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*Full Length Research Paper*

# Knowledge and Perceptions of Reproductive Rights among Female Postgraduate Students of the University of Ibadan, Nigeria

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**ABSTRACT**

The knowledge and perceptions of reproductive rights among female postgraduate students of the University of Ibadan were assessed. The study was a cross-sectional survey of 480 FPGS in three female halls in the University. A validated questionnaire which contained a 20-point knowledge scale was used for data collection while eight in-depth interviews (IDI) were conducted with the aid of an IDI guide. Thematic approach was used for the analysis of the IDI while the quantitative data were analyzed using descriptive statistics, Chi-square and ANOVA. Respondents' mean age was 29.7±6.4 years and 75.4% were singles. Sixty-seven percent of the respondents had heard about RRs with the mass media constituting their major sources of information (54.2%). Respondents' mean knowledge score was 3.3±2.9 on a 20 point scale. The mean knowledge scores by age group were not significantly different. There was however a significant difference in the mean scores by marital status as follows: married (3.3±2.4), divorced (7.5±0.0), widowed (2.0±1.5) and single 3.2±3.0 ($p<0.05$). Fifty-one percent of the respondents were not aware of any form of RRs violations. Sixty-six percent of the respondents were opposed to married women's right to bodily autonomy while 77.3% rejected the idea that a wife on her own could access family planning services. Majority of the respondents (77.9%) were of the belief that RR enforcement would not lead women to disrespect their husbands or be promiscuous (78.5%). Most of the IDI participants were against making marital rape an offence punishable by law. All the IDI participants saw gender equality as unrealistic. The respondents had a huge knowledge deficit of reproductive rights. Most of the students' perceptions of these rights rotate around the right to decide number and spacing of children and the right to bodily autonomy. Public enlightenment programs on reproductive rights are strongly recommended using multiple intervention approaches. There is also a need for the review of the University curricula nationwide to integrate topics on reproductive health and gender equality across faculties.

**Key words:** Reproductive health, Rights, female students, Nigeria

## INTRODUCTION

The International Conference on Population and Development defined reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. This implies that people should be able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when

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and how often they do so (International Conference on Population and Development [ICPD], 1994:43).

Reproductive health (RH) problems are however the leading cause of women's ill health and death worldwide (United Nations Population Fund [UNFPA], 2005); consequently, it has become a source of concern at the global level. The ICPD Programme of Action stresses that the empowerment and autonomy of women and the improvement of their political, social, economic and health status is both a highly important end in itself and also a necessity for the achievement of sustainable human development. It states further that:

"*Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility ...are priority objectives of the international community" (Principle 4 of the ICPD Programme of Action, 1994).*

Reproductive rights (RRs) are fundamental to women's reproductive health (ICPD, 1994; Centre for Reproductive Rights [CRR], 2008), because these rights are inalienable and inseparable from other basic rights such as right to life, right to non-discrimination, right to privacy, right to food, shelter, health, security, livelihood, education and political empowerment (Empowerment, 2001). Enforcement of these rights is imperative since discrimination against women manifests itself in a wide and complex variety of ways, which can directly or indirectly, impact on their health (World Health Organization [WHO], 2003).

It has been established that reproductive rights are human rights (CRR, 2008) and many problems have arisen as a result of violations of these RRs, hence the international community has identified the need for urgent action. These problems include gender-based violence, HIV/AIDS, maternal mortality, teenage pregnancy, abandoned children and rapid population growth (UNFPA, undated) amongst others. This massive denial of human rights causes the death of millions of people every year; unfortunately many people neither know that they possess these rights nor the claim to them (Jegede, 2007).

Even though a lot have been written at the international level on the reproductive health knowledge of illiterate or low literate people, no known study in Nigeria has focused on finding out the knowledge and perceptions of reproductive rights among a population considered educated and informed - the female post graduate students (FPGS). Consequently, this study was conducted to evaluate the knowledge and perception of FPGS on issues pertaining to their reproductive health and lives. In spite of the attention that RH has attracted in Nigeria lately, a knowledge gap still exists on the depth of knowledge and opinion of RRs (Jegede, 2007).

Thus this study has implications for yielding evidence based information regarding the level of knowledge and perception of RRs among educated females; particularly the FPGS in the University of Ibadan (UI). Therefore, the study will also add to the existing documents on RRs and RH issues in Nigeria. The results from this study can also be used as baseline information to develop a national curriculum on RRs which could be used to establish courses on RRs across all faculties in tertiary institutions of learning nationwide. Finally, findings from this study can be used for informing policy formulation aimed at enhancing the reproductive rights and health status of female students in Nigerian Universities and consequently in the society at large.

## METHODOLOGY

### Study Area

Founded in 1948, the University of Ibadan is the oldest tertiary institution in Nigeria. The University of Ibadan operates a faculty system. As at February 2009 when the study was conducted, the total population of full time students was 18,843; out of this number, about 7,078 (37.6%) were postgraduate students. There are fourteen faculties and twelve halls of residence (for students) in the University. Out of the twelve halls of residence, two are exclusively for postgraduate students (New Postgraduate and Tafawa Balewa Halls), one accommodates a mixture of both undergraduate and post graduate students (Obafemi Awolowo Hall) and the others are for the undergraduate students only.

