


# Knowledge and perception of sexual and reproductive rights among married women in Nigeria

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**Abstract:** Married women of reproductive age can experience violations of their sexual and reproductive rights (SRRs). Adequate knowledge and understanding of SRRs are critical to their ability to protect themselves. This mixed methods study assessed the knowledge and perception of SRRs among ever-married women in Ibadan Metropolis, Nigeria. Quantitative data (N = 423) were obtained using an interviewer-administered questionnaire and summarised by computing scores for knowledge and perception. Qualitative data were obtained from five focus groups. Findings showed that 45.2% of the respondents said that they were aware of SRRs, yet 81.8% had poor knowledge scores. Regarding perceptions about SRRs, 73% of respondents obtained scores over the mean. In focus group discussions, participants generally could not explain the meaning of SRRs. However, they had positive perception of some SRRs, such as rights to family planning and freedom from violence/abuse. Overall, this study revealed that respondents had poor knowledge of SRRs but positive perceptions about them. A concerted effort is needed to raise public awareness and achieve basic education for women of reproductive age. DOI: 10.1080/26410397.2020.1731297

**Keywords:** knowledge, married women, perception, sexual and reproductive rights, women of reproductive age

## Introduction

Sexual and reproductive health and rights are integral elements of the rights of everyone to the highest attainable standard of physical and mental health.<sup>1</sup> Sexual and reproductive rights (SRRs) have been on the international health policy agenda since the 4th International Conference on Population and Development (ICPD) in 1994 in Cairo.<sup>2</sup> The SRRs of women mean that they should have control over, and decide freely and responsibly on issues relating to their sexual and reproductive health (SRH).<sup>3</sup> These rights include freedom from coercion, discrimination and violence; equal relationship between women and men in matters of sexual relations and reproduction; mutual respect; and shared responsibilities for sexual behaviour.<sup>3</sup>

In sub-Saharan African countries such as Nigeria, SRRs are constrained – from individual, social and legal perspectives – due to the existence of gendered power inequalities which are often aggravated by social legitimisation of patriarchal

values and discriminatory laws and institutions.<sup>4</sup> When SRRs are not expressed, abuse can result with violation of rights. For example, intimate partner violence (IPV) is a common form of rights violation among women of reproductive age, attributable to male-dominated, patriarchal societies with gender inequalities in countries such as Nigeria.<sup>5</sup> Studies have shown that IPV is prevalent in our study setting of Ibadan, in south-west Nigeria, and in other parts of the country.<sup>6–9</sup> The experience of violations of SRRs like IPV may be partly attributed to poor knowledge and poor perception of SRRs in women. Research has considered individuals' perception of their health, and the health services they receive, as an essential part of understanding and a measure for assessing the quality of care and health status.<sup>10</sup>

Several studies conducted among young women have revealed that knowledge and perception of SRRs are deficient among women in developing countries, including Nigeria.<sup>10–12</sup> However, some studies have shown negative attitudinal disposition

towards specific components of the SRRs.<sup>12,13</sup> For example, Egemba and Ajuwon's study among post-graduate students at the University of Ibadan, Nigeria revealed substantially negative attitudes towards reproductive rights and a significant association between the respondents' religion and their attitude toward the exercise of SRRs.<sup>12</sup> The study showed that 66% of the respondents opposed the statement that married women should have full control over their own bodies and 77.3% of the respondents rejected the idea that a wife could confidentially access family planning services.<sup>12</sup> These observed negative attitudes towards the exercise of SRRs, coupled with, for example, the 1999 Nigerian constitution – which does not recognise marital rape as a crime – may have serious consequences, including recurrences of rape and other violations of SRRs in the country.<sup>14</sup>

Women of reproductive age (WRA) are commonly exposed to various harmful practices and violations such as forced marriage, widowhood practices, female genital mutilation (FGM), trafficking, and sexual abuse.<sup>15</sup> The knowledge and exercise of SRRs are critical to their ability to protect themselves from these unwanted reproductive and sexual outcomes. Lack of knowledge of SRRs may lead to a negative perception of and failure to exercise SRRs among women. It has the potential to disempower, creating a barrier to claiming such rights. Even if there is awareness of legitimate rights, however, contextual social, cultural and structural factors, (e.g. patriarchal family setting, religious beliefs, family dysfunctionality, poverty, location) may contribute to women not realising their rights.

Many studies in sub-Saharan Africa on the knowledge and perception of SRRs have been conducted among student populations, i.e. in-school adolescents, undergraduates and postgraduates.<sup>11–13,16</sup> Others have studied the knowledge and attitudes of practising Nigerian lawyers, who are important stakeholders expected to be responsible for advocacy and effective implementation of laws protective of women's reproductive health. Poor knowledge on reproductive health and reproductive rights was reported,<sup>17</sup> suggesting that greater awareness regarding SRRs issues is needed among all groups. To the best of our knowledge, no previous study has assessed knowledge and perception of SRRs specifically among married WRA living within the community setting. This study assessed knowledge and perception of SRRs among ever-married WRA in Ibadan Metropolis.

The findings in this study will contribute to the existing knowledge on SRRs and may also inform targeted interventions to improve women's understanding, perception and exercise of their SRRs.

