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Research Article

Knowledge of Sexual and Reproductive Rights and Experience of Intimate Partner Violence among Female Teachers in South-West Nigeria

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ABSTRACT

Intimate partner violence (IPV) is the most common form of domestic violence in Nigeria and a violation of human rights. Many women are unaware of their sexual and reproductive rights (SRRs) and are unable to exercise them especially in the face of violations to their persons by an intimate partner. There is paucity of information on women's understanding of their SRRs and how it relates with their experience of IPV in Nigeria. The study was conducted to assess the knowledge, prevalence and pattern of IPV among female secondary school teachers and to determine the association between knowledge of SRRs and experience of IPV in Southwest Nigeria. A cross-sectional study was conducted among 364 teachers using a multi-stage sampling technique. A semi-structured self-administered questionnaire was used to obtain information on respondents' knowledge of SRRs and experience of IPV. Data was analysed with SPSS version 20 and descriptive statistics were computed. Association between SRRs and experience of IPV was tested using Chi-square at $p<0.05$. One hundred and fifty (41.2%) of the respondents had good knowledge of SRRs. About 60% had ever experienced at least one form of IPV (sexual: 19.8%; verbal: 42.9%; physical: 8.0%; emotional: 38.2%). Significantly, higher proportion of respondents with good knowledge of SRRs experienced verbal IPV compared to 34% of those with poor knowledge ($p =0.006$). The study revealed poor knowledge of SRRs and high prevalence of IPV among the study population. Female teachers, as victims of IPV and custodians of knowledge, will benefit from on-the-job training regarding SRRs.

Keywords: *Sexual health, Reproductive health and rights, Intimate partner violence, Female teachers, Secondary school*

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INTRODUCTION

Violence against women exists across all socio-economic groups and settings, with intimate partner violence (IPV) being one of the most common forms (WHO 2012). Evidences from the literature revealed that occurrence of IPV is high in different parts of the world. (Abeya et el., 2011; Jayatilleke *et al*, 2012; WHO, 2014; Tlapek, 2015). Reports from studies in Nigeria also revealed high burden of IPV (Owoaje & OlaOlorun, 2005; Antai, 2011; Balogun *et al*, 2012; NPC, 2014).

Intimate partner violence has far reaching consequences as a result of its perpetuating factors and its effects on the victim, the family, the society and the economy at large (Shane, 2006; Okenwa *et al*, 2009; Bailey 2010; Black *et al*, 2011; WHO, 2014; Balogun & Joh-Akinola, 2014; Bosch *et al*, 2015). Heise *et al* (2002) described the consequences as a profound health problem that undermines women's energy, compromises their health and reduces their sense of worth.

In addition to being a public health burden in the world in terms of its adverse health effects, IPV is a violation of human rights (Shane, 2006; UNGA, 2006; UNFPA, 2010). It is the commonest and yet the least recognized human rights violation. Women bear the brunt of the burden and violation and most times they do this in silence. Many women fail to report these incidences or take any action against the perpetrator of the violence (Ige, 2012). This may be due to women's ignorance of their sexual and reproductive rights (SRRs) (Bosch *et al*, 2015). Since most of these cases have a sexual and reproductive health (SRH) origin, it is pertinent to know whether women have knowledge of their SRRs.

The SRRs are the set of human rights relating to SRH which must be protected (Campo, 2014). The International Conference on Population Development (ICPD) programme of action recognized that people's SRH needs are rights that they are entitled to demand. Reproductive rights are based upon certain rights recognized in international human rights treaties, declarations and the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW, 1979). The SRRs include the ability to make decisions concerning reproduction free of discrimination, coercion, and violence (UNFPA, 2010). It implies there should be equal relationship between women and men in matters of sexual relations and reproduction; mutual respect; and shared responsibilities for sexual behaviour. Knowledge of these rights is a necessity for every woman especially as it relates to her SRH, to be able to identify the points in a relationship when her partner crosses the mark by clearly violating any of these rights and take appropriate health seeking action or legal action or both as the situation demands (Nnandi, 2012). Previous studies from the few available literature on knowledge of SRRs revealed inadequate understanding but these studies were conducted among university and college undergraduate and postgraduate students in Ethiopia, Egypt, Iran and Nigeria (Adinew, 2013; El Gelany & Moussa, 2013; Simba *et al*, 2005; Egemba & Ajuwon, 2015; Ogunlayi, 2005; Mairiga *et al*, 2012).

