# KNOWLEDGE AND PRACTICES ABOUT SEXUAL VIOLENCE OF SECONDARY SCHOOL STUDENTS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA

BY


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## DEDICATION

To God the Almighty, for His provision throughout the project and to the memory of my late father, Mr. Joseph Sunday Amarah. May his gentle soul rest in perfect peace.

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## ABSTRACT

Sexual violence is a major public health problem affecting adolescents in Nigeria. It is a major cause of many reproductive morbidity including unwanted pregnancy, abortions, Sexually Transmitted Diseases (STDs) and Human Immune Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) in this population. Although several studies have documented the extent of violence among adolescents, none has explored their opinion and attitude about this problem. This study assessed the knowledge and attitude of secondary school students about sexual violence with a view to identifying strategies to address the problem.

The study was descriptive in nature. It was conducted among students aged 10-19years in ten (10) schools in Ibadan Northwest Local Government Area (LGA) of Oyo State. Eight (8) Focus Group Discussions (FGD) were conducted in four (4) randomly selected schools. Five hundred and seventy (570) students randomly selected from junior and senior classes in ten (10) schools were interviewed using a pre-tested questionnaire. Variables explored included age, sex, class, religion, sexual behaviours, knowledge of sexual violence and attitude towards forced sex. The FGD was transcribed and data analyzed using the Statistical Package for Social Scientists (SPSS) software.

FGD participants identified rape, unwanted touch of the breast and buttocks, demands for sex from female students, forceful kissing, male teacher beating up a girl due to refusal of sex and forceful abortions as examples of sexual violence. The survey results showed that there were equal numbers of males (285; 50%) and females (285; 50%) in the study. The ages of the respondents ranged from 10-19years with a mean age of 14years (±2.0). Of the 53 (9.3%) who had sex, 10 (1.9%) were coerced (5males and 5females) and perpetrators were "school mother, step-father, boyfriend, girlfriend, neighbours, classmate, schoolmate and church members". An overall mean knowledge of sexual violence score of 15.7±4.7 out of 22points was recorded. Males were slightly more knowledgeable about sexual violence (15.9±4.5) than females (15.5±4.8) (P=0.52). Higher knowledge score was obtained by those aged 15-19years (15.9±4.5),

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those in junior classes (15.8±4.5) and those who had experienced forced sex when they were below 10years of age (18±2.0). Concerning attitude towards forced sex, an overall low mean score of 8.3±2.2 out of 24points was recorded but slightly higher among those aged 10-14years (8.5±2.2) ($p= 0.002$) and those in junior classes (8.65±2.1). Lower mean attitude score was also found among those that had experienced forced sex when they were below 10years of age (8.3±0.6). Males (8.5±2.2) had a slightly more positive attitude towards victims and perpetrators of forced sex than the females (8.1±2.1) ($P=0.049$). Out of the ten (10) respondents who had experienced forced sex, only two (2 females) sought medical care.

This study revealed a relatively high level of knowledge about sexual violence among secondary school students; however, most survivors of violence did not report this phenomenon. Adequate sex education on sexual violence with life skills components needs to be incorporated in the schools' curriculum to improve assertiveness skills and attitude towards sexual violence.

Keywords: Sexual violence, Knowledge, Attitude, Secondary School Students, Perpetrators.

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## CERTIFICATION

I certify that this study was carried out by AMARAH Ngozi Anthonia in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.


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# CHAPTER 1

## Introduction

### Background of the study

School, like home, should be a safe haven for young people. Yet, many girls and to a lesser extent, boys are sexually harassed and coerced there (Krug and Mirsky, 2003). The World Health Organization (WHO) defined sexual violence as: "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a persons sexuality using coercion, by any person, regardless of their relationship to the victim (WHO, 2002; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). This may include attempted and/or actual rape, sexual coercion and harassment, sexual contact with force or threat of force, and threat of rape (Fisher, Cullen, and Turner, 2000; WHO, 2002). It is a serious problem that affects millions of people every year. Statistics vary due to differences in how it is defined and how data are collected. Over the last decade, researchers, clinicians, and health advocates have explored the incidence, prevalence, and consequences of sexual violence, including attempted and/or completed rape, sexual coercion and harassment, and sexual contact with force or threat of force, within adolescent acquaintance and dating relationships (Fisher et al, 2000; Wordes & Nunez, 2002).

In Ibadan Northwest Local Government area of Oyo State, Nigeria, a prevalence of 50% was recorded for sexual violence (Ajuwon, Olley, Iwalola, and Adegoke, 2001) among secondary school students and youth in apprenticeship programmes and most of the sexual violence experienced by adolescents were mainly in form of forced sexual behaviour encompassing a range of experience from non contact forms such as verbal sexual abuse and forceful exposure to pornographic materials, as well as unwanted contact in the form of touch and fondling, to attempted rape, forced penetrative sex (vagina, oral, or anal), trafficking and forced prostitution. It also includes sex obtained as a result of physical force, intimidation, pressure, blackmail, deception, forced alcohol and drug use and threats of abandonment or of withholding economic support. Forced penetrative sex (rape) is a form of sexual violence that dates back to the time before Christ as recorded in the Bible (2 Samuel, Chapter 13: 10-27), when Amnon committed incest (rape) with his sister Tamar. In the ancient time it was almost unknown but in this

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part of the world and when it happened, it was usually followed by dare consequences. Nowadays, rape is becoming increasingly prevalent in the developing countries and a lot of factors seem to have contributed to the increasing prevalence. Among these are decreasing moral value, westernization of culture, information technology, loss of family structure and increasing use of drugs, smoking and alcohol.

The new dimension to rape is the involvement of the under aged as victims, and also the reverse trend of rape against males (Ajuwon et al, 2001). Adolescents are more likely to experience sexually violent crimes than any other age group (American Academy of Pediatrics, 2001). Evidence from developed countries show that adolescent most of the times have their first sexual intercourse forced (Abma, Driscoll and Moore, 1998). In a survey in the United States, it was revealed that for every 1,000 women enrolled in an academic institution, there are approximately 35 incidents of rape in a given year, with younger students, including freshmen, reporting higher incidences of sexual violence than older students (Humphrey & White, 2000; Fisher, Cullen, and Turner, 2000). In another study, one in every five female students reported experiencing sexual violence from a dating partner (Silverman, Raj, Mucci, and Hathaway, 2001) and in Nigeria, 4.1% of students studied in Abia State experienced forced sex (Chimaraoke, 2001).

Although sexual violence has been found among males, women are more likely to be victims than men: 78% of the victims of rape and sexual assault are women and 22% are men (Tjaden and Thoennes, 2000). In a study in Nigeria, females most often described perpetrators as males they knew, and males generally viewed females as naive, and therefore vulnerable to coercion. (Ajuwon et al., 2001). Sexual violence, which is a public health problem among adolescents (10-19years) is a major cause of many reproductive morbidity namely unwanted pregnancy, abortions, STIs, HIV/AIDS, stigmatization, shame and various psychological problems for victims, families, and communities. Women who experience both sexual and physical abuse are significantly more likely to have sexually transmitted diseases (Wingood, Diclemente and Raj, 2000) and face both immediate and long-term psychological consequences (Ackard and Neumark-Sztainer 2002; Faravelli, Giugni, Salvatori and Ricca, 2004).

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Immediate psychological consequences include shock, denial, fear, confusion, anxiety, withdrawal, guilt, nervousness, distrust of others, symptoms of post-traumatic stress disorder (emotional detachment, sleep disturbances, flashbacks, and mental replay of assault). Long term consequences are chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, gynecological and pregnancy complications, migraines and other frequent headaches, back pain, facial pain and disability preventing work/school (Jewkes, Seo, and Garcia-Moreno, 2002). The effects of these dare consequences of sexual violence coupled with the fact that most of these incidences are not reported makes it a very important area of research.

**Problem statement**

Sexual abuse of children and young adolescents is widespread in all societies and both males and females suffer from one form of violence or the other especially forced sex (rape), which is both a human right violation and a major public health problem (WHO, 2002). The WHO estimates that overall prevalence is 25 percent for girls and 8 percent for boys (Garcia-Moreno, 2003) although these figures differ with different populations. However, surveys in the western and northeastern regions of Nigeria reported a prevalence of 50% and 36% respectively for sexual violence among adolescents boys and girls (Ajuwon et al, 2001; Ajuwon, Olaleye, Faromoju and Ladipo, 2006). Research conducted in junior secondary schools in Zimbabwe, Malawi, and Ghana has found that sexual abuse of girls by teachers, older male pupils, and sugar daddies is hugely accepted ((Leach, Fiscian, Kadzamira, Lemani and Machakanja, 2003). However, authorities may not act against it and teachers are generally unwilling to report each other's sexual misconduct. In another study in Malawi, not all girls or their parents necessarily disapprove of sexual relations between teachers or older men (Leach, Fiscian and Kadzamira, 2003). Similar patterns of sexual harassment and rape by teachers or peers have been reported in university settings in such diverse areas as China, Ethiopia, Malawi, South Africa, Sri Lanka, Tanzania, and Zimbabwe (Mirsky, 2003).

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Associations between early sexual abuse and many short- and long-term adverse mental and physical health effects abound. For example, studies have found childhood sexual abuse to be associated not only with adolescent pregnancy (Anda, Chapman and Felitti, 2002; Saewyc, Magee and Pettingell, 2004) and HIV infection (Lindegren, Hanson and Hammett, 1998; Brady, Gallagher and Berger, 2002) but with a tendency for victims to later force someone else to have sex (Andersson, Ho-Foster and Matthis, 2004) and with an assortment of gynecological and reproductive health problems, including chronic pelvic pain, premenstrual distress, and inadequate or excessive prenatal weight gain. Other adverse mental and physical effects include such emotional problems as depression and anxiety, binge eating in women, and substance abuse (Johnson, 2004). As a result, the interrelatedness of sexual abuse with multiple adverse experiences is a reproductive health issue that should be considered in the design of studies, treatment, and programmes to prevent childhood sexual abuse (Dong, Anda and Dube, 2003).

With the great consequences of sexual violence, victims still continue to suffer in silence in an attempt to avoid the stigmatization and the shame associated with this phenomenon. The multiple factors that influence reporting include denial, fear, guilt, and shame. The incidence of violence is particularly troubling for adolescents because of their limited experience and they are less likely to report sexual assault to parents, health care providers, or local authorities. (National Center for Victims of Crime, 1998; Abbey et al, 2001). Despite many similarities, the risk factors for and consequences of sexual violence within adolescent relationships differ from that within adult marital and cohabiting relationships. Although a lot of studies have been done over the years about sexual violence, not one had targeted solely in-school adolescents between the ages of 10-19years. Majority of the studies did not concentrate on a particular age group (most times, it is a combination of adolescents and youths, 10-25years) and even in cases where it is addressing a specific age group e.g. adolescents, it lumps both married and unmarried adolescents or out of school and in-school adolescents. As a result of this, no sustainable age specific preventive measure has been ascertained. Addressing sexual violence in programs will not only respond to the contextual realities of many young women and men, but will help to prevent long-term negative reproductive health

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outcomes that result from violence (Erulkar, 2004). It is in view of the above that this study tends to look at what behaviours adolescents perceive as violent and their knowledge and practices about the phenomenon. To protect children yet unborn against this scourge, we need to see this as a serious public health issue and tackle it as such.

### Justification of the study

Young people 10-19 years and 10-24 years are heterogeneous groups and their lives tend to vary largely by sex, age, marital status, region, cultural context and class. Invariably, their sexual and reproductive health needs may vary considerably. Adolescents (10-19years) are in a period when they begin to form their belief systems, pattern their behaviours and begin initiating intimate relationships – and thus, an ideal time to challenge common notions of violence, reproductive and sexual health (WHO, 2000). One in five Africans and one in three African adolescents live in Nigeria, the most populous country in Africa. Nigeria's birth rate for adolescents is one of the highest in the world, and the prevalence among female adolescents in Nigeria of sexually transmitted infections, including HIV, is climbing rapidly (UNAIDS and WHO, 2000). In an effort to reduce its high maternal and infant mortality and high rates of sexually transmitted infection and dropout from school, Nigeria developed a national reproductive health policy in the year 2000 that focuses on preventing risky sexual behaviours during adolescence but the programme was hampered, however, by outdated and incomplete information on the sexual knowledge, attitudes, and behaviours of adolescents in Nigeria (WHO, 2001).

Age specific sexual Violence Prevention Programs is necessary in order to prevent sexual violence and the myriad of negative physical and mental health consequences associated with it, including trauma to the genital track, exposure to sexually transmitted infections, unplanned pregnancy, depression, post traumatic stress disorder, and anxiety (Ackard & Neumark- Sztainer, 2002; WHO, 2002). Therefore, the findings of this study will contribute to existing knowledge on adolescent reproductive health and it is hoped that when these differences are identified and the target population narrowed to adolescents' 10-19years, the effectiveness of intervention programmes might improve.

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Consequently, the objective of this study is to document and add to existing data what is known about sexual violence in adolescents aged 10-19years in Ibadan Northwest Local Government Area of Oyo State, synthesize a profile of the magnitude and correlates of sexual violence and draw lessons for the implementation of age appropriate programmes to address the issue and to meet the reproductive health needs of adolescents

**Operational definitions**

*Sexual Violence* – any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a persons sexuality using coercion, by any person, regardless of their relationship to the victim".

*Forced Penetrative Sex (Rape)* - coercing a boy\girl from the age of 10 and above years into sexual intercourse.

*Perpetrator* – Someone who inflicts violent behaviour on another person.

*Survivor* – Someone who has experienced a violent behaviour by a perpetrator.

*Early Adolescents*- defined as those within the age bracket of 10-14years.

*Late Adolescents* – defined as those within the age bracket of 15 – 19years.

**Objectives of the study**

**Board Objective:**

To determine the knowledge, practices and perception of secondary school students about sexual violence

The specific objectives are to:

1. Identify behaviours that secondary school students perceive as sexual violence.
2. Assess their knowledge about sexual violence.
3. Document their attitude towards victims and perpetrators of sexual violence.
4. Identify their perceived causes of sexual violence.
5. Determine their experience of sexual violence.
6. Discuss the implication of these for sexual violence prevention programmes.

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**Research questions**

1. What constitute sexual violence from secondary school students' point of view?
2. What is the knowledge and attitude of students to sexual violence and forced penetrative sex?
3. What factors predisposes a student to sexual violence?
4. What are the perceived implications of sexual violence?
5. How do adolescents feel victims and perpetrators can be helped?
6. What strategies should be put in place to prevent sexual violence?
7. What are the implications of these findings for the prevention of sexual violence among students?

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## CHAPTER 2

## Literature Review

### Nature and Extent of the Problem

Sexual violence encompasses physical force, coerced sex, assault with sexual organs, sexual humiliation, forced marriage / cohabitation, child marriage, forced prostitution, trafficking in women, forced abortion, denial of the rights to use contraception and acts of violence against women's sexuality e.g. Female Genital Mutilation (FGM) and social virginity inspections (World Report On Violence and Health, World Health Organisation, 2002; Moore, Asare, Langba and Kyerene, 2007).

Worldwide, both male and female adolescents are vulnerable to one form of sexual violence or the other and the group mostly affected are girls aged 15years and younger. Among all the sexual violence perpetrated on adolescents, forced penetrative sex still remains a very serious problem that hampers their normal development because most times it happens, they are not reported because of the shame and stigmatization associated with it. Estimates of the prevalence of sexual violence by non-partners are difficult to establish, because in many societies, sexual violence remains an issue of deep shame for women and often for their families. It is estimated that worldwide, one in five women will become a victim of rape or attempted rape in her lifetime (Alcalá, 2005). Sexual violence often begins in early adolescence and continues into adulthood (CDC, 2006). The prevalence of sexual violence among adolescents in the United States generally varies from 9% to 35% (approximately 1 in 3 adolescent girls), depending upon the population surveyed and how it is defined (Marcus, 2005; Bonomi & Kelleher, 2007; CDC, 2007). Another study in the republic of Congo reported that an average of 40 women is raped each day in the eastern province of South Kivu. Of these, 13% are under 14 years of age, 3% die as a result of rape and 10-12% contract HIV (Rodriguez, 2007) Sexual exploitation and abuse of children in Zimbabwe is also on the rise, according to official police records. The number of reported rape cases involving children 16 and younger increased by 42% in just three years, from 2,192 cases in 2003 to 3,112 cases in 2006 (UNICEF, 2008).

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Sexual violence is linked to a range of social, mental health, and physical health problems among adolescent victims. National and local studies show that these teens are at increased risk for injuries and have greater tendencies to engage in activities that are unhealthy and often dangerous, which include unsafe sexual activities, suicide ideation, and drug, alcohol and tobacco abuse (Silverman, Raj, Mucci, & Hathaway, 2001; Eaton, Kann, Kinchen, Ross, Hawkins, Harris, 2006). Studies also indicate that most of these victims are typically subject to multiple acts of violence and aggression that tend to increase in frequency and intensity over time (Smith, White, & Holland, 2003; Marcus, 2005;). Other reports highlight that relationship violence contributes to a significant number of injuries and deaths among young women and adolescent girls are more likely than adult women to be victims. They suffer both minor and severe injuries as a result (California Attorney General, 2004; Black, Noonan, Legg, Eaton, and Breiding, 2006).

In many societies, the legal system and community attitudes add to the trauma that rape survivors experience. Women are often held responsible for the violence against them, and in many places laws contain loopholes which allow the perpetrators to act with impunity. In a number of countries, a rapist can go free under the Penal Code if he proposes to marry the victim (Coomeraswamy, 2002). In Nigeria, rape is on the increase and more and more children and adolescents are being raped in Nigeria in recent times and are not adequately reported in a bid to avoid stigmatization (Women's Right Watch, 2002). It was revealed that even though there are laws to protect people from sexual violence, it often goes unreported because people are afraid to discuss it and also because many people blame the victim who comes out to report the phenomenon (Action Health Incorporated, 1998). Inadequate social and legal sanctions create an environment in which sexual coercion happens largely with impunity and prosecuting a perpetrator remains extremely difficult, as evidenced by the Kobe Bryant rape trial of 2004 in the United States (Reid, 2004).

Cultural norms and expectations about the behaviour of women and men also lead to myths that enhances perpetuation of violence and deny assistance to victims. Our culture socializes daughters to be submissive and sons to be the aggressive ones (Action Health Incorporated, 1998). In case of female rape, men always give the excuse that they

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are tempted by the devil or that the women have lost their morals and other lame excuses. As a result of this, so many female adolescents do not disclose violence and perpetrators are made to go unpunished. Also, believing traditional sex role stereotypes may lead to dangerous sexual interactions and these roles are enforced by the society through the schools, parents, the media, religion and especially our culture. The role which society has given to both sexes often causes dominance in sexual relationships (Action Health Incorporated, 1998). The person who violates another (most times the male); feels he has the right to do so, because culture has given him such rights to 'demand' sex (Warshaw, 1994). Studies in sub- Saharan Africa found that while a number of affected women suffer repeated episodes of sexual violence, many do not disclose their experiences as they feel they will be blamed for provoking the incident or stigmatized/ostracized for ever experiencing it. Thus, they tend to suffer the consequences in silence (Jejeebhoy and Bott, 2003).

**Nature of Adolescents**

According to WHO, adolescents are those aged between 10-19 years and can be said to be the second decade of life because it is a time of transition from childhood to adulthood (WHO, 2000). Moreover, adolescents are nearly 1.2 billion and about 85% of them live in developing countries (United Nations, 1999). We have early and late adolescents with early adolescents being those between 10-14 years and late adolescents, those between 15-19 years (WHO, 2000). A survey also revealed that about 1.4 billion young people live in developing countries and they make up over one-quarter (1/4) of the world's population (Progress, 2002). Adolescence can be seen as a time children begin to learn new skills, they will want to see themselves as not so different from adults and will want to experiment with everything they come across. Moreover, adolescents undergo / experience changes physically, mentally, emotionally and socially. Although they are moving to become adults, they do not assume the roles and responsibilities of adulthood (United Nations, 1999).

More importantly, their nature varies in terms of age, sex, class, region, marital status and cultural context. They have peculiar sexual and reproductive health

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needs that are different from adults and these remains poorly understood and attended to in much of the developed and developing world (United Nations, 1999). However, the economic, social and political changes in the world are changing the ways these young ones prepare for adulthood and these changes have implications for their education, employment, marriage, childbearing and health (United Nations, 1999). At this stage, the things they are exposed to determine their health outcomes either positively or negatively. They are usually getting out of parental restrictive control for the first time either by virtue of education or for the purpose of learning a trade or act and tend to discover their sexuality at this time, thereby becoming more attractive to the opposite sex. They absorb without questioning sexual practices and culture of other lands. This is evident in their mode of dressing, late outings and other indecent social interactions. It is also a critical period of human development often characterized by confusion, mixed messages from the adult population, exuberance and always ready to explore and experiment with alcohol, psychoactive drugs and sex (Erulkar, 2004). During adolescence, it has been observed that the males view women as sexual objects; see sex as performance-oriented and justifying forced sex as acceptable (Shephard, 1996).

