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Multi-level predictors of young people's attitudes towards gender biases concerning rape, sexual and domestic violence in intimate relationships among young people, Ebonyi State, Southeast Nigeria

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Abstract

This study assessed multi-level factors that shape young people's attitudes towards gender biases about rape, sexual, and domestic violence in intimate relationships. This cross-sectional study was undertaken in three urban and three rural communities in Ebonyi State, southeast Nigeria. Data were collected from 1,020 young people using an interviewer-administered questionnaire. Descriptive and logistic regression analyses were performed using STATA. Findings revealed that most (64%) young people agree that when a girl doesn't physically fight back, you cannot really say it was rape. Many agreed that a girl who is raped is promiscuous or has a bad reputation (50%) and usually did something careless to put herself in that situation (45%). Young girls were approximately 2 times more likely to have positive attitudes towards sexual violence, rape, and domestic violence in intimate relationships than young boys (OR=1.5; P<0.01). Multi-level strategies to effectively address adverse gender norms and inequalities in intimate relationships are highly recommended. (*Afr J Reprod Health* 2024; 28 [8s]: 51-61).

Keywords: predictors, rape, sexual violence, intimate sexual relationship, sexual and reproductive health

Résumé

Cette étude a évalué les facteurs à plusieurs niveaux qui façonnent les attitudes des jeunes à l'égard des préjugés sexistes concernant le viol, la violence sexuelle et domestique dans les relations intimes. Cette étude transversale a été entreprise dans trois communautés urbaines et trois communautés rurales de l'État d'Ebonyi, au sud-est du Nigeria. Les données ont été recueillies auprès de 1 020 jeunes à l'aide d'un questionnaire administré par un intervieweur. Des analyses de régression descriptive et logistique ont été effectuées à l'aide de STATA. Les résultats ont révélé que la plupart (64 %) des jeunes conviennent que lorsqu'une fille ne se défend pas physiquement, on ne peut pas vraiment dire qu'il s'agit d'un viol. Beaucoup conviennent qu'une fille violée est une promiscuité ou a une mauvaise réputation (50%) et a généralement fait quelque chose de négligent pour se mettre dans cette situation (45%). Les jeunes filles étaient environ 2 fois plus susceptibles d'avoir des attitudes positives à l'égard de la violence sexuelle, du viol et de la violence domestique dans les relations intimes que les jeunes garçons (OR=1,5 ; P<0,01). Des stratégies à plusieurs niveaux pour lutter efficacement contre les normes de genre défavorables et les inégalités dans les relations intimes sont fortement recommandées. (*Afr J Reprod Health* 2024; 28 [8s]: 51-61).

Mots-clés: Prédicteurs, viol, violence sexuelle, relation sexuelle intime, santé sexuelle et reproductive

Introduction

Young people encounter several problems as regards their sexual and reproductive health and rights (SRHR). In an intimate relationship, such problems include power imbalances, coercive sex, rape, and sexual violence, among others². Violence affects a significant proportion of young people, and

several reports of rape, sexual violence, and intimate partner violence were manifest at early ages^{1,3}.

A global report showed that approximately one in eight young people experience sexual abuse². Available evidence indicates that an estimated 641-753 million ever-married/partnered people have been subjected to physical and/or sexual violence from an intimate partner at least once since the age

of 15 years⁴. In Nigeria, 23.4% of young women aged 15-19 years and 37.2% of those aged 20-24 years have experienced physical, sexual, or emotional violence committed by their most recent husbands/sexual partners⁵. Specifically, Ebonyi state records the highest rate of (53.9%) violence experienced by ever-married women aged 15-49 years compared to other south-eastern states in Nigeria⁵.

Although there is no single cause of violence, the most consistent factors are harmful social norms and expectations that contribute to gender inequalities in sexual relationships. These norms, such as rigid gender roles and entitlements, are mostly grounded on communal beliefs about how people should behave. Attitudes and beliefs that justify unequal gender roles and relations in an intimate relationship could shape both an individual's response to violence and the perpetration of violence. Hence, challenging and changing individuals' attitudes and beliefs towards gender roles is a vital step in any violence-prevention intervention in an intimate relationship. Efforts aimed at addressing gender inequities are propelled by the Sustainable Development Goal (SDG) target 5.2 to eliminate all forms of violence against women and girls by 2030⁷⁻⁹. In addition, some projects have aimed to understand and implement interventions to address harmful gender attitudes, promote gender equity and reduce intimate partner violence¹⁰⁻¹⁴. For instance, the Stepping Stones and Stepping Stones and Creating Futures, used a gender transformative lens to improve opportunities for young women to negotiate and successfully make use of condoms as a means of reducing their risk of contracting HIV infection^{10,13,14}. In Nigeria, the government has ratified various international and regional treaties on the protection of the rights of women and girls and has also attempted to create a legal framework to that effect^{16,17}. However, there is a lack of adoption and domestication of the law at the state level, which has hindered its effective implementation across the country¹⁵.