These studies were limited in scope as they cannot be generalized to all women of reproductive age because they were all tertiary institution based except the one among adolescents in Lagos (Ogunlayi, 2005). Furthermore, very few studies have linked IPV with knowledge of SRRs, as all acts of IPV is a violation of sexual or reproductive rights (Mairiga *et al*, 2012; Moore, 1999). It is on this premise that this study was conducted to assess the knowledge of SRRs among female teachers, their experience of IPV and to determine the association between knowledge of SRHRs and experience of IPV. Female teachers were selected for this study for four reasons. First, like other women, female teachers are potential victims of IPV. Second, they have some form of education. Third, they are in a position to utilize their roles as educators to impart health knowledge to their students especially the female students and arm young people with SRHRs' information early in life. Forth, as mothers, female teachers have strong influence on their children and as such, they can begin to share this information with them and their peers.

MATERIALS AND METHODS

Research design: A cross-sectional survey was conducted among female teachers at the Federal Secondary Schools in Osun State, Southwest Nigeria.

Sampling technique: There are four FGCs in Osun state and they were cited in the three senatorial zones of the state with one of them having two. The minimum sample size (n) of 320 female teachers was determined using the Leslie Kish formula ($Z\alpha^2pq/ d^2$) for determining single proportion for descriptive studies. All the consenting female teachers (162) in the four FGCs were recruited for the study. However, this was not up to the estimated minimum sample size. As a result, 23 of 42 private secondary schools in one of the LGAs in Osogbo (the capital city of the State) were purposively selected. All the teachers in the selected private secondary schools were recruited to attain the minimum sample size. All female teachers who had ever married or cohabited and those who had separated or divorced from a male partner were included in the study. Female teachers who had never had any intimate partners like boyfriend, husband were excluded.

Data collection: Data collection was done using a semi-structured self-administered questionnaire. The questions on IPV were adapted from the WHO multi-country study on women's health and domestic violence while the questions on SRHRs were adapted from a WHO publication (WHO, 2014). The 80-item questionnaire was developed and administered in English language. The questionnaire was used to obtain information on socio-demographic characteristics, partner's characteristics, awareness of SRH information, knowledge of SRRs, SRH information, obstetric history and experience of IPV.

The dependent variable in this study was "experience of IPV". Intimate partner violence as used in this study refers to physical, sexual, psychological or verbal violence by a current or former spouse or partner (http://www.cdc.gov /violenceprevention/intimatepartnerviolence/). Pattern of IPV as used in this study refers to any form of violence (verbal, emotional, sexual or physical violence) inflicted on an individual woman by her current or former intimate partner. There were thirteen (13) questions on experience of any form of IPV. These were stratified into experience of forms: verbal violence (2), emotional violence (4), sexual violence (4) and physical violence (3). Those who indicated having experienced one or more forms of violence were classified as having ever experienced IPV (any form). While respondents who reported having experienced any of the questions relevant to each domain was reported as ever experienced that form/type. The prevalence of any form IPV was determined as proportion of respondents who had ever experienced any of the different types of IPV while prevalence of a specific form is the proportion of respondents who had ever experienced any specific type e,g, physical, sexual etc

The explanatory variables include knowledge of SRRs; respondents' sociodemographic and partners' characteristics; and SRH information.

Knowledge of SRRs –Regarding knowledge of SRHRs, respondents were asked to list three reproductive health rights; each correct response was scored one and zero for each wrong answer. Total obtainable minimum and maximum scores were zero and three respectively. Respondents were rated to have good knowledge if two of three reproductive rights were correctly listed, and they were rated to have poor knowledge if scores were less than two. Socio-demographic characteristics of respondents and partners' characteristics- Examples include age, years of marriage, years of teaching, educational qualification, wealth index, smoking status of partner etc. SRH information of respondents- These are questions relating to number of sexual partners, contraceptive use, number of pregnancies, miscarriages, still births and number of children. Ethical approval for the study was obtained from the Ladoke Akintola University of Technology

Teaching Hospital Research Ethics Review Committee, Osogbo, Osun State. Permission was obtained from the principals/administrators of each of the selected schools after the detailed purpose of the research had been explained to them.