In growing up, adolescents have six key developmental tasks to accomplish: physical and sexual maturation; independence; conceptual identity; functional identity; cognitive development; and sexual concept. In addition to dealing with these normal developmental tasks, the transition to adult hood for young Nigerians is complicated by our peculiar economic, political and cultural turmoil (Action Health Incorporated, 1998). The person who violates another (most times the male), feels he has the right to do so, because culture has given him such rights to 'demand' sex (Shephard, 1996). It is very evident in many settings that sexual activity begins during adolescence and much of these activities are risky, among which contraception and condom use is often erratic and sexual relations are most times non-consensual. (WHO, 2001). Adolescents in Nigeria are caught between traditions and changing cultures brought about by urbanization, globalize economics and a media saturated environment. Traditional mechanisms for coping with and regulating adolescents' sexuality

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especially early marriage and norms of chastity before marriage are been eroded (Advocates for Youth, 1995).

The main sexual and reproductive health problems during adolescence are: sexual violence, too early and unwanted pregnancy resulting in unsafe abortion and its squeal: maternal and infant mortality and morbidity; STIs including HIV/AIDS most of which occur due to sexual violence. Adolescents and young adult are four (4) times more likely to be victims of sexual violence than women in all other age groups and in a vast majority of rape cases, with perpetrators being acquaintances of the victims (Rickert. and Wiemann, 1998). Rates of unprotected sexual activity, unwanted pregnancy, unsafe abortions, STDs, HIV and AIDS, have been on the increase. The negative effect of these trends is devastating and affects not only adolescents but also their families, community members and the nation as a whole (Advocates for Youth, 1995). Consequently, all adolescents require age appropriate, comprehensive sexuality education. Adolescents who are not sexually active need support and skills to postpone initiation; those who are already sexually active need access to protective measures to prevent unwanted pregnancy, STDs, including HIV/AIDS, and all youth-friendly services designed to promote their sexual and reproductive health.

**Factors Associated with Sexual Risks Behaviours among Adolescents**

Several factors have been linked with an increased risk for either experiencing or perpetrating sexual violence during adolescence. This includes age and developmental level, previous violence, drug and alcohol use, and adherence to rigid social roles dictating acceptable behaviors.

(1) Age and Developmental Level

While transition into high school and college offers an array of educational and personal opportunities, these transitions introduce adolescents and young adults to a variety of social expectations and pressures for which they may be unprepared. Developmentally, an adolescent must balance newly gained independence from parents as they master developmental milestones, such as having boyfriends/girlfriends, and learn to negotiate new relationships with peers and intimate

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partners. As such, adolescents with limited knowledge and lack of experience in interpersonal relationships, have a significant risk factor for experiencing sexual violence (WHO, 2002). Adolescents are particularly vulnerable when growing up and coupled with early menarche, early dating, and early sexual activity, all of which have all been linked with an increased risk for experiencing violence by an intimate partner/ acquaintance.

(2) Alcohol and Drug Use

Though illegal for adolescents under the age of 21 to use, alcohol has been cited as one of the major risk factors for both experiencing and perpetrating sexual violence (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001). It is important to note that while alcohol has been strongly linked to forced sex and other violent crimes, its relationship with sexual violence is one of correlation and not causation. Alcohol acts as a central nervous system depressant that decreases inhibition and impairs the judgment of users (Abbey et al, 2001). A study of sexual violence on college campuses in the US revealed that drinking enough alcohol to get drunk was significantly related to experiencing sexual violence (Fisher, Cullen, and Turner, 2000). For females, intoxication, especially binge drinking, which is defined as four or more drinks in a row for women and five or more drinks in a row by men (Wechsler, Lee, Kuo, & Lee, 2000), may decrease awareness of a partner's actions and advances as well as make it more difficult to stop sexual advances that have gone too far (Abbey, 2002). Similarly, another study revealed that alcohol use and intoxication is also significantly related to the perpetration of sexual violence (The Higher Education Center for Alcohol and Other Drug Prevention, 2002). Among male users, intoxication has been linked with misinterpretation of sexual cues as well as overestimation of a women's sexual interest, which may ultimately result in increased aggression and forced sex (Abbey & Harnish, 1995).

Belief in the myth that alcohol use increases sexual arousal among both parties may also serve to legitimize and excuse sexually aggressive and violent behaviors that would not otherwise be acceptable (Abbey et al, 2001). Furthermore, despite advances in neutralizing gender-based roles and stereotypes, preservation of outdated beliefs

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that dichotomize women into categories of "good" and "bad" may lead perpetrators to view women who drink alcohol as sexually available and appropriate targets compared to their non-drinking counterparts. Again, victims may be sexually assaulted after knowingly ingesting illegal drugs, such as marijuana, heroin, and cocaine, they may also be unknowingly drugged by so called "date rape drugs" (Drug Enforcement Agency, 2001). Two of the more common date rape drugs, gamma-hydroxybutyrate (GHB) and Rohypnol, are central nervous system depressants that when dissolved in both alcoholic and non-alcoholic beverages become odorless and tasteless. Once ingested, a person becomes disoriented, confused, and may be rendered unconscious for several hours (Drug Enforcement Agency, 2001).

(3) Previous Violation

The correlation between earlier violence and later perpetration of physically and sexually violent crimes cannot be ignored. It has been postulated that males who have been exposed to early violence behaviour, including experiencing child physical and or sexual abuse as well as witnessing domestic violence within the family, may be more prone to adapting to these negative experiences by using externalizing behaviors (Rhea, Chafey, Dohner, & Terragno, 1996). These behaviors may include increased acceptance and utilization of aggression, violence, and control within future relationships as well as other maladaptive behaviors, including lying, stealing, substance use, and truancy. Previous studies also revealed that experiencing and /or witnessing violence in childhood, is linked with future violence (American Medical Association, 2002; Humphrey & White, 2000). In fact, past sexual violence in childhood is an accurate predictor of experiencing future sexual violation (Fisher, Cullen, and Turner, 2000; Wordes and Nunez, 2002).

While past violence does not guarantee future violence, previous violation, including lack of control over one's body, sexuality, and choices, may set relational norms that become acceptable in future intimate relationships. This may be particularly true for females who, in contrast to their male counterparts, are thought to adapt to early violence by internalizing the trauma (Rhea et al, 1996). As a result of this internalization, consequences of previous coercion, including depression,

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decreased self-esteem, and substance use, may influence future partner selection and acceptance of abusive behaviors. If previous violation, especially in childhood, went unrecognized and/or unreported, especially by someone charged with their care, an adolescent may feel that the violence she experienced is normal and has just little consequence.

(4) Acceptance of Stereotypical Gender Roles

Individual, familial, societal, and cultural acceptance and perpetuation of traditional gender roles, with males expected to be controlling and powerful and females expected to be weak and subservient, may increase the likelihood that an adolescent will normalize dominance and imbalances in power and control within dating relationships. Similarly, adherence to traditional gender roles, possessing negative attitudes toward women, and acceptance of rape myths have been reported as risk factors for perpetuating sexually violent crimes (Kershner, 1996; Centre for Disease Control, 2000). In one investigation of almost 600 high school students, over half reported they thought a male was not at fault if he sexually assaulted or raped a woman who dressed provocatively while on a date (Telljobann, Price, & Summers, 1995). Almost one out of five young women believed that they never had the right to stop foreplay at any time or refuse sexual intercourse with a partner with whom they had previously had sex (Rickert, Sanghvi, and Wiemann, 2002). Acceptance of traditional gender roles, coupled with a belief in rape myths, especially that the typical rapist is a "stranger hiding in the bushes," may make adolescent females less likely to view sexually violent behaviors committed by friends and acquaintances as criminal in nature (Kershner, 1996).

(5) Early Sexual Initiation

In earlier onset of sexual maturation and the accompanying natural increase in body secretions (sex hormones), which stimulates sexual urges in adolescent boys and girls, they tend to experiment with sex. This is made worse by pressure from peer group and adults, and increasing socio-economic problems, which result in pressures on young people to exchange sex for money. Glamorization of sex in the mass media without equally highlighting the associated risks and the permissive attitude of society

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towards premarital sexual relations for boys as part of their predatory sexual socialization and culture which places higher value on child-bearing as a greater achievement for girls. (Pauline Makinwa-Adebusoye, 1992).

However, majority (more than three quarters) of Nigerian girls and boys have had sexual intercourse by the time they turn 20years (Pauline Makinwa-Adebusoye, 1992). A study reported that most adolescents (62%) in tertiary institutions have had sexual intercourse (72% males and 52% females). Males reported having their first sexual experience earlier than females (mean age 17 years and 19 years respectively) – Advocates for youths, 1995). In a study among those who were sexually experienced, the prevalence of casual sex in the preceding 12 months was 35% for males and 6% for females due to curiosity (53% of males and 42% of females, (Koenig Michael et al, 2004; BMJ.2006). Studies have reported that 37% of females and 30% of males have their first sexual experience forced and the most important factors in the initiation of sex before age 16 include father's ethnicity, attending school and having a primary or middle school education. Also, it was revealed that many people feel that the society condones premarital sexual activities among boys and even puts social pressure on boys to become sexually active at an early age (Jejeebhoy and Bott, 2000).

In a study in Cape Town, the relationship between teenage pregnancy and the experience of coercion was explored and it was found out that pregnant teenagers were significantly more likely than never-pregnant teenagers to have older partners and to have experienced forced sex (Jewkes et al., 2001). Similarly, 32% of pregnant teenagers reported that their sexual initiation had resulted from rape or force, compared with 18% of never-pregnant teenagers. Young girls frequently reported that their early sexual experiences were coerced. In a study in South Africa, 30 percent of girls report that their first sexual intercourse was forced (Wood and Jewkes, 1997). In rural Malawi, 55 percent of adolescent girls surveyed reported that they were often forced to have sex (Njovana and Watts, 1996). Adolescents with a positive relationship with parents and teachers coupled with a sound spiritual belief, are less likely to initiate sexual intercourse early and those having sexually active friends and engage in risky behaviours (alcohol and drugs) are more likely to initiate sexual intercourse early too (WHO, 2001).

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(6) Premarital Sexual Experience

More males are exposed to sex than females. Between 20% and 30% of young men and 0% and 10% of young women reported premarital sexual experience in India (Jejeebhoy, 2000). Even young men go as far as dating sex workers and older women and a higher percentage of boys engaged in premarital sex compared with the girls who were even forced by men most of the time. Most of the boys engage in these behaviours as a result of an urge to meet different partners, peer influence, personal income, erotic exposure and leisure time experience. (Abraham, 2000).

Gobally, a substantial amount of adolescents both married and unmarried have an unmet need for reproductive health which invariably pots them at risk of sexually transmitted infections (STIs), including HIV/AIDS (Ford, Sohn and Lepkowski, 2001). Although in many places birth rates are dropping among young women as they marry later, sexual relations prior to marriage are on the increase (BMJ, 2003).

(7) Family composition and household standard of living

Family composition and household standard of living are factors most consistently associated with sexual risk behaviors. Adolescents living in a poor household are more likely to be sexually active (Erulkar, 2004). Young people living with only one parent are more likely than those in two-parent households to be sexually active, 2.8 times as likely to have multiple concurrent partners, 1.7 times as likely to have had casual sex in the previous year and 1.1 times as likely not to be using condoms (Erulker, 2004). Living with grandparents generally have a protective effect, while living with a sibling, alone or with other persons will generally increase the likelihood of engaging in sexual risk behaviors (Erulker, 2004). Some of the activities they engage in include early sexual initiation, premarital sexual experiences, unprotected sexual intercourse, multiple sexual partners, early unwanted pregnancy, unsafe abortion, sexually transmitted infections/diseases and HIV/AIDS (Koenig Michael, Iryna Zablotska, Tom Lutalo, Fred Nalugoda, Jennifer Wagman and Ron Gray, 2004).

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## Adolescents and Sexual violence

Worldwide, both male and female adolescents are vulnerable to one form of sexual violence or the other and mostly affected are girls who are ages 15 and younger. Sexual violence can occur throughout the life cycle (from infancy to old age); although, it involves both men and women, both as victims and perpetrators but it is mostly perpetrated by boys and men towards girls and women. It also occurs between family members and intimates, acquaintances and strangers (Jejeebhoy and Bott, 2003). According to a worldwide study, it was found out that forty to forty-seven percent (40-47%) of forced sex is perpetrated against girls who are 15 and younger (Heise, Pitanguy and Germain 1994). Data from the World Report on Violence and Health suggests that one in every five women may experience sexual violence by an intimate partner in their lifetime. Moreover, while national studies on sexual violence conducted in Canada, Finland, Switzerland, Great Britain, and the United States of America revealed that between 2% and 13% of women report being the victim of either an attempted or actual rape by a partner, smaller population based studies in London, England, Guadalajara, Mexico and the Midland province in Zimbabwe show a rate of about 25% (Wood and Jewkes, 1997). Another study conducted among unmarried adolescents of an urban slum in India revealed coercive behavoiurs ranging from forced kissing to forced sex. Also, that the males sometimes threatens females to have sex with them. Most of the time the girls are so in love with the boy that they tend not to disclose violence even when it happens (Sodhi and Verma, 2003).

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Fig. 2.1 Summary of studies on sexual violence in Sub-Saharan Africa

| AUTHOR | STUDY POPULATAION | SAMPLE SIZE | SETTING | RESULTS |
|---|---|---|---|---|
| Larsen et al, 1998 | Sexually abused children | 99 | Kwazulu-Natal, South Africa | 60.4% experienced rape or attempted rape, 7.7% anal penetration. 4.4% rape and anal penetration, 3.3% rape. |
| Madu and Peltzer, 2000 | Secondary school students in standard 9 and 10 | 414 secondary school students | Northern province of South Africa | 9.9% were kissed sexually by force, 6.8% were touched sexually by force, and 6.1% were victims of oral/anal/vaginal intercourse using force. |
| Molla et al, 2000 | Female street Adolescents | 654 | Addis Ababa | Prevalence of rape in the last 3 months was 15.6%, attempted rape 20.4% and unwelcome kiss 16.4% |
| Ajuwon et al. 2001 | Secondary school students and youth in apprenticeship programs | 1,025 | Ibadan, Nigeria. | 65% of male and 48% of female apprentices were sexually experienced, compared to 32% of male and 24% of female students. |
| Wood and Jewkes, 2001 | 14-18 years | Adolescent girls | Ante-natal facility, South Africa | Several girls reported forced sexual initiation: they described being deceived or forced into sex. |
| Leach et al. 2003 | Adolescent girls in three schools | 106 | Malawi | 39% knew of a teacher having sex with a girl in the school and 34% knew a girl who had become pregnant by a teacher. |
| Erulkar A.S, 2004 | Married and unmarried young men and women aged 10-24 | 1, 753 young men and women | Nyeri, Kenya | 21% of females and 11% of males had experienced sex under coercive conditions. Most of the perpetrators were intimate partners, including boyfriends, girlfriends and husbands |
| Omorodion et al. 2004 | 11-26years (in and out of school adolescents | 400 students | Lagos state, Nigeria | Females of age group 16-25 years are more at risk of sex abuse with rape being commonest. |
| Ajuwon et al. 2006 | Students from eighteen secondary schools | 624 | North eastern Nigeria | 11% of the students reported that they had been tricked into having sex. 9% had experienced unwanted touch of breast and backside, and 5% reported rape. |

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**Consequences of Sexual Violence**

Sexual violence in childhood and adolescence has short and long term medical, emotional, psychological and social consequences (Heise, Ellsberg and Gottemoeller, 1999). Studies in Africa, Asia and Latin America revealed that forced sexual initiation and experiences are a common phenomenon in these settings. Sexual violence in adolescence has multiple consequences leading to serious reproductive health problems, HIV related outcomes, subsequent violent experience from intimate partners and other social and mental health problems. Health comprises of the physical, social, mental and psychological aspects. All these must be achieved to bring about a state of complete well-being. Increasing prevalence of rape has reflected in increasing occurrence of sexually transmitted diseases/infections, HIV/AIDS, homicide by partners, serious physical injuries (fractures to chronic disabilities), which greatly affects the victims' health status. Other effects also include: suicide; eating disorders; victimization; inability to sleep; post traumatic stress, use of alcohol and drugs to numb their pain; become isolated, depression, withdrawn and so on (Heise, Moore and Toubia, 1995; Ellsberg, Heise, Pena, Agurto and Winkvist, 2001).

Zimbabwe has one of the world's highest rates of HIV infection. More than 3,000 people die as a result of AIDS-related illnesses each week (Meldrum, 2008). The perpetrators of much of the sexual violence in Congo have one of the highest rates of STI infections in the world. Other studies indicate that only 30% of those who report sexual assaults have access to the post-rape treatment that can prevent HIV (Wakabi, 2008). Teenage girls who experience dating violence are more likely to engage in unhealthy behaviors, which include sexual activity at a young age or with multiple partners (Corporate Alliance to End Partner Violence, 2007). Survey results show that a greater proportion of victims suffer from depression, suicide ideation, and attempted suicide. Other research indicates that adolescents who experience dating violence were up to 60% more likely than their non-exposed counterparts to report one or more suicide attempts (Corporate Alliance to End Partner Violence, 2007). A breakdown of some of the consequences of sexual violence are as outlined below.

1) Physical

Similar to adult victims, adolescent victims of sexual violence may experience negative physical health consequences following sexual violence. While physical injuries do not always occur as a result of violence, victims may suffer physical trauma to the genital track, including vaginal bleeding, bruises, lacerations, and confusions (WHO, 2002). Trauma may be more extensive among younger females,

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especially those who have not yet reached menarche, and thus have less elastic, more easily damaged vaginal tissue. Adolescents may also be at increased risk for physical trauma, including hymeneal and perineal tears. This trauma, in turn increases the adolescent's risk of contracting sexually transmitted infections (STI's), including gonorrhea, chlamydia, herpes (HSV), and HIV.

2) Reproductive Health Morbidity

Forced sex has been associated with a host of negative reproductive health problems and behaviors, including a higher incidence of reproductive tract infections, multiple sex partners, early pregnancy, lower condom use, and drug and alcohol use (Erulkar, 2004). Majority of females who experienced coercion are more likely to experience subsequent incidents of forced sex, sexual risk taking behaviours (multiple sexual partners, non-use of condoms/contraceptives) leading to increased risk of unintended pregnancy, Sexually Transmitted Infections and Diseases (STIs and STDs) and the most dreaded HIV/AIDS. Studies in Addis Ababa and Western Shoa reported that 26% of the 72 girls reporting rape have encountered forced sex on more than one occasion, 24% reported vaginal discharge, 17% and 14% also reported an uninterested pregnancy and abortion respectively (Mulgeta, Kassaye and Berhane, 1998). A study again reported forced sex outcomes as pregnancy, vaginal discharge and abortion by 21%, 11% and 5% of the participants respectively (Worku and Addisie, 2002). Adverse consequences were again reported for school continuation and performance. In cases where forced sex results in unwanted pregnancies, girls are more likely to discontinue their education and face other consequences that can result from this (Wood Maforah and Jewkes, 1998; Wood and Jewkes, 2001).

i. Sexually Transmitted Infections/Diseases and HIV/AIDS

Sexually Transmitted Diseases (STDs) are infections that spread from one person to another through sexual intercourse. Examples of common STDs are Gonorrhea, Syphilis, Chlamydia, Trichomoniasis, Herpes and HIV/AIDS. STDs are often untreated, with young women especially being vulnerable to infertility and premature deaths (Koenig et al., 2004). There is a significant association between coerced first intercourse and young women's risk of HIV infection and sexually transmitted

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infections (STIs) (UNICEF, 2000; Koenig et al., 2004). According to the Center for Disease Control (2000), the risk of STI transmission following rape is between 3.6%-30%. Studies in Addis Ababa and Western Sboa reported that 24% of the respondents studied had vaginal discharge (Mulgeta, Kassaye and Berhane, 1998). STDs can lead to serious health problems if they are not treated early and properly. These health complications include: Chronic lower abdominal pain, Infertility, Menstrual problems, Ectopic pregnancy, Problems with passing urine and death. Another study revealed that the relationship between coerced first intercourse and HIV infection was statistically significant whether or not women were aware of their HIV status (Koenig et al., 2004). Also, women who had experienced violence as children are more likely to engage in HIV risky behaviors as an adolescent and adult (Heidi Lary, Suzanne Maman, Maligo Katebalila, Ann McCauley and Jessie Mbwambo, 2004) and consequently putting them at risk of contracting HIV/AIDS. The proportion of people infected with the AIDS virus in Nigeria has increased from 1.8% in 1990 to 3.8% in 1993 to 4.5% in 1995 to 5.4% in 1999. Most young people know very little about STDs/HIV/AIDS, even when they are sexually active. Many young people engage in sexual relationships with more than one partner. Even when sexually active young people know about STDs/HIV/AIDS, most of them don't protect themselves from being infected and when infected, many young people are often reluctant to seek treatment for STDs. Some young people especially females, exchange sex for money for varying socio-economic reasons. Many young people are coerced into exploitative sexual relationships, which they have little control over in their homes, school or work places (Nigerian Family Health Services Project, 1991).

