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COVD19 LOCKDOWN AND OUTBREAK OF RAPE IN NIGERIA: A REVIEW OF THE PUBLIC HEALTH IMPLICATIONS

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Abstract

Since the outbreak of coronavirus in Nigeria and the declaration of lockdown by the government as one of the global measures for containing the spread of the ravaging dreaded pandemic, there is an unusual frequency of the incidents of rape in Nigeria. In the phenomenological rape outbreak, incestual rape is on the increase, fathers defiling their innocent female children; even as tender as three months old babies are falling victims. Currently, several cases are going on with the perpetrators being arrested and prosecuted. This paper, using a descriptive approach, seeks to investigate the public health challenges arising from the common rape outbreak, delving into the potential traumatic impact and consequences the rape incidents could leave on the victims, especially as it has to do with the defilement of young and infant victims whose tender genitals have been injured through the activities of the adult rapists. The study argues that the escalation of rape cases in Nigeria is another outbreak of social vices that should be pursued as public health emergency. Considering the psychological and overall health hazards arising from rape, there is urgent need for the inculcation of diverse health and safety approaches, such as sex education, health education, health promotion and campaign as well as legal actions and intensified social orientation in order to curb the menace and secure the public health protection of our female citizens as further occurrences are prevented.

Keywords: **COVID 19, Lockdown, Outbreak, Rape, Nigeria.**

Background to the Study

Sexual violence against women remains one of the major global public health issues that is on the increase as women's health is faced with diverse sex related threats during period of emergencies (WHO, 2020). As the prevalence of sexual violence against women rages, records of such violence being carried out by trusted persons is becoming a common phenomenon. The data of frequency of the occurrence of sexual violence in Eze (2013), showed that one out of five women has experienced one form of rape or the other. However, new findings by World Health Organization, WHO (2020) reports that one in three women worldwide have experienced sexual related violence being perpetrated by either an intimate person or someone else in their lifetime. Historically, rape is an expression of a violent culture which uses gender stereotyping, belittlement and other forms of oppression, to sanction, tolerate and justify the brutalization of women, children and, increasingly, men(Brown, 2003). In as much as the history and origins of sexual violence predate any known documented cultural practices, the manner by which social structures choose to intervene, overlook and play down on the incidents of rape speaks volumes about larger norms and human values of such society (Brown, 2003).

Covid 19 Lockdown in Nigeria

On the 28th day of February, 2020, the very first index case of coronavirus in Nigeria was reported. This was the case of an Italian who works in Nigeria, but embarked on a journey to home country. However, having returned on 25 February from Milan, Italy via the Murtala Muhammed International Airport. Being infested by COVID 19 while in Europe, upon arrival, he began to feel ill and was transferred to Lagos State biosecurity facilities for isolation and testing on 26th of February (Ohia et al 2020). The epidemic which started in Chinese city of Wuhan in December 2019, rapidly spread across the globe, consequently, the World Health Organization (WHO) declared it a pandemic (Ohia et al 2020). As the nations of the world began to go into lockdown as a measure to contain the community spread of the dreaded coronavirus, the Nigerian state did not hesitate to follow suit. The federal government (FG) announced an initial lockdown, which began on the 30th day of March, 2020, taking effect in Lagos, the first epicenter COVID 19 in Nigeria, Ogun state and the federal capital territory (FCT) Abuja (Orjinmo 2020). After the declaration by the federal government, states in the country began to go into lockdown as public and social gathering, religious worship, schools, nightclubs and other host of public activities were banned, even inter-state movement was restricted, except for vehicles on essential duties.