Nigeria has a tripartite legal system that consists of statutory and customary law in the south and Sharia law, which is practiced in the northern part of the country. As a result, there are numerous contradictions in the three bodies of laws that make it complicated and difficult to address the

discriminatory practices and violence against women and girls¹⁵.

An extensive body of research in Nigeria have focused largely on the use of National Demographic Health Survey (NDHS) data to determine the prevalence, experiences, and gender differences of intimate partner violence (IPV) against women¹⁸⁻²². However, less is known about the predictors of young people's attitudes toward gender norms regarding rape and violence in an intimate relationship, particularly the multiple factors that may increase their risks of experiencing or being perpetrators of gender-based violence. Using the intersectionality lens, literature has called for the understanding of individual attitudes in which gender, interpersonal, and socio-economic contexts interact to produce certain perceptions about gender roles²³.

To cultivate healthy relationships among young people, there is a need to assess and address adverse gender norms and inequalities that facilitate rape and violence in intimate relationships. This study examined young people's attitudes toward gender biases about rape, sexual violence, and domestic violence in intimate relationships. The study also determined individual, interpersonal, and social-level factors that could shape the attitude of young people towards these gender norms in intimate relationships. The results presented in this study will be used to inform the design of interventions that address the underlying gender norms and power perspectives in intimate relationships.

Study design and study area

This was a cross-sectional quantitative study undertaken in six Local Government Areas (LGAs) - three urban and three rural, in Ebonyi State, southeast Nigeria. With an annual growth rate of 2.5%, Ebonyi State has an estimated total population of 3,242,500 in 2022, and over 355,000 are young people aged 15-24 years^{24,25}. The six LGAs with the poorest SRHR outcomes (including unwanted teenage pregnancies and unsafe abortions) were purposively selected from the senatorial zones in the state. These LGAs have been prioritized by the State government for scaling up SRHR interventions, including the provision of youth-friendly SRHR services. A community was

selected from each LGA based on the presence of a functional facility that provides youth-friendly SRHR services.

Study population, sample size calculation, and sampling techniques

The study population consisted of young boys and girls aged 15-24 years living in selected households regardless of marital or schooling status. The surveyed participants were selected from various communities using a modified cluster sampling procedure. Our definition of a cluster was a community governed by a traditional ruler. An equal sample was allotted to each of the selected communities. All eligible young persons from various households who consented to their participation in the study were recruited until the desired sample size was reached.

A sample size of 606 households was determined using the guidelines outlined in the demographic and health survey (DHS) listing manual²⁶. The formula that was used to calculate the sample size is given as follows:

$$n = Deft^2 \times \frac{\frac{1}{p} - 1}{\alpha^2}$$

Where n is the sample size, Def is the design effect (i.e., the ratio between the standard error using our sample design and the standard error that would result had we used a simple random sampling), p is the estimated proportion of the attribute of interest in the population (positive attitude towards intimate relationship), and α is the desired relative standard error. To calculate the estimated sample of household, we assumed design effect of 1.6, (which is a lower bound of what DHS indicators produced), p at 0.5, and the desired relative standard error α at 0.065 and plugging these values into the above formula gives $n \approx 606$. To arrive at the 606 households, 101 households were drawn from each cluster of the six purposively selected LGAs. In total, 1,020 young people (aged 15 to 24 years) were purposively drawn from the selected 606 households, and this can be computed using the same formula above. If there is an individual or individuals between the ages of 15 and 24 living in any selected household, the young people questionnaire was administered alongside the household questionnaire to the head of the household.

Data collection

The data collection instrument was adapted from an annual publication on gender and evaluation by UN women²⁷ and was pre-tested in a contiguous state. Before the commencement of data collection, a relationship was established with stakeholders and community members through a consultation workshop.

We recruited and trained forty-two research assistants for four days in the month of October 2022 to assist with household data collection. These research assistants were paired to collect data using both electronic and paper copies of the questionnaire over a period of fifteen days. The electronic copies were uploaded to tablets using Open Data Kit (ODK) Toolbox which allows mobile and real-time data collection. The information on each paper questionnaire was matched with the corresponding electronic questionnaire before and after uploading the data to the central server.

Data analysis

Following data viewing and cleaning, all questionnaires were judged to be completely filled giving a 100% response rate. Descriptive and binary logistic regression analysis were performed using STATA statistical software. The descriptive statistics utilized means, proportions, and percentages.

