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Prevalence and Socio-Demographic Aspect of Gender-Based Violence at the Zinder Holistic Care Centre (Niger) in 2024

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Abstract

Introduction: Gender-based violence is an important public health problem worldwide. The aim of this study was to describe the prevalence, the socio-demographic profile of patients (survivors and perpetrators) and the different types of gender-based violence treated at the Zinder holistic care centre in the Republic of Niger. **Method:** This was a descriptive cross-sectional study of cases of gender-based violence recorded and managed at the holistic gender-based violence management centre in Zinder (Niger) over the period from 1 January 2022 to 31 December 2023. The data collected were analysed using EPI infos version 7.1 software. **Result:** During the study period, 515 cases of gender-based violence were recorded. Most of the victims were women and girls (95.15%). Minors accounted for 42.28% of cases. The victims were aged 18 and over in 57.67% (297 cases). Single people accounted for 39.22% of cases. Students accounted for 41.36% of cases. As regards the perpetrators of gender-based violence; men accounted for almost all the cases (95.53%). In 45.44% of cases it was the sexual partner, and in 36.12% of cases, the assault took place in the victim's home. Five types of gender-based violence were observed: physical violence (121 cases, 23.5%), denial of resources, opportunities or services (148 cases, 28%), rape (117 cases, 22.7%), sexual abuse (64 cases, 12.4%), forced marriage (42 cases, 8%) and psychological/emotional abuse (28 cases, 5.4%). **Conclusion**: Gender-based violence is common in Niger. The victims were young women, pupils or students, single and unemployed. Efforts still need to be made to increase the reporting of cases of GBV, involve community leaders and provide optimal medical, legal and socio-professional care.

Keywords

Gender-Based Violence, Domestic Violence, Sexual Abuse, Child Abuse, Niger

1. Introduction

Gender-based violence is generally understood to include physical, sexual, and psychological abuse from intimate partners, sexual violence by nonpartners, sexual abuse of girls, and acts such as trafficking women for sex [1] [2]. It is perpetrated against a person because of their sex and the place they occupy in a given society or culture. Gender-based violence (GBV) is encountered in every society in the world, and is exacerbated in vulnerable regions (political and security crises, famine, floods, poverty) [3]. Gender-based violence is an important public health problem, both because of the acute morbidity and mortality associated with assault and because of its longer-term impact on women's health, including chronic pain, gynecologic problems, sexually transmitted diseases, depression, post-traumatic stress disorder, and suicide [2] [3]. Women and girls bear the brunt of the historical domination and discrimination of women by men, although men and boys can also suffer gender-based violence [3]. Despite the international community's commitment to ending GBV through international laws and regulations, it is estimated that more than a third of women worldwide (35%) have experienced physical or sexual violence in their lifetime, and this prevalence is higher in Africa [3] [4]. In England, the United States and Canada, more than 25% of women have experienced domestic violence [5]. In Burkina Faso, more than one woman in three (37%) has been a victim of domestic violence in her lifetime, compared with one man in five (16%). In Mali, more than 35% of women are victims of sexual violence at least once in their lives [3]. In Niger, the situation is still very worrying and under-estimated, as victims/survivors have little knowledge of the means of redress. The national prevalence rate for all types of GBV was 28.4% in 2015. The prevalence rate among women was 60% and among men 44%. The regions of Agadez, Zinder, Dosso and Maradi have the highest prevalence of physical, sexual and domestic violence [3] [6] [7]. Given the lack of recent data, the aim of this study is to describe the prevalence, socio-demographic profile of patients (survivors and perpetrators) and the different types of GBV treated at the Zinder holistic care centre in Niger.

2. Materials and Methods

2.1. Type and Period of Study

This was a descriptive cross-sectional study with retrospective data collection over a 2-year period (1 January 2022 to 31 December 2023) at the Zinder Holistic Care Centre in the Republic of Niger. The Zinder Holistic Care Centre was created in 2013 and provides medical care, legal support, psychosocial support and socio-

economic reintegration for survivors of GBV.

2.2. Study Population

The study population consisted of all GBV survivors admitted to the service during the study period.

2.3. Sampling Method

The sampling was exhaustive, covering 515 GBV cases registered in the department.

2.4. Sample Size

Our study covered all cases of GBV recorded in the department during the study period.

2.5. Inclusion Criteria

All cases of GBV admitted to the centre during the study period were included in the study.

2.6. Non-Inclusion Criteria

All cases registered in the department for reasons other than GBV were not included in this study.

2.7. Variables Studied

The variables studied were those related to the epidemiological aspect (frequency, type of GBV), the socio-demographic profile of survivors (gender, age, marital status, residence, occupation, circumstances and location of the GBV incident) and the socio-demographic profile of perpetrators (gender, occupation, social relationship with the survivor).

2.8. Data Collection Methods

Data was collected retrospectively on a survey form, using the various media used to record information about survivors at the Zinder holistic care centre.

