

Gender Differences in Experience of Sexual Coercion, HIV-Risky Sexual Practices, and Knowledge of Aids among Fresh Undergraduates at a Nigerian University

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The study examined gender differences in knowledge about HIV/AIDS, sexual violation, and risky sexual practices among new undergraduates of the University of Ibadan, Nigeria. One hundred and eighty sexually-active fresh undergraduates, who attended a routine orientation program for new entrants participated. They were assessed using a 93-item questionnaire on sexual violation: rape or child sexual abuse (CSA), past and recent sexual practices, and knowledge of HIV/AIDS. Results showed that 65.5% of males and 34.5% of females were sexually active. The lifetime prevalence of rape and CSA was 18.9% and 10%, respectively. In addition, female students were significantly more likely to have had history of rape and CSA with a non-family member than male students. In addition, CSA was more likely to have been perpetrated by a family member in male students. While males were more likely not to have used a condom at the last sex, females were significantly more likely to have exchanged sex for drugs and a place to stay. Male students reported significantly better HIV knowledge relating to precautionary measures (e.g., condom use) than females. The results suggest that although many new students were sexually naive, substantial proportions, who were sexually active engaged in unsafe sex. The potential role of CSA in risky sexual practices among females, in particular, should be noted. It is suggested that sex education should be a critical component of an orientation program for new university students.

Introduction

Evidence from a meta-analysis suggests that females are more often the victims of sexual violation while males are more likely to be perpetrators (Paolucci et al., 2001). Emerging evidence suggests that sexual violation, particularly rape, is common in both males and females and may constitute a risk factor for HIV-risky sexual practices and HIV infection (Tyler, 2002; Ajuwon et al., 2004), however few studies have explored the role of gender in patterns of sexual violence among youth in Nigeria. In a study in Ibadan, (Ajuwon et al., 2001), where over one thousand schooling and non-schooling adolescents and young adults were interviewed about their experiences of sexual violation, it was found that 55% of all the subjects had been victims of at least one type of sexual violation, the most common being unwanted kissing and touching of breasts (47%). Although both males and females were victims

of violation, females were disproportionately affected: 68% of female in-school adolescents and 70% of apprentices had experienced one coercive behavior compared with 42% of male in-school adolescents and 40% of apprentices. The female apprentices were most affected, with 19% having been raped. The aforementioned study confirmed earlier observations (Isiugo-Abanihe, 1996; Dada et al., 1998; Orubuloye et al., 1993; Ajuwon et al., 2002), that sexual violation was prevalent among young persons in Nigeria. For example, a study among young women apprentices in Ikorodu in southwestern Nigeria found that the first sexual encounter for 20% of sexually active young women involved coercion. Also, Orubuloye et al., (1993) in their survey on risky sexual practices and HIV/AIDS reported that 15% of 457 young female hawkers in Ibadan lost their virginity through rape. Although data from these studies have been valuable in

increasing our knowledge of the potential effect on adolescent risky sexual practices, the role of gender in explaining this pattern has not been explored in this setting (Hawkins et al., 1995).

A large body of literature on the possible effects of sexual violence in adolescents and young adults exists, including effects on a range of interpersonal problems (e.g., relationship difficulties), posttraumatic stress disorder, and risky sexual practices (Beitchman et al., 1991; Raj et al., 2000; Fergusson et al., 1996; Stock et al., 1997; Trowell et al., 2002; Tyler, 2002). For example, Beitchman et al. (1991), in an extensive review, found that sexually abused children were more likely to develop inappropriate sexual behavior than those not abused and that the greater the frequency and duration of sexual abuse, the more pronounced the effects were on the abused child. Furthermore, it was found that child sexual violation involving force and/or penetration, or sexual abuse perpetrated by the child's biological father or stepfather was associated with greater psychological problems, including depression (Haj-Yahi and Tamish, 2001; Jumaian, 2001; Tyler, 2002). Similar studies have also shown a socio-environmental impact in sexually abused children. These children are more likely than those not abused to come from families with a higher incidence of marital separation or divorce, low parental attachment, parental substance misuse, and psychiatric disorder (Fergusson et al., 1996).

