

Full Length Research Paper

Perceptions and Contributing Factors of Gender-Based Violence among Young Adults in Southern Nigeria: A Mixed-Method Expository Study

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Abstract

Gender based violence (GBV) connotes harmful acts carried out against individuals based on socially attributable differences of their gender. Globally, women are the major victims of gender-based violence. Hence, the term violence against women is often used interchangeably with gender-based violence. This paper presents a community-based cross sectional and expository study about GBV in some southern states of Nigeria. The study population comprised consenting young adults aged between 15-39 years. A total number of 426 copies of the questionnaire were administered to respondents by the research team. Majority of the respondents were aware of the factors that may promote gender-based violence in their immediate societies, with 59.6% young adults indicating that their communities frown at gender-based violence. Far-reaching revelations about knowledge and percentage of GBV in this region are presented too. Men acting as sole decision makers and ignorance were the most identified factors associated with gender-based violence, as well as a lower level of education. Other findings from this study could improve programming by non-governmental organizations for social and gender-related violence activities. The government should invest in formal education as education elevates the socio-economic status of women, a major deterrent to gender-based violence.

Keywords: Gender-based violence; Young adults; Violence; Women health; Nigeria; Africa.

Background and Introduction

Gender-based violence (GBV) is defined by the United Nations in the convention on elimination of all forms of discrimination against women as “any act that will culminate in physical, sexual or psychological harm or bring about suffering and hardship to women including threats or act of coercion, deprivation of liberty both in private or public, in the family and community” Gender-based violence is a public health problem and is regarded globally as a violation of basic human rights. Current research activities have highlighted the health burdens,

intergenerational effects and demographic consequences that results from GBV.

The United Nations Populations Fund reported that the incidence of gender-based violence is currently increasing at an alarming rate in Nigeria, especially in the North-Eastern part of the country due to activities of insurgents and the resulting displacements of women and children from their homes. That report further asserts that 3 in 10 Nigeria women have experienced violence by the age of fifteen. The issue of gender-based violence pertains to every part of the world with enormous number of women and girls being mostly affected. According to WHO, one out of every six women have been bartered, coerced into sex, dehumanized and abused in one

form or the other, most often by someone she knows³. Gender-based violence is often carried out by individuals who possess a position of power or control over others, whether in the private or public sphere. In almost all cases, individuals responsible are acquainted to the victim/survivor, such as intimate partners, members of the (extended) family, friends, teachers or community leaders. Others in positions of authority, such as police or prison officials, and members of armed forces and groups, are frequently responsible for such acts especially in times of armed conflict, in few cases, humanitarian workers and peacekeepers are involved. Despite the high prevalence of wife beating, emotional and economic Violence, and marital rape, many Nigerians consider intimate partner violence to be a private issue about which the community and law enforcement agencies, should not intervene (Ndep et al., 2022). Tolerant attitudes represent the highest correlated risk factor contributing to the incidence of intimate partner violence (Lori and Andreas, 2015).

This study was done to determine the socio-demographic variables of young adults in the study location, to identify factors that influence GBV among young adults in the study location and to assess young Peoples' perception about GBV in the study location.

MATERIALS AND METHODS

Study setting: The study was carried out in Cross River and Akwa Ibom States of Nigeria The study was done in the state capital of the two states i.e., Calabar for Cross River and Uyo, for Akwa Ibom State. Officially, Calabar is partitioned into Calabar Municipal and Calabar South Local Government Areas. Calabar Municipality local government constitutes of 11 Electoral wards while Calabar south has 12 electoral wards. The total population of Calabar as of census 2006 was 371,⁶ Uyo is the capital of Akwa Ibom State and has 11 electoral wards with a population of 1,135,775⁶

