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Effectiveness of a Peer Led Gender-Based Violence Prevention Module among Graduates of Nigeria Tertiary Institution: A Randomized Control Trial

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Abstract

Gender-based Violence (GBV) remain one of the most serious threat to health and safety of women and girls worldwide. The problem is even more pronounced in community populations where women and girls are at increased risk of violence. Despite growing need, there have been few rigorous studies on prevention of gender-based violence using a training module and no systematic review of knowledge, attitude and practice on gender-based violence of graduates of tertiary institution in Nigeria. This study try to evaluate the effectiveness of peer led prevention of gender-based violence using a training module in an orientation camp for national youth service corps of Nigeria graduates. Randomized control trial study design was used to extract findings related to the knowledge, attitude and practice of the respondents. Study finding indicate that the training module was effective in peer led prevention of gender-based violence. However there remain a limited body of evidence on the effectiveness of the training module on prevention of gender-based violence. Commonly agreed upon standard or guidelines for evaluation of training module of gender-based violence prevention programming and publication of evaluations conducted using these guidelines could assist stakeholders to build and disseminate evidence base of effective gender-based violence prevention interventions programs and strategies. The use of training module gender-based violence prevention efforts especially among young adolescent population must be given higher priority to justify continuation of revision of recommended gender-based violence programs being implemented in diverse human setting, also improve awareness to stakeholders.

Keywords: *Attitude, Gender, Knowledge, Practice, Violence.*

Introduction

Gender-based violence remain one of the most serious threats to health and safety of women and girls worldwide. The problem is even more pronounced in community populations where women and girls are at increased risk of violence. Despite growing need, there have been few rigorous study on prevention of gender-based violence using a training module and no systemic review of knowledge, attitude and practices on gender-based violence of graduates of tertiary institution in Nigeria.

United Nations define Gender Based Violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary, deprivation of liberty whether occurring in public or private life [1].

Gender-based violence is violence targeted at individual or groups on the basis of their gender. While research suggests that a significant proportion of women worldwide will at some point in their lives experience gender-based violence, the extent to which men and boys are affected is unknown [2].

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Gender-based violence is one of the most oppressive forms of gender inequality posing a fundamental barrier to the equal participation of women and men in social, economic and political spheres. As noted in voice and agency; Empowering women and girls for shared prosperity, the World Bank's interagency standing committee define gender-based violence as "an umbrella term for any harmful act that is perpetrated against ascribed (gender) differences between males and females" [3]. Gender-based violence affects both men and women, but women are much more vulnerable because violence reflects and reinforces existing gender inequalities.

Due to the high prevalence of female survivors, some organization, such as UN women and the UK department for international development use the terms violence against women and violence against women and girls to describe the focus of their gender-based violence related work. Quoting the United nation definition of gender-based violence, the two terms can therefore be used interchangeably, [4]. Gender-based violence include intimate partner violence, no partner sexual assault, female genital mutilation, sexual exploitation and abuse, child abuse, female infanticide and child marriage, [4]. Such violence impedes gender equality and the achievement of a range of development outcomes. Experiencing violence precludes women from contributing to or benefiting from development initiatives by limiting their choices and ability to act [5]. The deprivation of women resulting from violence should be of central concern to governments and to societies at large as an intrinsic human rights issue and because of the epidemic's negative impact on economic growth and poverty reduction.

Exposure to intimate partner violence is linked with a multitude of adverse physical health outcomes, including acute injuries, chronic pain, gastrointestinal illness, gynecological problems, depression and substance abuse, [6]. The economic costs of gender-based violence include expenditures of service provision, forgone income for women and their families, decreased productivity and negative impacts on human capital formation, which are burdensome to developing economies. According to a recent world bank report, the estimated costs of intimate partner violence across five countries is 1.2-3.7 percent of GDP the same as what most governments spend on primary education, [3].

Gender-based violence is often divided into interlinked categories, interpersonal and structural/institutional violence.

Interpersonal violence refers to an act of economic, sexual, psychological or other violence perpetrated by an individual against another individual.

Structural/institutional violence refers to any form of structural inequality or institutional discrimination that maintains a person in a subordinate position, whether physical or ideological, to other people within her family, household or community, [7]. Both types involve the prioritisation of hegemonic masculinities above the rights of other gendered identities, including women's.