### Study Design and Participants

The study was a descriptive cross-sectional study. The study population comprised of all the FPGS that resided in the halls of residence from February to April 2009 when the study was conducted. All available FPGS that resided in these halls participated in the study. The halls of residence for the female postgraduate students were three in number, they are: New Post Graduate Hall (NPGH), Tafawa Balewa Hall (Balewa) and Obafemi Awolowo Hall (Awo). The sample size was determined with the use of the hall registers from the three halls of interest; these registers were obtained from the officials of the halls in question. Five hundred and seventy five (575) FPGS were resident in the halls at the time of the study, out of these, 491 students were contacted (the remaining were not available). Of the respondents contacted, 483 filled out the questionnaires but three of these

questionnaires were incomplete so they were not included in the study.

**Study Instruments**

Quantitative and qualitative instruments were used to collect data for the study; these two methods were combined to maximize their advantages. The quantitative method of data collection produced quantifiable, reliable data that were generalizable to the large population; it also addressed correlations between variables. While the qualitative method was used because it generated rich, detailed data that left the participants' perspectives intact and provided an avenue for direct interaction with the people under study.

The quantitative method was a ninety-three (93) item questionnaire which contained both open ended and close ended questions and was designed to be self-administered. The questionnaire was divided into four sections A – D. Section A comprised of eight (8) questions which sought information on the demographic characteristics of the respondents. Section B contained twelve (12) questions which elicited information on the socio-economic characteristics of the respondents. Section C is made up of thirteen (13) questions and four (4) sub questions which assessed the awareness and knowledge of the FPGS on RRs. Section D comprised of eleven (11) questions and forty-five (45) sub questions which sought information on the perception and attitude of the research participants towards RRs issues. All the questions were adapted from a study done by Jegede; on the knowledge, opinion and attitude of reproductive health rights on household heads.

The qualitative component consisted of an in-depth interview guide which contained open ended questions that sought information on the types of RRs as well as some vital RRs violation issues. It was used to conduct eight interviews on eight FPGS resident in the halls of interest. The instrument was designed to elicit information on the interviewees' knowledge, perceptions and attitude towards RRs and some RH concerns.

**Data Collection Procedure**

The data collection for the main study was conducted by the researcher over a period of approximately two months: 26$^{th}$ of February to 20$^{th}$ of April, 2009.

**Quantitative data**: The questionnaires were distributed by the researcher and were self-administered. A degree of firmness was exhibited by the researcher such that the respondents' questions which could compromise the quality of data being collected were not answered till they had completed and returned their questionnaires. As much as possible, the researcher waited for the respondents to complete and return the questionnaires immediately. This was done to prevent bias which may occur if respondents consulted books and other materials. An average of 20 minutes was used to complete each questionnaire.

**Collection of Qualitative data:** The in-depth interviews (IDI) took place in the rooms of each of the interviewees. The interviewees were selected randomly- based on their halls of residence, hall blocks, religion and religious denominations. On the basis of willingness to participate in the interview; two participants- one Christian and one Moslem were randomly selected from each hall (for NPGH one of each religion was chosen from each block due to the large number of occupants in the blocks). Four Christians and four Moslems were interviewed in all, two of each religion were married and the other two were single. The researcher explained the purpose and nature of the data collection exercise in details to each participant and they all gave their verbal consent to take part in the interview.

The IDI followed a face-to-face "conversational" style using open-ended questions. Though the interviews were flexible in nature, some direction was given by the researcher when the focus was lost, and probes were used when necessary. These interviews lasted for an average of 45minutes and were recorded with a digital audio recorder.

**Data Processing and Analysis**

Questionnaires collected were checked for completeness and accuracy while on the field. Serial numbers were assigned to each questionnaire for easy identification, correct data entry and analysis. The completed questionnaires were manually sorted out, cleaned and responses to open ended questions were grouped according to their similarities and coded. A coding guide was developed; this was done by manually assigning numeral symbols to each category of responses per question. Data entry and analysis was done with the use of Statistical Package for Social Sciences (SPSS) version 12.00.

The knowledge questions were scored as follows: correct responses to each item attracted a point each and wrong responses were given no mark. The total maximum obtainable score was 20points and 0point was the minimum. The perception questions were analyzed using frequencies and percentages. Frequency tables and charts were generated and some key variables were cross-tabulated. Relationships between variables were determined through the use of Chi-square and ANOVA statistics.

The in-depth interviews were recorded with a digital audio recorder and the recordings were later transcribed and documented using the first person narratives. The

transcribed interviews were reviewed and pertinent quotations that clearly captured the ideas and themes being conveyed in each question were noted and collated.

## RESULTS

### Socio-demographic data

The ages of the respondents ranged from 22 to 53 years with a mean of 29.7 ± 6.4. When grouped, majority (64.2%) of the respondents, were aged between 20 – 29 years. Majority (75.4%) of the respondents had never been married, the remaining were married, divorced or widowed. Of those who were married, 24.5% had no children. Virtually all the respondents (95.4%) practiced Christianity. Two hundred and twenty-two (46.5%) were Yoruba (Table 1).

