



Effects of COVID-19 on Gender-Based Violence during the Covid-19 lockdown: January 1 to July 30, 2020 in Uganda

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Summary

After the president instituted a nationwide lockdown on 30 March 2020, in Uganda, emergency public health control measures requiring Ugandans to stay home for 14 days ('lockdown') were instituted as part of the public health interventions to stop the spread of COVID-19. Subsequently, police reports indicated a possible increase in gender-based violence (GBV). We evaluated changes in patterns, incidence, and risk factors for GBV before and during the lockdown period to inform GBV preventive interventions and programming. We reviewed routinely-generated GBV records from reported incidences to police stations, district gender and probation offices in 6 Police divisions in Kampala Metropolitan, Lira, and Gulu Districts. We analyzed data from reported GBV cases (January-March) before and during (April-July) the lockdown. We determined incidence using population denominators for the population and region of interest and identified associated factors from reports. Of 390 GBV cases identified, Females 326 (84%) were more affected than males (16%) ($p < 0.001$). Students and pupils were most affected (32) followed by business community (20). Age group 18-34 years most affected (41%) followed by 13-17 years old's (29%). GBV incidence was higher during the lockdown period compared to before (47.5 vs 24.4/100,000 ($p = 0.005$)). Incidence more than doubled among both females (96 vs 230/100,000; $p < 0.0001$) and males (21 to 43/100,000; $p = 0.006$) and tripled among adolescents aged 13-17 years (26 to 86/100,000; $p < 0.0001$) during lockdown compared to before. Two hundred seventy-six (71%) GBV reports during lockdown were reported as attributed to alcohol consumption compared to 31 (8.0%) before lockdown. We concluded that the incidence of GBV increased across all population groups during lockdown with women, adolescents and students experiencing the greatest burden. GBV associated with alcohol consumption increased substantially. Awareness and prevention efforts should focus on alcohol-associated GBV in any future lockdowns as well as identifying approaches to protect women, adolescents, and school going populations.

INTRODUCTION

The World Health Organization (WHO) defines Gender-Based Violence (GBV) as any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion and can be physical, emotional, psychological, or sexual in nature, and can take the form of denial of resources or access to



services across ages and genders[1][2]. It is estimated that 35 percent of women worldwide have experienced either physical and/or sexual intimate partner violence, a form of GBV or non-partner sexual violence during their lifetimes[3]. Many countries around the world implemented lockdowns, stay-at-home, and physical distancing measures to contain the spread of Coronavirus disease 2019[4]. Evidence shows that violence can increase during and in the aftermath of disease outbreaks such as COVID-19[5] [7][8].

The President of the Republic of Uganda implemented emergency public health control measures requiring Ugandans to stay home for 14 days after WHO announced lockdowns on 10th January 2020; this was later extended by another 21 days. During this time, many people were undergoing economic hardships, as well as the unusual situation of being with their families full-time. Medical and police reports indicated an increase in GBV with children, girls, and women being the most affected[9]. We determined the scope and magnitude of GBV before and during the COVID-19 lockdown period; described the factors associated with increased GBV cases to assist the Ministry of Health with designing interventions to reduce GBV during the pandemic and future similar pandemics

Methods

Study setting

We conducted the study at police stations in Kampala Metropolitan Region in the divisions of Kampala Metropolitan Police (KMP)-North, Old Kampala, KMP East, and Kiira. Kampala Metropolitan Region is found in the central part of Uganda and consists of the districts of Kampala, Mukono, and Wakiso. Kampala is the capital and largest city of Uganda and was estimated to have a population of 1,650,800 people on 31 July 2019 .We also conducted the study in Gulu and Lira districts. Gulu and Lira are located in Northern Uganda. Lira District is located approximately 337 kilometers by road. Gulu District is bordered by Lamwo District to the north, Pader District and Omoro District to the east, Oyam District to the south, Nwoya District to the southwest, and Amuru District to the west. The investigation was conducted in these districts and divisions based on the high burden of GBV incidents reported as per the Annual Police Crime Report 2019[10].

Study design, data source, and sample size

We conducted a cross-sectional descriptive study using routinely generated Gender-Based violence records from Uganda Police Force, District/divisional Probation offices, health facilities, and the National Gender-Based Violence data bank. We defined a GBV case as a report to the police of an act perpetrated against a person's will and based on gender norms and unequal power relationships between January 1 and July 30, 2020 in Kampala Metropolitan, Lira, and Gulu Districts. We defined the period of 'before lockdown' as January-March 2020, and 'during lockdown' as April to July 2020. We considered all GBV cases registered at Police stations and related authorities that met the case definition before and during the lockdown.