### Context

Ibadan is located in Southwest Nigeria. It is the capital of Oyo State with a population of about 3.5 million (Census figure from the National Population Commission, 2006). The dominant tribe are the Yorubas. The major occupations of its inhabitants are agriculture, trade, public service employment and factory work. The dominant religion in Ibadan is Islam followed by Christianity and a traditional Yoruba religion.

There are three levels of healthcare in Nigeria: primary, secondary and tertiary. SRH services can be accessed in both public and private health facilities and incur out-of-pocket expenditure. Access to formal healthcare services is possible through National and State Health Insurance Schemes. Antenatal and postnatal care and family planning services are readily available for WRA in the three tiers of healthcare. These services are still under-utilised. Even though family planning services are supposed to be given free in public health facilities, users still pay for consumables. Women also have access to specialist obstetric and gynaecological care in tertiary health centres.

Although international laws on human rights provide well-established conceptual frameworks for the implementation of SRRs, Nigeria is yet to make this relevant to the national policy debate. Sociocultural norms, gender inequalities, resource and capacity constraints, and unfavourable legal environments are some of the barriers observed.<sup>18</sup> However, the latest reproductive health policy in Nigeria from 2016 has rights-based approaches, and gender equity and equality within its principles and values.

### Methods

A mixed methods approach was used. Participants included ever-married WRA (15–49 years) in two local government areas (LGAs), Ibadan South West (IBSW) and Ibadan North East (IBNE). This study used qualitative data to explore the understanding and opinions of WRA regarding SRRs, enriching the information generated through the survey-based quantitative data collection. Ethical approval to conduct the study was obtained from Oyo State Research Ethical Review Committee, State Ministry

of Health, Secretariat, Ibadan. Data were collected from April to August 2017 and data entry and analysis with report writing extended until February 2018.

### Sample

Ever-married women were defined as those who were currently or had ever been in any marriage relationship (widowed, divorced, separated). Women who were ill, had compromised mental health, or who were not in the defined age group were excluded. For the survey, a minimum sample size ( $n$ ) of 423 was determined using the Leslie Kish formula for estimating sample sizes for single proportions in descriptive cross-sectional studies. Parameters for estimations of the minimum sample size were standard normal deviate corresponding to two-sided 5% levels of significance and level of precision of 5%. The required sample was based on the proportion (54.5%) of respondents knowledgeable about SRRs ( $p$ ) in a similar study conducted in Ethiopia,<sup>11</sup> with a non-response rate of 10%. Multistage sampling was employed to select study participants as follows: two LGAs (IBSW and IBNE) were randomly selected from the five urban LGAs in Ibadan Metropolis by balloting. The lists of wards were obtained from the selected LGAs. Two wards (one each from IBSW and IBNE LGAs, respectively) were randomly selected by balloting. The lists of enumeration areas (EAs) were obtained from the National Population Commission office in Ibadan. Two EAs each were randomly selected from the wards by balloting, giving a total of four. Finally, all the houses in the selected EAs were identified using enumeration area maps. All ever-married WRA residing in the selected houses at the time of visit, who gave consent to participate in the study, and who met the eligibility criteria, were interviewed.

For the qualitative study, culturally heterogeneous, married WRA were recruited from five randomly selected communities in IBNE LGA (two communities) and IBSW LGA (three communities). The five focus group discussion (FGD) sessions comprising of 43 participants were conducted after completion of the quantitative data collection. Non-probability, convenience sampling was used to recruit participants from the selected communities. The first 6–11 WRA to arrive at the FGD venue in each community were included, as long as they gave their consent after a detailed explanation of the objectives of the study was provided by the moderator. The number of FGD sessions

conducted was determined by the attainment of a high level of saturation in the opinions expressed by the respondents as characterised by similarities in responses provided.

### Data collection

The instruments for data collection included a semi-structured, interviewer-administered survey questionnaire and a FGD guide. The questionnaire comprised of sections based on the objectives of the study, including knowledge about SRRs, perception of SRRs and attitudes towards certain (specific) issues relating to SRRs. For the purposes of this study, we use the word perception to capture what respondents feel about SRRs. Attitudes is used differently, specifically relating to respondents' agreement or not to certain statements or scenarios, to denote potential for exercise of rights. Questions to assess knowledge and perception were adapted from previous studies in African countries including Nigeria.<sup>11–13,16</sup> The FGD guide was used to explore knowledge and perceptions of the participants regarding their SRRs. Questions in the FGD guide were adapted from review of literature on SRRs and consultation with qualitative study experts who made several corrections and revisions. Questions included:

*“What are your general perceptions about SRRs? Have you heard of SRRs? Where did you get to know about SRRs? What do you think SRRs mean? Do you think it is relevant? What do you think about the laws and organisations supporting the course of SRRs?”*

The instruments were pretested in an adjoining settlement not selected for the study (Ibadan North West LGA), translated to Yoruba and back translated to English to ensure that the original meaning of the questions was retained. Data were collected by trained research assistants supervised by the investigators. Research assistants with a minimum of education to Ordinary National Diploma were recruited and trained on the purpose of the study, skills for administration of the instruments, and how to secure respondents' informed consent, privacy and confidentiality.