The regression model allowed us to further extend the analysis by isolating predictors of attitude towards gender norms about rape, sexual violence and domestic violence, while considering variations in individual, interpersonal and social-level factors. To generate the attitude score, responses were given weighted scores; “3” for a completely correct response, “2” for a partially correct response, and “1” for incorrect responses. Thus, we assigned the value of ‘3’ if an individual answered, ‘do not agree’ to a negative statement (or ‘agree’ to a positive statement), the value of ‘2’ to the response partially agree’ and the value of ‘1’ when an individual response ‘agree’ to a negative statement (or ‘do not agree’ to a positive statement). Those who agree to a positive statement (or do not agree with the negative statements) about sexual violence and violence in intimate relationships were judged to have positive attitudes while respondents

who agreed to a negative statement (or do not agree to a positive statement) were judged to have negative attitudes. The total score was converted to a percentage score and used to categorize attitude; scores $\geq 50\%$ as a positive attitude and scores below 50% as a negative attitude.

Based on the percentage scores, the outcome/dependent variable takes the value of 1 if an individual score is $\geq 50\%$ and a value of 0 if an individual score is below 50%. The attitude towards gender biases about rape and sexual violence were assessed using 6 variables in each domain. A total of ten variables were used to assess the attitudes of young people towards gender biases regarding domestic violence in an intimate relationship.

The independent variables include (i) individual-level factors - gender, schooling status, age group, religion, and whether an individual is or has been in an intimate sexual relationship; (ii) interpersonal-level factors – living with parents/guardian, who is the head of household, father's highest level of education, and mother's highest level of education; (iii) social-level factors which included the area of residence (whether urban or rural), and employment status. The level of statistical significance was determined by a *p*-value of <0.05 .

Ethical approval

The protocol for the project leading to the result presented in this study was submitted to the Research and Ethics Committee of Ebonyi State Ministry of Health and, the Health Research Ethics Committee of University of Nigeria Teaching Hospital Enugu. Ethical approval was secured from both committees before community entry and mobilization. Informed written consent was obtained from parents/guardians of young people aged 15 to 17 years and a written assent was obtained from the young people aged 15 to 17 years whereas, older young people aged 18 to 24 years consented for themselves by signing the consent form.

Results

Table 1 shows that 571(55.7%) females and 454(44.3%) males were surveyed. A higher proportion of young people were schooling 647(63.1%), lived with parents/guardians 977(95%), were Christian roman catholic

Table 1: Individual, interpersonal, and social-level characteristics of young people in the survey

Variable (N=1,025)	Frequency (n)	Percentage (%)
Individual level characteristics		
Gender		
Female	571	55.7
Male	454	44.3
Currently in school		
Yes	647	63.1
No	378	36.9
Age category		
15 - 16years	341	33.3
17 - 18years	291	28.4
19 - 20years	205	20.0
21 and above	188	18.3
Religious affiliation		
Christian roman catholic	517	50.4
Christian protestant	438	42.7
Other religion*	70	6.8
Has been in an intimate sexual relationship		
Yes	246	24.0
No	779	76.0
Interpersonal level characteristics (family)		
Living with parents/guardian		
Yes	977	95.3
No	48	4.7
Head of household		
Father	684	66.7
Mother	265	25.9
Self	61	6.0
Others [#]	15	1.5
Father's highest Level of education		
No formal education	150	14.6
Primary	354	34.5
Secondary	393	38.3
Tertiary	128	12.5
Mother's highest Level of education		
No formal education	151	14.7
Primary	425	41.5
Secondary	357	34.8
Tertiary	92	10.0
Social level characteristics		
Location of residence		
Rural	515	50.2
Urban	510	49.8
Employment status (work for pay)		
Yes	215	21.0
No	810	79.0

*Other religion- African tradition, Muslim; (#Others - uncle, aunt, grandma/pa, sister, brother)

Table 2: Descriptive statistics of young peoples' attitudes towards gender biases about sexual violence in an intimate relationship