Gender-based violence is manifested through a multitude of actions including forced marriage of young girls, trafficking in persons, female genital mutilation/cutting. Gender-based violence has significant impact at the individual level, with victims suffering from physical and mental effect, loss of earning and increased healthcare costs. It also has a wider societal impact including lower productivity and thus reduced economic output and growth and increased pressure on social health services.

Female infanticide is an extreme form of gender-based violence, encompassing actions such as aborting female foetuses and killing girl babes. This practice is particularly common in China where millions of girls and women are now missing, [8].

Harmful traditional practices (HTP), such as female genital mutilation/cutting, early and

forced marriage, polygamy and purdah are practiced in many communities. There practices are primarily directed at girls women. Harmful traditional practice stem from deeply entrenched social, economic and political structures and are tools used to control the lives of girls and women, limiting their independence and future opportunities. While associated with patriarchal norms, both women and men carry out harmful traditional practice.

Women's participation in these practices must be viewed within the social convention which dictates that these practices must be followed to be part of the community. Women and girls themselves may therefore opt for or put their children through these practices despite knowing the risk. Not doing so would mean a lifetime of stigma and rejection by the community, [9].

Gender-based Violence is a global problem with an estimated 1 in 3 women experiencing physical or sexual violence in their lifetime. This staggering number dose not even account for psychological and emotional abuse [10].

Back in 1994, the International Conference on Population and Development (ICPD) approved a population development strategy focusing on Sexual Reproductive Health and Right (SRHR) for all people but with an emphasis on women and adolescent.

It further advocated for respectful rights, choices, gender equality and empowerment of women to achieve progress in the global world. This approved programme of action was endorsed by all the United Nations member countries, and it has guided the progress of SRHR for the last 25years. It also serves as the bases for millennium developmental goals especially as it has guided the progress of SRHR for the last 25 years. It also serves as the basis for millennium developmental goals especially as it deals with GBV, [10]. This has provoked thought of the research study topic to see how GBV prevention training module to young adult can help in preventing or reducing gender-based violence.

The researcher seen the topic as an intervention programme for young adults or graduates, it is not surprising that a number of prevention programs such as Fourth R, safe dates, shifting boundaries, wise Guyz targeting this population [11]. These programs generally raise awareness of healthy and abusive behaviour and focus on knowledge, attitude and/or skills for coping with violence.

Programmes differ in their specific contents but are generally found to be effective and resulting in increased awareness, reduced victimization and/or increase active by Standard behaviour [11] which highlights the importance of creating and implementing such programs. Figure 1 shows the conceptual framework of origin and understanding cause of violence.

This necessitates the following objectives for the study:

1. To determine the socio-demographic characteristics of the study population percentage of the study population with good knowledge, attitude and practice.
2. To evaluate the effectiveness of the training module on GBV knowledge, attitude and practice.
3. Limitations were lacking political will.
4. Time and financial constraints
5. Achievement were been able to develop the training module with its implementation.
6. Training was carried out successfully with good results of the training.

The importance or purpose for this study was to predict effectiveness of training module on prevention of gender-based violence among young adults as the specific focus of the research, they will now act as an agent of change in the society/community where they find themselves. The participants or subject in the study were graduates of tertiary institution in Nigeria who were between the ages of nineteen to thirty. It was carried out in a national orientation camp in Kaduna state of Nigeria. The central phenomenon or variable being studied are the percentages of knowledge,

attitude and practices of respondents in pre, intra and post-test.

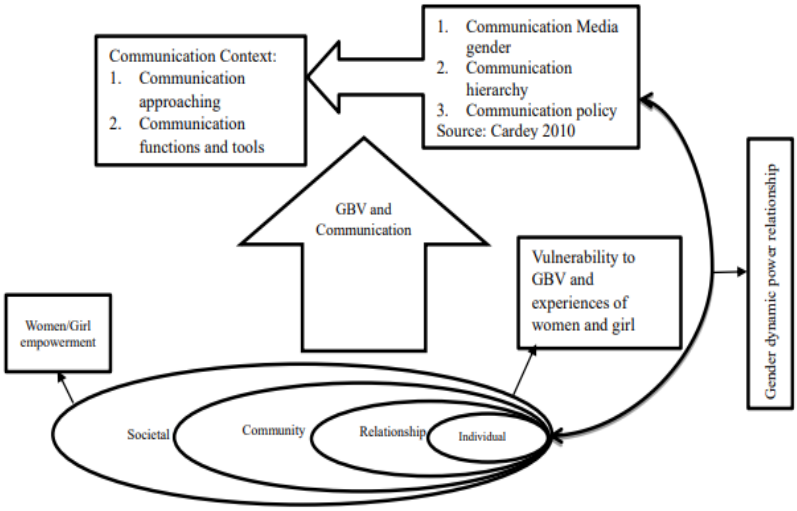

Figure 1. Integrated Conceptual Framework for Technical Concept Relevant to the Study