Study variables and data collection

We reviewed crime report books and case files from the gender unit in the Criminal Investigations Directorate (CID), the police Child and Family Protection Unit (CFPU), gender and probation offices and collected data on characteristics of GBV cases (socio-demographic variables such as: age, sex, education level, occupation, marital status, number of people in a household, type of housing and information on factors leading to the effects of GBV such as: frequency of abuse, known problems leading to abuse, types of abuse experienced and cause of abuse. We abstracted data to a standardized form.

Data Analysis

Data was captured into an excel sheet and analyzed using STATA version 14. We evaluated the person demographics using frequencies and percentages. We determined district incidence using population denominators for the population of interest. We also determined incidence of various demographic variables per 100,000. We used district populations as denominators and GBV case counts identified from records to calculate the monthly and average monthly incidence before and during the lockdown.

RESULTS

Socio-demographic characteristics of Gender-Based Violence case-persons, Kampala Metropolitan Gulu and Lira districts, January - July 2020

We identified 390 reported cases during the lockdown. The mean age of GBV case-persons was $24 \pm (12)$, while the median age was 24 years (1-77 years). Females reported more cases 326 (84%) and single people reported the highest number of cases 179 (46%) followed by the married couples 175 (45%) compared to the widowed 5 (1.3%). Age groups 18-34 years 161 (41.2%) reported the most cases followed by age group 13-17 years 112 (29%). The least reported cases were in the age category of 0-12 years 49 (13%). By occupation, the most reported cases were among; students and pupils 128 (32%), and businessmen 79 (20%) compared to the civil servants 21 (5.4%).

By education status, those in primary school 131 (34%) suffered the most abuse, secondary 108 (28%). The least affected were those in University and above 29 (7.4%). Majority of the cases reported alcohol abuse 276 (71%) as a problem amongst most of the perpetrators. We also note that those in the category that had 3-4 people in their houses 164 (42%) and those that didn't have people in their houses 116 (30%) had reported the most cases. Homes that had more than 6 children living home reported the most abuse 195 (50%). (See Table 1).

**Table 1: Socio-demographic characteristics of Gender-Based Violence cases in Kampala Metropolitan, Gulu and Lira districts, January - July 2020**

<i>Characteristic</i>	<i>Frequency (N=390)</i>	<i>Percentage (%)</i>
Age		
0-12 years	49	13
13-17 years	112	29
18-34 years	161	41.2
>35 years	68	17.4
Sex		
Male	64	16
Female	326	84
Marital status		
Single	179	46
Married	175	45
Widowed	5	1.3
Separated	22	5.6
Others	9	2.3
Occupation status		
Student/Pupil	128	32
Housewife	50	13
Businessman	79	20
Peasant Farmer	44	11
Civil servant	21	5.4
Others	27	6.9
Education level		
Primary	131	34
Secondary	108	28
Tertiary	32	8.2
University and above	29	7.4
Known problems		
Alcohol use	276	71
Drug abuse	26	6.7
Psychiatric disorder	5	5
Violent person/anger	79	20
Household population		
None	116	30
3-4 people	164	42
5-6 people	52	52
More than 6 people	20	20
No. of children living at home		
1-2	135	34.6
3-4	44	11.3
5-6	16	4.1
More than 6	195	50

*Mean and standard deviation: Mean age $24 \pm (12)$, median age 24 (IQR 1-77 years)

**Incidence of Gender-Based Violence before and during the lock down in Kampala Metropolitan, Gulu and Lira districts, January - July 2020**

Although all groups experienced an increase in reports of GBV, the largest increase in reported GBV incidences occurred among students and pupils. Incidence of GBV was higher among the females before and during the lockdown (96 vs 230/100,000) compared to males (21 vs 43/100,000) ($p=0.001$). The incidence of GBV during COVID-19 lockdown was highest among 18-34-year olds (107/100,000) followed by 13-17-year olds (86/100,000). GBV Incidence tripled during COVID-19 lockdown compared to before among age group 13-17 years (26 vs 86/100,000; $p<0.001$), it almost tripled among 0-12-year olds (14 vs 35/100,000; $p=0.003$) while it doubled among 18-34 years (54 vs 107/100,000; $p<0.001$) and >35 years (23 vs 45/100,000; $p=0.007$)

All occupation groups experienced increment in GBV incidence during lockdown compared to before with students and pupils having the highest (30 vs 103/100,000) followed by Peasant farmers (13 vs 31/100,000; $p=0.006$). By marital status, those who were single had the highest incidence during the lockdown (7 vs 138/100,000) although all the groups had significant increment during the lockdown.

Pupils in primary school reported the highest increase in GBV incidence, five times higher during lockdown compared to before (38 vs 193/100,000; $p<0.001$) when compared to their counterparts with other levels of education. Those that lived in houses that were connected to others (164 vs 57/100,000) had reported a high incidence compared to those that lived in apartments (19 vs 7/100,000) (Table 2).

