

Community Knowledge, Legal Awareness, and Reporting Pathways for Gender-Based Violence in Osun State: A Community-Based Cross-Sectional Study

Adefunke Busola Ogunleye^{1,2}; Oluwatoyin Juliana Elebiju¹;
Tosin Orhorhamreru^{1,3}; Oluwatoyin Adebayo²; Oyeseun Olufemi Oyerinde¹

¹Department of Public Health, Adeleke University Ede, Osun State, Nigeria

²Value Re-Orientation for Community Enhancement (VARCE), Osun State, Nigeria

³African Field Epidemiology Network, Abuja, Nigeria

Corresponding Author: Adefunke Busola Ogunleye*

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Abstract:

➤ *Background:*

Gender-based violence (GBV) remains a critical public health and human rights crisis in Nigeria, sustained by entrenched patriarchal norms and structural barriers to justice. This study evaluated the impact of a community-based intervention on GBV knowledge, attitudes, and reporting practices among women of reproductive age across major ethnic groups in Osun State.

➤ *Methods:*

Utilizing a sequential explanatory mixed-methods design, this quasi-experimental pretest–posttest study engaged 126 women across two Local Government Areas. Quantitative data were collected via interviewer-administered questionnaires adapted from WHO and DHS modules and analyzed using descriptive statistics, t-tests, and binary logistic regression ($p < 0.05$). Qualitative insights were gathered through focus group discussions (FGDs) and key informant interviews (KIIs), analyzed via thematic content analysis.

➤ *Results:*

The mean age of participants was 29.21 years ($SD = 6.42$). While baseline recognition of physical GBV indicators was high (88.10%–92.06%), significant gaps existed in legal and navigational literacy; only 40.48% were aware of the Violence Against Persons Prohibition (VAPP) Act, and 68.25% could not identify local reporting services. Qualitative findings revealed four dominant themes sustaining GBV: patriarchal authority, entrenched gender norms that reward female silence, economic dependence, and the normalization of violence as a disciplinary tool.

➤ *Conclusion:*

High general awareness of violence does not equate to legal literacy or the capacity to seek help. Effective GBV reduction requires culturally sensitive, multi-component interventions that go beyond advocacy to address the material and structural determinants of survivor silence.

Keywords: *Gender-Based Violence, Community-Based Intervention, Knowledge, Attitudes, Reporting Practices, VAPP Act, Nigeria.*

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I. INTRODUCTION

Gender-based violence (GBV) is a profound global health pandemic and a visceral violation of human rights that transcends socioeconomic and geographic boundaries (Holt and Lewi, 2024). The World Health Organization (2021) posits that approximately 35% of women globally have experienced either physical or sexual intimate partner violence (IPV) or non-partner sexual violence in their lifetime. This epidemiological burden is further refined by Sardinha et al. (2022), whose study reveals that IPV remains the most prevalent form of violence against women aged 15–49. While GBV is a global phenomenon, the manifestations are particularly acute in sub-Saharan Africa, where a convergence of historical institutional fragility and deeply entrenched patriarchal ideologies creates a high-risk environment for women and girls (Satuku, 2019).

In Nigeria, the trajectory of GBV is a source of escalating national concern. According to the Nigeria Demographic and Health Survey (NDHS), the prevalence of physical violence against women aged 15–49 rose from 28% in 2013 to 31% in 2018 (NDHS 2018; White et al., 2024). Despite these data, the "silent" nature of the crisis persists; UN Women (2021) reports that systemic barriers ranging from the fear of social ostracization to a profound distrust in the judicial apparatus ensure that less than 10% of survivors ever access formal justice or healthcare pathways. This suggests that the official statistics likely represent only the "tip of the iceberg," masked by a culture of silence that prioritizes family "honor" over individual safety.

The situation in Osun State, southwestern Nigeria, presents a complex socio-legal landscape. While the federal government enacted the Violence Against Persons (Prohibition) (VAPP) Act in 2015 to provide a modern legal framework for redress, its adoption at the sub-national level has been sluggish. Osun State only domesticated the VAPP Act in October 2021. This recent implementation gap means that "legal literacy" among the populace remains marginal, and the transition from traditional, often biased, communal dispute resolution to formal legal adjudication is fraught with resistance (Sivanna, 2025). Furthermore, Osun State serves as a unique multi-ethnic microcosm; the cohabitation of Yoruba, Igbo, and Hausa-Fulani groups introduces varied ethno-cultural scripts regarding gender roles (Otubo, 2016). While some cultures may emphasize "patience" as a feminine virtue, others may have distinct traditional mechanisms for shaming perpetrators, yet all operate within a broader patriarchal framework that complicates reporting behaviors (Attrash-Najjar, 2026).

Theoretical frameworks and empirical literature emphasize that GBV is not merely an individual misfortune but a socially constructed outcome (Edwards et al., 2024). In Nigeria, recent scholarship identifies that community-level variables, such as the collective acceptance of wife-beating and limited female economic autonomy, are more potent predictors of violence than individual demographics (Oluku and Abasiokong, 2024). This highlights a critical intervention gap: legislative changes like the VAPP Act are

necessary but insufficient if they are not accompanied by shifts in the "social logic" of the community.

Evidence from large-scale community trials in East and West Africa, such as the SASA! study, suggests that structured, community-led engagement can successfully deconstruct harmful gender norms and significantly increase the uptake of support services (Cislaghi, 2019). However, there is a notable dearth of such intervention-based evidence within the ethnically heterogeneous context of Osun State. Most existing studies in the region are descriptive rather than evaluative. This study, therefore, seeks to fill this void by assessing the baseline of community knowledge and legal awareness across major ethnic divides and evaluating how structured community interventions can bridge the gap between the existence of legal protections and the actual reporting of GBV. By centering the multi-ethnic experience, this research aims to provide a scalable model for inclusive, culturally sensitive GBV prevention and response strategies in Nigeria.

