

# PREVALENCE AND FACTORS ASSOCIATED WITH SEXUAL VIOLENCE AMONG ADOLESCENTS WITHIN A TERTIARY INSTITUTION IN ILE-IFE, OSUN STATE, NIGERIA

Adedigba Babatunde<sup>1</sup>, Bello Bamidele<sup>2</sup>, Mapayi Boladale<sup>3</sup>, Mobolaji Wale<sup>4</sup>, Umwenni Uwa<sup>1</sup>, Adenipekun Adebisi<sup>1</sup>, Faniku Ayokunle<sup>1</sup>, Fatusi Adesegun<sup>5</sup>

<sup>1</sup>*Campus Health and Rights Initiative, Obafemi Awolowo University (OAU), Ile-Ife*

<sup>2</sup>*Population Reproductive Health Programme, OAU, Ile-Ife;* <sup>3</sup>*Department of Mental Health, OAU, Ile-Ife*

<sup>4</sup>*Department of Demography and Social Statistics, OAU, Ile-Ife;* <sup>5</sup>*Department of Public Health, OAU, Ile-Ife*

*Corresponding Author: daledosu@yahoo.com*

## ABSTRACT

Sexual violence is known to occur globally. Sexual coercion is a prevailing social problem in Nigerian public institutions occurring even among children and adolescents with prevalence as high as 55% among in-school adolescents) and 69.9% among out-of-school adolescents. This cross-sectional descriptive study was carried out with 500 young people equally sampled among secondary and undergraduate students aged between 10 and 24 years within Obafemi Awolowo University (OAU) campus, Ile-Ife. A semi structured questionnaire eliciting information about socio-demographic data, knowledge of Sexual violence, perceptions about Sexual violence, pattern of Sexual violence experienced, knowledge of consequences of Sexual violence and help-seeking behavior of respondents who had experienced sexual violence was administered to respondents. A majority (87%) of the respondents were between the ages of 10 to 24 years. Sixty-four percent of the respondents had experienced some form of sexual violence and 9% of these occurred before the age of 18 years. Neighbours (30%) were most frequently the perpetrators, followed by friends (28%) and family (26%). Only 18% of our respondents sought for help and more of them used the informal support system. Experience of sexual violence appeared to increase with age,  $p < 0.05$  and level of education,  $p < 0.05$ . The high prevalence of sexual violence among our respondents is similar to those found in other studies in this environment and this has immense implication for the health and wellbeing of young people in Nigeria. Education and awareness need to be increased especially among young adolescents to improve knowledge and foster help-seeking.

**Keywords:** Sexual violence, Adolescents, Ile-Ife, Nigeria.

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## INTRODUCTION

Sexual violence, defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any

person regardless of their relationship to the victim, in any setting, including but not limited to home and work; is said to occur throughout the world (Krug, 2002). The body of research on sexual violence appears vast in most parts of the world though data from Nigeria are limited in scope with

respect to the age group of the respondents as no single study examined both secondary and college students. Global data available shows that about a third of adolescent girls report their first sexual experience as being forced (Ajuwon et al, 2001; Jewkes R et al, 2001; Matasha E et al, 1998; Buga et al, 1996).

Several acts have been classified as forms of sexual violence including rape (of various forms), unwanted sexual advances or harassment, including demanding sex in return for favours, sexual abuse of vulnerable people, forced marriage or cohabitation as well as child marriage, denial of the right to use contraception, forced abortion, forced prostitution as well as other violent acts against the sexual integrity of women including female genital cutting and any other coerced contact between the mouth and penis, vulva or anus (Krug et al, 2002).

Sexual violence (also called non-consensual sexual activity) is known to occur throughout the world (Kelly 2004; Herse et al, 1995). Studies in Africa among women aged 16 years and older have shown varied prevalence ranging from 4.5% in Uganda to 0.8% in Botswana (UNICJRI, 1998). In Nigeria, sexual coercion has been found to be a prevailing social problem even among children and adolescents (Akanle, 2010; Ikechebelu et al, 2008; Olley, 2007; Ajuwon et al, 2001; Owuamanam, 1995) with prevalence as high as 55% among in-school adolescents (Olley, 2007) and 69.9% among out-of-school adolescents (Ikechebelu et al, 2008).

