



MEASURING THE SHADOW PANDEMIC:

# VIOLENCE AGAINST WOMEN DURING COVID-19

COUNTRY REPORT: CÔTE D'IVOIRE

# EXECUTIVE SUMMARY

More than half of women in Côte d'Ivoire have experienced, or know someone who has experienced, violence against women (VAW) and nearly the same number perceive violence, abuse and harassment of women to be a problem in their communities. The COVID-19 pandemic in Côte d'Ivoire has had a direct impact on the rise of VAW risk factors and exacerbated existing tensions for women, which vary in type and severity based on socioeconomic status and vulnerability to stressors. The downstream impacts of COVID-19 have heightened concerns around safety for many women, particularly those that were the most vulnerable to safety issues prior to the pandemic. This re-

search delves into the relationships between measures of VAW and related demographic, behavioural and socioeconomic factors.

This study indicates that the pandemic has negatively impacted concerns of safety for the most vulnerable women in Côte d'Ivoire who had already been facing hardships, both structural and economic in nature, as well as issues related to their safety. Further, the study suggests that factors such as food insecurity, loss of income and unemployment have worsened women's fears and experiences of safety and affected their overall well-being.

# 1. INTRODUCTION

Prior to the COVID-19 pandemic, the 2012 Demographic and Health Survey conducted in Côte d'Ivoire revealed that 26% of partnered women aged 15–49 had experienced physical violence and/or sexual violence from an intimate partner at least once in their lifetime,<sup>1</sup> which is close to the global estimated average of 27% among ever-partnered women.<sup>2</sup>

Since the pandemic began, rapid gender assessments (RGAs) conducted by UN Women using administrative data from police, VAW hotlines and other service-providers suggested that the COVID-19 pandemic has increased risk factors for women and intensified some of the existing forms of VAW.<sup>3</sup> Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have had an impact on VAW risk factors, especially for women and girls who faced multiple forms of discrimination.

Within this context, UN Women commissioned Ipsos to conduct an RGA survey on the impact of COVID-19 on women's well-being and safety in 13 countries across regions. In adapting the survey methodology to be feasible in the COVID-19 context, proxy measures

on experiences of VAW were used to collect data on sensitive topics, in order to reduce the risk to the respondents, and thus may not be directly comparable to other studies conducted before the pandemic.

Having reliable data that are collected in line with methodological, safety and ethical standards, without putting women at greater distress and risk of violence, is critical to informing where policies and programmes can respond to the UN's system-wide efforts to scale up actions to address VAW in the context of COVID-19.

This report details the findings of the survey in Côte d'Ivoire fielded between 18 August through 24 September 2021. The survey was conducted with women aged 18 and older who had access to a mobile phone – a population that was estimated to be 82% of the total population of women aged 18 years and older in Côte d'Ivoire.<sup>4</sup>

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<sup>1</sup> Ministry of Health and the Fight against AIDS, National Statistical Institute, Ministry of Development and Planning and Measure DHS, ICF International. 2013. "Demographic and Health Survey" p. 352.

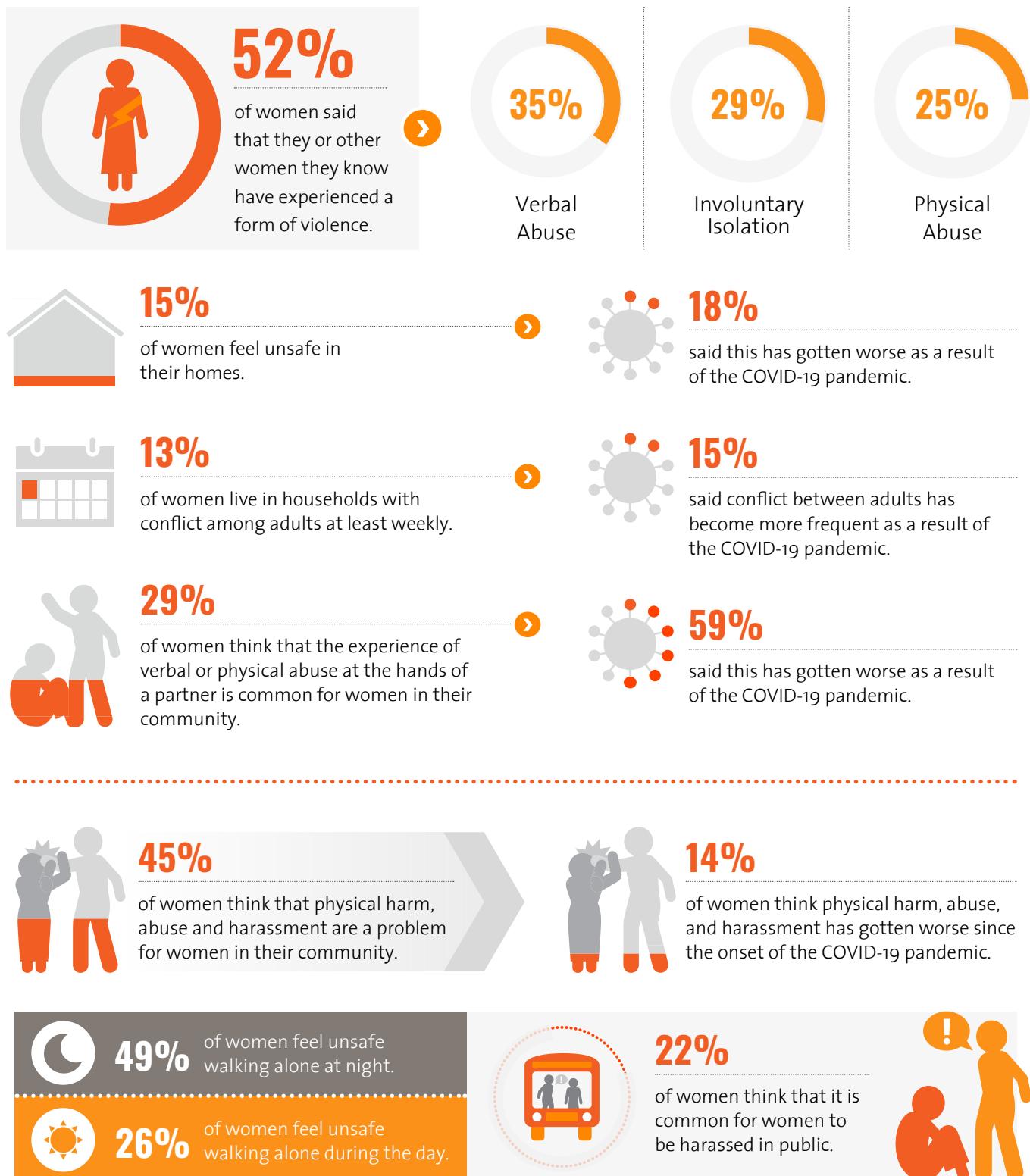
<sup>2</sup> World Health Organization. 2021. "National Estimates 2000-2018" [Global Database on Violence Against Women](#).

<sup>3</sup> UN Women. 2020. [COVID-19 and Ending Violence against Women and Girls](#).

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<sup>4</sup> GMSA. 2019. [Mobile Gender Gap Report 2019](#)

# KEY FINDINGS



# **2. EXPERIENCES OF VIOLENCE AGAINST WOMEN**

## **2.1. Proxy measures of violence against women in the community**

When considering measures of violence against women at the community level, it is important to keep the context of the study in mind. Due to the remote nature of this survey, indirect questions were asked as proxy indicators of VAW, meaning it was not possible to distinguish respondent experiences from those of other women in their community or whether this experience occurred within or outside of the household. Therefore, while data from this study should not be interpreted as prevalence data, they nevertheless provide critical information on the impact of COVID-19 on women's perception of well-being and safety.

More than half of women in Côte d'Ivoire (52%) have themselves experienced a form of VAW or know a woman who has in their lifetime (including physical violence, denial of basic needs, sexual harassment, forced isolation or

verbal abuse). The forms most commonly cited were verbal abuse (35%), denial of basic needs (29%), or physical violence (25%). Among those who reported experience or knowledge of VAW since the start pandemic, denial of basic needs (14%), verbal abuse (12%) and forced isolation (12%) were the most common forms of VAW cited.