II. METHODOLOGY

➤ *Study Design and Setting*

A quasi-experimental pretest–posttest control-group design was adopted, well-suited for evaluating real-world community interventions where individual randomization is not operationally feasible (Creswell & Creswell, 2018). The study was conducted in Osun State, located in South-Western Nigeria, comprises 30 Local Government Areas (LGAs) and is predominantly inhabited by the Yoruba ethnic group, with minority populations of Igbo and Hausa-Fulani origin (National Population Commission, 2010; National Bureau of Statistics, 2012). Two LGAs were randomly selected one designated the intervention LGA and the other the control LGA. Within each LGA, five health facilities offering maternal and child health services were purposively selected based on patient volume, accessibility, and provision of reproductive health services.

➤ *Study Population and Eligibility*

The study population comprised women of reproductive age (15–49 years) attending antenatal, postnatal, child welfare, and family planning clinics at selected facilities. Eligible participants were required to have resided in the LGA for at least six months and to be willing to provide informed consent. Women outside the reproductive age range, transient residents, and those with cognitive or communicative impairments were excluded. Community stakeholders including health workers, traditional and religious leaders, law enforcement officers, and NGO representatives participated in the qualitative component.

➤ *Sample Size Determination and Sampling*

The minimum sample size was calculated using the two-proportion z-test formula, assuming a baseline GBV knowledge proportion derived from the NDHS, an expected improvement of 20% post-intervention, $\alpha = 0.05$, and 80% statistical power. After adjustment for a 10% non-response rate, a minimum of 100 participants per group was required

(200 total). Multi-stage sampling was employed, LGAs were randomly selected by ballot, facilities purposively chosen, and participants systematically sampled from clinic registers. A total of 126 participants were enrolled and analysed at baseline.

➤ *Intervention Description*

The 8-week community-based intervention was theoretically grounded in the Ecological Model of Violence (Heise, 1998) and Social Learning Theory (Bandura, 1977), which emphasize that GBV is sustained by multi-level determinants individual attitudes, relational dynamics, community norms, and structural inequalities and that behavioural change requires modelling, reinforcement, and multi-level engagement. The intervention comprised four phases: (i) pre-intervention stakeholder engagement with community leaders, women's associations, and facility managers alongside facilitator training; (ii) weekly interactive group sessions at health facilities incorporating storytelling, role-plays, drama, and structured discussion covering forms of GBV, women's rights under the VAPP Act, and local reporting pathways; (iii) a mid-intervention reinforcement session at Week 4 and (iv) post-intervention data collection and community feedback meetings. All sessions were adapted to the local languages and cultural contexts of Yoruba, Igbo, and Hausa-Fulani participants. The control LGA received no intervention during the study period.

➤ *Data Collection Instruments*

Baseline data were collected using a structured, interviewer-administered questionnaire adapted from WHO and DHS GBV modules (WHO, 2021; NPC & ICF, 2019), covering socio-demographic characteristics, GBV knowledge, attitudes toward violence, and reporting/help-seeking practices. The questionnaire was validated through expert review by supervisors specializing in public health and biostatistics, and pilot-tested outside the study area. Internal consistency was assessed using Cronbach's alpha, with a target of $\alpha \geq 0.70$. Qualitative data were collected

through four FGDs and structured KIIs with community stakeholders, audio-recorded with participant consent and transcribed verbatim.

➤ *Data Analysis*

Quantitative data were analysed using IBM SPSS version 29. Descriptive statistics frequencies, percentages, means, and standard deviations summarized participant characteristics. Chi-square tests and independent-samples t-tests assessed between-group and pre-post differences. Binary logistic regression controlled for confounding socio-demographic variables. Qualitative transcripts were coded and analysed thematically using Dedoose, following Braun and Clarke's (2022) six-phase thematic analysis framework.

➤ *Ethical Considerations*

Ethical approval was obtained from the Adeleke University Research Ethics Committee and the Osun State Ministry of Health. Written informed consent was secured from all participants, with the right to withdraw at any time. Data were anonymized and stored securely. Participants who disclosed GBV experiences or showed signs of distress were referred to available counselling and support services.

III. RESULT

➤ *Socio-Demographic Characteristics*

A total of 126 participants were included in the baseline analysis. The mean age was 29.21 years (SD = 6.42). The majority were adults aged 25-34 years (60.32%), Yoruba by ethnicity (96.03%), Muslim by religion (71.43%), and married or cohabiting (90.48%). Over half held secondary education (61.11%), with (34.13%) holding a university degree. The most common occupations were trading (39.68%), fashion designing (18.25%), and hairdressing (14.29%). Monthly income ranged from ₦0 to ₦500,000, with the largest proportion classified in the low-income category (44.44%). Full demographic data are presented in Table 1.

