



## INFLUENCE OF SOCIAL MEDIA USAGE ON KNOWLEDGE OF SEXUAL VIOLENCE AMONG COLLEGE MEDICAL STUDENTS IN KENYA

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### Abstract:

**Introduction:** Sexual violence is a violation of human rights and a severe public health problem. It has a profound impact on physical, social, and mental health, both immediately and many years after the assault. Sexual violence in Kenya, as elsewhere in the world, is a complex issue that has as its root the structural inequalities between men and women that result in the persistence of power differentials between the sexes. The research investigates the influence of social media reporting on knowledge of sexual violence amongst the Medical students at MTC Kakamega. The significance was set on the need to research the sexual violence among the medical students. The research was advised of several research gaps on controversial sexual violence studies that were not based on social media. **Methods:** A descriptive survey was employed with Convenience sampling done. Data was collected by the use of questionnaires submitted electronically through social media and a pilot study done on KMTC Webuye. Data were analyzed using SPSS v.25 and presented using graphs and tables. **Results:** The data was reliable at alpha .824 and without outliers. More females 54.87% than males, as evidenced by the responses. Majority of 21.7% of 20 years of age and more social media users 98.6%. More acknowledge that social media as a source of information, and 79% agree to have read sexual violence stories of victims on social media. Testing of the hypothesis was done, and the first null hypothesis second null hypothesis was rejected ( $X^2=19.609$ ,  $p>0.001$ ). **Recommendations:** The government should enhance policy formation for the governance of sexual violence and protecting the youths. Future studies are recommended for lecturers and students in other universities, not only KMTC Kakamega.

**Keywords:** sexual violence, Kenya medical training college, social media, knowledge

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## 1. Introduction

Sexual violence is a violation of human rights and a serious public health problem. It has a profound impact on physical, social, and mental health, both immediately and many years after the assault. Sexual violence in Kenya, as elsewhere in the world, is a complex issue that has as its root the structural inequalities between men and women that result in the persistence of power differentials between the sexes.

The digital revolution, spurred by the internet and mobile phones, has led to a global revolution in communications, access to information and media delivery, a tremendous increase in the use of Information and Communication Technologies (ICTs), the internet, and social media (Hughes, 2007). Akinnusi, Sonubi & Oyewunmi (2017) describes social media as media transformed by digitally interactive ICT tools and based on online social networking platforms and open-source tools. These tools are 'social' in that they are created in ways that enable users to create and share content and information.

Social media sites are increasingly becoming a key point of reference in people's lives across the globe. There are about 2.8 billion internet users worldwide, out of which about a third are in developing countries. Ngwa et al. (2008) argue that the growth of the internet and social media has caused unintended consequences such as cybercrimes, sexual harassment, and cyberstalking. Equally, Coble (2012) contends that there is an increase in violence against women as a result of social media growth but observes that the true prevalence is currently unknown.

This report defines sexual violence as rape, attempted rape, sexual threat, sexual exploitation, unwanted sexual touching, unwanted sexual remarks, and other forms of sexual harassment (De Vreese & Claes, 2010). In the context of sexual violence and social media, it is particularly important to think about sexual violence on a continuum that involves emotional, psychological, and verbal violence as well as physical violence.

Sexual violence is increasingly recognized as a significant public health concern and a profound violation of basic human rights. As defined by the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2012), sexual violence (SV) is "*any sexual act that is perpetrated against someone's will.*" Sexual violence includes a nonconsensual completed sex act (i.e., rape), attempted nonconsensual sex act, unwelcome nonpenetrative abusive sexual contact, as well as non-contact sexual abuse, like sexual harassment, threatened sexual violence, or exhibitionism (Basile, Espelage, Rivers, McMahon & Simon, 2009; Centers for Disease Control and Prevention, 2012).

Broadly, sexual violence involves sexual activity when a victim does not consent, is unable to consent (i.e., due to age, illness, unconsciousness), or unable to say no (i.e., due to the threat of physical violence) (Basile & Saltzman, 2002). Sexual harassment is defined as physical or verbal sexual violence in the form of unwanted sexual advances, verbal or physical sexual contact, or unwelcome requests for sexual favors (AAUW, 2001).