Community leaders provided private rooms in the localities where participants were invited to take part in the FGD sessions. Using an open-ended protocol to guide discussion, the FGD sessions were conducted jointly by the trained research assistants and the investigators who were experienced in community-based research.

Moderation was undertaken by one of the investigators while audio recording, note taking and control of environmental and external influences were done by the research assistants. The discussion ended with a summary by the investigator, to encourage participants to correct any wrong impressions and to make suggestions to exercise of SRRs.

Discussions were tape-recorded with verbal consent of the participants and were conducted in Yoruba, the dominant language of all the participants. The audio files were transcribed verbatim in Yoruba language and later translated into English by a Yoruba language expert who helped in conducting the discussions in the field. This was done in order to prevent language distortion and to connotatively describe the understandings of participants. The transcribed tape-recordings were cross-matched with notes taken during the FGD sessions on observations and non-verbal cues.

#### Data management and analysis

Quantitative analysis was done with SPSS version 22.0 statistical software. Descriptive statistics were presented using frequency tables and charts. Knowledge of SRRs was rated based on the number of SRRs correctly listed by the respondents. The maximum obtainable score was 3; 0–1 items correctly listed was rated as poor knowledge and 2–3 correctly listed was rated as good knowledge. They were also asked about their perceptions on various SRRs. This section was grouped into two domains: “perception of SRRs” and “perception of the forms of abuse of SRRs”. A perception score, using 19 questions assessing perception, was computed into a 57-point scale by coding each “appropriate answer” as 3, and “undecided and inappropriate answer” as 0. An appropriate or inappropriate answer could either be “agree” or “disagree” depending on how the question was expressed. Scores less than the mean were rated as poor perception and scores greater than the mean as good perception of SRRs. Attitudes towards SRRs were captured through the proportion of respondents’ agreement or disagreement with a set of statements about certain situations and laws such as access to services, marital decision making, rape or abortion.

Qualitative data collected from FGD sessions were analysed using the thematic framework approach. The transcripts were read by the researcher, analyst and a field expert and the themes that reflected specific thoughts and

experiences of the participants were identified; then the discussions went through two phases of analysis. First, a manual preliminary analysis was carried out in order to observe the general ideas depicted by the data. Thereafter, a more detailed analysis was performed using Atlas.ti version 6.0.16.<sup>19</sup>

## Results

### Socio-demographic characteristics of survey respondents and FGD participants

Most (63.6%) of the respondents were 25–39 years old, 94.1% were married and currently living with their partners. The highest proportion had secondary education (61.7%), were unskilled workers (44.9%) and belonged to the middle socio-economic group (53.2%). [Table 1](#) shows the demographics of survey respondents and FGD participants.

### Knowledge of SRRs

From the survey, [Table 2](#) shows respondents’ knowledge about SRRs and [Table 3](#) shows the distribution of respondents by the SRRs listed. Less than half (45.2%) of the respondents had ever heard of SRRs and the main source of information was a health centre or hospital (26.7%). More than half (58.4%) of the respondents could not list correctly any SRRs and only 23.4% could list one. The majority (81.8%) had poor knowledge of SRRs overall. Among those who listed SRRs, right to family planning was the most commonly known (37.2%), followed by right to marriage (10.4%) and right to childcare (7.9%).

In the FGD sessions, when asked about the meaning of SRRs, almost all the participants did not understand the meaning of SRRs as they kept asking for clarification:

“SRRs in which way?” (P2, FGD 4, IBNE)

“Is it for the father of a child to give a woman money, or is there a specific thing to give them, as a right or after pregnancy/delivery? What right?” (P2, FGD 1, IBSW)

“Are you talking about family planning or something else?” (P3, FGD 2, IBSW)

“We have not heard, please explain better ...” (P11, FGD 4, IBNE)

Among the FGD participants who claimed to know about SRRs, there were misconceptions

**Table 1. Sociodemographic characteristics of survey respondents ( $N_1 = 423$ ) and FGD participants ( $N_2 = 43$ )**

Variable	$n_1$ (%)	$n_2$ (%)
<b>Local Government Area</b>		
Ibadan North East	305 (72.1)	27 (62.8)
Ibadan South West	118 (27.9)	16 (37.2)
<b>Age (years)</b>		
<24	50 (11.8)	
>24–39	269 (63.6)	
>39	102 (24.1)	
Non-response	2 (0.5)	
Mean age $\pm$ SD	33.7 $\pm$ 7.5	
<b>Marital status</b>		
Ever married and living with a partner	398 (94.1)	39 (90.7)
Ever married and not living with a partner	25 (5.9)	4 (9.3)
<b>Duration of marital status (years)</b>		
<5	158 (37.4)	14 (32.5)
>5–10	121 (28.6)	3 (7.0)
>10	140 (33.1)	26 (60.5)
Non-response	4 (0.9)	0 (0.0)
Mean duration $\pm$ SD	8.7 $\pm$ 6.2	16.1 $\pm$ 12.7
<b>Family type</b>		
Monogamy	378 (89.4)	23 (53.5)
Polygamy	45 (10.6)	20 (46.5)
<b>Religion</b>		
Christianity	190 (44.9)	26 (60.5)
Islam	220 (52.0)	17 (49.5)
Non-response	13 (3.1)	0 (0.0)
<b>Highest level of education</b>		
No formal education	3 (0.7)	3 (7.0)
Primary	65 (15.4)	18 (41.9)
Secondary	262 (61.9)	19 (44.1)
Tertiary	93 (22.0)	3 (7.0)