Nevertheless, Nigeria's STD/HIV Control estimates that more than 60 percent of new HIV infections occur in youth ages 15 to 25 (Okonofua, 1999). In one study among rural female teens, over 80% of those ages 17 to 19 had experienced sexual intercourse and 8.2% had chlamydial infections, 6.6% trichomoniasis and overall, 16.5% had some STI. Of this 16.5% that had some STIs, 6% of them were under age 17 (Brabin, Kemp and Obunge, 1995; Okonofua, 1999). Overall, the proportion of adolescent women who reported at least one genital tract symptom was twice as high among those who had experienced forced first sex as among those who had not (42%

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vs. 21%) (Koenig et al, 2004). Every year 1 out of every 20 adolescents, become infected with STDs and 80% of HIV infections in Nigeria are contracted through sexual intercourse. Evidence from Latin America, South Asia and Africa suggests a link between forced sex and experiences of reproductive tract infection (RTI)/STI symptoms. Victims of childhood incest in India and sexually abused adolescents in Mexico revealed a history of STIs (Billings, 2003). In Uganda, women who experienced forced first sex during their life time were consistently more likely to report symptoms suggestive of possible STIs/RTIs than women who had not had forced sex (Koenig et al, 2003). Young women in Peru and Ethiopia who had experienced coercion were more likely to report symptoms of STIs or vaginal discharge than women who had not been abused (Caceres, Mulugeta et al, Worku and addisie, 2003). In Uganda, coercive first sex was associated with a 71 per cent higher risk of subsequent HIV acquisition (Koenig et al, 2003).

ii. Unintended Pregnancy

Every year, almost one million teenage girls become pregnant in Nigerian and many of these pregnancies are unintended and unwanted (United Nations Population Fund, 1998) and nearly 15 million young women under the age of 20 become mothers. Survey in developing countries showed that between 20% and 60% of the pregnancies and births to women under age 20 are unwanted (BMJ, 2003). Incidence of rape related pregnancies among adolescent victims is likely higher as younger women may be unaware of or have limited access to post-coital contraceptives and/or may not be using any long term contraceptive method, such as the birth control pill, at the time of the assault (Wilson & Klein, 2002). Studies in Addis Ababa and Western Shoa revealed that 17% reported an uninterested pregnancy (Mulgeta, Kassaye and Berhane, 1998). Qualitative study in Zimbabwe found that a considerable number of unplanned pregnancies resulted from forced intercourse (Hof and Richters, 1999). A significantly higher percentage of young women who had been coerced into first intercourse reported having ever been pregnant (81%) than of those who had not been coerced (65%) (Koenig et al, 2004).

There is also the suggestion that women who have suffered force sex may have limited skills in negotiating safe sex or may practice sexual risk-taking behaviors, for

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instance, engaging in unprotected sex with multiple partners. In relationships with "sugar daddies" they can neither negotiate safe sex nor exercise choice in what to do if they become pregnant and when pregnancy occurs, they report forced abortions by their partners (Kuate-Defo, 2003). Girls aged 10 – 14 years are five times more likely to die in pregnancy or childbirth than women aged 20 – 24 because of pregnancy-related complications, which is the main cause of death in 15 –19 year old girls worldwide. Other health complications for mother and child include bleeding in pregnancy, severe anemia, prolonged difficult and obstructed labour, stillbirth, low birth weight and infantile death. Evidence from South Africa suggests that where forced sex results in premarital pregnancy, the traumatic experiences of abuse and unintended pregnancy are compounded by yet another adverse consequence: that of withdrawal from school (Wood and Jewkes, 2001).

iii. Unsafe Abortion

Abortion is the termination of pregnancy before 7 months duration. Pregnancy can terminate on its own (miscarriage or spontaneous abortion) but when pregnancy is intentionally terminated, it is referred to as induced abortion. Globally, close to 40 per cent of pregnancies are unplanned and some 40-50 million of them are terminated each year through induced abortion; about 19 million of these abortions are unsafe with high risks of severe morbidity or death for the woman. In fact, complications of unsafe abortion account for about 13 per cent of the deaths that occur as a result of pregnancy and childbirth. And some 40 per cent of these unsafe abortions are among girls aged 15-24 years (WHO, 2003).

However, available data from Nigeria indicate that adolescents make up the majority of those who procure unsafe abortions in Nigeria (Nigerian Family Health Services Project, 1991). Abortion is another activity adolescents engage in without having the right information on how to do so. Most of them go to quacks and get infected, complication sets in or even death due to unsafe abortion. However, about 150,000 unwanted pregnancies are terminated everyday by abortion and one third of these abortions are conducted under unsafe conditions, resulting in about 500 deaths everyday (Progress In Human Reproduction Research, 1992). Over 80% of patients presenting at Nigerian hospitals with abortion related complications are adolescent girls.

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In fact, unsafe induced abortion has been described as a schoolgirls' problem in Nigeria (Nigerian Family Health Services Project. 1991). Induced abortion is unsafe when untrained personnel, using inappropriate and contaminated instruments, under unhygienic conditions perform it. The extent of unsafe abortion in the country is difficult to ascertain. This is largely because induced abortion is illegal and as such it is done secretly and thus under-reported. Complications of unsafe induced abortion include: excessive bleeding or haemorrhage, perforation of the uterus or bowel, infection that can result in infertility and death

Reasons why young girls continue to procure abortions include:

1. Lack of accurate and comprehensive information about their sexual and reproductive health
2. Lack of appropriate reproductive health counseling and clinical services
3. Non-use or ineffective use of contraceptives by sexually active young people
4. Fear of rejection by partners, parents, peer group, religious and community leaders, once they find out about the pregnancy.
5. Financial and emotional inability to care of a baby. Induced unsafe abortion has a lot of health and socio-economic consequences for the young woman, her parents and the society at large.

Performing or seeking an abortion is illegal in Nigeria, except to save a woman's life. Yet, experts estimate that more than 600,000 Nigerian women obtain abortions each year and one-third of women obtaining abortions were adolescents. It also stated that up to 80 percent of Nigerian patients with abortion-related complications were adolescents (National Population Commission, 2000). Studies in Addis Ababa and Western Shoa revealed that 14% of the respondents that were coerced had an abortion (Mulgeta, Kassaye and Berhane, 1998). Teenage mothers are more likely than older women to suffer from serious complications during delivery, resulting in higher morbidity and mortality for both mothers and infants (National Population Commission, 2000).

iv. Vulnerability to subsequent non- consensual sex

Studies have reported that 26% of the 72 girls reporting rape have encountered forced sex on more than one occasion (Mulgeta et al, 1998). Adolescence and children

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who has suffered violence continue to be vulnerable to subsequent experiences. In Nicaragua, it was revealed that women who had experienced abuse before the age of 13years were more likely to report severe and subsequent sexual abuse (Ellsberg, 2003). In India, in-school adolescents who had been previously abused reported subsequent violence with several episodes (Patel and Andrew, 2001). Similarly, the New Delhi meeting also reported that women survivors who experienced childhood incest in India reported continued abuse that happened very often (Gupta, 2003). Despite this, about 60% of women who experienced forced first sex subsequently experienced sexual violence with an intimate partner (Im-em, 2003 and Koenig, Lutalo, Zablotska, 2003).

v. Unprotected sexual intercourse

Although, an array of contraceptive measures / methods exists, there is incomplete evidence concerning their suitability, safety, efficacy and effects on adolescents. As a result of this, most adolescents engage in sexual relationships without contraception, which invariably leads to unwanted pregnancies, sexually transmitted infections (STIs) and HIV / AIDS (Erulker, 2004). Adolescents have a lower likelihood of practicing family planning and using a condom in their sexual relations (UNICEF, 2000). It was revealed that the adolescents' sexual experience are often unplanned (especially among boys) and occurred under pleasure thus, they ignored the use of condoms because it was not foremost on their minds as much as fear of sex or being found by a family member (Glover et al, 2003). In another study, boys saw rape as pleasurable and cited reasons for having sex as follows: pleasure, excitement / arousal, desire and when depressed / bored. Some of the older boys (15 years) even force the younger boys (6 years) to have anal sex, enticing them with money and food (Ramakrishna, Karrot and Murthy, 2003).

Talking about adolescents and their knowledge of contraception and use, it was found out from a study among teenagers that about 40% believed that condom would reduce sexual pleasure. Reasons for nonuse of contraception among sexually active, single youth included fear of complications (46.7% of males and 48.5% of females) and religious beliefs (12.0% of males and 21.2% of females). In this same study, only

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25% of the young people who were sexually active were using condoms. (Koenig, 2004). In Uganda, sexually abused women were significantly less likely to report current contraceptive use, even with the most recent partner, compared to women who had not experience sexual coercion. They were also significantly less likely to have used a condom during the last sexual encounter or within the past 6 months, or to have used a condom consistently (Koenig et al, 2003). Young women who reported coerced first sex were also less likely than other respondents to report that they had always used condoms with all sexual partners in the preceding six months (7% vs. 25%), and were more likely to report that they had never used condoms (75% vs. 59%) during that time. Both associations were statistically significant. (Among all respondents, those who reported coerced first intercourse were significantly less likely than those who did not to be currently using contraceptives (18% vs. 34%) (Koenig et al, 2004).

vi. Multiple Consensual Sexual Partners

Compared with young women who have not been sexually abused, those who have been abused tend to have more sex partners (Abma, Driscoll and Moore, 1998) as well as to have less control over the terms of sex. Coercion in adolescence is associated with the greater likelihood of having multiple consensual sexual partners later in life. In Nicaragua, women who had been severely abused or had experienced attempted or completed rape were more likely to have had more sexual partners subsequently than women who had not been abused or had been moderately abused (Ellsberg, 2003). Similarly, sexually abused women in Uganda and women from the Central African Republic whose first sex was consensual were more likely to report two or more lifetime sexual partners (Koenig et al, 2003). For many victims of childhood incest in India, early sexual abuse was perceived to have resulted in subsequent sexual risk-taking and brief and unsatisfactory sexual relationships in adolescence and early adulthood. Women perceived sex as an "ultimate winning weapon," and having multiple partners was linked with a sense of value, self-worth and a means of regaining lost power (Gupta, 2003). Young women whose first intercourse had been coerced were significantly more likely than those who had not been coerced to report having had two or more sexual partners (66% vs. 51%) (Koenig et al, 2004).

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3) Psychological

Long-term psychological consequences of early sexual abuse include depression, thoughts about suicide, negative self-esteem and lowered self-efficacy, drug addiction and alcoholism (Heise, Ellsberg and Gottemoeller, 1999). However, victims of force sex are more likely to experience emotional squeal such as post traumatic stress disorder, depression and contemplation of suicide (Heise, Moore and Toubia 1995; Stewart et al, 1996; Luster and Small 1997; Stock et al, 1997). Other poor social outcomes include suicide, self-inflicted injuries, stigmatization etc (WHO, 2002). Sexually abused school-going adolescents in India for example, reported higher rates of non-specific physical complaints such as sexual discharge, as well as poor mental health, suicidal ideation, alcohol abuse and cigarette smoking than those who had not had coercive experiences. Low self-esteem could in some cases be linked to the lack of a supportive environment at home or in school (Patel, 2003). In Pakistan and Ethiopia, similarly, girls who had experienced rape had a higher likelihood of attempting to commit suicide (Mulugeta et al, 2003).

Studies from developing countries have explored the psychological consequences of sexual violence and feelings of guilt, rejection, anxiety, sadness and suicide were reported among three quarter of the abused children in Karachi, Parkistan (UN ESCAP, Government of Japan, National Commission for child Welfare and Development, Pakistan, 2001). Also, 35% and 31% of schoolgirls in Addis Ababa and Western Shoa reported self blame and anxiety respectively while 6% reported attempted suicide (Mulgeta, Kassaye and Berhane, 1998). Of the 19 girls who reported rape in Debark Town, three attempted suicide and other reported feelings of anguish and hopelessness (Worku and Addisie, 2002). For many victims of childhood incest in India, the effects of forced sex were evident long after the incidents had ceased. Some reported that forced sex had resulted to lack of choice and "control or right over their own body. The one thing that abuse does to people is to destroy their ability to relate to other people is to destroy their ability to relate to other people with love and trust". Women also reported mutilating themselves or contemplating suicide in order to cope with the pain or memories of the abuse, and in some cases sexual dysfunction.

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Addiction to alcohol had resulted in an inability to make safe and positive choices in later sexual partnerships (Gupta, 2003).

Little is known about the consequences of forced sex for male victims. Psychosocial consequence have however been reported in a number of settings, by and large these refer to victims of coercion by males than females. In India, young men who had experienced forced sex reported a range of adverse psychosocial consequences, including poor mental health and suicidal ideation. Similarly, young men in Nicaragua experience significantly higher risk of suicidal ideation and behavior bas compared with those who had consensual sexual relation (Ellsberg, 2003). Forced sex can also result in anxiety among victims regarding their masculinity. Rape by a male is perceived by peers to have feminized the victim, as it is commonly believed that victims find the experience pleasurable "when the boy is touch by a man he be comes a queer" (Caceres, 2003). In Mexico, men who experience forced coital initiation with sexually experience women also reported anxiety negative emotional outcomes, as these experiences did not fix the stereotype of masculine behavior of being sexually controlling and dominant (Marston, 2003). Evidence also suggests that young males who were exposed to early forced sex experienced significantly higher subsequent exposure to other forms of violence and abuse compared to others (Jejeebhoy and Bott, 2003).

Adolescents who experience sexual violence may experience feelings of guilt, shame, depression, post traumatic stress disorder, and anxiety following sexual assault and rape (Ackard & Neumark- Sztainer, 2002; WHO, 2002). As a result, adolescents may have poor school performance and decreased attendance, especially if the perpetrator is also a fellow classmate. Sleep disturbances, eating disorders, drug and alcohol use, and suicide attempts have also been described as consequences of sexual violence (CDC, 2000; Raj, Silverman, Amaro, 2000; Silverman, Raj, Mucci, & Hathaway, 2001). Adolescents may be particularly at risk for experiencing negative mental health sequella as they may have limited coping skills compared to their adult counterparts and fewer resources to assist them with recovery. Further psychological consequences include feelings of powerlessness and worthlessness; inability to distinguish affectionate from sexual behaviour; inability to refuse unwanted sexual

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advances; difficulty in trusting people and maintaining appropriate personal boundaries; shame, fear and guilt about sex (Stewart, Sebastian, Delgado and Lopez, 1996). Studies in India and Ethiopia report that the experience of sexual abuse was associated with adverse social outcomes such as discontinuing school and poor academic performance (Mulugeta et al, 2003). At the New Delhi meeting, a panel of Indian youth shared the perspectives of young people on forced sex and its associations with reproductive health and mental and emotional well-being. Their presentations reiterated the findings that coerced sex can happen repeatedly, and is linked with adverse mental and emotional outcomes such as depression, isolation, lost of self-esteem and attempted suicide. The young panelists highlighted the stigma and discrimination that young girls face, whether as a consequence of date raped, of coercion perpetrated by a family member or neighborhood acquaintance. Social consequence ranges from poor educational achievement, withdrawal from school, inability to build partnerships, loss of marriage prospects to rejection by family and friends. Apart from the likehood of engaging in risky sexual behaviours they also engage in prostitution (Moore and Toubia, 1995; Stewart et al, 1996).

Socio-economic consequences for the young person may include termination of education, poor job prospects, loss of self-esteem and broken relationships. Many studies suggest that sexual abused among young men is associated with a cultural of silence and inactive is a common response. Young males do not sought medical care or judicial redress because of stigma or self blame, or fear about their masculinity. Consequently, victims' suffered in silence while perpetrators were seldom punished (Caceres, 2003).

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### Reporting Sexual Violence

Underreporting associated with respondents' reluctance to acknowledge a highly sensitive experience may have led to an underestimate of the prevalence of sexual coercion (Koenig et al, 2004). Over the past decade, a number of studies have demonstrated the difficulty of eliciting reliable reports of sexual violence (Heise, Moore and Toubia, 1995; Heise, Ellsberg and Gottemoeller, 1999; UNICEF, 2000; Ellsberg et al, 2001). Moreover, underreporting of sexual violence among adolescents

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is likely to be compounded by underreporting of sexual intercourse (Mensch, Hewett and Erulkar, 2003). The reporting of forced sex in surveys may be even more problematic: Fear of retaliation, social stigma and lack of social support are often cited as barriers (Heise, Ellsberg and Gottemoeller, 1999). Moreover, abused women may be less likely to participate in studies and lack rapport with interviewers (Ellsberg et al., 2001). Ideally, young people who experience sexual violence should be able to turn to the law enforcement agencies and other agencies for help that their family and friends cannot provide (Jejebhoy and Sarah Bott, 2003). In cases of rape, victims need the services of someone recognized by the courts as qualified to document legal evidence with legal validity. Again, in cases where a young woman/man wants to bring charges against a perpetrator, victims need a competent and sensitized police force and judicial system. These services need to be delivered in compassionate and non-judgmental ways.

Unfortunately, throughout the developing world (and many parts of the developed world), an appropriate institutional response is lacking (if not non-existent). In view of the above, some negative attitudes that permeate the larger society are rampant among the police, judicial systems and all other stakeholders involved in the care of the victim (Heise, Ellsberg and Gottemoeller, 1999; Human Rights Watch, 1999). A survey carried out among those that had experienced violence revealed that adolescents do not report violence (Ngom, Magadi and Owour, 2003) due to shame, fear of reprisal and deep-rooted unequal gender norms. It is again worthy of note that sexual coercion / violence is not limited to single exposures but multiple exposures (Ellsberg, 2003). The threat of social stigma prevents young women from speaking out about rape and abuse. In Zimbabwe, rape cases are sometimes settled out of court when the perpetrator either pays compensation to the girl's father or pays a bride price and marries the girl to avoid bringing public attention and shame to the girl and her family (Njovana and Watts, 1996).

### Gender Norms and Sexual Violence

In some cases all over the world, victims of rape suffer victimization from the rapist, from the attitude of the Police (who believes she brought the rape upon herself),

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through to the trial court, where she is given a complete dressing down by the defense counsel and most intimate details of her life exposed in order to discredit her evidence in court (Women's Right Watch, 2003). This is greatly unfair to victims and can invariable lead to social and psychological problems, which may affect the general well being of the affected individual. Many young women perceive their role as one of serving their partner's sexual needs. This cultural norm limits young women's ability to negotiate the terms of their sexual relationships because intimate partner violence has its roots in socially constructed gender norms (Instituto Promundo, 2002). Violence is frequently directed toward females and youth, who lack the economic and social status to resist or avoid it. Cultural norms against reporting abuse make it difficult to assess accurately, and few adolescent health programs in sub-Saharan African address these critical issues (Wood and Jewkes, 1997). In many countries in South Asia and Middle East, early and arranged marriages are the norms in most cases. The young woman rarely knows her husband, not even involved in decision making and cannot exercise sexual choices in her marital home thus encouraging early forced sexual initiation (Khan et al, 2002).

One thing that still remains unchallenged is the patriarchal social relation, which creates the space for the high prevalence of rape (Wood and Jewkes, 2001). Rape (forced penetrative sex), a form of sexual violence has been seen as a weapon in struggle for male position among men, especially during their teenage years when they are exploring their power within the society. It is as a result of this that some men rape when the opportunity presents itself. Others rape in groups (gang rape) and particular targets are women who reject their prepositions or known virgins (Woods and Jewkes, 2001). Also targeted are women who they perceive as challenging them either by dressing in revealing clothes or standing up to them in other ways, for instance, nurses (Woods and Jewkes, 2001). In many developing countries, women believe that the use of force is a man's right and submission by the woman is the only way to avoid pain and ensure security in the marital home (George, 2003). In Zimbabwe, it was revealed that women were told that the use of force by a husband is part of life (Hof and Richters, 1999). It was also believed in Nicaragua and Haiti that women did not have the right to refuse sex if the did not feel like it, and most times men were justified in

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beating their wives (Ellsberg, 2003). This is very disheartening because many of these women have had these experiences even before marriage so see it as a norm and not violence. In a Nigerian study, 57% and 37% of male and female students and 74% and 43% of out of school male and female apprentices agreed that a man has the right to have sex with a woman on whom he has spent a lot of money (Ajuwon et al, 2002).