In Nigeria, little is known about the relationship of sexual violation, in particular incidents occurring before the age of fifteen years, and adult risky sexual behavior. In this setting, there is also a dearth of information on the impact of premorbid knowledge of AIDS on risky sexual practices in youth. It is, therefore, important to identify the extent and level of sexual violence and its association to risky sexual practices among new university students. This may provide insight into the magnitude and potential effects of sexual violation on risky sexual practices. University campuses may be conducive to a variety of interventions that can help maintain and encourage safer sexual practices. As most of the published research on sexual violation has been on women and it is often within the context of the provision of mental health

services (Trowell et al., 2002), it is important to delineate the role of gender. This could allow for a gender-tailored intervention to be applied (Hawkins et al., 1995).

HIV/AIDS is still the greatest reproductive health problem confronting young adults worldwide. Though documented evidence suggests an increase in knowledge of HIV/AIDS among adolescents/young adults in Nigeria (Harding et al., 1999), it would still be important to identify specific areas where knowledge may still be deficient. There is also minimal empirical evidence for the role of gender in HIV knowledge (Dekin, 1996). University freshmen are in a "transitional" period, in a sense that they move from a hitherto restricted life, monitored by parents, to a more independent, self-directed life. Freshmen are vulnerable to risky sexual practices and to contracting sexually transmitted diseases (STD) (CDC, 2000; Dilorio et al., 1993; McGuire et al., 1992).

This study aimed to: (1) determine the life-time prevalence of sexual violence (rape) as well as child sexual abuse among freshmen in Ibadan, and (2) determine gender differences in sexual violation, risky sexual practices and knowledge of HIV. It was based on the conceptual framework of social role theory (Eagly, 1987), centering on the influence of gender roles on beliefs and social behavior. It posits that men and women would behave differently in social situations and take different roles, owing to the expectations that society places upon them (including gender stereotyping). For example, men are believed within the African context to initiate and take the lead when it comes to sexual advances. Most often, they are the predators in incidents of sexual coercion and rape (Ajuwon et al., 2004).

Method

Design

This study was a cross-sectional survey to investigate the association between certain psychosocial factors (e.g. HIV knowledge, self esteem, sexual compulsivity, alcohol and drug use) and sexual risk behaviours among a sample of freshmen at the University of Ibadan, Nigeria.

Setting

The University of Ibadan, which served as the setting for the study, was founded in 1948 with a campus covering over 1032 hectares and a student population of approximately 19,000. It has 12 faculties and 57 departments. With the exception of Law, Pharmacy, and Veterinary Medicine, each faculty runs a variety of undergraduate and postgraduate diploma and degree courses.

Participants

Eight hundred and forty-one freshmen who attended a routine orientation program for new students of the University of Ibadan Nigeria participated in this study. To be eligible, freshmen had to be offered admission for the first time during the 2003/2004 academic session, and must have attended the orientation program. They had to be in the age range of 16–25 years. There were 538 (64%) males and 303 (36%) females. Eight hundred and nineteen (97%) of them were single and twenty-two (3%) of them were married. Their mean age was 20.4 years (SD 1.33) with a mean education of 12.3 (SD 2.56) years.

Instruments/Measures

This included a socio-demographic questionnaire, a 93-item questionnaire comprising six mutually exclusive scales namely: (i) HIV knowledge scale, (ii) attitudes towards rape scale; (iii) self esteem scale, (iv) sexual compulsivity scale, (v) Alcohol Use Disorder Identification Test (AUDIT), and (vi) a sexual risk behavior scale.