2.9. Data Processing and Analysis

The data collected were analysed using EPI infos version 7.1 software. Text and tables were processed in Microsoft Office Word 2016. Graphical representation was carried out using Microsoft Office Excel 2016.

2.10. Ethical and Deontological Aspects

The study was approved by the ethics committee of the Zinder holistic care centre. The data collected were used strictly for scientific purposes and were collected anonymously. Measures were taken at the time of data collection to avoid identifying the survivors.

3. Results

During the study period, 515 cases of GBV were recorded at the centre, including 217 cases (42.2%) in 2022 and 298 cases (57.8%).

Table 1 presents the socio-demographic characteristics of survivors. Women and girls were most affected (490 cases, 95.15%). The average age was 23 years, ranging from 8 months to 43 years. The 18 and over age group was the most represented (297 cases, 57.67%). Minors (under 18 years old) accounted for more than four out of ten cases (218 cases, 42.33%). All the surviving men in this study (25 cases, 4.85%) were minors. In terms of marital status, single people were most affected (202 cases, 39.22%). The majority of cases lived in the Zinder region (453 cases, 87.96%). Looking at occupation, we found that pupils/students were the most represented (213 cases, 41.36%), followed by housewives (168 cases, 32.62%). Regarding the circumstances in which GBV occurred, we found that 36.12% (186 cases) took place in the victim's home and 29.51% (152 cases) in the perpetrator's home. The violence took place during the day in the majority of cases (253 cases, 48.96%). Table 2 presents the circumstances in which GBV occurred.

Table 1. Socio-demographic characteristics of survivors.

Variables	cases (N = 515)	Percentage (%)
Gender		
Female	490	95.15
Male	25	4.85
Age		
8 months - 11 years	107	20.78
12 - 17 years old	111	21.55
18 - 43 years old	297	57.67
Marital status		
Single	202	39.22
Married	174	33.79
Divorced	115	22.33
Widowed	24	4.66
Place of residence		
Zinder region	453	87.96
Other regions of Niger	29	5.63
Other countries in the sub-region	33	6.41
Occupation		
Pupil/student	213	41.36
Civil servant	69	13.40
Shopkeeper/Retailer	65	12.62
Housewife	168	32.62

Table 2. Circumstances in which gender-based violence occurs.

Variables	case (n = 515)	Percentages (%)
Place of occurrence		
Victim's home	186	36.12
Offender's home	152	29.51
Public place	76	14.76
Other	101	19.61
Time of occurrence		
In the morning	148	28.74
During the day	105	20.39
During the night	202	39.22
Not determined	60	11.65

Regarding the socio-demographic characteristics of the perpetrators of GBV, almost all of the cases were male (492 cases, 95.53%). Informal workers predominated (186 cases, 36.12%), followed by shopkeepers (146 cases, 28.35%). In nearly half of the cases (234 cases, 45.44%), the relationship between the survivor and the perpetrator was that of a spouse or sexual partner. It was a family member (parents, uncle, aunt, brother, cousin) in 11.84% of cases (61 cases). It was an unknown person in 6.99% of cases (36 cases).

Table 3 summarizes the socio-demographic characteristics of the perpetrators of GBV.

Table 3. Socio-demographic characteristics of perpetrators of gender-based violence.

Variables	Case (N = 515)	Percentages (%)
Gender		
Female	23	4.47
Male	492	95.53
Occupation		
Pupil/student	47	9.13
Civil servant	82	15.92
Shopkeeper/retailer	146	28.35
Informal sector activities	186	36.12
Unemployed	54	10.49
Relationship between victim and perpetrator		
Sexual partner	234	45.44
Family member	61	11.84
No social ties	99	19.22
Work colleague/hierarchical superior	19	3.69
Friend/acquaintance	66	12.82
Unknown person	36	6.99

When we looked at the types of GBV, we mainly observed physical violence (121 cases, 23.5%), denial of resources, opportunities or services (148 cases, 28%), rape (117 cases, 22.7%) and sexual abuse (64 cases, 12.4%). Forced marriage (42 cases, 8%) and psychological/emotional abuse (28 cases, 5.4%) were the least represented. Table 4 summarizes the different types of GBV observed.

Table 4. Breakdown of cases by type of gender-based violence.