Variables	Agree Frequency (%)	Partially agree Frequency (%)	Do not agree Frequency (%)
Violence in an intimate relationship			
Sometimes a woman deserves to be beaten	142(13.9)	90(8.8)	793(77.4)
A girl/young woman should tolerate violence to keep her relationship or family together	323(31.5)	124(12.1)	578(56.4)
It is alright for a man to beat his wife if she is unfaithful	195(19.0)	99(9.7)	731(71.3)
It is justifiable for a boy to hit his girlfriend if she is unfaithful	111(10.8)	86(8.4)	828(80.8)
It is alright for a woman to beat her husband if he is unfaithful	41(4.0)	59(5.8)	925(90.2)
It is justifiable for a girl to hit her boyfriend if he is unfaithful	32(3.1)	58(5.7)	935(91.2)
A man or a boy should defend his reputation with force when insulted	401(39.1)	208(20.3)	416(40.6)
Violence against a wife or girlfriend is a private matter	360(35.1)	201(19.6)	464(45.3)
It is alright for a girl to insult a boy who asked her to be his girlfriend	77(7.5)	129(12.6)	819(79.9)
If a boyfriend doesn't beat his girlfriend, he is not a man	156(15.2)	144(14.1)	725(70.7)
Sexual violence			
A woman can hit her husband if he won't have sex with her	23(2.2)	50(4.9)	952(92.9)
A girl can hit her boyfriend if he won't have sex with her	22(2.2)	45(4.4)	958(93.5)
A man can hit his wife if she won't have sex with him	79(7.7)	70(6.8)	876(85.5)
A boy can hit his girlfriend if she won't have sex with him	48(4.7)	64(6.2)	913(89.1)
Speaking about 'forced' sex in loving relationships is impossible	353(34.4)	220(21.5)	452(44.1)
Sometimes a boy has to force a girl to have sex if he loves her.	120(11.7)	116(11.3)	789(77.0)
Rape			
In any rape case, one would have to question whether the girl is promiscuous or has a bad reputation	511(49.9)	161(15.7)	353(34.4)
If a girl doesn't physically fight back, you can't really say it was rape	659(64.3)	142(13.9)	224(21.9)
A girl who is raped usually did something careless to put herself in that situation	464(45.3)	226(22.1)	335(32.7)
In some rape cases, girls actually want it to happen	290(28.3)	206(20.1)	529(51.6)
Boys also get raped by girls	492(48.0)	155(15.1)	378(36.7)
Girls should be taught how to fight back and how to avoid being raped	927(90.4)	39(3.8)	59(5.8)

517(50.4%), and are not or have not been in any sexual relationships 779(76.0%). Highest proportion of the studied sample were aged 15-16 years 342 (33.1%), and about half of the respondents 515 (50.2%) were residents of a rural community.

Table 2 reveals that 77.4% of young people are of the view that there is no time a woman deserves to be beaten. A significant number 323(31.5%) of young people agreed that a girl/young woman should tolerate violence to keep her relationship or family together. About 71.3% of

young people do not agree that it is right for a man to beat his wife if she is unfaithful. On rape, 50% of the young people agreed that a girl who is raped is promiscuous or has a bad reputation and usually did something careless to put herself in that situation (45.3%). Most 659 (64.3%) young people agree that when a girl doesn't physically fight back, you can't really say it was rape. Although slightly below half 492(48.0%) of the respondents were of the opinion that boys also get raped by girls, and 36.7% of young people do not agree with this statement.

Table 3: Logistic regression of young people's attitudes towards gender biases about domestic violence in an intimate relationship

Variable	Odds Ratio	Std. error	p-value	95% CI
Individual level determinants				
Gender (Female)	1.5	0.2	<0.01***	1.2–2.0
Currently schooling (Yes)	1.1	0.2	0.7	0.8–1.5
Age category				
17-18years	0.8	0.1	0.2	0.6–1.1
19-20years	0.8	0.2	0.3	0.5–1.2
21 and above	0.9	0.2	0.6	0.5–1.4
Religion				
Christian protestant	1.0	0.1	0.7	0.7–1.2
Other religions	0.7	0.2	0.2	0.4–1.2
Is/ has been in an intimate sexual relationship(yes)	0.5	0.1	<0.01***	0.3–0.7
Interpersonal level determinants				
Living with parents/guardian (Yes)	2.7	1.0	<0.05**	1.3–5.6
Head of household (father)				
Mother	1.1	0.2	0.5	0.7–1.5
Self	3.6	2.4	<0.05**	1.0–13.0
Others	3.2	1.1	<0.01***	1.7–6.3
Father's highest level of education (no formal)				
Primary	0.6	0.2	0.1	0.4–1.0
Secondary	0.8	0.2	0.5	0.5–1.4
Tertiary	1.0	0.3	0.9	0.6–2.0
Mother's highest level of education (no formal)				
Primary	0.8	0.1	0.4	0.5–1.3
Secondary	1.1	0.3	0.8	0.6–1.8
Tertiary	1.2	0.4	0.5	0.6–2.4
Social level determinants				
Location of resident (rural)	1.4	0.2	<0.01***	1.1–1.9
Employment status (Yes)	0.8	0.1	0.2	0.6–1.1
Mean (SD) = 25.2(4.1)				
Max (min) = 30(10)				

Statistical significance: *** p<0.01, ** p<0.05

Table 3 shows the logistic regression of young people's attitudes toward gender biases about violence in an intimate relationship. Gender (OR=1.5, P<0.01), and being in an intimate sexual relationship (OR=0.5, P<0.01) were found to be individual-level predictors of attitude towards gender biases about violence in intimate relationships. Young girls were approximately 2 times likely to have positive attitude towards gender biases about sexual violence in intimate relationships. Living with parents/guardian (OR=2.7, P<0.05), having a family relative as head of household (OR=3.2, P<0.01), and an adolescent being the head of a household (OR=3.6, P<0.05), were the interpersonal level predictors. Young people living in rural areas were 1.4 times likely to have positive attitude towards gender biases about

violence in intimate relationships than those living in urban areas (OR=1.4, P<0.01).