Socio-Demographic Variables

The following variables were recorded: sex, age, years of education, course of study, drug use, and family characteristics. Most of these variables have been implicated as determining factors for sexual risk behavior among adolescents and young adults.

Sexual Risk Behavior Questionnaire

This 20-item interviewer-administered measure was adapted from the work of Kelly et al. (1992), McKinnon et al. (1993), and Olley et al. (2003). Participants were asked about their sexual activities in the six months preceding the study. The questions

sought to identify whether a respondent: “had sex with a partner who used intravenous drugs”; “had sex after heavy use of alcohol or other drugs”; “had sex with a partner known to you for less than one day”. Furthermore, the freshmen were asked if they had been “forced to have sexual intercourse against their will by being threatened, held down, or hurt in some way” or “persuaded to have sexual intercourse when they did not want it” and whether these events had happened before the age of 15 years, in which case they had been sexually abused as a child (Jewkes et al., 2002).

HIV Knowledge Questionnaire

The HIV Knowledge Questionnaire (HIV-KQ-18) was developed by Carey and Schroder, 2002. The questionnaire is self-administered and requires respondents to indicate whether a statement is true or false, or they indicate they don't know. Items include:

“coughing and sneezing do not spread HIV”, “a person will not get HIV if she or he is taking antibiotics”, “there is a vaccine that can stop adults from getting HIV”, “showering, or washing one’s genitals/private parts after sex keeps a person from getting HIV”.

This measure has demonstrated good internal consistency (coefficient alpha= 0.73, $P < 0.0001$).

The Self-Esteem Scale

The Rosenberg Self-Esteem scale (1979) was used to assess the freshman's attitude towards his/her self worth. The Rosenberg Self-Esteem scale is a 10-item measure of global self-regard and includes items such as: “On the whole, I am satisfied with myself”. Respondents express their degree of agreement on a 4-point Likert-type scale of Strongly Agree = 3, Agree = 2, Disagree = 1, and Strongly Disagree = 0. The scale generally has high reliability: test-retest correlations were typically in the range of .77 to .88 (Rosenberg; 1979). Preliminary cross validation of the scale among high school pupils in Nigeria (Olley, 2001), using a principal components factor analysis with varimax rotation yielded two factors:

self confidence and self depreciation in the line reported by the author. All items had a factor loading of 0.4 (Eigen value). Coefficient alpha was 0.94. Test-retest reliability was $r = 0.74$ among high school students (Olley, 2001). In the present sample, the coefficient alpha was 0.87.

Sexual Compulsivity Scale

The sexual compulsivity scale is a 10 item, Likert-format measure that asks respondents to endorse the extent to which they agree with a series of statements relating to sexually compulsive behavior, sexual preoccupation, and sexually intrusive thoughts. Items include:

“my sexual appetite has gotten in the way of my relationship”, “I think about sex more than I would like to”, “I find myself thinking about sex while at work”, “It has been difficult for me to find sex partners who desire having sex as much as I want to”.

Respondents are expected to indicate their responses on 4-point scales ranging from 1(not at all) to 4 (very much like me). The reliability of the scale for both men and women was established (Kalichman et al., 1997).

Alcohol Use Disorder Identification Tests (AUDIT)

This is a scale developed by the World Health Organization through a six-nation, cross-cultural study to establish the frequency of drinking, dependence symptoms, and signs of harmful consumption (Claussen and Aasland, 1993). The AUDIT scale consists of 10 items measured on a 4-point Likert format, with a maximum score of 40. For example:

How often do you have a drink containing alcohol? How often do you have five or more drinks on one occasion? How often, during the last year, have you found that you were not able to stop drinking once you had started? How often do you have a feeling of guilt or remorse after drinking? How often were you unable to remember what happened the night before because you had been drinking?

The classification of normal, hazardous, and harmful alcohol use was based on the total score of a respondent on the scale. If a respondent's score was within 0–8 it was classified as being within the “normal” range of alcohol use, if their score was within 9–18 it was classified as being within the “hazardous” range of alcohol use, and a score within 19–40 was classified as “harmful” use.

