

ORIGINAL RESEARCH ARTICLE

Sexual Violence among Female Undergraduates in a Tertiary Institution in Port Harcourt: Prevalence, Pattern, Determinants and Health Consequences.

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Abstract

The prevalence, pattern, determinants and health consequences of sexual violence on female undergraduates attending the University of Port Harcourt in the Niger-Delta region of Nigeria was investigated. The study was a cross-sectional study involving 413 female students, and consisted of self-administered questionnaires. Data were analysed using Epi Info v6.04d and presented as frequency tables. Associations were tested using Chi square and Odds Ratio, $p < 0.05$, at 95% CI. Mean age was 22.1 ± 2.8 . One hundred and ninety three (46.7%) had suffered from one form of sexual violence or the another. Fondling/grabbing of sensitive body parts was the commonest 65(33.7%) form of sexual violence. Intimate partners topped the list of perpetrators. Year of study ($p=0.006$, OR 0.57, CI=0.39-0.85), prior victimization ($p= 0.049$, OR= 1.52, CI= 1.00-2.30) and consensual sexual activity ($p=0.001$, OR=1.92, CI=1.29-2.84) were associated with sexual violence. Depression and guilt were the major health consequences reported. Sexual violence is high at the University of Port Harcourt, which warrants targeted preventive action. (*Afr J Reprod Health 2014; 18[4]: 79-85*).

Keywords: Sexual violence, epidemiology, health consequences, females, University.

Résumé

Nous avons menée une étude sur la prévalence, la configuration, les déterminants et les conséquences sanitaires de la violence sexuelle contre les étudiantes de premier cycle dans une université. Une étude descriptive transversale a été réalisée auprès des 413 étudiantes de premier cycle à l'aide des questionnaires auto-administrés. Les données ont été analysées à l'aide du logiciel Epi Info v6.04d et présentées sous forme de tableaux de fréquence. Les associations ont été testées à l'aide du chi carré et Odds Ratio, $p < 0,05$, à 95% CI. L'âge moyen était de $22,10 \pm 2,83$. Cent quatre-vingt-trois (46,7%) avaient souffert d'une forme de violence sexuelle ou d'une autre et les caresses/accaparement des parties sensibles du corps étaient les formes les plus fréquentes 65 (33,7%) de violence sexuelle. Les partenaires intimes étaient en tête de la liste des auteurs. L'année d'étude ($p = 0,006$, 0,57, IC = de 0,39 à 0,85), la persécution antérieure ($p = 0,049$, OR = 1,52, IC = 1,00 à 2,30) et l'activité sexuelle consensuelle ($p = 0,001$, OR = 1,92, IC = 1,29 à 2,84) ont été associés à la violence sexuelle. La dépression et la culpabilité étaient la conséquence majeure de santé signalée. La prévalence de la violence sexuelle était élevée dans notre institution. Il faut une intervention préventive ciblée. (*Afr J Reprod Health 2014; 18[4]: 79-85*).

Mots clés: violence sexuelle, l'épidémiologie, les conséquences sanitaires, femelles, Université.

Introduction

Sexual violence, a growing public health and human rights problem¹ is an indicator of the most severe breach of human security in the world. World Health Organization defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts of 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 work².

Although it has been reported as the fastest growing crime in many parts of the world³, the actual prevalence of sexual violence is unknown as a result of gross underreporting². However, studies have shown that one in four women may have experienced sexual violence by an intimate partner and up to a third of adolescent girls report their experience as being forced^{4,5,6}. At least one in five women has been sexually abused by a man at

some time in her life². A study carried out in Southern Nigeria (University of Calabar) showed that 51.7% of female undergraduates had suffered one form of sexual violence or another⁷. This figure is higher than what was obtained in two studies from Northern Nigeria (13.8%, 22.2%)^{8,9}. The prevalence is generally high in Africa and varied between 16% in Cameroun, 23% in Sierra Leone, 34.4% in Ethiopia, 49% in Ghana to 65.6% in Zimbabwe, and 67% in Botswana¹⁰⁻¹⁵.

Predisposing factors of sexual violence include young age, alcohol consumption, drug use, previous experience of rape or sexual abuse, multiple sexual partners and poverty¹⁶. Previous studies have shown that university women are at greater risk of sexual assault than women of comparable age in the general population¹⁷. Sexual violence impacts greatly on the physical, social and mental health of the victims. Physical injury with attendant reproductive consequences could result⁷. Other possible consequences include depression, anxiety, social isolation, loss of self-esteem, distrust of others, substance abuse and post-traumatic stress disorder^{18,19}.