Covid 19 Lock Down and Out Break of Rape in Nigeria

In the analysis of a study by Nwabueze and Oduah (2015), it was discovered that most cases of rape as reported by the Nigerian national dailies were perpetrated by the relations of victims which include victim's parents, aunts, uncles etc. Prior to the coronavirus lockdown in Nigeria, the prevalence of the incidence of rape was standing at a terrifying frequency. Musbau (2013), laments that the rate at which incidents of rape are take place in the present Nigerian society is not only alarming but has outrageous phenomenon that requires urgent solution. Statistics in Musbau (2013) shows that about 678 cases of rape were reported in 2012 in Lagos state alone, suggesting an average of two cases every day. As the cases of rape continued to persist, the declaration of COVID 19 lockdown brought a dreadful spike, a higher level of the cases of rape, which Tallen in Onuah (2020) bemoaned as at an "alarming rate" with threefold increase of the typical level. The rise in the reported rape cases is traceable to the nationwide lockdown orchestrated by the spread of COVID 19, since women and children have been locked down in the homes with their abusers (Onuah, 2020).

Public Health Challenges Emanating from Rape

Physical/ Physiological Implications

Rape is frequently associated with many negative consequences for the victims, especially the women. One of the major and most influential factors, impacts and physiological consequences of rape is the age of the rape or sexual violence victim. Children, being developmentally immature and inexperienced are mostly susceptible for the sexual violence and victimization (Steel, et al 2003). The underage children whose virginity are violated by force, against their will are known to experience physical injuries that may leave a long lasting pain on the victim. The greatest cost to rape survivors is the circumvention of their mate choice that can severely endanger and truncate their reproductive success. Studies in Weaver (2009), shows that underage female rape show relatively high rates of genital injuries, of sexually transmitted infections with significant and greater difficulties in sexual functioning. Other major reproductive organ risks include dyspareunia, endometriosis, menstrual irregularities,

and chronic pelvic pain (Weaver, 2009). In some cases, rape may result in vaginal or rectal injury, sexually transmitted infections (STDs, STIs), and pregnancy (Coid, et al 2003).According to Cook et al (2011), the characteristics of interpersonal violence also appear to have some differences between younger and older women. The older women folk who have lifetime history of sexual assault reported less vaginal, oral, anal, and digital forms of rape and were less likely to report being physically assaulted with or without a weapon than younger women. On the contrary, aged women who had more recent assaults are more likely to sustain genital or other injury and more frequently, thus requiring more medical treatment than younger women.

In addition, findings show that most assailants of recent single incident of rape and sexual violence in older women were strangers, most those under the influence of drugs and the majority of assaults took place in their homes Cook et al (2011). However, in the Nigerian case, most cases of rape against elderly women take place in lonely places such as in farm areas and lonely roads, as most of the rapists of this category are Fulani Herdsmen and their likes. Perpetrators of interpersonal sexual violence against younger women appear to share certain similarities with perpetrators of violence against older women, namely, that most are spouses or current partners. A current spouse was the most likely perpetrator of violence against older women. Older women who have clinical disorder seem to experience long term post traumatic syndrome, as other specific challenges may complicate treatment, such as limited financial resources and social support and medical. In almost all cases of sexual violence against older women, there are stigmas related to mental health treatment, psycho education about trauma and mental health treatment. However, a better understanding of how to manage rape crisis in elderly women may be used to help normalize experience and socialize the victims to psychologic treatment.

Psychological Trauma

Post-traumatic stress disorder (PTSD) is always common among rape victims. Rape survivors do suffer from numerous diverse psychological challenges alongside physical and psychiatric disorders that are consequent to higher health disorders; such as anxiety disorders, depression, eating disorders, sleep disorders, and suicidal ideations (Suprakash C, et al 2017). Such impacts do not only affect the physical and mental health of survivors but their experience of sexual violation especially when done by a relative, militates against their interpersonal relationships with family and friends, even colleagues at school or workplace as they become restlessly suspicious of the male counterparts. The specific characteristics of a child sexually abused (CSA) experience may be judged based on the family environment of the victim which is precursory for predicting long-term or short-term outcomes (Fassler, et al 2005). However, the overall duration and consequential depression undergone by victims of rape is heavily dependable and traceable to the frequency and period of victimization emanating and existing within the home and environment of the victim (Fassler, et al 2005).Saunders, et al (1999), observe that survivors of childhood rape are at five times more risk to develop post-traumatic stress disorder (PTSD) and very high level of propensity of lifetime depression. Childhood sexual abuse is also found to be associated with increased risk of suicidal attempt, drug and substance abuse even eating disorder and other psychological problems.