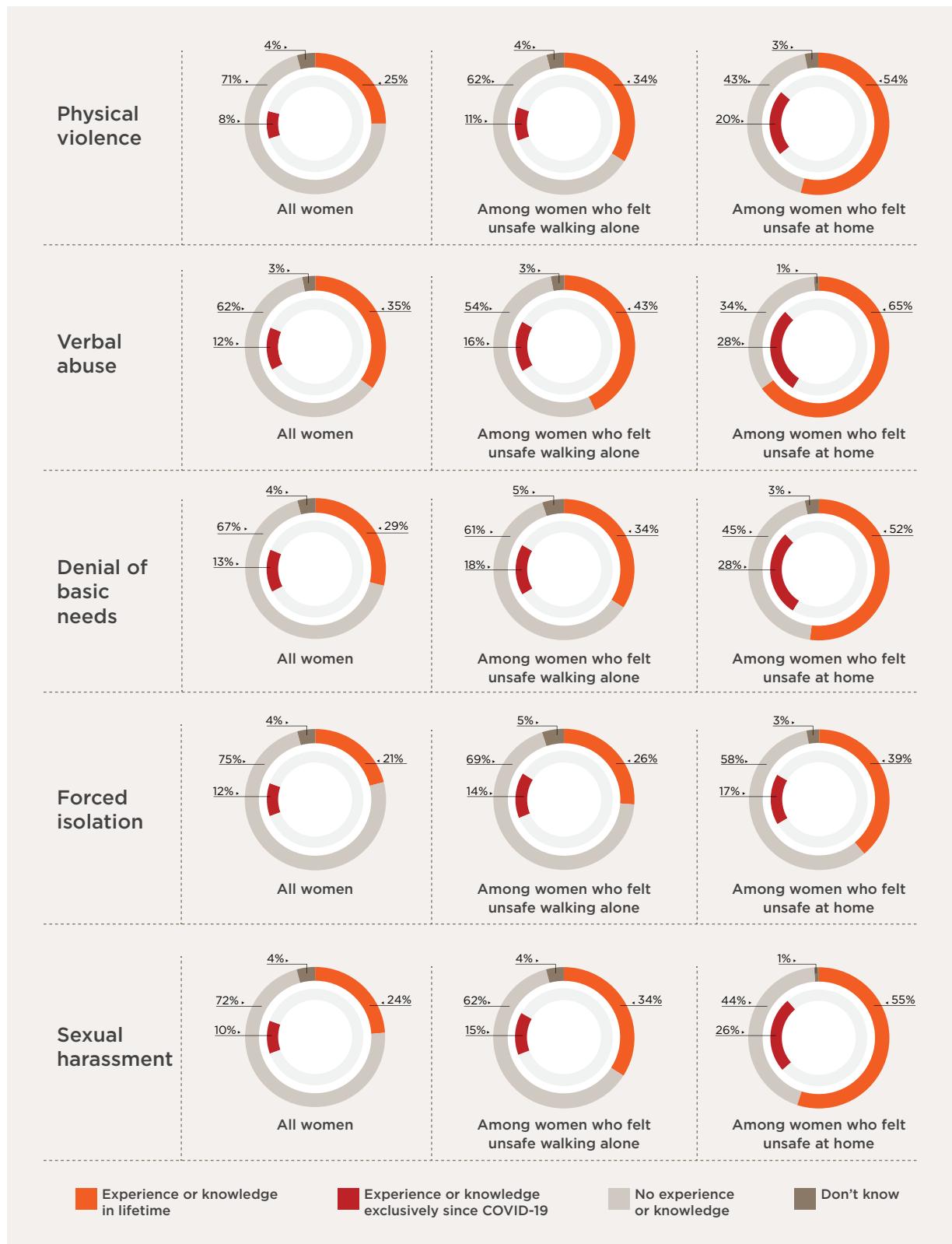
Among women who have experienced VAW in their lifetime, more than 1 in 10 (15%) have experienced it exclusively since the onset of the COVID-19 pandemic, mostly in the form of denial of basic needs (14%) or forced isolation (12%).<sup>5</sup> Women who felt unsafe walking around alone, day or night, and women who felt unsafe in their homes, were more likely to report experiencing VAW or knowing a woman who had experienced VAW in their lifetime and since the start of COVID-19.

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<sup>5</sup> Cognitive testing of this question revealed that for many women forced isolation and denial of basic needs were influenced by COVID-19-related measures and economic stress. The results from this study suggest that women may bear a disproportionate burden when it comes to COVID-19 effects; however, it is important to keep the overall context in mind when interpreting results.

**FIGURE 1**

**Experience or knowledge of specific forms of VAW, over a lifetime and since COVID-19**



In addition to personal experiences of safety being associated with VAW, other factors – including disability, employment status, as well as food security – appear to have a significant impact on experience or knowledge of different types of VAW, whether over a lifetime or exclusively since COVID-19.

Women with disabilities were more likely than women without disabilities to have experienced or know another woman who has experienced a type of VAW in their lifetime (58 versus 50%, respectively), or exclusively since the onset of COVID-19 (20 versus 13%, respectively). Women with disabilities were particularly more likely than women without disabilities to experience physical violence (30, compared to 24%), verbal abuse (40, compared to 33%), and sexual harassment (31, compared to 22%) in their lifetime, as well as significantly more likely than women without disabilities to report that they or someone they knew had experienced denial of basic needs since the start of the COVID-19 pandemic (19, compared to 12%).

Employment and income also appear to be correlated with experiences or knowledge of VAW, with women who generated an income for their household being more likely than those who did not generate income that they, or a woman they knew, had experienced all types of VAW in their lifetime, as well as being particularly likely to have experience or knowledge of sexual harassment exclusively since the onset of the COVID-19 pandemic (11, compared to 7% among women who did not generate income). This was particularly acute when women earned more income than their partner, which increased the likelihood of re-

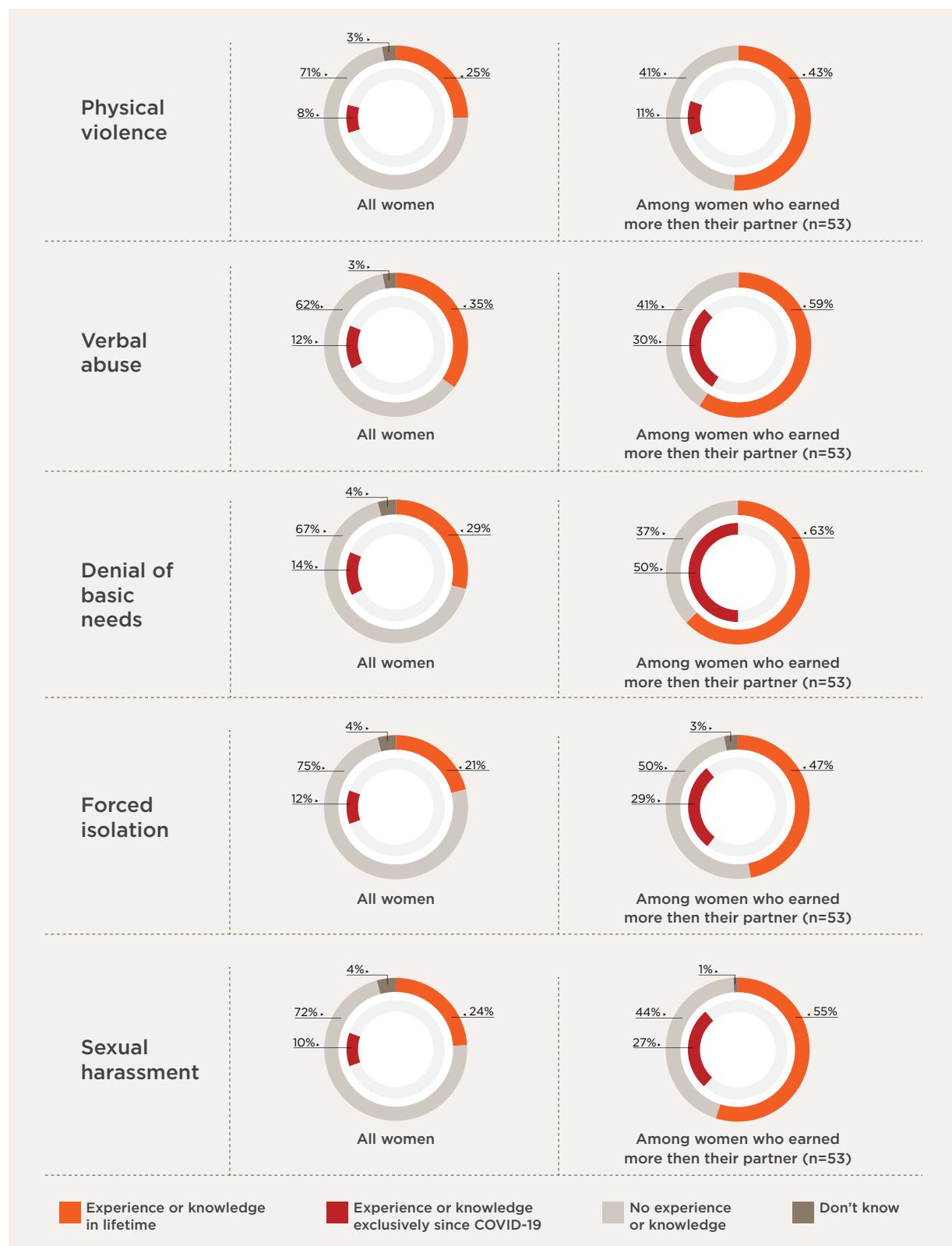
porting experience or knowledge of all types of VAW multifold, whether it was experienced over a lifetime or exclusively since the onset of the pandemic.