Sexual violence is known to have adverse

reproductive, physical, mental and social consequences on its victims (Krug et al, 2002). Sexual assault survivors have been found to be at higher risk of suffering from depression, posttraumatic stress disorder (PTSD), substance abuse, and suicidal ideation and attempts (Ullman & Brecklin, 2002; Ullman & Filipas, 2001; Davidson et al, 1996; Fergusson, 1996; Mapayi et al, 2013). Studies have shown that women suffering from Intimate Partner Violence and sex traffickers as well as rape victims have increased risk of contracting STIs including HIV/AIDS (Wingood, 2000; Williams et al, 2013; Pengpid and Peltzer, 2013). Sexual abuse in childhood and adolescence has been said to have association with risk of type 2 diabetes among adult women (Rich-Edwards et al, 2010). In addition, women exposed to severe physical and/or sexual abuse prior to age 18 have been found to be more likely to develop hypertension (Riley et al, 2010) and cardiovascular diseases in early adulthood (Rich-Edwards et al, 2012). Two-thirds of women reporting Childhood Sexual Abuse are said to also report sexual victimization in adulthood (Classen et al., 2005), with supporting evidence of increased risk for men (Desai et al., 2002). Evidence supports positive relationships between exposure to sexual/physical violence and unwanted sexual intercourse in childhood and later domestic violence (Coid et al., 2001), psychological aggression (Banyard, Arnold, & Smith, 2000), physical violence within romantic relationships (Banyard et al., 2000; Desai et al., 2002; DiLillo et al., 2001; Whitfield et al., 2003; Mapayi et al, 2013b) and other types of adult

physical and psychological abuse (Messman-Moore & Long, 2000). Sexual violence occurring in-school has been associated with absenteeism, decreased quality of school performance, loss of friends, truancy, and internalizing and externalizing psychological symptoms (Duffy et al, 2004; AAUW 2001).

Forced sexual initiation and coercion during childhood and adolescence have been reported in many studies (Akanle 2011; Kelly 2004; Ajuwon et al, 2001, Matasha et al, 1998; Abma et al, 1998; Dickson et al 1998) but with higher prevalence in adolescence compared to other age groups (Rennison, 2002). The school has been found to be the most common location of peer sexual victimization (Young et al 2009; Krug et al, 2002; Omaal and Waal 1994). Sexual violence is often perpetrated mostly by someone familiar (Akanle, 2011; Strong et al, 2005; Rennison, 2002; Ikechubelu et al, 2008, Badejoko et al, 2014) including adults who were not members of the family (Nuhu and Nuhu, 2010).

Adolescence is a period known to be characterised with increased risk-taking including high consumption of alcohol and drugs (Moreno, 2011). Alcohol and other substance consumptions have been implicated as a major risk factor for sexual assault, victimization and perpetration even among college students (Olaleye and Ajuwon, 2012; Dowall, 2007; Abbey 2002; Krug et al, 2002; Crowell, 1996). Other risk factors for sexual assault among adolescents include a history of sexual abuse in childhood (Fleming J et al, 1999, Black et al., 2001; Desai et al., 2002), behavioral health

problems and learning challenges (Butler, 2013).

High rates of sexual assault have been documented both among university students, (Howard et al, 2008; Banyard et al, 2007; Mohler-Kuo et al, 2004; Abbey 2002) as well as among girls and adolescents before entering university especially the non-heterosexuals (Martin et al., 2011; Balsam et al., 2005). Most studies on sexual violence in Nigeria have been conducted among out-of-school adolescents, survivors presenting at health facilities, secondary school and university students (Tukur et al, 2007; Ikechebelu et al, 2008; Abdulkadir et al, 2011; Daru et al, 2011; Olaleye and Ajuwon, 2012; Olatunya et al, 2013; Oshiname et al, 2013; Badejoko et al, 2014; Chinawa et al, 2014).

This study aimed to explore and compare the knowledge and perception of sexual violence among young people in secondary schools and universities, to determine the prevalence and pattern of sexual violence and help-seeking behavior among the two groups and to identify factors associated with sexual violence in this age group.

## MATERIALS AND METHODS

### *Study location*

The study was carried out in Obafemi Awolowo University (OAU) campus, Ile-Ife, one of the federal tertiary institutions in south western part of Nigeria. It is located in Ife Central Local government, Ile-Ife, Osun State, Nigeria. OAU has a fair representation of Nigerian adolescents and youths as it

draws its students from the different cultural/ethnic backgrounds, although the host ethnic group is dominant.

