

Article

COVID-19 Restrictions, Lifestyles, and Marital Conflicts: An Empirical Analysis of Marital Sustainability

Bahire Efe Özad ¹, Maryam Suleiman Jamo ^{1,*} and Gulen Uygarer ²

¹ Faculty of Communication and Media Studies, Eastern Mediterranean University, Famagusta 99628, Cyprus

² Faculty of Education and Psychology, Eastern Mediterranean University, Famagusta 99628, Cyprus

* Correspondence: maryamjamo998@gmail.com

Abstract: Governments are taking precautions to limit the spread of the COVID-19 virus, including instituting social isolation policies that cover all aspects of life, such as closing public places such as worship centers, recreational facilities, work, schools, and shopping malls. The restrictions have a variety of sociological and psychological consequences on daily lifestyle of people, including marital conflict. Thus, this study investigates couples' lifestyles and conflicts during the COVID-19 pandemic lockdown in Nigeria based on the frustration–aggression hypothesis. The study used a sample of 373 adults obtained from a combined offline and online cross-sectional survey that was conducted via face-to-face contact, email questionnaire, and Google form (distributed via social media groups and emails). We used descriptive statistics to analyze the data. The findings reveal that the COVID-19 pandemic restrictions (lockdown) led to reduced or lost income, financial uncertainty, job insecurity, and social isolation. Consequently, the COVID-19-pandemic exacerbated poverty and insecurity, as well as insufficient judicial processes. These resulted in misery and violence against spouses, which aggravated marital strife in the country.

Keywords: COVID-19; lockdown; lifestyle; couple conflict; Nigeria



Citation: Özad, B.E.; Jamo, M.S.; Uygarer, G. COVID-19 Restrictions, Lifestyles, and Marital Conflicts: An Empirical Analysis of Marital Sustainability. *Sustainability* **2022**, *14*, 11249. <https://doi.org/10.3390/su141811249>

Academic Editors: Manuel Fernandez-Veiga and Paulo Santos

Received: 16 June 2022

Accepted: 6 September 2022

Published: 8 September 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Countries across the world are combating the spread of COVID-19 pandemic, which has resulted in the deaths of over 5,473,059 people [1]. Governments are taking steps to prevent the virus from spreading, including instituting social isolation policies that covers all aspects of life, including the closure of public areas such as religious centers, recreational facilities, work, schools, and shopping malls [2]. The restrictions have several societal and psychological consequences, generating everyday interruptions. For instance, it wreaks havoc on one's finances [3,4]. As a result of the increased number of persons with COVID-19 and the associated mortality cases, people are suffering psychological challenges such as concern, despair, depression, and stress [2]. Furthermore, the social restrictions dramatically alter people's lifestyles (James et al. 2021). When governments force social isolation, humans, as social beings with a yearning to connect with others, are traumatized, resulting in psychological difficulties such as worry, melancholy, and tension [4]. People were depressed because of changes in their working conditions brought on by the COVID-19 outbreak, which led to the loss of most employees' jobs, decreased work activity, and economic uncertainty. The fear of contracting COVID-19 among COVID-19 patients' family members and acquaintances adds to the high level of anxiety produced by the virus [5].

Social isolation that excludes other connections encourages a purely dyadic relationship for couples living together, which, significantly, is not advantageous for all love pairings, as seen in the rise in domestic violence following the imposing of movement restrictions [6]. As a result of stay-at-home orders, many people in partnerships were forced to spend more time at home with their spouses, either working or caring for children [7]. It is difficult to maintain a good love relationship during times of tremendous stress, like the COVID-19 outbreak [8,9].

In terms of roles, privacy preferences, prosperity, interpersonal relationships, reciprocity, and marital satisfaction refer to a person's subjective feelings about their marital relationship, as well as the presence of factors that cause conflict, motivation, understanding of the partner's mood, and attributions. A person is said to be content with their marriage if they achieve their marital goals based on interactions between spouses and the degree to which one's marriage expectations and the benefits of marriage in terms of marital satisfaction are in harmony. A happy marriage is a significant milestone in one's life. This may make someone feel supported, wanted, and complete in ways that are difficult to attain in other sorts of human connections [5]. According to an international survey involving 33 nations, India has a higher level of marriage satisfaction than other countries [10]. People who are unhappy in their marriage experience stress, which has an impact on their mental health [11], physical health [12], and parenting of their children [13]. Previous research has found that couples who have been in financial difficulties for a long time, lack social contacts (loneliness), and are under a lot of stress are more likely to have marital unhappiness and conflict [14], which is exactly the situation that COVID-19 lockdown has created.

Your mindset has a significant influence on how happy you are in your marriage. Individuals are divided into two categories: those who have a flexible way of thinking and those who have a fixed or rigid way of thinking [15]. The level to which people feel their spouse knows, cares, and understands them is moderated by the partner's perceived reaction [16]. A study was conducted to look at the impacts of COVID-19 pandemic-related stress (social isolation, financial troubles, tension, and stress) on marriage satisfaction and conflict [17]. The COVID-19 pandemic has been connected to an increase in marital conflict because of the way control measures were implemented.

Studies have found an increase in violent relationships throughout the world during the COVID-19 pandemic lockdown (a state of isolation or limited access imposed as a security measure) [18–20]. In the Chinese province of Hubei, for example, the lockdown was connected to a more-than-threelfold increase in violent occurrences [21]. Another study indicated that the incidences of marital disagreements increased by 33%, 30%, and 25% in Singapore, France, Cyprus, and Argentina, respectively [19]. According to accounts from Brazil, Canada, Germany, Italy, Spain, the United Kingdom, and the United States, spousal violence and the need for asylum surged considerably during the COVID-19 shutdown [19].