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

| Socio-demographic characteristics | Frequency | % |
|---|---|---|
| **Age (grouped) in years** | | |
| 20 – 29 | 308 | 64.2 |
| 30 – 39 | 120 | 25.0 |
| 40 – 49 | 42 | 8.8 |
| 50 – 59 | 10 | 2.1 |
| **Marital status** | | |
| Single | 362 | 75.4 |
| Married | 112 | 23.3 |
| Widowed | 5 | 1.0 |
| Divorced | 1 | 0.2 |
| **Number of children*** | | |
| None | 29 | 24.5 |
| One | 20 | 17.0 |
| Two | 23 | 19.5 |
| Thee | 21 | 17.8 |
| Four | 16 | 13.6 |
| Five or more | 9 | 7.6 |
| **Religion** | | |
| Christianity | 458 | 95.4 |
| Islam | 22 | 4.6 |
| **Ethnic group** | | |
| Yoruba | 255 | 46.9 |
| Ibo | 95 | 19.8 |
| Hausa | 3 | 0.6 |
| Others** | 157 | 32.7 |
| **Hall of residence** | | |
| New postgraduate hall | 285 | 59.4 |
| Obafemi Awolowo | 156 | 32.5 |
| Tafawa Balewa | 39 | 8.1 |
| **Previous level of Education** | | |
| Bachelor Degree | 372 | 77.5 |
| Master of Degree | 108 | 22.5 |

* *All unmarried respondents were not included*
** *Afema, Ibibio, Ijaw, Efik, Bini etc*

### Definitions of reproductive health rights by the respondents

About half 250 (52.3%) of the respondents gave definitions of human rights that fell within the context of the 1999 Nigerian constitution. As many as 133 (27.7%) respondents did not have any idea of what human rights means. All the IDI participants' had an idea of what human rights are, they gave long-winded definitions which can be summarized with the definition given by one Doctoral student:

"*Human rights are entitlements that accrue to you because you are a human being; some are backed by law, some are moral and some are due to you because you are a human being."*

Slightly less than half (47.5%) of the quantitative research participants did not attempt to answer the question that requested for the definition of RRs. Amongst the IDI participants, seven saw RRs mainly as rights that has to do with reproduction; the number of babies one wants to give birth to and how one wants to space them. One of the NPGH respondents frankly said:

"*I know almost nothing about reproductive rights…from the sound of it, it sounds like the right to have a baby or not, right to choose how many children to have, a right to choose what contraceptives to use."*

Also a greater percentage of the respondents (59.0%) did not know any type of reproductive right. Among those who claimed to know, the right to decide the number and spacing of one's children was most cited (36.0%), followed by those who wrote the right to bodily autonomy/ the right to decide who to have sex with and when (17.1%) (Table 2).

The in-depth interviewees also gave diverse opinions in their attempts to define the types of RRs. They include the following:

*"The right for a woman to get married to someone she loves without her parents influencing her or forcing her to marry someone she doesn't want to marry."*
*"The right to freedom."*
*"The right to lead and be led."*
*"The right to procreate, when and how many children to have."*
*"The right not to be forced into sexual relations."*
*"The right to say I want to give birth through CS if I don't want to go through the pains of childbirth."*
*"The right to decide the type of contraceptives I want to use."*
*"The right to decide how large I want my family to be."*
*"The right to reproductive health information and services within your locality."*

Majority (67.3%) of the respondents did not give any suggestion concerning the type of RR that should be made compulsory in Nigeria. Of the 157 respondents who gave any suggestions, majority (18.1%) proposed the right not

to be subjected to torture or violence, this was followed by the right to decide the number and spacing of one's children (16.3%) and the right to consent to marriage (12.8%).

Almost all the interviewees were of the opinion that all the RRs should be made obligatory in Nigeria especially the right to the number and spacing of children and the right to be free from torture. However, when asked about the rights which should not be imposed on Nigerians, the respondents had varying opinions. One of the respondents, a Pharmacist was of the opinion that children should not be made to wait till the age of 18 years before they get married, she passionately argued:

"*The one that they said you should wait for your child to be 18years before giving her out for marriage should not be enforced, you should know when to give out your child in marriage because a girl of 15 or 16 years can go and get pregnant and bring a child from outside. So instead of bringing a child out of wedlock I will marry her off! I will not wait for her to get to 18years. Once I see the child is wayward, once she finishes secondary school that child will go and marry. The quiet ones can stay till 25years."*

All the IDI participants opined that it is unrealistic to implement the right of equality between a husband and wife. As one of them put it:

"*Equality is an idealistic kind of concept; it is not realistic and is not quite achievable. It means that there has to be a meeting point at the center of the scale. It is a man's world; even outside Nigeria, men have the upper hand in everything."*

Another response was:

"*I don't think the word Equality is operational. God who created us did not make us equals. Ok if you are talking equality is it possible for men to carry pregnancy and deliver? Does it also mean that the family finances will be shared 50/50?"*

Legalization of abortion was disapproved by six of the respondents. As one of them said:

"*I don't think abortion should be made legal because when it is made legal everybody will go and procure abortion and it promotes promiscuity and secondly it is the violation of the unborn child. The only condition in which abortion can be procured is on the recommendation of the Medical doctor if the life of the mother is in danger."*

In contrast, two of the respondents were of the opinion that abortion should be legalized. According to one of them:

"*Well I know the Catholic Church don't like talking about abortion but I think we should be realistic. When you look at abortion, it is too broad; are people just waking up every morning to commit abortion or is there a basis for abortion? For the teenagers and youths who get pregnant- what we call unintended or unplanned pregnancy, most of them lack information. A young girl is coming back from church at about 9.00pm and gets raped and then out of stigma and shame she does not tell anyone only to find out a month later that her period is not coming again. I keep saying, which of the Reverend Fathers will want to keep the baby if their child is raped?"*

As shown in Table 3, the mean knowledge scores increased with age; there was however no significant difference found in the mean knowledge scores of respondents by their age groups ($p = 0.058$). A significant difference was found in the mean knowledge scores by marital status of respondents ($p = 0.047$).

