

SEXUAL VIOLENCE AGAINST FEMALE UNDERGRADUATES IN A NIGERIAN TERTIARY INSTITUTION

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ABSTRACT

Background: Worldwide, violence against women is becoming an increasingly recognized pandemic issue necessitating eradication and elimination. It occurs in various forms with resultant physical, sexual or psychological consequences. However, there is still denial and paucity of literature about the magnitude and pattern of this problem in Nigeria.

Objective: This study was designed to determine the patterns of sexual violence among female undergraduates including their perceptions and attitude.

Methods: It was a descriptive cross-sectional questionnaire based study involving 388 female undergraduates of the University of Ibadan, Ibadan, Nigeria. Multistage sampling technique using their halls of residence was used to select participants. The results were analyzed using statistical package for SPSS software version 16.0. The p-value was set at 0.05.

Results: The mean age of respondents was 20 years and 382 (98.5%) of them were single. Only 31.2% were sexually exposed and the average age of sexual debut was 18 years. Most (78, 64.1%) cases of the first sexual intercourse occurred voluntarily. Two hundred and sixty two (67.6%) respondents had experienced at least one form of sexual abuse in the past. The commonest coercive sexual behaviour experienced was unwanted touching (53.4%). The perpetrators were mostly casual friends (63.7%) and most reported these incidences to friends. The respondents demonstrated good knowledge but poor attitude about sexual abuse. Eighteen (10.7%) admitted to prior rape which was mainly perpetrated by strangers with half admitting it adversely affected their relationship with the opposite sex.

Conclusion: Sexual violence occurs in this environment but mainly goes unreported. There is good knowledge about the issues of sexual violence but there is need for improved attitude and reporting by victims.

INTRODUCTION

Globally, there is increased interest on addressing the inequalities that exists across societies which negatively affects women's health. Eradicating such ills is no longer a privilege but a fundamental human right issue as emphasized during the International Conference

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on Population Development (ICPD) meeting of 1994 in Cairo, Egypt. Violence against women occurs in all cultures and in diverse forms with significant physical, mental, psychological and psychosocial impact.¹ This formed the basis for the United Nations General Assembly declaration in 1993 for the elimination of all forms of violence against women.

Sexual violence is an act that involves any unwanted, nonconsensual sexual contact, ranging from kissing or fondling to rape or attempted rape.² The violence does not necessarily connote the use of force but may follow coercion. Sexual violence occurs in both gender but is known to affect the female gender more commonly. Several factors such as societal norms, economic factors, wars and conflicts plus cultural factors make the victim vulnerable.

The prevalence of sexual violence is difficult to estimate because of variations in how data sources define sexual violence and also how information about it is gathered. In South Africa the prevalence is 4.5 – 7.2% while in Nigeria rates of 14.2- 81.0% had been documented.^{3,4,5}

In Nigeria, it has been reported as part of intimate partner abuse, domestic violence and among infant welfare clinic attendees.^{1,6,7}

Pregnancy is also not an exception with domestic violence rates of 10.0-14.2% reported among pregnant women in United Kingdom and Lagos, Nigeria.^{5,6,8}

Sexual coercion which is a form of sexual violence has been defined as the use of force or attempt to force another individual through violence, threats, verbal insistence, deception, cultural expectations, and economic circumstances to engage in any sexual activity against his or her will.⁷ It occurs in all age groups with rates of 13.4-55.0% among youths

in Nigeria and Uganda.^{9,10}

Rape is an extreme form of sexual violence occurring across all racial, ethnic and socioeconomic groups.^{11,12} It is underreported with 50-84% of its extreme form not reported.^{12,13} Although it occurs in all ages, the young are at greatest risk.^{2,11} Rates of 12% had been reported among adolescents in Ibadan and 25% among college students in the United States of America.^{10,14} In most cases the victims are females while the perpetrators are males, usually known to the victim and included boyfriends and faculty members.^{11,15,16} The risk factors documented for perpetrators include alcohol and drug use, coercive sexual fantasies, impulsive and antisocial tendencies, history of sexual abuse as a child, multiple sexual partners, poverty, witnessed family violence as a child, strongly patriarchal relationship or family environment, societal norms that support sexual violence and weak laws and policies related to gender equity.^{9,17-19}

