

# Sexual Violence and Primary Health workers: Identification of training and collaborative needs

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# INTRODUCTION

- Sexual violence (SV) is a profound human rights violation. [1]
- SV impacts severely on the mental and physical health of survivors. [1]
- All women are vulnerable, irrespective of marital status, sexuality and age. [2]
- Rape is the most outrageous form of sexual violence. [1,3]
- Prevalence of rape in Nigeria ranges between 4 and 6%. [4&5]

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- Primary care personnel could be an ideal network to address SV, especially in low income countries where specialized manpower is few. [6]
  - In Nigeria, primary health care (PHC) facilities are strategically located, situated in both rural and urban areas and are well utilized by women. [7]
  - Most women see PHC providers as people with whom they can relate. [8]

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- Efforts to protect and help sexually abused women will remain futile without early identification and referral of such women by attending health care personnel. [9]
  - The knowledge, attitude and training of PHC workers and management practices of sexually violated women are presented.

# METHODOLOGY

**Study area:** The study was conducted in the 33 local government areas (LGAS) of Oyo state.

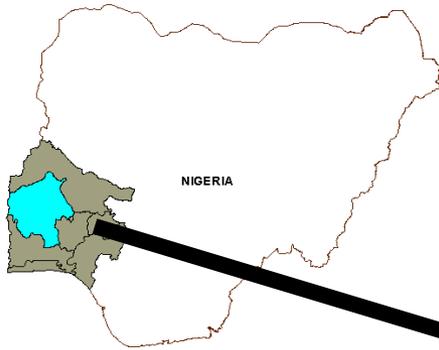
**Study sites :** PHC facilities comprising of PHC, maternity centres, health post and dispensaries.

**Study Design :** Analytical cross-sectional survey.

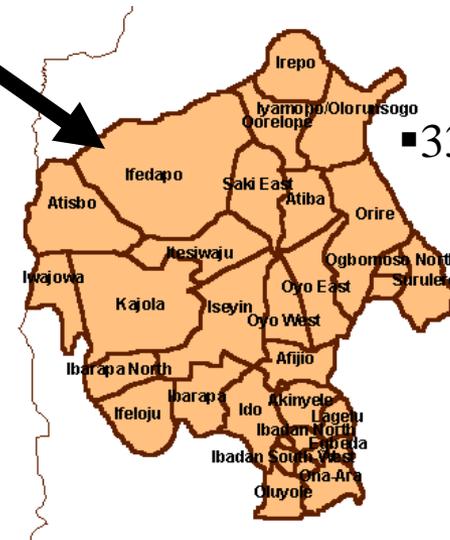
**Target population:** Health workers who manage women at primary health care level.

**Pilot study :** Done on 20 PHC workers in LGA in Osun state.

# Oyo State, Nigeria



• Total Popn : 4,587,764



■ 33 LGAs



- Ethical Clearance was obtained from the UI/UCH Institutional Review Board.
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- Written informed consent was obtained from respondents.
- Data was collected with a 37 item semi-structured self administered questionnaire.
- 596 health workers from 104 health facilities in the 33 LGAs were interviewed.
- Data Management with SPSS 15.0 software.

# RESULTS

## Socio demographic characteristics

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- Mean age of the respondents was  $38.0 \pm 8.16$  years. Age range was 20-60 years.
- Years of work experience ranged from one to 37 years, with median of 12 years.