The term “*sexual violence*” is presented throughout this text to represent behaviors that could also fall under the umbrella terms of “*sexual abuse*,” “*sexual assault*,” and other sexual violations, like sexual harassment or voyeurism (Basile & Saltzman, 2002).

A recent nationally representative survey found that an average of 207,754 Americans (age 12 years or older) are victims of sexual violence each year (Centers for Disease Control and Prevention, 2012). According to the National Violence Against Women Survey (NVAWS), 1 in 6 women and 1 in 33 men have experienced an attempted or completed rape, defined as forced vaginal, oral, or anal penetration in their lifetime (Tjaden & Thoennes, 2000). However, most of the national research efforts have focused specifically on partner violence in married or cohabitating partner relationships. Even still, in the longitudinal National Youth Survey, the prevalence of physical violence decreased from a high of 55% when respondents were aged 18 to 24 years to a low of 32% when they were aged 27 to 33 years (Halpern, Oslak, Young, Martin, & Kupper, 2001).

Although Social Media (SM) can fuel jealousy between romantic partners, by providing a convenient and socially acceptable means of monitoring one another's online behavior, little has been written about the possible role of SM in Dating Violence (DV). With social media users being the young population, there has been a lack of literature about sexual assault on young people. However, only recently have scholars turned their attention to sexual violence experiences among middle and high school samples.

This research project explores the relationship between sexual violence and social media with a focus on youth. The project aims to offer an overview of the connections between sexual violence and social media among youth and make recommendations to build a prevention framework for program development and evaluation in Kenya.

## 2. Methodology

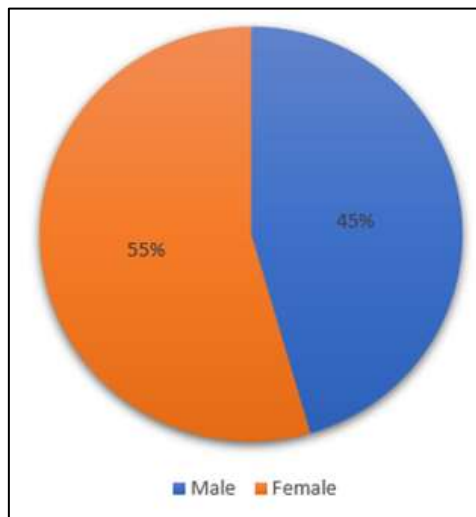
A descriptive survey design was being used in this study. Mugenda and Mugenda (2003) describe descriptive research as the process of data collection, answering the questions regarding the present conditions of the object under investigation (Creswell, 2003). This study targeted 300 medical students at the MTC college of Kakamega. The respondents were between 18 to 29 years, and currently, there were in medical school at the time of the study. The sampling frame consisted of the medical students at the college of Kakamega. A sample is a finite part of the statistical population whose properties are studied to gain information about the whole (Webster, 1985).

The study used questionnaires on the data collection. The questionnaires are considered suitable due to their versatility and can serve a large group of respondents. Ethically, questionnaires can maintain anonymity, and questions can be standardized for ease of data collection and analysis (Fink, 2012). The questionnaires had closed questions only and were delivered through a social media link with google docs being used to collect the information. This was convenient to maintain anonymity and enhance confidentiality and ensure a high response rate.

With sensitivity to the matter, anonymity was achieved through the use of google docs link to circulate and get responses from the link given. A pilot study was being carried out at Kenya medical training college in Webuye, Kenya.