Study design

The study was a community-based cross sectional descriptive study with both qualitative and quantitative approach to assess the contributory factors of gender-based violence among young adults in Cross River and Akwa Ibom States. The study population comprised young adults (males and females) aged between 15-39 years in Cross River and Akwa Ibom States. This included selected young adults in the 21 electoral wards 10 in Uyo, 11 in Calabar Municipality LGA who gave their consent to partake in the study. The sample size for the study was determined using Bluman's formula⁷

$$n = \frac{z^2pq}{d^2} = \frac{z^2p(1-p)}{d^2}$$

Where n = sample size for the population

z= Level of confidence which is 1.96 (i.e. 95% confidence interval)

p= Set at 51.7% (0.517) Prevalence of GBV in Southern Nigeria (Efa, Okokon, Nwagbara & Bello, 2017)

q= probability of non-occurrence (1-P = 0.483)

d= margin of error which is 5% (0.05)

Therefore, sample size was:

$$n = \frac{1.96^2 \times 0.517 \times 0.483}{0.0025} = 383.716 \approx 384$$

The sample was increased by 10% to account for non-response.

$$= \frac{n}{0.9} = \frac{384}{0.9} = 426.6 \approx 427$$

Number to enroll = Response rate

Therefore, sample size (n) = **427**

The qualitative part of the study employed purposive sampling to conduct 2 Focus Group Discussions involving 10 participants in each of the study locations (FGDs) and conducted 12 Key Informant Interview comprising the 2 Village heads (or their representatives), 2 Women leaders, 2 youth leaders, 2 Medical Superintendents of the secondary healthcare institutions and 2 Community Health Extension workers (CHEW) in charge of the Primary health care centers in the selected communities. These were chosen based on the fact that they are believed to be resident or work in the community as well as holding leadership roles and hence have knowledge of GBV and occurrences among young people dwelling in the selected communities. Participation was be voluntary with each respondent giving informed verbal consent prior to the study.

Pre-testing of the instruments: The questionnaire was pre-tested with 10% of sample size in Akpabuyo Local Government Area, a close Local Government to Calabar Metropolis, Cross River State. This was done to ensure that the instruments for data collection are reliable and measures what they are designed for. A multi-staged sampling technique was used to select 42 young adults for the pretest. This was done to ensure reliability of the instrument. The Instrument was also validated by the Gender Focal Person/ Program officer for Heartland Alliance International, a USAID Funded organization that implements GBV services for Key populations. Findings and feedback from the pretest was used to restructure the self-administered questionnaire.

Methods of data collection

Questionnaire

A total number of 426 copies of the questionnaire were administered to respondents by the principal researcher and three (3) field assistants. The field assistants were trained by the principal researcher on public relations, cultural sensitivity, questionnaire dissemination and data collection to ensure completion, consistency and accuracy.

Focus Group Discussion (FGD)

This was used to obtain in-depth understanding of the topic of study. The guides were administered to purposively selected individuals in the study area who are concerned or have vast knowledge of the subject of discussion. The principal researcher was the facilitator of the FGD, while research assistants were assigned the role of note-taker and observer respectively. FGD was conducted in a serene environment to avoid distraction, safe, accessible and convenient place for

the respondents. FGD was recorded using tape recorder and all process ensured confidentially.

The guide was used to administer questions to the purposively selected individuals in the study area who are concerned or have vast knowledge of the subject of discussion. The principal researcher was the facilitator of the KII, while research assistants were assigned the role of note-taker and observer respectively. Twelve (12) sessions of KIIs were conducted in the two State capitals. Adequate and appropriate, information of the research and research team, voluntary participation, confidentiality and anonymity were provided to the respondents and informed consent sought before the interview.

Methods of data analysis

The data from the questionnaire were analyzed with the use of the Statistical Package for Social Sciences software (SPSS) version 22. Simple descriptive statistics which includes mean, median and mode, standard deviations and frequencies were used for all continuous variables. Likert scale of 0-4 were used to score response to the questions as follows; "undecided" was 0, "strongly agree" was 4, "agreed" was 3, "disagree" was 2 and "strongly disagreed" was 1. For questions that have Yes and No options, scores were ranged from 0-3; where "No response" was 0, "I don't know" was 1, "No" was 2 and "Yes" was 3. For negatively stated questions in the questionnaire, reverse scoring will be used

Qualitative data from the focus group discussions and key informant interview collected from the field were transcribed verbatim. The data were coded and analyzed manually to derive themes associated with factors influencing gender-based violence among young people in Cross River and Akwa Ibom States Nigeria.