Table 1 Socio-Demographic Characteristics of Study Participants (N = 126)

Variable	Frequency (n)	Percent (%)
Educational Level		
Informal Education	2	1.59
Primary	3	2.38
Secondary	77	61.11
University Degree	43	34.13
Masters	1	0.79
Religion		
Christian	36	28.57
Muslim	90	71.43
Marital Status		
Married / Cohabiting	114	90.48
Single	12	9.52
Ethnicity		
Hausa/Fulani	1	0.79
Igbo	3	2.38
Yoruba	121	96.03
Others	1	0.79

Occupation		
Trader	50	39.68
Fashion Designer	23	18.25
Hairdresser	18	14.29
Teacher	8	6.35
Business	6	4.76
Nurse	5	3.97
Computer Operator	2	1.59
CHEW	2	1.59
Chemist	2	1.59
Unemployed	2	1.59
Other (Catering, Interior Deco, Lab Scientist, etc.)	8	6.35

➤ *Baseline Knowledge of Gender-Based Violence*

Baseline GBV knowledge was high across all four assessed indicators (Table 2). Recognition was highest for forced early marriage (92.06%), followed by denial of economic resources (89.68%), physical assault by a partner (88.10%), and forced sexual intercourse by a partner (87.30%). However, a notable minority failed to recognise

non-physical forms of GBV (9.52%) did not identify economic deprivation as violence, and (11.11%) did not classify marital sexual coercion as GBV. Overall, while awareness of GBV is generally high among participants, the remaining gaps particularly around sexual and economic forms of violence indicate a continuing need for targeted community education.

Table 2 Baseline Knowledge of Gender-Based Violence Among Participants (N = 126)

Variable	Yes	No
Hitting or slapping a woman by her partner is a form of GBV.	111(88.10%)	15 (11.90%)
Forced sexual intercourse by a partner is a form of GBV.	110 (87.30%)	16 (12.7%)
Denying a woman money or basic needs is a form of GBV	113 (89.68%)	13 (10.31%)
A partner insulting and belittling/humiliating a woman in private, and even in front of other people is a form of GBV.	10 (7.94%)	116 (92.06%)

➤ *Awareness of GBV Laws, Help-Seeking, and Reporting Pathways*

Table 3 presents respondent’s awareness of GBV-related laws, knowledge of help-seeking options, and perceptions of reporting mechanisms. Awareness of the VAPP Act was markedly low, with the majority of respondents (59.52%) reporting no knowledge of the Act and less than half (40.48%) indicating awareness. Help-seeking knowledge was similarly limited, with more than half of participants (56.35%) unable to identify where to seek assistance in the event of GBV. Among respondents

who indicated a preferred source of help, the police station (15.87%) and the Human Rights Office (15.08%) were most frequently cited, followed by community leaders (5.56%). Critically, the majority (68.25%) could not identify the location or contact information of any GBV reporting service in their community. Despite this practical deficit, over two-thirds (68.26%) agreed that reporting GBV incidents to the police or a health worker can help protect survivors revealing a significant gap between attitudinal support for reporting and practical reporting capacity.

Table 3 Awareness of GBV Laws, Help-Seeking Knowledge, and Reporting Pathways (N = 126)

Variable	Frequency (n)	Percent (%)
Heard of the VAPP Act or similar law		
No	75	59.52
Yes	51	40.48
Know where to seek help if experiencing GBV		
No	71	56.35
Yes	55	43.65
Where would you seek help?		
Not Applicable	71	56.35
Police Station	20	15.87
Human Rights Office	19	15.08
Community Leader	7	5.56
Women Affairs	5	3.97
Hospital / Court / Counselling / Parents	4	3.17
Reporting GBV to police/health worker can protect survivors		
No	40	31.74
Yes	86	68.26

Know location or contact of at least one GBV reporting service		
No	95	75.40
Yes	31	24.60

➤ *VAPP Act Awareness by Educational Level and Age Group*

Tables 4 and 5 present VAPP Act awareness disaggregated by educational level and age group respectively. Awareness was positively associated with educational attainment, universal (100%) among master's degree holders, compared to 51.16% for degree holders and only 32.47% for secondary school graduates who constituted the largest subgroup (61.11%). Respondents with primary

and informal education demonstrated intermediate levels of awareness (66.67% and 50.00% respectively), although small cell sizes in these categories limit interpretation. Regarding age, awareness was highest among adults aged 25–34 years (65.38% of those who had heard of the Act) and markedly lower among young respondents aged 15–24 years (13.73%), indicating that the youngest segment of the population is most underserved by current legal awareness channels.

Table 4 Awareness of the VAPP Act by Educational Level

Educational Level	No (%)	Yes (%)
Informal Education	1 (50.00)	1 (50.00)
Primary	1 (33.33)	2 (66.67)
Secondary	51 (67.53)	25 (32.47)
University Degree	21 (48.84)	22 (51.16)
Masters	0 (0.00)	1 (100.00)

Table 5 Awareness of the VAPP Act by Age Group

VAPP Awareness	Young (15–24 yrs) (%)	Adult (25–34 yrs) (%)	Older (35+ yrs) (%)
No	20 (27.03)	42 (56.76)	12 (16.22)
Yes	7 (13.73)	34 (65.38)	11 (21.57)

➤ *GBV Reporting Knowledge and Help-Seeking by Age Group*

Table 6: presents GBV reporting knowledge and help-seeking pathways disaggregated by age group. Adults aged 25-34 years consistently demonstrated the highest awareness across all indicators. Young respondents (15-24 years) were least informed, with markedly lower proportions knowing

where to seek help or knowing a reporting service location. Regarding preferred help-seeking venues, the police station and human rights offices were most cited among adults, while older respondents (35+ years) showed a comparatively higher preference for women affairs offices and courts, suggesting that age-related experience shapes institutional trust and help-seeking preferences.

