

Full Length Research Paper

Experience of sexual harassment and coping strategies among students of the school of nursing of a tertiary hospital in Southwest Nigeria

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This descriptive cross-sectional study documented the experience of sexual harassment (SH) and coping strategies among 250 consenting students of University College Hospital, Ibadan school of nursing, using a pre-tested questionnaire. Descriptive statistics and Chi-square test were used to analyze the data at 5% level of significance. Mean age was 23.0 ± 4.1 years, 78.8% were females and 91.2% perceived SH to be common in the school. Fifty-eight percent of respondents (20.0% males, 80.0% females) had ever been sexually harassed. Main perpetrators of SH against females were male resident doctors (24.5%) and male patients (11.3%) while female colleagues (44.8%) and female patients (20.7%) were for males. Types of SH experienced were unwanted body contact (79.3%), breast contact (67.6%), enticement (45.5%), attempted rape (39.3%) and unwanted kiss (26.3%). Attending parties and mode of dressing were positively associated with experience of SH. Main coping strategies employed were reporting to school authority, ignoring the perpetrator, confrontation and breaking up the relationship. Sexual harassment is prevalent among the students studied, with females more affected. Coping strategies adopted were adjudged ineffective. Institutional based interventions such as sensitization, capacity building on coping strategy skills, legislation and policy reviews are needed to address these concerns.

Key words: Sexual harassment, nursing students, coping strategies.

INTRODUCTION

Sexual harassment has been described as any unwelcome sexual advances, requests for sexual favours or other physical and expressive behaviour of a sexual nature (Aluede, 2000). It has also been described as repeated and unwelcome sexual comments, looks, or physical contact at workplaces or other places, and is related to not only sexuality but Sexual harassment has been reported in both work places and educational institutions (Menon et al., 2009) also uneven power (Lee et al., 2011; Chen et al., 2009). and it interferes with prevalence rates of 13.8% (Kullima et al., 2010) and human Human rights (Sigal, 2006). Earlier studies from

educational institutions in Nigeria had reported range from 67 to 99% on various forms of sexual harassment (Imonikhe et al., 2012). Nursing profession has been reported to have the possibility of sexual harassment and sexual discrimination in the medical field because most workers in nursing are still women (Lee et al., 2011). Sexual harassment in the nursing profession was first reported/observed during Crimean War where drunken non-commissioned officers; male porters loitering in hospital stairwells made themselves objectionable to student nurses as well as maltreatment by male physicians and surgeons (Kaye, 1996). This phenomenon has been

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documented among nurses irrespective of country or continent (Yuri et al., 2006; Menon et al., 2009). As prevalent as sexual harassment is, most of it goes unreported. Reasons documented for this included the perception that the harassment will stop if it is ignored, afraid no one will believe them, feel of intimidation, embarrassment, shame, or helpless, being unfamiliar with college policies and complaint-resolution procedures relating to sexual harassment, fear of retaliation from the perpetrator, his or her colleagues and the assumption that the perpetrator will not face any consequences even if the allegations are proven to be true.

The nursing profession is therefore a high risk group for sexual harassment. It is therefore imperative to explore the perception and experiences of students in the nursing profession for the purpose of prevention. This study therefore was carried out to document the sexual harassment experiences and coping strategies among University College Hospital, Ibadan School of Nursing students.

METHODOLOGY

Study design

Descriptive cross sectional design was adopted for this study to assess the respondents' experience of sexual harassment, types, perpetrators, consequences, places of occurrence as well as coping strategies employed among students of School of Nursing of the University College Hospital, Ibadan.

Study site

The study was carried out in the School of Nursing, University College Hospital, Ibadan. The school was established in 1952 to train nursing professionals to enhance health care delivery in Nigeria. The students in addition to having direct relationship with instructors and lecturers do relate with patients and their relatives, hospital staff, hospital visitors and other students such as the medical and the laboratory science students. The student hostels are located within the school premises with close proximity to the medical students' hall of residence and the resident doctors' lodge. The school consists of students on various programmes such as basic nursing, midwifery, occupational and peri-operative nursing programmes.

Study population and sampling procedure

The study population for this research were nursing students at all levels of various nursing programmes. All the 305 students were approached and 291 representing 95.4% response rate agreed and consented to participate in the study.

Instrument for data collection

A semi-structured questionnaire developed from literature review was used for data collection. This self-administered questionnaire

was used to collect information on whether respondents had ever experienced sexual harassment, the type, who the perpetrators were, consequences of the experience, places where sexual harassment (SH) commonly occur, coping strategies adopted and their effectiveness.

Validity and reliability of the instrument

The questionnaire was subjected to peer review and was pretested among the students of the School of Nursing, Eleyele, who have similar characteristics with the study population. The pretested questionnaire was subjected to reliability test using the Cronbach Alpha model, with an outcome of 0.699 as the correlation coefficient.