Variables	Cases	Percentages (%)
Rape	117	22.7
Sexual assault	64	1.4
Physical assault	121	23.5
Forced marriage	42	8
denial of resources, opportunities or services	143	28
Psychological/emotional abuse	28	5.4
Total	515	100

4. Discussion

Over a two-year period, 515 cases of gender-based violence were recorded at our centre. This result shows that GBV is a common practice in Niger. This high prevalence could be explained by the situation of socio-political and economic vulnerability that has prevailed in Niger for more than a decade. Indeed, Niger is facing a prolonged and multidimensional crisis, including recurrent armed conflicts, population displacements, malnutrition, epidemics and climate-related natural disasters such as floods. Our results corroborate the literature data: worldwide, around 35% of women have suffered physical and/or sexual violence at the hands of their intimate partner, or sexual violence at the hands of other individuals [3] [8]. In Burkina Faso, 37% of women have been victims of domestic violence in their lifetime, compared with one in five men (16%), while in Mali the figure is 35% [3]. Gender-based violence (GBV) is on the increase worldwide every year. It occurs mainly in developing countries, where the gender inequality index is very high [3]. By way of illustration, according to 2017 data from the United Nations Development Programme (UNDP) Gender Inequality Index (GII), West African countries are all at the bottom of the global GII ranking, between 131st and 158th out of 158 countries ranked. In 2018, out of 162 countries, Senegal ranked 125th, Burkina Faso 147th, Niger 154th and Mali 158th [3] [9] [10].

Our study showed that the victims were relatively young, with an average age of 23, and that minors accounted for more than four out of ten cases (42.33%). Similar results have been reported in Mali, where 76% of victims of female genital mutilation (FGM) were under 5 years of age [3]. In Senegal, according to a study on the determinants of rape among minors, 99.4% of victims of sexual violence were female, with an average age of 12.3 years. In contrast, the perpetrators were almost all male (99.4%) with an average age of 26.4 years [11].

Our study showed that single people were most affected (39.22%). In a study in Senegal [11], single people predominated among victims and assailants, accounting for 96.9% and 72.2% of cases respectively.

In our series, the majority of victims were pupils/students (41.36%) and housewives (32.62%). The same trend was observed in Senegal, where the victims were mostly pupils (66%) or housewives (17.7%) [11]. This segment of the population is highly vulnerable because of their dependence: while schoolchildren are dependent on their parents or guardians, housewives are exclusively dependent on their husbands. This gender inequality is one of the main risk factors for GBV [3]. Six types of GBV were observed in our study: physical assault (23.5%), denial of resources, opportunities or services (DROS) (28%), rape (22.7%), sexual abuse (12.4%), forced marriage (8%) and psychological/emotional abuse (5.4%). The same trend was observed in Côte d'Ivoire, with physical violence predominating (41.7%), followed by psychological violence (35.4%) and rape (12.3%) [12]. In Burkina Faso, the main forms of GBV observed were domestic violence (21%), denial of resources (17%), forced marriage (14%), sexual violence (13%) and psychological violence (12%) [3]. In the DRC, a study by Mubinda *et al.* [13] found that 52% of cases involved sexual violence (including sexual harassment), 18% verbal violence, 15% physical violence, 13% psychological violence (13%) and 3% all other types of violence. In Mali, according to Ndiaye [3], 39% of GBV involved denial of resources, 25% physical violence, 20% sexual abuse, 14% child marriage and 2% rape. Only 2.1% of women had physically assaulted their husbands or sexual partners [3]. In Benin, GBV is characterised, in order of prevalence, by psychological or moral violence, physical violence, economic violence, property or cultural violence, sexual violence, harassment, kidnapping, levirate and incest. [14] In Morocco, the most widespread form of violence is psychological violence (47.80%), followed by economic violence (30.78%), physical violence (17.35%) and sexual abuse (4.07%). Moreover, 82% of acts of violence suffered by women occur in the domestic sphere and 87% of these acts are committed by the husband. In almost 9.7 cases out of 10, the victim has an intimate relationship with or knows the perpetrator. Married women are the most exposed to violence. They account for 76.99% of battered women, compared with 11.23% of divorced women [5].

The types of GBV and socio-demographic characteristics vary from one place to another and are more common among women. However, even if violence against women is widespread, it is not universal. Anthropologists have documented small-scale societies, such as the Wape of Papua New Guinea, where domestic violence is virtually absent. This reflects the fact that social relations can be organised in such a way as to minimise abuse [15].

Implications of the results and recommendations: To reduce GBV in Niger we make the following recommendations [3]:

- Produce data on GBV, through a periodic update on violence against women and girls;
- Initiate or make effective laws penalizing domestic vilonce;

- Break the silence on sexual violence and encourage people to report cases of sexual violence;
- Train community relays and other people in the field in GBV;
- Strengthen victims' capacities on questions relating to their rights with legal support;
- Train health and legal personnel on the managment of victims of GBV;
- Promote girls' scholarization;
- Encourage positive discrimination in favour of women and promote their presence in decision-making spheres.

Limitations: This study did not investigate the socio-cultural factors, economic disparities, and other potential determinants of GBV in our region. The study did not also analyze the relation between different types of GBV and the socio-demographic characteristics of victims and perpetrators.

5. Conclusion

This study shows that GBV is common in Niger. The victims were young women, pupils or students, single and unemployed. They were mainly denied resources, opportunities or services, raped and physically violence. More needs to be done to increase the reporting of cases of GBV, involve community leaders and provide optimal medical, legal and socio-professional care.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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