicked, bruised, or cut with persistent pain, 69.2% of participants indicated they had never had such experiences, while 15.4% reported having it once, and smaller proportions reported it occurring twice or four times.

**Table 5: Patterns and Prevalence of Gender based violence among in and out-of-school adolescents**

**N = 262**

<b>Patterns</b>	<b>In-School (71) (n/%)</b>	<b>Out-of-school (191)(n/%)</b>
1. Partner is constantly jealous and/or possessive of you	8(12.4)	86 (45)
2. Partner tries to isolate you socially	4 (5.6)	46 (24.4)
Physical violence increased in severity or frequency over the past year	2 (3.4)	26 (13.9)
3. Partner threatened you with a gun over the past year	0 (0.0)	10 (5.5)

4. Partner stalks you (follow/spy/drops threatening message etc)	3(4.5)	28(14.7)
---	--------	----------

The table 5 illustrates the patterns and prevalence of abusive relationships among in and out-of-school adolescents. The prevalence of GBV was determined 15.36% among out-of-school and 3.06% among in-school adolescents respectively. Adolescents who are out of school consistently report elevated rates of dangerous and abusive behaviours from their partners in comparison to their in-school counterparts. A significant finding indicates that out-of-school adolescents report substantially higher rates of jealousy and possessiveness from their partners, with 45% exhibiting this behaviour compared to merely 12.4% of in-school adolescents. Social isolation, a significant factor in abusive relationships, is more prevalent among out-of-school adolescents (24.4%) compared to in-school adolescents (5.6%). Out-of-school adolescents exhibit a higher prevalence and severity of physical violence, with 13.9% indicating an increase in such incidents over the past year, in contrast to 3.4% of in-school adolescents. Furthermore, 5.5% of out-of-school adolescents indicated that they had been threatened with a firearm by their partner, a behaviour not observed among in-school adolescents.

**Table 6: Prevalence and patterns of Gender based Violence among Adult males in Ibadan**

Pattern	Frequency (n)	Percentage (%)
Partner ever threatened to harm or kill you	70	3.6
Partner ever used physical violence against you	174	7.1
Partner ever choked, strangled or suffocated you or attempted to do any of these things	60	2.4
Partner ever threatened or assaulted you with any weapon (including knives and/or other objects)	66	
Partner ever harmed or killed a family pet or threatened to do so	38	2.7
Partner ever been charged with breaching an apprehended domestic violence order	31	1.3

**Sexual assault**

---

Partner has ever done things to me, of a sexual nature, that made me feel bad or physically hurt me	63	2.6
---	----	-----

Table 6 shows that among respondents with partners or spouses, 7.1% reported experiencing physical violence from their partners, indicating it as the most prevalent form of abuse in this category. Gender based violence prevalence among men was 13.7%, with younger men more vulnerable

**Discussion of findings**

In a sample of adult non-pregnant females, up to 10% reported experiencing physical violence from their partners. Additionally, 6.6% indicated that their spouses restricted their ability to manage their own money, and 3.8% of individuals indicated they had endured sexual encounters that were either psychologically damaging or resulted in physical injury. Additionally, 3.5% of respondents reported that their spouses had either attempted to or had successfully choke or smothered them. A strong connection exists between a woman's age and her vulnerability to gender-based violence. Data shows a statistically significant trend ( $p=0.001$ ) where a smaller percentage of women in the 20-29 age bracket (44.9%) are at risk compared to those in the 41-50 age range (53.1%). Interestingly, some research indicates that younger women, particularly adolescents, can face a higher risk of intimate partner violence. A woman's employment status is a significant factor in her risk of experiencing GBV ( $p<0.001$ ). Those who are employed show a lower level of threat (39.9%) when contrasted with women who have not been employed in the last year (43.8%) or are without a job at the moment (57.5%). Economic empowerment is often cited as a factor that can reduce a woman's vulnerability to violence.

Age is a significant factor in the risk of gender-based violence (GBV) among pregnant women. Specifically, younger women aged 20-29 (69.5%) and those aged 30-39 (75.5%) are more likely to report being at risk of GBV, whereas women aged 50 and above show a reduced risk (33.3%) ( $p = 0.003$ ).

Women who are not currently employed or have not been employed in the past 12 months exhibit a higher likelihood of experiencing gender-based violence (75.5%) in comparison to their currently employed counterparts (68.7%) ( $p<0.001$ ).

The number of children a woman has constitutes a significant factor in the threat of gender-based violence (GBV). Women without children (68.6%) or with fewer children (1-2) (71.4%) exhibit a lower likelihood of experiencing gender-based violence (GBV) compared to those with 5-8 children (84.7%) ( $p = 0.019$ ).

The length of marriage demonstrates a notable correlation with the threat of gender-based violence (GBV). Pregnant women married for over 10 years exhibit a higher likelihood of experiencing gender-based violence (GBV) at 78.6%, in contrast to those married for 1-5 years, who report a rate of 70.0% ( $p = 0.006$ ).