#### *Study population*

The study population included secondary school and undergraduate students of both sexes from Ile-Ife within the ages of 15-24 years. The study was a cross-sectional descriptive study.

#### *Sample population*

The sample population included students from OAU and two secondary schools within OAU campus within the ages of 15 - 24 years.

#### *Sample size*

Sample size was estimated using Computer Program for Epidemiologist (PEPI) version 3.01 employing the sample size formula for estimation of proportions as described by Armitage & Berry and cited in Gahlinger and Abrahamsen (1999). Using a prevalence of 34% (Mapayi et al, 2013) sample size was 449 with attrition became 494 which was approximated to 500.

#### *Procedure*

Multi-stage sampling method was employed for this study. First Obafemi Awolowo University Campus was chosen by convenience. Then, study participants were randomly selected from the university and the 2 secondary schools (1 private and 1 public) located within the university campus. In the two secondary schools, one hundred and twenty-five students were selected from each of the schools. One arm

was randomly selected from each class from JSS1 to SS3 and using the class' attendance register, students were randomly selected on a 'proportion by size' basis with a minimum of 5 students selected from a class. Sampling of undergraduates was done by their faculties. The Obafemi Awolowo University has a total of 13 faculties. A minimum of 19 undergraduate students were randomly selected from lecture theatres in the 13 faculties. Hence, two hundred and fifty students were chosen from both secondary schools and the other 250 from undergraduates in the university.

#### *Instruments*

A semi structured questionnaire was used for this study. It was adapted from pretested instruments on intimate partner violence which have been used in similar settings. The adapted instrument was made up of six sections. Sections included socio-demographic data of respondents, knowledge of sexual violence, perception of sexual violence, pattern of sexual violence experienced and help-seeking behaviour of respondents who had experienced sexual violence.

#### *Data collection technique*

Data were collected by trained field workers with the use of self-administered questionnaire packets though field workers were available to answer queries arising from the questionnaire and to collect questionnaires on completion.

#### *Data Processing and Analysis*

All the questionnaires were coded and

entered using Epi data version 3.0, the data was then cleaned and analyzed using SPSS version 20.0 statistical package. Appropriate univariate, bivariate and multivariate analysis were used to summarize data. Descriptive statistics and cross tabulations of respondents characteristics with knowledge and experience of sexual violence was generated. The significance of the associations between socio-demographic variables and sexual violence was tested by the appropriate test statistics. Level of statistical significance was  $p < 0.05$ .

#### *Ethical Consideration*

Ethical approval was obtained from the Research and Ethics Committee of the Institute of Public Health (IPH), Ile-Ife. The nature of the study was explained to participants and the respondents were not coerced to give information. In the two secondary schools, adequate information about the study was provided to the principals who obtained parents' consents before the conduct of the study. Students whose parents did not consent to their child's participation in the study were excluded from the study. Verbal consent was obtained from the undergraduate students irrespective of their ages. Their confidentiality, privacy and anonymity were protected by not including identifiers on the questionnaire and they were assured of the confidentiality of their responses.

## **RESULTS**

Table 1 shows the socio demographic distribution of respondents. Almost half of the respondents in this study were aged 15

19 years (49.0%) while 38.2% were aged 20-24 years. More than half (56.6%) of the respondents were females. Half of them were secondary school students while the other half were undergraduate students who were below age 24 years. Most of the study participants were Yoruba (85.8%).

Table 2 shows that a majority of the respondents (71.8%) were aware of sexual violence, undergraduates being more aware (83.9%) compared with adolescents in secondary school (60.0%). Also, the proportion of respondents who had good knowledge (Good knowledge of sexual violence was based on an above average score on knowledge of sexual violence) of sexual violence was high (67.0%), however, it was higher among university students (82.4%) than among the secondary school students (51.2%).

Fig. 1 shows the perceptions of respondents on sexual violence. Many perceived that young people experience sexual violence but do not report (89.0%), believed that offenders found guilty of sexual violence should be punished (93.0%), would want laws be put in place to prevent sexual violence and protect people's lives (94.8%), feel that exposure to sexual violence in childhood has negative effects persisting up (88.8%), believe that drug and alcohol use has influence on sexual violence (87.8%) and that sexual violence is a health problem in Nigeria (71.0%). However, fewer proportion of the respondents agreed that culture has an influence on sexual violence (58.6%) and that if a woman experiences violence in a relationship, it will usually happen again (50.8%).