Note: Figure 1 is a diagram showing encouragement of the widespread adoption of an integrated ecological framework for understanding the origin of violence. Heise, L.L.,1998, Violence against women, an integrated, ecological framework,4(3),262-290.Doi, https://pubmed.ncbi.nlm.nih.gov.

Method

This study try to evaluate the effectiveness of peer led prevention of gender-based violence using a training module in orientation camp of National youth service corps for Nigeria graduates of tertiary institution.

Location

The study site was Kaduna State is located between latitude $9^0$02'N and $11^0$32'North of the equator and between longitude $6^0$15'E and $8^0$50'East of prime meridian.

Kaduna State is bounded to the north by Katsina, Zamfara and Kano states to the west by Niger state, to the east by Bauchi state and to the south by Plateau, Nasarawa and Federal Capital territory, Abuja. The state divided into three senatorial districts, namely Kaduna south, Kaduna central and North. Comprises of twenty-three local government areas (NPC and ICF MACN, 2019).

This study area is located in Kaduna south district in Kagarko local government area.

The study area is a National Youth Services Corps orientation camp (NYSC) meant specifically for graduates of Nigeria tertiary institutions. Since the camp occupant is almost representing the diversity of the country Nigeria, it will bring to the study their different backgrou8nd, cultures, religion into the research project with different opinion, attitude and knowledge there for enriching the study.

Study Design – Randomized Control Trial

It is a form of intervention studies in which was a 2-arm randomized single blind controlled trial involving graduates from Nigeria tertiary institution graduates at Kaduna State's NYSC orientation camp.

The 2 groups are the intervention group and the control group, see Figure 2.

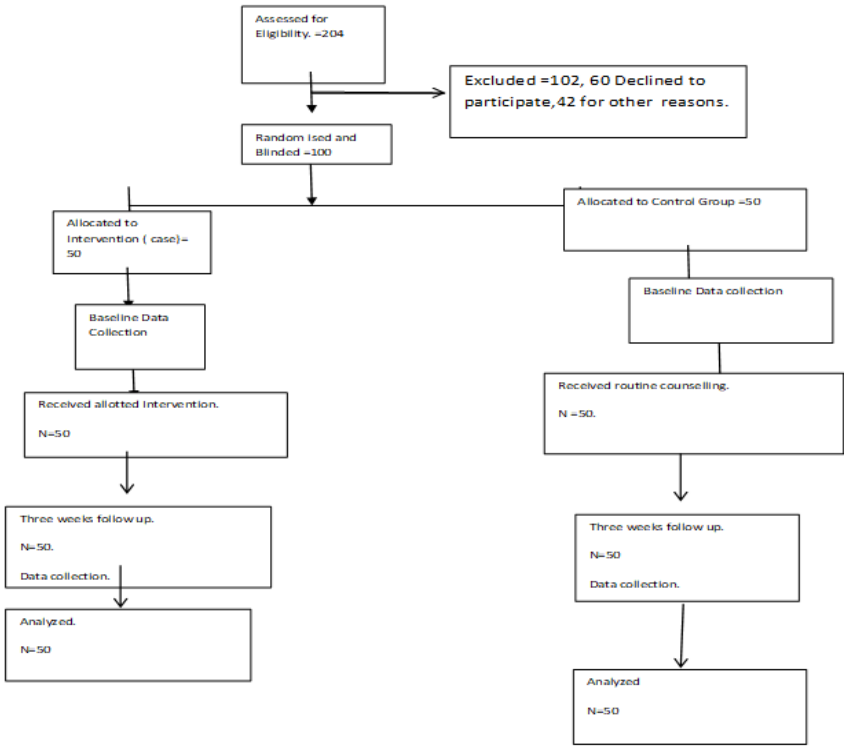

Figure 2. Consort Flow Diagram

Note: Figure 2 is a Consort flow diagram, showing how respondents were selected for the randomized control trial. It was adapted and modified from a previous study by Nancy, L.E., et al, 2005, Biophosphate Therapy improves the outcome of conventional periodontal treatment result study, https://www.researchgate.net

Respondents of intervention group 1 received sessions of training module of GBV prevention, while respondents of control group received lectures on activities of the orientation camp as a placebo.