Interestingly, women who said that they were unemployed were most likely to say that they or another woman they know had experienced physical violence (15, compared to 7% among employed women and 5% among full-time caregivers) or sexual harassment (17, compared to 10% among employed women and 8% among full-time caregivers) specifically since the onset of COVID-19. A similar trend held true for VAW over their lifetime, with 33% of unemployed women citing physical violence, compared to 27% for the employed and 18% for full-time caregivers, while for sexual harassment 32% of unemployed women cited it, compared to 26% of employed and 18% of full-time caregivers).

Overall, women aged 60+ were significantly less likely than younger women to report direct experiences with or knowledge of any type of VAW in their lifetime (27, compared to 54% among women under 60), which may suggest that women over this age may be less comfortable openly discussing such matters than younger women.

Women who said that they or someone they know have experienced the denial of basic needs since COVID-19 were more likely to be severely food insecure compared to women who did not (34 versus 19%, respectively), further indicating that economic conditions brought on by COVID-19 may have an impact on women in particular.

**FIGURE 2**  
**Experience or knowledge of VAW, by income earned in relation to partner, over a lifetime and since COVID-19**



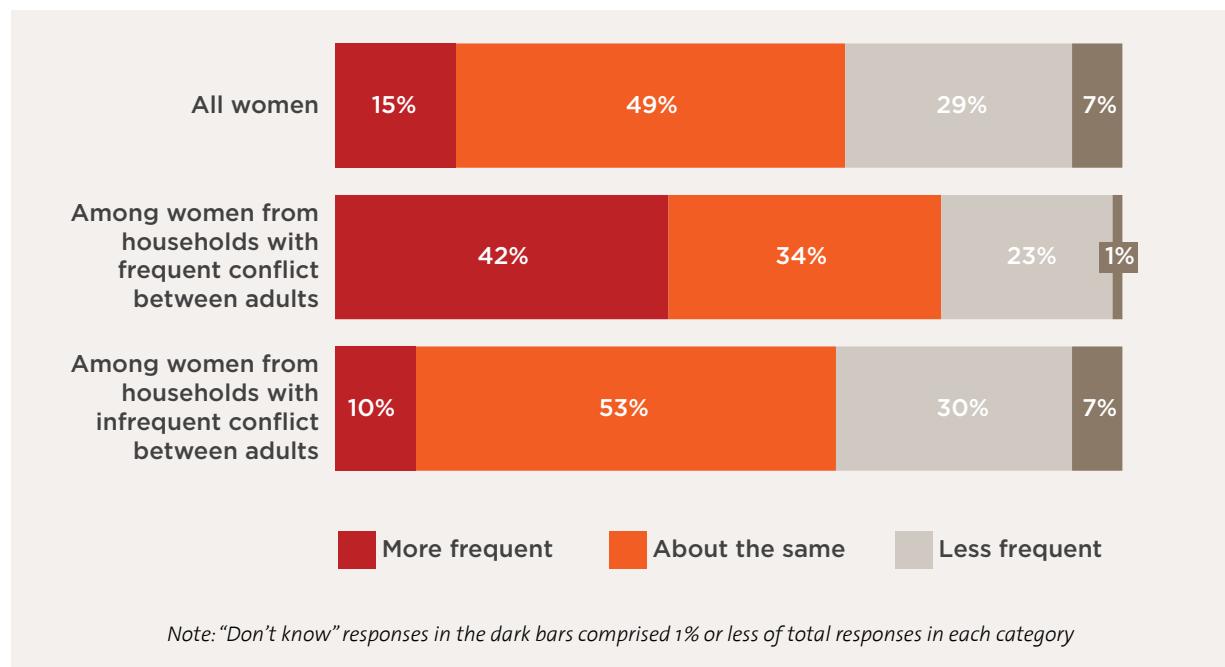
# 3. FEELINGS OF SAFETY

## 3.1. Personal safety inside the home

When it comes to safety within the household, 13% of women said there has been conflict between adults in their household at least weekly over the past six months and 15% of all women said that conflict has become more frequent since the onset of COVID-19. Those

who experienced household conflict were more than four times as likely to say that the frequency has increased since the onset of the pandemic compared to those who said they had no household conflict (43 compared to 10%, respectively), suggesting that existing household tensions have been exacerbated.

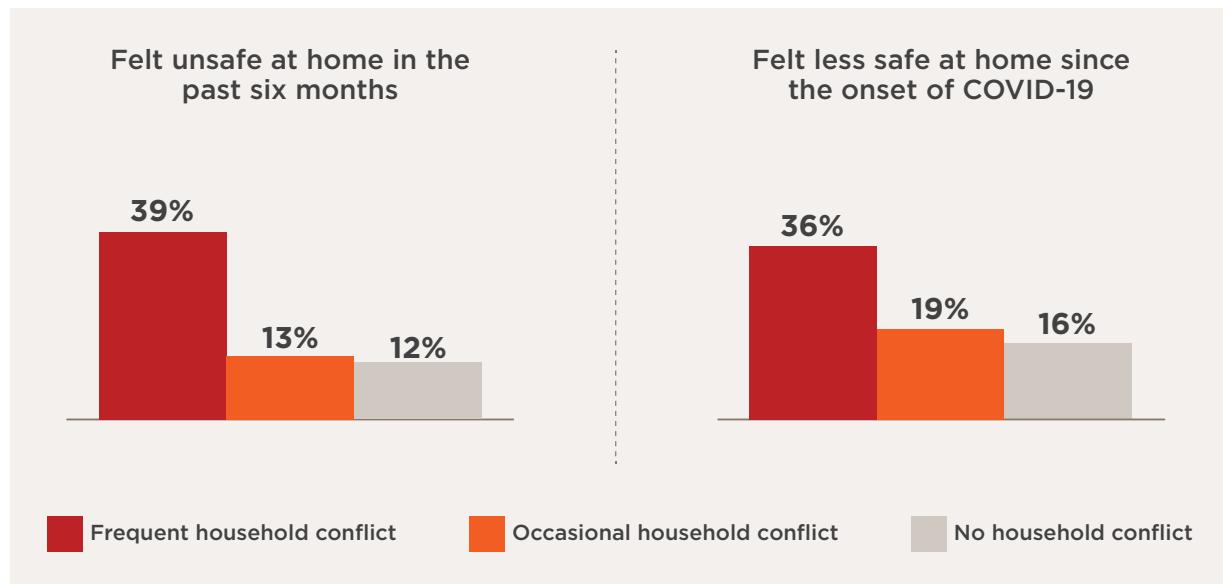
**FIGURE 3**  
**Changes in frequency of household conflict as a result of COVID-19**



About one woman in six (15%) said they have felt unsafe in their household in the last six months, and 54% of these women said the COVID-19 pandemic has made things worse, compared to only 18% of women overall who said that COVID-19 has made the situation worse. Additionally, those who experienced frequent conflict (at least weekly) between adults in the household were more than three times as like-

ly to have felt unsafe in their homes compared to those who experienced occasional or infrequent conflict and twice as likely to say it has worsened as a result of COVID-19. These data reinforce, as previous data have shown, that the COVID-19 pandemic has had the biggest negative impact on those already experiencing hardships.