Couple violence is undeniably a global health problem that affects one in every three women of reproductive age [22]. Couple violence is frequently accepted in many low- and middle-income countries, including Nigeria, due to cultural norms that support male dominance [23]. Physical, sexual, or emotional violence by a spouse was reported at rates of up to 69% in Nigeria in the preceding year [24]. Domestic violence against women, for example, might occasionally encompass assaults on children and other family members [25]. Spousal violence has also been related to a host of detrimental psychological, sexual, and reproductive health consequences [26]. During times of crisis, such as epidemics, the frequency of violence against women, particularly couple violence, increases. These findings inspired us to think about what we have learned from studies of marriage dissatisfaction and happiness during the COVID-19 outbreak.

However, despite the plethora of studies on COVID-19-related marital stress, little or no attention has been paid to the nexus between COVID-19 restrictions and marital lifestyle and conflict in Nigeria. How did COVID-19 lockdown affect the lifestyle of couples in Nigeria? What was the rate of conflicts among couples during COVID-19 lockdown? Did the COVID-19 lockdown influence conflicts among couples? This study provides empirical answers to these question by looking into how couples lived and related under the COVID-19 pandemic lockdown in Nigeria.

2. Literature Review

2.1. Theoretical Literature—Frustration–Aggression Theory

The frustration–aggression (F–A) theory was introduced by Dollard [27] in a monograph on aggressiveness published in 1939. Experiments have shown that dissatisfaction may lead to aggressive behavior, demonstrating the validity of this theory. It appears to have influenced modern Western thought on aggression more than any other single book. The F–A hypothesis has guided most of the experimental research on human aggression in one form or another for more than three decades [28,29].

The major idea offered by Dollard [27] was that “the development of violent behaviour always indicates the existence of frustration, and, conversely, that the existence of frustration always leads to some type of aggressiveness.” In this context, a goal reaction was defined as the reinforcing final operation in an ongoing behavior cycle, and obstructing a goal response was described as frustration. However, the term “frustration” is frequently used to refer to both the process of stopping a person from receiving a reinforcer and the reaction to that blockage. As a result, “being frustrated” indicates that another person (or maybe unique circumstances) is preventing one’s access to reinforcers and that one’s reaction to this thwarting is unhappiness.

The first theory claims that aggression is always driven by unhappiness. The second argument is that discontent invariably leads to rage. Even though the two sentences are extremely broad, they imply that frustration is a necessary and sufficient condition for aggression. The proposal’s final portion was promptly rescinded by Miller [30]. Obviously, frustrations do not have to be expressed in an unpleasant or aggressive manner. Potential outbursts can be efficiently restrained, or alternative actions might be adopted instead, such as the pursuit of more readily available reinforcers. “Frustration incites a range of different types of responses, one of which is an incitement to some sort of hatred” is how Miller explained the second part of the concept. The theory is applied in many empirical studies.

The current study also applied the theory to explain the behavior of couples during the COVID-19 lockdown, which resulted in emotions of loneliness, alienation, anxiety, and sorrow since the public’s normal socioeconomic patterns were disturbed. Couples who did not spend more than a few hours together on a regular basis ended up spending more time together and witnessing diverse behaviors and burdens. In addition, if a couple’s source of money is disrupted, conflict is likely to arise.

2.2. Empirical Literature on COVID-19 Lockdown, Lifestyle Distortion and Marital Conflict

The novel coronavirus (COVID-19) is a virus that causes a variety of respiratory ailments, from the common cold to more serious respiratory issues. It started in December 2019 at the Hunan seafood market in Wuhan, China, where live bats, snakes, raccoon dogs, and other wild animals were sold [31], and it was declared a pandemic on 11 March 2020 by the World Health Organization. [25]. The virus is estimated to have killed close to 6 million people globally since its discovery, out of a staggering number of 100,514,028 positive cases, which is growing rapidly every day [25]. When an Italian man arrived in Nigeria on 25 February 2020, the virus claimed its first victim. He was sent to an isolation center in Yaba, Lagos, after acquiring signs of the sickness [32].

COVID-19 is a droplet disease that spreads swiftly, has a high mortality rate, and creates problems in people all around the world [33]. Because of these features, the World Health Organization (WHO) declared COVID-19 a global pandemic, requiring all states to implement non-pharmaceutical control measures (WHO, 2020). Control measures included face masks, social isolation, school lockdowns, border restrictions, and cleanliness regimens [32,34].

The discovery of COVID-19 created major public health concerns. According to the United Nations Development Programme (UNDP), the COVID-19 pandemic is much more than a health concern. It is also a once-in-a-lifetime socioeconomic disaster that is straining all the countries involved. It has the potential to have far-reaching social, economic, and political ramifications. People are losing their jobs and money daily, and there is no way of

knowing when things will get back to normal. Beaches and hotels have been abandoned in small island nations that rely heavily on tourism. The World Bank reports that 195 million jobs might be lost, according to the International Labour Organization. Remittances are expected to plummet by USD 110 billion this year, leaving 800 million people unable to meet their basic needs [35].

If non-pharmaceutical measures such as lockdown or restriction of public meetings, as well as vaccine distribution, are seen negatively by the public, they may have significant socioeconomic implications, and COVID-19 influenced people's daily activities in a variety of ways all around the world. The following are some of the lifestyle trends that were promoted:

Self-isolation: Rather than being quarantined, someone who has been diagnosed with a contagious disease must segregate from healthy people. After being exposed to or possibly exposed to an infection, it is necessary to spend as much time as possible at home and away from other people.

Social distance: Any effort to enhance the physical barrier between people in order to prevent the virus from spreading is referred to as social distancing. Staying at home more often, keeping in touch with loved ones online rather than in person, limiting the number of visits to your home, and avoiding other people in public are just a few of them. The World Health Organization advised a space of more than one meter (three feet) between you and the next person, but some health experts urged at least two meters.