Baseline measurement on knowledge, attitude and practice to GBV among the tertiary graduates was performed in both intervention and control groups as data was collected on preintervention, intervention and postintervention at 3 weeks.

Sampling Technique

Sample frame used was the list of graduates (registered Corper at Kaduna NYSC orientation camp). Random sampling technique was used to select the individual to participate in the study, while random assignment was used to place the participant into two groups. Sealed opaque envelopes containing allocation colour coded cards (white for controls and red for the intervention group, shuffled together in a basket) was used to execute the random assignment to the two groups so as to minimize allocation bias. A single blinded technique was employed with clients not knowing which group they belong to.

Results

The purpose of this study was to analyse the effectiveness of GBV prevention module on Nigeria tertiary institution graduate in Kaduna State orientation camp.

To achieve this purpose data was collected using a questionnaire and focal group discussion in this study, the data was computed and analysed with descriptive and inferential statistics. A total of 100 questionnaires were distributed and retrieved from the respondents.

Findings

Socio-demographic characteristic of the respondents was obtained from the field. The variables considered in the primary data source

include age of respondent, marital status and religion. The association in the randomized selection of the study population into intervention and control group were analyzed using the chi-square test type to test for the group association.

From the result the p-value 0.87 fall within the acceptance region, as such the randomized selection shows there was association between case and control respondents, hence minimizing confounding factors in the study. Normality of the data was also tested using both numeric and graphic tests. Skewness, kurtosis and Shapiro-wilk tests show data was normally distributed. Graphically using histogram and Q-Q plot also showed data was normally distributed.

Evaluation of the effectiveness of training module on GBV prevention peer led among graduates of Nigeria tertiary institutions in Kaduna State orientation camp. Here repeated measured ANOVA test was used to test the hypothesis the p-value was 0.05, significant value was 0.01 for the three variable which fall within the acceptance region which shows the module was effective.

Finding also involves the percentage of the study population with good knowledge, attitude and practice. The following were the results.

Good knowledge of GBV = 78.4%

Good attitude of GBV = 98%

Good practice of GBV = 76.4%

Discussion

The study main purpose was to evaluate the effectiveness of the training module on prevention of GBV among Nigeria graduates of tertiary institution. The results obtained in above section were in alliance with the written objective in the introductory section. The socio-demographic data of the study population were analyzed based on the following variables: age, marital status and religion using chi-square to check for association between the case and control respondent, show there was association between them, thereby minimizing the confounding factors in the study, as seen in Table 1.

Table 1. Socio-demographic Characteristic of Respondents Age, Religion, Marital Status n=100

Variables	**Frequency n (%) Intervention**	**Control**	**Total**	**Test Type Chi Square**	**P-value**
Age group (years)					
19-24	5(9.0)	13(9.0)	18(18.0)		0.87
25-30	45(41.0)	37(4100)	82(82.0)	X^2	
Religion					
Christianity	30(30.5)	31(30.5)	61(61.0)		0.76
Islam	20(18.0)	16(18.0)	36(36.0)	X^2	
Traditional					
Marital status	0(1.5)	3(1.5)	3(3.0)		
Married	8(8.5)	9(8.5)	17(17.0)		
Co-habitation	4(3.0)	2(3.0)	6(6.0)		
Separated	2(1.5)	1(1.5)	3(3.0)	X^2	0.82
Divorced	1(0.5)	0(.5)	1(1.0)		
Single mother/father	6(6.5)	7(6.5)	13(13.0)		
Other/single	29(30.0)	31(30.0)	60(60.0) 100.0		

Note: Table 1 shows Socio-demographic characteristic of respondents by Age, Religion, Marital status from data derived from field survey 2022, May.

A similar study carried out by Cooks et al2019, [11] shows similar result. From the frequency distribution table of socio-demographic characteristic of age of the study population was 82% were between 25 to 30 years of age while 18% were between 19 to 24 years of age, as seen in Table 2, this was so because the study population were tertiary institution graduate in Nigeria and hence their influence on Gender-based Violence.

Table 2. Frequency Distribution Table by Age of Respondents n=100

Variable	Frequency	(%)
19-24	18	18.0
25-30	82	82.0
Total	100	100s

Note: Table 2 is a frequency distribution table showing the data derived from field survey 2022, May of Age of respondents.