RESULTS

As shown in table 1, a total of 413 questionnaires were properly filled and returned, giving a response rate of 96.7%, with 214 (51.8%) female and 199(48.2%) male respondents. A greater proportion of respondents 152(36.8%) were within the age bracket of 20-24 years, followed by those within the bracket of 25-29 years, having 141(34.1%) young adults, those within the age bracket of 35-39 years had the least respondents with 28(6.8%) young adults. The mean age of the respondents was 25.4±4.9 years. Most of the respondents 255(61.7%) were single while 89(21.5%) and 33(7.9%) were married or co-habiting respectively. Analysis of the occupation of respondents' parents/guardians revealed that majority, 122(29.5%) were business persons with civil servants and farmers accounting for 99(24.0%) and 15(3.6%) respectively (Table 1). Most of the respondents 235(57.0%) had tertiary level education, there were 106(25.7%) and 31(7.5%) young adults who had secondary and vocational studies education respectively with 13(3.1%) respondents who had no formal education.

*multiple responses allowed

Majority of the respondents 312(75.5%) were aware of the factors

that may promote gender-based violence in the societies, with 246(59.6%) young adults who indicated that their communities frown at gender-based violence. In the families of 242(58.6%) respondents, men being the sole decision makers exacerbates GBV and to 242(58.6%) respondents, ignorance of the gender based violence increases its occurrence. A proportion of the respondents 100(24.2%) stated that married people experience gender based violence than the unmarried (Table 5). Furthermore, 137(33.2%) respondents implicated age of women as a factor associated with gender-based violence and educational status was indicated by 170(41.2%) respondents as a factor associated with gender-based violence. Other factors identified to be associated with gender-based violence include alcohol use/abuse 226(54.7%); low socioeconomic status 175(42.4%); drug abuse/smoking 217(52.5%); domineering attitude of men 177(42.9%); peer pressure 194(47.0%); parental violence 185(44.8%); weak enforcement of gender-based violence laws by authorities 217(52.5%) and non-action on reported cases 126 (30.9%).

A good proportion 103(24.9%) of the respondents strongly agreed that gender-based violence is a normal experience and 148(35.8%) respondents strongly agree that men are superior to women and as such, women's opinion do not matter. There were 98(23.7%) respondents who perceived that gender-based violence should be kept a secret by affected persons; with 196(47.4%) persons who strongly disagreed that rape does not exist among couples. A fair proportion of young adults, 126(30.5%) strongly agree that men who suffer gender-based violence are not given listening ears and 248(60.0%) strongly agreed that gender equality reduces the incidence of gender-based violence.

Further analysis showed that 276(66.8%) respondents strongly agreed that gender-based violence affects the general wellbeing of families, with 118(45.0%) who strongly agreed that it is a shameful thing for a man to be beaten by a woman. The perceptions of young persons about gender-based violence were calculated by assigning scores to the response (i.e. Strongly Agreed-5, Agreed-4, Neutral-3, Disagreed-2, and Strongly Disagreed-1) in the related section of the questionnaires. Scores were summed up to get the total score for each individual and an average score of 70.12 ± 13.74 was determined using the statistical analysis tool. Individuals who had scores less than the average (scores ranging from 0-70.12 points) represented negative perception and individuals whose scores were above the average (scores equal to and or above 70.12 points) had positive towards gender-based violence. The minimum score recorded was 25 and the maximum score recorded was 120 out of a possible total of 120 points. 286 participants representing 69.3% scored below the average score of 70 thus representing a negative perception of GBV while 127 participants representing 30.7% scored above the average score of 70 thus representing a positive perception of GBV.

DISCUSSION

Factors Associated with Gender-Based Violence

According to the findings from both qualitative and quantitative analysis, 59.6% of respondents, who previously experienced

Table 1: Socio-demographic characteristics of respondents.