Sexual violence has immediate and long term effects which can be tremendous and devastating. It has physical, psychological, social and health behaviour consequences.²⁰

Among victims there is an increased incidence of strain in relationships, insomnia, depression, post-traumatic stress disorder, and suicidal tendencies.^{2,11} The various health related effects are chronic pelvic pain, premenstrual syndrome, sexually transmitted infections, gastrointestinal disorders and psychosomatic complaints.^{11,21-23}

Cultural norm can influence gender based violence either positively or negatively. In societies with male-dominated sexual relationships and values, victims are less likely to report to avoid breaking traditional norms and stigmatization, while in cultures and religions where punitive measures are enforced, the

reporting is much improved.^{24,25} Adolescents and young persons are quite adventurous, including in matters related to sex. Studies among Nigerian youths have shown increased adolescent sexual activity and decreasing age of first sex, averaging 16 years in both gender.^{26,27} These high risk behaviors potentially have sexual abuse as one of the many consequences. Most research on sexual violence is based on data obtained from reproductive-age women in intimate partnerships.²⁸ However, comparatively few studies have explored the prevalence of sexual abuse specifically among young women. The university community is a blend of people of different cultures and gives more freedom for these students thus creating a lot of reproductive health issues. This study was therefore designed to find out the pattern of sexual violence and perceptions about sexual coercion among female undergraduates.

MATERIALS AND METHODS

This was a cross sectional descriptive study carried out at the University of Ibadan, Oyo State, Nigeria which is one of the two major tertiary education institutions in Ibadan. The University is primarily residential with halls of residence for both male and female students. The study population consisted of female undergraduates resident in the institution.

The sample size was calculated using the formula for cross-sectional studies.²⁹ Deliberate oversampling by 10% was done to allow for non-responders and increased power of observation.

Multistage sampling method was used in this study. There are four undergraduate female hostels in the University of Ibadan, and two were chosen at random. The second stage employed systematic random sampling to select the rooms

that formed the sampling unit and every sixth room was sampled.

The questionnaire was designed using information from literature.¹³ It was self-administered and structured containing both closed and open-ended questions. It was pre-tested on 40 non-participant female undergraduates from the Polytechnic Ibadan.

The questionnaire sought information on respondent's socio-demographic data. It also had questions related to sexual practices, perceptions and attitude of respondents to various forms of sexual abuse. Questions related to rape and the various consequences were also included. For the purpose of this study, sexual abuse was defined as when any of the following had occurred: - unwanted kissing, forced exposure to pornographic materials, unwanted touching of breasts, unwanted touching of buttocks, medicinal charms for seduction, forced sexual intercourse, verbal sexual abuse, use of drugs to induce sex, being paid in exchange for sex, examination success for forced sex, attempted rape and rape.¹⁰

Ethical approval was obtained from the Institutional Review Committee (IRC), of the University of Ibadan/University College Hospital. Approval was also obtained from authorities of the University of Ibadan and The Polytechnic, Ibadan. Informed consent was sought and obtained from all the female undergraduates before their recruitment into the study. Strict confidentiality was maintained and completed questionnaire were enveloped and put together in a single bag. These were opened at the time of data entry.

The data obtained from the questionnaire was sorted out and coded serially and entered into a computer with SPSS (Statistical Package for Social Scientists) version 16 software. Chi-

square test was used to compare differences in categorical variables. The main outcome variables were the occurrence of coerced sex and rape. The level of significance was $p < 0.05$ with 95% confidence interval.

RESULTS

A total of 388 questionnaires were administered. The respondents' age ranged between 15 years and 29 years. The modal age group was 20–24 years constituting 50% of the study group. Majority of the respondents, 174 (44.8%) were in their second year of study. Three hundred and forty three respondents (88.4%) practiced the Christian religious faith. Most of the respondents were Yorubas (281, 72.4%). Only six respondents (1.5%) in the population studied were married. This is shown in table 1.