Gender norms therefore stress male entitlement to sex, even if forced especially in marriage (Jejeebhoy and Santhya, 2003). Thus, it can be concluded that deep-rooted gender norms can contribute to forced sex and violence. Many cultures condone sex for male adolescence while female adolescence face sanctions if they appear to be sexually active or pregnant. Social norms contribute to the perception that the sign of masculinity can be achieved by controlling women (Jejeebhoy, 2003).

**Males as Victims and Perpetrators of Violence**

The 2003 consultative meeting held in New Delhi in 2003 challenged the common assumption that only women are victims of violence. Hence, the experience of young males as victims of forced sex was explored. Young men like women too report experiencing a variety of violent behaviours ranging from unwanted kiss and deception, verbal abuse, unwanted touch. In many settings, forced penetrative sex and other violent behaviours follow a series of attempts to coerce the victim to engage in sexual relations. Studies reveal that about 10% of the population of boys and young men studied experienced forced sexual relations in various contexts (Jejeebhoy and Bott, 2003). Studies in Peru and Nigaragua reported early forced penetrative sex in males and in South Africa men experiences of sexual violence ranges from unwanted touch, to being made to touch someone sexually to having penetrative sex. Also, in-school male adolescents in India reported high rates of sexual abuse, unwanted touch and brush of the genitals to forced sex (Caceres, Ellsberg, and Patel, 2003). Most perpetrators of violence on young male victims are males who are mostly peers and older men. For instance in Nicaragua and Peru, perpetrators were primarily male family members. Among schoolboys in India, most perpetrators were older students/friends (Caceres, 2003). Despite this, a number of young men also reported forced sex with older women. It is also reported that forced sex with older women

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exists where gifts and money were given in exchange of sex (Ajuwon et al, 2002, Jejeebhey and Bott, 2003). In Nigeria, it was reported that girlfriends pressurized boys to having sex through undressing, touching or commenting on his physique or doubting his virility. Moreover, young males seldom regard females as sexual aggressors. Most times they see coercion from females as a result of pressure to have unwanted sex rather than rape (Marston, 2003).

**Rape Victims and Societal Responses**

Studies highlight that the typical response for a victim of sexual violence is not active. Given the pervasiveness of attitudes that balances the victim, it is not surprising that many young people who experience sexual coercion do not turn to their friends or family for help because they believe that they will not receive support. Studies in Kenya and Nigeria revealed that adolescent girls and boys who experience forced sex were afraid to draw attention to themselves for fear of being blamed and stigmatized by their family and the society (Ajuwon et al, 2001). Young peoples' fear of a negative response from family, friends and the community make it impossible for the victims to report the incident of rape even when it occurs. In Zambia, various abuses perpetrated by family members, boyfriends and figures of authority are often hidden by families, and girls who report incident of rape are advised to keep silent and not bring shame upon the family and are even treated with physical abuse if the incident is reported. Young woman are unlikely to confide in peers about a coercive incident, and if they do, are unlikely to be counseled to take action (Ajuwon et al, 2001).

In 2006 more than 18,000 victim incidents of sexual assault and related offences were recorded by police across Australia (ABS 2007). Conservatively, this is estimated to represent only about 30 percent or less of all victim incidents of sexual offences as the vast majority of victims do not report to police. Of sexual offence incidents (including rape) which are reported to police, less than 20 percent result in charges being laid and criminal proceedings being instigated (Fitzgerald 2006; Heenan & Murray 2006). Of those cases which do get to court, one quarter and a third of defendants plead guilty (Fitzgerald 2006). Between a quarter and a third of cases are dismissed without a hearing. Of defendants who plead not guilty where a decision is reached (about 40% of cases),

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about 4 in 10 are found guilty (Taylor 2007). As national data are not available to link the path between incidents reported to police and those which end up in court, the figure below simulates the proposed pathway by providing estimates of recorded victim incidents likely to result in a guilty outcome. In addition, young people themselves appear to be aware of the lack of institutional support. While few studies has explicitly explored this issue, studies from India and Nigeria highlight the fact that the police and prosecutors often fail to address victims in a sensitive and professional manner, and few reported cases of rape result in convictions (Gangrade, Sooryamoorthy and Renjini, 1995; Omorodion and Olusanya, 1998). Therefore, there is a need for a complete reform of the various legal responses to rape victims and perpetrators to reduce the negative effect that later emerges. Rape is a criminal offence, yet a lot of victims are finding it difficult reporting to the Police. Some at an initial stage arrest the culprits but will withdraw the case in-between. Aside many cases of forced sex, a lot still abound that are not adequately attended to. Thus, there is an increasing need to curb the scourge before it excavates and the rights of women jeopardized. Young people who experiences rape should be able to turn to health care providers, social service agencies and the law enforcement agencies for help. They need compassionate sources of counseling, emergency contraception, STI treatment and care for other kinds of health problems and a non-judgmental response from the law enforcement agencies. This in actual fact is lacking and needs to be restored (Heise, Ellsberg and Gottemoella 1999; Human Rights Watch, 1999).

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## Conceptual Framework

For the purpose of the study, the ecological is used to understand the interplay of the risk factors at various levels and the PRECEDE framework is to understand the predisposing, enabling and reinforcing factors that will help in planning a suitable prevention programmes in future research.

### The Ecological Model

This model is used to explain the various levels involved in the modeling of an adolescents sexual behaviour. The various levels showing support will help the adolescents make vital decisions in their life which will in turn help their sexual and reproductive health. This will also help report rape if actually it happens, so that proper steps can be taken to care for the victims.

**Individual level**

Male adolescents believe that girls provoke them to rape by their indecent way of dressing. Females believe that because they are easily deceived and weaker, they fall victims of rape. They also do not disclose it when it happens to avoid stigmatization/verbal abuse and the various support needed is lacking. A study revealed that boys see girls as sex objects and feel they have the privilege of asking for sex from a female without her refusing (Jejeebhoy and Santhya, 2003). They are also not restricted to having sexual relationships and so see sex as something they must do to establish their manhood.

**Relationship level**

Good moral lessons taught at home can reduce the risk of being raped. Parents need to encourage proper dress code and adequate sexuality education. Some parents are too busy and do not see a priority to discuss with these adolescents the issue of their sexuality. As a result, adolescents tend to learn and discuss with their friends who also needs to be educated on the issue as well.

**Community level**

Communities are expected to provide support to rape victims to avoid stigmatization and intervene and ensure that perpetrations suffer for their crimes, but contrary is the

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case. Stigmatization should be discouraged to help adolescents report violence when it happens and appropriate measures taken to care for them.

**Societal level**

Responses are not present and even when present they are slow and not youth friendly. To enhance reporting, there should be prompt and adequate response by both the medical and legal sectors that will impress the youths to report violence if and when it occurs. Adequate steps should be taken to organize sexuality education at all levels in collaboration with all educational institutions. Perpetrators should be brought to book so as to teach others a lesson. If government sees rape as a priority, more policies on rape prevention and educational programmes will be formulated and will in the long run bring about a reduction in the occurrence of this phenomenon.

**Fig. 2 The Ecological Model**

*Source: Krug et al, 2002*

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**The PRECEDE Framework**

This is an acronym for "Predisposing", "Enabling", and "Reinforcing" in educational diagnosis and evaluation as developed by Green et al in the year 1980. It is the framework used to determine key antecedents of behaviour as a guide to the selection of appropriate health intervention strategies. Here, three (3) classes of factors interplay to determine specific actions and behaviours in individuals. This was used in this project to explain the rational for a rape prevention programme in future but first and foremost the knowledge and attitude of adolescents to rape as a form of sexual violence is very important to note.

The PRECEDE Framework Applied To Knowledge and Practices of Secondary School Students to Rape.

| Educational Diagnosis | Behavioral Diagnosis | Epidemiological Diagnosis | Quality of Life |
|---|---|---|---|
| *Predisposing Factors*<br>• Knowledge of Rape, cause and prevention<br>• Attitude towards rape as a crime<br>• Knowledge about their sexuality<br>• Knowledge of those factors that predisposes them to rape<br>• Knowledge of the consequences of rape | • Awareness of the rape among adolescent<br>• Ability to avoid those factors that predisposes them to rape in the society<br>• Acquire skills to be able to fight the menace of rape. | • Reduction in the prevalence of adolescents rape | • Reduced reproductive morbidity and mortality.<br>• More productive youth<br>• Higher level of educational attainment<br>• Building up a healthy and vibrant productive age group in future. |
| *Enabling Factors*<br>• Skills – ability to deal with their sexuality<br>• Ability to avoid those factors predisposing them to being raped | | | |
| *Reinforcing Factors*<br>• Support from family members<br>• Support from teachers<br>• Medical and legal support to Victims and perpetrators.<br>• Community members should avoid Stigmatization. | | | |

Source: Green et al, 1980

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**Educational Diagnosis**

It comprises those things that need to be known to bring about a good quality of life for adolescents and the country at large. It is the plan of this study to make an educational diagnosis of adolescents' knowledge and attitude to sexual violence. A proper educational diagnosis of those factors responsible for the occurrence of rape and those involved in the prevention will help in bringing about a reduction in rape occurrence. Under the educational diagnosis, we have three (3) factors;

<u>Predisposing Factor</u>

Include the cognitive and affective condition that predisposes the individual towards a certain behaviour which include knowledge, perceptions, beliefs, values and attitudes. In preventing sexual violence, the predisposing factor include their knowledge about it, knowledge about rape, knowledge about their sexual behaviours, the causes and consequences of rape, their perceived preventive strategies might predispose them to be aware of sexual violence and those things they do or fail to do that makes them susceptible to this event. The enabling factors provides skills to adolescents to make them act on what they already know with all readiness to fight those things that makes them susceptible to forced sex (rape). Also, they will be aware of there sexuality and acquire the skills they need to fight violence even when it happens. The influence of behaviour and the attitude of significant others comprises the reinforcing factors. To prevent sexual violence and adequate reporting of it even when it happens, the reinforcing factors are very important to note and these include ; sexuality education from parents, teachers and other significant others, influence of the community, adequate medical and legal responses and the types and the availability of youth friendly clinics.

These three (3) factors (predisposing, enabling and reinforcing) will help the selection of appropriate health education strategies to solve this problem.

<u>Enabling Factor</u>

These are those factors that empower adolescents and give them the necessary skills needed to bring about a reduction in the occurrence of sexual violence.

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## Reinforcing Factors

This talks about the various levels involved in the modification of adolescents' sexual behaviour. Here, we mean the support of parents, teachers, medical and legal practitioners and the community. All these groups are expected to give prompt care and adequate support.

**Behavioural Diagnosis**

This will help to assess their level of awareness concerning this phenomenon. When adolescents are aware of sexual violence, they will be empowered to avoid those things that lead to rape and even know what to do in situations where it happens so as to avoid the bad consequences associated with it.

**Epidemiological Diagnosis**

When the educational diagnosis has been done, depending on the type of strategy adopted there will be a reduction in the prevalence of rape and ensures a good quality of life for adolescents.

**Quality Of Life**

For this to be achieved, the various steps preceding this step needs to be adequately addressed and the necessary programmes that are adopted being well implemented.

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# CHAPTER 3

## Materials and Methods

### Study design

This study was exploratory, descriptive and cross sectional in design and was limited in scope to schools in Ibadan North West Local Government Area (LGA) of Oyo State. The study assessed students':

i. Perception of what constitute sexual violence.

ii. Sexual behaviour.

iii. Knowledge about sexual violence

iv. Attitude to forced sex.

v. Perceived causes and implications of forced sex

### Description of the Study Area

The Ibadan North West LGA of Oyo State is one of the five (5) LGA that make up Ibadan. Ibadan itself is a metropolis located in the South Western part of Nigeria and is the largest city in West Africa with a population of four (4) million persons. A sketch map of the LGA is shown in figure 3.

Ibadan northwest LGA shares boundaries with Iddo Local Government, Ibadan Southwest LGA and Ibadan North LGA. It comprises of areas like Orieru, Nalende, Ayeye, Dugbe and Eleyele. The people are predominantly Yorubas. Other ethnic groups include ibos, Hausas, Edos and others who live together peacefully within the city. While Orieru, Nalende, Ayeye are in the inner core, the other two (Dugbe and Eleyele) are in the peripheral areas. Majority of the women in these areas engage in trading while the men (those not traders) are either commercial drivers or civil servants. These areas are densely populated commercial areas with each having its own main market where people of the city come to shop for foodstuffs, household materials and wares. These areas have hospitals, schools, electricity, water supply, transportation and other basic amenities.

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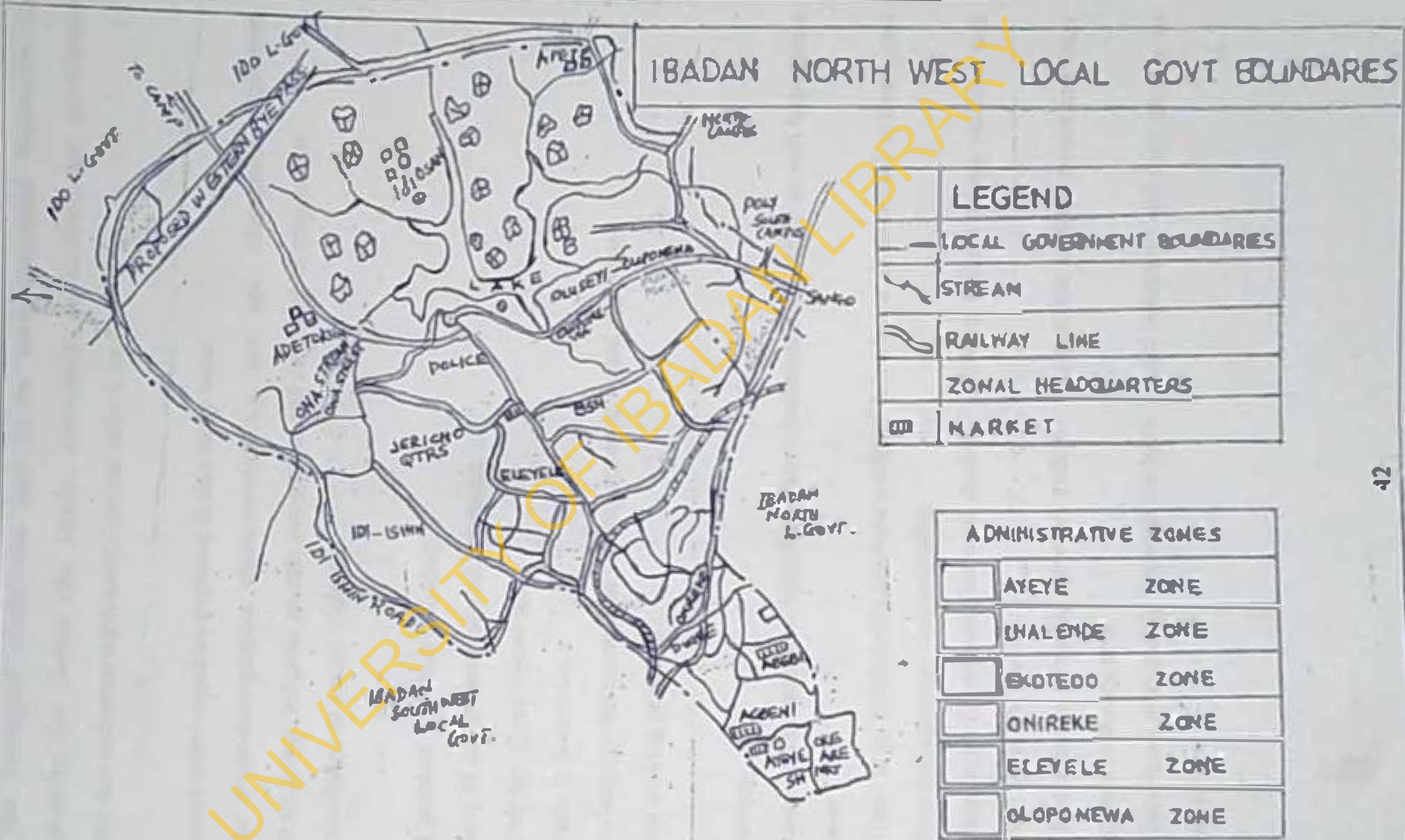
Fig. 3.1. Map of Ibadan North-west Local Government Area (LGA)

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**Study Variables**

The Ecological Model was used as the main conceptual framework for understanding the factors (the family, community, institutions, and government policies) that influence adolescents' sexual behaviour.

The independent variables explored in this study were:

1. The socio-demographic characteristics e.g. sex, age, educational attainment, ethnic group, religion, parents occupation and residence of respondent.
2. Knowledge of sexual violence

The dependent variables included:

1. History of adolescents' sexual behaviour
2. Knowledge about forced sex
3. Attitude to forced sex
4. Knowledge of the causes and consequences of forced sex (rape)
5. Health seeking practices

**Hypotheses**

Based on the variables, hypothesis were formulated and stated as null hypothesis as follows:

1. There is no relationship between students' knowledge about sexual violence and their demographic characteristics.
2. There is no relationship between students' knowledge about sexual violence and their sexual behaviour.
3. There is no relationship between students' demographic characteristics and their attitude to forced sex.
4. There is no relationship between students' sexual behaviour and their attitude to forced sex.

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## Study Population

As at 2004 when the study was conducted, there were ten (10) secondary schools identified in the local government. Main targets were males and females between 10 - 19 years of age in JSS and SSS Classes. Schools participating in the study were selected from three categories based on their ownership types.

A. Government owned (public school)

1. Urban Day Secondary School, Eleyele. Ibadan.
2. Eleyele High School, Ojurin, Eleyele, Ibadan.
3. Oba Abass High School, Benjamin, Eleyele, Ibadan.
4. Anwar-Islamic Grammar School, Eleyele, Ibadan
5. Onireke High School, Dugbe, Ibadan.
6. Eleyele Secondary School, Fan Milk, Eleyele, Ibadan.
7. Jericho High School, Idishin, Ibadan.

B. Private Schools owned by individuals

1. Moret High School, Adamasingba, Ibadan
2. Seed of Life High School, Onireke, Dugbe, Ibadan

C. Private Schools owned by voluntary organizations (church)

1. All Saints College, Onireke, Ibadan.

For the purpose of this study, all the 10schools were sampled. The schools are as represented in the figure below:

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**Fig. 3.2. Distribution of the ten (10) Selected Schools in terms of the Type of School (Co-educational and non-co-educational)**

| S/N | NAME OF SCHOOL | TYPE OF SCHOOL | | | | | |
|---|---|---|---|---|---|---|---|
| | | COEDUCATIONAL | | NON-COEDUCATIONAL | | | |
| | | | | GIRLS ONLY | | BOYS ONLY | |
| | | Private | Public | Private | Public | Private | Public |
| 1 | Urban Day Secondary School, Eleyele. Ibadan. | | ✓ | | | | |
| 2 | Eleyele High School, Ojurin. Eleyele, Ibadan. | | ✓ | | | | |
| 3 | Oba Abass High School, Benjamin. Ibadan. | | ✓ | | | | |
| 4 | Anwar- Islamic Grammer School, Eleyele, Ibadan. | | ✓ | | | | |
| 5 | Onireke High School, Dugbe, Ibadan. | | | | ✓ | | |
| 6 | Eleyele Secondary School, Fan milk, Ibadaan. | | ✓ | | | | |
| 7 | Jericho High School, Idi-ishin. Ibadan. | | ✓ | | | | |
| 8 | Moret High School, Adamasingba. Ibadan. | ✓ | | | | | |
| 9 | Seed of life High School. Onireke, Ibadan. | ✓ | | | | | |
| 10 | All Saints College, Onireke, Ibadan. | ✓ | | | | | |
| | TOTAL | 3 | 6 | | 1 | | 10 |

The study population was made up of a cross section of secondary school students (both males and females) aged 10-19 years in junior and senior secondary 1 - 3 in the ten (10) secondary schools in the LGA drawn from the sciences, commercial and art classes.

**Sample size**

Using the fifty (50) percent prevalence of adolescents as survivors of at least one coercive behaviour (Ajuwon, Olley, Iwalola, and Adegoke, 2001), the sample size was calculated using the sample size formula: $n = \frac{z^2 (pq)}{d^2}$

Where n= sample size

P= Prevalence of adolescents who are survivors of at least a cohesive behaviour

q=1-p

z=1.96 (confidence limit)

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d= maximum sampling error allowed (0.05).