Variables	Frequency n%(413)
Age	
15-19	39 (9.4)
20-24	152 (36.8)
25-29	141 (34.1)
30-34	53 (12.8)
35-39	28 (6.8)
Sex	
Male	199(48.2)
Female	214(51.8)
Marital Status	
Single	255(61.7)
Married	89(21.5)
Divorced/separated	26(6.3)
Widowed	10(2.4)
Cohabiting	33(7.9)
Religion	
Christianity	317(76.8)
Islam	35(8.5)
African traditional	31(7.5)
Others	30(7.3)
Parents Occupation	
Civil Service	99(24)
Business	122(29.5)
Self-employed	75(18.2)
Farming	15(3.6)
Unemployed	102(24.7)
Highest Education Level	
Primary	28(6.8)
Secondary	106(25.7)
Tertiary	235(57)
Vocational Studies	31(7.5)
No Formal Education	13(3.1)

GBV, indicated that men are the sole decision makers at their respective homes, while 58.6% implicated ignorance to increase the incidence of gender-based violence. Decisions dominated by men were associated with greater risk of intimate partner violence, compared to joint decision-making. Households in which decisions are made jointly have a lower probability of gender-based violence and this is a crucial step towards curbing this menace. This conforms with the study conducted by Kabir et al in Myanmar. It revealed that the imbalance between power and decision making among men

and women is a social factor is a strong determinant for many occurrences of GBV in societies⁸.

This study further revealed that 33.2% and 41.2% of respondents indicated age of women and educational status to be associated with occurrence of gender-based violence. Earlier studies on GBV showed that women with high educational status are less likely to experience gender-based violence, while women with low level of educational are more likely to experience gender-based violence⁹. Another study conducted in Sub-Saharan Africa had demonstrated that age

Table 2: Perceived Factors that influence gender-based violence.

Variables	Frequency n (%)
Aware of factors	
Yes	312 (75.5)
No	50 (12.1)
Cant tell	51 (12.3)
Community frowns at GBV	
Yes	246 (59.6)
No	60 (14.5)
Don't know	107 (25.9)
Other factors*	
Men as decision maker	242 (58.6)
Ignorance increases GBV	302 (73.1)
Married persons experience more GBV	100 (24.2)
Age of women	137 (33.2)
Alchol abuse	226 (54.7)
Educational status	170 (41.2)
low socioeconomic status	175 (42.4)
Drug Abuse/smoking	217(52.5)
family size	127 (30.8)
Men's domineering attitude	177 (42.9)
Peer pressure	194 (47)
Parental violence	185 (44.8)
Weak GBV Law enforcement	217 (52.5)

as a factor was associated with the prevalence of gender-based violence as young girls, aged fifteen years reported of experiencing at least, one form of gender-based violence¹⁰. The study found drug abuse 52.7%, smoking 52.5% and parental violence 44.8% to be other factors identified by respondents as associated with gender-based violence. This is in agreement with findings from another research on Factors that exacerbate GBV in which it was reported that most men indicated that alcohol consumption and growing up in an environment where parents fought publicly were significantly associated with beating their wives¹¹. This is however inconsistent with another study in Nigeria that documented from analysis that alcohol use and smoking were not associated with occurrence of gender-based violence¹².

Perceptions of gender-based violence among young adults

Findings from this study showed that 24.9% of respondents perceived gender-based violence as a normal experience and 23.7% were of the opinion that victims should keep gender-

based violence a secret experience. Qualitative data gathered from respondents also showed that even though respondents knew that gender-based violence is wrong, they viewed it as normal experience with almost an everyday occurrence. This finding is corroborated with results from a field research by the World Bank in Edo, Taraba and Katsina states of Nigeria which revealed that gender-based violence is viewed as a normal experience and hence justified by respondents, especially intimate partner violence¹³. Quantitative findings from similar studies also showed gender-based violence is viewed as normal and hence, tolerated at societal and community levels, which is strongly linked to inequitable gender norms that prescribe women to a household role¹⁴. This could be the reason why respondents viewed that cases of gender-based violence should be kept a secret since they viewed it as normal in some societies.

Findings further showed that 66.8% agreed that gender-based violence affects the wellbeing of families and 30.5% perceived that men who suffer from gender-based are not given listening ears. Gender-based violence has devastating consequences not only for victims, but also for the society as a whole. This

Table 3: Summary of perception scores of gender-based violence among young adults.

