



# Coping Mechanisms and Intimate Partner Violence during the COVID-19 National Lockdown in Wakiso District, Uganda

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## Key Findings

*There were gendered differences in all mental health and coping outcomes, with women's scores suggesting worse outcomes.*

*Additional research is needed regarding the COVID Anxiety Scale (CAS) and Patient Health Questionnaire-9 (PHQ-9), a depression measure, in this setting; the use of these measures over the phone may have adversely impacted their effectiveness.*

*Among women who reported IPV in the past six months, 44% reported the frequency of abuse increased during the pandemic.*

*Despite high prevalence of hazardous alcohol use among both men and women, the majority of those reporting alcohol use in the past 6 months reported a decrease in use during lockdown, which may be the result of decreased access to locations where alcohol is consumed and sold and reduced or lost income under the stay-at-home order.*

## Background

In March of 2020, the COVID-19 pandemic brought life in Uganda to a halt as a national lockdown and curfew were implemented. These measures were put in place to prevent a major public health crisis via infectious disease transmission; however, large scale disasters and crises

can lead to a sequelae of adverse health outcomes, sometimes as a result of public health response. The literature supports the notion that large-scale incidents, such as fatal infectious disease pandemics, increase the risk for mental health disorders and decrease levels of general self-efficacy and coping strategies (1-3). Evidence from the Ebola outbreaks in West Africa in 2014 suggests that women and girls are disproportionately impacted by the disruption of mobility and isolation (4). An increase in the rate and severity of intimate partner violence (IPV) cases has been reported throughout Uganda in the time of COVID-19, related to women being isolated at home with their abusive partners (5, 6). The closure of businesses led to the loss of work which severely affected people's ability to earn income for themselves and their families in Uganda suggests that economic insecurity is a driving factor of IPV (7). Understanding how intimate partner violence, aspects of mental health and coping strategies are affected by this type of event can aid in the planning and preparation for future crises.

## Study Description

A phone survey was undertaken between June and August of 2020 in three communities in Wakiso District, Uganda to

explore health outcomes in the context of the pandemic and national lockdown. The survey was implemented by Africa Medical and Behavioral Sciences Organization (AMBSO). The study sample consisted of persons who had participated in the Population Health Surveillance (PHS) study conducted between November 2019 and March 2020. Individuals were eligible to participate if they had provided consent to be contacted for follow-up data collections. Three attempts were made to reach each eligible participant. All surveys were administered in Luganda. Data was collected on sociodemographics, depression, anxiety, alcohol use, experiences of IPV, and two measures of health coping skills that were adapted to include items that address the lockdown.

## Results

- 1,014 persons participated in the phone survey (a response rate of 81%).
- Just over half (55%) of participants were female.
- The mean age of participants was 32 (range 13-79 years).

## Healthy Coping Mechanisms

Perceived self-efficacy refers to one's perceived ability to cope with daily hassles and adapt when experiencing stressful life events (such as a pandemic) and was measured using an 11-item scale comprised of the 10-item General Self Efficacy Scale and an 11th item regarding COVID-19 (8, 9). Higher scores indicate higher levels of self-efficacy. Perceived self-efficacy was high

among all participants with a mean score of 36.7 out of 44. Mean scores significantly differed by gender with men's mean score indicating higher levels of self-efficacy. Coping refers to one's ability to adapt, handle and problem solve in stressful circumstances and was measured using a modified version of the Brief Resilient Coping Scale with a COVID question added (8, 10). The five-item scale had a Cronbach's alpha of 0.72, suggesting acceptable internal reliability. Level of coping ability differed by gender with women significantly more likely to report low resilience, relative to men (17.5% vs. 8.7%,  $p<0.0001$ ) (see Table 1).