Data analysis: Data were analysed using descriptive statistics and association between knowledge of SRHRs and other respondents' characteristics; and experience of IPV explored using Chi-square test at $p < 0.05$.

RESULTS

A total of 376 participants were recruited for this study, but only 364 completed questionnaires were obtained, giving a response rate of 96.8%. The socio-demographic characteristics of the respondents and their partners are as shown in tables 1 and 2.

Table 1:
Socio-demographic characteristics of respondents

Variable		Frequency (N=364)	Percent
Age (years)	<40	245	67.3
	≥40	119	32.7
	Mean age	36.1 ±7.8	
Religion	Christianity	289	79.4
	Islam	75	20.6
Ethnicity	Yoruba	317	87.2
	Igbo	30	8.2
	Others*	17	4.6
Years of marriage/cohabiting	<10	224	61.5
	≥10	1408	38.5
	Median	(1-40)	
Subject taught.	Science	138	37.9
	Arts	76	20.9
	Commercial	95	26.1
	Languages	55	15.1
Types of marriage	Monogamous	328	90.1
	Polygamous	36	9.9
Years of teaching experience	<10	235	64.6
	≥10	129	35.4
	Mean age	8.13 ± 6.1	
Wealth Index (N=350)	Poorest	51	14.6
	Second	91	26.0
	Middle	63	18.0
	Fourth	78	22.3
	Richest	67	19.1

**Hausa, Edo, Delta, Kogi, Akwa-Ibom*

Respondents' and their partners' mean age were 36.1±7.8 and 41.2 ± 8.3 years, respectively. Very few of them smoked cigarette (2.5%) and 13.7% of them drank alcohol. Six of the respondents had ever used cannabis during pregnancy. Majority (78.8%) of the respondents had ever heard of SRRs, and 34.8% of them reported health workers as being their major source of information followed by television (25.1%). About one-fifth (20.9%) had ever had sexual relationship with 2 or more partners. Above one-half (58.8%) of the respondents had poor knowledge of SRRs. About half (49.5%) could not correctly list any of the SRRs while 21.7% were able to list the three required of them correctly (Table 3).

Figure 1 shows the prevalence of any form and pattern of IPV among the respondents. The prevalence of IPV was 61.0% (any form). The least experienced form was physical violence (8.0%) and the highest was verbal violence (42.9%).

Table 2:
Distribution of respondents by their partners' characteristics

Variable (N =364)		Frequency	Percentage
Age (years)	≤39	157	43.1
	≥40	207	56.9
	Mean age of partner	41.2 ± 8.3	
Partners' highest level of education	No formal education	1	0.3
	Primary	3	0.8
	Secondary	27	7.4
	Tertiary	333	91.5
Smoking status	Yes	9	2.5
	No	355	97.5
Alcohol consumption	Yes	50	13.7
	No	314	86.3

Table 3:
Knowledge of SRRs

	Variable (N=364)	Frequency	Percentage
Correct listing of SRRs	0	180	49.5
	1	34	9.3
	2	71	19.5
	3	79	21.7
Knowledge rating	Good (2-3)	150	41.2
	Poor (0-1)	214	58.8