Knowledge Level	Range	Frequency (N = 413)	Percent (%)	Mean Score
Negative Perception	<70.12 (\bar{x})	286	69.3	70.12 \pm 13.74
Positive Perception	\geq 70.12 (\bar{x})	127	30.7	
Total	18	413	100	

finding is consistent with are port which revealed that men who suffer domestic violence are not given listening ears even if they report to authorities.¹⁵ They added that an abused man faces shortage of resources, skepticism from the police and other legal obstacles when he reports a case of gender-based violence. Furthermore, this study revealed a high proportion of negative perception towards gender-based violence among respondents, with 69.3% of respondents scoring below the mean perception point of 70.12% out of 120 points. This is in tandem with findings from a similar study among young adults in Lagos, Nigeria where respondents had very wrong perception about gender-based violence reflecting the general low level of understanding of the subject matter in the study location¹⁶. Although the cause of this generally negative perception is not known, there is need that research into this be carried out.

CONCLUSION

The concept of gender-based violence connotes a type of violence inflicted on an individual on basis of his/her gender. Around the world, women are the major victims of gender-based violence. A total number of 426 copies of the questionnaire were administered to respondents by the research team. Analysis was performed on the received data from the questionnaires, using Statistical Package for Social Sciences software (SPSS). More of the participants had a negative perception of gender-based violence among young adults as of the 69.3% respondents scored below the mean score and 98 (23.7%) perceived that gender-based violence should be kept a secret experience. In addition, men as decision makers 242(58.6%) and ignorance 242(58.6%) were the most identified factors associated with gender-based violence. In the families of 58.6% respondents, men being the sole decision makers exacerbates GBV and to 58.6% respondents, ignorance of gender-based violence increases its occurrence. A proportion of the respondents (24.2%) stated that married people experience gender-based violence than the unmarried. Furthermore, 33.2% respondents implicated age of women as a factor associated with gender-based violence and educational status was indicated by 41.2% respondents as a factor associated with gender-based violence. The study shows that decisions dominated by men were associated with greater risk of intimate partner violence compared to joint decision-making. Communities should work towards changing various narratives including the domineering attitude of men and encouraging female empowerment as these were linked to rising incidence of gender-based violence. From this study, a lower level of education was

associated with occurrence of gender-based violence. The government should invest in formal education as education enables a high socio-economic status of women, which is linked to the occurrence of gender-based violence. A good number of respondents viewed gender-based violence as a normal experience. Hence, there is need for individuals to acknowledge and understand gender-based violence as a societal problem.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

Individual level

- i. A good number of respondents viewed gender-based violence as a normal experience. Hence, there is need for individuals to acknowledge and understand gender-based violence as a problem.
- ii. Nongovernmental organizations and other agencies working in GBV should put mechanisms in place to encourage confidential reporting of gender-related violence and activities.

Community/socio-cultural level

- i. Communities should work towards changing various narratives including the domineering attitude of men and encouraging female empowerment as these were linked to deducing incidence of gender-based violence.
- ii. Key respected community leaders and stakeholders should be engaged by social/health professionals in the fight against gender-based violence.

National/policy level

- i. The government should invest in formal education as education enables a high socio-economic status of women, which is linked to the occurrence of gender-based violence. From this study, a lower level of education was associated with occurrence of gender-based violence.
- ii. Strengthened rule of law and ending impunity for gender-based violence in the country. This is because systematic failures of the police, and justice personnel put people at risk of violence and prevents access to justice.

Limitations of the study

The study captured GBV among young adults in urban settings.

This may limit the true picture of gender-based violence as the Study did not capture what obtains in rural settings.

Further studies

Studies should be carried out to investigate the reason for the generally observed negative perception towards gender-based violence among respondents in this study.

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Disclosure of conflict of interest

The authors declared no conflict of interest.

Statement of ethical approval

Ethical approval was sought and gotten from the Cross-River State Ministry of Health with Ethical approval number: CRS CRS/MOH/RP/REC/2020/127.

Statement of informed consent

Adequate and appropriate information about the research and research team, voluntary participation, confidentiality and anonymity were provided to the respondents and informed consent obtained prior to Key informant interviews and focus group discussions.

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