EXPERIENCE OF SEXUAL HARASSMENT AND COPING STRATEGIES AMONG STUDENTS OF THE SCHOOL OF NURSING, UNIVERSITY COLLEGE HOSPITAL, IBADAN, NIGERIA

By

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ABSTRACT

This descriptive cross-sectional study documented the prevalence of sexual harassment (SH) among 250 consenting students of University College Hospital Ibadan’s 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 (11.6% males, 46.4% 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 on coping strategy skills, legislation and policy reviews are needed to address these concerns.

Keywords: 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 [1]. 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 [2]. Being a predominantly female profession, nursing
faces several gender related issues. Nurses continue to experience sexual harassment and hostile work environment despite legislations designed to censur e offenders [2]. An Israeli study reported that 90 per cent of the nurses studied had experienced at least on type of sexual harassment and 30 percent had described at least four types [3]. As prevalent as sexual harassment is, most of it go unreported [1]. 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 polices and complaint-resolution producers 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. This study was therefore designed to document the prevalence of sexual harassment (SH) among students of University College Hospital Ibadan’s school of nursing Ibadan, Nigeria.

**Methodology**
This descriptive study was conducted among 250 student nurses selected from the University College Hospital Ibadan’s School of Nursing. The questionnaire used for data collection collected information on socio-demographic characteristics, perception of SH, prevalence, types, perpetrators, places where SH commonly occur and coping strategies employed. Ethical approval for the study was obtained from the Oyo State Ministry of Health Ethical Review Committee. Verbal informed consent was obtained each respondent before the administration of the instrument. Data were analyzed using descriptive statistics and Chi square test 5% level of significance.

**Results**

**Socio-demographic characteristics**
Mean age of respondents was 23.0 ± 4.1 years, 78.8% were females and 74.8 were in the Basic Nursing programme.

**Perception about sexual harassment**
Almost all the respondents (96.8%) correctly perceived sexual harassment to be any verbal or physical conduct of sexual nature that is offensive, intimidating and humiliating. Similarly, 95.2% opined that a victim of sexual harassment could be male or female and 91.2% of the respondents affirmed that sexual harassment occur in the School of Nursing, University College Hospital (UCH), Ibadan environment.

**Experience of and types of sexual harassment**
One hundred and forty-five (58.0%) respondents reported 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%).

Perpetrators of SH among females were male resident doctors (24.5%), male patients (11.3%), male friends (7.5%), male medical students (5.7%) and lecturers (1.9%). Perpetrators among males were female colleagues (44.8%), female patients (20.7%), female medical students (13.8%), sisters’ friends (10.3%) and male friends (3.5%). 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%). Attending parties and mode of dressing were significantly associated with sexual harassment (p<0.05) (Table 1).

Coping strategies adopted against sexual harassment
Coping strategies adopted against sexual harassment included sharing the experience with Pastor/Imam for prayer/counseling (72.8%), reporting to school authority (53.2%), going to a place of worship for religious activities to suppress the feeling (62.8%), withdrawing from the place or the perpetrator (49.6%), reading a journal or book to deal with the remorse(44.4%), listening to music to soothe the feeling (32.8%) and 20.0% engaged in verbal confrontation with the perpetrators.

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.

Discussion
The 58% rate of sexual harassment in this study is similar to those of Lee et al [4] but higher than the rate among nurses studied by Finnis and Robbins [5] in Britain. The higher female preponderance affirms what has been documented earlier [6]. The perpetrators identified were consistent with prior studies [5, 7, 8]. The perpetrators of male harassment by this study 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 Justina et al [9] and Okwu [10] 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 SH in this study highlight the importance of building the capacity of community gate keepers such as religious leaders for effective management of SH.

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.

References


Table 1: Respondents’ reported experience of sexual harassment by party attendance and mode of dressing

<table>
<thead>
<tr>
<th>Respondents variables</th>
<th>Ever experienced Sexual Harassment</th>
<th>X²</th>
<th>P value</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Attending party</td>
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</tr>
<tr>
<td>Yes</td>
<td>113</td>
<td>32</td>
<td>148.723</td>
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<tr>
<td>No</td>
<td>0</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Mode of dressing</td>
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<tr>
<td>Expressive</td>
<td>70</td>
<td>22</td>
<td>19.471</td>
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<tr>
<td>Non-expressive</td>
<td>75</td>
<td>83</td>
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</tbody>
</table>

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