The comparison of the knowledge score of respondents who had taken lectures on RRs with those who had not, showed a significant difference ($p<0.05$). With those who had received or were receiving lectures having a significantly higher mean score (5.3) than those who had not (2.8).

Table 4 shows that when the respondents' mean knowledge score were compared on the basis of the possession of a previous Postgraduate degree, the respondents who possessed a previous postgraduate degree had a higher mean score ($4.0 \pm 2.9$), than those who had none.

**Table 2: Meaning of Reproductive Rights by Respondents (N= 228**)**

| Participants' responses | No.* | % |
|---|---|---|
| The right to marital sexual harmony/ fulfillment/ faithfulness | 14 | 3.4 |
| The right to consent to marriage | 15 | 3.6 |
| The right to abort or keep a pregnancy | 15 | 3.6 |
| The right to free & cost effective RH Information & services | 22 | 5.3 |
| The right to Maternity leave/Ante and Post Natal Care | 25 | 6.0 |
| The right to choose type of birth control and delivery | 31 | 7.5 |
| The right to be free from discrimination/ gender inequality/ abuse/ violence | 33 | 7.9 |
| The right to bodily autonomy/decide time for sex & with whom | 71 | 17.1 |
| The right to decide the number and spacing of one's children | 153 | 36.0 |
| *Others**** | 37 | 8.8 |

* Multiple responses were given

** Respondents who gave no response were not included

*** Right to work and earn a living, right to know partners' HIV status

This difference in mean knowledge scores was however not significant. By contrast, there was a significant difference when the mean knowledge scores of respondents were compared by their faculty affiliation. The faculty of Public Health had the highest mean knowledge score (6.3±3.0). There was a similar discovery in the IDI as only a PhD student from the Faculty of Public Health had a good knowledge of RR issues

**Table 3:**
Respondents' Knowledge of Reproductive Rights by Demographic variables (N= 480)

| Demographic Variables | $\bar{X}$ | SD | P-value |
|---|---|---|---|
| **Age**(grouped in years) | | | |
| 20-29 | 3.1 | 2.9 | 0.058 |
| 30-39 | 3.6 | 2.9 | |
| 40-49 | 3.7 | 2.6 | |
| 50-59 | 5.3 | 4.4 | |
| **Marital Status** | | | |
| Married | 3.9 | 2.8 | 0.047 |
| Divorced | 7.5 | 0.0 | |
| Widowed | 2.0 | 1.5 | |
| Single | 3.2 | 3.0 | |
| **No of Children** | | | |
| One child | 2.9 | 2.4 | 0.181 |
| Two children | 3.9 | 2.4 | |
| Three children | 4.6 | 3.1 | |
| Four children | 4.3 | 3.2 | |
| Five or more children | 3.5 | 3.3 | |
| No child | 3.6 | 2.7 | |
| **Religion** | | | |
| Christian | 3.2 | 2.9 | 0.124 |
| Islam | 5.3 | 2.8 | |
| **Religious Denomination** | | | |
| Pentecostal/Anglican etc | 3.1 | 2.9 | 0.005 |
| Catholic | 3.7 | 3.3 | |
| Islam | 5.3 | 2.8 | |
| Others* | 3.1 | 2.7 | |
| **Ethnic group** | | | |
| Yoruba | 3.2 | 2.7 | 0.129 |
| Ibo | 3.9 | 3.5 | |
| Hausa | 5.2 | 1.9 | |
| Others** | 3.2 | 2.9 | |

**Seventh Day Adventist, Cherubim and Seraphim, Jehovah Witness etc*
***Afema, Ibibio, Ijaw, Efik, Bini etc*

In addition to the responses from the quantitative survey; where various types of violence against women (VAW) featured the most (49.4%), all IDI participants gave a wide range of examples of what they considered violations of RRs. Two of them mentioned cross cutting issues some of which bordered on issues of good governance:

*"The government first of all violates the law; this happens when reproductive rights laws are made and the government does not enforce it, enforces it partially or does not make the environment conducive for the law to be obeyed."*

*"When the government is forcing me to give birth to just four children that is reproductive rights violation as far as I am concerned!"*

Other responses covered different socio-economic, cultural and religious issues woven in a matrix of VAW; a summary is as follows:

*"It could be that a woman's husband keeps making her pregnant because she has not given birth to a particular sex that he is interested in."*
*"If a young girl is forced to marry a man she doesn't want to marry."*
*"When parents force their children to study a particular course in school because they want to be called Mama Doctor or Papa Lawyer!"*
*"When girls are forced to abort their pregnancy or when they dump the baby into a pit after delivery or use the baby for money rituals."*
*"Rape; Sex is supposed to be a mutual issue."*
*"Wife beating is a violation of reproductive rights."*
*"Child slavery."*

Finally, two of the interviewees were of the opinion that the attitude of health workers contributed to the violation of RRs:

*"When doctor fails to call the husband of a woman who has many children for counselling then he has violated her reproductive rights."*

*"When I am denied access to contraceptives by health workers because I am single."*

Top on the list of suggested punishments for the above violations were imprisonment with or without hard labour (46.6%) and payment of fines (22.0%). Other respondents proposed penalties like public disgrace through the mass media and corporal punishments such as flogging, amputation of body parts and castration of the male perpetrators in rape cases. Similar to the findings from the quantitative survey, punishments of RRs violators were strongly approved by all IDI participants. In addition to the above mentioned punishments, they suggested confiscation of offenders' properties and the *lethal injection* for any father who rapes his child.