Social Stigma

Apart from the fear of serious physical injury or death, other traumatic rape conditions experienced by women rape victims could be sociological. Such issues range from labelling, victimization, avoidance from others as well as other phenomena that have to do with the fear of the disruption of parental care as the victim could be at the receiving of the blame, or a result of which the woman's partner may be feeding on the thought of abandoning her. There is high characterization of acute stress reactions, emotional detachment, self-blame, difficulties in social and work adjustment and sexual functioning even with the legitimate partner (CDC Facts Sheet 2007). Olayinka et al (2014), maintain that another heinous consequence of rape in the society has root in the under reporting of rape cases as that gives a false impression that rape is rare in this environment, while the victims continue to suffer in silence the perennial effects of rape. When rape victims continue to suffer in silence and the rumour continues to flow underneath the community, their quality of life is ultimately affected, hence paving way for the creation of further burden to the society as a whole of whether the incident is true or false. There is need for concerted efforts to be put in place regarding how to improve the reporting of rape incidents, as non-reporting of case is capable of encouraging the perpetrators and also puts victims at risk of further abuse and ridicule (Olayinka et al, 2014).In some cultural and social settings, raped woman often is stigmatized by the community and sometimes even rejected by her husband. Whereas a husband who is ashamed and afraid of losing his reputation and honour may condone and permit the stay of the woman, such woman could be daily subjected to anger of the husband which he usually expresses in diverse physical or psychological methods, by reminding her of the event in the sight of provocation (Ibekwe, et al, 2018). Rape leads to breaking of a marriage. It results to inferiority complex, health hazards and even destroy the victim's future, especially when the victims are emotionally weak or in the absence of professional counselors and psychotherapists. It could lead to the undermining of human development. Wengi et al, (2008) and Esere et al (2009) cited in Ibekwe et al (2018), maintain that rape is a social scourge that is capable of limiting a woman's personal growth, her productivity, socio-economic roles, her physical and psychological health, and generally inhibit her aspirations and potential as most female victims of rape who are isolated or divorced by their husbands.

Conclusion

Coronavirus lockdown and the stay at home measures occasioned a period of outbreak of rape by both relatives, friends and stranger. As most clubs and hotels cease oppression, most perpetrators by falling under addition of sex and drugs could take advantage of the minors and prays within their reach. This study also observes that the health impacts of rape and sexual violence both by strangers and close relatives on women and children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. Thus, COVID-19 lockdown promoted the risks of violence for women. The process of staying at home did the disruption of social and protective routine as people could leave their places of aboard and be at the places of work, thereby sustaining the gap of common occurrence of rape trap. In this case, the possibility of women in an abusive relationship and unprotected children being exposed to sexual violence became dramatically increased.

Recommendations

Public education programmes, including sex education and respect of human rights and constitutional criminal charges and stipulation, even the penalty should be explained to the public, as most rape perpetrators in the local setting may not know the gravity of the offence of rape.

Let local authorities with the aid of governmental agencies create and implement educational programmes with the aim of sensitizing public and community leaders on the importance of avoiding the stigmatization of rape victims, rather be ready to take actions that empower and enable them to seek help and adequate support.

Let the government at the local level establish a quick, active, systematized and comprehensive process for the reporting and documentation of rape, and make the information publicly available and to appropriate quarters for quick intervention.

There is a very high need for special maternal protective responses in the incident of any kind of rape or sexual abuse of a minor, as this could be an important factor in recovery with better result psychologically among survivors.

The government at various levels, especially at the state and local levels should put the protection and welfare of elderly women into serious and urgent consideration, since most of rape incidents against elder women are perpetrated by strangers in lonely axis of most communities. Thus traditional social institutes and solidarity, like cooperate farming and group farming method should be made available for those in the rural community, with security well placed.