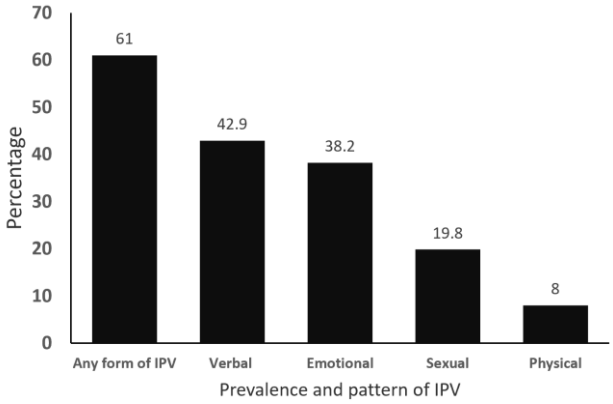

Figure 1:
Distribution of respondents by prevalence and pattern of IPV

An association between knowledge of SRRs and experience of IPV is as shown in table 4. A higher proportion (65.3%) of respondents who had good knowledge of SRRs had experienced at least one form of IPV compared to 57.9% of those who had poor knowledge (p= 0.155). Similarly, 22.0% of those who had good knowledge of SRRs had experienced sexual violence compared to 18.2% of those who had poor knowledge of SRRs. The same relationship was observed in those who experienced emotional and physical violence. There was no significant association between knowledge of SRRs and experience of any form, sexual, physical and emotional IPV (p=0.05). Significantly, 22% of respondents with good knowledge of SRRs experienced verbal IPV compared to 18.2% of their counterpart with poor knowledge.

Table 4:
Association between knowledge of SRRs and experience of IPV

Variables		Knowledge of SRRs		Chi-square	p-value
		Good (2-3) n (%)	**Poor (0-1) n (%)**		
Ever experienced any form of IPV	Yes	98 (65.3)	124 (57.9)	2.02	0.155
	No	52 (34.7)	90 (42.1)		
Ever experienced sexual form of IPV	Yes	33 (22.0)	39 (18.2)	0.792	0.373
	No	117 (78.0)	175 (81.8)		
Ever experienced verbal form of IPV	Yes	77 (51.3)	79 (36.9)	7.485	**0.006***
	No	73 (48.7)	135 (63.1)		
Ever experienced Physical form of IPV	Yes	14 (9.3)	15(7.0)	0.650	0.420
	No	136 (90.7)	199 (93.0)		
Ever experienced emotional form of IPV	Yes	61(40.7)	78 (36.4)	0.665	0.415
	No	89 (59.3)	136 (63.6)		

**Significant at p = 0.05*

Table 5:
Association between respondents' other characteristics and experience of any form of IPV

Variables		**Experience of any form of IPV**			
		Yes n (%)	**No n (%)**	**Chi-square**	**p-value**
Age group	<40	142 (58.0)	103 (42.0)		
	≥40	80 (67.2)	39 (32.9)	2.89	*0.009
Years of marriage/co-habiting	<10	128 (57.1)	96 (42.9)	3.62	0.057
	≥10	94 (67.1)	46 (32.9)		
Additional qualification	Basic	197(60.4)	129 (39.6)	3.62	0.521
	Additional	25 (65.8)	13 (34.2)		
Years of teaching experience	≤10	141 (60.0)	94 (40.0)	0.411	0.602
	≥10	81 (62.8)	48 (37.2)		
Age of partner	<40	96 (61.1)	61 (38.9)	0.003	0.957
	≥40	126 (60.9)	81 (39.1)		

**p<0.05*

There was no statistically significant association between respondents' characteristics such as age, years of teaching experience, years of marriage, educational qualification, respondents' partners' characteristics and experience of IPV (Table 5).

DISCUSSION

This study was conducted to assess the knowledge of SRRs among female teachers, their experience of intimate partner violence and to determine the association between knowledge of SRRs and experience of IPV.

This study revealed that knowledge of SRRs among the teachers was poor. This was evidenced by the fact that 58.8% of the respondents could either not list or list correctly any of the SRRs. The low level of knowledge of SRRs reported in this study is similar to a study conducted by Mairiga *et al* (2012) among lawyers in four states in Northeast Nigeria on issues relating to reproductive health and reproductive rights. Findings from this study also correspond with a similar study conducted by Egemba and Ajuwon (2015) in Nigeria among female postgraduate students of the University of Ibadan, Nigeria where only 41% of the respondents were reported to be knowledgeable about any form of SRRs.