Table 6 GBV Laws, Help-Seeking Knowledge, and Reporting Pathways by Age Group

Variable / Response	Young (15-24 yrs)	Adult (25-34 yrs)	Older (35+ yrs)
VAPP Act Awareness			
No	20 (27.03%)	42 (56.76%)	12 (16.22%)
Yes	7 (13.73%)	34 (65.38%)	11 (21.57%)
Know Where to Seek Help			
No	18 (26.47%)	41 (57.75%)	12 (17.65%)
Yes	9 (16.36%)	35 (63.64%)	11 (20.00%)
Preferred Help-Seeking Venue			
Police Station	3 (15.00%)	14 (70.00%)	3 (15.00%)
Human Rights Office	4 (21.05%)	12 (63.16%)	3 (15.79%)
Community Leader	1 (14.29%)	5 (71.43%)	1 (14.29%)
Women Affairs	1 (20.00%)	1 (20.00%)	3 (60.00%)
Court	0 (0.00%)	0 (0.00%)	1 (100.00%)
Reporting Can Protect Survivor			
No	10 (25%)	23 (57.5%)	7 (17.5%)
Yes	17 (19.77%)	53 (61.63%)	16 (18.60%)
Know Location of GBV Reporting Service			
No	26 (27.08%)	52 (54.16%)	18 (18.75%)
Yes	1 (3.23%)	25 (80.65%)	5 (16.13%)

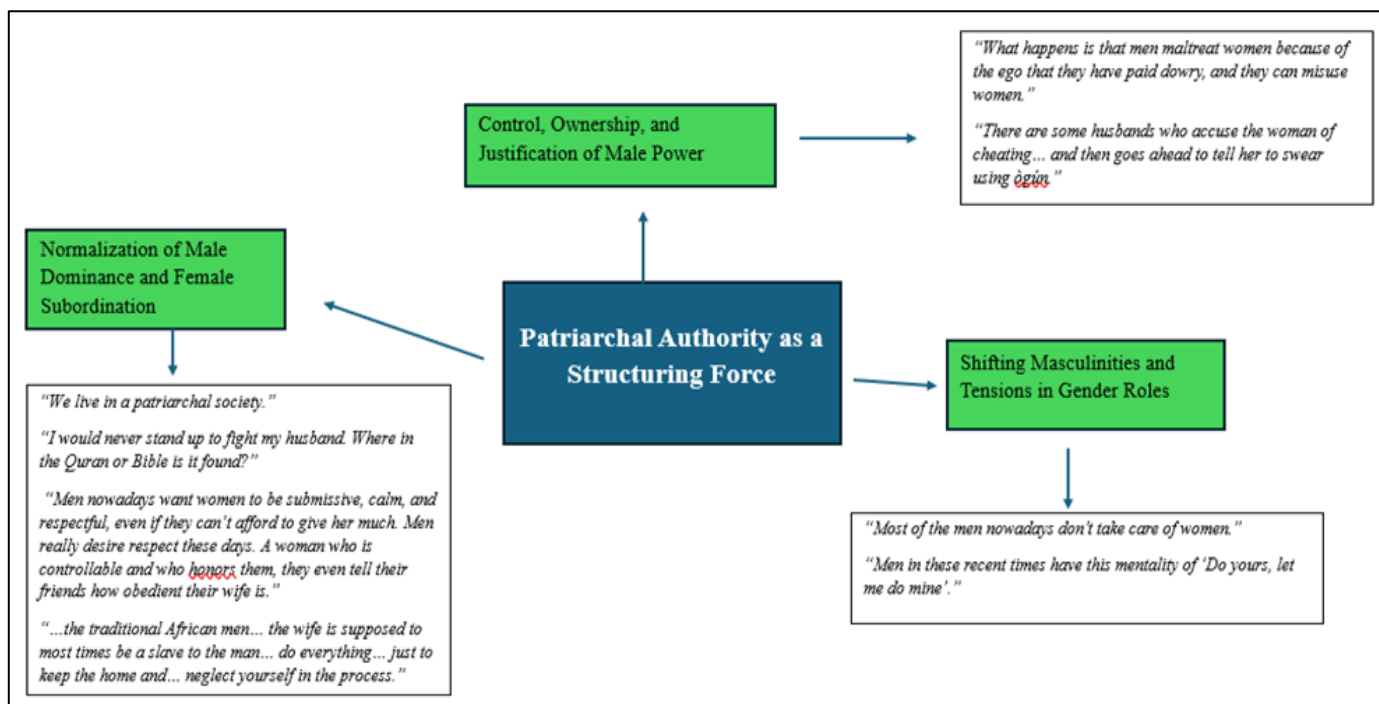


Fig 1 Theme 1: Patriarchal Authority as a Structuring Force

➤ **Theme 1: Patriarchal Authority as a Structuring Force**

Patriarchal Authority as a Structuring Force, illustrates how traditional power imbalances dictate the social and domestic lives of individuals. It maps out a system where male authority is not just a personal preference but a foundational social structure maintained through three distinct avenues: cultural normalization, the justification of ownership, and the tensions arising from modern societal shifts.

- **Subthemes 1.1: Normalization of Male Dominance and Female Subordination**

The first subtheme, Normalization of Male Dominance and Female Subordination, explores how patriarchy is woven into the fabric of daily life until it is perceived as the natural order. This is often reinforced through religious and traditional mandates. As one quote notes, "We live in a patriarchal society," establishing the baseline reality. This systemic influence is so deep that women may use faith to justify their own secondary status, asking, "I would never stand up to fight my husband. Where in the Quran or Bible is it found?" The data suggests that even when men lack the financial means traditionally required of them, the expectation for a submissive partner remains a primary source of social capital: "Men nowadays want women to be submissive, calm, and respectful, even if they can't afford to give her much." Ultimately, this creates an environment where a woman's worth is measured by her self-sacrifice, with some describing the traditional role as being "supposed to most times be a slave to the man... and... neglect yourself in the process."