*(Continued)*

Table 1. Continued		
<b>Occupation<sup>a</sup></b>		
Professional	50 (11.8)	2 (4.7)
Intermediate	0 (0.0)	0 (0.0)
Manual skilled	161 (38.1)	7 (16.3)
Partial skilled	0 (0.0)	0 (0.0)
Unskilled	190 (44.9)	33 (76.7)
Unemployed	22 (5.2)	1 (2.3)
<b>Wealth index<sup>b</sup></b>		
Low socioeconomic group	116 (27.4)	
Middle socioeconomic group	225 (53.2)	
High socioeconomic group	82 (19.4)	
<p><sup>a</sup>Occupation was categorised using the Registrar General Occupational Classification.<sup>20,p553</sup>  Professional: Health workers, civil servants, teachers; Intermediate: Army, police, paramilitary officers; Skilled: Artisans (fashion designers, hairdressers and tailors), patent medicine vendors, self-employed, company workers; Partly Skilled: Priests, publisher, surveyors; Unskilled: Traders, drivers; Unemployed: Unemployed, apprentice, student, non-response.</p> <p><sup>b</sup>Wealth Index was evaluated using ownership of 11 household items. A 'Yes' response was coded as 1 and 'No' as 0. A principal component analysis of socio-economic grouping was used to produce a common factor for ranking into 3 categories; Low socioeconomic group: &lt;50%; Middle socioeconomic group: 50–75%; High socioeconomic group: &gt;75%.</p>		

regarding the concept. Almost all those who were aware described SRRs in relation to family planning, financial obligation of the husband to his household and FGM:

*"If it is family planning, we have heard of family planning and that it gives rest and to prevent child birth at the unwanted time." (P11, FGD 4, IBNE)*

*"A woman has the right to collect money from her husband because we women are the most active, is it because we bear the pregnancy or would a man help us to bear pregnancy?" (P8, FGD 1, IBSW)*

*"Concerning circumcision, a male child that is not circumcised at the appropriate time usually have genital disease and a female child that is not circumcised is also affected when she gets married as she will be bleeding during sexual intercourse and it will be difficult for her husband to dis-virgin her if she is not sexually active because our forefathers mandated it for us to circumcise a female child before she gets married." (P7, FGD 3, IBNE)*

*"Our foremothers believed that a child's head must not come in contact with the uncircumcised*

*area of the mother's genital area so that the process of delivery will not be difficult. I had a female child who got circumcised at puberty after she had finished her primary education. So failure to circumcise a female child is not good because it an ancient practice and the cost implication is small." (P5, FGD 5, IBNE)*

*"In addition, we have heard that a girl child should not be circumcised but I don't like the idea because it is not normal and we were circumcised. In fact, my younger sister was circumcised when she was in primary six after she complained to our parents by referring to her elder sisters who were circumcised." (P10, FGD 3, IBNE)*

One of the participants expressed SRRs in the form of physical abuse. From this participant's expression, there was an indication that she might have been a victim of a SRRs violation:

*"One has the right to freedom from violence if one has a husband who is fond of beating his wife and who gets angry easily and over little things and when there is no rest of mind, one will eventually leave such place." (P3, FGD 3, IBNE)*

**Table 2. Knowledge about sexual and reproductive rights (SRRs) from survey (N = 423)**

Variable	n (%)
<b>Awareness of any SRRs</b>	
Yes <sup>a</sup>	191 (45.2)
No	232 (54.8)
<b>Main source of information (n = 191)</b>	
Health centre/Hospital	51 (26.7)
Radio	31 (16.2)
Social media/Internet	25 (13.1)
Television	17 (8.9)
Awareness programme/seminars	10 (5.2)
Non-response	48 (25.1)
Others (family, friends, mother, neighbours, school)	9 (4.7)
<b>Number of SRRs correctly listed</b>	
1	99 (23.4)
2	55 (13.0)
3	22 (5.2)
None	247 (58.4)
<b>Rating of respondents' knowledge about SRRs</b>	
Good (listed at least 2)	77 (18.2)
Poor (listed one to nothing)	346 (81.8)
<sup>a</sup> Although not necessarily able to name a SRR.	