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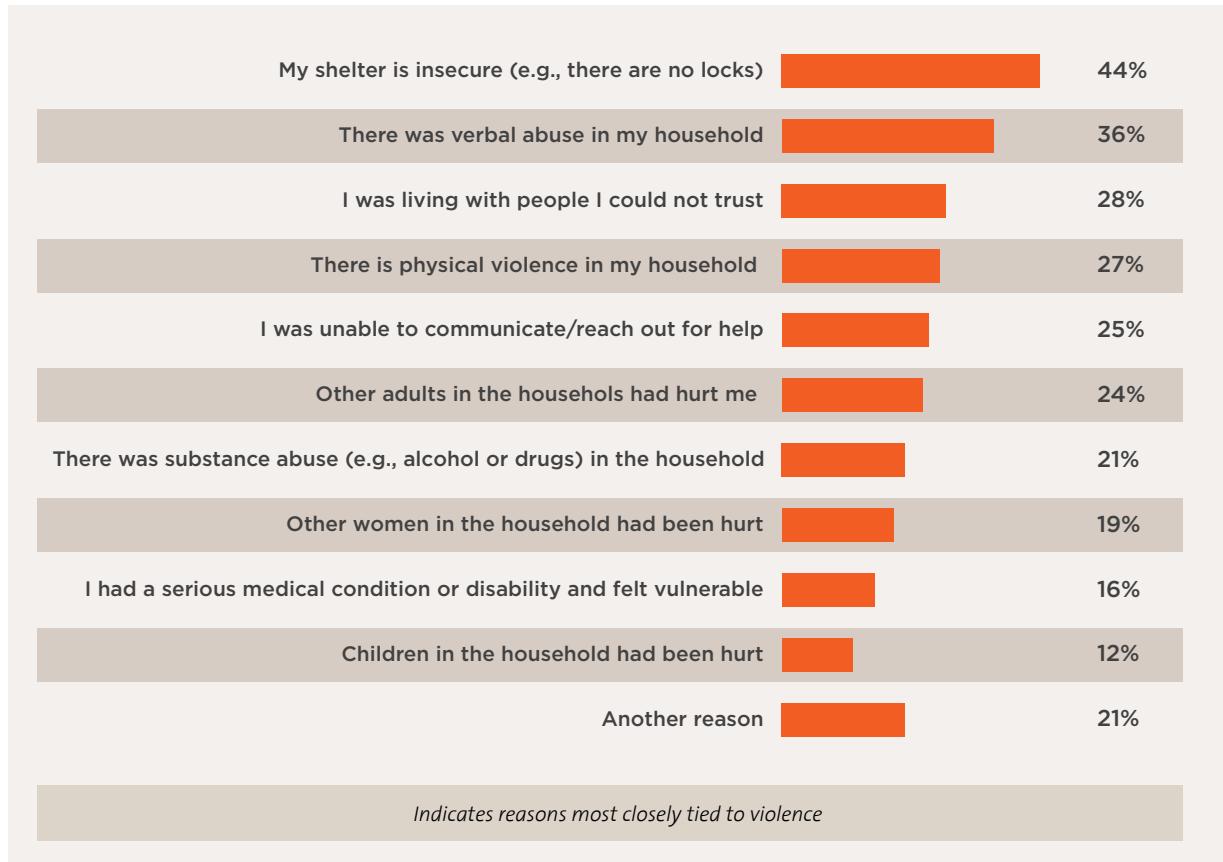
**FIGURE 4****Perceptions of women's safety in the household, by frequency of household conflict**

Women who had experienced, or knew someone who had experienced, VAW in their lifetime were significantly more likely (23%) to feel unsafe in their homes than those who had not (6%), suggesting that some of these women were including their own experiences of VAW in this reporting. Concerns among women with disabilities in public spaces were reflected at home as well, with 20% saying they have felt unsafe at home.

Women who earned more than their partners were nearly three times as likely to have felt unsafe at home; they were also more than twice as likely to say household conflict has increased since the onset of COVID-19. Additionally, women who felt unsafe in their homes were much more likely than those who felt safe to be severely food insecure, as were

unemployed women, further underpinning how financial hardship and household dynamics are associated with VAW.

When asked why they have felt unsafe in their homes, women cited shelter insecurity (such as their home having no locks) and verbal abuse as the most common reasons. Women who said that they or another woman they know have experienced a type of VAW in their lifetime were more likely than those who did not to say the reasons they felt unsafe at home were related to physical violence (32, compared to 5%), violence against children (14 compared to 0%) or other women being hurt (28, compared to 8%), further suggesting that women included their own experiences when asked about their knowledge of VAW.

**FIGURE 5****Reasons for women feeling unsafe in their homes (among the 15% who reported feeling unsafe)**

### 3.2. Personal safety in public spaces

When out in their communities, the majority of women said they feel safe walking around the areas where they live during the day (73%), but this drops to just 43% when asked the same question about walking alone at night, and nearly 1 in 5 (19%) said they feel less safe while out at night since the start of COVID-19.

Single women were significantly more likely to feel unsafe when walking alone than women who said that they were married or living with a partner, whether it was during the day (29 compared to 23%, respectively) or at night (53 compared to 45%, respectively). Women with disabilities were significantly more likely to feel unsafe walking around than women without disabilities, whether it was during the day (33 compared to 23%, respectively) or at night

(57 compared to 46%, respectively). This was also true of women who said that they experienced a decrease in income in the past year compared to those who reported unchanged income, whether during the day (29 compared to 16%, respectively) or at night (52 compared to 40%, respectively). Additionally, women who said that they were unemployed were significantly more likely to feel unsafe walking alone at night than employed women (61 compared to 46%, respectively).

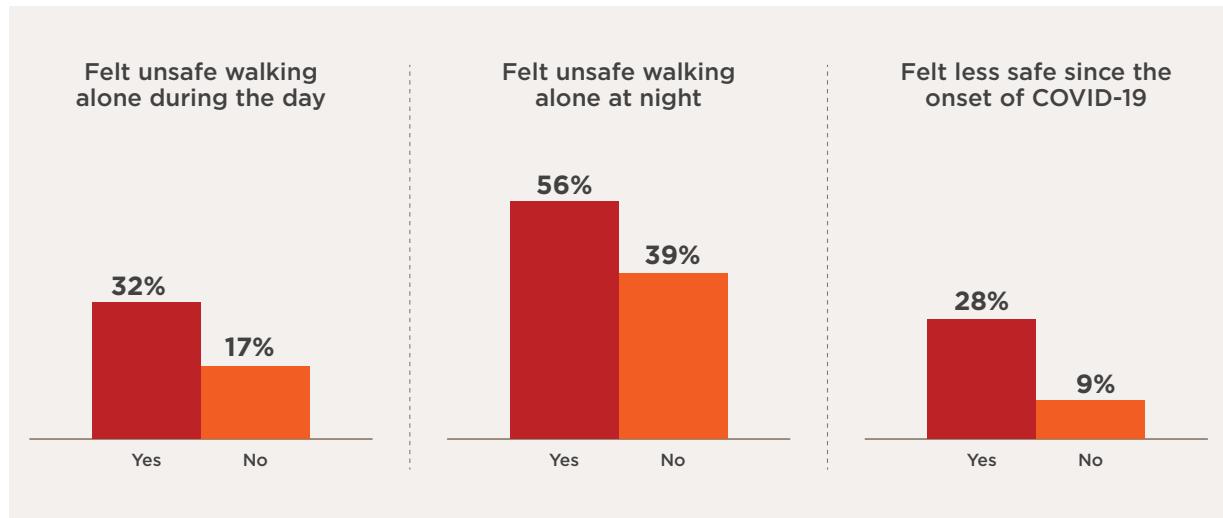
Women who said that they or another woman they know had experienced a type of VAW in their lifetime were more likely to feel unsafe walking alone than those who did not, whether it was during the day (32 compared to 17%, respectively) or at night (56 compared to 39%, respectively) pointing to the continuum of experiences and perceptions of VAW, and the

impact that women's feelings of safety in public may have on their mobility. Indeed, women who said that they have felt unsafe walking alone, day or night, were less likely to say they

had left the house alone on a daily basis than women who had never felt unsafe walking alone during the day or at night (60 compared to 69%, respectively).