About half of the respondents (55.2%) did not make any suggestion on how to implement RRs in Nigeria. Of the remaining respondents; the leading steps recommended were: enactment of RRs laws, implement and monitor the existing laws (28.8%) and awareness creation and education of the public at all level (28.3%). A smaller number of respondents recommended measures like: reporting all cases of violation (14.0%) and including RRs in the school curriculum/ parents should teach their children and wards assertiveness and chastity (7.0%). From the IDI, a respondent was of the view that discouragement of family planning would help enforce RRs. Awareness and enlightenment were also stressed by seven of the discussants

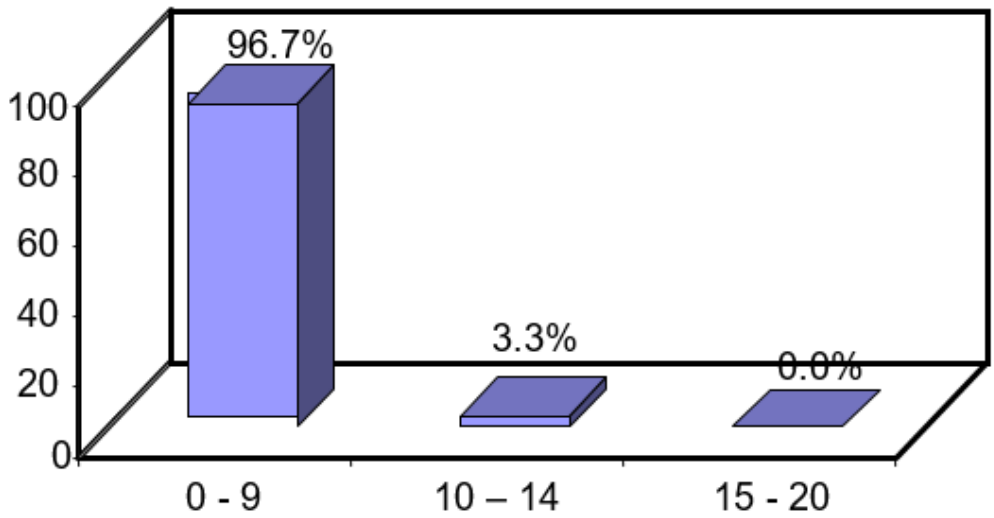
Finally, a resident of Balewa hall recommended the domestication and implementation of the CEDAW document as the only feasible way to successfully enforce RR in Nigeria:

"*If we can get the CEDAW domesticated, enforced and implemented then we won't bother ourselves with all those* ***kele-kele kele-kele*** *(little and detached) policies, the CEDAW will cover everything at a long stretch."*

Figure 1 shows the respondents' knowledge on RRs. Almost the entire participants 464(96.7%) had poor knowledge of RRs. The remaining few (3.3%) had an average knowledge of RRs. None of the respondents had a good knowledge of RRs.

**Table 4:**
Respondents' Knowledge on Reproductive Rights by Possession of a previous Postgraduate degree and Faculty Affiliation (N = 480)

| Postgraduate degree possession/ Faculty affiliation | No | Mean ± S.D (20 points) | P-value |
|---|---|---|---|
| **Possession of a previous Postgraduate degree** | | | |
| Yes | 108 | 4.0 ± 2.9 | **0.808** |
| No | 372 | 3.1 ± 2.9 | |
| **Total** | **480** | **3.3 ± 2.9** | |
| **Faculty Affiliation** | | | |
| Arts | 60 | 3.4 ± 3.3 | **0.029** |
| Education | 78 | 3.3 ± 2.6 | |
| Law/ Peace and Conflict studies | 15 | 3.5 ± 2.6 | |
| The Social Sciences | 75 | 3.4 ± 2.8 | |
| Sciences/Engineering/Technology | 154 | 3.1 ± 2.8 | |
| Basic Medical / Clinical Sciences | 45 | 3.8 ± 3.3 | |
| Agric & Forestry | 41 | 2.9 ± 1.5 | |
| Public Health | 12 | 6.3 ± 3.0 | |
| ***Total*** | **480** | **3.3 ± 2.9** | |




0 – 9 marks= Poor Knowledge; 10 – 14 marks = Average Knowledge 15 – 20 marks = Good Knowledge