The problem of sexual violence has remained unaddressed in our educational institutions. It prevents students from attaining their maximum intellectual, emotional and educational potentials²⁰. It is a psychological threat to a conducive learning environment⁷. Various forms can occur in the university setting among undergraduates and they include rape (by strangers or in dating relationships), unwanted sexual advances, sexual harassment, demanding sex in return for favours, sexual abuse of mentally or physically disabled people, fondling or grabbing of sensitive parts^{21,22}. Due to the sensitive nature of sexual violence and the culture of silence in our society, there is very little reporting of such incidents. Nonetheless, victims of sexual violence tend to feel overwhelmed and require ample support. Where this is unavailable/ inaccessible, they would be less likely to report and seek help²². A better understanding of the occurrence of sexual violence in the university campuses is critical for primary prevention⁷.

Sexual violence is gradually becoming a regular feature in Nigerian universities perpetrated by fellow students and lecturers⁸ and needs to be

addressed urgently. The study in Northern Nigeria showed that living on campus was associated with gender violence among female students⁹. There is a dearth of information on this subject in the South-South region of Nigeria where university of Port Harcourt is situated.

This study sets out to fill that gap and is aimed at determining the prevalence, pattern, determinants and health consequences of sexual violence among undergraduate females in the University of Port Harcourt, Rivers State. Such information is required for developing preventive and coping strategies.

Methods

Study Area

This study was carried out in University of Port Harcourt (Uniport) which is located on the outskirts of Port Harcourt metropolis, the capital of Rivers State in the South-South geopolitical zone of Nigeria. The University has an undergraduate population of about 25,034: Males- 12,936 (51.7%) and females- 12,098 (48.3%). Uniport has three campuses referred to as Parks; Choba, Delta and Abuja Parks and the female hostels are located in two of these campuses; four female hostels in Delta Park and three female hostels in Abuja Park. There are about 2600 female undergraduates resident in these hostels.

The University of Port Harcourt in collaboration with the University Teaching Hospital commissioned a Youth-Friendly Centre in November 2004 which became operational in February 2005. The centre provides the following services among others; HIV testing, care and support for HIV-positive people, adolescent health services, recreational facilities, care of the sexually abused and training of Peer Educators.

Study population

Female undergraduates residing in the university hostels who had spent at least one year in the university were studied. Those residing in the hostels were studied because they have been found to be more at risk ($p=0.002$, $OR=2.17$) of sexual violence⁹. In addition, the students must have completed one year in the university.

Study design

A descriptive cross sectional study was done.

Sample size

With a prevalence rate of 51.7% from a previous study done in Calabar⁷ and a margin of sampling error set at 5%, a sample size of 384 was obtained and with 10% adjustment for non-response, a sample size of 430 was used. However, 413 properly filled questionnaires were analysed.

Sampling technique

Convenient sampling was used to recruit respondents in the study. Two of the seven female hostels were selected by simple random sampling. Employing proportionate sampling, 327 and 103 students were selected from the two hostels. Starting from the first room, all the female undergraduates who met the criteria were recruited until the sample size was obtained.

Data collection

A structured, mainly close-ended self-administered questionnaire comprising of four⁴ sections was used (adapted from previous studies]^{7,9}. First section sought Information on socio-demographic variables like age, level of study and marital status, the second section asked questions on the pattern of violence like; number of episodes, form of sexual violence (Rape, Sex for favour and Fondling/Grabbing of sensitive body parts), perpetrators. The third section dwelt on the determinants like; prior exposure before admission into the university (prior victimization), existing sexual relationships either with one or more partners (consensual sexual relationship) and the last section on health consequences (depression, genital injury, anxiety, fear of future sexual relationship, sexually transmitted infection and low self-esteem, pregnancy) of sexual violence from respondents.

The study was conducted in the evenings after lectures between August and September, 2010, female students who were found in the hostels at this time were recruited after explaining to them what the study was all about. They were instructed not to write their names to ensure anonymity and confidentiality of the information given.

The dependent variables were; sexual violence and the health consequences while the independent variables were age, level of study, prior exposure before admission into the university (prior victimization), consensual sexual relationship and circumstances. The explanatory variables included; number of exposure, form of exposure, place and time of exposure.

Permission for the study was obtained from the University through the Registry department and also from Ethics committee of the university. Verbal consent was obtained from the students.