Therefore n= 380.32

Due to the fact that most adolescents do not disclose violence even when it occurs and thus the true prevalence not known, the sample size was elevated to 570 students.

## Sampling Technique / Procedure

The multi-stage sampling technique was used. From Ibadan North West LGA, the ten (10) registered secondary schools in the area were purposively selected and grouped into public and private schools.

For the purpose of the FGD, four secondary schools were selected among the 10 schools using random sampling technique (2 private & 2 public). The four schools selected were All Saints College, Onireke, Seed of Life High School, Onireke, Oba Abass High School, Benjamin and Onireke High School, Dugbe, Ibadan.

For the survey, 570 students from the ten schools listed above were sampled.

## Instrument for Data Collection

Instruments for data collection were Focus Group Discussion (FGD) Guide, an Interviewer Administered Questionnaire and a face to face indepth interview guide.

(a) Focus Group Discussion Guide

The FGD was conducted before the questionnaires were administered in order to gain insights into students understanding of sexual violence and the common terminologies young people usually use to describe them. Findings from the FGD were used to revise the draft questionnaire. The FGD guide (See Appendix 1) consisted of ten (10) questions relating to the types of sexual activities adolescents engage in, their views about those activities, their knowledge about sexual violence and forced sex (rape), factors which predispose them to forced sex (rape), likely consequences of forced sex (rape), punishment recommended for perpetrators and suggested strategies to prevent forced sex (rape) The questions were open ended to encourage full discussion and were translated into Yoruba.

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(b) Interviewer Administered Questionnaire

A 54- item questionnaire consisting of structured and open- ended questions was developed and used for data collection (See Appendix 3). The questionnaire was divided into five (5) sections for easy of administration. Section A elicited demographic characteristics including sex, age, class, ethnic group, religion, fathers and mothers occupation, and current residence. Section B measured knowledge about sexual violence, while section C explored history of students' sexual behaviour. Lastly, section D and E measured the knowledge of students' about forced sex (rape) and knowledge about the causes, consequences and suggested strategies to prevent forced sex (rape). An informed consent form was developed and administered before the questionnaires were administered to those who showed willingness to participate (See Appendix 2)

(c) Face to Face Indepth Interview Guide

This instrument was used after the interviewer administered questionnaire for the nine students that indicated that their first sexual intercourse was forced. It was made up of six (6) open ended questions to encourage full discussion (See Appendix 4).

**Data Collection Procedure**

(a) Focus Group Discussion (FGD)

Two (2) homogenous groups of ten (10) students (one male group and a female group) each were selected randomly from J.S.S. and S.S.S classes from the private schools. From the public schools, two groups of female students (one JSS and one SSS) was selected from the girls only school and two male groups (one JSS and one SSS) from another coeducational school making a total of four groups from the public schools. Two Focus Group Discussions (FGDs) were held in each of the four (4) selected schools (making a total of eight). Each FGD consisted of a homogenous

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group of males and females in JSS and SSS classes. The venue for the FGD included the school compounds (Halls, Labs and Classrooms) of the various schools visited. Dates and time for FGD were fixed in consultation with the school authorities. Each discussion lasted an average of 50 minutes and responses were taken down on paper by a recorder. Light refreshments were provided during and after the FGD. A tape was used to record the discussions with the consent of the participants. The FGD was carried out at different times by the investigator assisted by a recorder. A consent form was also developed which was signed by all those that participated in the study.

(b) Questionnaire Administration

Six (6) Research Assistants consisting of school leavers, undergraduates and graduates were recruited and trained as interviewers. The contents of the training consisted of the purpose of the study, interpersonal communication skills, data collection procedures and skills, sampling method and ethical issues. The questionnaire was administered using face-to-face interview over a period of two (2) weeks. Each day the investigator and the assistants went out to the field. At first, each interviewer was restricted to complete eight (8) per day and this was later increased to ten (10) as they became proficient with the administration of the questionnaire. Sixty (60) students were randomly selected from JSS 1 to SSS 3 (10 from each level) in eight of the ten schools while forty five (45) students were selected from the girls' only school and another forty five (45) males from a co educational school (5students each from JSS 1-3 and 10students each from SSS 1-3)

(c) Indepth Interview of Nine Survivors of Rape

During the questionnaire administration, there was a section where respondents were asked to describe their last sexual experience with the aid of some options. Anyone who affirmed that he/she had experienced forced sex were further interviewed after administration of the questionnaire by the use of the indepth interview guide in appendix 4 (for those who were willing). This was conducted by the principal investigator in strict privacy and adequate notes taken on their experience.

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**Validity and Reliability**

The following procedures were taken to ensure the validity and reliability of the survey instrument. First, a draft of the questionnaire was translated into Yoruba (the local dialect) to ensure clarity and comprehension by the students. Secondly, the draft questionnaire was pre- tested in Ibadan South East Local Government in Ibadan, to identify any ambiguous question and other potential problems with the questionnaire. Thirdly, a face-to-face interview was used in data collection to ensure confidentiality and the quality of data collected. Then a test re-test was conducted to test the easy of analysis and see the change (if any) in prevalence over a period of time. A test re-test score of 0.95 was recorded. Finally, research assistants were adequately trained for data collection and a pilot study conducted to test the questionnaire. Interviewers were asked to comment on the ease of administering the questionnaire, simplicity of the language and clarity of the questions asked. The pilot study was analyzed. The various comments were noted and appropriate changes included in the final draft of the questionnaire. For Instance, instead of asking what sexual violence is, some behaviours were listed for them to specify which they felt can be described as sexual violence.

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**Data Management and Analysis**

The FGD data were transcribed verbatim and subjected to content analysis and described in prose. All questionnaires collected were collated; stored and later codes were properly assigned using the coding guide which was developed along side with the data analyst.

Data collected was entered into the computer and analyzed using the statistical package for social sciences (SPSS version 11) software. Results were presented in frequency tables and diagrams. The Chi-square test was used in testing the hypothesis and multivariate regression was used to test variable that likely put adolescents at risk of violence.

## Ethical Considerations

Informed consent form was developed and attached to each questionnaire, the FGD and the face to face interviews. This was to make sure that none of the respondents were coerced into the study. Those that narrated their experience were assured of absolute confidentiality by not asking for their names and not feeding the school about these experiences. Anonymity and confidentiality of students were ensured.

## Study Limitations

This study had two limitations that must be pointed out. The first is the relatively small sample size selected from each school and secondly, the number of students who narrated their experience of forced sex. Therefore the data must be interpreted with caution as they may not be generalized to the entire students' population in each school. Despite these limitations, the study is important because it represented the first attempt to systematically collect data on adolescents' 10-19years sexual violence knowledge and suggested preventions in this area. As such it has provided several valuable data for implementing intervention programs to meet the reproduct ve health needs of adolescents in term of the skill.

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# CHAPTER 4

## Results

### Demographic profile of students

There was an equal number of males (50%) and females (50%), majority of whom were aged between 10-14years (51.9%) with a mean age of 14.36 (± 2.2) and were distributed in proportions from JSS 1 to SSS 3 with a higher percentage (52.6%) of those sampled being in the senior classes. 80.9% of the students stayed with both parents and majority had fathers who were civil servants and mothers who were business women.

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Table 1. Demographic characteristics of students

| Variable | Number (N= 570) | % |
|---|---|---|
| **Age (Years)** | | |
| 10-14 | 296 | 51.9 |
| 15-19 | 274 | 48.1 |
| **Sex** | | |
| Male | 285 | 50.0 |
| Female | 285 | 50.0 |
| **Class** | | |
| Junior | 270 | 47.4 |
| Senior | 300 | 52.6 |
| **Ethnic Group** | | |
| Igbo | 104 | 18.2 |
| Yoruba | 377 | 66.1 |
| Hausa | 21 | 3.7 |
| Others | 68 | 12.0 |
| **Religious Affiliation** | | |
| Christianity | 448 | 78.6 |
| Islam | 118 | 20.7 |
| Others | 4 | 0.7 |
| **Parents' Occupation** | | |
| **Father** | | |
| Professional | 148 | 26.0 |
| Business man | 132 | 23.2 |
| Civil servants | 190 | 33.3 |
| Others | 100 | 17.5 |
| **Mother** | | |
| Professional | 78 | 13.7 |
| Business woman | 294 | 51.6 |
| Civil servants | 134 | 23.5 |
| Others | 64 | 11.2 |
| **Residence** | | |
| Both parents | 461 | 80.9 |
| Mother alone | 33 | 5.8 |
| Father alone | 25 | 4.4 |
| Grandparents | 11 | 1.9 |
| Other relatives | 39 | 6.8 |
| Alone | 1 | 0.2 |

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### Reproductive Health Problems Identified

The reproductive health problems identified by all the FGD participants in both public and private schools were abortion, unwanted pregnancy, gonorrhea, STDs, HIV/AIDS, damage to womb as a result of continuous abortion (which can cause infertility later in life), prostitution among girls, the use of harmful substances (potash) to abort, menstrual pain and rashes on genitals due to dirty under wears. Particular ones emphasized by female respondents in private schools are early exposure to sex, having multiple sexual partners, homosexuality, vagina itching and the use of contraceptives.

### Knowledge about Sexual Violence

Data from FGD

Students in all the groups agreed that sexual violence is very common among secondary school students and boys were typically the perpetrators while girls the usual survivors. Eight types of sexual violence identified to be common included rape, unwanted touch of the genitals of girls by boys, use of traditional charm to talk a girl into having sex, bullying, teachers demanding for sex from female students to pass their exams, forceful kissing, beating up a girl/raping her if she refuses to have sex with him and forced abortion.

A female respondent from the senior class added that in instances where teachers threaten to fail students, they do not think of telling their parents, but succumb to the teacher's request. According to them, it also depends on the way you present yourself that makes people either touch you or bully you and an example of indecent dressing was mentioned.

All the groups affirmed that the most common form of sexual violence experienced by students was forced penetrative sex which is typically perpetrated by males, although there were instances were girls also raped males.

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Data from Survey

Here eleven (11) statements were provided with just six (6) of them indicative of sexual violence. In all, an average of four hundred and fifty nine (80.5%) students answered in the affirmative showing that they had knowledge of sexual violence. The overall mean knowledge score about sexual violence was calculated based on responses to the eleven questions. The number two (2) was assigned to every correct answer while zero (0) was given to every incorrect answer. Respondent with a very good knowledge of sexual violence must have had 22 points.

Based on percentile, the scores were grouped into good, fair and poor knowledge (Table 2). Those that had scores within the 25th and 50th percentile were grouped as poor, between the 50th and 75th percentile fair and from the 75th percentile good. It was observed that most of the respondents 361 (63.3%) had a good knowledge about sexual violence with a greater percentage (32.8%) of the males.

Table 2. Knowledge about Sexual Violence

| Knowledge of Sexual Violence | Sex | | |
|---|---|---|---|
| | Males (N= 285) | Females (N= 285) | Total (N= 570) |
| Good | 187 (32.8%) | 174 (30.5%) | 361 (63.3%) |
| Fair | 81 (14.2%) | 97 (17.0%) | 178 (31.3%) |
| Poor | 17 (3.0%) | 14 (2.5%) | 31 (5.5%) |
| Total | 285 (50%) | 285 (50%) | 570 (100.0%) |

As shown in table 3a, overall mean knowledge score was 15.7± 4.7 out of 22 points and males (15.9) were observed to be more knowledgeable than the females (15.5) (p= 0.52). Comparing males and females, there was a 2.8% difference between the knowledge scores of the two groups. Although not significant, higher mean scores were recorded among those between 15-19years, in junior classes and those staying with other relatives. A significant difference was however observed in the knowledge of students in the public schools (16.2; 4.4) and in private schools 14.7 (±5.0) p= 0.001.

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Significantly, higher mean knowledge score was observed in those that had boy/girlfriends, those that had experienced sex when they were barely 10 years at sexual initiation, survivors of rape and those who used a condom the first time they had sex (Table 3b).

Table 3a. Knowledge about sexual violence with demographic characteristics

| Variable | Mean | SD | P- Value |
|---|---|---|---|
| **Age (Years)** | | | |
| 10-14 (N= 296) | 15.50 | | |
| 15-19 (N= 274) | 15.95 | ±4.7 | 0.46 |
| **Sex** | | | |
| Male (N= 285) | 15.9 | | |
| Female (N= 285) | 15.5 | ±4.7 | 0.52 |
| **Class** | | | |
| Junior (N= 270) | 15.8 | | |
| Senior (N= 300) | 15.7 | ±4.7 | 0.84 |
| **Ethnic Group** | | | |
| Igbo (N= 104) | 16.6 | | |
| Yoruba (N= 377) | 15.5 | | |
| Hausa (N= 21) | 15.7 | | |
| Others (N= 68) | 15.8 | ±4.7 | 0.23 |
| **Religious Affiliation** | | | |
| Christianity (N= 448) | 15.8 | | |
| Islam (N= 118) | 15.4 | | |
| Others (N= 4) | 14.0 | ±4.7 | 0.45 |
| **Living Arrangement** | | | |
| Both Parents(N= 461) | 15.70 | | |
| Father Alone (N= 25) | 15.04 | | |
| Mother Alone(N= 33) | 15.80 | | |
| Others (N= 51) | 16.60 | ±4.7 | 0.53 |
| **Type Of School** | | | |
| Private (N= 180) | 14.7 | | |
| Public (N= 390) | 16.2 | ±4.7 | 0.001 |

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Table 3b. Knowledge of sexual violence with sexual experience

| Variable | Total | Mean | SD | P- Value |
|---|---|---|---|---|
| **Have Boyfriends/Girlfriends** | | | | |
| Yes (N= 205) | | 16.7 | | |
| No (N= 365) | 15.7 | 15.2 | ±4.7 | 0.000 |
| **Ever Had Sex** | | | | |
| Yes (N= 53) | | 15.96 | | |
| No (N= 517) | 15.7 | 15.70 | ±4.7 | 0.89 |
| **Use Of Condom** | | | | |
| Yes (N= 22) | | 16.3 | | |
| No (N= 31) | 15.7 | 15.6 | ±3.8 | 0.39 |
| **Age At First Sexual Experience** | | | | |
| Less Than/ Equal To 10 Years (N= 11) | | 18.0 | | |
| 11-14years (N= 18) | | 16.0 | | |
| 15-18years (N= 24) | 15.7 | 15.3 | ±3.7 | 0.45 |
| **Response Of First Sexual Experience** | | | | |
| You Forced Someone To Sex (N= 3) | | 9.0 | | |
| Someone Forced You (N= 10) | 15.7 | 16.0 | ±3.8 | 0.50 |

**Knowledge of Forced Sex (Rape)**

Data from FGD

The five types of forced sex identified among them included a boy having sex with a girl without her consent, a girl having sex with a boy without his consent, a group of boys having sex with a girl without her consent, senior boys having sex with junior girls without their consent and a male teacher having sex with a female student without her consent". All these were found to be common among both the seniors and juniors.

*"Forced sex (Rape) is common in senior classes but sometimes in junior classes in cases where they watch pornographic films or watch older ones having sex"* (A female

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respondent in junior class). Another female student added that it was common in mixed schools due to the fact that when the males talk the females into having sex and they refuse, the males gang up to rape them while in single schools it was perpetuated mostly by the male teachers who force the students in cases of refusal. Most times, the teachers take vengeance on the girl's boyfriend in cases where sexual advances were refused.

Data from Survey

In table 4, more males (45.7%) than females (43.5%) gave a correct definition of forced sex (rape) and about 14% (both males and females) could not. Surprisingly, 4% still expressed forced sex (rape) as when a male and a female have sex willingly (Table 4).

Table 4. Knowledge of Forced Sex (Rape)

| Forced sex (rape) as defined by students | N= 285 (%) Male | N=285 (%) Female | N=570 (%) Total |
|---|---|---|---|
| A boy\girl have sex forcefully with someone | 129 (22.6) | 84 (14.7) | 213 (37.3) |
| A boy has sex forcefully with a girl | 129 (22.6) | 163 (28.6) | 292 (51.2) |
| Group of boys rape a girl | 3 (0.5) | 3 (0.5) | 6 (1.0) |
| A male and a female have sex willingly | 11 (1.9) | 12 (2.1) | 23 (4.0) |
| Don't know | 24 (4.2) | 35 (6.1) | 59 (10.3) |

From table 5, more of the males, those in the senior classes (49%) and those in public schools (58%) could give a proper definition of forced sex (rape).

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Table 5. Knowledge of forced sex and some demographic characteristics

| Definition of rape (forced sex) | Male<br>A boy\girl have sex forcefully with someone | Female<br>Group of boys rape a girl | Total<br>Don't know |
|---|---|---|---|
| **Class** | | | |
| Junior | 224 (39%) | 2 (0.4%) | 19 (3.3%) |
| Senior | 281(49%) | 4 (0.7%) | 4 (0.7%) |
| Total | 505 (88%) | 6 (1.0%) | 23 (4.0%) |
| **Type Of School** | | | |
| Private | 172 (30.0%) | - | 4 (0.7%) |
| Public | 333 (58.0%) | 6 (1.0%) | 19 (3.3%) |
| Total | 505 (88.0%) | 6 (1.0%) | 23 (4.0%) |

**Knowledge about the causes and consequences of forced sex (rape)**

Data from FGD

They identified the causes of sexual violence to be wearing of indecent dresses (e.g. skipping dresses, monostrap, spaghetti tops, mini skirts, alter neck etc), drinking of alcohol, smoking Indian hemp, love for money, watching/reading pornographic films, refusal of sexual advances, peer group influence, going to night parties, girls walking alone in a dark and lonely place, poverty, financial dependency on men, boyfriends and sugar daddies, unnecessary visit between boys and girls, romancing, deep kissing, unwanted touch, peer pressure, parents having sex in the presence of their children, running out of home after a rebuke, improper sitting position of girls, urge for sex, when a girls seduces a boy (by use of make-up, lip sticks, eye pencils).

*"When the feelings come from deep kissing and hugging, I will not be able to control myself but just want to have sex. I will plead but if she refuses I will not have any option but to force her"* (A male respondent in senior class)

*"Some parents romance themselves in the presence of their kids and they watch and get some hints on what to do with a girl in school"* (A male respondent in senior class).

*"Girls get raped more than the boys and it is the girl's fault because of the way she dresses nude to guys"* (A female respondent in junior class).

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Consequences of sexual violence as identified by the students ranged from emotional breakdown for the girl, unwanted pregnancy, hatred for boys, pain, bleeding, wounds, shame, suicide, stigmatization, abortion, complications of abortion, girl may end up not marrying, Vesico Vagina Fistula (VVF) in cases where the girl is too young to give birth, STI, STDS (Syphilis and Gonorrhea), HIV/AIDS, low self esteem, damage

of womb, forceful marriage (if lovers before rape), denial of pregnancy by the boy, girl becomes a destitute when disowned by parents, girl can place a curse on the perpetrators, drop out from school, child becomes a bastard (in cases of refusal), uncontrolled sexual urge, death (due to the force / abortion), infertility later in life and loss of blood. Some said and I quoted:

"*When people know that she has been raped they will not want to associate with her or even marry her*" (A male respondent).

"*After rape, girls hate to associate with boys and unleash the terror on men and have sex with many men uncontrollably" and sometimes have sexual feelings towards the same sex or even go as far as becoming lesbians*"(A female respondent)

Data from Survey

In table 6a, it was observed that 82.8% of the students gave the cause of rape as engaging in risky behaviours namely having boyfriends/girlfriends, visiting boys/girls alone, indecent dressing, watching of pornography materials, night clubbing, being rude to boys, engaging in drugs and alcohol, use of make-up by girls to look attractive, unwanted touch by boys, having multiple sexual partners, financial dependent on men, kissing and engaging in cult activities. Other causes identified include; uncontrolled sexual desires (34%) and peer pressure (5%).

Table 6b shows their views about the consequences of forced sex (rape). About 93.2% mentioned the physical and medical consequence which included unwanted pregnancy, HIV/AIDS, death due to birth complications/abortion, STDs, abortion,

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bleeding, sore on private part and death due to shock. While 42.3% gave the social consequence as shame\disgrace, stigmalization, low self esteem, parents disowning survivors, drop out from school, teenage motherhood, stigmatization and suicide, 8.4% mentioned the psychological consequences as hatred, emotional problems, prostitution, frustration, guilt and regrets, sadness, suicide and in some cases, survivors may become a sex maniac. This is an indication that most of these students readily know the physical consequences and a few of the social and psychological consequences of forced sex (a form of sexual violence).

