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Prevalence, experiences and factors influencing gender-based violence among women refugees in Ogoja, Nigeria

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Abstract

Introduction: Armed conflict in Africa has led to the displacement of over 24.2 million people resulting in increased number refugees. Refugee women are at increased risk of gender-based violence (GBV). The aim of this study was to determine the prevalence, experiences and factors influencing gender-based violence (GBV) among women refugees in Ogoja, Nigeria.
Methodology: The study adopted a cross-sectional descriptive design with quantitative and qualitative methods of data collection. The study population comprised of women refugees (18 years and above) who were resident in the three main refugee camps in Ogoja. The sample size was 685 participants for the quantitative method and 90 for the qualitative method. Simple random sampling method was used to select 685 women refugees for quantitative method while 90 participants were purposively selected for the qualitative part of the study. The results from the quantitative method were analyzed using SPSS version 25 while the qualitative data were recorded, transcribed and analyzed using thematic coding.
Results: The study showed 146(21.4%) cases of GBV among the respondents. Some of the participants 139(20.3%) have been slapped, 118(17.2%) have been punched, 86(12.7%) have had arm twisted or hair pulled, 78(11.3%) have been threatened with knife/gun /weapon. The qualitative data revealed that the major factors influencing GBV in the study area were hunger, unemployment and lack of basic amenities. There is no formal gender-based health services available in the camp.
Conclusion: The prevalence of GBV is high among refugee women in our environment and it is due to their poor socio-economic conditions. There is no GBV health services in the refugee camps in the study area. Hence, there is urgent need for individuals, communities, non-governmental organizations and government to channel resources and support towards the refugees and also provide GBV services.

Introduction

Gender-based violence refers to "any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation or gender identity".[1] It could result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[2] Although anyone including women, girls, men, and boys can fall victim to violence simply because of their sex or gender, women and girls are especially at risk. It is estimated that one in three women will experience gender-based violence in their lifetime.[3,4]

Armed conflict in Africa has led to the displacement

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of over 24.2 million people.[5] Refugees are people forced to flee their own country and seek safety in another country, they are unable to return to their own country because of feared persecution as a result of who they are, what they believe in, because of armed conflict, violence or serious public disorder.[3] A recent study from South Sudan, points to even higher prevalence in conflict-affected settings and refugee camps, where up to 65% of women reported experiencing gender-based violence.[6] In the year 2021, Nigeria hosted 79,000 refugees and asylum seekers which includes 72,000 Cameroonian refugees that are mainly located in the Cross River State (56%), Taraba State (25%) and Benue State (16%).[7] In conflict-affected settings, women and girls are vulnerable to gender-based violence which is associated with poor long-term mental health such as anxiety, depression and post-traumatic stress disorder.[8]

The aim of this study was to determine the prevalence, experiences and factors influencing gender-based violence (GBV) among women refugees in Ogoja, Cross River State, Nigeria, who fled from Cameroun following the war in their country.

Methodology: The study was carried out at the three main refugee camps in Ogoja, Cross River State, Nigeria between October to December, 2024 among women refugees (18 years and above). All the respondents are from Cameroun and now residents in the three main refugee camps in Ogoja. Ethical clearance for the study was obtained from Cross River State Ministry of Health Research Ethics Committee. Permission for entry into the refugee camp was sought for from the coordinators of the camp. The researcher also obtained written and verbal informed consent from the respondents. The study adopted a cross-sectional design with quantitative and qualitative methods of data collection. The sample size for the quantitative part of this study was determined using Fischer's formula.[9]

$n = Z^2Pq/d^2$

where; n = desired sample size, Z = 1.96 (confidence interval of 95%), P = 65% (0.65) estimated prevalence of gender-based violence among refugee women in South Sudan, 65%[6],

q = probability of the event not occurring i.e. (1-P) =0.35, d = acceptable margin of error for proportion being estimated= 5% (0.05)

Therefore; $n = (1.96)^2 \times 0.65 \times 0.35/(0.05)^2$

n = 349.59, However, to account for non-response rate, the sample size was increased by 10% (100-10 = 90): 90/100 = 0.9

n = 350/0.9 = 388.89

389 x 2 (to factor design effect) = 778,
The final sample size was 778. However, 685 respondents completed their questionnaire and were used for the study.

Sample size determination for the qualitative study (focus group discussion): In each of the three refugee camps, there were three (3) distinct Focus group discussions (FGDs) comprising refugee women aged 18-28 years, 29-39 years, and 40-49 years respectively who were recruited into the study, so that each age bracket will be free to discuss their peculiar experiences of GBV. There were 10 participants in each FGD x 3 FGDs per refugee camp x 3 refugee camps in Ogoja = 30 per refugee camp. Total number of participants for all the FGDs in the three camps = 90. Simple random sampling method was used to select 685 women refugees while 90 participants were purposively selected for the qualitative part of the study. The results from the study were analyzed using SPSS version 25 while the qualitative data were recorded, transcribed and analyzed using thematic coding.