**Table 1:** Socio demographic characteristics of respondents

<b>Socio-demographic characteristics</b>	N	%
<b>Age group</b>		
10-14	64	12.8
15-19	245	49.0
20-24	191	38.2
<b>Sex</b>		
Male	217	43.4
Female	283	56.6
<b>Religion</b>		
Christianity	422	84.4
Islam	77	15.4
Traditional	1	.2
<b>Ethnicity</b>		
Yoruba	429	85.8
Others (Igbo, Hausa)	44	8.8
No response	27	5.4
<b>Education</b>		
Secondary	250	50.0
Undergraduates	250	50.0

Figures 2 and 3 show that 9.4% of the respondents had experienced sexual violence as children (before age 18 years) and neighbours appeared to be the most common perpetrators (29.8%), followed by friends (27.7%), relative (25.5%) and others (teachers, classmates and other relatives) (6.4%).

Figure 4 shows the experience of SV among the respondents. Sixty-four percent of the respondents had experienced sexual violence. However, it was higher among undergraduates (74.0%) than among secondary school students (54.8%).

Figure 5 shows that 17.7% of the respondents who had ever experienced sexual violence sought for help while others did not.

**Table 2:** Awareness and knowledge of sexual violence among respondents

<b>Variables</b>	<b>All adolescents</b>		<b>Secondary school students</b>		<b>Under-graduates</b>	
	N	%	N	%	N	%
<b>Awareness of sexual violence</b>						
No	141	28.2	100	40.0	41	16.4
Yes	359	71.8	150	60.0	209	83.6
<b>Knowledge of sexual violence</b>						
Good knowledge	331	67.0	125	51.2	206	82.4
Fair knowledge	98	19.8	73	29.9	25	10.0
Poor knowledge	65	13.2	46	18.9	19	7.6