The AUDIT has been used in Nigeria among freshmen, demonstrating specificity of 93%, although sensitivity was poor (32%). Internal consistency of the items was established, however, with an alpha of 0.70 in a sample of 100 freshmen respondents (Olley, 2004).

Procedure

The study was approved by the Student Affairs Department (SAD) of the University of Ibadan (a statutory body at the university saddled with the responsibility of coordinating student activities on campus). All students who attended the second day of the orientation program for the 2003/2004 academic year were asked to participate in the study. The purpose of the study was highlighted after verbal informed consent from the students and assurance of confidentiality by the researcher. They were informed that participation was voluntary and that they could withdraw at any time if they felt uncomfortable answering questions. Questionnaires were completed anonymously. Three trained graduate students of psychology were in attendance and assisted in collecting completed questionnaires. No student refused participation. Questionnaires took approximately 45 minutes to complete.

Of the 841 students surveyed, 180 (21.4%) reported that were sexually active six months prior to the study. The 180 students represented nine faculties: Arts (13 students, 7.2%); Social Science (86 students, 47.8%); Law (8 students, 4.4%); Science (29 students, 16.1%); Technology (10 students, 5.6%); Agriculture (11 students, 6.1%); Education (12 students, 6.7%); Medicine (8 students, 4.4%) and Veterinary Medicine (3 students, 1.7%). These data were analyzed and are presented in the results section.

Data Analysis

Analyses were computed with SPSS software version 10 for Windows. To investigate gender differences in sexual violation, risky sexual practices, and knowledge of HIV, chi-square for categorical variables and t-tests for continuous variables were used. To determine predictors of risk sexual behavior for male and female freshmen, linear regression analysis was performed with the dependent variable being the level of risky sexual practice in the six months preceding the study. Independent variables were derived from, socio-demographic characteristics (e.g., gender, age, and years of education; psychosocial characteristics (e.g., sexual compulsivity, HIV knowledge, alcohol abuse), and history of sexual abuse. All *P* values quoted are 2-tailed

Results

As shown in Table 1, there was a preponderance of sexually active male freshmen ($X^2 = 10.21$, $P < 0.001$). Approximately 19% (6.7% males and 12.2% females) reported a life prevalence of rape. Table 2 indicates that 10% of freshmen admitted to being sexually abused by a family member in their childhood (5.6% of males, 4.4% of females). Of those abused, 70% reported sexual abuse involving physical contact, 20% of whom experienced sexual intercourse. The age at first abuse was under 10 years in 28.1% of cases, 44.5% were repeatedly abused, and 33.3% had more than one abuser. All the abusers were known to the respondent, 22% of whom were parents, 11% male family members, and 67% female family members. Approximately, 16.7% (7.2% males; 9.4% females) had been sexually abused by a non-family member, with the highest occurrence by a family friend (43%) or a housemaid (36.6%). Further, 28.9% of all students knew of another individual who had been sexually abused as a child.

Table 1. Gender differences in sexually active freshmen.

	Male** (n =118)		Female (n = 62)		Total (n =180)	
	M	SD	M	SD	M	SD
Age	21.5	2.4	21.1	2.0	21.4	2.2
Years of education	12.5	1.4	12.3	1.4	12.5	1.4
No. of sex in past 6 months	4.7	4.4	4.0	3.3	4.5	4.0
No. of sex partners	1.8	1.3	1.6	1.5	1.8	1.4
Age at first sex	15.8	3.8	15.3	4.4	15.6	4.0
Sexual compulsivity	7.4	7.0	6.0	6.7	6.8	6.8
Self esteem	31.6	5.1	30.4	5.3	31.1	5.2
	N	%	N	%	N	%
Usage of condom in last sex						
Yes	64	54.3	32	52	96	53.3
No	54	45.7	30	48	84	46.7
Use of heavy alcohol before sex						
Yes	10	8.5	10	16.1	20	11.1
No	108	91.5	52	83.9	160	88.9
*Ever raped						
Yes	12	10.2	22	35.4	34	18.9
No	106	89.8	40	63.6	146	81.1
Alcohol use						
Non Use	55	47	30	48	85	47
Normal Use	53	45	20	32	73	40.5
Hazardous Use	10	8.5	11	18	21	12.0
Harmful Use	0	0	1	4	1	0.5

* $P < 0.01$.

