

**KNOWLEDGE, ATTITUDE AND PERCEPTION OF RAPE AMONG
MALE UNDERGRADUATE STUDENTS OF THE UNIVERSITY OF
IBADAN, NIGERIA**

BY

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DEDICATION

This work is dedicated to the Almighty God, who gave the inspiration,
resources and strength to attain this height in my academic pursuit.

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To God Almighty, my all in all, words cannot express my gratitude for his mercies and enablement to me in attaining another height in life. I am eternally grateful to you my Lord.

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ABSTRACT

Rape is a serious Public Health problem worldwide, with significant physical, psychological and social complications. Most studies on rape focused on females' experience of rape, with few targeting the prevalence and factors associated with rape perpetration among male students in tertiary institutions. This study was therefore designed to determine the level of knowledge, perception, attitude and prevalence of rape among Male Undergraduates (MUs) of the University of Ibadan.

A cross-sectional survey design was adopted. Four hundred and sixteen consenting MUs, from three out of the seven MU halls of residence were selected using simple random sampling. Respondents were selected from halls of residence, blocks and rooms using a multi-stage sampling technique. Data were collected using a self-administered questionnaire which included questions on respondents' socio-demographic characteristics, knowledge, perception, attitude and prevalence relating to rape. Knowledge was measured using a 12-point knowledge scale and scores 0-3, 4-7 and ≥ 8 were rated poor, fair and good respectively. Perception was measured using a 13-point perception scale and scores < 7 and ≥ 7 were rated supportive and non-supportive of rape. Descriptive statistics and Chi-square were used to analyse the quantitative data with level of significance set at 0.05.

Age of respondents was 22 ± 3.3 years; 85.6% were Christians and 76.6% Yoruba. Close to half (44.7%) of respondents had good knowledge of rape, 50.3% had fair knowledge and 5.0% had poor knowledge of rape. Knowledge score was 2.7 ± 0.5 . Majority (91.1%) had a non-supportive perception to rape. Perception score of respondents was 2.8 ± 0.4 . About one third (29.3%) had ever had sexual intercourse. Of these, 2.4% had perpetrated at least one form of rape. More than a quarter (37.5%) of rape perpetrated occurred within six months preceding the study and 80.0% took place during the academic session. The episodes of rape was perpetrated in perpetrators' hostel (10.0%); perpetrators office (10.0%), survivors' hostel (20.0%) within the campus. Also, in the hotel room (30.0%), perpetrators house (20.0%) and survivors' house (10.0%) outside the campus. Forms of rape perpetrated include: Forced vagina sex (45.0%), forced insertion of finger into the vagina (45.0%), forced anal sex (5.0%) and forced oral sex (5.0%). Actions taken to resist rape by the victims includes verbal refusal (70.0%), physical resistance (20.0%) and shouting for

help (10.0%). The perpetrators were motivated by love for the victim (45.5%), lady's pride (27.3%) and lady's beauty (18.2%). After the rape, 40.0% of the victims cried, 20.0% of them were very sad while 10.0% of the victim both felt embarrassed and felt ashamed. Rape was perpetrated in the female hostel (20.0%) than in the male hostel (10.0%). There was no significant difference between socio-demographic characteristics and perception to rape.

Therefore, to reduce occurrence of rape among undergraduates, campus enlightenment activities is recommended. Furthermore, there is need for capacity building on self-actualisation for girls through training workshops.

Keywords: Rape, Male undergraduates, Perception, knowledge, Perpetration

Word count: 462

CERTIFICATION

I certify that this study was carried out by OYEBADE Ayotunde ‘Damilola in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria.

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LIST OF ABBREVIATIONS

HIV/AIDS-Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

MU- Male Undergraduates

NGO- Non-Government Organization

SPSS- IBM Statistical Package for Social Sciences

UN- United Nations

WHO- World Health Organization

PTSD- Post traumatic stress disorder

CEDAW- Convention for the Elimination of all forms of Discrimination Against Women

CLEEN- Center for the law enforcement education in Nigeria

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Rape is a serious human rights and public health problem (Ajuwon, Olley, Akin-Jimoh, and Akintola, 2001; Amnesty International, 2009; and NPC, 2009). Rape is one of the most serious crimes that can occur on a University campus (Lohmann, 2008). It is a serious crime that is increasing rapidly in many countries. It is unlawful and can be prevented if law enforcement is more efficient.

Rape is a traumatic event in the life of a person, a brutal attack against women, almost always involves force and violence and has devastating consequences for the individual. The consequences may be psychological or physical and the individual has to cope with them in order to maintain equilibrium. The epidemiology of rape has become an issue of considerable political importance and sensitivity. Rape levels of non-consensual and coerced sex are clearly high in South Africa (Jewkes and Abrahams 2002).

According to Sande (2010), South Africa, records the highest rates of rape in the world. Child rights groups say that a woman is raped every 17 seconds (Joffe-Walt 2013). Although women have for the past 30 years openly organized and educated the public around the issues of rape and given support to rape victims, it is still not easy for women to talk about rape as it makes them feel uncomfortable.

There is still a lot to be done to stop or prevent the perpetrators and to further educate the population about the problem, despite the ongoing effort to protect women and vulnerable populations against rape and other forms of violence. Nigeria is a signatory to the United Nation's Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) although, the principles of the convention has not yet been integrated into Nigeria's legal code (NPC, 2009).

In Nigeria, the Federal Government is very silent about the incidence of rape and other forms of gender based violence (Amnesty International, 2009). This can be due to poor record of evidence based data. Moreover, data from the Center for Law Enforcement Education in Nigeria (CLEEN) found that 2241 cases of rape and sexual violence were reported to the Nigeria Police in 1991, 1529 in 2000, 2284 in 2001, 2084 in 2002, 2253 in 2003, 1626 in 2004

and 1835 in 2005. Most of the rape cases reported were believed to have taken place in tertiary institution (Amnesty International, 2009). Studies carried out among out-of-school youth in Ibadan, on sexual coercion (Ajuwon, Olley, Akin-Jimoh and Akintola, 2004) and also, on the prevalence and factors associated with perpetration of non-consensual sex among students of a tertiary institution in Ibadan, Nigeria (Olaleye and Ajuwon, 2012) documented the existence of rape among young people in Ibadan.

Similarly, studies in the USA (Curtis, 2004; Lohmann, 2008), in Australia (Russo, 2000), and in South Korea (Joohee, Noel, Jinseok and Hyunsung, 2007) shows that rape is a serious problem among students in tertiary institutions.

From previous findings, it has been discovered that survivors of rape tend to suffer in silence (Ajuwon et al, 2004). Survivors do not seek medical assistance because of fear of being stigmatized and lack of rape survivors support services (Lohmann, 2008).

1.2 Statement of problem

Rape is a serious public health problem with significant physical, psychological and social complications (Ajuwon et al, 2001; Lohmann, 2008 and WHO, 2010). It is characterized by several health consequences including depression, unwanted pregnancy and HIV infection (Ogunwale et al., 2012, WHO, 2012). Males are more likely to enforce sexual intercourse in dating relationships than females because of the societal promotion of male dominance in various matters especially sexual matters (Lohmann, 2008).

Rape has become a source of concern in higher institutions (Lohmann, 2008). Even in developed countries where much attention is given to gender-based violence, it is still difficult to ascertain the prevalence of rape among students of tertiary institutions. This is due to inadequate research on the subject and the low possibility of reporting attacks by survivors (Lohmann, 2008).

According to Elegbeleye (2006) and Izugbara, Duru and Dania (2008), there is high occurrence of rape among University students in Nigeria. Some of the reasons for this include; relative psychological immaturity of University students, who are mostly in their adolescent and post-adolescent stage of life (Izugbara et al., 2008). Also, another reason can be due to the degree of freedom in terms of social interaction among young men and women and the lack of parental

supervision because they are far away from home (Elegbeleye, 2006). However, the nature of design of University environment gives easy access for male and female, many of whom are usually in dating relationship which could facilitate date rape (Lohmann, 2008). The extent to which male students perpetrate date rape and other types of rape as well as their perception of what constitutes rape has not been fully investigated. Hence, need for this study.

1.3 Justification

Few studies have been done on the experience of date rape among female students (Oshiname, Ogunwale and Ajuwon, 2013) and on the prevalence and factors associated with perpetration of non-consensual sex among students of a tertiary institution in Ibadan, Nigeria (Olaleye and Ajuwon, 2012). There is limited systematically collected information on the perception of male undergraduate students in campuses to rape. There are currently limited national data on the nature and extent of the problem in the country (Ajuwon and Adegbite, 2008). Sections of Nigerian constitution, Criminal code, Penal code and Sharia laws that address rape are not carefully detailed.

There is need for policies that address the problem of rape, the prevention and control among University students. Sexual violence or sex offence policy can promote campus safety, prevent perpetration of rape and prompt reporting of rape incidents to appropriate campus officials (Lohmann, 2008). Alcohol policy that prohibits the sale of alcohol on campus has the potentials of addressing rape and other related sex offences among University students (Armstrong, Hamilton and Sweeney, 2006).

Data generated from this study will facilitate the formulation of appropriate policies and interventions for addressing the rape and other types non-consensual or co-erced rape on campuses. This study is therefore important to fill the gap in knowledge on factors influencing the act of rape among male students. The findings from this study will be useful in establishing frame works that can guide future research and intervention programs and also help to inform therapeutic approaches used by the counseling unit to counsel students who are involved in rape either the perpetrators or the victims.

1.4 RESEARCH QUESTIONS

1. What is the level of knowledge of rape among male undergraduate students of University of Ibadan?
2. What is the attitude of male undergraduate students of University of Ibadan towards rape?
3. What are the perceptions of male undergraduate students of the University of Ibadan about rape?
4. What is the prevalence of rape among male undergraduate students of the University of Ibadan?

OBJECTIVES

1.5 The broad objective

The broad objective of this study is to investigate the awareness, perceptions, attitudes and factors influencing rape perpetration among male undergraduate students of University of Ibadan.

1.6 Specific objectives

The specific objectives of this study include:

1. To access the level of knowledge of rape among male undergraduate students of the University of Ibadan.
2. To identify the attitude of male undergraduate students of the University of Ibadan towards rape.
3. To determine the perception of male undergraduate students of the University of Ibadan about rape.
4. To determine the prevalence of rape among male undergraduate students of the University of Ibadan.

1.7 RESEARCH HYPOTHESES

- There is no association between age of students and their knowledge of rape
- There is no association between level of education and their knowledge of rape
- There is no association between religion and perception to rape
- There is no association between ethnicity and perception to rape

1.8 OPERATIONAL DEFINITION OF TERMS

Rape: Sexual intercourse perpetrated against another person's wish using force, threat or alcohol intoxication or other things that compromised the person's ability to give sexual consent. This definition of rape covers forms of sexual intercourse such as vagina, anal, oral sexual intercourse and insertion of a finger into the vagina of a woman.

Perpetrator: Someone who had raped another person.

Sexual assault: It is full range of unwanted sexual act. It includes sexual touching or fondling, verbal sexual abuse and rape.

Sexual violence: It is an act of forcing (or attempting to force) another individual through threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will.

Rape survivor: Someone who has been raped by another person.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Nature and extent of sexual violence

Sexual violence is an act of forcing (or attempting to force) another individual through threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will. As such, it includes a wide range of behaviours from violent forcible rape to more contested areas that require young women to marry and sexually service men not of their choosing (Heise, Ellsberg and Gottemoeller, 2011). The World Report on Violence and Health reinforces the definition and describe 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 person's sexuality using coercion, by any person regardless of their relationship to the victim (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002).

Experiences of sex violence may involve the use of threats, verbal insistence, deception, cultural expectations or economic circumstances. The consequence is a lack of choice to pursue other options without severe social or physical consequences. Sexual violence occurs throughout the world. Although in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner and up to one-third of adolescent girls report their first sexual experience as being forced. Sexual violence can occur in premarital, marital and extra-marital relationships. It also occurs in the course of routine activities in the home, neighbourhood, community and school. Perpetrators of sexual violence are usually people with whom the victim is familiar, including intimate partners, peers, family members, teachers, and other youth and adult acquaintances and perpetrators are generally, but not always males. Studies have shown that sexual violence occurs among all social-economic classes and in all age groups (Olaleye and Ajuwon, 2012).

Data on sexually violent men also show that most perpetrators direct their acts at women whom they already know. Among the actors increasing the risk of perpetrating sexual violence are those related to attitudes and beliefs, as well as behaviour arising from situations and social conditions that provide opportunities and support for abuse; for example, alcohol consumption. Alcohol has been shown to play a dis-inhibiting role in certain types of sexual violence as have some drugs, notably cocaine. Alcohol has a psychopharmacological effect of reducing inhibitions, clouding judgments and impairing the ability to interpret cues. The biological links

between alcohol and violence are, however, complex. Substance use can impair cognitive and motor abilities, making it more difficult to recognize or avoid danger. Men may target drinking women because they perceive them as more sexually available or may actually encourage them to drink or use drugs in order to take advantage of them. For example, a study conducted in South Africa showed that 8.9% of men had raped a woman by force or took advantage of her when she was too drunk to top (Jewkes, Sikweyiya, Morrell and Dunkle, 2009).

There is a dearth of research addressing perpetration of sexual violence among youth especially students of tertiary institutions in Nigeria. The few available studies have focused on females as victims and males as perpetrators and have neglected to explore perpetration of sexual violence among both sexes. In addition, there are also little or no available studies in Nigeria that explore context of perpetration of sexual violence using a qualitative approach such as in-depth interview of perpetrators. Most of the existing studies that explore the context of sexual violence focused mainly on victims (Olaleye and Ajuwon, 2012).