**FIGURE 6**

**Perceptions of safety while out in public, by experience or knowledge of VAW in lifetime**



The study suggests that women's feelings of safety in their communities have been impacted by the pandemic, as nearly 1 in 5 (19%) of women said they feel less safe alone at night since the start of COVID-19. Lessened feelings of safety in public since the onset of COVID-19 were more pronounced among women who

said that they were already feeling unsafe walking alone, day or night, (32%) as well as those who perceived VAW to be a problem in their communities (26%) suggesting that the pandemic has exacerbated existing safety issues for women in Côte d'Ivoire who were already feeling at risk.

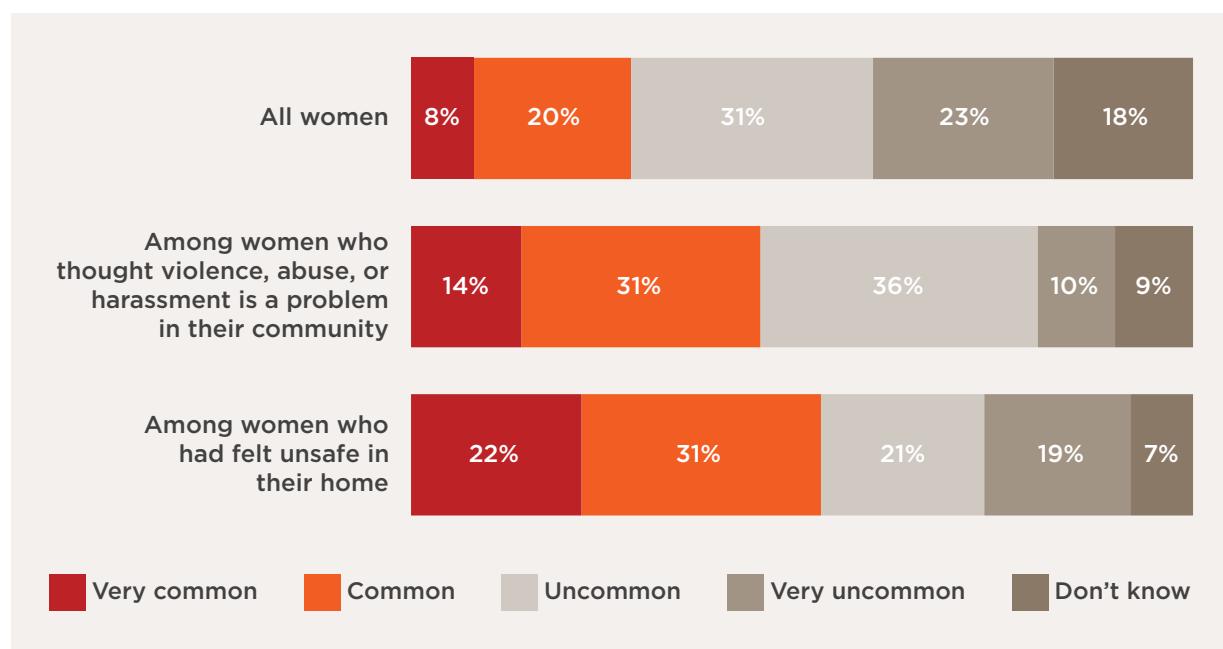
# 4. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

## 4.1. Women's perceived safety inside the home

When considering the broader community, 29% of women said they think that the experience of verbal or physical abuse at the hands of a partner is common for women. Women who were separated or divorced (52%) were much more likely than women who were married or living with a partner (28%) to perceive partner abuse as being common in their communities.

Women who said that they or another woman they know had experienced a type of VAW in their lifetime were twice as likely as those who did not to say that physical and verbal abuse at the hands of a partner were common (38 compared to 19%, respectively). The perception that partner abuse is common in the community rises even further among women who felt unsafe in their homes and those who think VAW is a problem in their community (46%).

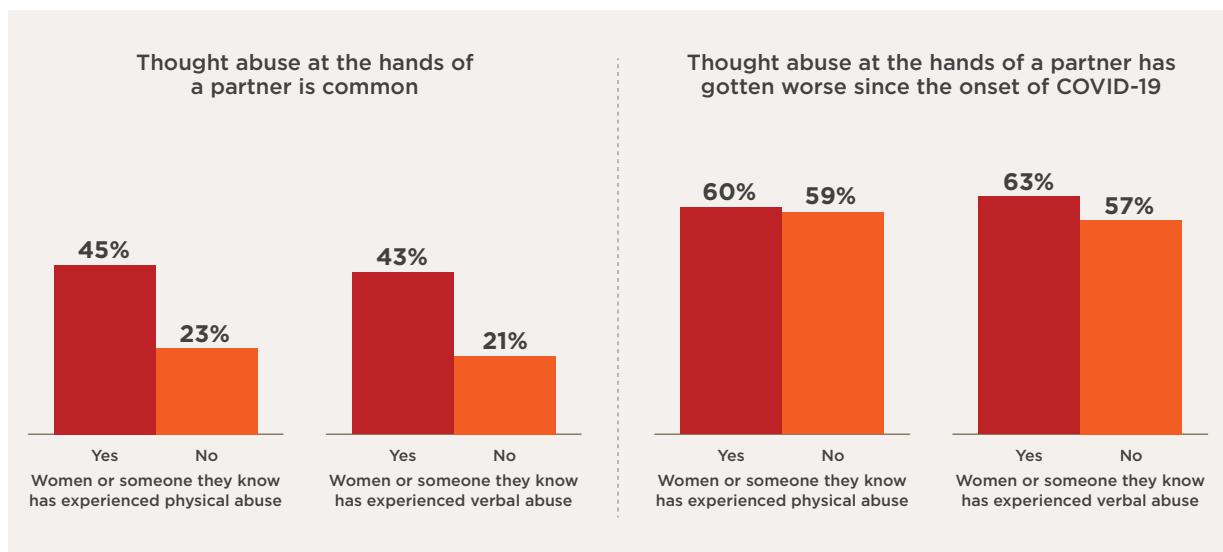
**FIGURE 7**  
**Perceptions of partner abuse, by perceptions of safety**



More than half of women (59%) thought things have gotten worse in terms of women's experience of verbal or physical abuse at the hands of a partner since the start of the pandemic. This was particularly acute among women who said that they were unemployed (69%), as

well as those who thought this experience was common (79%), and among those who said that they or another woman they know have experienced physical violence (60%) or verbal abuse (63%) in their lifetime.

**FIGURE 8**  
**Perceptions of partner violence, by experience or knowledge of VAW in lifetime**



These data points suggest that women may be including their own experiences when reporting on the experiences of women in their community, as well as bolstering the evidence-based theory on the continuum of violence, with VAW crossing private and public spaces and women who reported safety incidents happening within their homes perceiving that abuse is common in the community overall more than women who feel safe in their homes.

Furthermore, women who thought experiencing verbal and physical abuse at the hands of a partner was common (79%) and those who experienced or knew someone who had experienced VAW in their lifetime (62%) were both more likely than the average to believe that COVID-19 had made things worse for women facing partner abuse. This reinforces the impact COVID-19 has had in exacerbating conditions for those already facing safety concerns or violence within the home – as it has with women facing safety concerns or violence outside of the home.

Similar to experiences of violence outside the home, most women (89%) said they believe that women would seek out help if they experienced verbal or physical abuse at the hands

of a partner. However, the sources sought for help were very different. In contrast to public spaces, just 8% of women believed that help would first be sought from the police, suggesting that domestic violence may be underreported to authorities in comparison with other forms of VAW.

Most women expected help to be sought primarily from family (38%), particularly women who said they were full-time caregivers (47%). Women's groups, centres and NGOs were the second most common primary sources for help-seeking (30%), particularly cited by women in urban areas (31, compared to 24% in rural areas). Women who have felt unsafe in their home were more likely to seek support from community leaders (11, compared to 6% of those who did not feel unsafe), and women with disabilities were twice as likely to seek out the help of religious leaders primarily (11, compared to 5% of women not living with a disability).