- **Subtheme 1.2: Control, Ownership, and Justification of Male Power**

The second subtheme, Control, Ownership, and Justification of Male Power, examines the specific tools used to enforce this authority. Central to this is the concept of the dowry or bride price, which some men interpret as a purchase of rights over a person rather than a symbolic union. The framework highlights that "men maltreat women because of the ego that they have paid dowry, and they can misuse women." This sense of ownership manifests in extreme forms of surveillance and psychological control, such as when husbands accuse wives of infidelity and demand they prove their innocence through traditional spiritual rituals: "There are some husbands who accuse the woman of cheating... and then goes ahead to tell her to swear using ogun."

- **Subtheme 1.3: Shifting Masculinities and Tensions in Gender Roles**

The framework addresses Shifting Masculinities and Tensions in Gender Roles, noting a breakdown in the traditional "patriarchal bargain." While the old system demanded submission in exchange for provision and protection, modern shifts have led to a perceived decline in male responsibility. This creates a friction where the authority remains, but the care does not; as the quotations suggest, "Most of the men nowadays don't take care of women." This has led to a more individualistic and fractured approach to domestic life, characterized by a new, detached mentality: "Men in these recent times have this mentality of 'Do yours, let me do mine'."

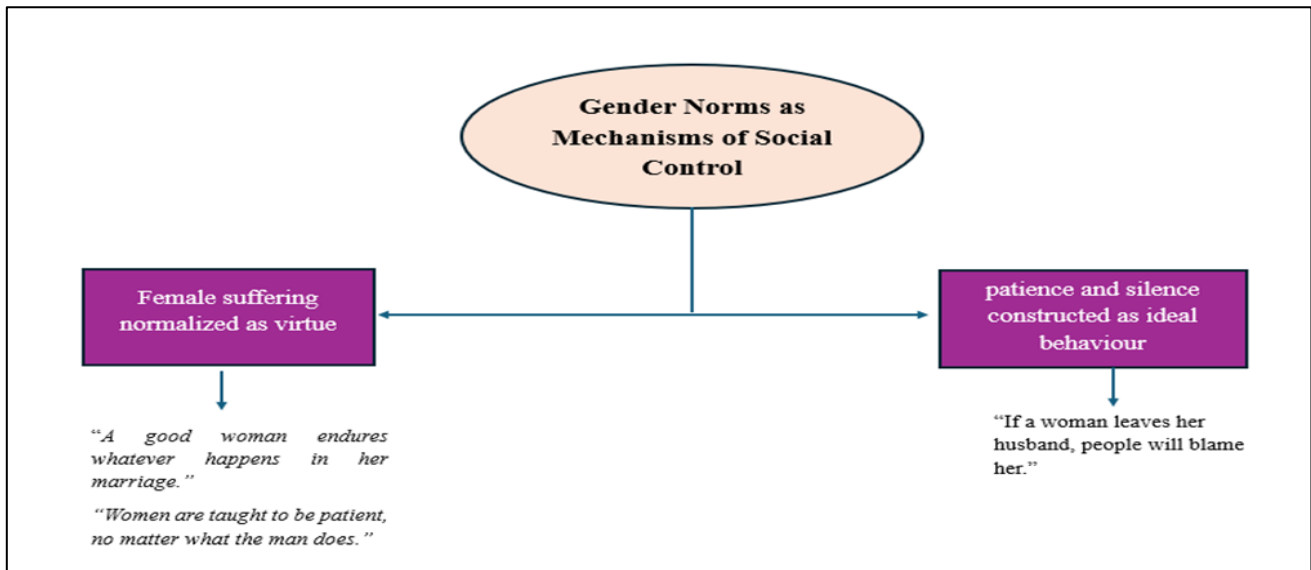


Fig 2 Gender Norms as Mechanisms of Societal Control

➤ *Theme 2: Gender Norms as Mechanisms of Social Control*

Gender Norms as Mechanisms of Social Control, delves into the psychological and social pressures that reinforce the patriarchal structures discussed previously. It focuses on how moral values are framed to keep women within traditional boundaries, specifically through the idealization of endurance and the threat of social stigma.

• *Subtheme 2.1: Female Suffering Normalized as Virtue*

The first subtheme, Female suffering normalized as virtue, suggests that a woman’s moral character is often tied to her capacity to withstand hardship without complaint. In this social context, "goodness" is defined by a lack of resistance. The data highlights this through the internalized belief that "A good woman endures whatever happens in her marriage." This expectation is not a passive occurrence but a deliberate educational process, as noted in the quote: "Women are taught to be patient, no matter what the man does." By rebranding suffering as "patience" or "virtue," the

system effectively discourages women from seeking help or change, as doing so would be framed as a personal moral failure.

• *Subtheme 2.2: Patience and Silence Constructed as Ideal Behaviour*

The second subtheme, patience and silence constructed as ideal behaviour, focuses on the external social consequences of deviating from these norms. Here, silence is not just a preference but a survival strategy against community judgment. The framework posits that the "ideal" woman is one who does not disrupt the status quo or bring domestic issues into the public eye. The threat of social ostracization is a powerful tool for control; the quote "If a woman leaves her husband, people will blame her" illustrates that the burden of maintaining the family unit falls solely on the woman. Regardless of the husband's actions, the woman is pre-emptively cast as the perpetrator of the marital breakdown if she chooses to leave.