2.2 Concept of Rape

Rape involves sexual intercourse perpetrated against another person's wish using force, threat or alcohol intoxication or other things that compromised the person's ability to give sexual consent. This definition of rape covers forms of sexual intercourse such as vagina, anal, oral sexual intercourse and insertion of a finger into the vagina of a woman.

It is always traumatic as sexual assault by a stranger because it involves a breach of trust (Curtis and Lohmann, 2010). It is the rape of a female by a male she is dating (McDonald and Kline, 200) although, this definition ignores the fact that a female can rape her dating partner. Both male and female experience date rape, but men are most often the perpetrator (Heise, Ellsberg, Gottenmoeller, 1999; WHO, 1997 and Tennessee Survivors of Crime State Coordinating Council, 2002). It is disproportionately perpetrated against female adolescents in both industrialized and developing countries, thereby posing a major threat to the reproductive health of many in this population (Heise et al. 1999).

Some studies including those of Lonsway and Fitzgerald (1994) and Bell, Kuriloff and Lottes (1994) have shown that gender role socialization promotes rape in the society. Women are accused for being raped because they are perceived to have created the opportunity for it to occur, hence, tacitly condemning the deviant acts of the perpetrators (Lonsway and Fitzgerald, 1994; Bell, Kuriloff and Lottes, 1994). Males are more likely to be supportive of rape related

myths than females because of the societal promotion of male dominance in sexual matters (Lohmann, 2008). The response of the Community, sanctions or prohibitions are potential measures that could be used to address the phenomenon. However, the unique role of research cannot be overemphasized (WHO, 2010).

According to Laura (2000) and Bennice and Rasick (2003), date rape out-numbers other forms of sexual assault. It is noted that one in four women is a survivor of rape attack, with as many as 84% of these attacks being acquaintance or date rapes. Findings from previous studies confirmed that sexual assault such as date rape can be as traumatic as sexual assault by a stranger. This is so because it involves breach of trust (Lohmann, 2008).

In Nigeria, there is reluctance in accepting the fact that sexual voluntary consent can be denied in relationships. Sexual coercion in intimate relationships seems to be a normal thing, which is one of the main reasons date rape is not recognized as a serious problem (Russo, 2000). Date rape has become a source of concern in higher institutions (Lohmann, 2008). It is always traumatic as sexual assault by a stranger because it involves a breach of trust (Curtis and Lohmann, 2010).

There are limited literatures on date rape especially in developing countries (WHO, 2010). Few researches have been carried out in Africa including Nigeria on date rape related issues. Although, most authors often use the terms 'rape' and 'sexual assault' interchangeably (Kullima, Kawuwa, Audu, Warkentin, 2008). According to Warkentin (2008), the two concepts are related, but some differences still do exist between them.

2.3. Involvement of adolescents in rape

According to Nigeria Demographic Health Survey (NPC, 2008), 17.3% of sexual violence experienced by never married adolescents in Nigeria are perpetrated by boyfriends. Also, according to Kullima et al., (2010), based on a study conducted in four Universities in Northern Nigeria, sexual assault prevalence rate is 13.8% among University students with boyfriends perpetrating about 17.6% of the assault. A study conducted by Elegbeleye (2006) revealed that rape incidence is a common phenomenon in Nigeria University campuses. However, he added that many students were somewhat ambivalent about its actual occurrence. Most times, survivors do not define date rape as a rape; hence, there is a high difficulty in determining its prevalence (Warkentine, 2008).

In the United Nations, report from 65 countries compiled from the government sources showed that more than 250,000 cases of rape or attempted rape were recorded by police annually (United Nations, 2002). In some countries, it has been recorded that nearly one in every four women, experience rape by an intimate partner including dating partner (WHO, 2002). In the United States, one in four women is a survivor of a rape attack, with as many as 80-88% of the attacks being date rapes (Lohmann, 2008). 20% of college women were reported to have been raped in their lifetime in USA (Brenner, McMahon and Douglas, 1999). The average prevalence rate of date rape in US is more than 15% among University students. In Australia, it was revealed in a national survey on sexual assault in 1992 that 13% of sexual assaults were committed by a boyfriend (Russo, 2000). According to Lehrer and Oyarzun, (2007), a study conducted in Chile revealed that among University students in Chile, 19.4% and 6.2% of the students had reported rape and attempted rape respectively. This same study revealed that 26.6% of the rape cases were perpetrated by their dating partners (Lehrer and Oyarzun, 2007). Warkentin (2008) stated that the prevalence of rape on University campuses is higher than that of the general population.

2.4. Consequences of rape

Rape results in physical, psychological and social consequences. Most time forced sexual intercourse are usually unprotected sex and this may place young women at increased risks for many health problems, including early or unintended pregnancy, abortion, and sexually transmissible infections (STIs), including HIV. The consequences of rape are often very severe. It affect the physical, reproductive, mental, social health and wellbeing of the victims (Lohmann, 2008 and WHO, 2010). These in one way or the other affect the individuals, families, communities and the wider society (WHO, 2010).

Common physical injuries as a result of rape include: vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain due to pelvic inflammatory diseases and urinary tract infections (Mulugeta, 1998; Works and Addisie, 2002; Lohmann, 2008; WHO, 2010). It can also lead to unwanted pregnancy (WHO, 2010). The risk of unintended pregnancy is usually high because date rape is usually an unprotected sex. But the rate varies between settings and depends particularly on the extent to which contraceptives are used (Jewkes, Vundule, Maforah and Jordaan, 2001).

The rate of transmission of HIV is very high during date rape (Lohmann, 2008 and WHO, 2010). When there is vaginal penetration, abrasions and cuts which commonly take place during date rape, the rate of entry of pathogens into the vagina mucosa increases (Lohmann, 2008). Inability to negotiate condom use due to forced sexual intercourse during date rape, also lead to transmission of HIV infection. (WHO, 2010). Forced sex often increases the likelihood of engaging in unprotected sex, having multi partners, participating in sex work and substance abuse (Wingooog, DiClemente and Raj, 2000).

Another severe effect of date rape is on the psychological health. These include self-blame, depression and suicidal attempt (Lohmann, 2008). According to Lohmann (2008), self-blame can be classified into behavioural self-blame and characterological self-blame. The behavioural self-blame is an undeserved blame based on actions. Most times, survivors of date rape who often experienced behavioural self-balme feel they should not have done what they did and therefore feel at fault (Frazier, Mortensen and Steward, 2005). Meanwhile, characterological self-blame refers to underserved blame based on character. Date rape victims who experience characterological self-blame feel there is something inherently wrong with them which have caused them to deserve to be assaulted (Frazier, Mortensen and Steward, 2005).

Emotional trauma, loss of self-esteem, loss of appetite, loss of confidence, fear, feelings of insecurity, thought of suicide and attempted suicide often occur to survivors after date rape (WHO, 2010). While the perpetrators (young men), live their normal life as if nothing has happened. According to Lohmann (2008), date rape leads to depression, anxiety, complications in subsequent relationships and difficulty in attaining pre-rape levels of sexual satisfaction. The extents of which these emotional consequences occur depend on emotional support available, prior experiences and personal coping styles. Some survivors of date rape become very withdrawn and uncommunicative and others may act out sexually and become promiscuous (Lohmann, 2008).

Post-traumatic stress disorder (PTSD), is one of the most serious psychological disorders that develop as a result of date rape (WHO, 2010). Of all the causes of PTSD, rape (and other forms of sexual assault) is the most common cause of PTSD among African women (Mcfarlane, Parker and Soeken, 1996). Most times, the immediate response of the victim to the event includes fear and helplessness. Symptoms inherent in PTSD include persistent re-experiencing of the event, persistent avoidance of stimuli associated with the event and persistent symptoms of increased arousal. This pattern of re-experiencing, avoidance and arousal is always present

for at least one month. However, there may also be accompanying impairment in social, occupational, or other important realm of functioning (Lohmann, 2008).

2.5 Factors influencing perpetration of rape

The following are the factors that can influence attitudes and behaviour of date rape perpetration. Intrapersonal, interpersonal, community and societal factors.(Olaleye and Ajuwon, 2012).

1. Individual factors: such as alcohol, cigarette and drug consumption and psychological factors can provide opportunity for sexual abuse. Alcohol is widely believed to increase sexual desire and capacity, and also increase aggressive behaviour, especially in men (Abbey, Zawacki, Buck, Clinton and McAuslan, 2001). This may predispose some men to act aggressively after drinking alcohol. Many 'date rapists' report deliberately getting a woman drunk in order to have sexual intercourse with her (Abbey, Clinton, McAuslan, Zawacki, and Buck, 2002). Men often drink to feel less inhibited, more powerful, aroused, and aggressive. It has been found out in different studies that approximately one-half of all sexual assaults are committed by men who have been drinking alcohol. Depending on the sample studied and the measures used, the estimates for alcohol use among perpetrators have ranged from 34% to 74%. Research has also indicated that a substantial proportion of sexual violence perpetrators are drinking at the time of the incident. For example, a UK study of 142 men imprisoned for rape, 58% reported drinking in the six hours prior to the rape. A further 12% had used a combination of alcohol and drugs. Also in a survey of 10,000 US State prisoners, findings showed that 57% of those convicted of rape reported drinking at the time they committed the crime. (Olaleye and Ajuwon, 2012).

2. Interpersonal factors: This involves peer pressure and family factors. The environment exposed to at early childhood years might have given rise to situation and social conditions supporting abuse. Another explanation for high levels of violence relates to gender norms which favour perpetration of sexual violence in the country. Qualitative data from previous research in Nigeria showed that males generally perceive that a girl who refuses to accede to a request for friendship or sex is "arrogant and rude" and should be "punished" through rape (Ajuwon *et al.*, 2001b). Similar negative attitudes have been found in Tanzania where boys believed that young girls are "used to being forced" to have sex or that it is okay to beat a partner who refuses request for sex (Lary *et al.*, 2004). Thus, there is tendency that boys might believe that they have

a right to have sex with a girl who has agreed to be a girl-friend. Besides, older men lure girls into sex by showing them pornographic films after which they invite the girls to practice the act (Baker and Rich, 1992).

3. Community factors.

This involves

- a. Physical and social environment
- b. Economic factors such as poverty.

. Societal factors

This includes:

- a. Laws and policies.
- b. Global trends and economic factors.
- c. Social norms (Olaleye and Ajuwon, 2012).

2.6 Interventions to prevent rape

Four different approaches to prevent and control rape including date rape are; human right approach, public health approach, (WHO, 2010), criminal justice approach and pro-social bystander model (Cornell University, 2007). Many of these approaches have potentials for prevention and control of rape theoretically. They have not been implemented at all (WHO, 2010).

The human right approach

This is based on the obligations of state of respect, protect and fulfill human rights, so as to prevent, eradicate and punish violence against women and girls (WHO, 2010). This approach recognizes human right to which women are entitled. These rights include; right to life, liberty, autonomy and security of the women (and girls); the right to equality and non-discrimination; freedom from torture and cruelty, inhuman and degrading treatment or punishment; the right to privacy; and the right to the highest attainable standard of health (WHO, 2010).

All these human rights are engraved in international and regional treaties, national constitutions and law. It stipulates the obligations of states and includes mechanisms for holding the states accountable (WHO, 2010). The United Nations adopted the Domestic Violence Resolution as a human right issue, in 1985. According to UNIFEM (2000), “Violence against women and girls entails the single most prevalent and universal violation of human rights”. The UN continues to expend its role in the creation of human rights standards in the area of criminal

justice and in assisting and monitoring implementation of the standards. In 1995, the UN sponsored World Conference on Women, in Beijing. Representatives of 186 nations adopted the Beijing Platform of Action. However, tremendous progress has been made concerning gender equality in many countries; the process hardly started in some and has been reversed in some (Smithey and Strus, 2002).

Of all the international, continental and sub-regional protocols that frame the issue of Violence Against Women in Africa, the Africa Charter on Human and People's Right on the Right of Women in Africa, (which is the most important) was adopted in Maputo on 11th July, 2003 (Stewart, Sommerfelt, Borwankar, Oluwole, Fogg and Going, 2010).

Nigeria is also a signatory to many treaties, conventions or charter relating to human rights including rights of women. These include: 1948 United Nations Declaration for human rights; 1952 Convention of the Political rights of Women; 1996 International Covenant on Civil and Political right (ICCPR); 1979 Convention for the Elimination of All forms of Discrimination Against Women (CEDAW); 1994 International Conference on Population and Development (ICPD); 1995 Beijing Declaration and Platform of Action; the United Nations Resolution; and 2003 Africa Charter on Human and People Rights (Federal Ministry of Women's Affair and Social Development, 2006). Although, In Nigeria, the implementation of these policies has a very great potentials for preventing date rape, but most of them has not yet been fully translated into Nigeria laws and policies (Federal Ministry of Women's Affair and Social Development, 2006).

The Public Health Approach

This approach address the effect of intimate partner and sexual violence on health as a science-driven, population based, interdisciplinary, inter-sectoral approach based on the ecological model that emphasizes primary prevention (WHO, 2012). This approach aims to provide the maximum support, extend better care and safety to the entire population (Dahlberg and Krug, 2002). This approach adopts a multi-disciplinary approach involving medicine, epidemiology, sociology, psychology, criminology, education and economics (W.H.O, 2010). This is so because the problem is multi-faceted. According to the public health approach, sexual violence is not due result to a single factor but the outcome of multi risk factors and causes, interacting at four levels of a nested hierarchy which involve; individual, close relation/family, community and wider society, (WHO, 2010).