Table 2. Gender differences in childhood sexual abuse among sexually active freshmen (n = 180).

Values	Male		Female		Total	
	N	%	N	%	N	%
CSA/family members						
Yes	10	5.6	8	4.4	18	10.0
No	108	60.0	54	30.0	162	90.0
Who CSA Family Members						
Parents	1	0	3	0.6	4	2.2
Other male family Member	2	1.1	0	1.1	2	1.1
Other female family Member	8	2.8	4	2.2	12	6.7
*CSA non-family members						
Yes	13	7.2	17	9.4	30	16.7
No	105	56.3	45	25.0	150	83.3
Who CSA non-family member						
Neighbor	1	0.6	1	0.6	2	1.1
Friend	4	2.2	9	5.0	13	7.2
Stranger	0	0	4	2.2	4	2.2
Housemaid	8	4.4	3	1.7	11	6.1

*Gender difference (Chi-square = 7.87, $P < 0.007$).

Table 3 presents gender differences in risky sexual practices. Significantly more females exchanged sex for drugs and a place to stay than males. Table 4 shows the difference in HIV knowledge. Compared

with females, male freshmen reported significantly higher HIV knowledge pertaining to precautionary condom use and restrictive behavior.

Table 3. Gender differences in risky sexual practices.

Variables	Male	Female	Total
	% (N = 118)	% (N = 62)	% (N = 180)
Had sex for money	9.3	14.5	11.1
Had sex for drugs*	0.8	8.1	3.3
Had sex for place to stay*	2.5	14.5	6.7
Had sex for food	5.1	11.3	7.2
Had sex for drinks	4.2	12.9	7.2
Had sex for transport	2.5	9.7	5.0
Had sex with partner on IVDU	4.2	11.3	6.7
Had sex after heavy use of alcohol	8.5	16.1	11.1
Had sex with a partner known for a day	22.9	21.0	22.2

*Gender differences $P < 0.05$.

Table 4. Gender differences in knowledge about HIV/AIDS among the sexually active freshmen.

Knowledge about	Male		Female		t	p
	M	SD	M	SD		
HIV/AIDS						
HIV knowledge related to precautionary behavior	5.03	1.7	4.77	1.2	2.0	0.05
HIV knowledge related to hygiene factor	6.34	1.58	6.34	1.56	.02	ns
HIV knowledge related to condom use	4.02	1.30	3.75	1.07	2.6	0.05
HIV knowledge related to sign and symptoms	3.57	0.8	3.56	0.9	0.8	ns
HIV Knowledge related to blood specimen	1.95	1.43	1.95	1.29	.05	ns
HIV Knowledge related to restrictive behavior	2.26	1.15	2.03	0.9	2.55	0.05
HIV miscellaneous factor	3.47	0.9	3.57	1.03	1.13	ns

Tables 5 and 6 present the predictors of risky sexual practices specific to gender. As indicated, among males, older freshmen and those who abused alcohol were likely to practice unsafe sex. Similarly among

females, a history of child sexual abuse as well as increased age predicted unsafe sexual practices.

Table 5. Predictors of risky sexual practices among male freshmen (n = 118).

Variables	β	Adjusted R Square	Partial r	P
Alcohol abuse	.32	.09	.30	.001
Increasing age	.18	.12	.19	.04

Table 6. Predictors of risky sexual practices among female freshmen (n = 62).