**Table 3. Distribution of survey respondents claiming knowledge of sexual and reproductive rights (SRRs), by SRRs listed (N = 191)**

Rights	n (%)
<b>SRRs</b>	<b>171 (89.6)</b>
Right to family planning	71 (37.2)
Right to marriage	20 (10.4)
Right to child care	15 (7.9)
Right to child bearing	13 (6.8)
Right to have sex	11 (5.8)
Right to body control	10 (5.2)
Right to consent to marriage	9 (4.7)
Right to keep pregnancy	5 (2.6)
Right to marital sexual harmony	5 (2.6)
Right to immunisation	4 (2.1)
Right to freedom from abuse/violence	4 (2.1)
Right to health programmes/services	3 (1.6)
Right to husband inheritance	1 (0.5)
<b>Other rights</b>	<b>20 (10.4)</b>
Right to education	13 (6.8)
Right to environmental cleanliness	1 (0.5)
Right to freedom of movement	1 (0.5)
Right to have a family	2 (1.0)
Right to homecare	1 (0.5)
Right to work	2 (1.0)

*“Concerning family planning, when one marries a very stubborn man, one will not want to bear many children for him. This can be done through seeking help from friends or by going to the hospital so that one will have rest of mind or even leave the man.” (P3, FGD 3, IBNE)*

Sources of information on SRRs identified by the discussants include awareness programmes, health facilities and radio.

*“We heard in an awareness program at Foko centre, in a video show.” (R7, FGD 2, IBSW)*

*“It is the people in charge of family planning that told us during their awareness programmes.” (R2, FGD 1, IBSW)*

*“I have also heard about it in the hospital.” (R6, FGD 2, IBSW)*

*“I heard about it in at Adeoyo Hospital.” (R1, FGD 5, IBNE)*

*“I heard of this right at the hospital and during enlightenment programmes to pregnant women.” (P11, FGD 4, IBNE)*

*“I have heard about it on the radio.” (R4, FGD 2, IBSW)*

Findings from the FGD sessions showed lack of awareness of organisations, agencies and government ministries concerned with defending and upholding the rights of the abused. Also,

almost all the participants were unaware of the existence of associated laws guiding rights:

*“All chorused: We don’t know ooo.”* (All participants FGD 1, IBSW)

*“We don’t know about any government or organisation.”* (speaking on behalf of others) (P8, FGD 1, IBSW)

*“But it is like government made the law that; you cannot become pregnant while you are still carrying a baby on your back ... ”* (P2, FGD 1, IBSW)

*“I don’t think there is any laid down structure for it except those who speak on radio and say their address.”* (P4, FGD 2, IBSW)

*“A very few number of people have the knowledge of where such centres are located.”* (P4, FGD 2, IBSW)

Some of the participants advocated for legalisation and establishment of such organisations

*“These organisations should help us to ensure that women do not suffer anymore.”* (P9, FGD 3, IBNE)

*“I want to request that a centre that will support the claiming of such rights in this community should be established.”* (P1, FGD 2, IBSW)

*“A very few number of people have the knowledge of where such centres are located. And majority will have been terribly beaten before they get to such centres ... Therefore, such centre is needed within the reach of the people in this community because there are wicked men within this vicinity who harass and beat women.”* (P4, FGD 2, IBSW)

### Perceptions of SRRs

Table 4 shows the perceptions of the survey respondents regarding various forms of SRRs and abuse of SRRs. Over 90% of women perceived they had rights to marital sexual harmony/faithfulness, who to marry, to keep a pregnancy and so on, although only 18% believed they had the right to abort their pregnancy. The majority agreed with the outlined forms of SRR abuse except that only 39% perceived that sexually transmitted infection-based discrimination is a form of abuse of SRRs. Almost three-quarters (73%) of the respondents had good scores for overall perception of SRRs.

In the FGD sessions, participants were asked about what they felt about SRRs and some responded by describing “violation of SRRs”. In two of the groups, it was described as negligence

of marital and social responsibility by the husbands:

*“Okay, for example when he asks for his food, which he didn’t provide the money for before he left, wouldn’t that result in trouble? Did you provide the money for food? I can’t provide money, is that the reason why you cannot cook for me and he starts to beat her.”* (P8, FGD 1, IBSW)

*“If there is a man who does not take care of his wife or children.”* (P2, FGD 5, IBNE)

Some believed that violation of SRRs connotes molestation and violence such as sexual, physical and emotional abuse:

*“... using this community as an instance whereby someone is coming from a night [church] vigil and hooligans within this community raped an innocent girl, some are hawking and raped in the process and dispossessed of their goods. So there are several ways by which men use force to abuse women.”* (P4, FGD 2, IBSW)

*“... there are some men who are really mad and when issues such as sex or no sex arise, when it eventually happens and you don’t respond, that is trouble with no food, which can even lead to a fight that will finally result in separation from each other.”* (P5, FGD 1, IBSW)

*“We know that there are some men who are insane to the extent that when they speak to their wives for sexual intercourse and the women refuses because she is physically tired or for another reason, the man may beat his wife because of that.”* (P9, FGD 3, IBNE)

*“This also imply that their love for each other is gone.”* (P3, FGD 3, IBNE)

*“There are many incidents whereby men forcefully demand for their right from a woman whether he is responsible or not. When such woman refuses, it results in beating that can lead to blindness and still, he apologise to her.”* (P11, FGD 4, IBNE)

*“And we have seen situations whereby a wife is raped by her husband even if she says that she is menstruating and this is heart breaking to a woman.”* (P3, FGD 5, IBNE)

*“The consequence could be that the husband will refuse to grant any needs of the wife to her because she is violating his sexual right.”* (P8, FGD 3, IBNE)