One hundred and twenty one (31.2%) respondents admitted to previous sexual intercourse. The youngest age of sexual debut was aged 10 years, with the mean age of coitarche as 18.76 years, 95%CI (16.21- 21.31). Most cases of the first sexual intercourse (78, 64.1%) occurred voluntarily. This is depicted in table 2.

Over sixty percent of the respondents were of the opinion that all itemized variables were forms of sexual abuse. Majority of the respondents (over 90%) perceived that forced sexual intercourse, attempted rape, and unwanted touching of buttocks and breasts constituted sexual abuse. The least responses were for verbal abuse (64.6%) and being paid in exchange for sex (71.0%). Over half of the respondent felt all the forms of sexual abuse merited reporting. The two highest responses (> 90%) were obtained for forced sexual intercourse and attempted rape. This is shown

in table 3.

Two hundred and sixty two respondents (67.6%) had experienced at least one form of sexual abuse in the past. Table 4 shows the commonest form of abuse was unwanted touching which had occurred in 53.4% of the respondents. The rare forms of sexual abuse were the use of medicinal charms for seduction and use of drugs to induce sex which had occurred in 1.9% and 3.3% of the respondents respectively.

Table 5 shows that most of the perpetrators of sexual abuse were casual friends (55.7%), with the least likely being parents (0.5%). Only sixty six percent of these victims had ever reported or discussed the abuse with others. These were commonly discussed with friends (63.7%) and rarely (1.4%) with the police and the husbands respectively. The common reasons for non-reporting were shame (24, 30%), acceptance as normal (15, 18.8%) and fear of perpetrator (7, 8.8%). These incidents occurred commonly in the perpetrator's apartment (31.4%) and open places (25.7%).

Eighteen respondents (4.6%) admitted to been raped in the past. About half of them (8, 46%) sought medical attention, and two respondents (11%) reported to the police. Most of the incidents were perpetrated by strangers (3, 33.3%). Five cases (27.7%) involved the use of weapons to induce rape. Nine respondents (50%) admitted that it affected their relationship with the opposite sex.

The main socio-demographic factors significantly associated with increased risk of coerced sex were being in the 2nd year of study ($p=0.033$), being single ($p=0.038$) and the Hausa tribe ($p < 0.0001$). This is shown in table 6, however on multivariate analysis, none of these socio-demographic characteristics were statistically significant.

DISCUSSION

The age range of respondents in this study falls within the age group expected in the undergraduate population of higher institutions in Nigeria, and also the vulnerable age to sexual violence.³⁰ The youngest age of sexual initiation in this study was 10 years which is similar to rates reported among secondary school students in three states in North Eastern, Nigeria and female adolescents in Port Harcourt.^{27,30} Similarly the mean age of sexual debut in this study (19 years) conforms within the range found in previous Nigerian studies,^{31,32} although rates as low as the age of 15 years had been observed in Port-Harcourt.²⁷ Possible reasons for early sexual initiation include the influence of mass media, adoption of western lifestyle, poverty and lack of parental control. This finding lends credence to the reality of early sexual initiation among youths in this environment and it strengthens the need for preventive measures related to sexuality including risks of sexual abuse to be commenced before and during the adolescent age group. This may be done at home, in religious institutions and or as part of school curriculum.

The circumstance of the first sexual initiation is also as important as the age. This study found out that 35.9% of the sexually active respondents were coerced during their first sex which is quite higher than rates in similar studies in Sub-Saharan Africa. Most had reported rates of less than 15%,³³⁻³⁵ although 40% has also been documented.³⁶ Study designs and underreporting associated with reluctance to acknowledge highly sensitive experiences may have contributed to its underestimation in some of these studies. Nevertheless, sex should be voluntary and not under coercion as it is not without risks and even more so among young

people. Especially since studies have documented increased risk of adverse reproductive health outcomes such as decreased contraceptive use, inconsistent condom use, unintended pregnancy and genital tracts symptoms among coerced victims.²⁷

Overall, 33% of the respondents were sexually exposed which is lower than 62% reported in Ilorin³⁷, 48% in Lagos³⁸, and 78.8% in Port Harcourt²⁷ although these other Nigerian studies involved mainly secondary school students in the adolescent age group. The adolescent period is usually when most adult life behavior are established and new habits are rare beyond this age group, so it is possible a significant number of the respondents may have been able to positively overcome the peer pressure effect during their adolescent period.