# Table 1: Respondents Socio demographic Characteristics

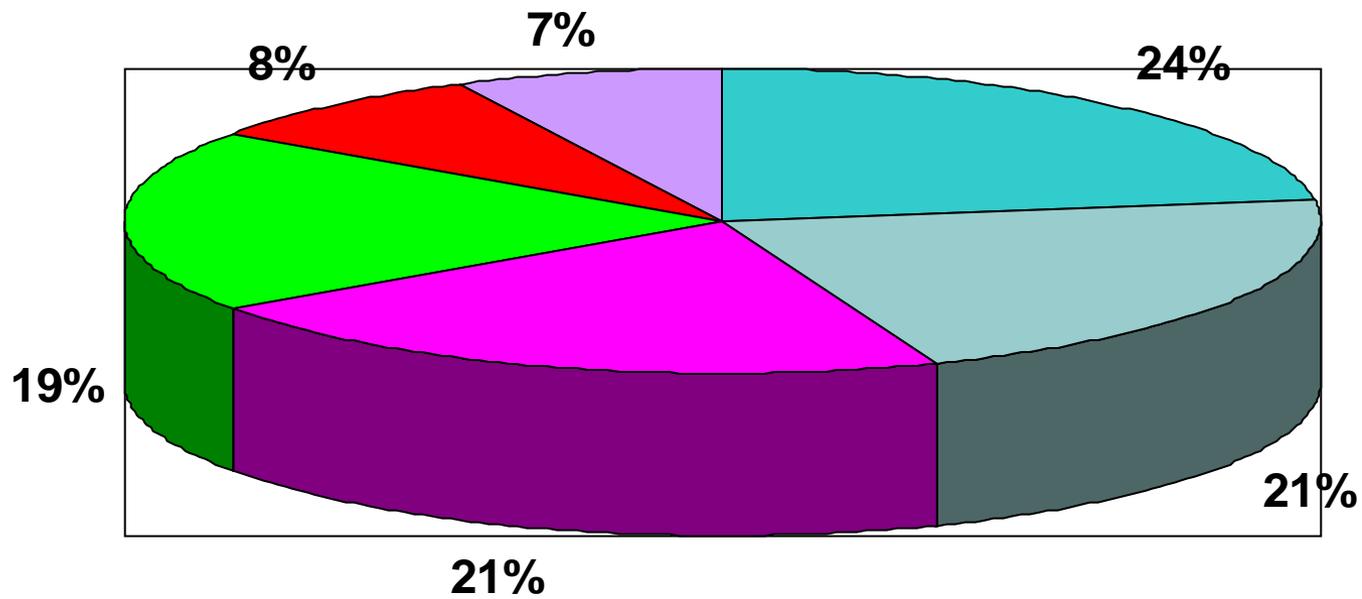
Characteristic	Number Percent
<b>Type of Health Facility</b>	
PH centre	430(72.1)
Maternity centre	110(18.5)
Health post and dispensary	56(9.4)
<b>Age (years)</b>	
20-29	84(14.1)
30-39	244(40.9)
40-49	222(37.3)
>50	46(7.7)
<b>Sex</b>	
Male	64(21.5)
Female	234(78.5)
<b>Cadre</b>	
Community health officer	104(17.4)
Matron	100(16.7)
Nurses	122(20.4)
CH extension workers	222(37.2)
Others	48(8.1)
<b>Years of experience</b>	
1- 9	198(29.9)
10-19	210(35.2)
20-29	208 (34.9)

# Knowledge

- 483(81.0%) gave correct examples of sexually violent acts.
- This was stated as rape by 524(87.9%).
- The major health consequences of SV stated were HIV(52%), depression (27%), STIs (12%), and unwanted pregnancy (9%).
- Mean knowledge score out of 8 statements was  $4.1 \pm 1.6$ .

# Figure 1: Major source of knowledge on SV

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■ TV ■ Other Hws ■ Radio ■ School ■ Newspaper ■ Religious Ldr

# Perceptions/Attitudes

	Statement	No	%
1	Women are partially to blame for act of SV	367	(61.6)
2	Children are partially to blame for act of SV	48	(8.0)
3	It is an intrusion into the patients private life to ask about SV	252	(42.3)
4	I am confident to ask women about SV	298	(50.0)
5	I believe I can help women who have been sexually abused	446	(74.8)
6	I am willing to enquire about SV from patients if trained	500	(83.9)

# Perceptions/Attitudes

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- 90% estimated that less than 0.1% of women in their practice experience SV.
- Mean attitude score out of 6 was  $2.5 \pm 1.9$ .
- Although not significant, males were less likely to be knowledgeable (OR 0.67; 95% CI 0.96-2.94) and have good attitudes (OR 0.78; 95: CI 0.44-1.40) than females.