Data analysis

The researchers checked all the administered copies of the questionnaire one by one and edited them for completeness and accuracy with a serial number assigned to each for easy identification. After this editing, 41 representing 14.1% were excluded in the analysis as a result of incompleteness of data. Questionnaire was then coded using a guide developed for that purpose, and data was entered onto the computer. Analysis was done using the Statistical Package for Social Sciences (SPSS) version 15. Descriptive statistics and Chi-square test were used for data analysis at 5% level of significance.

Ethical consideration

Approval for the study was obtained from the Oyo State Ministry of Health Ethical Review Committee. The nature, purpose and process of the study were explained to the participants after which verbal informed consent were obtained. Participants were assured of confidentiality, privacy and anonymity of information provided. It was explained to the participants that the confidentiality of information provided in the questionnaire would be guaranteed and treated as confidential and private. Necessary steps such as asking for no names and data sources in a secure place were taken to ensure confidentiality. Participants were continuously reminded of their right to withdraw from the study at any time.

RESULTS

Socio-demographic characteristics

Majority of the respondents (78.8%) were females and mean age of respondents was 23.0 ± 4.1 years. Fifty-eight percent of respondents were within the age bracket 20 to 24 years. Majority, 187 (74.8%) of the respondents were undergoing courses in the basic nursing programme, followed by 44 (17.6%) in the midwifery; with others in occupational nursing and peri-operative nursing (Table 1).

Experience of and types of sexual harassment

One hundred and forty-five (58.0%) respondents reported

Table 1. Socio-demographic characteristics of respondents.

Demographic information	Frequency	Percentage
Sex		
Male	53	21.2
Female	197	78.8
Religion		
Christianity	221	88.4
Islam	25	10.0
Traditional	1	0.4
No response	3	1.2
Age (Years)		
Less than 20	35	14.0
20 – 24	145	58.0
25 – 29	47	18.8
30 – 34	18	7.2
Above 35	5	2.0
Respondents' course		
Basic nursing	187	74.8
Midwifery	44	17.6
Occupational nursing	11	4.4
Peri-operative Nursing	8	3.2

ever been sexually harassed. Of these, 29 (20.0%) were males and 116 (80.0%) females (Figure 1). Places where SH occurred within the school setting included hospital premises (28.3%), reading room (20.0%), library (18.6), classroom (17.2%) and wards (15.9%). Places of harassment outside the school setting were hotels (26.8%), recreation centres (20.0%) and social party (14.8%). Main perpetrators of SH among females were male resident doctors (24.5%), male patients (11.3%) and male friends (7.5%), while female colleagues (44.8%), female patients (20.7%), female medical students (13.8%) and sisters' friends (10.3%) were main perpetrators among males (Figures 2 and 3). Experience of SH by course of study revealed that basic nursing students (63.1%) were more affected followed by midwifery (45.0%), peri-operative (45.0%) and occupational health nursing (25.0%) students.

Types of SH reportedly experienced by respondents in a mutually exclusive response were being looked or stared at in an unwelcome way (98.6%); brushing body against victims (79.3%); hugged/kissed without consent (76.6%); arm twisting or hand shaking (75.9%); grabbed or held firmly suspiciously (64.1%); sexual gestures (62.1%); unwanted words/jokes (55.6%); offer of money to seduce (46.8%) and threat of failure in examinations (37.6%). Perceived predisposing factors to sexual

harassment enumerated by respondents included suggestive dressing and attending social parties. Others are shown in Figure 4. Tests of association affirm the above as attending parties and mode of dressing were significantly associated with sexual harassment ($p < 0.05$) (Table 2).

Consequences of sexual harassment

Respondents were asked about the consequences of the SH experienced. To this, 86.9% reported that the experience of SH brought hatred for the perpetrator; fear of going to where the incident occurred (82.1%); 80.7% found it difficult to concentrate on their studies; 78.6% reported feeling of depression while 62.1% reported that they actually experienced failure in their academic work.

Coping strategies adopted against sexual harassment and its perceived effectiveness

Coping strategies adopted against sexual harassment included breaking relationship with perpetrator (100%), report to school authority (91.7%), withdraw from the place or the perpetrator (85.5%), engaging in verbal confrontation with the abuser (34.5%) and fighting with perpetrator (29.7%). Others are shown on Table 3. To prevent a recurrence, 82.8% of those who had experienced one form of SH or the other broke up the relationship with the perpetrator and 80.8% identified situations that are likely to lead to sexual harassment and avoided such. Perception of effectiveness of coping strategies employed against sexual harassment by the respondents revealed that 58.0% of the respondents were satisfied with the way they personally handled incidence of sexual harassment when it happened to them. However, 85.2% of the respondents reported that there was no established body set aside to take care of sexual harassment report in their school. Of the 14.8% who reported that they were aware of a constituted body to manage sexual harassment in the institution, 88.4% of them were dissatisfied with the way the established body has been handling sexual harassment incidences in the school. Suggestions proffered by the respondents through which individuals, school authorities and government can better handle sexual harassment in the school environment included: health education programmes (19.2%); enactment of jail term for sexual harassment (12.8%); counseling (12.0%) and regulation on dress code (1.7%).