Reliance on more informal support networks may be driven by a low awareness of the support available to women. While around 20% of women said that access to basic needs, financial support and mental health support were available to women in their community, an

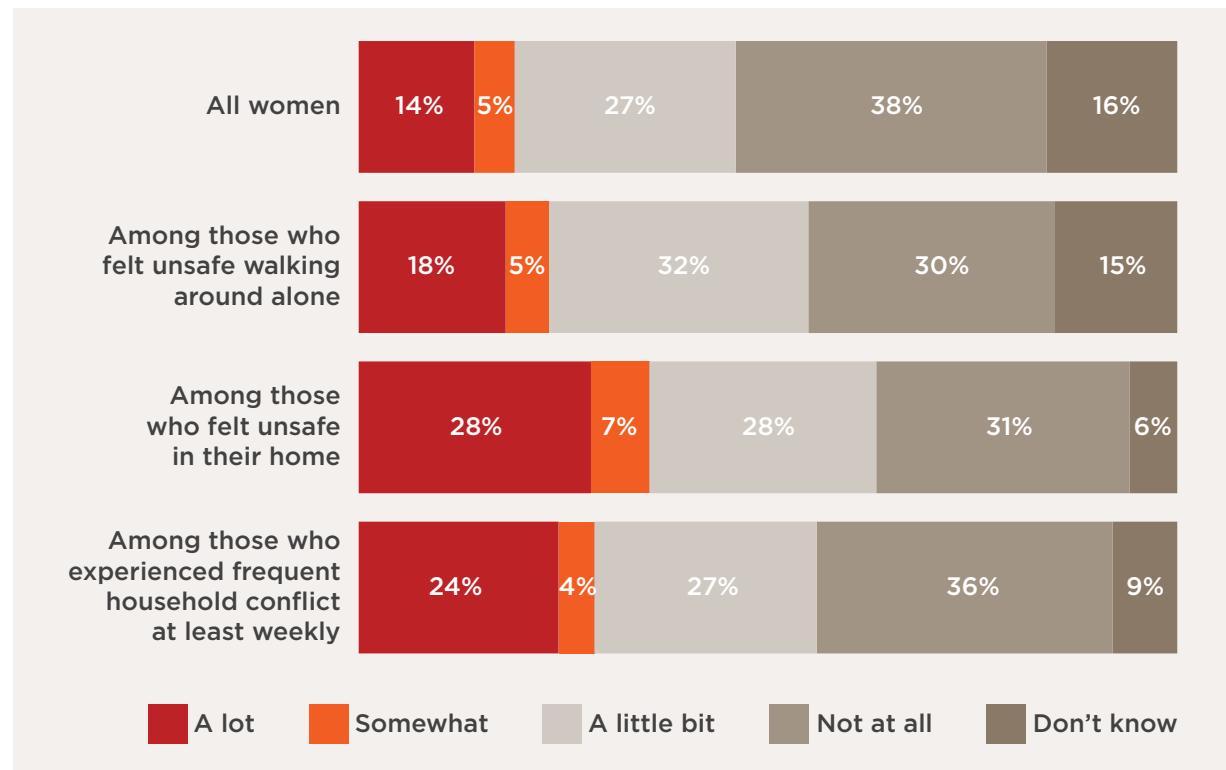
equal number said they did not know whether or not these services were available, suggesting that further work is needed to connect women to resources, where they are available.

## 4.2. Perceptions of violence against women in the community

When asked about violence, abuse or the harassment of women in their community, nearly 1 in 5 (19%) women said they believe they are at least somewhat of a problem and an additional 27% said they are a little bit of a problem.

Violence, abuse or the harassment of women in the community was significantly more likely to be perceived as a problem by women who felt unsafe in their homes than by women who felt safe, as well as by those who experienced household conflict frequently compared to those who experienced it infrequently. Those who felt unsafe walking around alone, day or night, were also significantly more likely to perceive VAW as a problem in their communities than those who felt safe.

**FIGURE 9**  
**Extent to which violence, abuse, or the harassment of women is a problem in the community**



Women with disabilities were also much more likely than women without disabilities to perceive violence, abuse or the harassment of women as a problem in their communities (51 compared to 44%, respectively).

Additionally, more than half of women (55%) said violence, abuse or the harassment of women have stayed the same in their commu-

nity since the start of the COVID-19 pandemic, while 14% of women said it has increased. Women who were significantly more likely to perceive violence, abuse or the harassment of women as a problem in their communities were also more likely to say that it has gotten worse since the onset of COVID-19 than those who did not (26 compared to 4%, respectively).

Women with disabilities were significantly more likely (18%) than women without disabilities (12%) to say that violence, abuse or the harassment for women has gotten worse. This was also true of women who felt unsafe in their homes (30%) compared to women who felt safe (11%), as well as women who felt unsafe walking alone, day or night, (20%) compared to those who felt safe (7%). These findings emphasize that the pandemic has had the biggest negative impacts on those that were already vulnerable to experiencing or perceiving VAW.

### 4.3. Women's perceived safety in public spaces

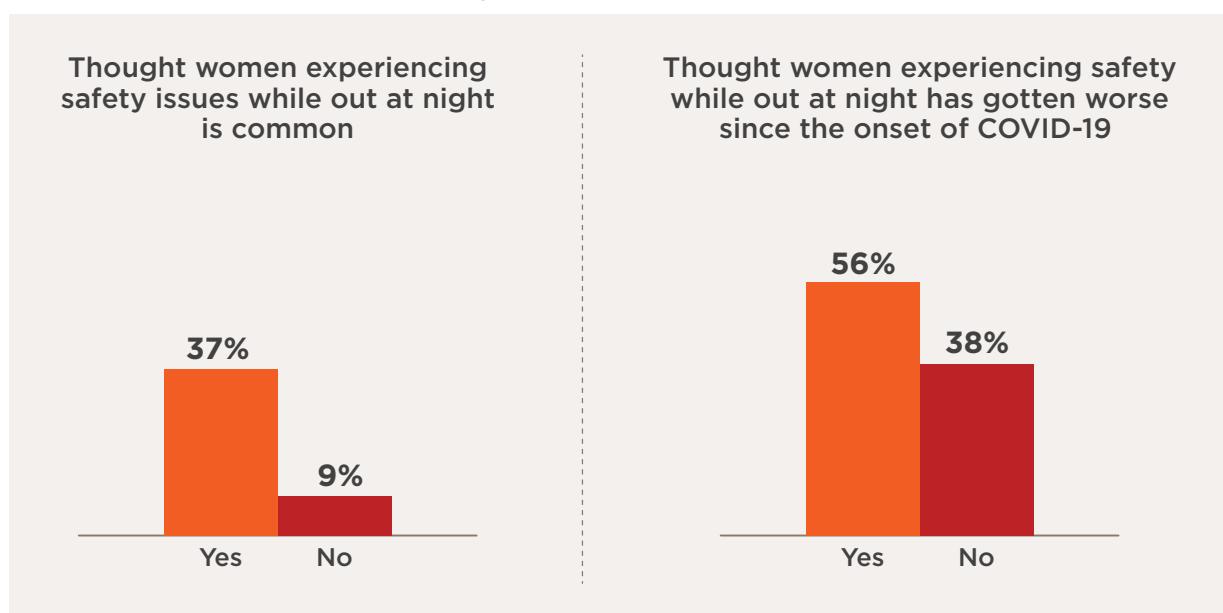
While nearly half (49%) of women in Côte d'Ivoire had personally felt unsafe walking alone at night, fewer expressed concerns about the safety of women in their community generally, with 22% of women saying they think it is common for women to experience harassment and safety issues in when alone at night.

Women who experienced, or knew someone who had experienced, VAW in their lifetime were nearly twice as likely as those who did not to view women experiencing safety issues while out at night as a common occurrence (29 compared to 16%, respectively), as were women who said they felt unsafe walking alone, day or night, (31, compared to 14% among women who always feel safe while walking alone). Among women who perceived VAW as a problem in their communities, they were more than four times as likely to say that safety issues were common for women when out alone at night (37%) than those who did not perceive VAW to be a problem (9%).

Nearly half (45%) of women said that they think safety issues for women while out at night have gotten worse since the onset of COVID-19, and this was particularly pronounced for women in rural areas (57%), those who thought VAW was a problem in their community (56%), and those who thought the experience was common in the first place (66%).