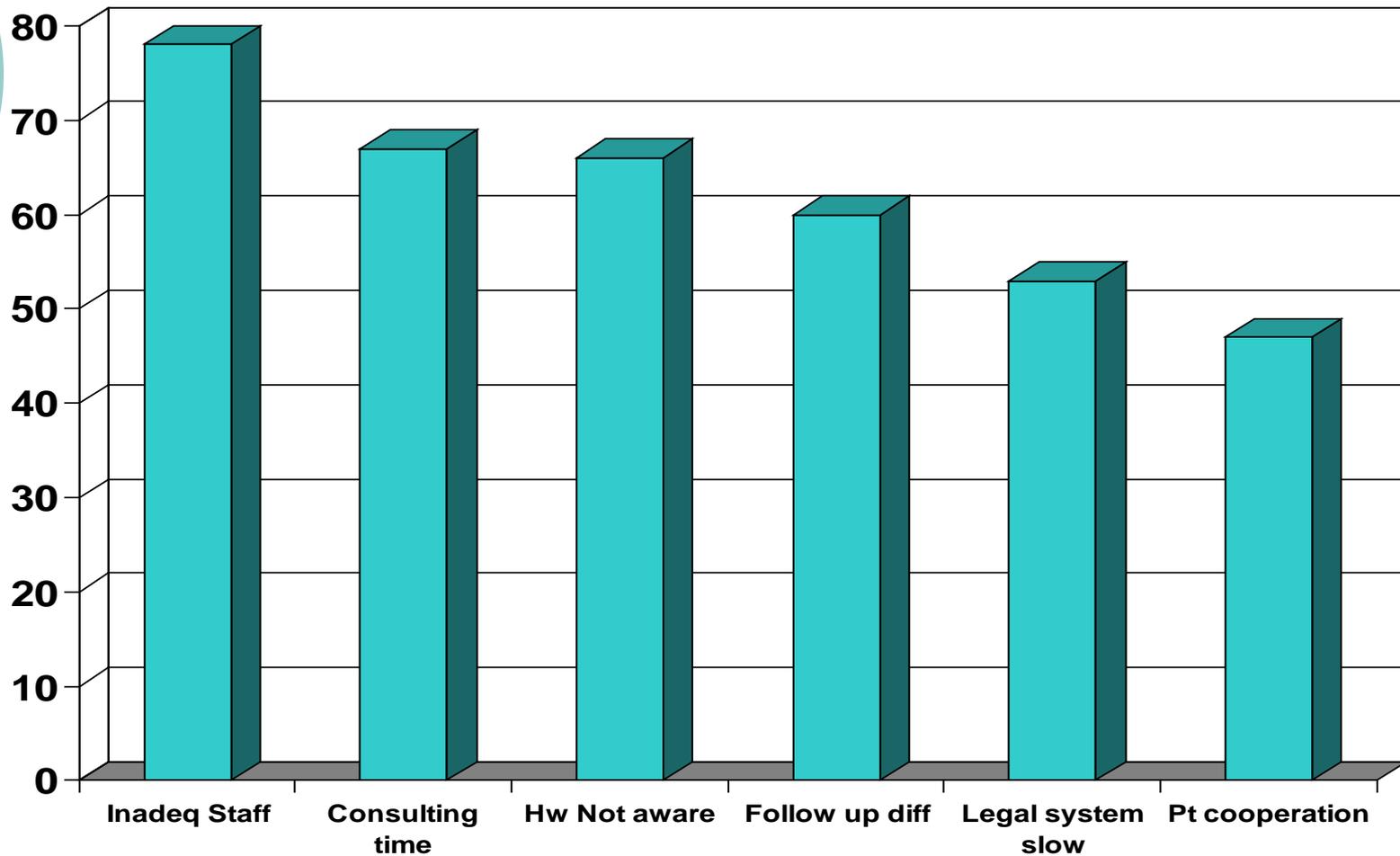
## Table 2: Logistic Regression Analysis of Factors Affecting Hws Knowledge and Attitude

Profile	Knowledge		Attitude	
	OR	P value	AOR	P value
<b>Age</b> <40 yrs ≥40 yrs	1	0.72; 0.16	1	0.73; 0.32
<b>Sex</b> Female Male	1	0.67; 0.07	1	0.78; 0.41
<b>Cadre</b> Junior Senior	1	1.05; 0.83	1	<b>1.90; 0.008</b> <b>2.05; 0.007</b>
<b>Yrs work experience</b> 1-9 10-19 20-29	1	0.71; 0.23 0.64; 0.13	1	0.93; 0.82 0.58; 0.11 <b>0.34; 0.05</b>

# Screening

- Only 91 (16.2%) health workers had ever asked patients, if they were victims of SV.
- 13 (2.6%) had ever identified a sexually abused woman in the course of their practice.
- Lack of education and training was stated as a barrier to screening by almost 70%.