In view of the religion of the study population, 61% were Christians, 36% practice Islam while 3% practice traditional religion, as seen in Table 3. Studies had shown that there is a relationship between religion of individual and their influence on gender-based violence. Peterman P. et al. 2020, [12]. Again also, the marital status of the respondent influences the knowledge, attitude, practice of the person toward gender-based violence. Peterman P. et al 2020, [12]. About 17% of the study population were married, 5% co-habiting, 3% separated, 1% divorced, 13% were single mother while 50% of the study population were single that is not married, see Table 3. This will also influence the respondent knowledge, attitude and practice on gender-based violence. Figure 3, 4, 5 also show the numerical proportion of the variables in the study.

Table 3. Frequency Distribution Table by Religion of Respondents n=100

Variable	Frequency	(%)
Christianity	61	61.0
Islam	36	36.0
Traditional	3	3.0
Total	100	100

Note: *Table 3 is a frequency distribution table of data derived from field survey of 2022, May. Of the religion of respondents.*

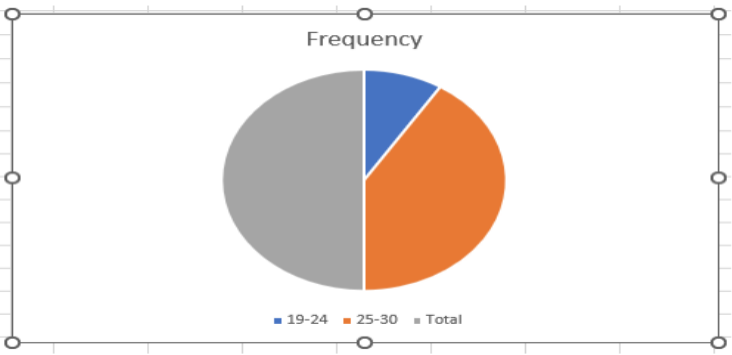

Figure 3. Pie Chart of Respondent by Age

Note: *Figure 3 was derived from field survey showing numerical proportion of the variable by Age of the respondents.*

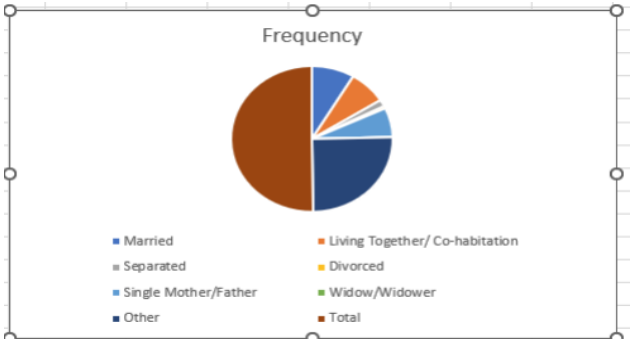

Figure 4. Pie chart of Respondent by Marital Status

Note: *Figure 4 was derived from field survey 2022, May, showing the numerical proportion of the variable by Marital status.*

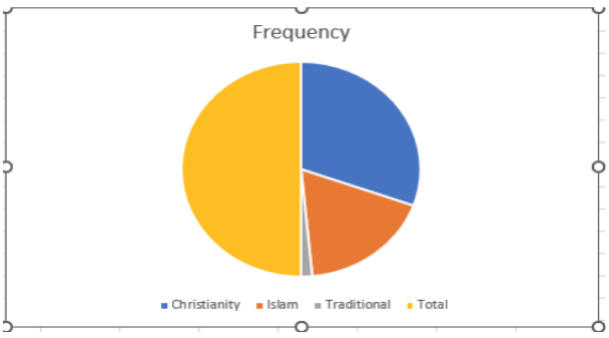

Figure 5. Pie Chart of Respondent by Religion

Note: Figure 5 was derived from the field survey 2022 May, showing the numerical proportion of the variable by Religion of respondent.

The baseline knowledge, attitude and practice were measured among the case group before the intervention. The mean knowledge score was 71.2% which was similar to a previous study by Arango et al2019 [4]. In analyzing the Likert scale which was used in measuring the attitude of case group respondent, independent sample test was used. Group statistics comparing the mean of respondents' age group shows that group have positive attitude to GBV.