During the global coronavirus shutdown, there was clear evidence of an upsurge in marital violence among spouses. Only a few empirical studies have examined the effect of socioeconomic hardship on the incidence of couple violence in Nigeria during the enforced lockdown [12]. This study looked at how, during COVID-19-induced enforced confinement, context, sociodemographic variables, and economic distress brought on by lockdown and changed lifestyles affected couple violence. The enforced lockdown had a devastating impact on many families, particularly those in the middle and lower socioeconomic levels. Residents' socioeconomic well-being in Nigeria has been badly impacted since many of those of working age have been unable to go out to cover their basic needs, while others working in private organizations have been given half-pay or no income at all [36]. UNN went on to argue that, unlike many other prosperous nations, Nigeria's government did not respond to the public outcry by offering enough relief to individuals who had been badly affected by COVID-19. These factors may have led to concerns about a spike in domestic violence among Nigerians.

Furthermore, few empirical studies have been conducted to determine the key factors that lead to the aggravation of this psychological problem. Meanwhile, a recent study in Lagos (the epicenter of Nigeria's COVID-19 epidemic) discovered that the coronavirus pandemic's extraordinary stress led some spouses to quarrel over their homes or domestic violence [17]. Domestic violence affects one out of every three female and one out of every four male spouses in the United States, according to [18]; in Nigeria, the introduction of the coronavirus heightened this psychological anxiety [19].

Couple conflict has been the topic of previous studies, but there is a scarcity of literature focusing on couple violence in the aftermath of the coronavirus outbreak. Nigerian news in March 2020 reported a substantial increase in the incidence of couple violence across the country [20]. The pandemic situation in Nigeria might have contributed to the global rise in couple fights. Couple violence, for example, was reported to have grown drastically immediately after Nigeria's lockdown began, with the most hit states being Lagos, Abuja, FCT (Federal Capital Territory), and Ogun, which were the first three states to be shut down in Nigeria [19]. In addition, from March to April 2020, [20] observed a threefold rise in the number of phone calls received on couple violence. Although no studies have yet confirmed this, other Nigerian states that eventually adopted the same lockdown strategy may face similar difficulties.

The United Nations International Children Emergency Fund defines couple violence as "abuse inflicted by intimate partners and manifested via emotional, physical, sexual,

economic, and omission attack” [21]. Couple violence is the result of a combination of physical and coercive behaviors that result in the manipulation and dominance of one’s partner. Partner battering, hitting, relationship violence, victimization, bullying, and other forms of abuse are all emotional and behavioral characteristics of intimate relationship violence [21]. According to [22], women are the most prevalent victims of intimate relationship violence, with more than 35% of women worldwide claiming to have experienced pair violence or partner sexual assault at some time in their life (World Health Organization) [37]. Sexual or psychological harm, hazardous controlling behaviors, chronic health issues, body discomfort, pelvic pain, ulcer, and sudden death were all reported by victims of intimate relationship violence in a 2017 WHO study [22].

Domestic abuse has considerable consequences for present and future generations of children (US Agency for International Development) [38]. Daily, more occurrences of violence against women are reported [12], and examples of male partners being the victims of couple violence are rare [39]. However, [39] observed that some cultural concepts and conventions discourage men from reporting domestic abuse to authorities; instead, they suppress it to show that they are masculine enough to govern their families.

Economic difficulties such as female-related work patterns, school closures, and the loss of personal enterprises generated substantial family problems in nations hit by the Ebola outbreak, such as Sierra Leone (United Nations Fund for Population Activities) [40].

Couple violence instances increased during the COVID-19 epidemic, according to DSVRT, since people’s and families’ movement was restricted. As a result of the pandemic, household troubles such as divorce may become more common in some parts of Nigeria. It is natural to be curious about the factors that keep the trend going. Socioeconomic problems such as job loss, financial restrictions, and poverty may have sparked couple violence.

Meanwhile, most Nigerians are said to be powerless and poor, leading in a decrease in family coping capacities [20]. Some of the negative consequences of spousal violence include acute infections, heart or chest pains, digestive difficulties, miscarriage, diminished reproductive potential, and nerve damage. Orthopedic issues, pain, and muscle dysfunctions are some of the other negative effects [39]. If authorities such as the government or nongovernmental organizations (NGOs) set up toll-free lines on spouse abuse around the country to dissuade future abusers, the spousal abuse epidemic may be drastically reduced. Obtaining professional help or escaping the disturbed zone, as well as reporting to police stations, became far more difficult during the COVID-19 lockdown, since no mobility was authorized unless for medical reasons [20]. Victims were placed in more uncomfortable situations than before; had a harder time locating safe surroundings; and were refused access to resources such as welfare, community services, social resource centers, and the courts [41]. Additionally, going to work and sending children to school allowed people to share their problems with others, seek professional help, or take a break from an abusive spouse. Due to the closure of schools, nonessential services, and businesses, the victims were denied these opportunities.

Meanwhile, researchers such as those in [42] have discovered that socioeconomic factors might predict marital violence. Domestic violence is connected to a woman’s economic condition in three ways, according to [17]: First, poorer women are more likely to endure or survive SV than wealthier women, even when it affects women from all socioeconomic backgrounds. Second, women who are not as well-off as their abusers are less likely to flee and are more inclined to reconcile with him. Furthermore, the extent to which a woman financially relies on an abusive spouse is connected to the intensity of the violence she may be subjected to. Third, economic abuse is a form of spousal violence in and of itself; violent partners may act in ways that harm women economically and limit their ability to achieve financial strength, such as restricting their access to funds and limiting their ability to obtain job opportunities or further education [43].