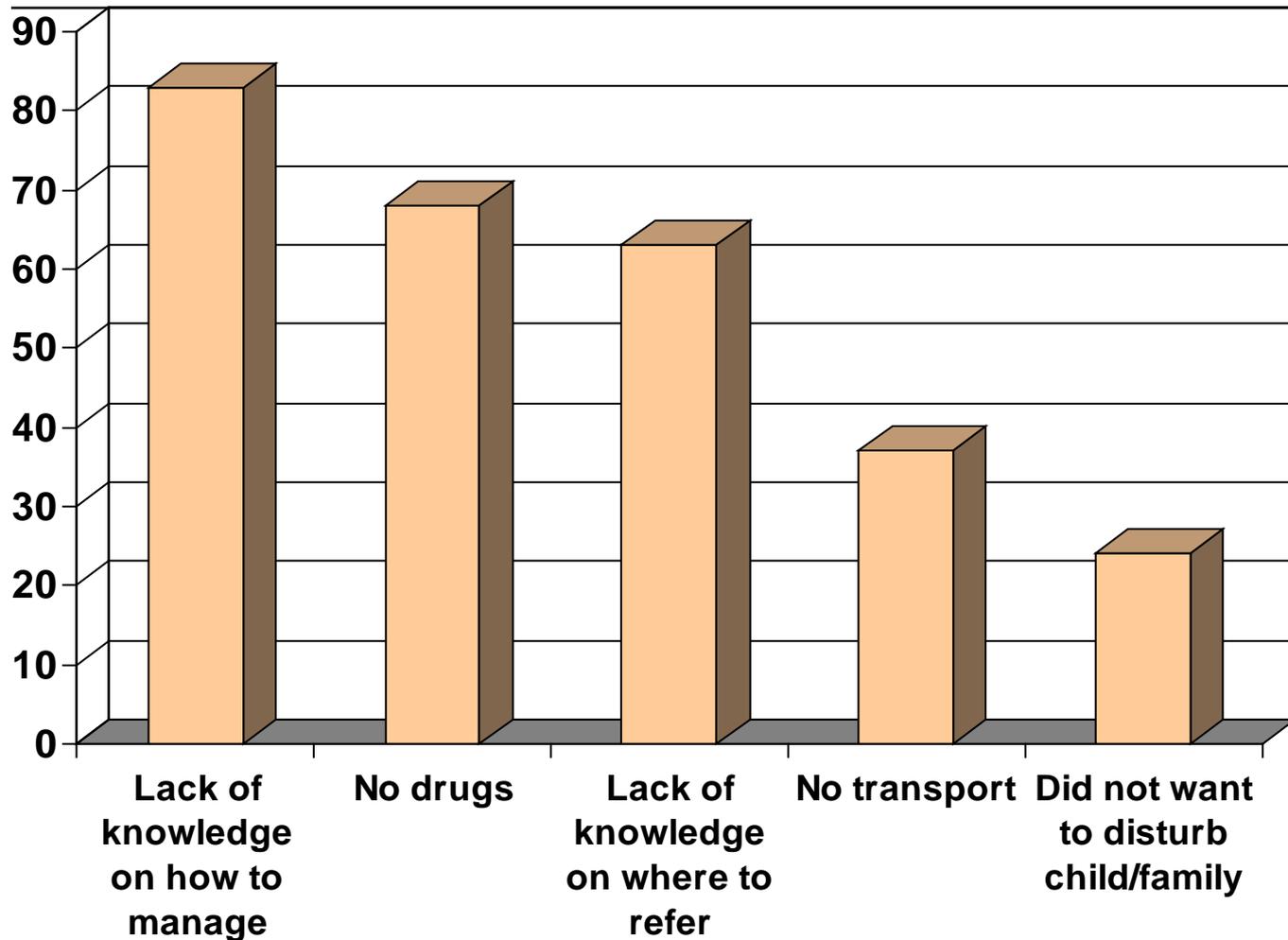
# Figure 2: Barriers to Screening women for SV



## Management Practices

- ~~o 65 (10.9%) had managed sexually violated women in the last 5 years.~~
- o Health workers main response included referral (60.4%), counseling (30.3%) and treatment (9.3%).