Table 4 shows that gender (OR=1.5, P<0.01), and being in an intimate sexual relationship (OR=0.7, P<0.05) were found to be individual-level predictors of attitude towards gender biases about sexual violence in intimate relationships. Young people who live with their parents/guardians were approximately 3 times likely to have positive attitude toward gender biases regarding sexual violence in intimate relationships (OR=2.5, P<0.05) compared to those who do not live with their parents/guardians.

Table 5 shows that young girls (OR=1.5, P<0.01) and those schooling (OR=1.6, P<0.01) were approximately 2 times more likely to have positive attitudes towards gender biases about rape.

Table 4: Logistic regression of young people's attitudes towards gender biases about sexual violence in an intimate relationship

Variable	Odds Ratio	Std. error	p-value	95% CI
Individual level determinants				
Gender (Female)	1.5	0.2	<0.01***	1.2–2.0
Currently schooling (Yes)	1.2	0.2	0.3	0.9–1.5
Age category				
17-18years	0.7	0.1	0.1	0.5–1.0
19-20years	0.7	0.1	0.1	0.4–1.0
21 and above	0.7	0.2	0.1	0.4–1.1
Religion				
Christian protestant	1.1	0.1	0.5	0.8–1.4
Other religions	0.8	0.2	0.4	0.5–1.3
Is/ has been in an intimate sexual relationship(yes)	0.7	0.2	<0.05**	0.5–1.0
Interpersonal level determinants				
Living with parents/guardian (Yes)	2.5	1.0	<0.05**	1.2–5.4
Head of household (father)				
Mother	1.0	0.2	0.9	0.7–1.3
Self	2.0	1.3	0.3	0.6–7.2
Others	3.2	1.0	<0.01***	1.7–6.1
Father's highest level of education (no formal)				
Primary	0.5	0.1	<0.01***	0.3–0.8
Secondary	0.5	0.1	<0.01***	0.3–0.8
Tertiary	0.6	0.2	0.1	0.3–1.1
Mother's highest level of education (no formal)				
Primary	0.6	0.1	<0.05**	0.4–0.9
Secondary	0.8	0.2	0.4	0.5–1.3
Tertiary	1.1	0.4	0.8	0.6–2.1
Social level determinants				
Location of resident (rural)	0.7	0.1	0.1	0.5–1.0
Employment status (Yes)	1.0	0.1	0.9	0.8–1.3
Mean (SD) = 16.2(2.1)				
Max (min) = 18(6)				

Statistical significance: *** p<0.01, ** p<0.05

Young people whose father (OR=2.3, P<0.01) and mother (OR=2.2, P<0.05) attended tertiary education were 2 times more likely to have positive attitudes towards gender biases about rape.

Discussion

This study determined the various factors that could shape the attitudes of young people towards gender norms about rape, sexual violence, and violence in intimate relationships. Gender was found to be a strong predictor of attitudes towards gender biases in an intimate relationship. When compared to young boys, the young girls were 2 times more likely to have positive attitude towards gender biases regarding rape, sexual violence, and violence in an intimate relationship. This study result corroborates with previous literature which

established that unequal gender norms and power imbalance is associated with sexual coercion and violence an intimate relationship that has been marked to be a major driver of sexually transmitted diseases such as HIV among young women^{2,28}.

In this study, the majority of young people did not agree that it is right for a woman/girl to beat her male sexual partner because of infidelity. However, a considerable proportion agreed that it is alright for a man/boy to beat his female sexual partner because of infidelity. A good number of young people also agree that violence against a wife or girlfriend is a private matter and the girl/young woman should tolerate violence to keep her relationship or family together. These findings are similar to previous research which found that young people commonly believe that violence in an intimate relationship is a private matter¹⁵.

Table 5: Logistic regression of young people's attitudes towards gender biases about rape

Variable	Odds Ratio	Std. error	p-value	95% CI
Individual level determinants				
Gender (Female)	1.5	0.2	<0.01***	1.1–2.0
Currently schooling (Yes)	1.6	0.3	<0.01***	1.1–2.2
Age category				
17-18years	1.1	0.2	0.1	0.8–1.6
19-20years	1.1	0.2	0.7	0.7–1.7
21 and above	1.1	0.3	0.7	0.7–1.8
Religion				
Christian protestant	0.9	0.1	0.5	0.7–1.2
Other religions	0.8	0.2	0.4	0.4–1.1
Is/ has been in an intimate sexual relationship(yes)	0.4	0.1	0.4	0.6–1.2
Interpersonal level determinants				
Living with parents/guardian (Yes)	0.9	0.3	0.7	0.4–1.7
Head of household (father)				
Mother	1.2	0.2	0.2	0.9–1.6
Self	0.7	0.5	0.6	0.2–2.6
Others	1.9	0.7	0.05**	1.1–3.3
Father's highest level of education (no formal)				
Primary	1.6	0.4	0.06	1.0–2.5
Secondary	1.8	0.5	<0.05**	1.1–2.9
Tertiary	2.3	0.7	<0.01***	1.2–4.3
Mother's highest level of education (no formal)				
Primary	0.8	0.2	0.3	0.5–1.3
Secondary	0.8	0.2	0.3	0.5–1.2
Tertiary	2.0	0.7	<0.05**	1.0–3.9
Social level determinants				
Location of resident (rural)	0.6	0.1	<0.01***	0.5–1.8
Employment status (Yes)	1.2	0.1	0.2	0.9–1.7
Mean (SD) = 12.5(2.7)				
Max (min) = 18(6)				