*“There are also instances where the woman is willing to stop childbearing but the man will refuse because*



**Table 4. Survey respondents' perception of sexual and reproductive rights (SRRs) (N = 423)**

Variable	Agree <i>n</i> (%)	Disagree <i>n</i> (%)	Undecided <i>n</i> (%)
<b>Forms of SRRs</b>			
Right to marital sexual harmony/ faithfulness	411 (97.2)	8 (1.9)	4 (0.9)
Right to consent to marriage	421 (99.5)	1 (0.2)	1 (0.2)
Right to keep a pregnancy	412 (97.4)	6 (1.4)	5 (1.2)
Right to abort a pregnancy	76 (18.0)	284 (67.1)	63 (14.9)
Right to free and cost effective reproductive health information and services	385 (91.0)	16 (3.8)	22 (5.2)
Right to maternity leave	422 (99.8)	0 (0.0)	1 (0.2)
Right to ante and post-natal care	418 (98.8)	2 (0.5)	3 (0.7)
Right to choose type of birth control and delivery	383 (90.5)	15 (3.5)	15 (3.5)
Right to be free from discrimination/abuse/ violence	397 (93.9)	0 (0.0)	26 (6.1)
Right to body control/decide time for sex and with whom	388 (91.7)	10 (2.4)	25 (5.9)
Right to decide the number and spacing of one's children	411 (97.2)	8 (1.9)	4 (0.9)
<b>Forms of abuse of SRRs</b>			
Denial of SRH services	417 (98.6)	4 (0.9)	2 (0.5)
Forced marriage	420 (99.3)	3 (0.7)	0 (0.0)
Forced sex	422 (99.8)	1 (0.2)	0 (0.0)
Abusive sexual language	405 (95.7)	5 (1.2)	13 (3.1)
Non-consensual touch	398 (94.1)	7 (1.7)	18 (4.3)
Punishment for discussing sexual issues	340 (80.4)	19 (4.5)	64 (15.1)
Discrimination on sex orientation	326 (77.1)	28 (6.6)	69 (16.3)
Sexually transmitted infection-based discrimination	165 (39.0)	189 (44.7)	69 (16.3)
<b>Distribution of perception scores among respondents (n = 423)</b>			
<b>Domains</b>	<b><i>n</i> (%)</b>		
<b>Perception of SRRs</b>			
Good perception	365 (86.3)		
Poor perception	58 (13.7)		
Mean score $\pm$ SD	30.9 $\pm$ 1.3		
<b>Perception of the forms of abuse of SRRs</b>			
Good perception	327 (77.3)		
Poor perception	96 (22.7)		
Mean score $\pm$ SD	22.2 $\pm$ 1.8		
<b>Overall perception of SRRs</b>			
Good perception	309 (73.0)		
Poor perception	114 (27.0)		
Mean score $\pm$ SD	53.2 $\pm$ 2.40		

*he wants more children and thereafter marries another wife and neglects the first wife.”* (P5, FGD 2, IBSW)

*“Even if he doesn’t beat her, he can be abusing her verbally.”* (P8, FGD 2, IBSW)

A few participants described violation of SRRs as consequences which might result from marital errors by the woman:

*“It depends on how they are and how they married each other... Do you know that this is based on how they married each other, if she had married a good person, he would not behave like that.”* (P4, FGD 1, IBSW)

*“When they marry themselves properly, they will be able to report each other to themselves. But the one that married each other based on we saw ourselves and had sex, there is suffering, she got what she searched for, there is no negotiation there.”* (P4, FGD 1, IBSW)

*“Do you know what happened is that you are addressed the way you dress, the way you meet yourselves, is the way you marry each other.”* (P8, FGD 1, IBSW)

*“You see that of the husband beating a wife or husband to behave like that, it is compulsory that when one wants to have a husband, she should let her parents to know the husband she wants to marry.”* (P2, FGD 1, IBSW)

None of the participants described other forms of violation of SRRs in relation to denial of access to SRH and safe abortion services, or discrimination due to sexual orientation or sexually transmitted infections (STIs). Participants only perceived SRRs in relation to family planning, safe sex practices, freedom from violence/abuse, responsible parenthood and harmful practices such as FGM.

#### Attitude of respondents on the exercise of SRRs

Table 5 shows the distribution of the respondents by their attitude towards exercise of SRRs. Of the surveyed women, over 90% believed that women have the right to confidential use of reproductive health services, and that a married woman has the right to limit the number of her children she wants with the consent of her husband. The majority (89.1%) of the respondents agreed that husbands have an obligation to share childcare. Over 93.1% agreed that marital rape should be

punishable by the law. On the other hand, almost half (47.5%) of the respondents believed that a man should have sex whenever he wants irrespective of the wish of his wife. Less than half (38.1%) of the respondents believed that women have the right to resist circumcision for the girl child against the wishes of the family. Most (86.3%) disagreed that wife inheritance (a situation whereby a widow is forcefully betrothed to a male relation such as the deceased brother) should be encouraged where it is being practised in Nigeria and 93.6% felt that abortion should not be legalised in Nigeria. 18.9% of participants agreed with the statement that reproductive rights enforcement in favour of women will make Nigerian women disrespectful to their husbands.