Data Analysis

Data were analysed using Epi Info v6.04d statistical package. Bivariate analysis was done using Chi square test and crude OR to test for associations between sexual violence and age, level of study, prior victimization and consensual sexual relationship. Significance level was set at $p < 0.05$ and Confidence Intervals at 95%. Data were presented as frequency tables.

Results

Table 1: Socio-demographic characteristics of the respondents

Age	Frequency (%)
<20	59 (14.3)
21-24	297 (71.9)
20-24	55 (13.3)
25-29	2 (0.5)
>30	193 (100)
TOTAL	59 (14.3)
Marital Status:	
Single	405 (98.1)
Married	8 (1.9)
TOTAL	413 (100)
Level of study:	
200L	183 (44.3)
300L	126 (30.5)
400L	83 (20.1)
500L	20 (4.9)
600L	1 (0.2)
TOTAL	413 (100)

Of the 430 questionnaires distributed, 413 properly filled questionnaires were analysed giving a response rate of 96.0%. The mean age of respondents was 22.10 ± 2.83 . Of the 413 female undergraduates studied, 405 (98.1%) were single. Most of the respondents 183 (44.3%) were in their

second year of study (Table 1). One hundred and ninety three (46.7%) had suffered from one form of sexual violence or another. Eighty eight (45.6%) of the victims had only one episode while 21 (10.9%) had more than four episodes. Fondling/grabbing of sensitive body parts 61(31.6%), was the highest form of sexual violence experienced by victims while 52(26.9%), 42(21.8%), 34(17.6%) and 4(2.1%) were, sex for favour, unwanted sexual remarks, rape and others respectively (Table 2).

Table 2: Pattern of sexual violence among the respondents

Forms of Sexual Violence	Frequency (%)
Fondling/grabbing sensitive body parts	61 (31.6)
Sex for favour	52 (26.9)
Unwanted sexual remarks	42 (21.8)
Rape	34 (17.6)
Others	4 (2.1)
TOTAL	193 (100)
Perpetrators	
Intimate partner	72 (37.3)
Fellow classmate	34 (17.6)
Lecturer	33 (17.1)
Unknown assailant	28 (14.5)
Friend of victim	26 (13.5)
TOTAL	193 (100)
Number of Episodes of SV	
Once (1)	88 (45.6)
Twice (2)	53 (27.4)
Three times (3)	16 (8.3)
Four times (4)	15 (7.8)
More than 4 times	21 (10.9)
TOTAL	193 (100)
Where SV occurred	
Residence of perpetrator	63 (32.5)
Home of victim	42 (21.8)
Office of perpetrator	33 (17.1)
In the hostel	21 (10.9)
Classroom	20 (10.4)
Others	14 (7.3)
TOTAL	193 (100)
Circumstance leading to Sexual Violence	
Visiting	67 (34.7)
Attending Party	52 (26.9)
Asleep	30 (15.6)
Drunk	23 (11.9)
Drugged	21 (10.9)
TOTAL	193 (100)

Intimate partners, fellow students and lecturers topped the list of perpetrators, 72 (37.3%), 34

(17.6%), and 33 (17.1% respectively. Most of the violence occurred in the perpetrators residence 63 (32.6%), 21(10.9%) in the hostel, 20(10.4%) in the classroom (Table 2).

Results also revealed that most of the victims had their first experience of sexual violence in their first year of study; 124(64.3%) when they were in 100 level, 46(23.8%) in 200 level, 13(6.7%) in 300 level and 10(5.2%) in 400 level.

Circumstances leading to abuse were; visiting 61(34.7%), 52(26.9%) attended a party/social gathering prior to victimization, 30(15.6%) were sleeping, 23(11.9%) were drunk and 21(10.9%) were drugged. Up to 98 (56.0%) of them were in a consensual sexual relationship and 86(44.6%) reported having had a variety of health problems that were related to the sexual assault ranging from depression 39(45.4%) to pregnancy/pregnancy related problems 13(15.1%). Of the 193 respondents that have been sexually violated, 6(3.1%) and 12(6.2%) reported to the school authority and to the law enforcement agency respectively, 107(55.5%) told a friend 67(34.7%) sought the services of the health centre and 1(0.5%) visited a psychologist (Table 3).