Statistical significance: *** p<0.01, ** p<0.05

They believe that the sexual partners will eventually reconcile and that it is completely the responsibility of the female partner to end the violence¹⁵. Simbaya *et al* also found that about 16% and 30% of surveyed school teachers agree that a woman should tolerate violence to keep her family together and it is justifiable for a man to hit his wife if she won't have sex with him²⁹.

Although many young people in this study agreed that there is no time when a woman deserves to be beaten, a significant proportion of them believed that there are times when a woman deserves to be beaten and that speaking about forced sex in loving relationships is impossible. Similarly, Zambian research found that about 25% and 40% of teachers agreed with the statements that there are times when women deserve to be beaten and that it is impossible to speak about 'forced' sex in loving relationships²⁹. Research has also shown that both

males and females hold a strong belief that violence is acceptable and necessary in an intimate relationship when a female partner exhibits behaviors such as being disobedient or denying her male partner sexual intercourse⁶. This dominant gender norm (around males' entitlement and control over females) highly contributes to sexual violence and rape in intimate sexual relationships which are the most common forms of violence against women and young girls⁶.

We found from our study that most young people believed that when a girl doesn't physically fight back, you cannot really say it was rape. Many of them also agreed that a girl who is raped is promiscuous or has a bad reputation and usually did something careless to put herself in that situation. These beliefs that blame rape victims, such as the belief that if the victim did not scream, fight, or get injured, or allegations that the person is

promiscuous are described as myths because any individual can be a rape victim regardless of their sexual history, reputation or even if the victim doesn't physically fight back^{30,31}. Sexual assault occurs whenever someone is forced to have sex against their will, regardless of whether or not they fight back, as there are several reasons why a victim could choose not to defend themselves, including shock, fear, threats, or the size and strength of the assailant³⁸. Therefore, it is important to understand the implications of such a myth as a social norm and to challenge its apparent acceptance through targeted educational campaigns.

Slightly half of the respondents in this study were of the opinion that boys also get raped by girls however, about a third did not agree with this statement. The beliefs that rape occurs only among strangers in public places which is accompanied by violence or that male rape only occurs between gay men are also described as false beliefs³²⁻³⁴. Though women and girls are vastly more likely to experience abuse predominately perpetrated by men, literature has shown that men also get raped and experience other forms of sexual violence perpetrated by women^{1,35}. Breiding and colleagues reported that an estimated 1.7% of men have been raped, 5.7% have been victims of stalking and 23.4% experienced other forms of sexual violence throughout their lifetimes¹. Hence, sexual violence, rape, and violence in an intimate relationship can occur regardless of the individual's gender or location of victimization.

Young people who are living with their parents or guardians were approximately 3 times likely to exhibit a more positive attitude toward gender biases concerning sexual violence and violence in intimate relationships. Other interpersonal level predictors of attitude towards gender biases were the head of households where young people reside and their father and mother's level of education. Negative attitudes toward gender norms lead to power imbalances and are also associated with intimate partner violence (IPV), sexual coercion and violence, and sexual risk behaviors^{23,36,37}. The findings from this study underscore the importance of prevention efforts and services that address the multilevel predictors of attitudes towards harmful gender norms regarding rape, sexual violence, and violence in an intimate relationship.

Strengths and limitations

The study had very strong supervision of data collection and field work with two levels of supervision at community levels and zonal levels. This two-level supervision enabled a 100% response rate and ensured collection of quality data. The supervision entailed individual cross-matching of information on completed paper questionnaires with corresponding electronic questionnaires by both community supervisors and zonal coordinators; as well as concurrent viewing of data by zonal coordinators as fieldwork was ongoing.

The selection and deployment of most research assistants in their local government of origin during the data collection process bridged the communication gap between researchers and respondents in the communities.

The collection of data from a large population would enable the generalizability of the finding, including the broad range of self-reported attitudinal statements toward gender biases regarding rape, sexual violence, and violence in intimate relationships.

However, the study is not without some weaknesses as there could be social desirability and information bias attributable to the sensitive nature of the topic, as contextual factors may perhaps limit full disclosure of information.