The low level of knowledge among the teachers may have been due to lack of training or exposure to SRRs information. Future studies may explore this possibility. Other studies in support of low knowledge of SRRs were among students (Adinew *et al*, (2013); Simbar *et al*, (2005); El Gelany and Moussa, (2013)). These findings have shown that knowledge of SRRs among educated professional groups and young persons was low. The findings have serious implications on the health of individuals and families because the study population was educated teachers and as such meant to serve as custodians of health information. The finding of Mairiga *et al* (2012) among lawyers also calls for a serious attention because such occupational group is in the position to defend the rights of women.

The ICPD programme of action recognized that people's SRH needs are rights that they are entitled to demand. The knowledge of these rights is a necessity for both men and women, but even more so for women, as they bear the brunt of the negative consequences of violation to their SRRs such as IPV. Teachers are expected to know SRRs as knowledge providers and also because they have direct access to students who could pass on the information to their peers and

communities, but this study revealed that it is not the case. The reason might be because SRRs information is not incorporated in their training or some other yet to be identified factors could be responsible.

. This study revealed that experience of any form of IPV was high at six of every ten female teachers. This report is supported by several other global and local studies (Garcia-Moreno *et al*, 2006; Black *et al*, 2011; Tlapek, 2015; Abeya *et al*, 2011; Owoaje and Olaolorun, 2005; Balogun *et al*, 2012; Jayatilleke *et al*, 2012). Verbal violence was the highest form of IPV as revealed in this study. This agrees with a study by Onoh *et al* (2008) where verbal violence (60.1%) was reported as the most common type of abuse among pregnant women receiving antenatal care at a clinic in the South-East Nigeria. Umeora *et al* (2008) reported similar finding in his study among women seeking pre-natal care in a referral centre in Abakaliki, Nigeria. Verbal abuse may be common because it also involves yelling of insults and use of abusive language. This may account for the reason why some scholars did not classify it as a standalone form of IPV. Verbal abuse may be assumed as not harmful or considered as an inevitable experience in relationships but it could be psychologically disturbing. Verbal violence may also inform other forms of IPV due its indirect negative effects on the psychic of the victims.

This study revealed that there was no significant association between knowledge of SRRs and experience of any form, sexual, physical, and emotional IPV. However, significantly, higher proportion of respondents with good knowledge of SRRs experienced verbal IPV compared to those with poor knowledge. Knowledge alone is not useful, unless we can make connections from what we know to boost our experience. The inability to establish an association between SRRs and experience of IPV may be due to some other factors probably not captured in the current study. It is hoped that the study will stimulate further studies on the subject matter. SRRs empower women, thus a human rights approach to SRH is pertinent in diverse ways to IPV prevention.

There are some limitations to this study. Question on the actions taken after experiencing IPV was not included in the questionnaire, and therefore it was impossible to infer whether knowledge influenced care seeking behavior or report to appropriate authorities. The findings of this study cannot be generalized to all the female teachers in Osun State because respondents were recruited teachers in federal public schools and selected private schools. All the state public school were on strike during the study period. The survey did not assess respondents' exercise of SRRs and so could not relate exercise of rights with experience of IPV.

In conclusion, the study revealed poor knowledge of SRRs and high prevalence of IPV with verbal violence being the commonest form of IPV and physical the least. There was no statistical association between knowledge of sexual and reproductive rights and any form of intimate partner violence except for verbal violence.

IPV reinforces women's low status in society and the multiple disparities between women and men while rights on the other hand structure relationships of power, responsibility, trust and obligation among couples in an intimate relationship. SRRs empower women and rightly so. Thus a human rights approach to sexual and reproductive health is pertinent in diverse ways to women and to the society at large. The right to exercise control over one's own sexuality and reproduction is fundamental for all people, and should be no different for women, because women just like their male counterparts deserve to have a safe and satisfying sexual life, and to be able to decide over their own bodies without coercion, violence or discrimination. Therefore, a comprehensive refresher course and in-service training should be designed for teachers across public and private secondary schools. Policy makers need to pass and support bills that protect and advance the sexual and reproductive rights of women and pay more than lip service to international conventions on women's rights by creating an enabling environment for the easy adaptation of such treaties, conventions and policies to our own clime. Stiffer penalties should be prescribed for perpetrators of IPV so that it can serve as deterrent to others. Similar study should be conducted among teachers in the state public schools.

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