Results:
All the respondents are from Cameroun, with majority of them 631(92.2%) from Southwest, 53(7.7) from Northwest region and only one (1) person from Southern region. Majority were aged 18-29 years, 291(42.4%), with no formal or primary education and resides in Adagom 1 or 2 refugee camps for over 3 years (Table 1).

Prevalence of gender-based violence among women refugees in Ogoja, Nigeria:
Figure 1; presents the summary of prevalence of GBV among women refugees in Ogoja Nigeria. The

results show that smaller proportion of the respondents 146(21.4%) have experienced GBV while 539(78.6%) have not experienced GBV. Table 2 shows the prevalence of different forms of GBV.

Table 1: Sociodemographic characteristics of the respondents

Characteristics	Frequency (n = 685)	Percentage (%)
Age in years		
18-29 years	291	42.4
30 41 years	196	28.6
42-53 years	115	16.8
Above 53 years	83	12.2
Marital status		
Single	267	38.9
Married	237	34.5
Widowed	132	19.4
Divorced	6	0.9
Separated	43	6.3
Highest level of education		
No formal education	220	32.2
Primary	190	27.7
Secondary	235	34.3
Tertiary	40	5.8
Refugee camp of residence		
Adagom 1	329	48.0
Adagom 3	238	34.7
Ukende	118	17.3
Duration of Stay in the Refugee camp		
Within the past 6 months	11	1.6
> 6 months to 1 year	21	3.2
>1 year to 2 years	34	5.0
>2 years to 3 years	46	6.7
> 3 years	573	83.5
State (region) of origin		
Northwest region	53	7.7
South	1	0.1
Southwest	631	92.2

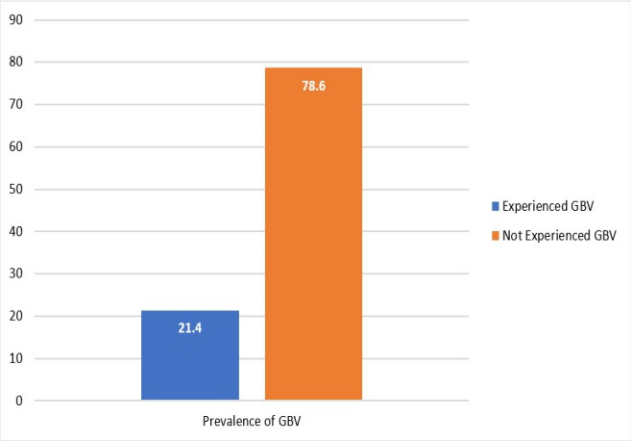

Fig 1: Prevalence of Gender-based violence among refugee women in Ogoja

Table 2: Prevalence of different forms of GBV among women refugees in Ogoja

Characteristics	Frequency (n = 685)	Percentage (%)
Sexual violence		
Experienced rape	31	4.5
Never experienced rape	654	95.4
Physical violence		
Ever been slapped by a friend/partner/stranger		
Been slapped	139	20.3
Never been slapped	546	79.7
Ever been punched with the fist or hit by something harmful by a friend/ partner		
Been punched	118	17.2
Never been punched	567	82.7
Ever had your arm twisted or your hair pulled by a friend/partner		
Have had arm twisted or hair pulled	86	12.7
Never had arm twisted or hair pulled	599	87.3
Emotional violence		
Ever been threatened with a knife/gun or other weapon by a friend/partner		
Been threatened with knife/gun/weapon	78	11.3
Never threatened with knife/gun/weapon	607	88.7
Ever been threatened by your husband/partner		
Been threatened	107	15.7
Never been threatened	578	84.3
Humiliated	134	19.7
Never humiliated	551	80.3
Husband/ partner ever destroyed things that are important to you		
Partner destroyed important things to me	76	11.2
Never destroyed important things to me	609	88.8
Ever been insulted or made to feel bad by your husband/partner		
Been insulted	136	19.9
Not been insulted	540	80.1
Husband/partner ever done things to scare or intimidate you on purpose		
Been intimidated	539	81.1
Not been intimidated	146	21.4

Discussion

The study showed that the prevalence of gender-based violence (GBV) among women refugees in Ogoja, was 21.4%. This is similar to the findings of Workie et al.,[10] in a study conducted among internally displaced women (IDW) in Northwest Ethiopia. However, a recent study from South Sudan, points to a higher prevalence in conflict-affected settings and refugee camps, where up to