The present study’s researchers believe that the sensitivity of lockdown worries and their relation to couple violence demands the addition of increasing financial burden or economic hardship as a subcomponent of couple conflict based on prior evaluations. Schol-

ars have underlined that to support victims and survivors of marital abuse, efforts should be made to strengthen their financial strength, and nongovernmental and government agencies should offer similar palliative measures for these persons' protection [43,44]. The relationship between intimate partners is one of the most essential factors that might influence mental health.

3. Methodology

3.1. Design

This study used a combination of offline and online cross-sectional surveys conducted via face-to-face contact, email questionnaire, or Google form (distributed via social media groups and emails) from 3 January to 7 February 2022. The Google form was used because it was the most viable means for reaching some of the respondents during the lockdown.

3.2. Study Area

The data collected for this study were limited to residents in relationships in Kogi state and Abuja, Federal Capital Territory (FCT), Nigeria. Kogi state is composed of twenty-one local governments and three federal senatorial districts, while the FCT composed of six local government and one senatorial district. The study areas are located in north-central Nigeria. Residents in these areas are from different ethnic groups across Nigeria. The area was considered suitable for this kind of research as it was convenient for the researchers to locate potential respondents through snowballing because of the movement restriction during the study.

3.3. Participants

The respondents in this study were 373 adults who were either in a relationship, cohabiting, married, or recently separated who were aged between 18 years and 69 years. It was observed that there were 158 (42.36%) male respondents and 215 (57.64%) female respondents. Additionally, 286 (76.68%) were married and 60 (16.09%) were cohabiting, while 27 (7.2%) were divorced/separated. In terms of religion, 147 (39.4%) were Christians and 171 (45.84%) were Muslims, while the traditionalists/other religions were 55 (14.7%). Regarding their educational qualifications, 40 (10.7%) had basic education, 97 (26.1%) had a secondary school certificate, and 236 (63.27%) had tertiary education (see Table 1).

Table 1. Descriptive Analysis of the Demographic Factors.

Variables	Frequency	Percentage
Gender		
Male	158	42.36%
Female	215	57.64%
Total	373	100.0%
Marital Status		
Married	286	76.68%
Cohabiting	60	16.09%
Divorced/Separated	27	7.2%
Total	373	100.0%
Religion		
Islam	171	45.84%
Christianity	147	39.4%
Traditionalist/Others	55	14.7%
Total	373	100.0%
Education		
Basic Education	40	10.7%
Secondary Education	97	26.1%
Tertiary Education	236	63.27%
Total	373	100.0%

Source: Authors' field data computation (2022).

3.4. Ethical Considerations

Human research required informed consent according to local legislation and institution ethical rules. For the current study, the participants read and signed the informed consent by clicking the “I accept to participate” button on the online Google form. Strict adherence to ethical provisions on free participation and exit, willingness to participate, confidentiality, and autonomy were also observed.

3.5. Sampling Procedure

The participants were recruited through a snowball sampling technique offline and via social media posts to complete the online survey using Google forms. Snowballing is a nonprobability sampling technique in which participants are recruited through referral by other participants in the study. It is most appropriate and effective when the population is hidden and it is difficult for the researcher to reach the participants. This technique was the most appropriate for this study because of the movement restrictions during the COVID-19 lockdown. Participants indicated their consent to participate in the study by clicking the “next” button after reading the informed consent. Inclusion criteria for the study were the ability to read and write in English as well as the attributes underscored in the participants subsection discussed above. The survey was designed in a way that no one could complete it more than once. Data were collected and analyzed after a month of administering the questionnaire.

3.6. Instruments

The online self-reported questionnaire contained respondents’ demographic information such as gender, age, religion affiliation, job status, income, living condition, and location. We developed a lockdown, lifestyle, and marital conflict (LLMC) scale to measure couples’ conflict experience; items included “Irregular wake-up times” and “Inability to visit loved ones.” The response options were strongly disagree = 1, disagree = 2, neutral = 3, agree = 4, and strongly agree = 5. The 11-item scale was developed based on expert consultation and the evolving literature. When the initial draft was presented, the experts recommended adding three items to the final instrument used in this study.

3.7. Methods of Data Analysis

Data were analyzed using (Statistical Packages for the Social Sciences) SPSS 21 published by IBM Corporation. Descriptive statistics such as frequency, mean, standard deviation, and variance were calculated to describe the participants. The reliability of the study instrument was ascertained and reported for future reference.

4. Empirical Results

4.1. Descriptive Analysis

The summary of the descriptive analyses of the participants’ demographic distribution of the participants was presented in Table 1. From the descriptive results, it was observed that participants who were traditionally and legally married were the majority, followed by partners who were cohabiting. In terms of religion, Islam had the highest numbers of respondents followed by Christianity, while the traditionalists/other religion had the fewest respondents. Regarding their educational qualifications, there were more participants with tertiary education, followed by those with secondary school qualifications.

4.2. COVID-19 Lockdown Effects on the Lifestyle of Couples in Nigeria

The first research assumption was that the COVID-19 lockdown had significant effects on the lifestyles of couples, and these effects are presented in Table 2. The study found that COVID-19 had indeed transformed family lifestyles for all, particularly working couples whose family lives confronted forced re-integrations amid COVID-19. Many participants reported major challenges in adapting to lockdown due to the rapidity with which their accustomed reality was swept away and swiftly replaced by a new order associated with uncertainty and unpredictability as most members of the family were forced to share

large parts of their time together at home, which was very unusual in time past. Table 2 provides details on how the lockdown affected the lifestyles of couples in Nigeria; for instance, the majority strongly agreed that they had experienced irregular wake-up times, lack of convenient workplace ambience in the house, inability to physically attend religious congregations, inability to visit loved ones, changes in work-sleep-leisure time ratio, more time for indoor games, and limited time for actual work.