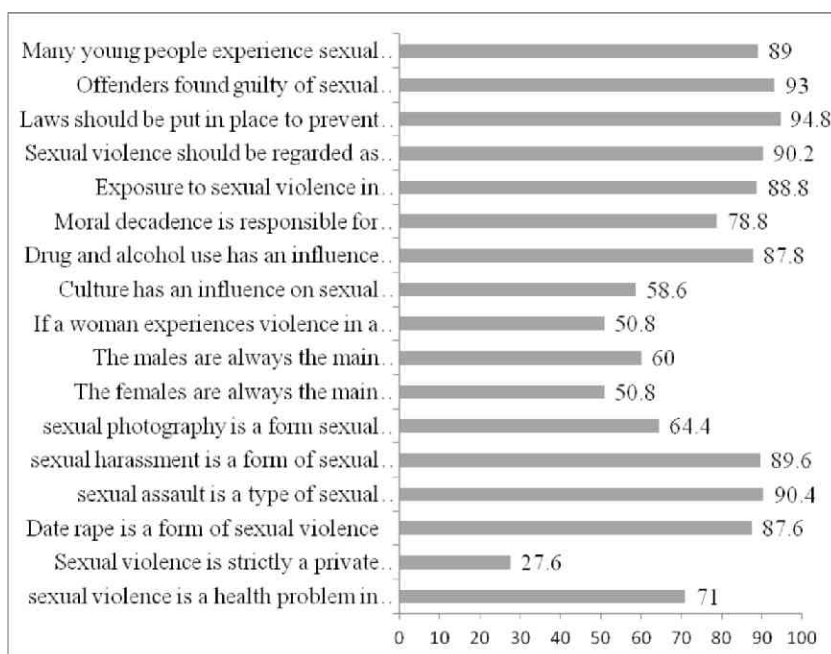


Figure 1: Perceptions about SV



Figure 2: Experience of childhood SV among respondents

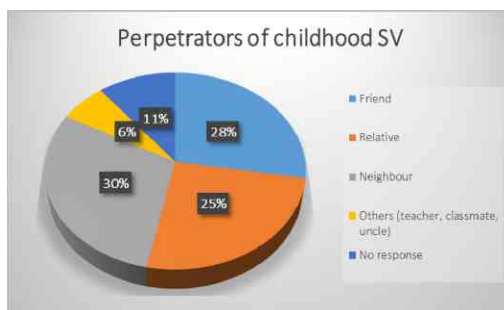


Figure 3: Perpetrators of childhood SV

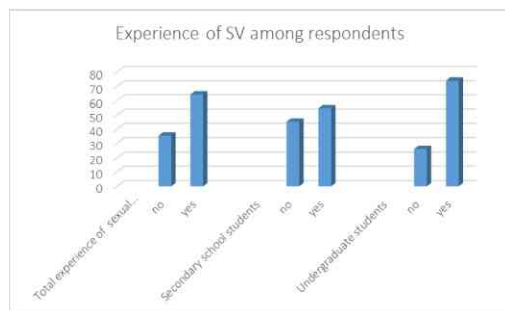


Figure 4: Experience of SV among respondents

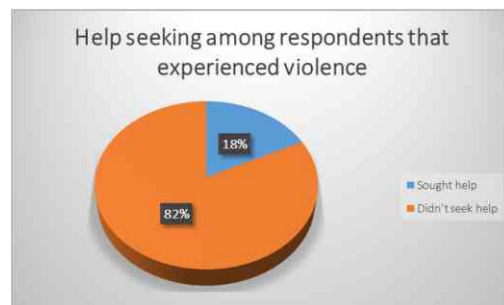


Figure 5: Help-seeking among respondents that experienced violence

Table 3 shows the relationship between perception about SV, experience of SV, help-seeking and socio-demographic characteristics of the respondents. Older adolescents (99.0%) had the highest proportion of respondents who had the right perception about sexual violence. There is a significant relationship between age and perception of adolescents about sexual violence in the study area  $p < 0.05$ . Also, more females had the right perception about sexual violence than their male counterparts,  $p < 0.05$ . The experience of sexual violence increased with age, being highest among oldest adolescents (74.3%) and this association was statistically significant  $p < 0.05$ . Sexual violence was higher among undergraduates (74.0%) than among secondary school students (54.8%) and this association was also statistically significant  $p < 0.05$ . Greater proportion of male respondents (23.7%) sought for help more than their female counterparts (13.1%). Respondents in secondary schools sought help (25.5%) more than those in tertiary institution (11.9%). Hence, there is significant relationship between help-seeking behaviour and sex  $p < 0.05$  and level of education  $p < 0.05$  of the respondents in the study area.

**Table 3:** Relationship between perception, experience of SV, help-seeking behaviour and socio demographic characteristics of the respondents

Variables	Perception about SV		Experience of SV		Help seeking	
	Right	Wrong	No	Yes	No	Yes
<b>Age group</b>						
10-14	62 (96.9%)	2 (3.1%)	33(51.6%)	31(48.4%)	24(77.4%)	7(22.6%)
15-19	230(93.9%)	15 (6.1%)	96(39.2%)	149(60.8%)	117(78.5%)	32(21.5%)
20-24	189(99%)	2 (1.0%)	49(25.7%)	142(74.3%)	124(87.3%)	18(12.7%)
	<b>P= 0.013</b> $\chi^2 = 8.661^*$		<b>P= &lt; 0.001</b> $\chi^2 = 16.726$		P= 0.109 $\chi^2 = 4.426$	
<b>Sex</b>						
Male	202(93.1)	15 (6.9)	78(35.9%)	139(64.1%)	106(76.3%)	33(23.7%)
Female	279 (98.6)	19 (1.4)	100(35.3%)	183(65.7%)	159(86.9%)	24(13.1%)
	<b>P=0.001</b> $\chi^2=10.160$		P= 0.888 $\chi^2=0.020$		<b>P=0.0013</b> $\chi^2=6.123$	
<b>Religion</b>						
Christianity	407 (96.4)	15 (3.6)	149(35.3%)	273(64.7%)	226(82.8%)	47(17.2%)
Islam	74 (94.9)	4 (5.1)	29(37.2%)	49(62.8%)	39(79.6%)	10(20.4%)
	P=0.517 $\chi^2=0.446^{**}$		P= 0.751 $\chi^2 = 0.101$		P= 0.590 $\chi^2 = 0.291$	
<b>Education</b>						
Secondary	235 (94.0)	15 (6.0)	113(45.2%)	137(54.8%)	102(74.5%)	35(25.5%)
Undergraduates	246 (98.4)	4 (1.6)	65 (26.0%)	185(74.0%)	163(88.1%)	22(11.9%)
	<b>P=0.010</b> $\chi^2=6.620$		<b>P= &lt;0.00</b> $\chi^2 = 20.099$		<b>P=0.002</b> $\chi^2=10.075$	