Age ($p=0.85$, $OR=0.96$, $CI=0.63-1.41$) was not significantly associated with sexual violence, while, year of study ($p=0.008$, $OR=0.59$, $CI=0.40-0.87$), previous victimization ($p=0.035$, $OR=1.56$, $CI=1.03-2.37$) and consensual sexual activity ($p=0.001$, $OR=1.96$, $CI=1.32-2.91$) were found to be associated with sexual violence (Table 3).

Discussion

Sexual violence is a common problem in tertiary institutions in Nigeria perpetrated mainly by both students and lecturers. Unfortunately not much is being done by these institutions to curb this menace. Comparison of studies was difficult due to differences in methodology. The mean age of respondents was 22.10 ± 2.83 years, similar to the mean age obtained in the Calabar study (22.30 ± 3.10 years). The prevalence from our study compares favourably with what was obtained in Calabar⁷ which is also in the South, while in the Northern Nigeria the prevalence was much lower, 13.8% in Maiduguri⁸ and 22.2% in Kano⁹. These differences could be due to cultural and religious

differences. Prevalence from studies in some African countries varied between 16% in Cameroun to 67% in Botswana¹⁰⁻¹⁵, though methodologies were different unlike studies done

Table 3: Determinants of sexual violence among the respondents

Variable	Sexual Violence		Total	Chi-square	P-Value	ODDs Ratio (Crude), 95% CI
	Yes	No				
Age						
≤22	132 (46.7)	153 (53.3)	285 (100)			
>22	61 (47.7)	67 (52.3)	128 (100)			
TOTAL	193	220	413	0.064	0.80	0.95, 0.62-1.44
Level of Study						
≤ 200 Level	72 (39.1)	112 (60.9)	184 (100)			
> 200 Level	121 (52.8)	108 (47.2)	229 (100)			
TOTAL	193	220	413	7.701	0.006	0.57 0.39-0.85
Prior Victimization						
Yes	71 (53.8)	61 (46.2)	132 (100)			
No	122 (43.4)	159 (56.6)	281 (100)			
TOTAL	193	220	413	3.881	0.049	1.52 1.00-2.30
Consensual Sexual Activity						
Yes	98 (56.0)	77 (44.0)	175 (100)			
No	95 (39.2)	143 (60.8)	238 (100)			
TOTAL	193	220	413	10.480	0.001	1.92 1.29-2.84

in the USA where prevalence was less than 20%²³. This could be attributable to a greater knowledge of sexual issues, human rights activism and better awareness and implementation of the law in the western societies. In our study, the commonest form of sexual violence experienced by victims was fondling of sensitive parts of the body while in the Calabar study⁷, unwanted sexual remarks and advances topped the list.

Our finding agreed with that in Ghana where majority of the perpetrators of sexual violence in tertiary institutions were known by the victims¹³. Eighty one percent of the victims knew the perpetrators as intimate partners, fellow classmates, lecturers or friends and acquaintances. The Kano study⁹, revealed that most of the perpetrators were men known to the victims but did not report lecturer involvement. Lecturers constituted a substantial proportion of perpetrators in Calabar (19%) and Port Harcourt (17.1%) as well as other parts of Africa^{13,16,24}. Intimate partners ranked highest as perpetrators in our study while lecturers topped the list in Calabar⁷.

Our study identified fresh undergraduates, prior victimization and consensual sexual activities with a high risk of sexual violence as was observed in other studies^{8,9}. Most victims' first experience of sexual violence occurred in their first year of study, followed by the second year. Health consequences were varied between physical, social and mental consequences. Nearly half of the female undergraduates reported health consequences following the incident. Depression and guilt were the major mental health consequence as was observed by Elegbeleye OS²⁵. The physical consequences included physical injury, sexually transmitted infections and pregnancy.

This study did not include off-campus female undergraduates, this could have affected the prevalence. The implication is an under-estimation of the magnitude of the problem in our university.

Conclusion

Our study showed a high prevalence of sexual violence in our institution, consistent with a

previous study in the Southern Nigeria. We also found that fresh female undergraduates are more than three times at risk of being sexually violated than others. There is an urgent need for preventive strategies targeted at the most at risk undergraduates through creating awareness of the problem during Orientation programmes for fresh undergraduates. Also to encourage the students to utilize the services of the Youth Friendly Centre in the university, a safe and conducive environment for disclosure (with the assurance of confidentiality), and counselling for victims. Measures should also be devised for bringing perpetrators to book as a deterrent.

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Contribution of Authors

Dr Mezie-Okoye conceived and designed the study and also helped to prepare the manuscript, Dr Alamina analysed and also helped to prepare the manuscript. The students under supervision collected the data.

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