Conclusion

Multilevel factors were found to determine young people's attitudes toward gender biases about rape, violence, and sexual violence in an intimate relationship; of which gender was a strong individual-level predictor. Most young people agree that it is necessary to teach girls how to fight back and avoid being raped. Young people whose fathers and mothers attended tertiary education were 2 times more likely to have positive attitudes towards gender biases about rape. Young people who live in rural areas are more likely to exhibit positive attitudes towards gender norms regarding rape but most likely to exhibit negative attitudes as regards violence in an intimate relationship. Interventions that include multilevel strategies that address harmful gender norms and attitudes that justify rape, sexual violence, and violence in relationships should be prioritized. Addressing the equalities and unequal power relations in intimate relationships

will help to promote and raise critical consciousness about the sexual and reproductive health and rights of young people.

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Conflict of interest

The authors declare that are no conflicts of interest.

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Authors' contributions

ICA, CIA, IIE, OA, COM, and OO were involved in designing the study data collection instruments. ICA, CIA, IIE, and COM took part in data collection. ICA analyzed and produced the first draft of the manuscript. All the authors read, revised, and approved the final version of the manuscript.

References

- Breiding MJ, Smith GS, Basile CK, Walters ML, Chen J and Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR* 2014; 63(8): ISSN: 1546-0738.
- Closson K, Dietrich JJ, Beksinska M, Gibbs A, Hornschuh S, Smith T, Smit J, Gray G, Ndung'u T, Brockman M and Kaida A. Measuring sexual relationship power equity among young women and young men South Africa: Implications for gender-transformative programming. *PLoS ONE* 2019; 14(9): e0221554. <https://doi.org/10.1371/journal.pone.0221554>
- World Health Organization (WHO). Youth violence. 8 June 2020. Accessed from: Youth violence (who.int)
- World Health Organization (WHO). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021.
- National Population Commission. Nigeria demographic and health survey 2018. Abuja: National Population Commission and ICF Macro 2019.
- Oxfam International. Harmful beliefs that perpetuate violence against women and girls. Accessed from: Ten harmful beliefs that perpetuate violence against women and girls | Oxfam International
- Zembe YZ, Townsend L, Thorson A, Silberschmidt M and Ekstrom AM. Intimate Partner Violence, Relationship Power Inequity and the Role of Sexual and Social Risk Factors in the Production of Violence among Young Women Who Have Multiple Sexual Partners in a Peri-Urban Setting in South Africa: e0139430. *PLoS One* 2015; 10. <https://doi.org/10.1371/journal.pone.0139430> PMID: 26599394
- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA and Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 2004; 363(9419):1415–21. [https://doi.org/10.1016/S0140-6736\(04\)16098-4](https://doi.org/10.1016/S0140-6736(04)16098-4) PMID: 15121402.
- World Health Organization (WHO). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization 2013.
- Gibbs A, Washington L and Willan S. The Stepping Stones and Creating Futures intervention to prevent intimate partner violence and HIV-risk behaviours in Durban, South Africa: study protocol for a cluster randomized control trial, and baseline characteristics. *BMC Public Health* 2017; 17(1):336. <https://doi.org/10.1186/s12889-017-4223-x> PMID: 28427380; PubMed Central PMCID: PMC5397780.
- Gibbs A, Jacobson J and Kerr Wilson A. A global comprehensive review of economic interventions to prevent intimate partner violence and HIV risk behaviours. *Glob Health Action* 2017;10(sup2):1290427. <https://doi.org/10.1080/16549716.2017.1290427> PMID: 28467193; PubMed Central PMCID: PMC5645712.
- Viitanen AP and Colvin CJ. Lessons learned: program messaging in gender-transformative work with men and boys in South Africa. *Global health action* 2015; 8:27860. <https://doi.org/10.3402/gha.v8.27860> PMID: 26350433
- Jewkes RK. SHARE: a milestone in joint programming for HIV and intimate partner violence. *Lancet Glob Health* 2015; 3(1):e2–3. [https://doi.org/10.1016/S2214-109X\(14\)70374-2](https://doi.org/10.1016/S2214-109X(14)70374-2) PMID: 25539963.
- Jewkes R, Nduna M and Levin J. A cluster randomized-controlled trial to determine the effectiveness of

- Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa: trial design, methods and baseline findings. *Tropical Medicine & International Health* 2006; 11(1):3–16. <https://doi.org/10.1111/j.1365-3156.2005.01530.x> PMID: 16398750.
15. van Veen S, Cansfield B and Muir-Bouchard S. ‘Let’s stop thinking it’s normal’: Identifying patterns in social norms contributing to violence against women and girls across Africa, Latin America and the Caribbean and the Pacific. OXFAM Research Reports, November 2018
 16. United Nations (UN). Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was ratified by Nigeria in 1985. Optional Protocol of CEDAW ratified in 2004 by the Nigerian government.
 17. African Union (AU). The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, better known as the Maputo Protocol: ratified in 2005 by Nigeria
 18. Solanke BL, Adetutu OM, Sunmola KA, Opadere AA, Adeyemi NK and Soladoye DA. Multi-level predictors of sexual autonomy among married women in Nigeria. *BMC Women’s Health* 2022; 22:114 <https://doi.org/10.1186/s12905-022-01699-w>
 19. Antai D and Adaji S. Community-level influences on women's experience of intimate partner violence and terminated pregnancy in Nigeria: a multilevel analysis. *BMC Pregnancy and Childbirth* 2012; 12:128 <http://www.biomedcentral.com/1471-2393/12/12>
 20. Benebo FO, Schumann B and Vaezghasem M. Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women’s status and community norms. *BMC Women's Health* 2018. <https://doi.org/10.1186/s12905-018-0628-7>
 21. Okenwa-Emegwa L, Lawoko S and Jansson B. Attitudes Toward Physical Intimate Partner Violence Against Women in Nigeria. *SAGE Open* 2016; 1–10. DOI: 10.1177/2158244016667993
 22. Linos N, Slopen N, Subramanian SV, Berkman L and Kawachi I. Influence of Community Social Norms on Spousal Violence: A Population-Based Multilevel Study of Nigerian Women. *American Journal of Public Health* 2013; 103: 1
 23. Edwards C, Bolton R, Salazar M, Vives-Cases C and Daoud N. Young people’s constructions of gender norms and attitudes towards violence against women: a critical review of qualitative empirical literature. *Journal of Gender Studies* 2022; DOI: 10.1080/09589236.2022.2119374
 24. Ebonyi (State, Nigeria) - Population Statistics, Charts, Map and Location [Internet]. [cited 2023 Oct 20]. Available from: https://www.citypopulation.de/en/nigeria/admin/NGA011__ebonyi/
 25. Ebonyi-National Youth Baseline Survey. Published 20th March, 2014 Accessed from; National Youth Baseline Survey - Nigeria Data Portal (opendataforafrica.org)
 26. ICF International. Sampling and Household Listing Manual. Demographic and Health Surveys Methodology 2012.
 27. Singh KA, Verma R and Barker G. Making women count: an annual publication on gender and evaluation by UN Women Multi Country Office for India, Bhutan, Sri Lanka and Maldives. 2013 New Delhi, India: UN Women.
 28. Nydegger LA, DiFranceis W, Quinn K and Dickson-Gomez J. Gender Norms and Age-Disparate Sexual Relationships as Predictors of Intimate Partner Violence, Sexual Violence, and Risky Sex among Adolescent Gang Members. *J Urban Health* 2017; 94:266–275 DOI 10.1007/s11524-016-0068-3
 29. Simbaya J, Both J, Moonga A and Mwewa T. Enhancing comprehensive sexuality education through a gender transformative approach: Studying the effects of GTA capacity building on CSE teaching in Zambia. Utrecht: Rutgers; 2020. 46 pp. Accessed from: GTA research report: Zambia - Rutgers
 30. Lonsway KA and Fitzgerald LF. Attitudinal antecedents of rape myth acceptance: A theoretical and empirical reexamination. *Journal of Personality & Social Psychology* 1995; 68(4): 704-707.
 31. Leverick F. What do we know about rape myths and juror decision making? *The International Journal of Evidence & Proof* 2020; 24(3): 255–279
 32. Myths about Rape | Title IX | Southern Arkansas University. <https://web.saumag.edu/title-ix/myths/myths-about-rape/>.
 33. Payne DL, Lonsway KA and Fitzgerald LF. “Rape Myth Acceptance: Exploration of Its Structure and Its Measurement Using the Illinois Rape Myth Acceptance Scale”. *Journal of Research in Personality* 1999; 33: 27-68.
 34. Lonsway Ka and Fitzgerald LF. Rape Myths: In Review. *Psychology of Women Quarterly* 1994; 18(2): 133–164. <https://doi.org/10.1111/j.1471-6402.1994.tb00448.x>
 35. Friedersdorf C. The Understudied Female Sexual Predator. *THE ATLANTIC SCIENCE*. How Often Do Women Rape Men? - The Atlantic
 36. Kearns MC, D’Inverno AS and Reidy DE. The Association Between Gender Inequality and Sexual Violence in the U.S. *Am J Prev Med*. 2020; 58(1):12-20. doi: 10.1016/j.amepre.2019.08.035. Epub 2019 Nov 21. PMID: 31761512; PMCID: PMC7810166.
 37. Nydegger LA, DiFranceis W, Quinn K and Dickson-Gomez J. Gender Norms and Age-Disparate Sexual Relationships as Predictors of Intimate Partner Violence, Sexual Violence, and Risky Sex among Adolescent Gang Members. *J Urban Health* 2017; 94(2):266-275. doi: 10.1007/s11524-016-0068-3. PMID: 27538745; PMCID: PMC5391331.