Table 6a. Knowledge about the causes of forced sex (rape)

| Causes of Rape | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Engaging in risky behaviours | 224 (39) | 248 (44) | 472 (83) |
| Uncontrollable desire | 113 (20) | 79 (14) | 192 (34) |
| Peer Pressure | 10 (1.8) | 17 (2.9) | 27 (4.7) |

Table 6b. Knowledge about the Consequences of Forced Sex (Rape)

| Consequences of Rape | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Physical and Medical | 263 (46.2) | 268 (47.0) | 531 (93.2) |
| Social | 107 (18.8) | 134 (23.5) | 241 (42.3) |
| Psychological | 26 (4.6) | 22 (3.8) | 48 (8.4) |

**Prevalence of Sexual Violence**

Overall, about One Hundred and Eighteen (21%) students, both male and female had ever experienced at least one of all the 6 forms of sexual violence behaviours explored in this study. In Table 7a, eighty (14%) experienced unwanted touch, 4% experienced forced sex/threat of sex by both their mates and their teachers, 1.1% and 0.9% experienced the use of traditional charm and sleeping pills to lure them into sex. Invariably, we might say that one (1) in every five (5) students sampled had experienced a form of the 6 sexual violence behaviours explored in this study.

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Apart from those that affirmed that they had experienced violence, about 40.7% of the students claimed that they knew a fellow secondary school student who had also experienced one of the 6 sexual violence behaviours. Types of violence experienced are shown in Table 7b and included unwanted touch (14.4%), forced sex (12.1%) and forceful use of abortion pills (4%). 3.4% and 2.8% had also experienced the use of traditional charm and sleeping pills to lure them into sex.

Table 7a. Sexual violence experienced by students

| Sexual Violence | Gender N (%) | | |
|---|---|---|---|
| | Male | Female | Total |
| Male teacher beats a female student because she refuses to have sex with him | 4 (0.7%) | 7 (1.3%) | 11 (2.0%) |
| Unwanted touch | 37 (6.5%) | 43 (7.5%) | 80 (14.0%) |
| Forced sex | 6 (1.1%) | 5 (0.9%) | 11 (2.0%) |
| Use of traditional charm in order to have sex. | 4 (0.7%) | 2 (0.4%) | 6 (1.1%) |
| Use of drugs in order to have sex | 3 (0.5%) | 2 (0.4%) | 5 (0.9%) |
| Abortion pills on a girlfriend who refuses abortion | 4 (0.7%) | 1 (0.2%) | 5 (0.9%) |
| Total | 58 (10.2%) | 60 (10.5%) | 118 (20.7%) |

Table 7b. Sexual violence experienced by other students they knew

| Sexual Violence | Response N (%) |
|---|---|
| Male teacher beats a female student because she refuses to have sex with him | 23 (4.0%) |
| Unwanted touch | 82 (14.4%) |
| Forced sex | 69 (12.1%) |
| Use of traditional charm to talk a girl/boy into dating. | 16 (2.8%) |
| Use of drugs in order to have sex | 19 (3.4%) |
| Abortion pills on a girlfriend who refuses abortion | 23 (4.0%) |
| Total | 232 (40.7%) |

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Furthermore, in table 8, perpetrators of violence ranged from classmates to teacher, neighbors, lovers\ friends, relatives, schoolmates and church mates with a greater proportion being friends and classmates followed by relatives and teachers.

Table 8. Distribution of the Perpetrators of Sexual Violence

| Type Of Violence | Class mate | Teacher | Neighbour | Friends | Other relatives | School Mates | Church mates |
|---|---|---|---|---|---|---|---|
| *Inflicting pain (beating) on student for sex* | | 8 (1.4) | | 2 (0.4) | 2 (0.4) | | |
| *Unwanted touch of genitals* | 34 (6.0) | | 1 (0.2) | 38 (6.7) | 2 (0.4) | 2 (0.4) | |
| *Forceful sex between a boy and girl* | 5 (0.9) | | | 5 (0.9) | | | 1 (0.2) |
| *Use of charm for sex* | | | | 2 (0.4) | 3 (0.5) | 1 (0.2) | |
| *Boy drugs girl for sex* | | | | 3 (0.5) | 2 (0.4) | | |
| *Boy use abortion pills on girl* | | | | 3 (0.5) | 2 (0.4) | | |
| Total | 39 (6.9) | 8 (1.4) | 1 (0.2) | 53 (9.4) | 11 (2.1) | 3 (0.6) | 1 (0.2) |

**Attitude towards Sexual Violence**

Twelve (12) statements comprising of 6 negative and 6 positive statements were provided. The overall mean attitude score about sexual violence was calculated based on responses to the twelve questions. The number two (2) was assigned to every positive answer while zero (0) to every negative answer. Students with a very positive attitude towards sexual violence must have had 24 points. Based on percentile, the scores were grouped into negative and positive attitude. Those that had scores within the 25$^{th}$ and 75$^{th}$ percentile were grouped as negative while those from the 75$^{th}$ percentile positive. From table 9.4, majority (318; 55.8%) had a negative attitude to sexual violence; more of the females (118; 20.7%) compared with the males (134; 23.5%).

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Although the overall mean attitude score was low (8.3±2.2 out of 24points), mean score for adolescents 10-14years was slightly higher (8.5±2.2) than adolescents 15-17years (8.0±2.2) P= 0.002 and those of the junior classes was higher (8.7±2.1) than that of the senior classes (8.0±2.3). Although not significant, higher mean attitude score was also recorded among those living with their mothers alone (8.4 ± 1.9), those that experienced violence when they were barely 10years old (8.3 ±0.6), those who did not have boy/girlfriends (8.4 ±2.3) and had never had sex (8.3 ±2.2) and those that used a condom the last time they had sex (8.5 ±2.2).

Table 9a. Overall Attitude Score

| Attitude to Sexual Violence | Male | Female | Total |
|---|---|---|---|
| Negative | 151 (26.5%) | 167 (29.3%) | 318 (55.8%) |
| Positive | 134 (23.5%) | 118 (20.7%) | 252 (44.2%) |
| Total | 285 (50.0%) | 285 (50.0%) | 570 (100.0%) |

Students were asked if they feel they could be forced to sex (raped) and only about one hundred and thirty six (23.9%) of them answered in the affirmative (Table 10a). Significantly, most of those who feel they are susceptible included the Igbo students, those in public school and those who had never had a relationship and had never had sex. For those that answered in the negative, 31.6% feel they cannot experience it because they don't engage in risky behaviours (Table 10a).

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Table 9b. Perceived Attitude to Forced Sex with Demographic and Sexual Characteristics

| Variable | | Mean Attitude Score | Total | SD | P – Value |
|---|---|---|---|---|---|
| **Sex** | | | | | |
| Male | (N= 285) | 8.5 (±2.2) | | | |
| Female | (N= 285) | 8.1 (±2.1) | 8.3 | ±2.2 | 0.05 |
| **Age Of Respondent** | | | | | |
| 10-14 | (N= 296) | 8.5 (±2.2) | | | |
| 15-19 | (N= 274) | 8.0 (±2.2) | 8.3 | ±2.2 | 0.002 |
| **Class** | | | | | |
| JSS | (N= 270) | 8.7 (±2.1) | | | |
| SSS | (N= 300) | 8.0 (±2.3) | 8.3 | ±2.2 | 0.000 |
| **Ethnic Group** | | | | | |
| Yoruba | (N= 377) | 8.3 (±2.1) | | | |
| Ibo | (N= 104) | 8.4 (±2.3) | | | |
| Hausa | (N= 21) | 7.9 (±1.7) | | | |
| Others | (N= 68) | 7.8 (±1.9) | 8.3 | ±2.2 | 0.08 |
| **Religion** | | | | | |
| Christianity | (N= 448) | 8.2 (±2.2) | | | |
| Islam | (N= 118) | 8.5 (±2.3) | | | |
| Others | (N= 4) | 9.5 (±1.3) | 8.3 | ±2.2 | 0.22 |
| **Living Arrangement** | | | | | |
| Both Parents | (N= 461) | 8.3 (±2.2) | | | |
| Father Alone | (N= 25) | 8.0 (±2.7) | | | |
| Mother Alone | (N= 33) | 8.4 (±1.9) | | | |
| Others | (N= 51) | 8.1 (±2.1) | 8.3 | ±2.2 | 0.60 |
| **Age At First Sexual Experience** | | | | | |
| Less Than/ Equal To 10 Years | (N= 11) | 8.3 (±0.6) | | | |
| 11-14years | (N= 18) | 8.0 (±2.0) | | | |
| 15-18years | (N= 24) | 8.2 (±2.3) | 8.3 | ±2.1 | 0.84 |
| **Have Boyfriends/Girlfriends** | | | | | |
| Yes | (N= 205) | 8.2 (±2.0) | | | |
| No | (N= 365) | 8.4 (±2.3) | 8.3 | ±2.2 | 0.24 |
| **Ever Had Sex** | | | | | |
| Yes | (N= 53) | 8.1 (±2.1) | | | |
| No | (N= 517) | 8.3 (±2.2) | 8.3 | ±2.2 | 0.38 |
| **Use Of Condom** | | | | | |
| Yes | (N= 22) | 8.5 (±2.2) | | | |
| No | (N= 31) | 7.8 (±2.0) | 8.3 | ±2.0 | 0.29 |
| **Type Of School** | | | | | |
| Private | (N= 180) | 8.0 (±2.3) | | | |
| Public | (N= 390) | 8.4 (±2.1) | 8.3 | ±2.2 | 0.10 |
| **Response Of First Sexual Experience** | | | | | |
| You Forced Someone To Sex | (N= 3) | 6.5 (±2.1) | | | |
| Persuaded Someone To Sex | | 8.0 (±0.0) | | | |
| Someone Forced You | (N= 10) | 8.3 (±2.2) | | | |
| Someone Persuaded You | | 6.0 (±1.0) | | | |
| Both Willing | | 8.3 (±2.1) | 8.3 | ±2.1 | 0.22 |

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Table 10a. Perceived susceptibility to forced sex

| Variable | Susceptibility Yes | Susceptibility No | Total | P- Value |
|---|---|---|---|---|
| **Age (Years)** | | | | |
| 10-14 | 58 | 238 | 296 (51.9%) | |
| 15-19 | 78 | 196 | 274 (48.1) | 0.013 |
| **Sex** | | | | |
| Male | 71 | 214 | 285 (50%) | |
| Female | 65 | 220 | 285 (50%) | 0.56 |
| **Class** | | | | |
| Junior | 60 | 210 | 270 (47.4%) | |
| Senior | 76 | 224 | 300 (52.6%) | 0.39 |
| **Ethnic Group** | | | | |
| Igbo | 79 | 298 | 377 (66.1%) | |
| Yoruba | 26 | 78 | 104 (18.2%) | |
| Hausa | 7 | 14 | 21 (3.7%) | |
| Others | 24 | 44 | 68 (12%) | 0.05 |
| **Religious Affiliation** | | | | |
| Christianity | 107 | 341 | 448 (78.6%) | |
| Islam | 27 | 91 | 118 (20.7%) | |
| Others | 2 | 2 | 4 (0.7%) | 0.46 |
| **Living Arrangement** | | | | |
| Both Parents | 104 | 357 | 461 (80.9%) | |
| Father Alone | 7 | 18 | 25 (4.4%) | |
| Mother Alone | 10 | 23 | 33 (5.8%) | |
| Others | 15 | 36 | 51 (8.9%) | 0.52 |
| **Type Of School** | | | | |
| Private | 32 | 148 | 180 (31.6%) | |
| Public | 104 | 286 | 390 (68.4%) | 0.02 |
| **Have Boyfriends/Girlfriends** | | | | |
| Yes | 67 | 138 | 205 (36%) | |
| No | 69 | 296 | 365 (64%) | 0.000 |
| **Ever Had Sex** | | | | |
| Yes | 18 | 35 | 53 (9.3%) | |
| No | 118 | 399 | 516 (90.7%) | 0.04 |
| **Use Of Condom** | | | | |
| Yes | 6 | 16 | 22 (3.9%) | |
| No | 13 | 18 | 31 (5.4%) | 0.48 |
| **Age At First Sexual Experience** | | | | |
| Less Than/ Equal To 10 Years | 9 | 2 | 11 (1.9%) | |
| 11-14years | 2 | 16 | 18 (3.2%) | |
| 15-18years | 7 | 17 | 24 (4.2%) | 0.43 |
| **Response Of First Sexual Experience** | | | | |
| You Forced Someone To Sex (Perpetrator) | 2 | 1 | 3 (0.5%) | |
| Someone Forced You (Survivor) | 2 | 8 | 10 (1.8%) | 0.95 |

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Table 10b. Reasons for Perceived Susceptibility

| Reasons For Perceived Susceptibility | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| It can happen to anyone | 10 (1.8) | 23 (4.0) | 33 (5.8) |
| If the perpetrator is stronger | 53 (9.3) | 36 (6.3) | 89 (15.6) |

Table 10c. Reasons For Perceived Non- Susceptibility

| Reasons For Perceived Non- Susceptibility | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Never, I will defend myself | 148 (21.4) | 112 (16.5) | 260 (37.9) |
| Don't engage in risky behaviours | 69 (12.1) | 111 (19.5) | 180 (31.6) |

**Sexual Behaviour**

Data from FGD

Sexual activities secondary school students engaged in included toasting (boys talking to girls to establish a relationship w th them), sex without the use of condoms, boys raping girls, unwanted touch of breast and backside, wearing of short dresses, prostitution, having multiple sexual partners, watching and reading of pornographic films and books, cultism, following sugar daddies, having boyfriends and girlfriends, taking of alcohol and writing love letters and abortion

Furthermore, senior boys in private school mentioned as some of the sexual behaviour "going on dates, going to night parties, lesbianism, homosexuality and the use of condoms (especially by boys)".

A junior male respondent from a public school mentioned that boys use charm on girls to talk them into sex and school girls are in the habit of using bleaching creams which makes them fairer and look more attractive to the opposite sex. A female from the senior class again said, *"Boys are used to enticing girls with money and girls most times used harmful drugs for abortion"*. Also highlighted were kissing, pecking, hugging, smooching, oral sex and masturbation.

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Reasons why some of these behaviours were unacceptable included the fact that rape could lead to bleeding, vagina pain, unwanted pregnancy, subsequent abortion and its complications, death, subsequent drop out from school, shame and reduced self esteem. Others mentioned indecent dressing, homosexuality, lesbianism, smoking, alcohol consumption as emphasized in the quotes below:

*"Indecent dressing is wrong because you tend to show guys your abdomen which leads to molestation, harassment and rape"* (A female respondent in a private school)

*"Homosexuality and lesbianism are wrong according to the Bible: sex should be between a male and a female and not men-men or women-women"* (A female respondent in a private school)

*"Smoking and alcohol consumption makes you high and you do what naturally you might not want to do and regret all they have done when they come back to their senses* (A male respondent in private school)

*"When a boy is high with either alcohol or hard drugs and sees a girl almost naked and subsequently demands for sex and he is refused, rape can occur"* (A male respondent in private school).

The use of charm by boys to talk a girl to sex was seen as achieving sexual gratification by force which was termed as violence and resulted in unwanted pregnancy, abortion, infertility, death and drop out from school. Others perceived to be coercive included watching and reading pornographic films/books and unwanted touch of genitals, *which* stimulated the body hormones and in most cases resulted in kissing, fondling and sexual intercourse. Moreover, *"Wearing of indecent dresses, use of make up by girls, use of bleaching creams makes them attractive to boys and paved*

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*a way for sexual intercourse or rape, unwanted pregnancy, STIs, HIV/AIDS, Abortion, infertility later in life and death due to abortion"* (A male respondent in public school)

Data from Survey

Overall, 36% of the students had boyfriends\girlfriends (113 males & 92 females) and 9.3% (53) have had sex (32 males & 22 females). More of the males (20%) had a relationship and have had sex (5.4%) compared with the females.

Table 11. Sexual Behaviour

| Sexual Behaviour | Sex | | |
|---|---|---|---|
| | Males (N= 285) | Female (N= 285) | Total (N= 570) |
| Have a boyfriend\girlfriend | | | |
| Yes | 113 (20%) | 92 (16%) | 205 (36%) |
| No | 172 (30%) | 193 (34%) | 365 (64%) |
| Ever had sex | | | |
| Yes | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |
| No | 539 (94.5%) | 548 (96%) | 517 (90.7%) |

From table 12, majority (7.4%) were exposed to sex at ages between 11-18years and about 1.9% (11) had their first sexual experience when they were barely ten years old. While majority of the males were sexually active before 15years, more of the females were sexually active as from 15years and above. Of the overall number of adolescents involved in the study, more males (5.4%) were exposed to sex compared with the females (3.9%).

Table 12. Sexual initiation

| Age at first sexual experience | Sex | | |
|---|---|---|---|
| | Males | Female | Total |
| Less than or equal to 10years | 8 (1.4%) | 3 (0.5%) | 11 (1.9%) |
| 11-14years | 13 (2.3%) | 5 (0.9%) | 18 (3.2%) |
| 15-18years | 10 (1.8%) | 14 (2.4%) | 24 (4.2%) |
| Total | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |

In this survey, use of condoms during first intercourse was the measure of current condom use and of the 9.3% that were sexually active, 5.4% did not use a condom the

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first time they had sex. While majority (3.5%) claimed they were not aware of the condom at that time (more males), 1.9% (equal numbers of males & females) did not use because they were forced to sex (raped). Majority (3.5%) of those that used a condom did so to prevent unwanted pregnancy and HIV/AIDS (Table 13).

Table 13. Use of condom

| Use of condom during first sexual experience | Sex | | |
|---|---|---|---|
| | Males | Females | Total |
| Yes | 10 (1.8%) | 12 (2.1%) | 22 (3.9%) |
| No | 21 (3.6%) | 10 (1.8%) | 31 (5.4%) |
| Total | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |
| **Reason for non use of condom** | | | |
| Was not aware of the condom | 16 (2.8%) | 4 (0.7%) | 20 (3.5%) |
| Was a rape (Forced sex) | 3 (0.5%) | 3 (0.5%) | 6 (1.0%) |
| Wanted to enjoy sex | 2 (0.35%) | 2 (0.35%) | 4 (0.7%) |
| Didn't want to lose boyfriend | | 1 (0.2%) | 1 (0.2%) |
| Total | 21 (3.7%) | 10 (1.8%) | 31 (5.4%) |
| **Reason for use of condom** | | | |
| To prevent unwanted pregnancy and HIV\AIDS | 10 (1.8%) | 10 (1.8%) | 20 (3.5%) |
| To prevent sexually transmitted diseases | - | 1 (0.2%) | 1 (0.2%) |
| Total | 10 (1.8%) | 11 (1.9%) | 21 (3.7%) |

Table 14 showed that 2.3% of the students were involved in forced sex, three (0.5%) perpetrators and 1.8% survivors with equal numbers of males and females being survivors of forced sex.

Table 14. First Sexual Experience

| First sexual experience | Sex | | |
|---|---|---|---|
| | Males | Females | Total |
| Forced someone to have sex | 3 (0.5%) | - | 3 (0.5%) |
| Was forced to sex | 5 (0.9%) | 5 (0.9%) | 10 (1.8%) |
| Others | 23 (4.0%) | 17 (3.0%) | 40 (7.0%) |
| Total | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |

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first time they had sex. While majority (3.5%) claimed they were not aware of the condom at that time (more males), 1.9% (equal numbers of males & females) did not use because they were forced to sex (raped). Majority (3.5%) of those that used a condom did so to prevent unwanted pregnancy and HIV/AIDS (Table 13).

Table 13. Use of condom

| **Use of condom during first sexual experience** | **Sex** | | |
|---|---|---|---|
| | **Males** | **Females** | **Total** |
| Yes | 10 (1.8%) | 12 (2.1%) | 22 (3.9%) |
| No | 21 (3.6%) | 10 (1.8%) | 31 (5.4%) |
| Total | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |
| **Reason for non use of condom** | | | |
| Was not aware of the condom | 16 (2.8%) | 4 (0.7%) | 20 (3.5%) |
| Was a rape (Forced sex) | 3 (0.5%) | 3 (0.5%) | 6 (1.0%) |
| Wanted to enjoy sex | 2 (0.35%) | 2 (0.35%) | 4 (0.7%) |
| Didn't want to lose boyfriend | | 1 (0.2%) | 1 (0.2%) |
| Total | 21 (3.7%) | 10 (1.8%) | 31 (5.4%) |
| **Reason for use of condom** | | | |
| To prevent unwanted pregnancy and HIV\AIDS | 10 (1.8%) | 10 (1.8%) | 20 (3.5%) |
| To prevent sexually transmitted diseases | - | 1 (0.2%) | 1 (0.2%) |
| Total | 10 (1.8%) | 11 (1.9%) | 21 (3.7%) |

Table 14 showed that 2.3% of the students were involved in forced sex, three (0.5%) perpetrators and 1.8% survivors with equal numbers of males and females being survivors of forced sex.