## Alcohol Use

The three item Alcohol Use Disorders Identification Test Consumption (AUDIT-C) (11) was used to identify hazardous alcohol use. With a cutoff score of  $\geq 4$  for men and  $\geq 3$  for women, 20.3% and 16% of men and women who reported any alcohol use in the past six months, respectively, had scores indicative of hazardous drinking. Mean AUDIT score significantly differed between men and women. Among persons who reported any alcohol use in the prior six months ( $n=274$ ), the majority (65.7%) reported consuming less alcohol, 2.6% reported an increase in alcohol use, 1.8% reported no alcohol use and one third (29.9%) reported no change to their alcohol consumption since the pandemic began.

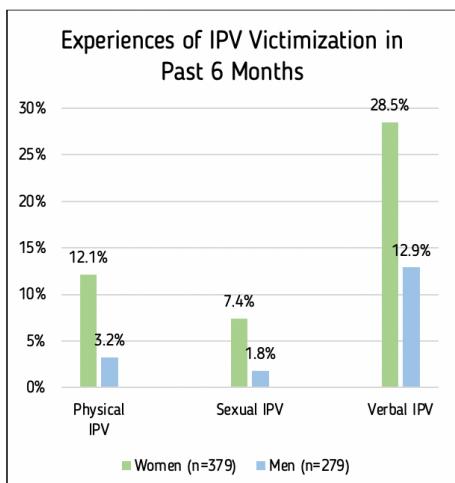
	Women (n=556)	Men (n=458)
<b>Low Coping Resilience</b>	17.5%	8.7%
<b>Moderate Coping Resilience</b>	33.6%	32.8%
<b>High Coping Resilience</b>	48.9%	58.5%

**Table 1:**

Proportion of men and women falling into each coping resilience category ( $p<0.0001$ )

# Mental Health Outcomes

The five item COVID Anxiety Scale (CAS) (12) was used to measure anxiety. The scale demonstrated acceptable internal reliability with a Cronbach alpha of 0.73. A cut-off score  $\geq 9$  was used to identify those with dysfunctional anxiety. Among all participants, 1.1% of women and 0.7% of men had a score indicative of dysfunctional anxiety. Mean CAS scored significantly differed between men and women (0.51 vs. 0.96,  $p < 0.0001$ ). The nine item Patient Health Questionnaire Depression module (PHQ-9) (13) was used to measure depression (see Table 2). The scale demonstrated low internal reliability with a Cronbach alpha of 0.67. Mean PHQ-9 scored significantly differed between men and women (0.56 vs. 1.36,  $p < 0.0001$ ).



# Intimate Partner Violence

Participants were asked about experiences of specific forms of IPV victimization in the past six months using an abbreviated and modified version of the conflict tactics scale (see Figure 1) (14). Individual items were collapsed into three categories by form of violence: physical, sexual and verbal.

When asked in the context of the pandemic specifically, more persons reported an increase in IPV victimization than a decrease.

- Among those reporting recent physical IPV, 44% of women and 22% of men reported an increase since the start of the pandemic.
- Among those reporting recent verbal IPV, 47% of women and 25% of men reported an increase since the start of the pandemic.
- Among those reporting recent sexual IPV, 21% of women and 33% of men reported an increase since the start of the pandemic.

**Figure 1:**  
Proportion of men and women reporting each form of IPV victimization in the prior 6 months

	Women (n=466)	Men (n=296)
No depressive symptoms	91.0%	97.0%
Mild symptomology	7.1%	2.4%
Moderate to severe symptomology	1.9%	0.7%

**Table 2:**  
Proportion of men and women falling into each depression category ( $p=0.0057$ )

# Conclusions and Recommendations

- There were statistically significant gendered differences in all mental health and coping outcomes except for self-efficacy, with women's scores suggesting worse outcomes.
- Psychometric assessment of mental health and resilience measures used for the first time in this setting (e.g., CAS) is needed to validate their use in this study population in the future.
- Many of the topics covered in this study were sensitive in nature and prone to underreporting and social desirability bias. Administration of the survey over the phone (where they may not have had complete privacy) may have impacted participant responses.
- For many women, IPV was exacerbated by the lockdown with more than 1 in 5 IPV victims experiencing increased violence. Development of programming and policies aimed at mitigating the negative impact of lockdowns on women's safety are needed.

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