Variables	β	Adjusted R Square	Partial r	P
CSA	.39	.08	.56	.002
Increasing age	.26	.14	.20	.03

Discussion

In this study the prevalence of rape was 19%, while the prevalence of childhood sexual abuse was 10%. Both rates are considerably lower than that previously reported in surveys in the general population in Europe and United states (Paolucci et al., 2001; Trowell et al., 2002) and also of those observed (27%) among male Jordanian university students (Jumaian, 2001). The rates however fall within the range observed among female and male students at a Palestinian university, but are higher than the 6.8% (2.1% of males and 8.3% of females) observed among Malaysian paramedic students (Haj-Yahi and Tamish, 2001), and the 10.4% (17.3% of females and 3.4% of males) in a New Zealand adolescent cohort (Fergusson et al., 1997). It is possible, however, that there was an underreporting of rape and CSA in the present sample.

Overall there was no significant difference in risky sexual behavior between male and female freshmen, however it was found that females were more likely to exchange sex for drugs and a place to stay. This finding contradicts earlier studies in Europe, where it was shown that male university students were more likely to practice unsafe sex than females (Hawkins et al., 1995; Jadack et al., 1995). Overall, freshmen had a fairly accurate knowledge of HIV transmission. Males reported significantly better levels of HIV knowledge relating to precautionary condom use and restrictive behavior than females.

The study further found an association for alcohol usage and age in risky sexual practices among male freshmen. Similarly, among female freshmen there was an association between CSA and increasing age and risky sexual practices. Many of the studies on sexual risk behavior in university and college students have consistently reported alcohol as a major risk factor (Hingson et al., 1990; O'Leary et al., 1992; MacDonald, 1996; Elliot and Brantley; 1997). The present study supports these findings. Use of alcohol accounted for 32% of the total explanatory power of risky sexual behavior in male freshmen. Heavy alcohol intake can impair judgement, such that those under the influence can become uninhibited making them susceptible to unsafe sexual practices. The finding that a reported history of CSA predicts risky sex among female freshmen is consistent with an earlier study, which found that sexually assaulted individuals were more likely to report recent unprotected intercourse than persons who had not been sexually assaulted

(Schwartz, 1991).

Evidence from this study challenges the social role expectations that often see women as victims of rape and males as sexual predators. In Africa, an emerging awareness of males as victims of child sexual abuse and rape challenges the patriarchal and gender expectations of males as the stronger sex and dominant in decisions regarding sexual matters (Isiugo-Abanihe, 2003). Earlier reports have not documented this pattern; although recent evidence (Ajuwon et al., 2001) has shown that sexual violation among adolescents and young adults may be a common phenomenon. Effects of globalization with the exposure to foreign culture and lifestyles may be, to some extent, be attributable. This may need to be further clarified in future studies.

There are a number of limitations to the present study that must be acknowledged. Inaccurate recall of past events and social desirability expectations on a sensitive social issue may have led to an underestimate of actual levels of risky sexual behavior. In addition, although we attempted to study all freshmen admitted in the 2003/2004 academic session, not everyone attended the orientation lecture. The sample may therefore not have been representative of all freshmen who were admitted.

Nevertheless, the findings from this study highlight the importance of including sex education and education about HIV in the student curriculum. In particular, these findings suggest a need for screening for CSA and rape for students presenting at the health centers for sexually related problems and HIV/STD screening. In addition, there needs to be greater accessibility to comprehensive interdisciplinary health services (including mental health counseling services) for students.

Conclusion

In summary, while there were few gender differences in the pattern of risky sexual behavior, significant gender differences in history of rape and child sexual abuse by non-family members emerged. There is a need for health policy players in the university to take cognizance of the emerging rates of CSA in both male and female new students, and the potential role of this in risky sexual practices among the female freshmen. Sex education should be one of the key components of the new student orientation program.

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