Table 14. First Sexual Experience

| **First sexual experience** | **Sex** | | |
|---|---|---|---|
| | **Males** | **Females** | **Total** |
| Forced someone to have sex | 3 (0.5%) | - | 3 (0.5%) |
| Was forced to sex | 5 (0.9%) | 5 (0.9%) | 10 (1.8%) |
| Others | 23 (4.0%) | 17 (3.0%) | 40 (7.0%) |
| Total | 31 (5.4%) | 22 (3.9%) | 53 (9.3%) |

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## Recommended Punishment for Perpetrators of Forced sex (Rape)

Data from FGD

Students recommended several punishment for perpetrators of rape namely expulsion from school, few years imprisonment or life imprisonment (in cases where the lady dies), must take responsibility for the product of the rape (baby), show them on television (use them as scapegoats). Students from the public school added that, "perpetrators' genitals should be cut off (like in sharia).

Data from Survey

Majority of the students mentioned punishment for perpetrators as serving a jail term (45.1%), to being sentenced to life imprisonment (23%).

Table 15a. Suggested Punishment for Perpetrators of Forced Sex (Rape)

| Punishment For Rape Perpetrators | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Sentenced to death | 13 (2.3) | 20 (3.5) | 33 (5.8) |
| Sentenced to life imprisonment | 50 (8.8) | 81 (14.2) | 131 (23.0) |
| Serve a jail term | 141 (24.7) | 116 (20.4) | 257 (45.1) |
| Place on parole | 6 (1.0) | 14 (2.5) | 20 (3.5) |
| Amicable settlement | 68 (11.9) | 45 (7.9) | 113 (19.8) |
| Perpetrator should be responsible for survivors' upkeep | 4 (0.7) | 2 (0.4) | 6 (1.1) |
| Pay and get a discretional punishment from survivor | 3 (0.5) | 7 (1.2) | 10 (1.7%) |
| Total | 285 (50.0) | 285 (50.0) | 570 (100.0) |

## Prevention and Suggested Help for Survivors of Forced Sex (Rape)

Data from FGD

The students identified the role that family, health workers and government could play in preventing forced sex and helping survivors.

Family set-up

All the participants said that parents should support the victims morally, financially and emotionally and should teach their wards the causes, consequences and

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prevention of rape and how to make informed decisions on sexual matters because charity begins at home. A female student highlighted that parents and teachers should use the exact words to talk about sex, show good examples to their children, be open to them and explain fully why they should avoid certain things. They should monitor their children's movement and the type of company they keep and learn to be their children's confidant especially in sexual matters. Most importantly, they should discourage wearing of skimpy and indecent clothes (monostrap, spaghetti, alter neck, body hugs, hot pants, nylon trousers, G- sting pants and other transparent dresses) and in cases of unwanted pregnancies, abortion should not be supported but the baby should be adequately cared for so that the girl can go back to school.

**The community (School community).**

The participants all agreed that the school authorities should see rape as a very serious public health issue and be included in all primary and secondary school curriculum and the issue of stigmatization addressed. Also, all issues of sexual violence and cultism must be included in the school curriculum. Programme should be organized for all students by using both the print and electronic media on the causes, consequences and prevention of sexual violence. It was believed that if done contentiously in collaboration with the government like in the issue of HIV/AIDS and on abstinence (zip up) desired results would be achieved.

A female added that there should be firm rules and regulations guiding every school and all perpetrators of rape and sexual violence (even if it is a teacher). They should be expelled through the ministry of education and there should be continuous announcement on radio, television, and all other media on the punishment due to anyone who attempts rape. Sex education must start from primary schools because it is at this age they get curious about their sexuality and must ensure that it reaches the grassroots and all citizens both in the cities and the villages.

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Other contributors highlighted that

1. Students do not appreciate peer educators so, students must be enlightened on the importance of these peer educators on the issue of rape.

2. Co-educational schools should be banned and in cases where they are not banned, students should be educated on the proper way to behave so as to have a fulfilled life especially on the adverse effects of prostituting for money.

3. Secondary school students must be banned from all clubs and night parties and any student found with hard drugs, cigarettes and or alcoholic drinks should be adequately punished.

4. Students should learn to report all forms of sexual harassment/violence to their parents and the school authorities and teachers should be warned to flee from sexual harassment/violence. If found guilty, should be arrested and sacked.

5. Churches and mosques must preach on the causes, consequences and prevention of rape and sexual violence in their sermons more frequently and school authorities should ensure adequate security in every school and should encourage continuation of education after delivery in cases of an unwanted pregnancy.

**Suggestions for Management of Survivors of Sexual Violence**

All participants suggested that the health care practitioners should treat the victim comprehensively, advice against an abortion and keep this incidence between her parents and the health providers so as to avoid the associated stigmatization. Both male and female participants from private schools said that health professionals in collaboration with interested NGOs should develop and organize a program for the youths concerning sexual violence and rape both in secondary schools and in the higher institutions and should be on a continuous basis.

Female participants suggested that police should make it a point of duty to investigate the rape case appropriately and promptly; arrest and charge to court anyone found guilty. They should be educated on how best to handle the issue of rape and any one caught in corruption/exploitation should be sacked. Female participants from

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public schools added that there should be an enlightenment program organized by legal practitioners to ensure that all victims of rape reports to the police.

All participants said that government in collaboration with concerned citizens should set up an organization to address the issue of rape, sexual harassment and sexual violence in our country just like there is an organization against child trafficking and they should ensure that they take care of victims of sexual violence. They added that government should finance health education programmes in schools to educate the young ones on the causes, consequences and prevention of rape.

*"Not only the students need to be educated; also parents, teachers and religious leaders need to be educated on the issue of rape" (A male student)*

*"Government should collaborate with interested bodies/ organization to campaign against the issue of indecent dressing, rape, smoking and drinking among our youths and provide jobs for the unemployed youths" (A male student)*

Also identified was the fact that all pornographic films and books in circulation should be banned to ensure a sane community and nation. Also, no internet café should allow the surfing of pornographic films/pictures and anyone found guilty must be made to pay for it dearly. Government should intervene and stop the issue of corruption among custom officers so that the bane on indecent dresses pornographic films/ books, Indian hemp/ cocaine can be an effective one and more scholarship schemes for children from poor homes and that abortion should not be legalized and all hospitals should stop abortion.

Data from Survey

Students provided suggestions on how to help survivors of forced sex (a form of sexual violence). 87% specified the fact that they should get full support and care from everyone (Table 15b). In addition, it would be observed from table 15c that students identified that to prevent sexual violence there should be adequate interventions empowering student to avoid risky behaviours (79.5%), ensuring support and adequate response (42%) and collaborations to involve parents, teachers, NGOs and government

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(35.6%). Surprisingly, 1.2% of students felt that sexual violence cannot be prevented with a greater proportion being males (1%).

Table 15b. Suggested Help to Survivors of Forced Sex

| Help to survivors | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Survivors to forget incidence and move forward in life | 103 (18.1) | 114 (20.0) | 217 (38.1) |
| Ensure they get support and care | 246 (43.1) | 250 (43.9) | 496 (87.0) |
| Avoid risky behaviours | 22 (3.9) | 51 (8.9) | 73 (12.8) |
| No help | 1 (0.2) | - | 1 (0.2) |

Table 15c. Suggestion about the Prevention of Sexual Violence and Rape

| Prevention Of Sexual Violence | Males N (%) | Females N (%) | Total N (%) |
|---|---|---|---|
| Avoiding risky behaviours | 214 (37.5) | 239 (41.9) | 453 (79.5) |
| Adequate support and response | 116 (20.4) | 123 (21.6) | 239 (42.0) |
| Institutional Intervention | 89 (15.6) | 114 (20.0) | 203 (35.6) |
| Not preventable | 6 (1.0) | 1 (0.2) | 7 (1.2) |

**Hypothesis Testing**

There was an association between their knowledge about sexual violence and the type of school being attended. Out of 180 students in the private school, a little over half (94; 52.2%) had a good knowledge while a greater proportion (267; 68.5%) of those in public schools had a good knowledge about sexual violence (Table 16a). This indicated that those in public schools were more knowledgeable as at the time of study about sexual violence compared to those in private schools.

Table 16a. Knowledge of Sexual Violence and the Type of School

| Knowledge of sexual violence | Type of school N (%) | | |
|---|---|---|---|
| | Private | Public | Total |
| Poor | 15 (2.6) | 16 (2.8) | 31 (5.4) |
| Fair | 71 (12.5) | 107 (18.8) | 178(31.3) |
| Good | 94 (16.5) | 267 (46.8) | 361 (63.3) |
| Total | 180 (31.6) | 390 (68.4) | 570 (100) |

$X^2 = 15.51$ df = 2 % in brackets P value = 0.000

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An association was found between their knowledge about sexual violence and having a relationship. Those that never had boy/girlfriends had a good knowledge about sexual violence (37.5%).

Table 16b. Knowledge of Sexual Violence and Having Boyfriends/Girlfriends

| Knowledge of sexual violence | Having Boyfriends/ Girlfriends N (%) | | |
|---|---|---|---|
| | Yes | No | Total |
| Poor | 4 (0.7) | 27 (4.7) | 31 (5.4) |
| Fair | 54 (9.5) | 124 (21.8) | 178 (31.3) |
| Good | 147 (25.8) | 214 (37.5) | 361 (63.3) |
| Total | 205 (36.0) | 365 (64.0) | 570 (100) |

$X^2 = 12.65$ df= 2 % in brackets P value = 0.002

More of the males, majority of those that were forced to sex (7; 63.6%) and those in public school had a good knowledge about sexual violence (Table 17a-c).

Table 17a. Knowledge of Forced Sex and Gender of Respondents

| Definition Of Forced Sex (Rape) | Sex N (%) | | |
|---|---|---|---|
| A boy/girl have sex with a girl/ boy forcefully | 129 (22.6) | 84 (14.7) | 213 (37.4) |
| A boy have sex with a girl forcefully | 129 (22.6) | 163 (28.6) | 292 (51.2) |
| A boy/girl have sex with a girl/ boy willingly | 11 (1.9) | 12 (2.1) | 23 (4.0) |
| A group of boys have sex with a girl forcefully | 3 (0.5) | 3 (0.5) | 6 (1.1) |
| Total | 272 (47.6) | 262 (45.9) | 534 (93.7) |

$X^2 = 13.327$ df = 3 % in brackets P value = 0.004

More of those in the senior classes could give a proper definition of rape. This rejects the hypothesis that stated that there is no significant difference between the class of respondents and their knowledge about forced sex.

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While majority (230; 40.4%) of those in public schools defined forced sex as when a boy had sex with a girl forcefully, 19.3% of those in private school defined rape as when either of the two sexes had sex forcefully with each other (Table 17c).

Table 17b. Knowledge of Forced Sex and Class of Respondents

| Definition Of Forced Sex (Rape) | Class N (%) | | |
|---|---|---|---|
| | JSS | SSS | Total |
| A boy/girl have sex with a girl/ boy forcefully | 81 (14.2) | 132 (23.2) | 213 (37.4) |
| A boy have sex with a girl forcefully | 143 (25.1) | 149 (26.1) | 292 (51.2) |
| A boy/girl have sex with a girl/ boy willingly | 19 (3.3) | 4 (0.7) | 23 (4.0) |
| A group of boys have sex with a girl forcefully | 2 (0.4) | 4 (0.7) | 6 (1.1) |
| Total | 245 (43.0) | 289 (50.7) | 534 (93.7) |

$X^2 = 19.289$ df = 3 % in brackets P value = 0.000

Table 17c. Knowledge of Forced Sex and Type of School

| Definition Of Forced Sex (Rape) | Type Of School N (%) | | |
|---|---|---|---|
| | Private | Public | Total |
| A male or a female force someone to sex | 110 (19.3) | 103 (20.9) | 213 (37.4) |
| A male have sex with a female forcefully | 62 (10.88) | 230 (40.4) | 292 (51.2) |
| A male and a female have sex willingly | 4 (16.5) | 19 (3.3) | 23 (4.0) |
| Gang rape by males | - | 6 (1.1) | 6 (1.1) |
| TOTAL | 176 (30.8) | 358 (62.8) | 534 (93.7) |

$X^2 = 57.296$ df = 3 % in brackets P value = 0.000

Majority of those aged 10-14years and those in junior classes had a positive attitude to forced sex. This could be an indication that most of them were very young at the time they were forced to sex and will not want to put any blame on the survivors of rape.

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Table 18a. Relationship between Attitude to Forced Sex and Age of Respondents

| Attitude To Forced Sex | | Age N (%) | | |
|---|---|---|---|---|
| | | 10-14 | 15-19 | Total |
| | Negative | 145 (25.4) | 173 (30.4) | 318 (55.8) |
| | Positive | 151 (26.5) | 101 (17.7) | 252 (44.2) |
| | Total | 296 (51.9) | 274 (48.1) | 570 (100) |

$X^2 = 11.554$  df = 1 % in brackets  P value = 0.001

Table 18b. Relationship between Attitude to Forced Sex and Class of Respondents

| Attitude To Forced Sex | | Class | | |
|---|---|---|---|---|
| | | JSS | SSS | Total |
| | Negative | 127(22.3) | 191 (33.5) | 318 (55.8) |
| | Positive | 143 (25.1) | 109 (19.1) | 252 (44.2) |
| | Total | 270 (47.4) | 300 (52.6) | 570 (100) |

$X^2 = 15.933$  df = 1  % in brackets  P value = 0.000

**Multivariate logistic regression**

Multivariate logistic regression was used to identify the characteristics that differentiated adolescents who had experienced sexual violence from those who had not (Table 19a and 19b). Looking at table 19a, the residence of respondent and their class had a relationship with experiencing violence. Those that stay with their father alone and those in junior classes had significantly elevated odds of experiencing violence. While those living with their father alone are 4.765 times more exposed to experiencing sexual violence, those in the junior classes had a less than one (0.276) chance of being exposed to sexual violence. Although no significant association was found between experiencing violence and respondent's sex and age, females between the ages of 10-19years were more likely to experience sexual violence. Those staying with their mother alone were 1.4 times likely to experience violence.

Looking at table 19b, no significant association existed between students' sexual behaviour and their experience of sexual violence but there was a very high chance of

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those that had boy/girlfriends experiencing sexual violence. While those that had their first sexual experience when they were barely 10years were almost 3times more likely to experience sexual violence, those between 11-14years were almost 2times more likely to experience sexual violence.

**Table 19a. Multivariate Logistic Regression with Demographic Factors**

| Variable | B | S.E. | Wald | Df | Sig | Exp (B) |
|---|---|---|---|---|---|---|
| Sex<br>Female<br>Male | 0.140 | 0.247 | 0.322 | 1 | 0.571 | 1.150 |
| Age | 0.009 | 0.080 | 0.013 | 1 | 0.908 | 1.009 |
| Respondents' Residence | | | 18.844 | 3 | 0.000 | |
| Both Parents | - 0.316 | 0.406 | 0.608 | 1 | 0.436 | 0.729 |
| Father Alone | 1.561 | 0.565 | 7.647 | 1 | 0.006 | 4.765 |
| Mother Alone | 0.341 | 0.583 | 0.343 | 1 | 0.558 | 1.407 |
| Class<br>JSS<br>SSS | - 1.289 | 0.364 | 12.511 | 1 | 0.000 | 0.276 |
| Constant | - 1.301 | 1.388 | 0.879 | 1 | 0.349 | 0.272 |

**Table 19b. Multivariate Logistic Regression with Sexual Behaviour**

| Variable | B | S.E. | Wald | df | Sig | Exp (B) |
|---|---|---|---|---|---|---|
| Have Boy/ Girlfriend<br>Yes<br>No | 8.676 | 29.937 | 0.084 | 1 | 0.772 | 5857.652 |
| Age At First Sexual Experience | | | 1.089 | 2 | 0.580 | |
| ≤ 10years | 0.964 | 1.329 | 0.527 | 1 | 0.468 | 2.623 |
| 10-14years | 0.644 | 0.703 | 0.840 | 1 | 0.359 | 1.904 |
| Use Of Condoms<br>Yes<br>No | - 0.714 | 0.684 | 1.091 | 1 | 0.296 | 0.490 |
| Constant | - 8.691 | 29.943 | 0.084 | 1 | 0.772 | 0.000 |

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**Narrative Experiences of Survivors of Forced Sex**

A part in the questionnaire asked to know the sexual experience of students and out of the ten (10) that affirmed they had experienced forced sex, nine (9) agreed to share their experience. Then, an in-depth interview guide was administered to these 9 students individually by the principal investigator in strict privacy. The outcome of which was presented in figure 4.1 below.

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Fig. 4.1. Summary of Data on Nine (9) Survivors of Forced Sex (Rape) in Ibadan, Nigeria

| Cases | Brief Profile Of Victim | Victim's Relationship With Perpetrator | Setting Of Rape | Health Seeking Behaviour | Consequences |
|---|---|---|---|---|---|
| 1 | A 14year old (JSS3)male living with both parents | School mother | Perpetrator's friend's home | Didn't tell anyone due to shame | Felt so ashamed |
| 2 | A 14year old (JSS2) female living with grandmother | Step - father | Perpetrator's home | Told my friend and my uncle but he never took me to the hospital | Didn't go to the hospital. My vagina pained me for a while and later stopped. I am okay now. |
| 3 | A 14year old (JSS2) female living with her elder brother | Neighbour | Perpetrator's room | My parents accused the perpetrator but he denied. They later took me to the hospital for treatment | Bruises and bleeding on my private part |
| 4 | A 14year old (JSS1) male living with his father alone | Neighbour | Perpetrator's flat | Didn't go to the hospital because I did not feel pain at all. | Felt so bad that it was against my wish even though I enjoyed it. |
| 5 | A 16year old (SSS2) female living with both parents | Boyfriend | Perpetrator's home | Could not tell anyone due to shame and didn't go to the hospital either. | We quarreled but later settled it. |
| 6 | A 12year old (JSS1) female living with both parents | Church member | Perpetrator's home | Never told anyone and didn't go to the hospital either | Nothing happened. He said sorry and we had settled. |
| 7 | A 17year old (SSS1) female living with her elder brother | Church member | Perpetrator's home | I saw that he was having an upper hand. I told him to use a condom (and he agreed) so that I will be free from infections and unwanted pregnancy. | Was angry with him but he called me the next day to apologize. |
| 8 | A 12year old (JSS1) male living with both parents | Classmate | Perpetrator's home | I was okay and didn't feel any pain so, I never went to the hospital | She apologized later and I forgave her |
| 9 | A 18year old (SSS1) male living with his brother | Classmate | Survivor's home | Didn't feel any pain and was okay. So, forgave her | Felt very bad that I did it against my wish and feelings as a Christian |

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# CHAPTER 5

## Discussion

### Knowledge about Sexual Violence

From the FGD, seven (7) types of sexual violence were identified. These included rape (girls being victims most times), unwanted touch, forceful kissing, forcefull abortion, the use of sleeping pills to drug a girl so as to have sex and the use of traditional charm to hypnotize a girl to engage in sex which is an interesting area that should be explored by further researches. It was also evident that perpetrators included teachers, step fathers and male acquaintances and was consistent with most studies on sexual violence where perpetrators were most of the time well known by survivors (Erulkar, 2004).

Overall, about 64% had a relatively good knowledge of sexual violence and the males were more knowledgeable than the females. This was different from a study in Nigeria were females were more knowledgeable about sexual violence compared with the males (Ajuwon, Olaleye, Faromoju and Ladipo 2006). This could also be due to the fact that in many developing countries, women believe that the use of force is a man's right and submission by the woman is the only way to avoid pain (George, 2003) and this might not be seen as violence. Adolescents aged 15-19 years and those in junior classes were found to be more knowledgeable than those aged 10-15years and in senior classes. It could be an indication that many of the adolescents' 15-19years in junior classes might have experienced violence before the age of 15years.

Again, adolescents that stayed with other relatives were more knowledgeable than people that stay with both parents. This could be a confirmation of the fact that there is a tendency that the former are exposed to sex and also violence more than those that stay with both parents. This however supports a study that revealed that young people living with only one parent are more likely than those in two-parent households to be sexually active (Erulker, 2004; Ajuwon et al, 2006). They tend to engage in sexual risk behaviors more than those staying with both parents. The fact that those in public schools and those that had a relationship were more knowledgeable might mean that students in public schools and in an intimate

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relationship are more exposed to violence but due to stigmatization might not want to disclose it. Prevention programmes should target students in public schools right from their primary schools because most rape survivors, those in junior classes and those initiated to sex when they were barely 10years had more knowledge about sexual violence.