Table 2. COVID-19 Lockdown Effects on Lifestyle of Couples in Nigeria.

Lockdown and Lifestyle	Level of Agreement (%)						SD	OVERALL (%)
	1	2	3	4	5	M		
Irregular wake-up times	4.9	9.1	6.7	25.6	53.7	4.14	1.18	82.8
Lack of convenient workplace ambience in the house	4.6	8.4	7.4	25.6	54.0	4.16	1.16	83.2
Inability to physically attend religious congregations	4.6	8.4	6.0	33.3	47.7	4.11	1.13	82.2
More time for spiritual development	4.6	10.9	10.5	29.8	44.2	3.98	1.18	79.6
Virtual schools for the children	6.0	7.4	5.3	35.4	46.0	4.08	1.16	81.6
Review of shopping/home-stocking schedules	0.0	17.9	8.8	23.5	49.9	4.06	1.16	81.2
Inability to visit loved ones	13.7	14.7	15.1	28.4	28.1	3.42	1.39	68.4
Boredom	8.4	14.7	8.1	28.8	40.0	3.77	1.34	75.4
Change in work-sleep-leisure time ratio	6.7	9.5	10.5	31.5	41.4	3.92	1.22	78.4
More time for play, reading indoor games	4.9	8.8	7.0	25.6	53.7	4.14	1.16	82.8
Limited time for actual work	6.7	8.1	15.8	30.9	38.6	3.86	1.21	77.2
TOTAL						3.96	1.21	79.29

Source: Authors' field data computation (2022). Note: M = 2.5 is the cut-off point between agreement and disagreement on table.

The means for the ways respondents' lifestyles were affected by the lockdown were high (M = 3.96, SD = 1.21). In many ways, the dynamics and behaviors of couples had to change during the COVID-19 lockdown [45]. This constituted the major cause of frustration among participants, who mostly did not understand the strategies for adapting to the new reality imminently confronting them.

4.3. The Rate of Conflicts among Couples during COVID-19 Lockdown

The second assumption was that the rate of conflict among couples during the COVID-19 lockdown was high. The findings in Table 3 show that the rate of conflict among couples during the lockdown was high (53.1%). That is, both men and women experienced spousal conflict.

Table 3. Rates of conflict among couples during the COVID-19 lockdown.

Responses	Frequency	Percentage
Very Low	57	15.3
Low	46	12.3
Average	72	19.3
High	198	53.1
Total	373	100

Source: Authors' field data computation (2022).

Individuals experienced violent behavior from partners during the social isolation period of the COVID-19 pandemic. Findings from this study tend to support what many other similar studies have found, although there are some contradictions. These results were similar to those from a previous study [17] conducted during the COVID-19 lockdown and supported the finding of [46] that many couples suffered domestic violence during the COVID-19 lockdown in China.

4.4. COVID-19 Lockdown and Conflicts among Couples

The third assumption was the COVID-19 lockdown influence conflicts among couples. Individuals faced high risks of job and income loss and increased risks of violence, exploitation, abuse, and harassment during times of crisis and quarantine. Movement restrictions, at-home quarantines, school and daycare center closures, and the increased risks faced by couples imposed additional burdens on couples, even when the couples could expect to continue working from home. Table 4 provides details on how couples experienced conflict during the lockdown in Nigeria. The result revealed that the majority of the couples (38–54%) had experienced at least one form of marital conflict because of the lockdown.

Table 4. COVID-19 Lockdown influence conflicts among couples.

Lockdown Conflicts Among Couples	Level of Agreement (%)							OVERALL (%)
	1	2	3	4	5	M	SD	
Physical Conflict	8.4	14.7	8.1	28.8	40.0	3.77	1.34	75.4
Sexual Conflict	6.6	9.5	10.5	31.9	41.4	3.92	1.22	78.4
Emotional Conflict	8.8	7.4	8.8	22.1	53.0	4.03	1.31	80.6
Lifestyle that can trigger conflicts	4.9	8.8	7.0	25.6	53.7	4.14	1.18	82.8
Social Isolation	4.6	8.4	7.4	25.6	54.0	4.16	1.16	83.2
Lack of access to formal services	4.6	8.4	6.0	33.7	47.4	4.11	1.13	82.2
Economic stressor	3.2	8.8	8.8	38.9	40.4	4.05	1.06	81
Controlling and Domineering attitudes	4.6	7.7	5.6	34.7	47.4	4.13	1.11	82.6
money worries and food insufficiency	6.7	8.1	15.8	30.9	38.6	3.86	1.21	77.2
Helplessness	8.4	17.9	10.9	21.1	41.8	3.70	1.38	74
Redundancy and boredom	6.3	17.2	7.4	22.8	46.3	3.86	1.33	77.2
TOTAL						3.98	1.13	79.51

Source: Authors' field data computation (2022). Note: M = 2.5 is the cut-off point between agreement & disagreement on table.

Research on marital violence during the COVID-19 pandemic found social isolation and economic hardship to be sources of increased feelings of dissatisfaction with marriage and reduced commitment between partners, which resulted in frequent conflicts with partners, which the current study found as well (M = 3.98, SD = 1.13).

4.5. Discussion of Results

The COVID-19 pandemic influences many facets of life, including marriage. Reduced or lost income, financial uncertainty, job insecurity, and social isolation posed dangers to relationships that resulted in aggressiveness against spouses. During the social distance and lockdown, couples had marital adjustment issues, and marital strife was noted among couples during the pandemic lockdown.