# Figure 3: Reasons for the limited Quality of care of Survivors



# Training

- Only 18.8% (112) had ever received any training on gender based violence.
- Health workers with previous training on violence were three times more likely to screen (AOR 2.66; 95%CI: 1.52-4.63).
- Younger aged health workers were more likely to have had training than their older colleagues (OR 0.80; 95%CI 0.47-1.38).

# Table 3: Logistic Regression Analysis of Factors Affecting Screening and Training

Profile	Screening		Training	
	OR	P value	AOR	P value
<b>Age</b> <40 yrs ≥40 yrs	1		1	
	0.65;	0.08	0.80;	0.42
<b>Sex</b> Female Male	1		1	
	0.8;	0.52	1.08;	0.80
<b>Cadre</b> Junior Senior	1		1	
	1.87;	0.59	1.08;	0.77
<b>Yrs of experience</b> 1-9 10-19 20-29	1		1	
	0.62;	0.11	<b>0.45;</b>	<b>0.02</b>
	0.65;	0.15	0.59;	0.10
			0.52;	0.12
<b>Previous Training</b> No Yes	1			
	<b>2.75;</b>	<b>0.00</b>	<b>2.66;</b>	<b>0.001</b>

# DISCUSSION

- ~~Hw did not sufficiently investigate the possibility of exposure to SV in their patients.~~
- Although, victims may not reveal history of abuse initially because of shame and stigma, after a few visits women often develop a trusting relationship in the PHC worker and feel more comfortable to talk about abuse. [9, 10]
- Hws grossly underestimated the magnitude of SV, suggesting misconception on the extent of the problem.

- This may affect effectiveness of care given as patients health problems will not be linked with prior or ongoing violence. [11]
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- Hw were willing to assist survivors, however level of knowledge was inadequate and attitudes poor.
- Training of the health workers will be a first step at instituting change in identification and management of survivors.
- Hw need to be trained to be non judgmental or blaming, sympathetic and be confident. Receiving support, empathy, understanding and caring are critical in the management of SV. [12]

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- The training curriculum of health workers at primary care level needs to be reviewed.

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  - Screening was not routinely done
  - Standard screening questionnaire should be developed to help PHC workers ask about abuse. [13]
  - Guidelines and policies need to be developed to guide SV screening, referral and social support for survivors.

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- Communication and collaborations between the PHC facilities and other tiers of the health system including other groups working on SV (police, judiciary, NGOs and FBOs) need to occur.
  - Survivors are at high risk of experiencing psychological conditions including PTSD, depression, and phobias, and are at increased risk for revictimization. [14, 15]
  - Receiving help early is critical, earlier disclosure of experiences of violence has been found to be helpful in lowering the rate of depression for survivors. [15]

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- **Strengths-** This study one of the first studies on the knowledge and screening practices of health workers on SV in Nigeria.
  - Secondly, hw at PHC level, an underserved group, were interviewed.
  - Finally, both rural and urban health facilities were involved in the survey.
  - **Limitations-** Results may not be generaliseable to secondary, tertiary and private health facilities in the country.
  - -Based on self report.
  - Larger national studies required.

# CONCLUSION

- Most health workers were willing to discuss SV, but lacked fundamental knowledge and had poor attitudes.

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- The need for urgent training of health workers is evident.
- In addition to training, school curriculum of health providers need to be reviewed.
- Cooperative networks should be developed with NGOs, health institutions and law enforcement authorities.
- Handbooks, guidelines and protocols to guide management of SV should be developed.
- In future, health providers in Nigeria and other low income countries should be expected to play more important roles in diagnosing SV and preventing future injury and death of women.



# Acknowledgement

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# THANK YOU FOR LISTENING

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