**Figure 1:**
Respondents' overall knowledge on Reproductive Rights

**Table 5:**
Respondents opinion on some Reproductive Rights issues (N = 480)

| Statements: | Agree No. (%) | Disagree No. (%) | Not Sure No. (%) |
|---|---|---|---|
| Men and women should have equal rights in decision making | 375 (78.1) | 71 (14.8) | 34 (7.1) |
| Married women should have full control over their own bodies. | 130 (27.1) | 317 (66.0) | 33 (6.9) |
| Single ladies should have full control over their own bodies. | 463 (96.5) | 12 (2.5) | 5 (1.0) |
| A wife may seek for family planning services without her husband's knowledge or consent. | 75 (15.6) | 371 (77.3) | 34 (7.1) |
| Single girls and ladies do not have Reproductive rights. | 41 (8.5) | 371 (77.3) | 68 (14.2) |
| Abortion should be legalized in Nigeria. | 61 (12.7) | 382 (79.6) | 37 (7.7) |
| Reproductive rights enforcement in favour of females will make Nigerian women disrespectful to their husbands. | 29 (6.0) | 374 (77.9) | 77 (16.0) |
| Reproductive rights enforcement in favour of females will make Nigerian women promiscuous. | 28 (5.8) | 377 (78.5) | 75 (15.6) |
| Every married woman is married to her husband's family as well. | 313 (65.2) | 106 (22.1) | 61(12.7) |
| Marital rape should be punishable by the law. | 297 (61.9) | 75 (15.6) | 108 (22.5) |
| Wife inheritance should be stopped. | 297 (61.9) | 153 (31.9) | 30 (6.3) |

Table 5 details the respondents' opinions towards some socio-cultural and domestic RR issues. A large majority (78.1%) agreed to the statement 'Men and women should have equal rights in decision making' 14.8% disagreed while 7.1% were not sure. Virtually all (96.5%) agreed to the statement that Single ladies should have full control over their own bodies. Other details are shown on the table.

## DISCUSSION

Majority of the respondents were between ages 20-29 years. This age group is decisive in the fight for reproductive rights enforcement because the students are young and proactive and as such should be passionate about curbing the sexual assault which has been recorded to be common among college students (Abbey, 2002). This goes a long way to say that university postgraduate students rightly constitute a target group for programmes on prevention of reproductive rights violation.

Despite the fact that the mean age of the students was 27.2 years, the majority had not married. This is an indication of late marriage among the FPGS when compared to the median age at first marriage of Nigerian females which is 18.3years and 21.8years for residents of the Southwest region (National Population Commission [NPC], Nigeria and ICF Macro, 2009) where this study was conducted. The above is thus a reflection of the big gap that the long years of continued education has created between the age of puberty and the age at marriage. Also the need to get a good job before marriage may be another reason for the delay, as higher education increases chances of employment. The fact that almost half of the respondents were Yoruba reflects the predominance of this ethnic group in the study area.

Majority of the respondents indicated that they had heard about RRs, and this shows that the much attention the subject matter is receiving in both the international and local media is yielding positive results. However as many as 32.9% of the FPGS had never heard of RRs in spite of the belief that educated females are better informed about these rights (Brown, 2008). The reason for this situation may be due to the fact that the concept of reproductive health and rights in Nigeria is relatively new (Gbadamosi, 2007). Those who had come across

RRs indicated that their information source included the mass media, friends and other sources such as books, at work and so on. This agrees with a study carried out to explore the attitudes and perceptions of university students toward reproductive health in Shanghai, China, as majority of the students also acquired information about reproductive health predominantly from books, their schoolmates and the internet (Chen et al, 2008).

The study revealed a general lack of knowledge of RRs among the students, this knowledge deficit among these educated females may be as a result of the culture of silence that surrounds sexual and reproductive health issues in Africa as a whole, Nigeria inclusive (Nwosu-Juba et al, 2007). Due to this lack of knowledge and understanding of the constituents of RRs, a dominant part of the respondents were at a loss of recommendations to give concerning the type of RRs that should be enforced in Nigeria. A similar result was obtained by the Palestinian Working Woman Society for Development (PWWSD) when they conducted several workshops in 2008 on Reproductive Health and Women's Reproductive rights in Bethlehem. They observed that women showed a very limited knowledge of reproductive rights other than family planning. These workshops proved that Palestinian women were not aware of their reproductive rights (PWWSD, 2008).

Similar to Jegede's study on the knowledge, opinion and attitude of household heads about reproductive health rights, this study reported that the FPGS enumerated social and economic rights which are non-justifiable rights under the constitution. The non-justifiable status accorded these rights under the 1999 constitution is worrisome considering the fact that those conventions on human rights to which Nigeria is a signatory should provide for their protection. Hence this reveals the inadequacies of the constitution which essentially does not redress the concerns that are important to the people (Jegede, 2007).

Knowledge of treaties and conventions relevant to health is a necessary starting point for dealing with them (Regional Network for Equity in Health in East and Southern Africa [EQUINET], 2009). In many countries, lack of awareness of the existence of these RRs laws, conventions and treaties is an obstacle to their implementation and Nigeria is no exception. This concurs with the detection that various statutory laws which are in force in Nigeria today do not reflect reproductive health concept and so are inadequate to meet the needs of actualizing reproductive rights (Federal Ministry of Health [FMOH], 2002). This discriminatory legislation as well as harmful traditional and customary practices continues to cause a threat to the enjoyment of the Nigerian women's human and reproductive rights as well as their fundamental freedoms. The constraints include the following: the ratification of some international conventions are not known or understood by even the law officers and their agents, hence they are less sensitive to the application of women's legal protection; the implementation of monitoring mechanisms for ratified conventions has been ineffective; powerful socio-cultural values still exists that have not been adapted to the modernized era (Federal Ministry of Women Affairs and Social Development [FMWASD], 2004). Thus the rights of women enshrined in the Nigerian constitution have unfortunately remained paper tigers, mere theoretical postulations without any practical bearing on the lives and conditions of Nigerian women *(*Isiramen, 2002).