The social repercussions of the COVID-19 lockdown, such as the inability to leave the house, the loss of social connections, the all-day presence of children due to school closures, and the pressures that came with forced cohabitation were used by some to justify marital violence. The restrictions triggered frustration and unhappiness, which resulted in aggression. This affirms the frustration–aggression theory that circumstances that prevent or restrict one's access to reinforcers trigger unhappiness, which is the hallmark of aggression and conflict [27–30]. As the pandemic lockdown created crisis and uncertainty at the individual and family levels, perpetrators of violence may have tried to reassert their power and vent their dissatisfaction with the lockdown via greater acts of aggression.

The study's findings tend to back up what many other similar investigations have discovered. Although a portion of the study was not completed during the COVID-19 shutdown, these results are comparable with those of prior studies [12,39,42] including that many women in China were victims of domestic abuse during the COVID-19 lockdown (Jang, 2020). Inadequate money and the country's decreasing economy, and other sociocultural and political issues, might have fueled spouses' hostility and powerlessness, resulting in a high level of disagreement in the investigated area. Those who live in leased

flats with a third party may have experienced financial limitations, which tend to generate negative yadic relationship outcomes, as the sampled participants experienced. Several studies have demonstrated that unemployment, low living standards, financial difficulties, and third-party intervention, particularly in sub-Saharan Africa, can all lead to domestic violence or marital strife.

COVID-19's downstream effects, such as more unemployment (for both men and women), lost pay, and job uncertainty are especially harmful for the victims in abusive relationships as economic control is a primary technique used by abusers. Victims may be forced to stay with their abusers due to financial difficulties. As a result, governments must make intimate partner violence a priority in all aspects of their public policy responses to the COVID-19 epidemic.

4.6. Conclusions and Recommendations

The lockdown subjected millions of women and girls to higher levels of violence than existed before the COVID-19 outbreak in what some dubbed a “shadow pandemic.” The COVID-19 epidemic aggravated Nigeria's already high rates of marital strife. Its consequences are exacerbated by high levels of poverty and insecurity, as well as insufficient judicial processes that allow perpetrators to avoid punishment. Women's vulnerability to violence can be exacerbated by stress, the disruption of social and protective networks, and a lack of access to assistance. The likelihood of intimate partner violence is anticipated to rise if distancing measures are implemented and people are urged to stay at home. The disruption of livelihoods and capacity to make a living, particularly for women (many of whom are informal wage earners), reduces access to essential necessities and services, raising family stress and perhaps escalating tensions and violence. Couples are more likely to experience economic and social abuse as resources grow limited.

As the pandemic introduced a new reality into homes, marital satisfaction was influenced by individuals' socioeconomic situations. Individuals with low socioeconomic position were more likely to be unsatisfied with their marriages, whereas those of middle and above socioeconomic classes were more likely to be content. Economic difficulty has been shown in studies to have an influence on the appearance of psychological symptoms such as stress, anger, and traumatic stress, all of which can diminish marital pleasure [45,46]. According to the family stress model in [47], economic strain leads to increased bitterness and discomfort in partner interactions. Many individuals lost work because of the COVID-19 pandemic's social isolation and lockdown, and they tended to put their troubles caused by economic difficulty into their interpersonal relationships. As the present study proved, this was one of the reasons couples experienced difficult lifestyle adaptations and conflicts during the lockdown.

Based on prior evaluations and the findings of this study, it is highly suggested that financial deprivation by a partner, often known as economic spousal abuse, be included as one of the sub-components of spousal violence. This is because spousal conflict and economic hardship (financial restrictions and associated factors such as standard of living and work status) have been linked to marital conflict here and in earlier research [12,17,39,42,48]. Furthermore, the following strategies are proposed based on the findings of this study to lessen the phenomena of marital conflict both now and in the future.

First, experts in the mental health and economic sectors must work together to form a synergy in which policy formulation, community services, and media awareness/campaigns champion immediate measures to overcome economic distress to contain the rising level of marital conflict in society, both now and in the future.

Second, palliative measures for company owners or self-employed persons who tend to be financially burdened or economically upset during lockdowns or crises should be objectively discharged to reach out to the vulnerable.

Third, governments should consider implementing emergency measures to assist parents in balancing work and caring responsibilities, as well as strengthening and expanding income support programs, expanding support for small businesses and the self-employed,

and improving measures to assist couples who have been victims of violence. Fundamentally, all policy solutions to the crisis must incorporate a gender lens and take into consideration women's particular needs, responsibilities, and viewpoints.

Fourth, the government should create policies that prohibit private employees from being laid off during times of emergency or crisis to prevent bad living conditions among families and lessen marital discord.

Author Contributions: Conceptualization, B.E.Ö. and M.S.J.; methodology, M.S.J.; software, M.S.J.; validation, G.U.; formal analysis, M.S.J.; investigation, B.E.Ö.; resources, B.E.Ö. and M.S.J.; data curation, M.S.J.; writing—original draft preparation, M.S.J.; writing—review and editing, B.E.Ö. and G.U.; supervision, B.E.Ö. and G.U. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: The data for this study were collected from thirty couples through in-depth interviews.