DISCUSSION

The 58% rate of sexual harassment in this study is similar to those of Lee et al. (2011) but higher than the rate among

Table 2. Association between respondents' reported experience of sexual harassment and party attendance and mode of dressing.

Respondents variable	Ever experienced sexual harassment		X ²	P value
	Yes	No		
Attending party				
Yes	113	34	241.902	0.000
No	32	71		
Mode of dressing				
Expressive	70	22	105.412	0.000
Non-expressive	75	83		

Table 3. Coping strategies adopted by respondents.

Coping strategy	Frequency	%
Break relationship with the perpetrator of sexual harassment	145	100.0
Identify situation that is likely to lead to sexual harassment and avoid such	145	100.0
Ignore the person	145	100.0
Report to Pastor/Imam	145	100.0
Simply tell the person that the act is unwelcome and should be stopped	145	100.0
Report to school authority	133	91.7
Withdraw from the place or the perpetrator	124	85.5
Read a journal and book to deal with the remorse	111	76.6
Listen to music to soothe the feeling	82	56.6
Engage in verbal confrontation with the abuser	50	34.5
Fight with the perpetrator	43	29.7

among nurses studied by Finnis and Robbins (1994). This high rate of sexual harassment in the study population affirms the findings of Bronner et al (2003) who posited that nursing students may be exposed to sexual harassment more considering their precarious position of being in a weak position in the authority during the clinical training. The higher female preponderance affirms what has been documented earlier (Menon et al., 2009). The perpetrators identified were consistent with prior studies (Finnis and Robins, 1994; Muijsenbergh and Largo-Janssen, 2005; Owoaje and Olusola-Taiwo, 2010). The study reported that 20% prevalence rate among the male respondents and female colleagues were perpetrators. This highlights findings of earlier studies that men are also victims of sexual harassment (Fayankinnu, 2012). Types of harassment faced by the male students in this study affirm the findings of Fayankinnu (2012) and Matchen and DeSouza (2000). This finding brought to the fore the need to correct the misconception that sexual harassment affects only women. Men are equally affected as documented by this study. The association between mode of dressing and

sexual harassment Confirms the findings of Imonikhe et al. (2012), Fayankinnu (2012) and Okwu (2006) where students and their teachers were reportedly unable to concentrate on their academic work under such an environment. These have implications for gender sensitive programme planning and implementation. Main coping strategies employed by victims of sexual harassment in this study highlight the importance of building the capacity of community gate keepers such as religious leaders for effective management of sexual harassment.

The suggestions proffered by respondents in this study for the reduction of sexual harassment within educational institutions which included regulation on dress code and jail term for perpetrators were reiterated by the conclusions of Fayankinnu (2012) where he suggested the enforcement of the dress-code regulations by ensuring that female students are decently dressed while on campus, enlightenment programmes among faculty males to encourage the reporting of cases of harassment from female students to the appropriate quarters in the University, and the punishment of the culprits to serve as deterrence to others.

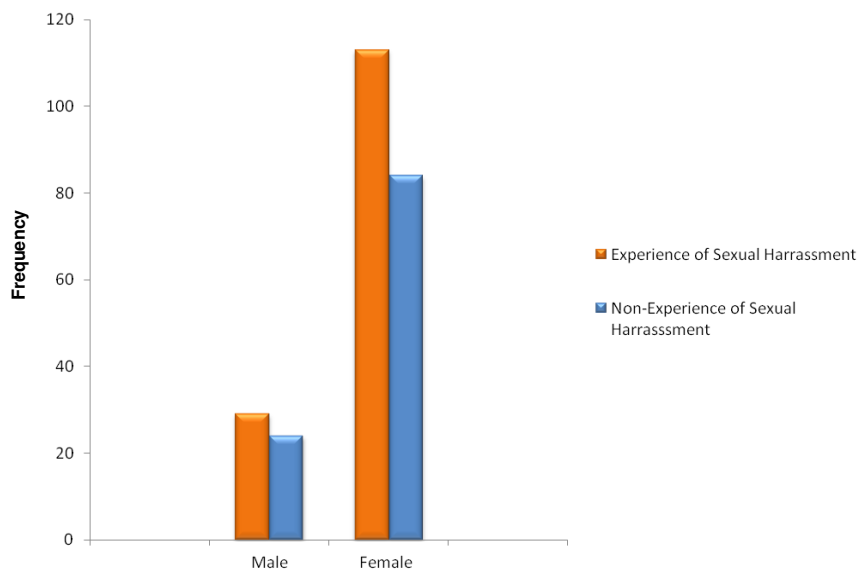


Figure 1. Experience of sexual harassment among male and female respondents.