Table 2: Incidence of Gender-Based Violence before and during the lock down in Kampala Metropolitan, Gulu and Lira districts, January - July 2020

<i>Characteristic</i>		<i>IR Before (100,000's)</i>	<i>IR During (100,000's)</i>	<i>p-values</i>
<i>Sex</i>	Male	21	43	$p=0.006$
	Female	96	230	$p<0.0001^*$
<i>Age</i>	0-12 years	14	35	$p=0.003$
	13-17 years	26	86	$p<0.0001^*$
	18-34 years	54	107	$p<0.0001^*$
	>35 years	23	45	$P=0.0076$
<i>Occupation</i>	Civil servant	6	16	$p=0.0330$
	None	13	24	$p=0.0705$
	Peasant farmer	13	31	$p=0.0066$
	Business Man	33	60	$p=0.0051$
	House wife	22	39	$p=0.0295$
	Student/Pupil	30	103	$p<0.0001^*$



Marital status

Married	2	117	p<0.0001
Separated	61	15	p<0.0001
Single	7	138	p<0.0001
Widowed	47	3	p<0.0001

Education

University and above	8	21	p=0.0158
Primary	38	93	p<0.0001*
Secondary	33	75	p=0.0001*
Tertiary	15	17	p=0.7237
None	23	67	p<0.0001

Housing type

House connected to others	164	57	p<0.0001*
A free-standing house	65	43	p=0.0342
Others	25	10	p=0.0112
An apartment	19	7	p=0.0186

*P-values were significant at 0.05 LSF

Table 3: Monthly incidence rates of Gender Based Violence before and during the lockdown in Kampala Metropolitan, Gulu and Lira districts, January - July 2020

The average monthly incidence increased in all districts except Mukono. Gulu district had the highest average monthly incidence (both before and during lockdown) while the GBV incidence rate in Wakiso increased by 10-fold during the lockdown (Table 3).

<i>District</i>	<i>Population</i>	<i>Abused before</i>	<i>Abused During</i>	<i>IR Before</i>	<i>IR During</i>	<i>Monthly IR before</i>	<i>Monthly IR during</i>
Gulu	325,600	56	102	17.2	31.3	5.7	7.8
Kampala	1,680,600	28	70	1.7	4.2	0.6	1.1
Lira	478,500	19	45	4	9.4	1.3	2.4
Mukono	701,400	10	11	1.4	1.6	0.5	0.4
Wakiso	2,915,200	4	30	0.1	1	0.03	0.3
Overall	6,101,300	117	258	1.9	4.2	0.63	1.4

*3 months before and 4 months during the lockdown

Types of Gender-Based Violence, consequence, place and cause of abuse before and during the lockdown in Kampala Metropolitan, Gulu and Lira, January- July 2020

Psychological torture/ mistreatment (29%) followed by physical assault (25%) and sexual/ defilement (23%) were the most prevalent forms of abuse identified both before and during COVID-19 lockdown. Being psychologically tortured (48%), fear after abuse (38%) and having wounds/bruises (22%) were the common consequences of abuse faced by GBV



victims. Gender-Based Violence occurred mostly at home (51%) followed by in the neighbourhood. Most of the GBV cases were perpetrated by husbands 139 (35.6%) and male intimate partners 91 (23.3%) who were either ex-partners, partners they cohabited with or boyfriends who abused them most recently. Having no reason for being abused (17 vs 29%) followed by anger (11 vs 17.5%) and alcohol abuse (8 vs 12%) were the main reasons highlighted for being abused by the victims (Table 4).

Table 4: Types of Gender-Based Violence, consequence, place and cause of abuse before and during the lockdown in Kampala Metropolitan, Gulu and Lira, January- July 2020

Characteristic	Before lockdown Freq (%)	During lockdown Freq (%)
<i>Type of abuse experienced</i>		
Psychological torture /mistreatment	89 (23)	115(29)
Experienced beating/assault	66 (17)	97 (25)
Experienced defilement	50 (13.6)	90 (23)
Experienced food starvation	42 (11)	46 (12)
Denied money by spouse	28 (7.1)	38 (10)
Experienced stigmatisation and isolation	27 (7.0)	25 (6.0)
Experienced rape/marital rape	10 (3.0)	13 (3.0)
<i>Consequences of abuse</i>		
Psychologically tortured	132 (34)	186 (48)
Fear after abuse	99 (25)	148 (38)
Bruises and wounds	61 (16)	84 (22)
Depressed	55 (14)	69 (18)
Shock	39 (10)	62 (16)
Left home	26 (7.0)	39 (10)
Loss or injury to body part	24 (6.0)	28 (7.2)
Anxiety	15 (4.0)	25 (6.4)
Unwanted pregnancy	17 (4.0)	23 (6.0)
<i>Place of abuse</i>		
Home	145(37)	196 (51)
Neighbourhood	5 (1.0)	38 (10)
Public place	4 (1.0)	7 (2.0)
Workplace	6 (2.0)	6 (2.0)
Bush	2 (1.0)	2 (1.0)
<i>Reason for abuse</i>		
No reason given	65 (17)	153 (39)
Anger	44 (11)	68 (17.5)
Alcohol abuse	31 (8.0)	47 (12)
Failure to provide money	32 (8.0)	30 (8.0)
Failure to provide food	17 (4.0)	28 (7.2)
Gender superiority	20 (5.0)	27 (7.0)
Drug/substance abuse	9 (2.0)	15 (4.0)
Denial of sex by wife	9 (2.0)	8 (2.0)