Eleven percent of pregnant women reported experiencing physical violence from their partners, regardless of their physiological status, while 3.9% reported being threatened with harm or death.

Among adult male respondents with partners or spouses, 7.1% reported experiencing physical violence from their partners, indicating it as the most prevalent form of abuse in this category. Furthermore, 3.6% reported being threatened with harm or death by their partners. Severe forms of abuse, including choking, strangulation, or suffocation attempts, were reported by 2.4% of respondents. Additionally, 2.7% reported experiencing threats or assaults involving weapons, while 1.5% indicated that their partner had harmed or threatened to harm a family pet.

Regarding controlling behaviours, 8.8% of respondents reported that their partners restricted their access to finances, while 5.3% indicated experiencing stalking, harassment, or persistent contact from their partners. Additionally, 3.5% reported that the violence or controlling behaviour in their relationship was deteriorating over time.

An analysis of in-school versus out-of-school adolescents indicates that sociodemographic variables such as age, employment status, education, residence, and gender do not significantly predict the risk of gender-based violence among in-school adolescents. Younger age and unemployment are significant predictors of heightened GBV risk among out-of-school adolescents, whereas factors such as education, residence, and gender do not demonstrate statistical significance.

### **Recommendations**

1. Interventions for GBV survivors should be designed with a focus on individual-specific, client-centred approaches
2. Specifically, Men-centred gender-based violence care should be established at the grassroots level
3. Specifically, pregnant women should be screened for GBV at Antenatal Bookings
4. Government agencies, parastatals, non-governmental organisations, and healthcare professionals should be trained to identify, understand, and address gender-based violence in abused survivors.
5. The research underscores the necessity for increased public awareness regarding gender-based violence (GBV) among the general population and emphasises the importance of encouraging men to report instances of GBV.
6. Existing legislation should be reinforced and enforced, and appropriate penalties should be imposed on perpetrators of gender-based violence to deter others.

## REFERENCES

- Abiodun, A. D., Olarewaju, S. O., Abiodun, A. B., & Adegbite, A. T. (2019). Prevalence, pattern, and correlates of intimate partner violence among married men as victims in Osogbo, Nigeria. *Journal of Education, Society and Behavioral Science*, 29(4), 1–12.
- Abiodun, A. D., Abiodun, A. B., & Eegunranti, A. B. (2020). Help-seeking pattern among postpartum women exposed to intimate partner violence in Osogbo, Nigeria. *Asian Journal of Medicine and Health*, 14(2), 1–8.
- Aydin, Y. E., Aydin, B., & Yılmaz, S. D. (2023). Factors affecting the levels of distress during pregnancy, sexual relationship power, and intimate partner violence. *Journal of Sexual Aggression*, 38(3), 461–478.
- Ringland, C. (2020). *The Domestic Violence Safety Assessment Tool (DVSAT) and intimate partner repeat victimization* (NSW Crime and Justice Bulletin No. 213). NSW Bureau of Crime Statistics and Research.
- United Nations Office for the Coordination of Humanitarian Affairs. (2019). *Gender-based violence: A closer look at the numbers*.
- Gigase, F. A. J., Hulsbosch, L. P., De Caluwé, E., Pop, V. J. M., & Boekhorst, M. G. B. M. (2022). The Tilburg Pregnancy Distress Scale–Revised (TPDS-R): Psychometric aspects in a longitudinal cohort study. *Journal of Psychiatric Research*, 156, 511–519. <https://doi.org/10.1016/j.jpsychires.2022.10.060>
- Campbell, J. C., Webster, D. W., & Glass, N. (2009). The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>
- Montoya, O. (2001). *Swimming upstream: Looking for clues to prevent male violence in couple relationships*. University of Bradford.
- United Nations Population Fund. (2021). *Gender-based violence*. UNFPA.
- National Bureau of Statistics. (2022). *Demographic statistical bulletin*. <https://nigerianstat.gov.ng>
- Adegboyega, O., Tasiu, M., & Ameh, N. (2018). Male partners' sociodemographic characteristics, attitudes, and behaviors as predictors of intimate partner violence in Nigeria: Evidence from the 2013 National Demographic and Health Survey. *International Journal of Tropical Disease & Health*, 31(1), 1–11. <https://doi.org/10.9734/IJTDH/2018/42085>
- Oyo State Government. (2022). *Oyo State factsheet*.

Raosoft, Inc. (2021). *Raosoft sample size calculator*. <http://www.raosoft.com/samplesize.html>

Tjaden, P., & Thoennes, N. (2020). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. National Institute of Justice.

United Nations Population Fund. (2012). *Gender-based violence assessment and situation analysis tools*. <https://www.refworld.org/docid/5c3465c64.html>