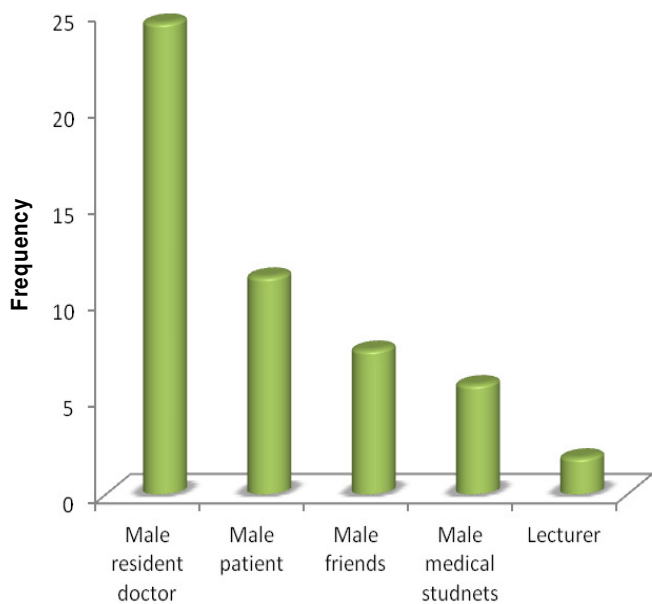


Figure 2. Perpetrators of sexual harassment among female respondents.

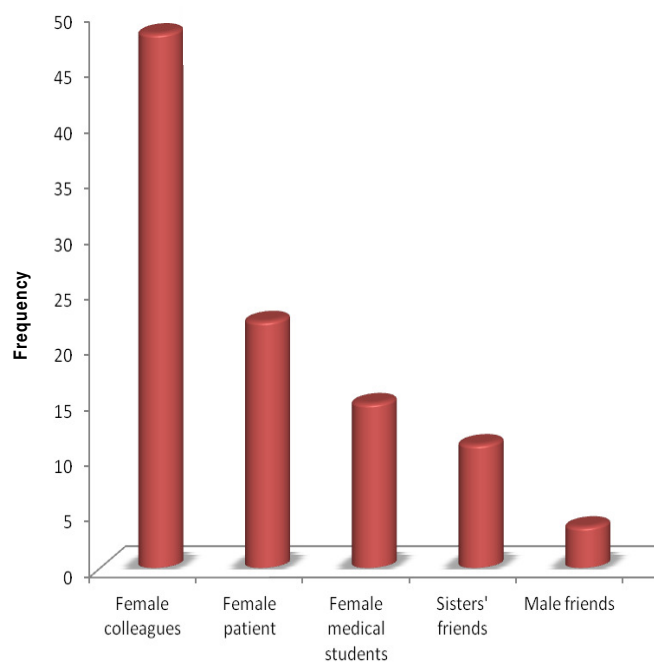


Figure 3. Perpetrators of sexual harassment among male respondents.

CONCLUSION

This study has shown that sexual harassment is common among student nurses studied with its antecedent factors. There is the need for gender sensitive interventions

addressing the issues raised in the results of this study. Also, similar studies need to be carried out among other professional groups and cadre for holistic view on the

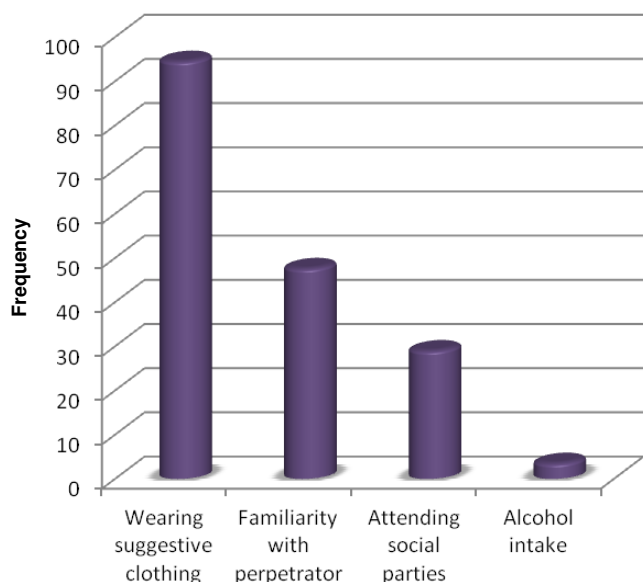


Figure 4. Perceived predisposing factors for sexual harassment.

gravity of the problem. This step would facilitate ensuring that policies are put in place as well as adequate punitive measures.

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