Acknowledgments: The authors' gratitude is extended to the prospective editors and reviewers who have spared and will spare their time to guide us toward successful publication.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Worldometer. COVID-19 Coronavirus Pandemic. Available online: <https://www.worldometers.info/coronavirus/> (accessed on 20 January 2022).
2. World Health Organization. COVID-19 and Violence against Women What the Health Sector/System Can Do. Available online: <https://www.who.int/reproductivehealth/topics/violence/en/> (accessed on 1 March 2022).
3. James, M.D.S.; Jackson, K.; Weiss, M.A.; Schwarzenberg, A.B.; Nelson, R.M.; Sutter, K.M. Global Economic Effects of COVID 19. 2021. Congressional Research Service Report. Available online: <https://fas.org/sgp/crs/row/R46270.pdf> (accessed on 22 April 2020).
4. Gangopadhyaya, A.; Garrett, A.B. Unemployment, Health Insurance, and the COVID-19 Recession. Available online: https://www.urban.org/sites/default/files/publication/101946/unemployment-health-insurance-and-the-covid-19-recession_1.pdf (accessed on 1 April 2020).
5. Kevin, J.; Rislá, N. Influence of socioeconomic status and mindset on individual's marital satisfaction during the national lockdown. *Int. J. Indian Psychol.* **2020**, *8*, 495–502.
6. Covello, V.T.; Peters, R.; Wojtecki, J.; Hyde, R. Risk communication, the West Nile virus epidemic, and bioterrorism: Responding to the communication challenges posed by the intentional or unintentional release of a pathogen in an urban setting. *J. Urban Health* **2001**, *78*, 382–391. [CrossRef] [PubMed]
7. OECD. *Women at the Core of the Fight against COVID-19 Crisis*; OECD: Paris, France, 2020.
8. Oguntayo, R.; Popoola, O.; Opayemi, R.; Olaseni, A.O. Spousal violence in the era of Covid-19 lockdown: The implication of socioeconomic distress and contextual factors. *Ilorin J. Econ. Policy* **2020**, *7*, 51–60.
9. Okhakhume, A.S.; Oguntayo, R.; Aroniyiaso, O.T. Influence of socio-economic status and marital satisfaction on domestic violence among couples living in Nigeria. *Int. J. Appl. Psychol.* **2016**, *6*, 179–184. [CrossRef]
10. Zahra, D.; Sadatmahalleh, S.J.; Samaneh, Y.; Mahnaz, B.K.; Anoshiravan, K. Influential factors on quality of life in married Iranian women during the Covid-19 pandemic in 2020: A path analysis. *Res. Sq.* **2020**, 1–16. [CrossRef]
11. Balzarini, R.N.; Muise, A.; Zoppolat, G.; Di Bartolomeo, A.; Rodrigues, D.L.; Alonso-Ferres, M.; Urganci, B.; Debrot, A.; Pichayayothin, N.B.; Dharma, C.; et al. Love in the time of COVID: Perceived partner responsiveness buffers people from lower relationship quality associated with COVID-related stressors. *Soc. Psychol. Personal. Sci.* **2020**. [CrossRef]
12. Oguntayo, R.; Oyeleke, J.T.; John-Oguntayo, O.; Aajayi-Hutchful, F.A. Personality traits, emotional intelligence, socio-contextual factors and spousal violence: The trajectory of COVID-19 pandemic lockdown. *Int. J. Behav. Sci.* **2020**, *14*, 101–107.
13. Baker-Tingey, J. COVID-19 Contributing to Domestic Violence: What To Do. 2020. Available online: <https://www.unr.edu/nevada-today/news/2020/covid-and-domestic-violence> (accessed on 1 April 2020).
14. Kowal, M.; Coll-Martín, T.; Ikizer, G.; Rasmussen, J.; Eichel, K.; Studzinska, A.; Koszałkowska, K.; Karwowski, M.; Najmussağib, A.; Pankowski, D.; et al. Who is the most stressed during the COVID-19 pandemic? Data from 26 countries and areas. *Appl. Psychol. Health Well-Being* **2020**, *12*, 946–966. [CrossRef]
15. Pietromonaco, P.R.; Beck, L.A. Adult attachment and physical health. *Curr. Opin. Psychol.* **2019**, *25*, 115–120. [CrossRef]