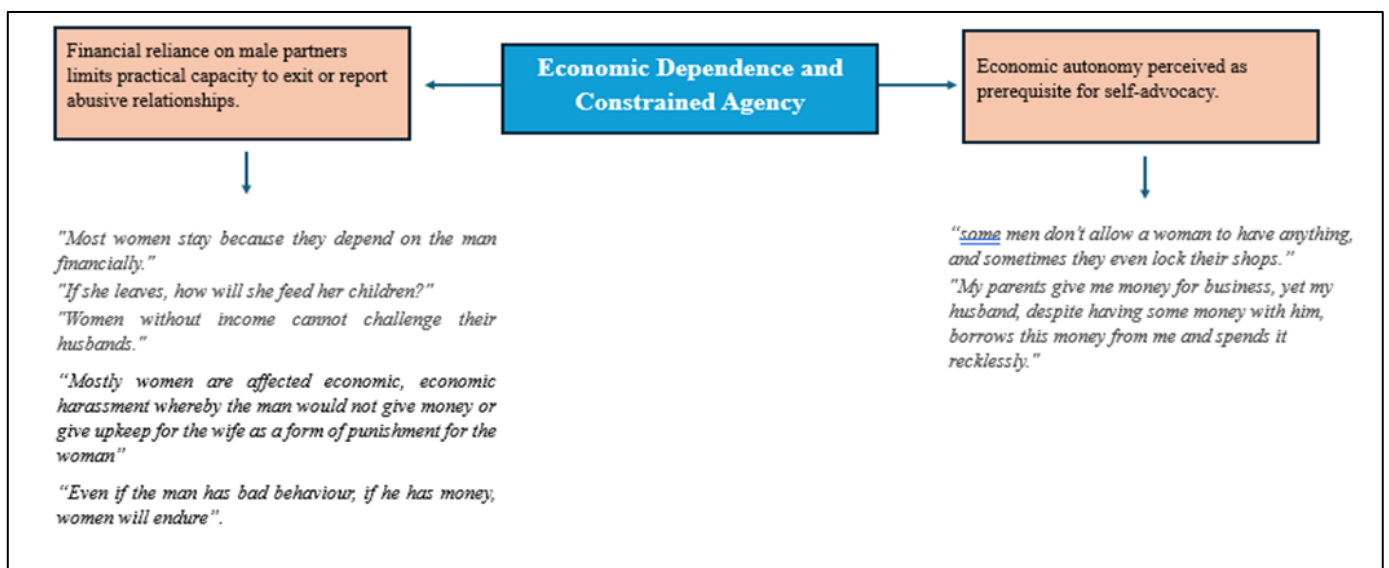


Fig 3 Economic Dependence and Constrained Agency

➤ *Theme 3: Economic Dependence and Constrained Agency*

Economic Dependence and Constrained Agency, which examines the material realities that underpin patriarchal control. It highlights how financial survival often functions as a tether, limiting a woman’s ability to act in her own interest or escape toxic environments.

- *Subtheme 3.1: Financial Reliance and the Limitation of Choice*

The first subtheme addresses how financial reliance on male partners limits the practical capacity to exit or report abusive relationships. Here, the framework argues that silence is often a survival strategy born of necessity rather than choice. The quotations underscore the desperate calculus many women face: *"Most women stay because they depend on the man financially,"* and the hauntingly practical question, *"If she leaves, how will she feed her children?"*

This dependence effectively strips women of their voice, as noted in the sentiment that *"Women without income cannot challenge their husbands."* Furthermore, the data reveals that money is often used as a direct weapon of control. This is described as *"economic harassment whereby*

the man would not give money or give upkeep for the wife as a form of punishment." Consequently, a man's wealth can buy him immunity from accountability, for *"even if the man has bad behaviour, if he has money, women will endure."*

- *Subtheme 3.2: Economic Autonomy as a Prerequisite for Self-Advocacy*

The second subtheme posits that economic autonomy is perceived as a prerequisite for self-advocacy. It suggests that power within a relationship is intrinsically linked to one's ability to provide for oneself. However, the framework also identifies the active ways in which this autonomy is sabotaged to maintain the status quo.

The quotations illustrate that some men recognize financial independence as a threat to their authority and take drastic measures to prevent it, with one respondent noting that *"some men don't allow a woman to have anything, and sometimes they even lock their shops."* Even when a woman manages to secure her own capital, that agency can be undermined by financial exploitation or coercion. One quote poignantly describes this dynamic: *"My parents give me money for business, yet my husband... borrows this money from me and spends it recklessly."*