There are three types of prevention strategies in public health, namely; primary, secondary and tertiary prevention to be able to effectively address this health problem with the support of health professionals, policy makers, educators and women advocates (Smithey and Straus, 2002; WHO, 2010).

The primary prevention is aimed at preventing sexual violence including date rape (WHO, 2010). This strategy seeks to address the formation of individual and community attitudes because this will affect their behavior and result in reduction of sexual violence (WHO, 2010). It is a population based approach, emphasizing that the IPV is of relevance to the entire population. The focus is not only individual behavioral change but a community level shift in the values and norms that support sexual assault (WHO, 2010.)

According to Chamberlain (2008), primary prevention strategies seek to remove the causes or determinants of sexual violence (including date rape), to prevent the development of risk factors associated with violence. It involves prevention campaigns such as general awareness, individual behavior changes or a call to public action. For example, rape-supportive attitudes and norms are addressed through public information and awareness campaigns in mass media or specific settings such as sport and workplaces, educative and enter-educative programs. They may address gender inequalities and patriarchal power relations through policies promoting gender equality, skill training in respectful relationships, or community development and the mobilization of women's and men's networks for change (Harvey, Garcia-Moreno and Butchart, 2007).

This strategy has been neglected with majority of resources centered on either secondary or tertiary prevention (Smithey and Straus, 2002; WHO, 2010). Although, primary and secondary prevention are sometimes interwoven. For instance, shelters for battered women, in addition to aiding survivors, make an important contribution to primary prevention through community education programs and through empowering women (Smithey and Straus, 2002).

The target of secondary prevention is on early identification and intervention, targeting individuals at high risk for either perpetration or survivorization and working to reduce the likelihood of their further or subsequent engagement in or subjection to violence. It focuses on breaking the pattern of violent behavior before it becomes deeply ingrained (Smithey and Straus, 2002). Also, to reverse progress towards sexual violence and to reduce its impact. It also involves the immediate responses to violence, such as pre-hospital care, emergency services or

treatment for STIs following a rape (WHO, 2010). However, it includes efforts such as early identification and counseling of first-time offenders to challenge and change behavior as soon as possible after its occurrence (Smithey and Straus, 2002).

The focus of tertiary prevention centers on responding to rape after it has occurred. It involves counseling or psychotherapy, referral for survivors, advocacy as well as community-wide intervention, criminal justice services and sex offenders' treatment programs (Meyer, 2000; Smithey and Straus, 2002). It also focuses on responding to or treating the problem by minimizing the impact of violence, health and safety and preventing further perpetration or survivorization (Chamberlain, 2008; WHO, 2010). Examples of this strategy, according to Meyer (2000), include; reform of rape related statutes, enforcement of existing laws and the prosecution of accused rapists.

According to WHO (2010), public health approach is an evidence-based and systematic process involving four inter-related steps, namely: defining the problem; investigating why the problem occurs; exploring ways to prevent the problem and disseminating information on the effectiveness of programs and increasing the scale of proven effective programs. Approaches to prevent rape, either targeting the individuals or the entire communities, must be properly evaluated for their effectiveness. The programs should be adapted to local contexts and subjected to rigorous re-evaluation to ensure their effectiveness in the new setting.

WHO (2010), revealed that, school-based prevention is an effective public health method, used for influencing social and cultural norms that support rape-tolerant attitudes. Schools have scheduled sessions, ready-made groups, various personnel like social workers, counselors, psychologists to mention a few that can be beneficial to sexual violence prevention programs. Moreover, rape prevention education in schools can easily reach young population and can be linked to existing curricula, processes and pedagogy (Hassall and Hannah, 2007).

In the USA, rape prevention programs on campus has included education of various kinds, support for social events, distribution of rape whistles, use of hotlines, training of students, administrators and school security on ways to prevent rape (Sampson, 2002). Various researches have revealed that positive findings are more likely to result from school-targeted programs that utilize trained peers, training involving single sex sessions, training programs delivered over multiple sessions and years to ensure effectiveness (Foubert and McEvan, 1998; Friedman, 1999; Smith and Welchans, 2000; Mulroney, 2003).

The criminal justice approach

This approach sees intimate partner and sexual violence (including date rape), as a violation of law (Meyer, 2000). It focuses on responding to date rape after it has occurred by enforcing appropriate laws (WHO, 2010). It involves properly identifying perpetrators of date rape, ascertaining their guilt and ensuring that they are appropriately sentenced (WHO, 2010). Preventing date rape through this approach relies primarily on deterrence, incarceration and the punishment and rehabilitation of perpetrators.

According to Mediterranean Gender Institute (2008) and Lohmann (2008), date rape may involve the use of threat and administration of drugs or intoxicants on the survivor by the perpetrator and not necessarily involve the use of physical force. Women raped by intimate partners including dating partners usually do not seek health care from health care facilities following rape due to stigmatization, self-blame and confidentiality issues (Ajuwon et al., 2004 WHO, 2010). There is need for measures to criminalize perpetrators of abuse by intimate partners including date rape and to enlarge the definition of rape (WHO, 2010). Studies by Heise and Garcia-Moreno, 2002 and Jewkes et al., 2002 has discovered that such measures are very important in shifting social norms.

In Nigeria, rape is a criminal offence and the legal system has provision for redress (Ajuwon et al., 2004; Amnesty International, 2009).

Rape, according to the Criminal Code (Nigeria laws Caps 38), applicable in the southern part of Nigeria, Section 357 says:

'Any person who has unlawful carnal knowledge (carnal knowledge could be interpreted as penetration using body parts or foreign objects) of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of an offence which is called rape' (FGN, 1990). Under Section 358 of Criminal Code Act, rape is punishable by life imprisonment, with the possible addition of canning (FGN, 1990).

The Penal Code (Nigeria laws Cap 89), applicable in the northern part of Nigeria, criminalizes both rape and defilement (rape of a girl under the age of 13 years). Section 282(1) of the Penal Code says:

'A man is said to commit rape if he has sexual intercourse with a woman in any of the following circumstances-(a) against her will; (b) without her consent; (c) with her consent, when her consent has been obtained by putting her in fear of death or hurt; (d) with her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married; (e) with or without her consent, when she is under fourteen years of age or of unsound mind.'

According to Armstrong, et al., (2006), sexual assault education which emphasis date rape should begin before students arrives on campus and continues throughout University period. It can be most effective when high-status peers are involved in disseminating knowledge and experience to younger University students. Sexual assault education should shift its emphasis from educating women on preventative measures to educating both men and women about the coercive behavior of men (Armstrong et al., 2006). However, efforts to educate University students about sexual assault including date rape will not succeed if the University continues to support organizational arrangements that facilitate and even legitimate men's coercive sexual strategies (Armstrong et al., 2006).

Several studies have recommended Universities should put advocacy program in place to assist in the prevention of rape (Fisher et al., 2000, Lohmann, 2008, WHO, 2010). Regulations that could be used to address rape on campus include heavy policing of residential halls and policing of fraternities (Armstrong et al., 2006). Sexual harassment was listed as an indecent behavior in the students' Handbook of University of Ibadan, with a penalty of one semester suspension or rustication (Students' Affairs Division of University of Ibadan, 2008). The handbook does not contain information relating to definition, nature, contexts and forms of sexual harassment, which include rape.

2.7 Conceptual framework

The ecological model will be used to guide this study

Ecological Model

This model explains how the physical and socio-cultural environments at various levels influence people's behaviour. These levels highlight the interaction and integration of biological, behavioural, environmental and social determinants, as well as the influence of

organization (such as workplace and school), other persons (like family, friends and peers), and public policies which together help individuals make healthy choices in their daily lives (Glanz and Rimmer, 1995). Ecological model can be analyzed at five levels, which include; intra-personal/individual, inter-personal, organizational, community and policy levels. It is important to explain the concepts at the five levels.

Intra-personal/individual factors are personal factors which constitute the biological and personal history that may increase the likelihood that an individual will become a perpetrator or a survivor of violence (WHRO, 2010). They interface with the environment and society (Hanson, Hanson, Vardon, McFarlane, Lloyd and Durrheim, 2005).

Inter-personal factors include factors that increase risk as a result of peers, intimate partners and family members. These are a person's closest social circle and can shape their behavior and range of experiences (WHO, 2010).

Organizational factors include the commercial organizations, institutions, association and clubs that have structure, rules and regulations which enable them to pursue specific objectives and have direct influence over the physical and social environments maintained within organizations (Hanson et al., 2005).

The Community is a group of people interacting together with common interest. It provides means for socialization including adoption of certain norms, values, beliefs and habits.

Policy encompasses guidelines and provisions that guide human actions in the social systems. It involves regulations, rules or laws targeting the reduction of sexual violence including date rape.

This study will adopt the "Ecological model" because it gives room for the inclusion of various factors and perspectives from various disciplines (WHO, 2002). This model support a comprehensive public health approach that will not only address an individual's risk of being a perpetrator or a survivor of sexual violence but also the norms, beliefs, social and economic systems that gives room for occurrence of sexual violence including rape (WHO, 2010).

Ecological model can explain how interaction between different factors results into perpetration of date rape (McClure, Stevenson and McEvoy, 2004). Each of the five concentric circles (figure 2.1), represents a level or group of factors (Ogunwale et al., 2012).

The smallest and innermost circle represents the intra-personal factors that can place an individual at the risk of perpetrating or experiencing rape. Important intrapersonal factors for this study include age of study participants, age at sexual debut (first sexual intercourse), previous perpetration of attempted date rape, use of alcohol and other drugs. Others include awareness, knowledge and perception of rape.

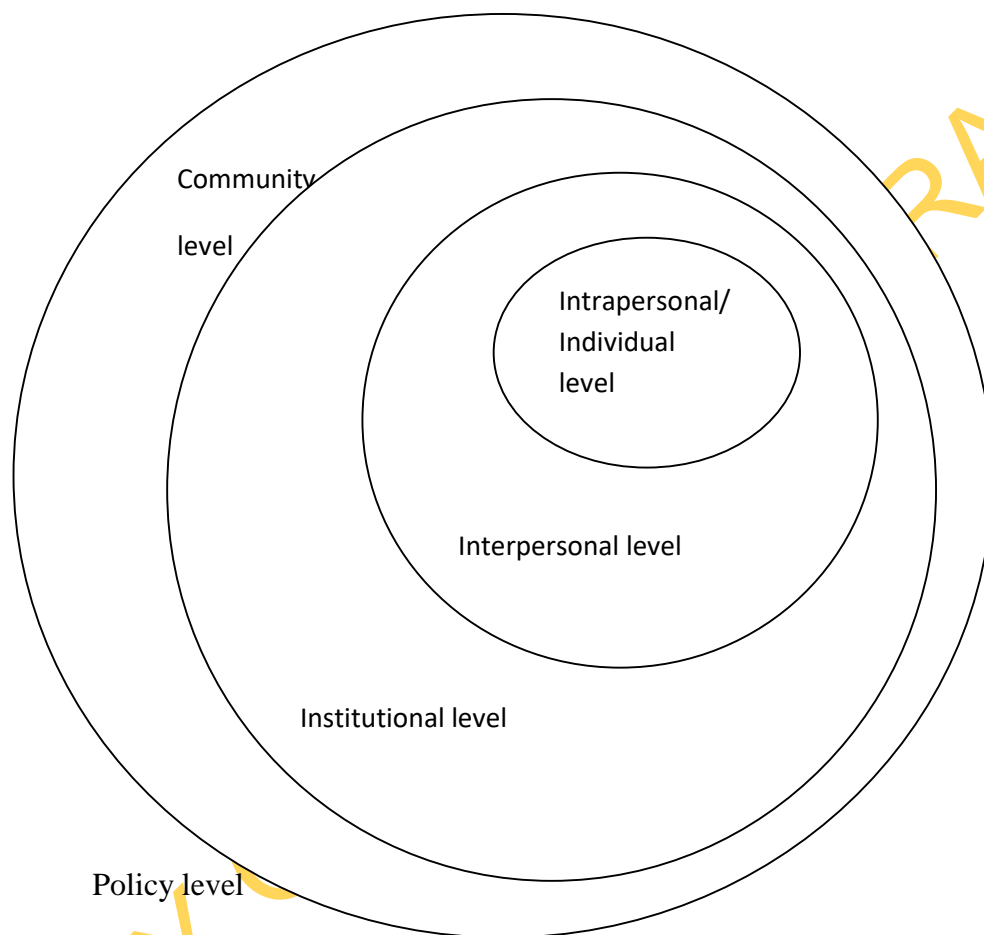
The next/second circle represents the inter-personal factors that can facilitate rape. Characteristics of relationship such as length of relationship, having multiple sexual partners and peers acceptance of rape myths are some of interpersonal factors that could be related to perpetration or experiencing rape.

The third circle represents the institutional and structural factors encompassing relationship. Questions will be asked on locations and places of occurrence of rape, period of school calendar when rape occurred, perpetrators identity and situation under which rape occurred.

The fourth circle represents the factors in the community that can influence the occurrence of rape. Relevant ecological variables that will be applied to this study include societal norms, perceptions and response that can influence perpetration/occurrence of rape. According to Izugbara et al (2004) and WHO, (2010), society perceives men to be economically and religiously superior and also of higher status when compared to women.

The fifth circle represents existing applicable policies that are related to date rape. Policies are supposed to guide human conduct on sex-related matters and offences including date rape and its prevention and control. Important variables that will be considered in this study include roles of government, school authorities and student union organization in prevention and control of rape.