16. Pietromonaco, P.R.; Collins, N.L. Interpersonal mechanisms linking close relationships to health. *Am. Psychol.* **2017**, *72*, 531–542. [CrossRef]
17. Braithwaite, S.R.; Delevi, R.; Fincham, F.D. Romantic relationships and the physical and mental health of college students. *Pers. Relatsh.* **2010**, *17*, 1–12. [CrossRef]
18. Fraser, E. Impact of COVID-19 pandemic on violence against women and girls. *UKAid VAWG Help. Res. Rep.* **2020**, *16*, 284. Available online: <https://cieg.unam.mx/covid-genero/pdf/reflexiones/academia/impact-of-covid-pandemic.pdf> (accessed on 9 July 2020).
19. Peterman, A.; Potts, A.; O'Donnell, M.; Thompson, K.; Shah, N.; Oertelt-Prigione, S.; Van Gelder, N. *Pandemics and Violence against Women and Children*; Center for Global Development: Washington, DC, USA, 2020; Available online: <https://www.cgdev.org/sites/default/files/pandemics-and-vawg.pdf> (accessed on 9 July 2020).
20. Olatunji, K. There Is Increase in Sexual, Domestic Violence Reports Despite Lockdown, Says DSVRT. 2020. Available online: <https://guardian.ng/news/nigeria/there-is-increase-in-sexual-domestic-violence-reports-despite-lockdown-says-dsvrt/> (accessed on 3 June 2022).
21. UNICEF. Domestic violence against women and girls. *Innocenti Dig.* **2000**, *6*, 1–30.
22. World Health Organization. *Violence against Women: Intimate Partner and Sexual Violence against Women: Intimate Partner and Sexual Violence Have Serious Short-and Long-Term Physical, Mental and Sexual and Reproductive Health Problems for Survivors: 2017 Fact Sheet*; World Health Organization: Geneva, Switzerland, 2017.
23. Sardinha, L.; Catalán, H.E. Attitudes towards domestic violence in 49 low-and middle-income countries: A gendered analysis of prevalence and country-level correlates. *PLoS ONE* **2018**, *13*, e0206101. [CrossRef] [PubMed]
24. NPC; ICF. *Nigeria Demographic Health Survey 2018*; National Population Commission (NPC) [Nigeria]: Abuja, Nigeria; ICF: Rockville, MA, USA, 2019.
25. WHO. *Violence against Women: Intimate Partner and Sexual Violence against Women Fact sheet*; World Health Organization: Geneva, Switzerland, 2017.
26. World Health Organization. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*; World Health Organization: Geneva, Switzerland, 2013.
27. Dollard, J. *Frustration and Aggression*; Dollard, J., Doob, L.W., Miller, N.E., Mowrer, O.H., Sears, R.R., Eds.; Yale University Press: New Haven, CT, USA, 1939.
28. Geen, R.G. Effects of frustration, attack, and prior training in aggressiveness upon aggressive behavior. *J. Personal. Soc. Psychol.* **1968**, *9*, 316–321. [CrossRef] [PubMed]
29. Zillmann, D. *Hostility and Aggression*; Erlbaum: Hillsdale, NJ, USA, 1979.
30. Miller, N.E.I. The frustration-aggression hypothesis. *Psychol. Rev.* **1941**, *48*, 337–342. [CrossRef]
31. Shereen, M.A.; Khan, S.; Kazmi, A.; Bashir, N.; Siddique, R. COVID-19 infection: Emergence, transmission, and characteristics of human coronaviruses. *J. Adv. Res.* **2020**, *24*, 91–98. [CrossRef]
32. NCDC. COVID-19 Nigeria: Nigeria Centre for Disease Control. COVID-19 Nigeria. 20 June 2021. Available online: <https://covid19.ncdc.gov.ng/> (accessed on 20 June 2021).
33. Al-Hanawi, M.K.; Angawi, K.; Alshareef, N.; Qattan, A.; Helmy, H.Z.; Abudawood, Y.; Alqurashi, M.; Kattan, W.M.; Kadasah, N.A.; Chirwa, G.C.; et al. Knowledge, attitude and practice toward COVID-19 among the public in the Kingdom of Saudi Arabia: A cross-sectional study. *Front. Public Health* **2020**, *8*, 1–9. [CrossRef]
34. Ilesanmi, O.; Afolabi, A.; Uchendu, O. The prospective COVID-19 vaccine: Willingness to pay and perception of community members in Ibadan, Nigeria. *PeerJ* **2021**, *9*, e11153. [CrossRef]
35. World Bank. *World Development Report 2021: Data for Better Lives*; The World Bank: Washington, DC, USA, 2021.
36. United Nation. Addressing Trauma Caused by Violence against Women. 2002. Available online: www.unviolence.org/..//GBVGuide08_english.pdf (accessed on 5 March 2022).
37. World Health Organization. *Violence against Women: Intimate Partner and Sexual Violence against Women: Intimate Partner and Sexual Violence Have Serious Short-and Long-Term Physical, Mental and Sexual and Reproductive Health Problems for Survivors: Fact Sheet*; World Health Organization: Geneva, Switzerland, 2014.
38. Tarnoff, C. *US Agency for International Development (USAID): Background, Operations, and Issues*; Congressional Research Service: Washington, DC, USA, 2015.
39. Oguntayo, R.; Oyeleke, J.T.; Popoola, O.A.; Opayemi, A.S.; Faworaja, O.R. Influence of socio-economic factors on domestic violence among couples in Ibadan metropolis. *J. Psychol. Sci.* **2018**, *3*, 14–25.
40. UNFPA. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage. 1–7 April 2020. Interim Technical Note. Available online: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital> (accessed on 1 April 2020).
41. Bettinger-Lopez, C.; Bro, A. A Double Pandemic: Domestic Violence in the Age of COVID-19. Council on Foreign Relations. 13 May 2020. Available online: <https://www.cfr.org/in-brief/double-double-pandemic-domestic-violence-age-covid-19> (accessed on 1 April 2020).
42. Sanders, C.K. *Asset Building Programs for Domestic Violence Survivors*; National Online Resource Center on Violence against Women: Harrisburg, PA, USA, 2011.

43. Aina, O.I. Domestic violence among Yoruba middle class. In *Domestic Violence among Middle Class Nigerians*; Thomas, I.M., Erinosh, L., Orenuga, F., Eds.; Inter-African Committee: Addis Ababa, Ethiopia, 2004; pp. 6–33.
44. Jang, B. Gender Based Violence during the COVID-19 Pandemic and Economic, Social and Cultural Rights. 2020. Available online: <http://opiniojuris.org/2020/04/23/gender-based-violence-during-the-covid-19-pandemic-and-economic-social-and-cultural-rights/> (accessed on 1 April 2020).
45. Conger, R.D.; Rueter, M.A.; Elder, G.H., Jr. Couple resilience to economic pressure. *J. Personal. Soc. Psychol.* **1999**, *76*, 54–71. [[CrossRef](#)]
46. Kolo, V.I.; Osezua, C.; Osezua, G.; Aigbona, C. COVID-19 upon Us: The Work-Family Experiences of Married Couples during the First Three Months of the Pandemic in Lagos, Nigeria. *Open J. Soc. Sci.* **2021**, *9*, 1–21. [[CrossRef](#)]
47. Pappas, S. How Will People React to the New Financial Crisis. American Psychological Association. 6 April 2020. Available online: <https://www.apa.org/news/apa/2020/04/financial-crisis-covid-19> (accessed on 6 April 2020).
48. Killgore, W.D.; Cloonan, S.A.; Taylor, E.C.; Anlap, I.; Dailey, N.S. Increasing aggression during the COVID-19 lockdowns. *J. Affect. Disord. Rep.* **2021**, *5*, 100163. [[CrossRef](#)] [[PubMed](#)]