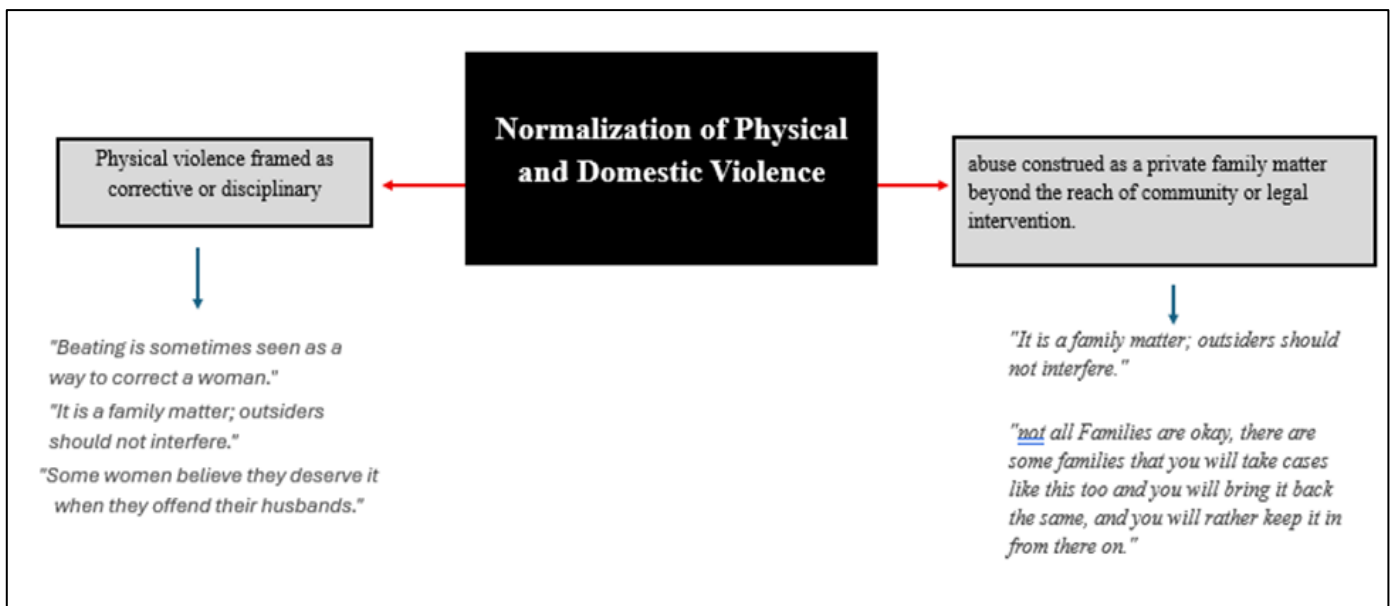


Figure 4: Normalization of Physical and Domestic Violence

➤ *Theme 4: Normalization of Physical and Domestic Violence.*

This theme illustrates how violence is sanitized through language and social isolation, moving it from the realm of a crime to a sanctioned social tool.

- *Subtheme 4.1: Violence as Correction and Discipline*

The first subtheme explains how physical violence is framed as corrective or disciplinary, effectively stripping it of its status as abuse. By redefining a "beating" as a form of education or guidance, the perpetrator is repositioned as a mentor rather than an aggressor. The qualitative data highlights this chilling shift: *"Beating is sometimes seen as a way to correct a woman."* This framing is so pervasive that

it is often internalized by the victims themselves, leading to a mindset where *"some women believe they deserve it when they offend their husbands."* In this context, violence is not seen as a breakdown of the relationship, but as a legitimate method of maintaining domestic "order."

- *Subtheme 4.2: The Privacy of Abuse and the Shield of the Family*

The second subtheme explores how abuse is construed as a private family matter beyond the reach of community or legal intervention. By labeling domestic life as a "sacred" or private sphere, the society effectively creates a shield around the abuser. The recurring sentiment that *"It is a family*

matter; outsiders should not interfere" serves as a powerful deterrent against seeking help.

This isolation is further reinforced by the perceived futility of external intervention. Even when families are involved, the goal is often reconciliation at any cost rather than safety. As the quote suggests, *"not all Families are okay; there are some families that you will take cases like this too and you will bring it back the same, and you will rather keep it in from there on."* This implies that when a woman seeks help, she is often sent back to the same dangerous environment, leading to a state of resignation

where suffering in silence becomes the only perceived option.

➤ *Qualitative Findings: Sociocultural Determinants Sustaining GBV*

The qualitative data reveals a set of interrelated structural and socio-cultural factors sustaining gender-based violence (GBV). Through thematic coding, four dominant categories emerged: Patriarchy, Gender Norms/Expectations, Economic Dependence, and Physical/Domestic Violence. These themes are not discrete rather, they interact to reinforce women’s vulnerability and limit agency.

Table 7 Qualitative Themes, Representative Quotes, and Implications for GBV Perpetuation

Theme	Sub-themes / Description	Representative Participant Quotes	Implications for GBV Perpetuation
1. Patriarchal Authority as a Structuring Force	Male authority naturalized as non-negotiable; women constructed as subordinate in household decision-making, resource control, and relational power.	<i>"The man is the head of the family and whatever he says stands."</i> <i>"Men are naturally superior and should control the home."</i> <i>"A woman is expected to obey her husband no matter the situation."</i>	Legitimizes male control and coercion; renders women's resistance culturally deviant; enables GBV to operate under the cover of 'headship'.
2. Gender Norms as Mechanisms of Social Control	Female endurance normalized as a moral virtue; departure from an abusive relationship framed as social deviance; silence rewarded and disclosure penalized.	<i>"A good woman endures whatever happens in her marriage."</i> <i>"If a woman leaves her husband, people will blame her."</i> <i>"Women are taught to be patient, no matter what the man does."</i>	Discourages help-seeking; reinforces victim-blaming; sustains cycles of abuse by transforming tolerance into a social obligation for women.
3. Economic Dependence and Constrained Agency	Financial reliance on male partners limits practical capacity to exit or report abusive relationships; economic autonomy perceived as prerequisite for self-advocacy.	<i>"Most women stay because they depend on the man financially."</i> <i>"If she leaves, how will she feed her children?"</i> <i>"Women without income cannot challenge their husbands."</i>	Creates material barriers to leaving; makes GBV knowledge insufficient as a standalone protective factor; reinforces male dominance through financial control.
4. Normalization of Physical and Domestic Violence	Physical violence framed as corrective or disciplinary; abuse construed as a private family matter beyond the reach of community or legal intervention.	<i>"Beating is sometimes seen as a way to correct a woman."</i> <i>"It is a family matter; outsiders should not interfere."</i> <i>"Some women believe they deserve it when they offend their husbands."</i>	Deters reporting; inhibits third-party intervention; weakens accountability; prevents recognition of violence as a rights violation requiring external redress.