FIGURE 2.1 ECOLOGICAL MODEL



The intrapersonal level

This involves knowledge of rape, belief in rape myths, previous sexual experience, childhood exposure to sexual violence and harmful use of drugs, alcohol and cigarette smoking.

Interpersonal level

This includes: conflict between dating partners, miscommunication and previous experience of sex.

Institutional level: involves provision of adequate security, institutional policy on rape and awareness on rape.

Community level: includes cultural norms on dating, culture of male dominance and rape perception and beliefs acceptance.

Policy level: involves: legal punishment/sanctions for perpetrators, approaches to rape prevention, health and support services for survivors (Ogunwale et al., 2012).

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CHAPTER THREE

METHODOLOGY

This section deals with the research design, study area and population, sampling technique, method and instrument for data collection, procedure for data collection and data analysis.

3.0. Study design

A cross-sectional study design was used for this study with the appropriate instrument rightly suited to achieve the research objectives.

3.1. Study area

This study was carried out at the University of Ibadan. The institution, occupying over 1,032 hectares of land, is located in Ibadan North Local Government Area. The University was originally established on 17 November, 1948 as an external college of the University of London with 104 students. The University became autonomous University in 1962 and had a little over 2000 students. The site of the University was leased to the Colonial authorities by Ibadan Chiefs for 999 years (University of Ibadan, 2002).

The institution has 13 faculties and 67 departments, with a population of over 20,000 students. The faculties are: Arts, Agricultural Sciences, Basic Medical Sciences, Clinical Sciences, Dentistry, Education, Law, Pharmacy, Public Health, Sciences, Social Sciences, Technology, and Veterinary Medicine (University of Ibadan, Postgraduate school prospectus, 2009).

There are 12 halls of residence in the institution, of which 10 are reserved for the undergraduate students, 6 halls exclusively for males and 3 halls reserved for the females.

Table 3.1- Categories of residents in the male undergraduate's halls of residence of the University of Ibadan for 2012/2013 Academic Session.

S/N	Halls Of Residence	Number of male undergraduates in the halls	Number of male undergraduates students per block
1	Alexander Brown Hall	347males	Block D-78 Block E-120 Block G-149
2	Mellanby Hall	509 males	Block A-270 Block B-32 Block C-135 Block D-72
3	Independence Hall	935males	Block A-291 Block B-289 Block C-300 Block D-55
4	Kuti Hall	513males	Block A-67 Block B-216 Block C-117 Block D-65 Block E-48
5	Sultan Bello Hall	487males	Block A-204 Block B-104 Block C-54 Block D-77 Block E-48
6	NnamdiAzikwe Hall	948males	Block A-296 Block B-300 Block C-296 Block D-56
7	Tedder Hall	512males	Block A-207 Block B-117 Block C-124 Block D-64
Total		4251males	4251males

❖ Source- Obtained from the record kept by hall wardens and hall supervisors (2012/2013).

3.2 Study population

The study population consists of male undergraduate students spread across some of the halls of residence of the University of Ibadan.

3.4 Inclusion and Exclusion criteria

A respondent must be a full time registered male undergraduate student presently residing in the undergraduate hall of residence. These criteria automatically excludes diploma students, students of distance learning program, undergraduates not residing in the University hall of residence and postgraduate students of the University of Ibadan.

3.5. Sample Size Determination

The sample size (n) was determined by using Cochran (1977) sample size formula:

$$n = \frac{Z^2(pq)}{d^2}$$

$$d^2$$

Where n= minimum sample size required

Z= standard normal deviation at 5% (standard value of 1.96 which corresponds to the 95% confidence interval).

p= 55.3%. Prevalence of rape/non-consensual sex, (Ajuwon et al, 2001).

d= degree of accuracy set at 0.05

$$q=1-p$$

$$=1-0.55=0.45$$

$$n = \frac{1.96^2(0.55)(0.45)}{(0.05)^2}$$

$$(0.05)^2$$

$$n = 380.3$$

The 10% of 380.3 =38 was added

$$n=380+38 =418$$

A total of 418 questionnaires were administered to the respondent but only 416(99.5%) were retrieved back.

Table 3.2: Distributions of male undergraduate students in halls of residence in University of Ibadan (2012/2013 Academic session).

S/N	Halls of Residence	Number of male undergraduates in the halls for each block selected	Number of male undergraduates per block	Proportion of respondents to be selected from each male hall of residence	Number of respondent selected per block
1	Alexander Brown Hall	347males	Block D-78 Block E-120 Block G-149	$\frac{347 \times 418}{1716} = 85$	<u>Block D-19</u> <u>Block E-29</u> <u>Block G-37</u>
2	Mellanby Hall	477 males	Block A-270 Block C-135 Block D-72	$\frac{477 \times 418}{1716} = 116$	<u>Block A-66</u> <u>Block B-33</u> <u>Block C-17</u>
3	Nnamdi Azikwe Hall	892males	Block A-296 Block B-300 Block C-296	$\frac{892 \times 418}{1716} = 217$	<u>Block A-72</u> <u>Block B-73</u> <u>Block C-72</u>
Total		1716males	1716males	418males	418males

3.6 Sampling procedure

Stage 1:

3 out of the 7 male undergraduate halls of residence were randomly selected.

Proportionate sampling technique was used to determine the number of male undergraduate students that was interviewed from the randomly selected halls of residence which accommodated male undergraduate students (see table 3.1 for details).

Stage 2:

Proportionate sampling technique was used to determine the number of students interviewed per block (see table 3.2 for details).

Stage 3:

Rooms were selected in the selected blocks using table of random numbers.

Stage 4:

This stage involved the recruitment of the male undergraduate student from the selected rooms. An eligible occupant who happens to be the only one in the room at the time of the visit was purposively selected for the interview. In situations where there were two or more eligible occupants in a room, balloting was used to select the respondent that was interviewed. Each selected occupant was interviewed in the room or in an alternative conducive venue within the hall.

3.7 Methods and Instruments for Data Collection

The instrument for data collection was a semi-structured questionnaire. The design of the questionnaire was designed after reviewing literature relating to date rape. The questionnaire is organized into six sections (A-E) as shown in the appendix:

Section A was used to assess respondents' socio-demographic characteristics. Information on respondents' level of knowledge about rape was documented in Section B. Questions in section C was used to assess respondents' perception about rape. Section D contained questions that were used to determine the prevalence of rape and Section E was used to determine the attitude of men who had ever raped before.

3.7 Validity and Reliability of the Instrument

Validity

To ensure validity of the instrument in terms of the expected measures, contents, strength and accuracy, the draft of the questionnaire was developed through in-house pretesting with the inputs of my Research Supervisor, other lecturers in the Department of Health Promotion and Education and senior colleagues to enhance face validity of the instrument. The instrument was pretested among male students of the Polytechnic of Ibadan.

Reliability

In order to determine the reliability of the questionnaire, it was pre-tested among students of the Polytechnic Ibadan, Ibadan. The institution share similar characteristics with the University of Ibadan. Both institutions are among the foremost institutions of higher learning in Nigeria. Also, the two institutions are located within similar socio-cultural settings. In addition, both institutions have residential facilities for students and offer their students' similar social opportunities, such as being allowed to mix and interact freely.

The questionnaire was pre-tested among 42 male students residing in different male halls of residence in the Polytechnic Ibadan. This was to determine how effective the developed instrument was in collecting appropriate data relevant to the research objectives. The pre-tested questionnaire was cleaned, coded facilitated by the use of a coding guide and entered into the computer. This activity was help to screen for potential problems in the questionnaire, to detect errors and ambiguities and take appropriate measures to rectify them before it is used for data collection during the main study. The Cronbach's Alpha model technique of SPSS was used to determine the reliability co-efficient of the questionnaire. A correlation co-efficient of 0.7 was used to regard the instrument as reliable. After using the Statistical Package for Social Sciences to analyze the pre-tested questionnaire data, to ascertain the psychometric properties of the instrument; the reliability coefficient was determined using Cronbach Alpha formula. The closer was to 1, the more reliable it is. The standard that was used is 0. The result of the analysis of the data collected during the pre-test showed that the instrument is very reliable.

3.9 Recruitment of Research Assistants

Research Assistants (RAs) were recruited and trained. The training was focus on the objectives and importance of the study, sampling processes, how to administer the study instrument, how to secure respondents' informed consent and other ethical consideration and how to review the questions to ensure proper completeness of copies of the questionnaires. The RAs was involved in the pre-test of the study instrument at the Polytechnic Ibadan, in order to ensure that they have adequate understanding and knowledge of the instruments prior to the commencement of the data collection. In addition, the pre-test was an experimental learning opportunity for them.

3.10 Data Collection Process

The copies of the questionnaires were administered with the help of the trained RAs. The copies of the questionnaires were administered to participants after written informed consent has been obtained from the participants. The purpose of the research, the time that was spent and the benefits of the research was explained to the participants. The questionnaire was self-administered since the respondents could read and write in English language. The questionnaire was administered at the hall of residence in the evenings after lecture period between the hours of 4:30p.m and 7:30p.m for three weeks. A total of 416 copies of questionnaires was administered to the respondents. Each room selected was visited and a participant was interviewed in each room. Consent of the participant was sought before the administration of the questionnaire after the purpose of the visit (research), time that was spent and the benefits of the research has been explained to the participants. The questionnaire was collected as soon as each respondent was through with it and it was checked for completeness. Attention of a respondent was drawn to cases of omissions or incomplete responses in the questionnaire. The procedure was repeated in recruiting all respondents in the study.

3.11 Data Management and Analysis

The copies of the questionnaires was collated and edited by the researcher by the help of the research assistants. Copies of the questionnaires were checked for completeness and a serial number was given to each for easy identification and recall. The response in each copy of the questionnaire was hand coded facilitated by the use of a coding guide developed by the researcher after a careful review of the responses in all the copies of the questionnaires. After the entire questionnaire has been hand coded, a template was entered into the computer using the SPSS for entering the coded data. Responses in the questionnaire were entered into the

computer using the SPSS software version 16. A p-value less than or equal to 0.05 was considered statistically significant.

3.11.1 MEASUREMENT OF KNOWLEDGE

Ten (10) questions were asked and one (1) point was allocated to every correct response while 0 was allocated to don't know/No response and wrong answers.

Respondents that scored between 0-3 points = Code 1 were adjudged as having poor knowledge on rape while respondents that scored 4-7 points = Code 2 were adjudged as having fair knowledge on rape and respondents that scored 8-12 points = Code 3 were adjudged as having good knowledge on rape.

3.11.2 MEASUREMENT OF PERCEPTIONS

Thirteen (13) questions were asked and one (1) point was allocated to every correct response while 0 was allocated to don't know/response and wrong answers. Respondents that scored 0-5 points = Code 1 were adjudged as having supportive perception to rape and respondents that scored 6-13 points = Code 2 were adjudged as having non-supportive perception to rape.

3.12 Ethical Considerations

The ethical principles guiding the use of human participants in research was taken into consideration in the design and conduct of the study. Ethical approval was obtained from the joint University of Ibadan/University College Hospital Ethics Review Committee. In addition, permission was sought from the Student Affairs Division of the University of Ibadan. Permission was obtained from Wardens, hall supervisors and hall executives of the various male undergraduate's halls of residence. A written informed consent was developed. It contained relevant information about the focus of the study, objectives of the study, study methodology, inconveniences that were experienced and the potential benefits of the study to the society. Participation in the study was voluntary and there was no identifier such as name of participants. Participants were assured that all information provided was kept confidential.

3.13 Confidentiality of data

The trust of the participants was gained by assuring them that there was no means of identification on the questionnaires. The information gotten from them was stored properly with limited access to anyone but authorized personnel.

3.14 Limitation of the study

Male off-Campus students were excluded from the study and this may affect the generalization of the results. However, scientific steps were taken into consideration, in carrying out the study. The result obtained was concluded to constitute a fair reflection of the phenomenon at the University of Ibadan.

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CHAPTER FOUR

RESULTS

4.1 Socio-demographic characteristics of respondents.

Table 4.1 shows the basic socio-demographic characteristics of the respondents. All the 416 respondents were male undergraduate students of the University of Ibadan. This was so because they were purposively selected for the study. The ages of respondents ranged from 16-38 years with a mean age of 22.0 ± 3.3 years. Majority (52.6%) were between the ages of 21-25 years. Most (85.6%) respondents were Christians. The highest group (24.8%) of them were in 300 level. Respondents were distributed across three randomly selected halls of residence for male undergraduates, with the highest proportion (53.1%) of them being selected from Nnamdi Azikwe Hall and the lowest proportion (19.7%) from Alexander Brown Hall. Faculty of Clinical Sciences had the highest proportion (18.3%) of respondent, followed by Faculty of Social sciences (15.9%) and faculty of sciences (14.3%). Faculty of Pharmacy and Public health had the lowest respondents (1.2%). Majority (76.6%) were Yoruba, 13.8% were Igbo, 1.2% were Hausa, while others were 8.9%. Predominantly, 96.4% of the respondent were single. 95 (23.6%) of the respondent were in a romantic relationship and 136 (33.7%) had a girlfriend.