**FIGURE 10**

**Perceptions of women's safety in public at night, by perceptions of violence, abuse or the harassment of women in the community**



Most women (90%) expected that women experiencing harassment in public spaces would seek help, and 6 out of 10 (60%) said that they expected women would seek help primarily from the police. About 1 in 10 (12%) expected women to seek support first from women's groups, NGOs or CSOs, while 9% expected that they would seek support first from their families. Despite the fact that the police were the source most expected to be contacted for VAW in public spaces, 45% of women said that there was no legal support available in their community to help with the reporting of incidents or dealing with the police.

Women with disabilities were significantly less likely (86%) than women without disabilities (91%) to say women would seek help for VAW in public spaces. They were also less likely (56%) than women without disabilities (61%) to expect women to seek help primarily from the police and significantly more likely (6%) than women without disabilities (2%) to expect women to first approach community leaders for support.

Women who had experienced or know a woman who has experienced VAW in their lifetime were significantly more likely compared to

those who had not (92 compared to 87%, respectively) to expect women to seek help for safety issues in public spaces. They were significantly less likely, when compared women who had no experience or knowledge of VAW in their lifetime, to expect women to reach out first to the police (53 compared to 68%, respectively), but were more likely than women who had no experience or knowledge of VAW in their lifetime to expect women to primarily seek help from women's centres, groups or NGOs (22 compared to 18%, respectively). The same pattern was seen with women who did feel safe walking alone, during the day or at night, suggesting that women who have awareness or knowledge of VAW trust their own networks, women's groups and organizations more than they trust authorities.

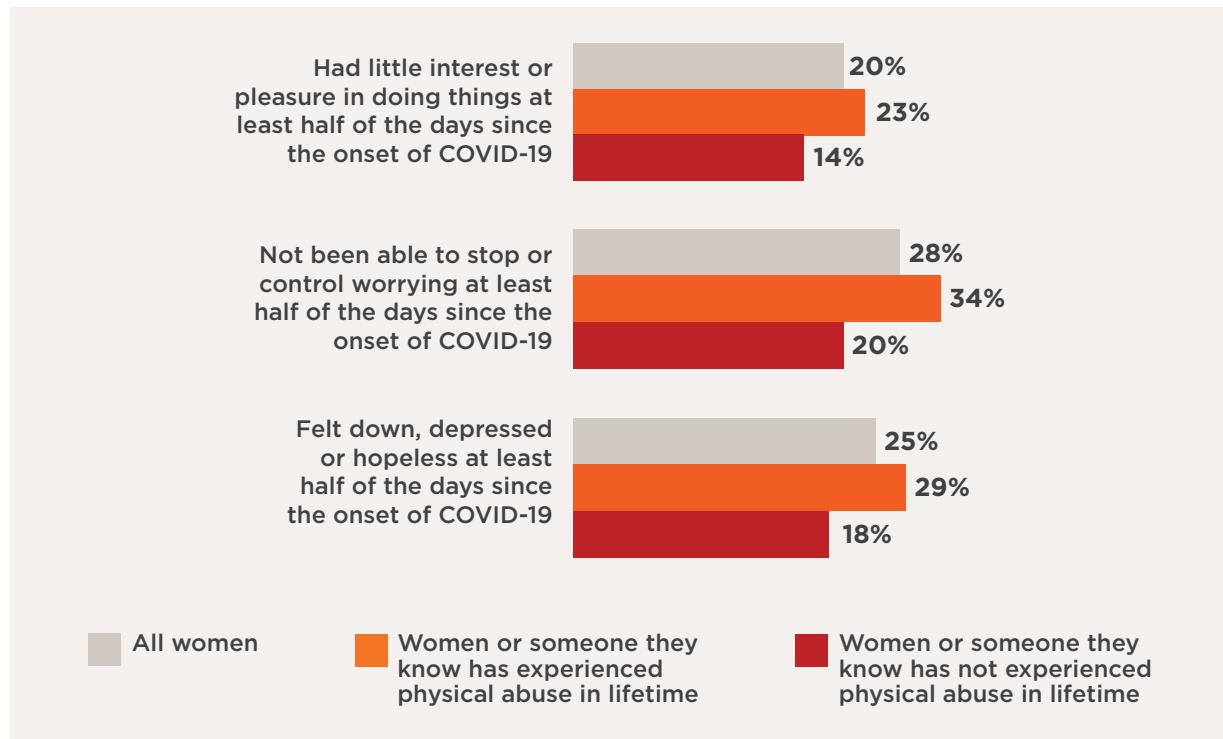
Any sense of anxiety and fear outside of the household that they may have experienced does not seem to have stopped women from engaging in public. The majority of women (88%) said that they have left their house alone at least once a week in the past month and most still see their friends and social groups with either the usual or reduced frequency despite constraints related to the COVID-19 pandemic.

# 5. IMPACTS OF VIOLENCE AGAINST WOMEN

While women in general reported experiencing negative effects on measures of mental and emotional health to some degree since the onset of COVID-19, women who had experienced safety concerns in the public or private spheres were slightly more likely to say they have experienced indicators of anxiety and depression at least half the days since the onset

of COVID-19. Women who generated an income for their households and those who said their income has decreased over the past year were more likely to experience depression and anxiety at least half the days since the onset of COVID-19, as were women who said that they or another woman they know had experienced VAW in their lifetime.

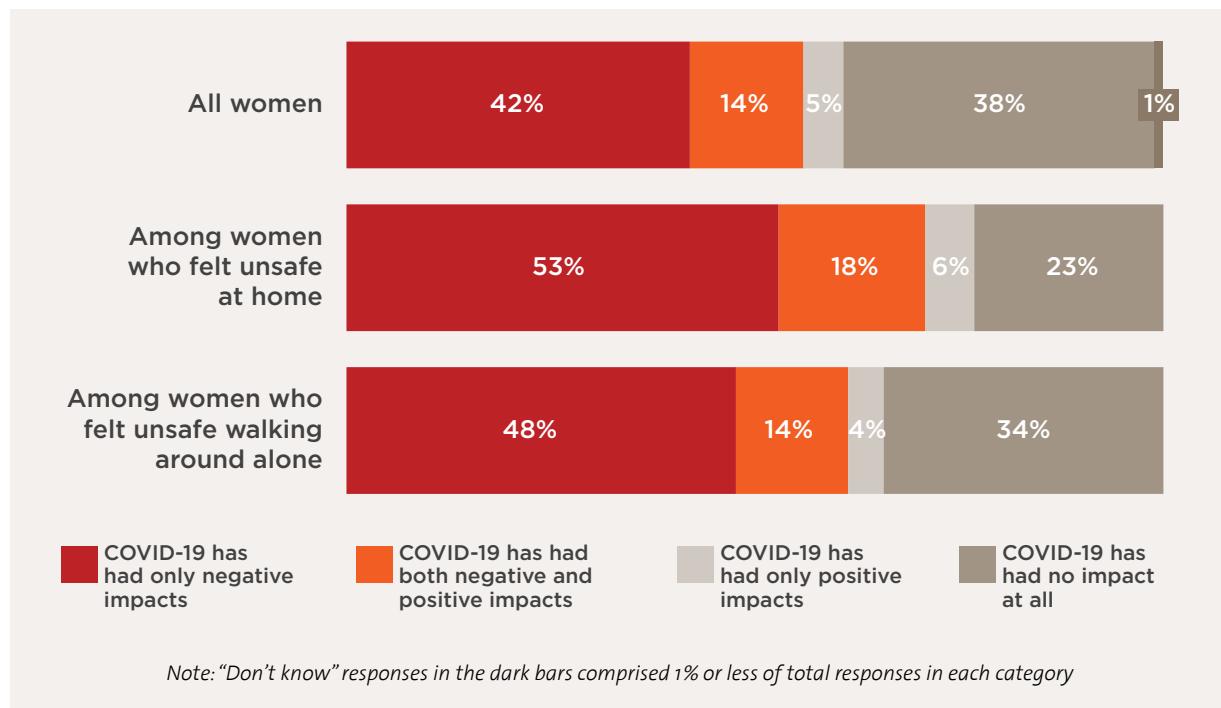
**FIGURE 11**  
**Measures of mental health, by feelings of safety**



Women who reported experiencing safety issues also said that the COVID-19 pandemic had an exclusively negative impact on mental and emotional well-being at significantly

higher rates when compared to women who had not experienced safety issues, whether it was inside or outside the household.