From the independent sample test which was used to test the hypothesis if both age groups of respondents have the same positive attitude to GVV, the null hypothesis states that there was no same positive attitude to GBV. The result shows p-value or significant value of 0.002 not significant. Alternate hypothesis accepted which states that age groups respondents have same positive attitude to GBV, this was consistent with a previous study carried out by Wugmoon et al 2017, [13], on attitude of different age group to GBV.

The baseline mean attitude score was 58%, again this result was consistent with Arango et al 2019, [4], previous study on baseline attitude score of respondents before intervention. The baseline mean practice score was 64%.

The effectiveness of a peer led GBV prevention module on knowledge, attitude and practice among Nigeria tertiary institution graduate at Kaduna, NYSC camp was evaluated using repeated measure ANOVA to test the hypothesis. From the descriptive statistic, baseline knowledge mean score was higher than the mean score of immediate knowledge score, post intervention which might likely be due to their own knowledge at that time been literate respondents. The mean knowledge score at 3 weeks post intervention shows higher knowledge of GBV prevention. This was in consistence with Carey et al. 2018, [14], study

on effect of module on knowledge of respondents showing that after intervention lecture respondents developed new knowledge about GBV prevention. In multivariate test using Wilks Lambda statistical test significant value of .000, p-value was significant, hence null hypothesis was rejected and alternate hypothesis accepted which means the module was effective to the knowledge of the respondents. Heise et al 2012, [15], used this Wilks Lambda statistical test to test similar hypothesis in his study which was consistent with effectiveness of module on knowledge of respondents. From descriptive statistics, there was an increase in the mean value from baseline attitude to the mean value at three weeks post intervention of their attitude showing a positive change in attitude among the respondents by age groups, this was consistent with Radtake and Stan et al 2019, [16], previous study on attitude towards GBV.

In multivariate test, using Mauchy's test of sphericity, the sphericity of the data is not violated as the p-value .130 is not significant. Green house Gesisser is close to 1, it is 0.929 supporting that the sphericity is not violated. A such multivariate test was considered for decision making. The p-value is significant 0.000, null hypothesis rejected, alternate hypothesis accepted as such there was effectiveness of module on GBV prevention in attitude by the study population. This again is consistent with Radtake and Stan et al 2019, [16], previous study on attitude towards GBV prevention. The descriptive statistics has shown variation in mean and standard deviation of practice. Mean score of baseline practice lower than the immediate practice and mean score higher than 3 weeks post intervention practice mean score which might likely may be due to the short period for good practice to be observed, recorded or measured which was mentioned as a limitation of the study.

Table 4. Frequency Distribution Table by Marital Status of Respondents n=100

Variable	**Frequency**	**(%)**
Married	17	17.0
Living Together/ Co-habitation	15	5.0
Separated	3	3.0
Divorced	1	1.0
Single Mother/Father	13	13.0
Widow/Widower	0	0
Other	50	50.0
	100	**100**

Note: Table 4 is a frequency distribution table showing data derived from field survey of 2022, May, of Marital status of respondents.

A study carried out by Goonosekere et al 2020, [17] who collected data after six months shows higher mean score at six months when compared with baseline and immediate mean scores. Using multivariate, Wilk's Lambda test to the hypothesis of the effectiveness of the training module on practice of the study population, p-value was significant null hypothesis rejected, alternate hypothesis accepted, this shows statistically that there was effectiveness in the module training/intervention to the respondents.

Mauchy's test of sphericity, Epsilon was used, sphericity was violated supported by Greenhouse Geisser test, p-value significance. The Mauchy's test of sphericity was violated as the significant value was less than 0.05, Greenhouse Geisser test was considered for decision making statistically, p-value .001, also supported the effectiveness of the module in this study as shown in Table 5.

Table 5. Table of Mauchy's Test of Sphericity Epsilon

Within subject effect	Mauchy's W	Approx Chi Square	Df	Sig	Greenhouse Geisser
Practice	.265	52.464	2	.000	.575

Sphericity was violated, supported by Greenhouse Geisser test, P-Value Significant

Note: Table 5 was derived from field survey data 2022, May, using Repeated measure ANOVA test from SPSS software data analysis.

The outcome variable which was the percentage of good knowledge, good attitude and good practice of GBV were also calculated. Good knowledge was 78.4%, good attitude was 98%, good practice was 76.4%. Classification of percentage of knowledge, attitude and practice were into good, moderate/fair and poor. This classification system was adapted and modified from previous studies. 80% and above was rated good, 60% - 79% was rated as moderate/fair, while less than 60% was rated as poor as shown in Table 6. The outcome variable from the study was to measure the percentage of study population with good knowledge, attitude and practice.