Table 4.1a Socio-demographic characteristics of the respondents (N=416)

Socio-demographic characteristics	Frequency	%
*Age in years (n=415)		
16-24**	332	80.0
25-38***	83	20.0
Religion (n=414)		
Christianity	356	86.0
Islam	58	14.0
Level of study		
100	83	20.0
200	50	12.0
300	103	24.8
400	100	24.0
500	42	10.1
600	38	9.1
Hall of residence		
ABH	82	19.7
Nnamdi Azikwe	221	53.1
Melambi	113	27.2
Faculty		
Agriculture and Forestry	29	7.0
Art	31	7.5
Science	59	14.2
Education	29	7.0
Clinical sciences	76	18.3
Social sciences	66	15.9
Law	11	2.6
Basic medical sciences	38	9.1
Technology	50	12.0
Pharmacy	5	1.5
Dentistry	11	2.6
Veterinary	6	1.4
Public Health	5	1.2
Marital status		
Single	401	96.4
Married	11	2.6
Cohabiting	4	1.0
Ethnicity		
Yoruba	317	76.6
Igbo	57	13.8
Hausa	5	1.2
Others	37	8.9

*Mean age of respondents=22±3.3year.

**Respondents who were young adults

***Respondents who were adults

Other ethnic group include: Ijaw, Efik, Yala, Idoma, Edo, Urhobo, Ashanti region, Ebira, Fulani and Igala.

Respondents' history of romantic relationship is presented in Table 4.1b. 23.6% of the respondents are in a romantic relationship. 33.7% were having a girlfriend as at the time of study. Mean number of male students in a romantic relationship and those having a girlfriend were 1.8 ± 0.5 and 1.7 ± 0.5 respectively (see table 4.1b). 29.3% of the respondents had had sexual intercourse before. Respondents' mean age at first sexual debut was 17.5 ± 4.4 years. They had their first sex within the range of 7-29 years (See table 4.1b for details).

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Table 4.1b: Respondents' history of romantic relationship

Variables	Frequency	%
Are you in a romantic relationship (N=406)		
Yes	95	23.6
No	311	76.6
Do you have a girlfriend (N=403)		
Yes	136	33.7
No	267	66.3
Ever forced a girl to have sex against her wish (N=383)		
Yes	9	2.3
No	374	97.7

Mean of respondents in a romantic relationship= 1.8 ± 0.5

Mean of respondents having girlfriend= 1.7 ± 0.5

4.2 Knowledge of rape among respondents

Table 4.2a shows a list of responses to the concept of rape. A large majority (93.1%) offered a definition on rape while 6.9% did not. Among those who offered definition, 66.7% claimed it is having forceful sex with a lady which includes a girlfriend, 1.6% said it is having sex forcefully with a spouse, 10.9% claimed it is having forceful sex with an unknown person, 3.9% said it is having sex forcefully with either known or unknown lady while 17.3% said it is an act of forcefully having sex with the opposite sex or using other coercive strategies.

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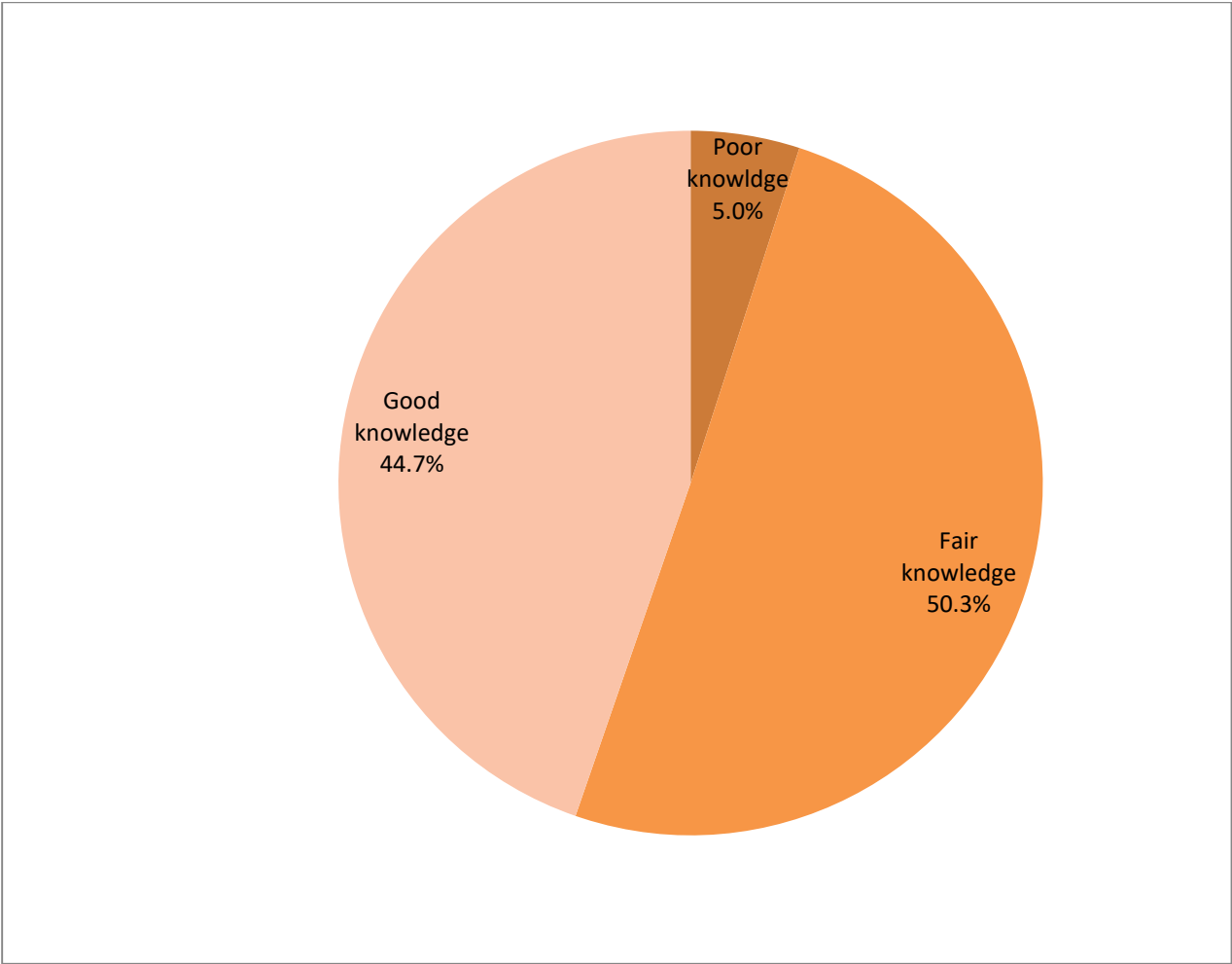
Table 4.2a: Knowledge on rape

Characteristics	Frequency	%
Definition of rape (N=387)		
Forcefully having sex with a lady including a girlfriend	257	66.4
Having sex forcefully with a spouse	6	1.6
Having forceful sex with an unknown person	42	10.9
Forcefully having sex with either an unknown or known lady	15	3.9
Act of forcefully having sex with the opposite sex using other coercive strategies (correct)	67	17.3
Sources of information on rape+ (N=416)		
Mass media (T.V., radio and newspaper)	341	82.0
Internet	224	53.8
Book	156	37.5
Church/Mosque	117	28.1
Friend	113	27.2
Lecture	107	25.0
Frequency of hearing of rape in the campus* (N=410)		
Never heard	126	30.7
Rarely	242	59.0
Often	28	6.8
Very often	14	3.4
Ever attended any lecture/educational program on rape in the campus (N=406)		
Yes	109	26.2
No	297	73.2

*No responses were excluded

+ Multiple responses were present

Participants had a mean knowledge score of 2.7 ± 0.5 . The proportion of participant level of knowledge were as follow; 5% had poor knowledge (0-3), 50.3% had fair knowledge (4-7) while 44.7% had a good knowledge (8-12) of rape as known in figure 4.1.



Note: Mean knowledge score= 2.7 ± 0.5

Figure 4.1: Level of knowledge on rape

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4.3 Perception of respondents to rape

Participants had a mean perception score of 2.8 ± 0.4 . Majority (91.1%) of the participants' had perceptions non-supportive of rape. Table 4.3a presents participants' perceptions relating to rape. Majority (96.9%) of the participants agreed that rape is risky and offensive to perpetrate on any lady, whether known or unknown to a man or boy. Similarly, majority (93.5%) participants agreed that rape is a sexual violence that should be stopped. Few participants (9.6%) were of the opinion that being forced to have sex by one's girlfriend or boyfriend is not rape. Similarly, few participants (9.4%) were of the opinion that "forced sex" is classified as rape only when the perpetrator is not one's boyfriend or man-friend. The view of 90.6% of the participants was that raping a relative is as offensive as raping a stranger. (See table 4.3a for details)

Table 4.3a: Perception relating to rape

Rape related perceptions	Pattern of response			Total
	Agree n(%)	Undecided n(%)	Disagree n(%)	
Rape is risky and offensive	403(96.9)	9(2.1)	4(1.0)	416
Raping a lady that came to visit a man at odd hours in the hostel is justified	40(9.6)	74(17.8)	302(72.6)	416
One factor that promotes rape is the belief that a man should go ahead to have sex with a lady even if she protests against it because many ladies will say no to sex when requested	117(28.1)	81(19.5)	218(52.4)	416
Most men rape ladies who are proud and refuse to be their girlfriend	149(35.8)	152(36.5)	115(27.6)	416
Being forced to have sex by one's girlfriend/boyfriend is not rape	40(9.6)	72(17.3)	304(73.1)	416
It is allowed for a man to forcefully have sex with his girlfriend to confirm her virginity	17(4.1)	27(6.5)	372(89.4)	416
Rape is a sexual violence that should be stopped	389(93.5)	12(2.9)	15(3.6)	416
Using force to have sex with a girlfriend or boy one is dating should not be regarded as rape	30(7.2)	38(9.1)	348(83.7)	416
Forced sex is classified as rape only when the perpetrator is not one's boyfriend/man-friend	39(9.4)	40(9.6)	337(81.0)	416
Getting raped by a relative is not as serious as being raped by a stranger	14(3.4)	35(8.4)	367(88.2)	416
Forcefully having sex with a lady outside the campus is not rape	5(1.2)	15(3.6)	396(95.2)	416
Raping a relative is not as offensive as raping a stranger	11(2.6)	28(6.7)	377(90.6)	416
Drugging a lady to sleep so as to have sex with her is not rape	8(1.9)	21(5.0)	387(93.0)	416

Table 4.3b highlights participants' perceived categories of ladies/girls who are usually raped. Ladies/girls who wear seductive dresses (87.3%) topped the list, followed by ladies/girls who love to demand material things from men and yet do not want to have sex in return (77.6%) and ladies who love to attend parties (66.1%). Relatives (19.5%), followed by male strangers (17.2%) and boyfriends (16.1%) were perceived as common perpetrators of rape (see figure 2 for details).

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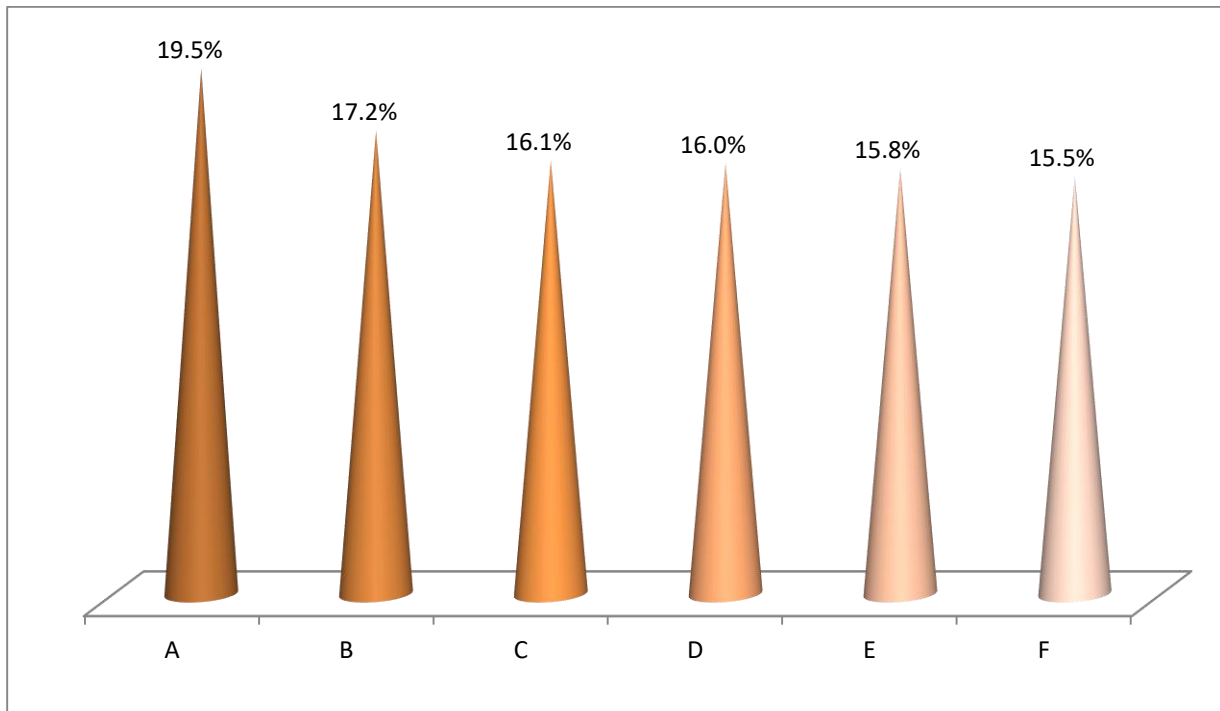


Figure 4.2: Perceived kinds of persons that usually rape girls/ladies

Key:

- A-** Relatives
- B-** Male strangers
- C-** Boyfriends
- D-** Neighbours
- E-** Male friends
- F-** Man-friends

Table 4.3b: Perception about the categories of girls/ladies that are usually raped

N=416		
Categories of girls/ladies that are usually raped	Frequency*	%
Ladies/girls who wear seductive dresses	363	87.3
Ladies/girls who love to demand material things from men and yet do not want to sex in return	323	77.6
Ladies/girls who love parties	275	66.1
Ladies who are too free with the opposite sex	175	42.1
Ladies/girls who are too free with their boyfriends/man-friends	147	35.3
Any lady	11	2.6
Ladies who walk mostly at night and visit at odd hours and in odd places	10	2.5
Ladies who look down on guys and are proud	10	2.5
Small girls that hawk around the street	5	1.2
Others categories of ladies/girls that are often raped boys/men**	15	2.9

*Multiple responses

These ladies/girls includes:

** ladies that lack manner (0.2%)

girls abused from childhood or raped before (0.5%),

ladies who live where rape is commonplace (e.g. refugee camps),

ladies that have big butt and breast (0.2%),

small girls that hawk around the street (1.0%),

ladies addicted to sexual films (0.2%),

ladies who not guided by the Holy Spirit (0.2%),

prostitutes (0.2%),

ladies who drink alcohol (0.2%),

ladies who have offended someone or a gang (0.2%),

N=410

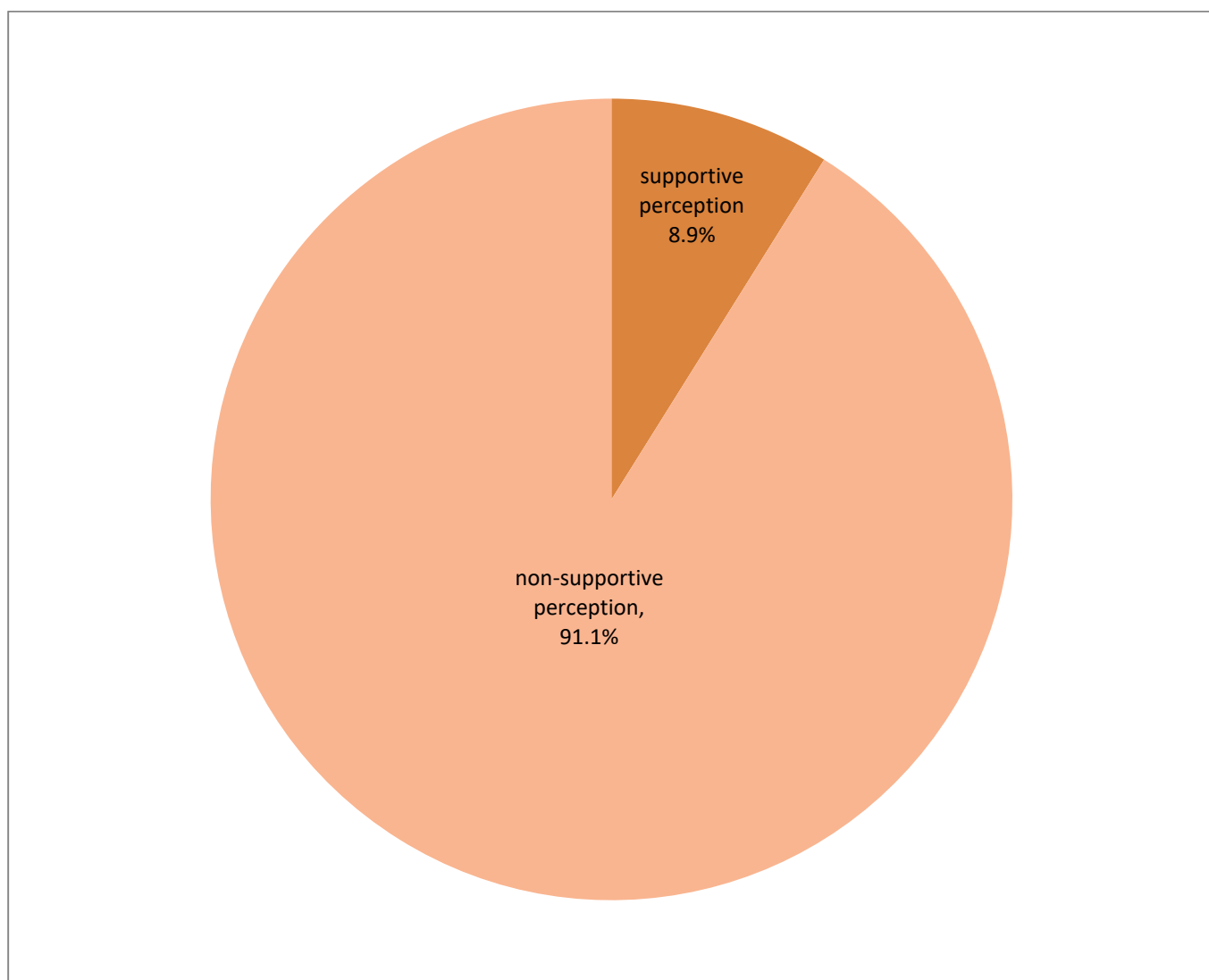


Figure 4.3: Participants' level of perception

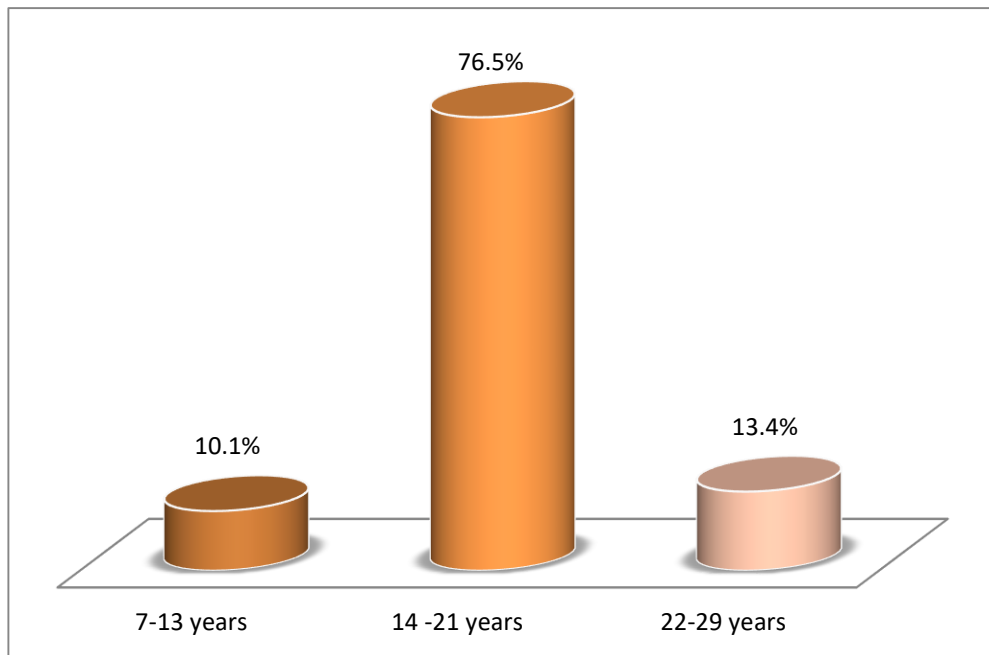
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4.4 Prevalence of rape

Overall, 2.4% respondents had ever perpetrated rape before. Many (37.5%) perpetrated rape within the year preceding the study. Similarly, (37.5%) respondents perpetrated rape six months prior to the study. The mean age of respondents at first sexual intercourse was 1.7 ± 4.4 and their age at first sex for 7-13, 14-21 and 22-29 years were 10.1%, 76.5% and 13.4% respectively (see table 4.4 for details). The commonest forms of rape were forced vagina sex (45.0%) and forced insertion of fingers into the vagina (45.0%) (See table 4.5 for details).

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N=122*



Mean age at first sexual intercourse= 17.5 ± 4.4 years

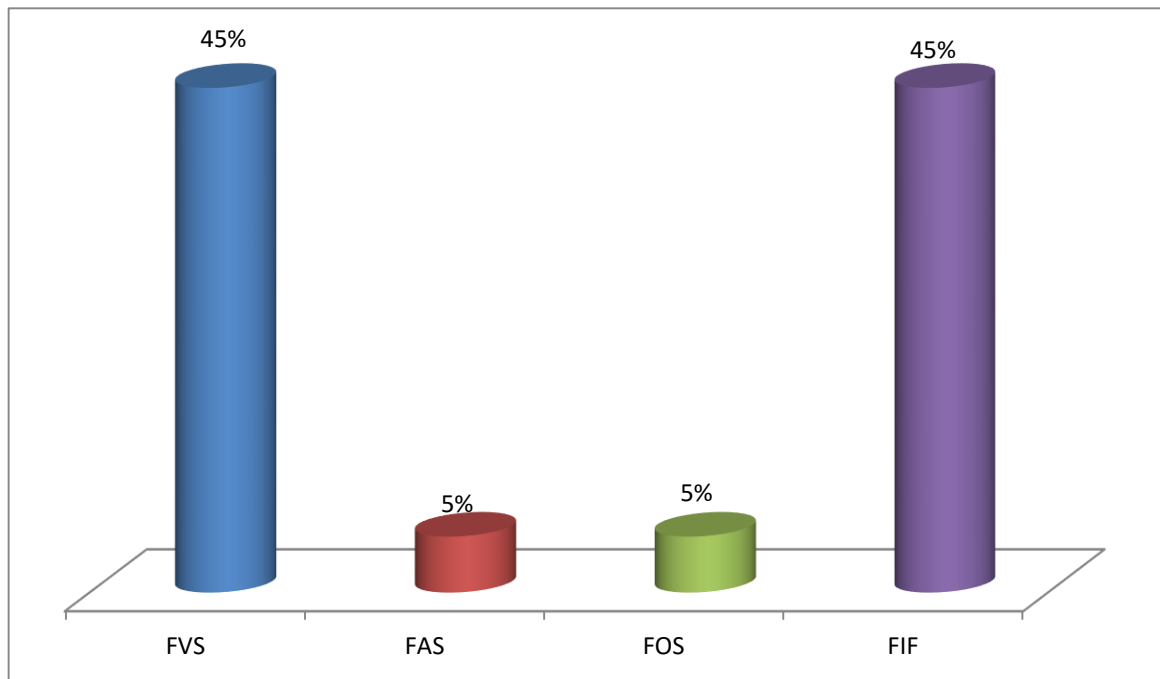
*Only 122 respondents reported having sexual intercourse

Figure 4.4; Respondents' age as at first sex

Prevalence of rape**N=10****Ever perpetrated rape****Responses**

	Frequency	Percentage
Perpetrated within the year preceding the study	4	37.5
Perpetrated within the last 6 months preceding the study	4	37.5
Perpetrated more than a year preceding the study	2	25.0

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Key: *FVS -Forced vaginal sex

*FAS -Forced anal sex

*FOS- Forced oral sex

*FIF- Forced insertion of finger into the vagina

Figure 4.5: Forms of forced sexual intercourse engaged in with a girl/lady against her wish

N=10

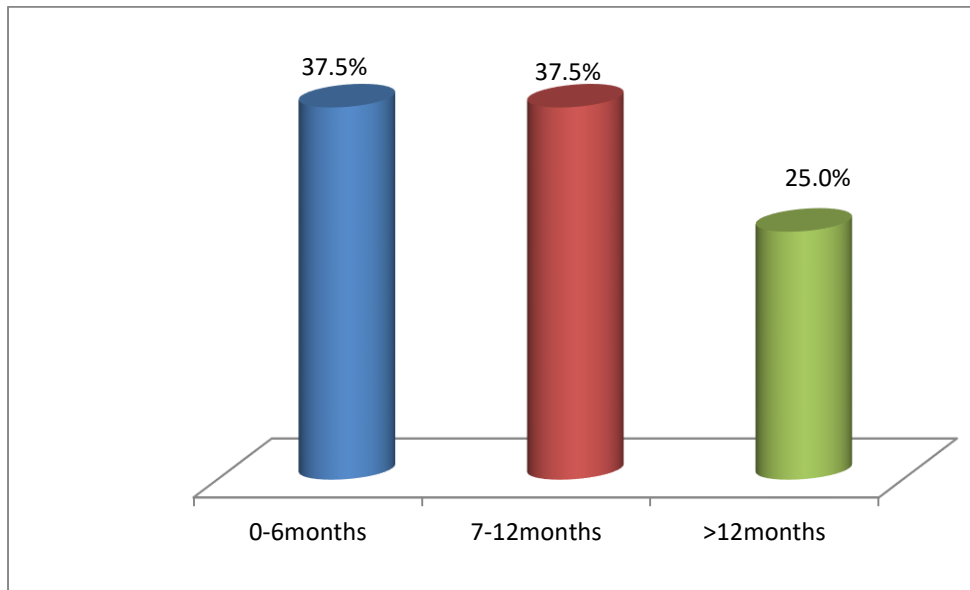


Figure 4.6: Period/time forced sexual intercourse was engaged in prior to the study (Period prevalence)

Many (37.5%) of the respondent that perpetrated the forced sexual intercourse engaged in it 0-6months and similarly and 7-12months prior to the study (figure 4.6).

Many (30.8%) of the respondent that perpetrated rape engaged after being admitted into the University took place during the academic session. Similarly, (30.8%) also took place during the holiday (see table 4.6 for details). Most (64.3%) girls/ladies way of communicating refusal to forced sexual intercourse was by verbally saying 'NO' to sex. (See table 4.6% for details).