Table 3: Qualitative data results showing the experiences of GBV in themes

Topic	Themes	Code	Quotes
Experiences of GBV	Factors influencing GBV and among women refugees	1. Hunger 2. Frustration 3. Poor parenting 4. Unemployment 5. Poverty 6. Lack of basic amenities eg water 7. Fighting for food items 8. Poor co-ordination in the camp 9. Fighting among the camp dwellers 10. Insecurity in the camp 11. Substance abuse 12. War/displacement 13. Lack of support from NGOs and UNCHR renting land 14. Borrowing land from the host community to farm 15. Lack of self-control 16. Peer pressure 17. Lack of free supply of food and stipends from UNCHR	*Hunger….. When you come back from school, you are hungry, no food for house to chop and a young boy come ask you how far na? If you follow me, I go give you anything you want. We go follow them because hunger dey. (19 year old lady)* *Peer pressure…….. Our children dey behave well before we come live for this camp. Since we come here them dey watch other children, the way them dey thief people's thing. They go now begin dey steeal their own. (40 yr old woman)*
	Forms of GBV prevalent in the refugee camps	1. Intimate partner violence 2. Rape mainly by young boys 3. Early marriage 4. Physical violence 5. Poor nutrition (Neglect in nutrition of children) 6. Sexual abuse 7. Verbal abuse 8. Cheap labour 9. Forced marriage	*Rape…….As we dey go market or to fetch water, person go comot from no where say come, if you no gree follow them. They go comot carry you by force enter bush, to go sleep with you. (19 year)* *Intimate partner violence …….. When wife ask husband for money for food and money no dey house. When the woman worry am more, he go begin beatam (35-year-old)*
	People mostly affected by GBV	Younger girls (teenagers) Young women (19 – 45 yrs)	*Our older mammy them dey stay more for house, na the younger women wey dey comot always to go to market or go fetch water for the host community……Sometimes they rape or beat them on their way ….(30-year-old)*
	Perpetrators of GBV	1. Young boys both from the camp and host community 2. Younger husbands	*The young boys go just carry you enter bush to go rape you (21 years).* *Sometimes after working for the host community person and you ask him for your money, he go say may you come house. When you go to his house, him go force you to sleep with him (30yr old woman).*
	Interventions for survivors of GBV with in refugee camp	1. Taking them to health Centre, sometimes they are delayed before they receive care 2. Complex cases are referred to UCTH Calabar. 3. Skill acquisition (Tailoring, hair dressing) 4. Counselling	*We no get any special place where we dey go, we just go to the health centre to report. Sometimes they go waste plenty time before they go attend to us but when the injury dey too much them go carry us to Calabar teaching hospital.*
	Punishment against perpetrators of GBV	1. Reporting them to NGOs (CARITAS) and SEMA 2. Imprisonment 3. Handing them over to the police	*When they catch those boys where dey rape the girls, we dey report them to SEMA who go carry them go prison after sometime, they go release them especially when they are from the host community…. (22years).*

65% of women reported experiencing gender-based violence.[6] The disparity in the prevalence rates could be attributed to the geographical location and the methodology employed in carrying out the research, both quantitative and qualitative methods of data collection were used in this study.

This study showed that a small proportion of the respondents have experienced rape, slapped, punched, arm twisted or hair pulled. Some of the participants have been threatened with knife/gun /weapon while others have been humiliated, insulted and intimidated by their husbands/partners. These resonate with the findings of Muluneh et al.[11] among women in Sub-Saharan Africa, Acharai et al.[12], Chime et al[13] and Nwankwo et al.[14]

The qualitative data revealed that the major factors influencing GBV in the study area as disclosed by refugee women are: hunger, frustration, poor parenting, unemployment, poverty, lack of basic amenities e.g water (they go to other communities to fetch water alone and they are raped), fighting for food items, poor co-ordination in the camp, fighting among the camp dwellers, insecurity in the camp, Substance abuse, War/displacement, no more financial support from Non-Governmental Organizations (NGOs) and United Nations High Commissioner for Refugees (UNCHR), borrowing land from the host community to farm, lack of self-control, peer pressure, lack of free supply of food and stipends from UNCHR. It aligns with cross-sectional studies carried out by Obidile et al.,[15] and Makango et al.[16]

In addition, the types of GBV prevalent in this study include: intimate partner violence, rape mainly by young boys, early marriage, physical violence, verbal abuse, emotional violence and forced marriage. This also coincides with the findings of a systematic review and meta-analysis of cross-sectional studies conducted by Muluneh et al.,[11] on gender-based violence against women in Sub-Saharan Africa. The survivors of gender-based violence in the current study area are younger girls (teenagers) and young women (20 – 45 yrs). Management practices for victims of GBV range from taking the survivors to health centre, who are sometimes delayed before they receive care, while; complex cases are referred to the University of Calabar Teaching Hospital, Calabar, Nigeria. Unfortunately, there are no formal gender-based and mental health services available in the camp apart from the general primary healthcare services. This corroborates with the study by Mahmood et al.[17], among Syrian refugees residing in the Kurdistan region of Iraq and that of Muuo et al.[18]

In conclusion, the prevalence of GBV was high in the study area. The major problems fueling GBV in the refugee camps in Ogoja were hunger and poverty resulting from withdrawal of the monthly stipend to the refugees from UNHCR. There is urgent need for support from individuals, non-governmental organizations and Government to the refugee camp dwellers.

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