**Perception of Violation of Reproductive Rights**

The recognition of VAW, especially rape as violations of women's RRs by the FPGS may be as a result of the increased media attention that VAW has received in recent times (Mutonono, 2002). In addition, a lot of researches have been carried out, as well as many NGOs have taken up cases on VAW (Legislative Advocacy Coalition on Violence Against Women [LACVAW], 2005). This is because VAW is a major cause of long-term gynecological and psychological problems, unintended pregnancies, and can resort to unsafe abortion, maternal deaths, miscarriages and low birth weight babies (Department for International Development [DFID], 2004).

Perpetuators of these RRs violations most often escape punishment; for instance marriage is sometimes used as a way to avoid punishment for sexual assault, rape, and abduction. An example is mirrored in the case of a convicted rapist in northern Turkey who was released from custody and his sentence of nearly seven years' imprisonment was postponed after he agreed to marry the 14-year-old girl he had raped. This kind of marriage reinforces the females' unequal status in society, reduces their life choices and leaves them vulnerable to violence. This means that the practice of forced marriage violates women's right to consent to marriage as well as the right to equality in marriage. Often, the woman's refusal to consent to a marriage leads to other violations such as her human right to bodily integrity (Amnesty International, 2005).

A preponderant of all the students in this study were not habitual readers of books on reproductive rights concerns, neither were they ardent about news on RRs. In spite of the glaring trend of injustice that women are victims of on daily basis, only a few respondents discussed RRs issues in their homes, their religious settings and their professional or social gatherings. This

again may be as a result of the "culture of silence" that traditionally surrounds sexual issues and personal reproductive health practices in our environment (Okonkwo, Fatusi and Ilika, 2005).

Preponderance of the suggested recommendations was enactment of RRs laws, implementation and monitoring of the existing laws, awareness creation and educating the public at all levels. This view agrees with Jegede's study where the most dominant step suggested by respondents was responsible governance. This opines that reproductive rights enforcement are first and foremost the responsibility of the state and that it is the ultimate responsibility of the state to create an enabling environment with a supportive legal framework to enable RRs to take effect (Jegede, 2007).

Almost all the respondents were aware of the dangers associated with early marriage as majority of them were against marriage before the age of 18years for the girl child; this may also be as a result of the increased awareness of the importance of education in the life of the girl child. However this finding is at variance with Dhaher's study in Palestine as women still marry at age less than 20 and they still consider this age to be the best marriage age for their daughters (Dhaher, 2007).

The issue of male child preference is still a menace in the Nigerian culture and education has not been able to alleviate this trend. This was mirrored in the contradiction unveiled in this study; as although almost all the respondents (94.2%) disagreed with the statement that male children are more important than female children, the number of respondents who preferred to have a greater proportion of males to females was about three times more than those who would rather have more female children. This may be as a result of the deep cultural entrenchment of male child preference which education has not been able to erase. Thus male children make even educated women more secure in their husbands' houses even though these women know that both sexes are equally important and are determined biologically by their husbands.

Contrary to the already established findings which echoes that women generally possess low decision making power and are mainly dependent on masculine and/or familial decision making (Jan and Akhtar, 2008); the majority of respondents believed that both parties (husband and wife) should jointly make final decisions concerning some reproductive health issues. This surprisingly agrees with a study which examined the structure of the Ogu family (located in the eastern part Nigeria) and its influence on reproductive health decision-making using a qualitative approach. The data revealed that the family structure in the study area is changing, although the dominant pattern remains extended. The findings of the study suggested that there are on-going internal transformations that tend to enhance gender equity in reproductive health decision-making between husbands and wives. These changes may be attributed to the widespread influence of western culture and the spread of education in the study population, which are necessary concomitants of economic, political and cultural changes taking place in the society (Onipede and Isiugo-Abanihe, 2006).

The issue of bodily autonomy especially among married women is a controversial one as although majority of the respondents disagreed with the statement that "married women should have full control over their own bodies", however, they concurred to the opinion that marital rape should be punishable by the law. This shows that women are increasingly becoming uncomfortable with the culture of silence associated with domestic violence, but probably agrees with religious beliefs, that propagate submissiveness of a woman to her husband especially with her body. Conversely, several studies including a study of women and girls in Nigeria on bodily integrity carried out by LACVAW revealed that marriage is viewed as a clear condition for a man to have sex with his wife even when she does not consent (LACVAW, 2005). This attitude coupled with the fact that marital rape is not recognized as a crime in the 1999 Nigerian constitution endorses the act (Nwosu-Juba et al, 2007).

Since there was a strong statistical difference between the knowledge of the FPGS, who had received lectures on RRs and those who had not, it is hence very important to expose all the students of tertiary institutions across the Federation to RRs concerns. The mere fact that a greater percentage of the respondents have never received lectures or courses on reproductive rights goes a long way to say that RRs issues are neither included in the undergraduate curriculum nor the postgraduate curriculum of many institutions of tertiary learning. A similar finding was made by Haslegrave (2009) in a study titled: Integrating sexual and reproductive rights into the medical curriculum. The observation that the students in the faculty of public health had significantly higher RR knowledge than their counterparts in other faculties may also be a result of the compulsory RH courses that they are exposed to.