**FIGURE 12**  
**Impacts of the COVID-19 pandemic on mental health, by feelings of safety**



Women who experienced or knew someone who had experienced VAW in their lifetime were also much more likely than those who did not to report exclusively negative effects of the COVID-19 pandemic (47 compared to 36%, respectively). This pattern was also seen among women with disabilities, as they reported exclusively negative effects at much higher rates than women without disabilities (48 compared to 41%, respectively). Additionally, those reporting exclusively negative effects were more likely to be severely food insecure. This data suggests, as previous reports have found, that the negative impacts of COVID-19 are felt the strongest by those already experiencing hardship.

Women with children in the household were also significantly more likely to report exclusively negative mental health effects of COVID-19 than women without children in the household (45 compared to 32%, respectively), possibly reflecting the higher care burden and stress placed on mothers during COVID-19

lockdowns or partial lockdown periods with children and parents confined to the home and schools closed, as well as concern for children's health.

The impacts of violence against women in public and private spheres were also observed when analysing women's socialization and movement patterns. Women who said that they or another woman they know had experienced physical violence or sexual harassment in their lifetime were more likely to say they had not left their homes alone in the past month (10, compared to 6% among women who did not have experience or knowledge of these types of VAW). Similarly, women who felt unsafe in their homes were more likely to report that COVID-19 had limited their interactions with their friends and social groups (66, compared to 57% among women who felt safe), as were women who felt unsafe walking alone, during the day or night (64, compared to 52% among women who felt safe).

# 6. RECOMMENDATIONS

Women's experiences of VAW and the impacts of COVID-19 in Côte d'Ivoire are significant. With around 46% of women likely experiencing food insecurity at the time of the study and 66% saying they had lost income since the onset of and mostly due to the COVID-19 pandemic, external stressors that can increase the risk of VAW are on the rise across the country.

As a result of the intersectionality of VAW, policy and programmatic interventions required tailoring to the factors driving different experiences of violence. Not only does the type of response that was best suited to address VAW vary based on the specific experiences of women, but the resources they would seek out vary as well. This study stresses the importance of partnering with existing informal infrastructure to empower communities with the full suite of resources they may need to support women in vulnerable situations. Considering this, the research supports three recommendations:

**1. Interventions that are meant to address VAW should consider how policy interventions in other areas may alleviate some of the root causes of VAW, including through fully integrating VAW measures in post-COVID-19 recovery plans as an opportunity to build back better.**

The COVID-19 pandemic has amplified the relationship between conflict and socioeconomic stressors in relation to VAW in Côte d'Ivoire, increasing vulnerability among already vulnerable women in particular. Some of the associated root causes as reflected in the survey are food insecurity, income loss and social isolation. These shifts stress the need for a comprehensive policy framework on VAW to be included in all COVID-19 relief and recovery efforts, which mainstreams the issue and its impact across all policy and programme areas. More specifically, the results of this survey call

for further linking economic programmes to initiatives on ending VAW, given their reciprocal causal effects both on women's rights and factors of vulnerability, including in programmes to address the socioeconomic impacts of COVID-19.

**2. Work to enhance the response and provision of essential services by authorities and civil society structures, and to improve trust, in order to improve reporting and bolster women's confidence and feelings of safety.**

It is important to recognize that violence may be underreported to law enforcement and official authorities in Côte d'Ivoire. While the majority of women did expect that women experiencing violence would seek help, this was largely from friends and family or through women's centres, groups or NGOs, rather than from police, particularly in cases of intrahousehold conflict. Some groups, mainly women with disabilities, also suggested seeking help from community or religious leaders. This shows that among women in Côte d'Ivoire, especially women who have safety concerns and experience or knowledge of VAW, there is greater trust in informal institutions and networks. Initiatives that capitalize on this trust and spread awareness of these resources could help improve feelings of safety for women who are often out in their communities and help women facing fear or violence within their homes feel that they have a place to turn to outside of the home or immediate family.

Low knowledge of the resources available to women, including mental and physical health, financial, in-kind and legal support, suggests that more programming to support women may be needed, and programmes already working in these areas could benefit from improving awareness among the general population, and specifically those in urban areas. Investing in these forms of support and in

awareness-raising campaigns can further encourage women experiencing violence to formally report their experiences and seek help.

It is clear that women with disabilities face unique vulnerabilities both in their lifetime and since the onset of COVID-19 that have impacted their sense of safety in their homes and in their communities. Communities can help empower these women by investing in institutions that are more likely to be trusted by women with disabilities to provide resources geared toward their specific needs. These institutions may be able to better serve women with disabilities in their communities by hiring staff who are familiar with the unique struggles and vulnerabilities these women face locally.

**3. Support further research that goes beyond understanding VAW prevalence to examine the underlying social norms and behavioral drivers, particularly around breaking taboos and help-seeking behaviours.**

The effects of COVID-19 have also magnified the vulnerabilities and safety concerns of women in Côte d'Ivoire. In particular, women who earned more than their partner and those

with disabilities were significantly more likely to report experiencing or knowing a woman who has experienced VAW and to see negative impacts on their mental and emotional well-being. These experiences point to underlying behavioural drivers and social norms that not only impact specific women's vulnerability but also influence whether or not they are able to reach out and get help for their situation.

While this study provides insightful information on the possible prevalence of VAW in Côte d'Ivoire, further research is needed to understand the social and cultural expectations of women in their households and communities. In-depth qualitative research is especially useful in unpacking the "how" and "why" behind attitudes and behaviours and for building a more thorough framework to understand VAW experiences in Côte d'Ivoire to help develop programming to end it.

# 7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing to mobile numbers between 18 August and 24 September 2021. The total number of completed interviews was 1,325. Towards the beginning of the survey period, reported daily rates of new infections were climbing rapidly; however, these rates experienced a sharp drop by the close of fieldwork. During the entirety of fieldwork, the country was under a government-declared Health State of Emergency, which called for stronger enforcement of protective health measures while vaccination rates rose gradually.<sup>6</sup>

The sample was drawn via random-digit dialing among the population with mobile phone numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Women over age 60 were also specifically targeted with an existing database to ensure adequate coverage of this age group. However, the percentages for each age group from this survey more or less match the percentages for each age group from Côte d'Ivoire's Census data.<sup>7</sup>

Age group	Percentage of adult women based on Census data	Percentage of adult women from sample data
18–29	43%	37%
30–39	24%	32%
40–49	15%	17%
50–59	9%	8%
60+	9%	7%

<sup>6</sup> Reuters COVID-19 Tracker. 2021. “Ivory Coast”.

<sup>7</sup> United Nations. 2019. “File INT/3-3: Female population by single age, region, subregion and country, annually for 1950-2100.” in [World Population Prospects 2019, Online Edition, Rev. 1](#).

# DEFINITIONS

**Community:** A term referencing the geographic area in which the respondent lives.

**Food insecurity:** This study used the Food and Agriculture Organization (FAO)'s formulation to measure food insecurity, with an eight-statement battery. These data can be used to establish estimates of the proportion of the sample who were moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module. Any references in the report to prevalence of moderate or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

**Partnered:** A term referring to women who were married or living/cohabiting with a partner.

**Violence against women:** Any act of gender-based violence that results in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

**Felt unsafe walking alone:** Refers to women who indicated that they felt "not very safe" or "not safe at all" walking alone outside during the day (at question Co2) or during the night (at question Co3).

**Experienced or knew someone who had experienced VAW:** Refers to women who indicated that they, or another woman they knew, had experienced any form of VAW. "Since COVID-19" is added to indicate women who indicated that these incidents had only been occurring since the start of the pandemic.

**Experienced frequent conflict:** Refers to respondents who indicated that they experienced conflict or arguments in their homes at least once a week during the last six months (at question C19).

**Experienced infrequent conflict:** Refers to respondents who indicated that they experienced conflict or arguments in their homes "once or twice" or "never" during the last six months (at question C19).

**Violence, abuse or the harassment of women are a problem the community:** Refers to respondents who indicated that physical harm, abuse or the harassment of women are "a lot", "somewhat", or "a little bit" of a problem where they live (at question Co7).

**Violence, abuse or the harassment of women are not a problem the community:** Refers to respondents who indicated that physical harm, abuse or the harassment of women are "not at all" a problem where they live (at question Co7).

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