Defining forced sex (rape) as when a boy had sex forcefully with a girl was an indication that rape might be seen as perpetrated mainly by males although there are instances that the same is being perpetrated by females. It could also mean that males see coercion from females as a result of pressure to have unwanted sex rather than rape (Marston, 2003). The fact that 10% of the students surveyed could not give a definition of forced sex (rape) is an indication that even with the sexuality programmes organized in schools, students still needs to be educated on the issue of forced sex (rape) and this area be seen as an area of concern by both the parents and other care givers important in the development of these adolescents. The fact that they identified causes of sexual violence we cannot overrule the fact that these adolescents need more information on how to maintain their sexuality and their relations with the opposite sex. This will help them to avoid risky behaviours, control their sexual desires and be able to negotiate sex.

Judging from the proportion that mentioned the physical and medical consequences of sexual violence, it would be clear that these are seen as the main consequences of sexual violence among adolescents (Jewkes, Sen, and Garcia-Moreno 2002; WHO, 2002). It is also an indication of the presence of these happening among them but due to stigmatization, prefer to suffer in silence (Fisher, Cullen, and Turner, 2000; Ajuwon et al, 2001).

**Prevalence of Sexual Violence**

Overall, about 21% (both male and female) had experienced at least one form of sexual violence. This figure is lower than a study in Nigeria where 36% of students had experienced at least a form of sexual violence (Ajuwon et al, 2006). Of these 21%, 14% experienced unwanted touch, 2% experienced forced sex or threat of sex by acquaintances and teachers respectively and 1% experienced being drugged to sex.

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forced abortion and the use of traditional charm to have sex. These figures were slightly lower than that obtained in a study in plateau state and the Northeastern region of Nigeria (Chimaraoke, 2001; Ajuwon et al, 2006). The fact that about 41% knew someone who had experienced violence might be an indication that students experienced sexual violence but do not like to disclose it most of the time. This was also evident from studies in Kenya and Nigeria were adolescent girls and boys who experienced forced sex were afraid to draw attention to themselves for fear of being blamed and stigmatized by their family and the society (Ajuwon, Akin Jimoh, Olley and Akintola, 2001; Erulkar, 2004). Comparing the high number of people that experienced one form of violence or the other with the ones that were willing to narrate their experience, we could conclude that sexual violence exists among adolescents but they do not like to disclose it due to fear, stigma or shame (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001, Ajuwon et al, 2001).

That 1.7% (equal number of males and females) were exposed to violence in the form of forced sex (rape) supports the study in the northeastern region of Nigeria which revealed equal proportion of students experiencing forced sexual relations (Ajuwon, Olaleye, Faromoju and Ladipo 2006) but lower that 5.1% of the students who had been raped in northeastern Nigeria (Ajuwon et al, 2006), 4% found among female apprentice tailors (Ajuwon, McFarland, Hudes, Adedapo, Okikiolu and Lurie, 2002), 6% among female hawkers operating in truck and bus stations in urban areas (Fawole, Ajuwon, Osungbade and Faweya, 2002) and 8.6% reported among South African pupils (Anderson, HoFoster, Matthis, Marokoane, Mashiane, Mhatre, Mitchell, Mokoena, Monasta, Ngxowa, Salcedo and Sonneckus, 2004).

Although these figures are relatively low, the data must be interpreted with caution since rape and other sexually coercive behaviours are typically under-reported due to stigma attached to this type of behaviour in Nigeria (Fawole, Ajuwon, Osungbade and Faweya, 2002). However, three (3) of the males had been perpetrators of forced sex. This might be because rape is often looked on as a normal and forgivable action by males who cannot control themselves (Erulkar, 2004) as many cultures in this region show preference for the male child and accord him privileges often to the exclusion of the


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female child (UNFPA, 2002). They continuously engage in forced sex knowing that they will be justified.

### Attitude towards Sexual Violence

The negative attitude (that those that are raped are the cause of their predicament based on something they have done or failed to do) recorded by female adolescents, 15-19years and those in the senior classes revealed that these set of students see the survivors as being responsible for their ordeal and male behaviour justified in most cases of forced sex and were less likely to judge the act as rape. The fact that those in public schools, those not in an intimate relationship and those that never had sex saw themselves as more susceptible to forced sex might be an indication that these adolescents are aware of the scourge and will be willing to prevent it if given the skills.

### Sexual Behaviour

The study generally showed that 36% of the students admitted they ever had an intimate relationship with more males (20%) than the females (16%) reporting being involved in such relationships. This is lower than 43% and 59% of males and females respectively in a study among secondary school students in Nigeria and quite different from the figures in that same study where the females were more into such relationship than the males (Ajuwon, Olaleye, Faromoju and Ladipo, 2006).

Overall, 9.3% were sexually active with more of the males being more sexually active. This figure was found to be lower than the 13% in Northeastern Nigeria (Ajuwon et al, 2006), 34.4% in Delta (UNFPA, 2004), 34% and 62% reported among high school students from Plateau and Kwara state (North central, Nigeria) respectively (Araoye and Fakeye, 1998); 62% in Ilesa (Owolabi,Onayade, Ogunlola, Ogunniyi and Kuti, 2005) and rivers state (Kemp, 2000) and 55% of students in Anambra and Enugu states in Southeastern Nigeria (Ajuwon, 2000). This data must however be interpreted with caution taking into consideration the methodological challenges associated with collecting data on sexual behaviour from young people. It is possible that males in this

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study may have over reported their sexual experience. One explanation for this is the fact that men are not restricted to declaring their sexual experience (Jewkes, 2001).

Out of the 9.3%, 5.4% of them were males as compared with females (3.9%). This is similar to a study in Northeastern Nigeria and Ilesa were more males were sexually active as compared to females (Ajuwon, 2000; Owolabi et al, 2005; Ajuwon et al, 2006). The fact that 7.4% of the students had their first sex between the ages of 11 – 18 with slightly more males than the females is lower than the 62% from a study in Rivers state (Kemp, 2000) and is consistent with a study in Nigeria were more males were exposed to sex earlier than the females (Ajuwon et al, 2006).

Only about 4% of those that were sexually active used a condom during their first sexual experience. This is lower compared to a study in Calabar and Abia where 6% and 12.4% of the sexually active adolescents used a condom during their last sexual activity (Chimaraoke, 2001; Etuk, Ihejiamaizu, Etuk I, 2004) but similar to that where 4% used a condom during their most recent sexual activity (Ajuwon et al, 2006). One explanation for this is the fact that adolescents are initiated to sex early with insufficient knowledge of reproduction and family planning as at the initiation of sex and as such engage in some risky acts without even knowing the implication of such acts (Erulker, 2004). Although condoms are cheap, they remain unutilized by adolescents in Nigeria (Ajuwon, McFarland, Hudes, Adedapo, Okikiolu and Lurie, 2002).

The non-use of condom could predispose most adolescents to HIV/AIDS and other sexually transmitted diseases even at a very tender age (Erulker, 2004; Etuk et al, 2004). Majority of those that used a condom did so to prevent unwanted pregnancy and HIV and is consistent with studies in Rivers State, Nigeria (Kemp, 2000; Anochie and Ikpeme, 2001).

**Prevention of Sexual Violence**

Students believe that "charity begins at home"; family support, education on sexuality, proper monitoring and closeness will help them in making informed decisions and reporting violence if and when it happens. It was observed from the study that part of what can be done to bring an end to this is that parents and teachers should educate these adolescents on how to avoid engaging in risky behaviours,

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government should ensure adequate support and responses needed and by setting up specific interventions in schools and in the wider community.

About the help to be given to rape victims, majority said that they should get support and care from the public and about the punishment to be given to rape perpetrators, almost half of them said that the perpetrators should serve a jail term. The stressing of support and care for survivors makes it clear that if they are adequately supported and cared for, there will be an improvement in the rate at which they report this violence when eventually it occurs. This will help to improve adolescents' reproductive and sexual health.

### Multivariate Logistic Regression

There was a high prevalence of sexual violence among those that stay with their father alone or among those in junior classes Thus, the type of home an adolescent comes from and the class he/ she is (JSS1- JSS3) has an effect on whether the person will experience violence or not (Ajuwon et al, 2006). This supports the claim that family composition greatly had an effect on the sexual behaviour of adolescents. They are young and stay out of the restrictive control of both parents and thus more likely to be exposed to having boy/girlfriends, having sex and as such exposed to being raped. Although not significant, those that had boy/girlfriends had very high odds of having experienced violence (Ajuwon, 2006). This might be an indication that most relationships among adolescents are based on sexual motives and fuelled by cultural belief patterns that males can always have their way sexually and if refused could lead to rape.

### Sexual Violence Experience

Out of the ten (10) adolescents that experienced forced sex (rape), only two (2) reported the incidence to their parents and adequate care and support was given. Thus, it was evident in this study that adolescents most of the time do not disclose sexual violence if and when it occurs so as to prevent stigmatization and shame (Fisher, Cullen, and Turner, 2000; Ajuwon et al, 2001).

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## Conclusions

Sexual violence is a major problem affecting adolescents (both males and females) especially among those that stay with a single parent and are in junior classes. As such, this study had provided several valuable data for implementing intervention programs to meet the reproductive health information, services and skills needs of young people from these areas.

## Implications for Health Education

1. It is envisaged that the data generated would be used to educate and give students the necessary skills to prevent sexual violence.

2. To include in the school curriculum right from the primary schools the life saving skills for the prevention of sexual violence.

## Recommendations

1. Based on the data collected, there is a need to incorporate sexual health education in all primary and secondary school curriculum.
2. Students should be educated on life saving skills in cases of sexual violation.
3. Enlightenment programmes (by all youth friendly Non-Governmental Organizations in collaboration with the government) are needed to challenge and change the beliefs of gender stereotypes that favour sexual violence in Nigerian adolescents.
4. There is a need to aggressively implement the policy on sexual violence among secondary school students.
5. Due to inadequate support and care by the existing health and legal sectors, government and other agencies, there is need to create urgent facilities that will address the specific needs of rape victims in Nigeria to enhance reporting whenever it happens among.
6. The family, all NGOs and the government should concentrate on broadening the knowledge of adolescents about forced sex because most violence perpetrated on adolescents is in the form of forced sex.

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7. Non-Governmental Organizations (NGOs) should be encouraged to make fliers and books on sexual violence and its prevention.
8. All suggested roles of the different sectors should be studied and used in setting up a rape prevention programme for students even right from the primary schools.

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# APPENDIX 1

# FOCUS GROUP DISCUSSION GUIDE ON KNOWLEDGE AND PRACTICES ABOUT SEXUAL VIOLENCE OF SECONDARY SCHOOL STUDENTS IN IBADAN NORTHWEST LOCAL GOVERNMENT AREA

## INTRODUCTION

Good day respondents,

My name is Amaroh Ngozi, a postgraduate student of department of Health Promotion and Education. Faculty of Public Health, College of medicine, University of Ibadan. I am carrying out a study on the opinion of in-school adolescents in Ibadan North West Local Government Area to sexual violence especially rape, that will in the future help to develop rape prevention and education strategies for the youths. In this discussion, questions will be asked on your knowledge of this issue and what you feel should be done to prevent it. Your answers will be of utmost importance. I will also crave your indulgence to use the tape recorder with me, so that I will be able to bring out all the important points you make which I may not be able to remember for record purposes. There are no right and wrong answers; you are free to express yourselves. I assure you that all the statement made by you will not be used against you in any way. THANK YOU!

Can we Introduce Ourselves.

1. What reproductive health problems do students face in this community? (probe for among males and females).

2a. What sexual activities do students in this community engage in? (probe for among males and females).

2b. Which of this activities mentioned above do you consider unacceptable? (probe for reasons why each is considered unacceptable).

3. What type of Sexual violence do adolescents face in this community? (probe for among males and females).

4a. What can you say about someone forcing another to perform any sexual activity and what do you feel about it?

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4b. How common is this in your community? (probe for among males and females, age groups, youths in coeducational and single schools)

5. Which factors predispose adolescents to rape (forced penetrative sex)? Probe for among victims and perpetrators.

6. What are your perceived consequences of rape (forced penetrative sex) for both male and female adolescents?

7. What punishment should be given to perpetrators of forced penetrative sex (rape)?

8. What should be done to help victims of forced penetrative sex (rape)? (probe for among the family, community, health, legal and government set-ups).

9. What can be done to prevent the occurrence of forced penetrative sex (rape) among adolescents?

10. What other suggestion do you have to help reduce the prevalence of sexual violence among adolescents (probe for among males and females)?

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## APPENDIX 2

## INFORMED CONSENT FORM

**INTERVIEWER ADMINISTERED QUESTIONNAIRE ON THE KNOWLEDGE AND PRACTICES ABOUT SEXUAL VIOLENCE OF SECONDARY SCHOOL STUDENTS IN IBADAN NORTHWEST LGA**

Greetings. My name is..........................I am a postgraduate student of the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. I am carrying out a research on the "Knowledge and Practices of Secondary School Students in Ibadan Northwest Local Government Area about Sexual Violence".

The information collected will provide understanding of this problem and how to address it. You have been selected to participate in an interview on Sexual Violence among young people. Some of the questions to be asked include your knowledge about sexual violence and rape, your opinion on how to address them and information about your background.

If you agree to participate, you are entitled to your own opinion and there is no right or wrong answer. We assure you that our interview with you will be kept secret and will be highly confidential. As soon as the questionnaires are filled, they will be kept where only my supervisor and I will have access to them and your names will not be required.

The interview will take about 20minutes and I will appreciate your sincere reply to the questions asked.

If you are willing to participate, read the paragraph below and sign.

I have read the above information. I have had the opportunity to ask questions and my questions have been satisfactorily answered. I consent voluntarily to participate in this study.

| .................................. | ...................... |
|---|---|
| Individual's signature | Date |
| .................................. | ...................... |
| Interviewer's signature | Date |



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APPENDIX 3

QUESTIONNAIRE ON THE KNOWLEDGE AND PRACTICES ABOUT SEXUAL VIOLENCE OF SECONDARY SCHOOL STUDENTS IN IBADAN NORTHWEST LGA

Serial No...................................

SECTION A – Respondent's background (Please fill in/tick as appropriate)

Sex 1. Female 2. Male

How old are you now? (In years)...................................................

What class are you? 1. JSS 1 4.SSS 1

2. JSS 2 5. SSS 2

3. JSS 3 6. SSS 3

4. What is your ethnic group?

1. Ibo 2. Yoruba 3. Hausa 4. Others (specify)..............................

What type of religion do you practice?

1. Christian 2. Islam 3. Traditional 4. Others (specify)..................

6.What is your father's occupation? (Specify)...................................................

7.What is your mother's occupation? (Specify)...................................................

8. Do you currently live with both parents?

1. Yes 2. No ( ) (If No, goto Q 9)

9. If no, who do you live with?

1. Father alone 2.Mother alone 3. Other relatives (specify)...................

4. Others (specify)...........................

SECTION B: Knowledge of respondent about sexual violence. (Tick and fill in where appropriate).

10 Answer true or false to the following statements and tick the type of sexual violence ever experienced and the perpetrator.



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| S/N | Type of sexual violence | 1. TRUE | 2. FALSE | HAS THIS EVER HAPPENED TO YOU | WH[illegible] DID TO YO[illegible] |
|---|---|---|---|---|---|
| 1 | A male teacher beats a female student because she refuses to have sex with him | | | | |
| 2 | A boy touches a girl on the breast & buttocks without her consent | | | | |
| 3 | A boy/girl kisses a girl/boy | | | | |
| 4 | A boy/girl have sexual intercourse with a girl/boy | | | | |
| 5 | A parent punishes a student by beating him / her | | | | |
| 6 | A boy/girl have sexual intercourse with a girl/boy without his/her consent | | | | |
| 7 | A boy/girl uses traditional charm to talk a girl/boy into dating him\her | | | | |
| 8 | A teacher beats a boy/girl for being rude | | | | |
| 9 | A boy drugs a girl so as to have sex with her | | | | |
| 10 | A boy uses abortion pills on his girlfriend without her consent in cases where she refuses abortion | | | | |
| 11 | A girl visits a boy alone. | | | | |

11. Do you know of any secondary school student who has ever experienced any of the above?
 1. Yes 2. No

12. If yes, which type was experienced? ______________________

**SECTION C: History of respondent sexual behaviour. (Fill in\ tick as appropriate)**

13 Do you have a boyfriend\ girlfriend?
1. Yes 2. No
14. Have you ever had sex?
1 Yes 2 No (If no, go to section D)


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15. How old were you the first time you had sex? (in years)..................................

16. Think back to the first time you had sex. Would you say any of the following apply to you? (Between he/she & him/her, use the one that best describes the respondent)

(i) You forced him/her to have intercourse against him/her will.
(ii) You persuaded him/her to have intercourse.
(iii) He/She forced you to have intercourse with him/her.
(iv) He/She persuaded you to have intercourse with him/her.
(v) You were both willing

17a. Did you use a condom the first time you had sex
1. Yes 2. No

17b. Give reasons for your answer ---------------------------------------------------------------

---------------------------------------------------------------------------------------------------

**SECTION D: Knowledge of respondent about rape and their attitude to rape, rape victim and perpetrators. (Fill in\ tick as appropriate)**

18. What is rape?...................................................................................................

19. Do you know of any secondary school student who had been raped?
1. Yes 2. No

20. **Which of this has ever happened to someone in your school?**

| | TYPES OF RAPE | 1. YES | 2. NO |
|---|---|---|---|
| 1 | A boy has sexual intercourse with a girl without her consent. | | |
| 2 | A girl has sexual intercourse with a boy without his consent | | |
| 3 | A group of boys have sexual intercourse with a girl without her consent | | |
| 4 | Senior boys having sexual intercourse with junior girls without their consent | | |
| 5 | A male teacher have sexual intercourse with a female student without her consent | | |

21. Do you think someone can have sexual intercourse with you forcefully?

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22. Give reasons for your answer

...............................................................................................................................

...............................................................................................................................

23. Please respond to each of the following statements below, tick where appropriate.

| Statements. | Agree | Disagree | Undecided |
|---|---|---|---|
| 1. A boy has the right to have sex with a girl if he has spent a lot of money on her. | | | |
| Girls often say no to the first sexual gestures from a boy but would yield if he puts enough pressure. | | | |
| Girls are usually the one who provokes boys to rape them. | | | |
| 4. Men are usually unable to control their sexual desires and that is why they rape girls. | | | |
| 5. It is alright for a girl to say no if she doesn't want to have sex. | | | |
| 6. Victims of rape should not be blamed but be cared for, no matter the circumstance that led to the rape. | | | |
| 7. Those that are raped bring it upon themselves. It is as a result of what they have done/failed to do. | | | |
| 8. A student has a right to say no to a teacher who demands for sex before passing him/her. | | | |
| 9. She/he also has a right to report the teacher. | | | |
| 10. Cases of rape should be kept secret because of the stigmatization and shame it brings. | | | |
| 11. Perpetrator of rape should not be allowed to go scout free. They should be severely punished. | | | |
| 11. It is very wrong for a boy to rape his girlfriend if she refuses sex with him even after spending a lot of money on her. | | | |

**SECTION E: Knowledge about the causes, consequences and prevention of sexual violence.**

What is the cause of sexual violence among secondary school students?

...............................................................................................................................

...............................................................................................................................

...............................................................................................................................



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25. What are the consequences of sexual violence?

________________________________________________

________________________________________________

________________________________________________

26. What do you think should be done to perpetrators of sexual violence?

1. Sentence to death 2. Sentenced to life imprisonment 3. Serve a jail term

4. Place a payroll 5. Should be warned and settled amicably

6. Others

(specify)..........................................................................

27. How best do you think survivors of sexual violence can be helped?

..........................................................................................

..........................................................................................

..........................................................................................

29. How do you think sexual violence can be prevented among young people?

..........................................................................................

...



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APPENDIX 4

INTERVIEWER ADMINISTERED QUESTIONNAIRE FOR SURVIVORS OF SEXUAL VIOLENCE

I am a survivor of sexual violence and I will be willing to share your experience if only it is okay by you. I assure you that my interview with you will be kept secret and will be highly confidential.

Are you willing to talk to me. If yes,

1. How did the incident happen?
2. How old were you when the incident happened?
3. Where did the incident happen?
4. What happened after the incident?
5. What did you do to take care of yourself?
6. Who did you tell?

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## APPENDIX 4

## INTERVIEWER ADMINISTERED QUESTIONNAIRE FOR SURVIVORS OF SEXUAL VIOLENCE

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5. What did you do to take care of yourself?
6. Who did you tell?

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