The findings of this study have several implications for planning, developments, and implementation of reproductive rights awareness and enforcement programmes in the University of Ibadan and other institutions of tertiary education in Nigeria. Sexual and reproductive health is determined to a large extent by behavioural factors. The objective of health promotion is to enable women and men, boys and girls, "to increase control over, and to improve, their health" (Ottawa

Charter for Health Promotion, 1986). People (females especially) should be enabled, through information and education, to acquire and maintain behaviour that promote their own reproductive health (Adventist Development and Relief Agency [ADRA], 2002).

Health promotion and education strategies can be employed among women to propagate awareness and knowledge of accurate reproductive health information, promote understanding of reproductive rights and correct misconceptions fuelled by cultural and social beliefs (so that people will stop seeing reproductive rights as an instrument for 'putting asunder' in the family). Also advocacy should be directed at policy makers to amend some controversial laws on reproductive health (examples include some customary laws and the Northern penal code) and to influence laws and policies concerning the direction of services and enforcement of existing laws.

This study identified a huge deficit in knowledge in a group of people who are expected to have ample information on matters regarding their reproductive lives-judging from their educational attainments. Irrespective of the overall positive attitude towards reproductive rights issues, a substantial proportion of these female postgraduate students had negative attitudinal disposition towards some specific aspects of the subject matter. Hence, within the context of health promotion and education, the PRECEDE model was adopted for the study. This model is a framework for the process of systematic development and evaluation of health education programs. An underlying premise of the model is that health education is dependent on voluntary cooperation and participation of the individuals in a process which allows personal determination of behavioral practices; the degree of change in knowledge and health practice is directly related to the degree of active participation of the individuals in question. Therefore, in this model, appropriate health education is considered to be the intervention (treatment) for the properly diagnosed problem in the target population.

Health education has been described as a concept, approach or method by which right information is made available to people and simultaneously stimulating positive health attitude and practices to promote personal and community health (Moronkola, 2006). It aims at increasing knowledge and disseminating information related to health. Information, Education and Communication (IEC) messages can be designed to address the knowledge, perceptions and attitude of the target population so as to reinforce the areas of strength and improve on the weak areas. Health education messages can be communicated to the female postgraduate students either singly or collectively such as through one-on-one discussions, counselling, peer education, group teachings, exhibitions, seminars, workshops and through the mass media. Furthermore educational materials can be handed out in leaflets, and bill board messages and posters can be placed in strategic locations such as the notice boards in each hall of residence of the students.

The 'health empowerment' approach is most suitable to pass the message effectively, this approach has been defined as giving people information, problem solving and decision making skills to enable them make informed choices and build confidence and power to put these decisions into practice. Empowerment is a key condition for enabling women to demand for and make use of equal rights, resources and influence for gender equality. The concept implies that each individual acquires the ability to think and to act freely, to take decisions and to fulfil her own potential as a full and equal member of society. Economic and social empowerment approach by the Government can also be useful in tackling the complexity of Nigeria's socio-cultural and religious background, coupled with the multiplicity of factors that contributes to the violation of reproductive rights among women.

Finally, there is need for social mobilization and strengthening advocacy activities aimed at obtaining political commitment and creating a supportive environment for the implementation of extensive Health Promotion interventions.

In conclusion**,** this study presented a lucid picture of educated women's (postgraduate students of the University of Ibadan) understanding of their reproductive rights as well as their general understanding of the meaning of their human rights as females; consequently it was revealed that there is an awareness and knowledge deficit of reproductive rights among the study population. Most perceptions of what is meant by reproductive rights among the students rotate around the right to decide number and spacing of children and the right to bodily autonomy.

The major source of awareness and knowledge on reproductive rights was the students' exposure to various mass media, peer interactions, family, books, religious gatherings and social or professional associations. It was substantiated by the data gathered that very little is learnt on the subject matter in the lecture-rooms. There is thus rareness of this kind of information in the curricula across faculties (except in the faculty of public health) of the University. On the other hand the study findings revealed an overall positive attitudinal disposition towards reproductive rights issues although there was a significant association between the respondents' religious denominations and their attitude.

The review of the University curricula nationwide to include topics on reproductive health and gender equality; holding of seminars/workshops and discussions around reproductive health issues; and mainstreaming reproductive rights matters into the social policy documents of the Universities alongside other public enlightenment programmes using multiple intervention strategies are recommended for propagating awareness, knowledge and encouragement of positive behavioural change towards the reproductive rights of women and its enforcement.

## Recommendations

This study showed that the students had a high reproductive rights knowledge deficit. The following are thus recommended based on the findings of the study:

1. Including an intensive study of reproductive rights in the University curriculum across faculties nationwide is imperative; there is a need for students to be educated on the types of reproductive rights and what constitutes their violation.
2. Reproductive health information should be delivered through a variety of methods including printed materials, mass media, health displays, classes, workshops, and presentations to groups of students and individuals (through peer education).
3. Stage performances; such as plays or dramas portraying Reproductive Health and Reproductive Rights issues should be featured often by the Theatre Arts department of the University.

Wide dissemination of adequate information should be conducted regarding policies and mass education on reproductive rights through various media, such as television and radio stations (like the UI radio station-Diamond FM) with diversified messages suitable to specific audience groups

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