Table 6. Classification of Percentage scores of Knowledge, Attitude and Practice into Good, Moderate/Fair and Poor

Percentage of total scores %	Total scores of Knowledge	Total score of Attitude	Total score of practice	Level
80-100		98%		Good
60-79	78.4%		74.4%	Moderate/Fair
<60				Poor

Note: Table 6 is the classification for total scores of knowledges, attitudes and practises adapted and modified from Joseph Arbiol et al 2018, Knowledge, attitude and practises towards Leptospirosis among Lakeshores communities of Calamba,doi,6(2),10.3390/agriculture6020018, https: www.mdpi.com/openaccess.

The data collected three weeks post intervention gave the above results. The outcome knowledge percentage was 78.4% which corresponded with moderate/fair score in level classification. Attitude percentage score was 98% corresponding to good score in level classification.

Practice percentage was 74.4% corresponding to moderate/fair level of classification. The baseline knowledge percentage score of the study population was 71.2%, post intervention three weeks after, knowledge score was 78.4%. this shows just little change which was likely due to the study population been literate and having a prior knowledge about GBV before the study as an educated study population.

Baseline attitude percentage score was 58%, post intervention three weeks after was 98% which was corresponding to good score of level classification, this was due to their understanding of the intervention module training which has changed their opinion and attitude towards GBV. Baseline practice percentage score was 64%, post intervention three weeks after was 74.4%, which was in moderate/fair level of classification. There was an improvement in practice score though it could be better but the timeframe for the study was short to show any significance in their practice. There was some consistency in this study with that of Joseph Argbiol et al, 2018,[18], study of similar and in his previous work. Though, Joseph Arbiol et al 2018,[18], study practice percentage score was 85% data was collected after six months. Again, there was

comparison between the knowledge of case group and that of control group post intervention at three weeks after intervention. Independent sample test was used. The group statistics show a little difference in the means of case and control group.

In testing the hypothesis that there was a difference in their knowledge outcome at three weeks post intervention between the two groups (case and control) which was the alternate hypothesis – independent sample test was used. The t-test showed difference in their t-value, the significant value was 0.816 is not significant and close to 1, hence null hypothesis which states that there was no difference in knowledge after three weeks post intervention was rejected and alternate hypothesis accepted which means from the test statistics. There was a difference between both groups, this was in consistence with a previous study by Radtake et al, 2019, [16], on Gender-Based Violence programme in Sudan.

Conclusion

The primary aim of the thesis/study was to see how gender-based violence (GBV) can be prevented using a peer led group and training module.

This study has shown that educational qualification helps in knowledge about GBV that invariably affects the attitude and practice of stakeholders. Again, from the study it was found that individual religion and marital status affect their knowledge or opinion about GBV.

Age of respondent from the study also showed that respondent aged 25 and above were more knowledgeable about GBV that their peers who were less than 24 years.

In this study, the training module has helped in improving the knowledge base of the participants such that their high score in percentage of their knowledge, attitude and practice of GBV as evident in the above result.

Study provided information that GBV could be prevented by improving awareness of GBV to stakeholder. The study also provided information that GBV is influenced by marital status, religion, and justification to wife beating.

Information from the study during focal group discussion shows that both sexes experiences GBV of sexual nature. From the study, there will be need for policies and programme to empower women and other vulnerable members of the society. There will be need to mount intervention to cater for the high proportion of women who are exposed to GBV in the community. Study also highlights the need for public enlightenment on GBV in order to equip the younger adolescents with information to protect them and also prevent them from being perpetrators of violence in adulthood.

Further longitudinal research is needed to better understand the complex range of factors related to GBV among both men and women.

Dedication

This research study is dedicated to my beloved father, Pa Alfred Omotosho Oyidi.

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I am deeply indebted in gratitude to my supervisors, Dr. Arupkumar Chakrabarty, Dr. Olatayo Marthins for their support, guidance, valuable comments and constructive criticism without which this dissertation could not have been completed. Also, as an academic guru which they are, I am particularly appreciative for the patience and contributions exerted to this work. They not only started me off with a comprehensive survey of what needed to be done, but has also shared throughout in every detail of its execution, fertile in suggestion, ruthless in criticism and vigilant in detection of errors.

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