Provision for rape victims to access to vital sexual and reproductive health services should be put in place, with constant services oriented and experienced medical staff on duty. In order to enhance this, government should provide specific training to medical students and practitioners on responding to rape cases, medical examination reports, as well as the preservation of evidence.

In line with suggested proposals and recommendations by human services and humanitarian groups like the Amnesty International, there is urgent need for the Nigerian governmental arms, especially the judiciary, with its legal officials, the law enforcement agencies and as well as various civil society groups to put minds together and initiate reformed policies that will ensure the protection of women and girls from rape and other forms of sexual violence.

References

Brown S. (2003), *Feminist History of Rape*. Spring/Summer. Safe Place Olympia.

Coid J, et al (2003), *Abusive Experiences and Psychiatric Morbidity in Women Primary Care Attenders*. Br J Psychiatry. DOI:10.1192/bjp.183.4.332

Cook J. M et al (2011**),** *Older Women Survivors of Physical and Sexual Violence: A Systematic Review of the Quantitative Literature.* Journals of Women's Health, Vol.7.

Center for Disease Control and Prevention (2007) Facts Sheet.

Eze, U. O (2013), "Prevention of Sexual Assault in Nigeria". Annals of Ibadan Postgraduate Medicine

Fassler Irene R, et al (2005) *Predicting Long-term Outcomes for Women Sexually abused in Childhood:Contribution of abuse Severity versus Family Environment*. Child AbuseNegl. 29(3).

Ibekwe C. et al (2018), *Perceptions of the Social Consequences of Rape in Ezinihitte Mbaise, Imo State, Nigeria*. American Journal of Humanities and Social Sciences Research, Vol.2.

Musbau (2013), cited in Nwabueze C, and Oduah F. (2015), *Media Re-victimization of Rape Victims in a Shame Culture? Exploring the Framing and Representation of Rape Cases in Nigerian Dailies*. Global Media Journal Vol 13, Issue 24

Nwabueze C, and Oduah F. (2015), *Media Re-victimization of Rape Victims in a Shame Culture? Exploring the Framing and Representation of Rape Cases in Nigerian Dailies*. Global Media Journal Vol 13, Issue 24

Ohia C, et al (2020), *COVID 19 and Nigeria: Putting the Realities in Context*. Elsevier International Journal of Infectious Diseases.

Olayinka O, et al (2014), *Sexual Violence against Female Undergraduates in a Nigerian Tertiary Institution*, Trop J Obstet Gynaecol, 31 (1).

Orjinmo Nduka (2020), *Coronavirus lockdown: Nigerians cautious as restrictions eased in Lagos and Abuja*. https://www.bbc.com/news/world (Retrieved 20/07/2020).

Onuah Felix, *Nigerian Minister Calls for Action on 'Alarming' increase in Rapes during Coronavirus Lockdown.* https://whtc.com/news/articles/2020/jun/10/ (Retrieved 20/07/2020).

Saunders B. E, et al (1999), Prevalence, Case Characteristics, and Long-Term Psychological Correlates of Child Rape among Women: A National Survey. Child Maltreatment 4(3).

Steel J, et al (2003), Psychological sequelae of childhood sexual abuse: abuse-related characteristics, coping strategies, and attributional style. DOI: 10.1016/j.chiabu.2003.12.004

Suprakash C, et al (2017), *Psychological Aspects of Rape and Its Consequences*. Psychology and Behavioral Science International Journal, Vol. 2.

Tallen Paul quoted in Onuah Felix, *Nigerian Minister Calls for Action on 'Alarming' increase in Rapes during Coronavirus Lockdown.* https://whtc.com/news/articles/2020/jun/10/ (Retrieved 20/07/2020).

Weaver T. (2009), Impact of Rape on Female Sexuality: Review of Selected Literature. Clin Obstet Gynecol 52(4).

WHO (2020), "COVID-19 and violence against women: What the health sector/system can do" https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf (Retrieved 09/07/2020).