The prevalence of sexual abuse has not changed much as the 67.6% observed in this study is comparable to earlier studies in Sub-Saharan Africa.³⁹ The pattern of the perpetrators being casual friends in 55.7% of the cases is also consistent with previous studies. There is the need for female undergraduates to know that the problem is pandemic, perpetrators are not necessarily strangers and that it could occur in any environment.

There appears to be good perception about what constitutes sexual abuse as most of the respondents considered the listed variables as forms of sexual abuse. These female undergraduates were however tolerable about verbal abuse and not too certain whether to consider monetary inducement for sex as coercion because consenting sexual intercourse may follow monetary inducement. This shows the strong influence poverty and poor socio-economic conditions has on human behavior. The good knowledge demonstrated about sexual

abuse was not reflective in their attitude as only 66% of the respondents ever reported the incidents and even when this was done it was mainly to friends rather than medical personnel or the law enforcement agencies. This is in contrast to developed countries where 20-26% of respondents reported to the police.⁴⁰ The commonest reason for non-reporting was shame and this suggests a non-supportive society. Other possible factors may be distrust or lack of confidence in the police and perceived non-friendly health services.

The prevalence of rape in this study ranged between 4.5% and 10.7%. The lower value was obtained when the question was addressed as "rape" as compared with when the term "forced sexual intercourse was used". This may reflect the reluctance in accepting being raped or perceptions that rape is the extreme of forced sexual intercourse and possibly should involve violence. This range is similar to 9% found among high school students in the United States of America, and 4.5% to 7.2% found in three communities in South Africa.³ Many of the cases of rape were unreported to the police and medical attention was also not sought. This leads to lost opportunities in benefiting from preventive and curative medical care as between 4-30% of rape victim's contract sexually transmitted infections including HIV.^{21,22} Another consequence of the underreporting is that it gives a false impression that rape is rare in this environment and victims continue to suffer in silence the long term effects of rape. This ultimately affects their quality of life and creates a further burden to the society as a whole. Concerted efforts needs to be put into place as to how to improve reporting as non-reporting where the perpetrator is known also puts victims at risk of further abuse. In a

study in Texas, reporting to the police after first sexual assault reduced the risk of further assault by 59% and further by 70% when protection orders were in place. There is the likelihood that in this environment people have supposedly lost confidence in the police force but no comprehensive eradication of sexual abuse will be possible without their involvement. Even in the rare cases where they have been reported, the long judicial process and unfavourable and unpopular judgments have led to further discouragement. There is therefore the need for a well-focused, effective and professional police force and judiciary.

In conclusion, this study has shown that sexual abuse is common in this environment and the extreme form, which is rape, occurs in similar rates as in other parts of Africa and developed countries. It has also demonstrated that most of the rape cases are unreported giving a false sense of safety. In this study, the proportion that sought medical attention was quite low with resultant lost benefits in preventing immediate and long term consequences. There is therefore the need for a compassionate, non-judgmental approach in caring for victims if attitude is to be improved. The creation of an enabling environment will empower women to report and reduce the burden of violence. Finally, eradication of violence against women is the duty of all segments of the society and concerted efforts must be made in increasing awareness.

Table 1: *Socio-Demographic Characteristics of Respondents.*

Variable	Frequency	Percentage
Age group in years		
15-19	163	42.0
20-24	194	50.0
25-29	31	8.0
Year of Study		
First	103	26.6
Second	174	44.8
Third	55	14.2
Fourth	54	13.9
Fifth & above	2	0.5
Religion		
Christianity	343	88.4
Islam	43	11.1
Others	2	0.5
Tribe		
Hausa	2	0.5
Yoruba	281	72.4
Ibo	71	18.3
Others	34	8.8
Marital Status		
Single	382	98.5
Married	6	1.5
Total	388	100