#### Discussion

This study was conducted to assess knowledge and perception of SRRs among ever-married WRA in Ibadan Metropolis. The study revealed that more than half of the respondents were unable to name any SRRs. Among those who had heard about SRRs, health facilities were the major source of information. This is contrary to a similar study conducted among female postgraduate students of the University of Ibadan, Nigeria where the majority of participants were aware of SRRs and mass media constituted their major source of information.<sup>12</sup> The reason for lower awareness in this study may be related to the lower educational status of the majority of the respondents, who had secondary education and below, as compared with the study among postgraduate students where the lowest educational attainment for all the respondents was a university degree.<sup>12</sup>

The study revealed that most of the respondents had poor knowledge of SRRs. This is evidenced by the inability of the majority of the respondents either to list correctly some SRRs or to list any at all. Lack of knowledge about SRRs is also corroborated by the FGD sessions where almost all the participants were unaware of these rights and did not seem to understand the meaning of SRRs.

In this study, the right to family planning was the most widely known of the SRRs assessed. Some described other rights not related to SRRs, such as right to education, to work, homeware, self-care, etc. This is similar to the report of a study conducted among lawyers who are expected

**Table 5. Distribution of survey respondents by their attitudes towards exercise of SRRs (N = 423)**

Variable	Agree n (%)	Disagree n (%)	Undecided n (%)
Women have the right to confidential use of reproductive health services such as family planning	407 (96.2)	11 (2.6)	5 (1.2)
A man should have sex whenever he wants irrespective of the wish of his wife	201 (47.5)	165 (39.0)	57 (13.5)
A married woman has the right to limit the number of her children according to her desire with the consent of her husband	387 (91.5)	14 (3.3)	22 (5.2)
Husbands have obligation to share childcare	377 (89.1)	11 (2.6)	35 (8.3)
Women have the right to resist circumcision for their girl children against their families' will	161 (38.1)	148 (35.0)	114 (27.0)
A husband and a wife should have equal rights in decision making	281 (66.4)	66 (15.8)	76 (18.0)
Married women can seek family planning services without their husbands' knowledge or consent	103 (24.3)	240 (56.7)	80 (18.9)
Every wife is equally married to her husband's family	328 (77.5)	71 (16.8)	24 (5.7)
Wife inheritance should be encouraged where it is being practised in Nigeria	45 (10.6)	365 (86.3)	13 (3.1)
Reproductive rights enforcement in favour of females will make Nigerian women to be disrespectful to their husbands	80 (18.9)	277 (65.5)	66 (15.6)
Reproductive rights enforcement in favour of females will make Nigerian women promiscuous	111 (26.2)	238 (56.3)	74 (17.5)
Marital rape should be punishable by the law	394 (93.1)	18 (4.3)	11 (2.6)
Abortion should be legalised in Nigeria	15 (3.5)	396 (93.6)	(2.8)

to have in-depth knowledge of these rights by virtue of being advocates of the law, but still demonstrated poor knowledge of the rights when asked to mention the components and declarations of SRRs.<sup>17</sup> Other studies among female undergraduates and adolescents also revealed poor knowledge of SRRs.<sup>12,13,16,21</sup> Our study fills a gap in the literature on knowledge of SRRs among married WRA in developing countries, including Nigeria.

Perception of SRRs was grouped into two domains which included perception of the forms of SRRs and perception of the forms of abuse of SRRs. Overall, this study showed good perception on SRRs. Notably, the majority of the respondents disagreed that women have the right to abort a pregnancy. Believing that women do not have the right to abort is conso-

nant with abortion being illegal in Nigeria as our law does not permit the practice; however, disentangling the relationship between the two is complex. About 45% of respondents failed to regard STI-based discrimination as a form of abuse of SRRs. This implies that a high proportion of the respondents may have discriminating and stigmatising attitudes towards people with STIs. Although people with STIs should have rights to treatment or access to healthcare services without any discrimination, social attitudes may lead to failure to present for treatment in health facilities. The FGD participants in this study contributed little on the aspect of expressing their opinions regarding the right to freedom from STI-based discrimination and the violation of same, perhaps due to the lack of knowledge on the subject.

In the FGD sessions, participants' perceptions were centred on the right to freedom from abuse or violence (especially sexual and physical forms), family planning and harmful cultural practices such as FGM. They seemed to believe that abuse of SRRs narrowly connotes molestation and violence such as sexual violence, or physical and emotional abuse. Some FGD participants believed that family planning acceptance should be a mutual understanding between spouses, or can be opted for by a woman without her husband's consent when the need arises. This is in contrast to the study by Egemba and Ajuwon among undergraduate students where respondents' perception of the meaning of reproductive rights revolved around the right to decide the number and spacing of children and the right to bodily autonomy.<sup>12</sup> The contrast between our findings on women's perception of SRRs and those of Egemba & Ajuwon's study may be explained by the differences in the profile of the groups, as experience within or outside marital union may influence an individual's opinions. In the female undergraduates, perceptions of SRRs are related to their reproductive life plans, like child spacing and number of children, while WRA in our study expressed their views in relation to pertinent issues in marriage like family planning, harmful traditional practices, intimate partner violence, etc. Most of the respondents in our study were opposed to married women's right to bodily autonomy.