Most (30.8%) of the rape was perpetrated in the perpetrators house outside the campus (see table 4.7 for details).

Most respondent (45.5%) said love or passion for the victims motivated them to perpetrate the forced sexual intercourse (See figure 4.7 for details).

Table 4.5 : Places or locations where rape occurred

N=10

Place/Location	Frequency	%
Within the Campus		
Perpetrator's hostel	1	10.0
Perpetrator's office	1	10.0
Survivor's hostel	2	20.0
Outside the Campus		
Hotel room	3	30.0
Perpetrator's house	2	20.0
Survivor's house	1	10.0

Table 4.6: Context in which rape occurred**N=10**

	Frequency	%
Period of the school calendar rape occurred		
(for those who perpetrated rape after being admitted into the University) (n=5)		
During academic session	4	80.0
During holiday	1	20.0
Identity of the survivors (n=10)		
Member of the University of Ibadan community	5	50.0
Non-member of University of Ibadan community	5	50.0
How refusal to forced sexual intercourse was communicated		
Verbally (By saying “No” to sex)	7	70.0
Physical resistance (such as beating and biting)	2	20.0
Crying/by shouting for help	1	10.0
How the lady felt after the forced sexual experience		
Crying	4	40.0
Amazing	2	20.0
Sad	2	20.0
Ashamed	1	10.0
Embarrassed	1	10.0

*No response was left out

N=10

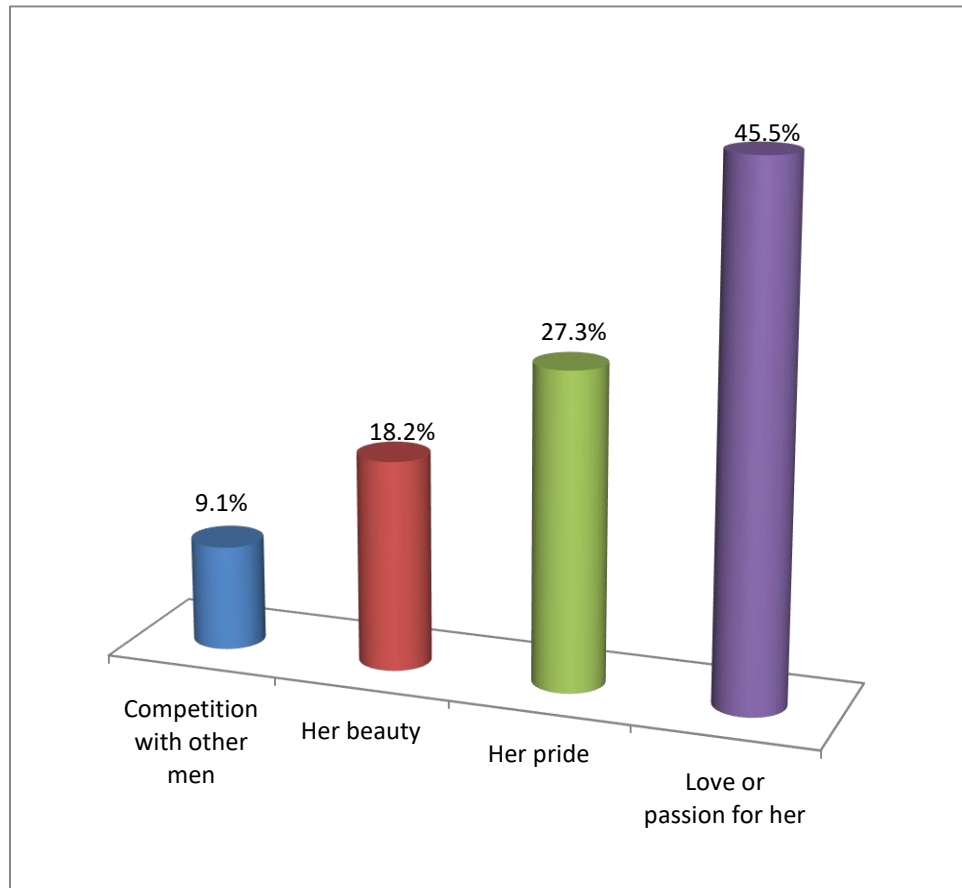


Figure 4.7: What motivated forced sexual intercourse with the victims

4.5 TEST OF HYPOTHESES

Hypothesis 1

The null hypothesis states that there is no association between age and knowledge of rape. Chi square was used to test for the result of the association and the result is stated below:

Table 4.7: Association between age and knowledge of rape

Age	Poor	Fair	Good	Total	X ²	df	P-value
16-19	4	20	52	76	6.751	4	0.150
20-24	3	45	135	183			
25-38	0	24	38	62			
Total	11	85	38				

❖ People with no response were left out.

P-value is 0.150 and is greater than 0.05. Therefore, there is no association between age and knowledge of rape. Hence, we fail to reject the null hypothesis.

Hypothesis 2

The null hypothesis states that there is no association between level of study and knowledge of rape. Chi square was used to test for the result of the association and the result is stated below:

Table 4.8: Association between level of study and knowledge of rape

Level of Study	Poor	Fair	Good	Total	X ²	df	P-value
100	3	22	4120	66	10.190	10	0.424
200	1	13	27	41			
300	2	23	58	83			
400	2	15	64	81			
500	2	15	16	23			
600	2	6	20	28			
Total	12	94	226				

❖ People with no response were left out.

P-value is 0.424 and is greater than 0.05. Therefore, there is no association between level of study and knowledge of rape. Hence, we fail to reject the null hypothesis.

Hypothesis 3

The null hypothesis states that there is no association between religion and perception to rape. Chi square was used to test for the result of the association and the result is stated below:

Table 4.9: Association between religion and perception to rape

Religion	supportive Perception	Non-supportive Perception	Total	X²	df	P-value
Christian	14	342	356	6.751	10	0.424
Islam	1	57	58			
Total	15	399				

❖ People with no response were left out.

P-value is 0.424 and is greater than 0.05. Therefore, there is no association between religion and perception to rape. Hence, we fail to reject the null hypothesis.

Hypothesis 4

The null hypothesis states that there is no association ethnicity and perception to rape. Chi square was used to test for the result of the association and the result is stated below:

Table 4.10: Association between ethnicity and perception to rape

Ethnicity	supportive	Non-supportive	Total	X ²	df	P-value
	Perception	Perception				
Yoruba	12	305	317	4.493	3	0.213
Igbo	1	56	57			
Hausa	1	4	5			
Others	1	34	35			
Total	15	399				

❖ People with no response were left out.

P-value is 0.213 and is greater than 0.05. Therefore, there is no association between ethnicity and perception to rape. Hence, we fail to reject the null hypothesis.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Socio-demographic characteristics and related information

The age of respondents ranged from 16-38 years with the mean age of 22 years. This implies that the target population consists of young persons. A previous study conducted among undergraduate of Ibadan revealed a mean age of 21.0 years (Oshiname, Ogunwale and Ajuwon, 2013). The age range of respondents in the current study suggests that some of the respondents may have completed their secondary school education before the statutory or official age of 18 years as contained in the National Policy of Education (Federal Ministry of Education, 1983). Based on this policy, the minimum acceptable age at which students should be in the University is 18 years. With the restructuring of the Nigerian educational system which provided opportunity for secondary school leavers to proceed to the higher institution after the Joint Admission and Matriculation Board (J.A.M.B.) examination. Hence, majority of the undergraduates in the University are young persons.

Many (32.7%) of the respondents had girlfriends and 22.8% were in a romantic relationship as at the time of the study. This shows that some of the respondents were in a relationship for companionship, mutual assistance and quest for future husband or wife (Kaula and Pavlou, 2007; Izugbara et al. 2008; Ogunwale et al., 2012) and it accounted for the reason why many of the respondent had a single dating partner.

Respondents' age at first sexual intercourse ranged from 7-29 years with a mean age of 17.5 ± 4.4 years, 29.3% of the respondents are sexually experienced. This shows that some of the male University students are sexually active. Previous studies have shown that several male students in the tertiary institution are sexually active (Olaleye and Ajuwon, 2012). The current study unlike other studies had a larger sample size and included medical students from Alexander Brown Hall at the University College Hospital, Ibadan. These could be possible reasons for the mean age of sexual debut observed in this study.

5.2 Knowledge of rape

According to the definition of Lohnmann (2008), some of the study participants (44.7%) knew that rape is a sexual intercourse or sexual penetration of any form (whether vaginal, oral or anal) by an opposites sex (which can be a stranger, boyfriend/man-friend or a spouse) characterized

by force or other methods that may interfere with consent. Mass media (T.V., radio and newspaper) constituted respondents' major source of information on rape. This is a sharp contrast with findings from several studies that showed that friends are more common sources of information about rape-related issues among young people (Obare, Agwanda and Magadi; Zhang, Shan and Baldwin, 2006, Oshiname et al., 2013). This difference could be based on the present eagerness and sensitivity of young persons' to get informed through mass media. Also, lecture/educational program on rape were the least source of information on rape. Hence, the need for health education inform of public enlightenment campaign, training and seminar workshop to prevent occurrence of rape among undergraduates on campuses.

Majority of the study participants said that psychoactive substances (such as alcohol, marijuana and valium) can be used to aid the perpetration of rape. Previous studies by Ajuwon et al, (2004), Warkentine (2008) and Ogunwale (2012) have similarly noted that alcohol is a common substance used in carrying out the act of rape. Marijuana which is also known as cannabis (UNODOC, 2004) is a psychoactive substance which can impair the judgement of users (McLaren, Lemon, Robins and Mattick, Richard, 2008). When this drug is ingested or smoked, it is capable of making rape perpetration more aggressive and consequences of rape is be overlooked by the perpetrator (Schwartz et al. 2000).

The study showed that rape is mainly perpetrated by relative (incest) followed by male strangers, boyfriends, neighbours, male friends and man-friends. This is closely related to the National Health Demographic Survey (NPC, 2008) which reported that strangers are the most common perpetrators of rape followed by boyfriends and friends or acquaintances among young people.

Psychological disorders including sadness and depression were the major emotional effect usually experienced by rape victims mentioned by most of the study participants. This is similar to what WHO (2010) revealed as the psychological consequences of rape. Other complications listed are emotional trauma, low self-esteem, fear, feeling of insecurity and suicidal tendencies.

Hatred for men, pain and stigmatization were among the major emotional disorders mentioned by the respondents. This is not different from what WHO (2010) reported that rape victims usually experience stigma and discrimination, inability to build partnerships and loss of prospects and rejection from family and friends.

Some respondents (50.3%) had fair knowledge of rape, while 44.7% of the respondents had good knowledge of rape. This is similar to findings in a study carried out by Olaleye and Ajuwon (2012) that showed students in Tertiary institution had fair knowledge of non-consensual sex (rape).

5.3 Perception towards rape

Most of the respondents (86.8%) perceived rape perpetrated by a boyfriend as serious as rape perpetrated by a stranger. According to several researches by Ajuwon et al (2003; 2004), Elegbeleye (2006) and WHO (2010), one of the socio-cultural factors that have the tendency of promoting rape is the pervasive culture of male dominance in most Nigeria societies including the area where the University is located. Elegbeleye (2006) noted that male dominance in sexual matters in most Nigeria societies finds its expression in different cultural norms, perceptions and attitudes which promote women's differences to men in decisions relating to sexual matters. Previous studies (Izugbara et al, 2008; Taft, 2009) have revealed that men are socialized to believe that they are superior to women and so should dominate their partner. Also, males' involvement in pre-marital and extra-marital affairs is tacitly tolerated in many cultures while it is viewed as aberrations or deviant acts when women indulge in them (Izugbara et al, 2008). However, the perception of sex as a reward which a man is undeniably entitled to after some financial or material investment in a woman is also pervasive in Nigeria communities (Ajuwon et al, 2003; Elegbeleye, 2006). Therefore, a man is not blamed for applying force on a girl or woman he has invested in if she refuses (Ajuwon et al., 2004). There is need for a cultural re-orientation programme to effect changes in these gender-based socio-cultural perceptions which compromise the health, dignity and integrity of women. This re-orientation program could be facilitated by the use of health promotion strategies such as public enlightenment, advocacy, policy intervention and legal reforms (Ogunwale 2012).

Most respondents (97.1%) agreed with the perception that rape is risky and offensive. This perception can prevent young men from perpetrating rape. This is similar to a study carried out by Kaulbach and Bach (2008) at the University of New Hemisphere, USA which revealed that any lady especially those in romantic relationships is at risk of rape.

Very few respondents (2.9%) had poor perception to rape that forced sex by a girlfriend or a boyfriend one is dating should not be regarded as rape. This is similar to a previous research by Kalosky (2005) in USA that revealed that some University students often do not regard rape in

dating relationship as rape. According to Buddie, (2001); Frith, Shaw and Hong (2005) rape that occur in romantic relationship could have been misclassified as non-rape based on perpetuation of rape-related misconceptions and portrayal of rape in the media as sexual intercourse obtained with use of force or weapon by a stranger.

Most respondents (93.2%) agreed with the perception that drugging a lady to sleep with her is rape. According to Pope and Schouldice (2001), psychoactive substances are stimulants that enhance sense of pleasure, self-confidence and increased energy which perpetrators need to carry out the rape.