\* Likelihood ratio used; \*\* Fisher's exact test used



## DISCUSSION

### *Prevalence of SV*

The present study explored the knowledge and perception of Sexual Violence among young people aged 15-24yrs in secondary and tertiary schools, the prevalence and pattern of sexual violence and help seeking behavior among the two groups as well as factors associated with sexual violence. The findings revealed a relatively high prevalence (64%) of SV, higher among undergraduates (74%) than secondary school students (54.8%). This is similar to other studies in Nigeria, 55% among in-school (secondary school) adolescents (Olley, 2007) and 69.9% among out-of-school adolescents (Ikechebelu et al, 2008). Though global figures appear lower, 15.9% in a survey of 13,700 students at the University of Minnesota (Boynton Health Service, 2010), one in six college students in the USA (Tjaden & Thoennes, 2000) and 26% of high school boys to 51% of high school girls (Young, Grey & Boyd, 2008). This might be because of operational definitions of what constitute sexual violence, the instruments used to measure SV and peculiarities of the sample population; it does appear that some studies focus on specific concepts as rape and sexual coercion but by definition, sexual violence encompasses all these types and more.

### *Knowledge and Perception about SV*

Our study showed that most respondents had a sound knowledge of SV, more among the undergraduates than among secondary school students and this might be because

they get more information about SV as they grow older and have more access to this information. Again, most respondents agreed on the basic facts about SV but appear to disagree on the importance of culture in SV, tending to downplay the importance of culture in SV. African-based studies suggest the existence of strong patriarchal values that encourage males to be abusive toward their female partners (Jewkes et al, 2005). Cultural tolerance of the physical punishment of women and children and traditional beliefs that men own women are continuously reinforced from one generation to the next (Heise 1999; Jewkes et al, 2002). These are possible explanations for the views displayed among the respondents.

### *Childhood violence*

About one in ten of the respondents had experienced sexual violence as children and this finding is similar to previous report (Mapayi et al, 2013). Perpetrators of SV tend to be known to the child as shown by our study and this has resonated through literature. The majority (66%) of adolescent assault is perpetrated by an acquaintance of the victim (Rennison 2002). Fifty to 80 percent of sexual assaults are committed by a person known to the survivor (Tavara 2006; Campbell, Patterson & Lichty, 2005; Welch, 2007). Since it has been conclusively established that exposure to violence, especially long term exposures, can interfere with a child's ability to think and learn and can disrupt the course of healthy physical, emotional, and intellectual development (Kracke and Cohen, 2008), thus it is safe to surmise that the finding of such high

prevalence of childhood SV among our respondents has huge implications for child and adolescent health programming.

### *Help-seeking*

This study found that about one in six respondents sought for help from others after an experience of SV. The low proportion of those seeking help is worrisome although supported by literature. In a study by Ikechebelu and colleagues (2008), seventy-five percent of respondents did not confide in anyone about their experience of violence. A number of studies on IPV have shown however that women (especially women in marital relationships) tend to disclose the abuse to another individual, usually using informal support systems (Iliaka, 2002; Mapayi, 2012).

### *Factors*

This study showed that though older respondents in the university had the right perception about SV, they still recorded a higher prevalence of SV and sought help less often than the secondary school students. Same was noticed among the females who had a higher proportion of those with the right perspectives but sought help less often than their male counterparts after an experience of SV. In tandem with our

findings that SV increased with age, studies in marital violence and even in other studies on SV have reported that younger women experienced more violence (Wathen, 2007; Hegarty, 2008; Manzoli, 2009; Mapayi, 2011). It is however possible that younger people are not reporting their experience of SV due to fear of retaliation.

## **CONCLUSION**

This study has shown that the prevalence of SV among young people in the university community is high and though respondents show a relatively good knowledge of SV, they do not seek help when they experience SV. Childhood exposure to SV is relatively high and perpetrators more likely to be known to the victim.

It is an urgent call to action in programming for adolescent health. To increase the awareness of the community as a whole to the dangers of SV and also to make mechanisms for reporting and help seeking clearer and easier, there is need for community participation to combat social norms that engender violence and male involvement is paramount to make this work.

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