Table 2: *Sexual History*

	Frequency	Percentage
Previous sexual intercourse		
Yes	123	31.2
No	265	68.8
Total	388	100.0
Age group at first intercourse (years)		
< 15	5	4.1
15-19	76	62.8
20-24	37	30.6
> 25	3	2.5
Total	121	100.0
Nature of first intercourse		
Voluntarily	78	64.5
Forced	43	35.5
Total	121	100.0

Table 3: *Perceptions of Respondents about what constitutes Sexual Abuse and merits reporting*

Variable	Constitutes Sexual Abuse	Merits Reporting
	Agree (%)	Agree (%)
Unwanted touch	294(77.4)	202(52.0)
Unwanted kiss	334(86.1)	224(57.7)
Forceful exposure to pornographic films	324(83.6)	288(74.3)
Unwanted touching of breasts	361(93.2)	312(80.3)
Unwanted touching of buttocks	360(92.9)	303(78.1)
Medicinal charms for seduction	342(88.1)	342(88.2)
Forced sexual intercourse	361(93.1)	356(91.8)
Verbal abuse	251(64.6)	237(61.1)
Use of drugs to induce sex	324(83.6)	320(82.7)
Being paid in exchange for sex	276(71.0)	251(64.8)
Examination Success for sex	305(78.6)	306(78.8)
Attempted rape	363(93.4)	364(93.5)

• Multiple responses

Table 4: *Patterns of Sexual Abuse experienced among Respondents*

Variable	Yes (%)
Unwanted touch	207(53.4)
Unwanted kiss	111(28.5)
Forceful exposure to pornographic films	26(6.9)
Unwanted touching of breasts	48(20.1)
Unwanted touching of buttocks	77(19.9)
Medicinal charms for seduction	7(1.9)
Forced sexual intercourse	42(10.7)
Verbal abuse	74(19.0)
Use of drugs to induce sex	13(3.3)
Being paid in exchange for sex	19(5.0)
Examination Success for sex	18(4.7)
Attempted rape	41(10.5)

Table 5: Circumstances and Attitude towards Sexual Abuse and Rape among Respondents.

Variable	Sexual Abuse		Rape	
	Frequency	%	Frequency	%
Relationship with perpetrator	n = 194		n = 9	
Casual friend	108	55.7	2	22.2
Boyfriend	28	14.4	1	11.1
Stranger	31	16.0	3	33.4
Parent	1	0.5	-	-
Relative	9	4.6	1	11.1
Brother	2	1.0	-	-
Lecturer	5	2.6	1	11.1
Others	10	5.2	1	11.1
Environment of incident	n = 175		n = 9	
Open place	45	25.7		
Party	17	9.7	2	33.3
Perpetrator's apartment	55	31.4	3	33.4
Victim's apartment	27	15.4	2	22.2
Office	10	5.7		
School	11	6.3	1	11.1
Church	1	0.6		
Recipient of Report of Incidence	n = 146			
Friend	93	63.7		
Parents	24	16.4		
Medical Personnel	8	5.5		
Police	2	1.4		
Husband	2	1.4		
Religious leaders	8	5.5		
Others	9	6.1		
Reasons for Non – Reporting				
Shame	24	30.0		
Fear of perpetrator	7	8.7		
Acceptance as normal	15	18.8		
Others	34	42.5		

n = number of responses

Table 6: Association between Socio-Demographic characteristics and the occurrence of coerced sex and rape.

Variable	Coerced Sex			Rape		
	Yes	No	p-value	Yes	No	p-value
Age group in years						
15-19	71	76	0.344	4	128	0.696
20-24	104	67		8	143	
25-29	15	12		2	25	
No response	12	13		1	24	
Year of Study						
100	50	42	0.033	5	76	0.800
200	95	71		5	144	
300	23	30		2	47	
400	31	14		3	40	
> 500	1	1		0	2	
Religion						
Christianity	180	143	0.846	13	281	0.897
Islam	21	20		2	33	
Others	1	1		0	2	
Tribe						
Hausa	1	0	<0.0001	0	2	0.495
Yoruba	138	123		10	226	
Ibo	39	27		2	58	
Others	24	10		3	27	
Marital Status						
Single	200	163	0.038	15	312	0.625
Married	2	3		0	5	

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