DISCUSSION

Globally, Gender-Based violence is a very big challenge among the married partners more so in developing countries, Uganda inclusive. It became a very challenging turmoil during the period of Covid-19 lockdown. Global lockdowns have resulted in a horrifying surge in gender-based violence incidences[8]. This study described the patterns, incidence, and factors for GBV occurrence during the lockdown period of the COVID-19 pandemic. Our study found out that Gender-Based Violence increased during the COVID-19 lockdown, up to 10-fold in some districts with women, students and pupils reporting the biggest increase in incidences. Psychological torture, beatings or assault and defilement increased more than other forms of GBV[11].

We also observed that most of the abusers of the women, students and pupils were husbands and intimate partners [2]. A similar study conducted in Eastern Uganda found out that 54% of women suffered from Intimate Partner violence perpetrated by their husbands, ex-partners and intimate partners[12][13]. During this time when many men and women were seated at home, some men still felt that the woman should provide, and when she failed she would be ridiculed as supported by another study in Ghana[14].

We further observed that students and pupils reported the highest increase in incidences of gender-based violence by occupation amongst their counterparts. Several of the incidences reported by this group included teenage girls who had reported incidence of defilement against them. Another study similarly agrees that a total of 77.7 per cent adolescent girls in primary school and 82 per cent in secondary school have been subjected to sexual abuse[15]. Our study notes that during this time, many girls were getting defiled by their Intimate partners or boyfriends[8].

Other forms of violence experienced included beating and assault. We noted that many incidences of physical assault were being reported since most of the victims were locked up with their abusers at home. Pre-existing toxic social norms such as the excess consumption of alcohol and gender inequalities have led to an exponential increase in GBV[2]. Many social norms which among others included beating had affected many women and girls in 'lockdown' at home with their abusers as this was socially acceptable[5].

Most of the victims were psychologically tortured and were experiencing mistreatment this could have been more prominent with the married couples experiencing violence from their spouses leading to a lot of fear both before and during the lockdown. From our findings, many of the perpetrators were known alcohol. Studies have shown that it is common during such stressful times for many perpetrators of GBV to carry out such acts with the influence of alcohol[16].

Anger perpetrated by the stress the people were going through this lockdown period also contributed to the outcomes of GBV. Emotional stress is a form of violence that is usually experienced when people are undergoing challenging situations[16].



We acknowledge that whereas our study obtained data from records of vital statistics from mainly Police records, this was limited by difficulty in obtaining complete information from files since there were no physical respondents to be interviewed. Furthermore, most of the files were still in courts of law especially those that pertained Sexual Gender Based offences. To ensure that we had representative information, the investigating team had to identify the police officers who initially investigated these cases to provide some of the of missing information leading to the events in question which was quite difficult.

Conclusion

The spread of SARS-COV-2 has created several problems for the people to grapple with. In the absence of a vaccine and effective treatment for this virus, the governments are forced to impose lockdowns to quarantine people at home to reduce the spread of the virus. However, this has resulted in a paradox of problems, which includes issues such as economic instability, mental health problems, and a series of degenerated social habits.

The incidence of GBV increased across all population groups during lockdown with women, adolescents, single people and pupils in primary school experiencing the greatest burden. GBV associated with alcohol consumption increased substantially. Awareness and prevention efforts should focus on alcohol-associated GBV in any future lockdowns as well as identifying approaches to protect women, adolescents, and school going populations.

Recommendations

To prevent and address GBV, we must work on dedicated actions and strategies, which contribute to addressing GBV by enhancing the protective factors to prevent GBV.

Different stakeholders such as ministry of health, ministry of gender, labour and social development together with Uganda police should put emphasis of strengthening psychosocial support systems both at community and institutional level.

Laws and policies against physical abuse especially to the women and children should be enacted and existing ones toughened.

Psychosocial capacity building to Local council authorities, child and family protection units and gender offices of police and ministry of gender, the psychosocial department of ministry of health need to be given capacity in handling traumatised victims.

A need to increase efforts to raise massive social awareness of the criminal nature of domestic violence and services available to victims.



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