5.4 Prevalence and attitude of men who had ever raped before

The prevalence of those who have ever perpetrated at least one form of rape was 2.4% (out the 29.3% that were sexually active) while 37.5% occurred within the last 6 months preceding the study and 80% occurred during academic session, at locations including hotel room, hostel and classroom. Forms of rape perpetrated include forced vagina sex-FVS, forced anal sex and forced insertion of finger into the vagina. Most female victims of rape communicated refusal verbally, through physical resistance and by crying. Most perpetrators were motivated because of the love and passion for the girl/victim, the ladies pride, her beauty and competition with other men. Feelings of the victims after the rape, were crying, very sad embarrassed, ashamed while some said they she felt amazing.

5.5 Implication for Health Promotion and Education

Findings from this study have health promotion and education implications and they suggest the need for multiple interventions directed at dealing with the phenomenon. According to the Mediterranean Gender Institute (2008), education involving creating awareness is required for women to know their rights and be more sexually assertive. Provision of factual (evidence-based) information has been effectively used in many Universities in some countries to create awareness on reproductive rights of Universities students.

Public enlightenment programmes on campus that involves awareness campaigns can be used to reach large numbers of students. The technique involves the use of posters, leaflets, documentaries, jingles and bill boards. According to Whiaker, Baker and Arias (2007), although, public enlightenment campaign can create awareness and influence knowledge and perception and attitude of people, evidence of its effectiveness in changing behaviour is insufficient. Hence, the need to combine it with other strategies such as peer education, training

workshop to enhance capacity building on self-actualization for girls, so that the weakness of strategy could be counter-balanced by the strengths of others.

Peer education can be used to increase knowledge relating to rape among young persons in the University with the view to address the problem of rape. Previous researches (Lonsway et al., 1998; Friedman 1999; Smith and Welchans 2000; Ogunwale 2012), have indicated that positive results are more likely to result from school-targeted programmes which utilize peer education. Peer education on rape could be more effective if done in single sex sessions (Foubert and McEwan, 1998) and delivered over multiple sessions over many years (Smith and Welchans 2000; Mulroney 2003). Education of both sexes about the rights of women and girls has been found to dramatically reduce the occurrence of sexual violence including rape among University students (WHO, 2010). Both male and female students should be educated on the importance of gender equality.

Combined use of two or more health promotion and education strategies is preferred for preventing and controlling rape because of the inherent advantages. The combination of strategies ensures that weaknesses of one are counter-balanced by the strengths of the others.

5.6 CONCLUSION

The research explored the level of knowledge and perception about rape as well helped to determine the prevalence of rape and sexual behaviours of men who ever raped before. Most of the male undergraduates have heard of rape from the mass media (T.V., radio and newspaper) as being the major sources of information. Level of knowledge of rape was generally fair among male undergraduate students. Many male students perceived that all kinds of rape (stranger rape, date rape and spousal rape) are serious sexual violence that should be stopped and that getting raped by a relative or a boyfriend is as serious as being raped by a stranger.

Few students of University of Ibadan are perpetrators of rape. Most rape occurrence took place outside the University campus and victims were mostly students. Most of the perpetrators were motivated based on the love and passion they had for the victims. Rape is a reality in the University of Ibadan and it needs to be tackled because of its public health importance. To this effect, there is need to develop a holistic interventional programmes that will enable male undergraduates to have appropriate knowledge of rape and to prevent the perpetration of rape from further occurring.

5.7 RECOMMENDATIONS

- 1- To reduce the occurrence of rape and improve the level of knowledge among student of tertiary institution, an intervention based on health education in form of public enlightenment campaign, training and seminar workshop aimed at preventing occurrence of rape among undergraduates on campuses need to be implemented among male undergraduates.
- 2- Another strategy that can be used to prevent and control rape on campus is advocacy. According to WHO (2010), advocacy is one of the most potent strategies for addressing sexual violence including rape. It is a process that can bring about change in policies, law and practices of significant individuals, groups, communities and institution (WHO, 2010). It could be used to promote gender equality and change socio-cultural factors such as biased gender norms, cultural beliefs and attitudes that promote or increase the perpetration of rape (Ogunwale 2012).
- 3- Policy intervention is also an effective strategy that can be used to address sexual violence including rape (USAID, 2006). Many Universities such as University of California, Selton Hall University, University of Florida in USA and University of Cape Town in South Africa have policies that addressed rape and other sexual violent acts. The policy should address appropriate sanctions and rehabilitative programmes for perpetrators of rape (Ogunwale 2012).
- 4- Combined use of two or more health promotion and education strategies such as public enlightenment campaign, training/seminar workshop and advocacy are preferred for preventing and controlling rape due to the inherent advantage. The combination of strategies ensures that the weakness of one is counter-balanced by the strength of the others (Ogunwale 2012).

5.8 Suggestions for further study

It is suggested that further studies be carried out to throw more light on the aspect of some rape which was covered in this study.

1. An interventional study is needed to determine effective strategies that could be used in preventing and controlling the perpetration of rape among male undergraduate students.
2. There is need to carry out a similar study among male undergraduate students of University of Ibadan who reside off-campus in order to compare data and proffer effective solutions that would be generalized.

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QUESTIONNAIRE

PERCEPTION OF RAPE AMONG MALE UNDERGRADUATE STUDENTS OF THE UNIVERSITY OF IBADAN, NIGERIA.

Dear respondent,

My name is **OYEBADE Ayotunde ‘Damilola**, 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 study on the “**Perception of rape among male Undergraduate students of the University of Ibadan**”. The information obtained will facilitate formulation of appropriate policies and interventions in the future for addressing rape problems and help to prevent occurrence of date rape among undergraduates on campuses. Your honest response can help prevent millions of males from the perpetration of rape in their relationships. I assure you that information collected shall be kept **confidential**. Please note that your names are not needed on this questionnaire. If you have any question, please feel free to let me know.

Kindly show by ticking any of the following boxes provided to indicate that your participation in this study is voluntary.

I will participate and will sign { } I will participate but will not sign { }

Signature _____

Thank you.

Section A: Socio-Demographic Characteristics

Note: Please tick the appropriate boxes that correspond to your answers or complete the spaces provided.

1. Faculty _____
2. Level of study: 1. 100 { } 2. 200 { } 3. 300 { } 4. 400 { } 5. 500 { } 6. 600 { }
3. Age in years (at last birthday) _____
4. Hall of residence: 1. Alexander Brown Hall { } 2. Kuti Hall { } 3. Melanby Hall { }
4. Sultan Bello Hall { } 5. Tedder Hall { } 6. Nnamdi Azikwe Hall { }
7. Independence Hall { }
5. Religion: 1. Christianity { } 2. Islam { } 3. Traditional { } 4. Others
(specify) _____
6. Ethnic group: 1. Yoruba 2. Igbo 3. Hausa 4. Others (specify) _____
7. Marital status 1. Single (never married) 2. Married 3. Others (specify) _____
8. Are you in a romantic relationship? 1. Yes { } 2. No { }
9. Do you have a girl friend? 1. Yes { } 2. No { }

Section B: Knowledge of rape

Instruction: Please tick the appropriate boxes that correspond to your answers or complete the spaces provided. Feel free and be very honest while answering this section. Be assured that all what you say will be kept confidential.

10. What is the most appropriate definition for “rape”?
11. Is sexual molestation the same as same? 1. Yes { } 2.No { }
12. What are your sources of information about “rape”? Underline one or more option that applies to you.
1. Mass media (e.g. T.V., radio, newspaper etc.) { } 2. Internet { } 3. Lecture { } 4. Book { }
5. Friends { } 6. Church/Mosque { }
13. How often do you hear of rape on the campus? 1.Never Heard { } 2. Rarely { } 3.Often { } 4.Very often { }
14. Have you ever attended any lecture or educational program on rape in this campus? 1.Yes { } 2.No { }
15. It is possible for a boy/man to rape his girlfriend? 1. Yes { } 2. No { }
16. Substance use can aid the perpetration of rape. 1. Yes { } 2. No { }
17. A man is entitled to rape a woman when she is wearing seductive cloth. 1. Yes { } 2.No { }
18. Rape is an involuntary action. 1. Yes { } 2. No { }
19. Rape is influenced by an evil spirit. 1. Yes { } 2. No { }
20. Rape is a form of sexual intercourse perpetrated against another person’s wish using force, threat or alcohol intoxication or against someone’s consent. 1. Yes { } 2. No { }
21. Who are those that usually rape girls or ladies?
1. Boyfriends { } 2. Man friends { } 3. Male friends’ { } 4. Male strangers { } 5. Neighbor. { }
6. Relative { } 7. All of the above { }

Section C: Perception relating to rape

Instruction: Please indicate your response by ticking the appropriate box.

	Rape related perception	Tick		
		Agree	Undecided	Disagree
22	Rape is risky and offensive.			
23	Raping a lady that came to visit a man at odd hours in the hostel is justified.			
24	One factor that promotes rape is the belief that a man should go ahead to have sex with a lady even if she protests against it, because many ladies will say no to sex when requested.			
25	Most men rape ladies who are proud and that refuse to be their girlfriend.			
26	Being forced to have sex with by one's girlfriend or boyfriend is not a rape.			
27	It is allowed for a man to forcefully have sex with his girlfriend to confirm her virginity.			
28	Rape is a sexual violence that should be stopped.			
29	Using force to have sex with a girlfriend or boyfriend one is dating should not be regarded as rape.			
30	Forced sex is classified as rape only when the perpetrator is not one's boyfriend or man-friend.			
31	Getting raped by a relative is not as serious as being raped by a stranger.			
32	Forcefully having sex with a lady outside the campus is not rape.			
33	Raping a relative is not as offensive as raping a stranger.			
34	Drugging a lady to sleep, to as to have sex with her is not rape			

35. Who are the categories of girls/ladies who are usually raped? Please tick one or all the alternatives you feel apply from the following:

1. Ladies/girls who are too free with their boyfriends/man-friend. { }

2. Ladies who are too free with the opposite sex. { }

4. Ladies/girls who love parties. { }

5. Ladies/girls who wear seductive dresses. { }

6. Ladies/girls who love to demand material things from men and yet do not want to sex in return. { }

7. Other ladies/girls not listed above, (please specify)

36. How do you describe the feelings of men/boys after engaging in a forced sexual intercourse with a girl/lady.

1.Successful { } 2.Accomplished { } 3.Satisfied { } 4.Guilty { }

37. How do you describe the feelings ladies/girls usually experience after a forced sexual intercourse with a boy/man?

Section D: Prevalence of rape

Instrument: Complete the open spaces or tick the boxes that correspond to your answer in this section. Please feel free to be honest; all your information will be kept confidential.

38. How old were you when you first had sex? _____

39. Have you ever forced a girl to have sex with you against her wish 1. Yes { } 2. No { }

40. If 'Yes' to Q27, did you rape her? _____

41. If 'No' to Q27, why _____

(If no to Q 39 above, please, you can end the questionnaire here)

42. Have you ever used any drug/medicine or any substances to enable you have sexual intercourse with a girl her wish by force? 1. Yes { } 2.No { }

43. Please indicate the form (s) of forced sexual intercourse you have ever engaged in a girl.
(Tick all that you have engaged in, please)

1. Forced vaginal sexual intercourse { }

2. Forced anal sexual intercourse { }

3. Forced oral sexual intercourse { }

4. Insertion of fingers into vagina { }

44. Instruction: Use table 3 for your answer by ticking the spaces that correspond with your answer. How many times have you been involved in the following against the wish of a girl (i. e using force)?

Table 3

s/n	Type of forced sex engaged in by you	within the last month	within the last six month	Within the last one year	Others, (specify)
44.1	Forced vagina sex				
44.2	Forced anal sex				
44.3	Forced oral sex				
44.4	Forced insertion of finger into the vagina				

Section E: Attitude of men who had ever raped a girl before.

Note: If you did not answer Q34 in section E, please skip to Q55

Instruction: Kindly indicate your honest response by ticking the appropriate boxes or provide response in the spaces provided.

45. Have you ever lured a girl to have sexual intercourse after you have given her a drink or something to take? 1. Yes { } 2. No { }

46. Have you ever had sexual intercourse with a girl after threatening her? 1. Yes { } 2.No{ }

47. Have you ever had forced sexual intercourse with a girl(s) since you have been admitted into this University? 1. Yes { } 2. No { }

48. If yes to Q47, was the girl(s) a member/student of University of Ibadan community?

1. Yes { } 2. No { }

49. If yes to Q48, was the girl(s) 1. Student (s) { } 2. Lecturer { } 3. Non-teaching staff { }

50. If yes to Q48, during which period of the institution calendar did you forced the girl(s) to have sexual intercourse with you?

1. During academic session { } 2. During holiday { }

51. Where did you force the girl(s) to have sex?

1. In the University campus { } 2. Outside the University campus { }

52. Which of the place and location in table 4 did you have the forced sexual intercourse with the girl(s)? Please tick appropriately as it applies to you.

Table 4

Description of place	Location	
	Campus	Outside the campus
Hotel room		
In your hostel		
In your house		
In your office		
In the office of the girl(s)		
In the house of the girl(s).		
In the girl(s) hostel		
Classroom		
Within the school compound (playground or joint)		
Other place, please specify		

53. When was the last time you had sex with a girl by force? _____

54. How did the girl communicate refusal to have sex to you? 1. Verbally { }

2. Physical resistance { } 3. Crying { } 4. Others, (please specify)

55. How did the girl feel after the last forced sexual experience with her?

56. What really motivated you to have forced sexual intercourse with the girl?

1. Her pride
2. Her beauty
3. Competition with other men
4. Love or passion for her
5. Prove her claim of virginity

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