The majority of the women of reproductive age in our study (56.7%, Table 5) rejected the idea that a married woman could access family planning services without consulting her husband. This may be rooted in the patriarchal family settings in Nigeria. A woman's right to reproductive autonomy, especially in marriage, is often impaired because of gender stereotypes, where women are not viewed as autonomous beings, able to take control over their sexual and reproductive lives and to make decisions on such matters. Without the right of reproductive choice, all other human rights – civil and political, economic and social – have only limited power to advance the wellbeing of women, because reproductive rights address the core of women's health and wellness.

### **Strengths and Limitations**

This study is the first community-based exploration of the perception of WRA in Southwest Nigeria regarding SRRs. Use of a mixed methods approach

gave an opportunity to triangulate the findings of this study. However, the study was conducted in just a few enumeration areas, within the selected wards in the two selected LGAs of Ibadan Metropolis, making it ungeneralisable.

### **Recommendations**

Although not necessarily representative of Nigeria as a whole, we suggest that this study points toward a need for strengthening of reproductive health services to promote and sustain women's access to SRH information. Individuals should also be able to access SRH information at various strategic points such as schools, social and religious gatherings and other health facilities. Organisations and agencies supporting the subject of SRRs should endeavour to engage community members in the formulation of policy for the enforcement and reinforcement of SRRs in all communities, especially in areas dominated by people with little educational background. Health education interventions should be directed towards gender socialisation and SRH literacy. The Government should support and facilitate proper implementation of the components of SRH by health institutions, other related agencies and organisations, with communities encouraging and incorporating practices that promote and enhance SRRs.

### **Conclusion**

This study was conducted to determine the knowledge and perception of SRRs by married women in Southwest Nigeria. It revealed that respondents had poor knowledge of SRRs but somehow had positive perceptions on SRRs. We recommend health system strengthening for reproductive health information and services on SRRs of WRA.

### **Acknowledgements**

*The authors would like to acknowledge the group of women of reproductive age who consented to participate in the study, for their time and patience.*

### **Conflict of interest**

The authors have no conflict of interest to declare.

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## Résumé

Les femmes mariées en âge de procréer peuvent subir des violations de leurs droits sexuels et reproductifs. Il est essentiel qu'elles aient une connaissance appropriée et une bonne compréhension de ces droits pour qu'elles puissent se protéger. Cette étude à méthodologie mixte a évalué la connaissance et la perception des droits sexuels et reproductifs chez des femmes ayant été mariées au moins une fois dans la métropole d'Ibadan, Nigéria. Les données quantitatives ( $N = 423$ ) ont été produites à l'aide d'un questionnaire administré par l'interrogateur et synthétisées en calculant les scores pour la connaissance et la perception. Les données

## Resumen

Las mujeres casadas en edad reproductiva pueden sufrir violaciones de sus derechos sexuales y reproductivos (DSR). Los conocimientos y entendimiento adecuados de los DSR son esenciales para su capacidad de protegerse. Este estudio de métodos combinados evaluó los conocimientos y la percepción de DSR entre mujeres casadas alguna vez en la metrópolis de Ibadan, en Nigeria. Datos cuantitativos ( $N = 423$ ) fueron obtenidos utilizando un cuestionario administrado por un entrevistador y resumidos calculando los puntajes de conocimientos y percepción. Se obtuvieron datos cualitativos de

qualitatives ont été obtenues auprès de cinq groupes d'intérêt. Les conclusions ont montré que 45,2% des répondantes ont affirmé qu'elles étaient au fait des droits sexuels et reproductifs, alors même que 81,8% ont obtenu de faibles scores pour la connaissance. S'agissant de la perception de ces droits, 73,0% des répondantes ont affiché des scores supérieurs à la moyenne. Dans les discussions de groupe, les participantes ne pouvaient en général expliquer la signification des droits sexuels et reproductifs. Pourtant, elles avaient une perception positive de certains d'entre eux, comme le droit à la planification familiale et la protection contre la violence et les mauvais traitements. Dans l'ensemble, cette étude a révélé que les répondantes avaient une faible connaissance des droits sexuels et reproductifs, mais qu'elles les percevaient de manière positive. Un effort concerté est nécessaire pour sensibiliser l'opinion publique et dispenser un enseignement de base aux femmes en âge de procréer.

cinco grupos focales. Los hallazgos mostraron que el 45.2% de las entrevistadas dijeron que eran conscientes de los DSR; sin embargo, el 81.8% tenía bajos puntajes de conocimientos. Respecto a las percepciones de los DSR, el 73% de las entrevistadas recibieron puntajes superiores a la media. En las discusiones en grupos focales, por lo general, las participantes no pudieron explicar el significado de DSR. Sin embargo, tenían una percepción positiva de algunos DSR, tales como los derechos a la planificación familiar y a una vida libre de violencia/ maltrato. En general, este estudio reveló que las entrevistadas tenían pocos conocimientos de DSR pero percepciones positivas. Se necesita un esfuerzo conjunto para sensibilizar al público al respecto y lograr educación básica para las mujeres en edad reproductiva.