IV. DISCUSSION

The findings of this study delineate a complex socio-legal landscape in Osun State where high theoretical awareness of violence is frequently undermined by deep-seated patriarchal norms and a significant lack of practical navigational knowledge. A primary observation was the high baseline recognition of physical assault, forced marriage, and economic deprivation, suggesting that public health advocacy in Southwest Nigeria has successfully established a threshold of violence regarding overt physical acts. However, this awareness is not uniform across all forms of abuse, as a notable minority failed to recognize marital sexual coercion and economic control as violations

(Armstrong et al., 2018). This selective recognition is rooted in a social structure where male authority is naturalized, reinforced by the belief that a woman is expected to obey her husband regardless of the situation. These findings align with the ecological framework, which posits that violence is a socially constructed outcome of broader cultural systems (Tekkas Kerman and Betrus, 2020). The cultural rationalization of violence as a corrective measure, often expressed through the belief that beating is a legitimate way to discipline a woman mirrors global observations that internalized gender roles frequently override rights-based education, leading women to interpret abuse as marital discipline rather than a rights violation (Chistyakova et al., 2016; Namy et al., 2017; Hunter and Morrell, 2021).

While a significant majority of participants acknowledged that reporting incidents to authorities could protect survivors, a staggering three-quarters were unable to identify a single local reporting service. This discrepancy suggests that the primary barrier to justice is not a lack of behavioral intent, but a profound lack of navigational capacity, exacerbated by the invisibility of the Violence Against Persons Prohibition Act (Levine et al., 2024; Lin, 2025). The cultural construction of domestic violence as a private family matter provides a compelling reason for this invisibility (Piedalue et al., 2017), as community norms emphasizing that outsiders should not interfere create a social shield that prevents external institutional knowledge from taking root (Claus and Tracey, 2020). This reflects a broader trend in Nigerian communities where positive orientations toward help-seeking are rarely matched by the practical confidence required to navigate a system that is often culturally obscured (Akinbobola, 2024; Adeyoyin et al., 2025).

There is a sharp positive correlation between educational level and legal awareness, with university degree holders showing significantly higher knowledge than secondary school graduates. This reinforces the role of education as a primary predictor of legal literacy and suggests that lower educational attainment is often linked to a higher acceptance of patriarchal justifications (Bermúdez Figuero, 2023). Following social learning theory, gender attitudes are reinforced through prolonged exposure to traditional norms in the absence of education-based perspectives. Most concerning, the youngest demographic demonstrated the lowest levels of legal awareness and the highest vulnerability to the normalization of suffering as a virtue. This exclusion from institutional support points to a systemic failure to reach women at the onset of their reproductive and marital lives (Starrs et al., 2018), suggesting that if rights-based education does not reach them before these norms are internalized, the cycle of abuse becomes much harder to break (Draugedalen and Osler, 2024).

Finally, the study underscores that knowledge of rights is often neutralized by the material reality of economic dependence. The finding that women without an independent income feel unable to challenge their husbands highlights that agency is not just a psychological state but a material one (Donald et al., 2017). The use of economic harassment as a form of punishment effectively tethers women to abusive environments, as the practical need to provide for children often outweighs the desire to escape violence (Takáčová et al., 2021). This demonstrates that economic status is a predictor of intimate partner violence that exists independently of a woman's knowledge levels. Therefore, successful interventions must move beyond single-component awareness strategies. As demonstrated in various regional community trials, the most effective models are those that deliver integrated solutions combining legal referral, economic empowerment, and the active deconstruction of harmful gender norms concurrently. Addressing violence in this context requires more than

teaching that abuse is wrong; it requires providing the practical and financial pathways necessary for women to prioritize their safety over their survival.

V. CONCLUSION

This study reveals that while recognition of physical gender-based violence (GBV) is high in Osun State, a critical gap exists between theoretical knowledge and practical agency. Patriarchal structures remain a dominant force, naturalizing male authority and rebranding female endurance as a moral virtue. This sociocultural framework, coupled with a profound lack of "navigational literacy" regarding the VAPP Act and reporting pathways, ensures that even those who support justice in principle remain unable to access it in practice.

The findings further highlight that rights-based awareness is frequently neutralized by economic dependence. For many survivors—particularly younger women—the material need for survival and the cultural shield of "family privacy" outweigh the impetus to report abuse. Consequently, advocacy alone is insufficient. Sustainable reduction in GBV requires a holistic strategy that integrates legal literacy with economic empowerment and community-led norm change. Moving forward, interventions must provide clear, accessible reporting channels and financial safeguards to ensure that safety becomes a viable reality rather than a conceptual ideal.

IMPLEMENTATION FOR POLICY MAKING

The study's findings necessitate a shift from purely legislative action to a proactive, multi-sectoral policy framework. First, the Ministry of Justice and social welfare agencies must prioritize decentralized legal literacy. While the VAPP Act exists, its impact is muffled by a lack of grassroots awareness; therefore, policies should mandate its translation into local dialects and its dissemination through non-formal hubs like market unions and religious centers. Furthermore, the Ministry of Education should formally integrate rights-based education and GBV awareness into secondary school curricula to reach the highly vulnerable 15–24 age demographic before harmful gender norms become fully internalized.

To address the "navigational gap," policymakers must invest in visible infrastructure for help-seeking, such as geolocated reporting directories and mandatory posting of help-line contacts in primary health centers and public spaces. Crucially, policy must tackle the material tether of economic dependence. Establishing survivor-specific vocational funds and protecting women's business autonomy would provide the financial agency necessary for survivors to prioritize safety over survival. Finally, formalizing the role of traditional and community leaders as trained "first responders" can bridge the gap between private family disputes and the formal justice system, effectively dismantling the cultural shield of silence that currently protects abusers.

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