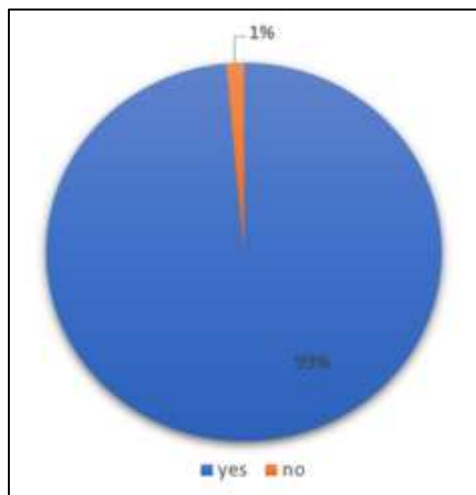
### 3. Results

Two hundred and seventy-seven (277) students responded to the questionnaire giving a return rate of 92.3% against the expected 300 respondents. 45.13% of the respondents were the female gender, while 54.87% of the respondents were of the male gender. The majority of the respondents (21.7%) were 20 years old and 19 years old (21.3%). Very few of the respondents were 28 years old (0.7%). Figure 1 shows the age distribution of the respondents. The average age of the respondents was 21.27 years.



**Figure 1:** Gender of the respondents

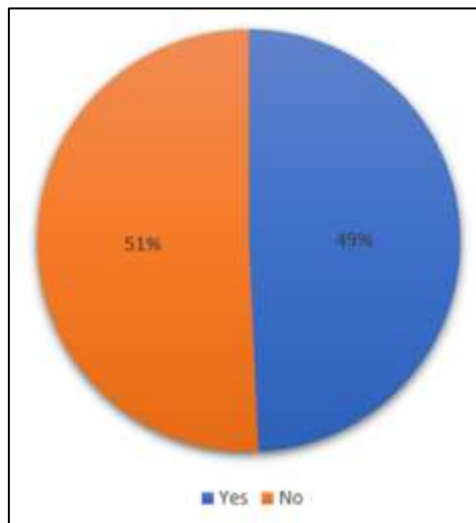
Majority 99% of the respondents rejoined that they used social media while 1% declined to the use of social media Table 1 demonstrates this data.



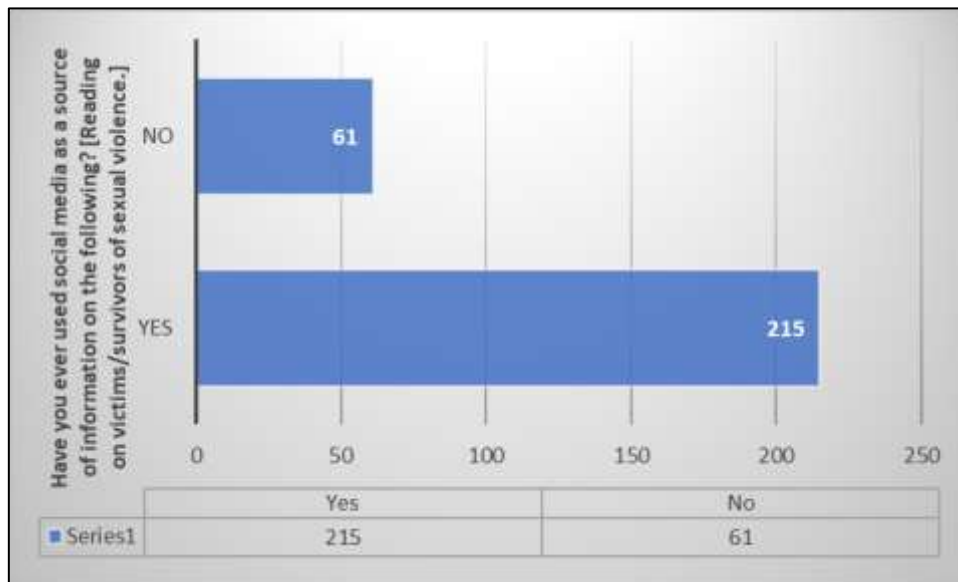
**Figure 2:** Respondents usage of social media

When asked whether they used social media to understand sexual violence, a majority of the respondents, 50.9%, agreed while 49.1% disagreed.

To achieve the objective, the respondents were asked whether they used the media as a source of information on an array of questions. One of the questions they were asked is whether they used social media to understand what sexual violence is. The majority of the respondents, 51%, agreed. In comparison, 49% disagreed when asked whether the respondents have used social media as a source of information for reporting an incidence of violence 83.4% of the respondents said Yes, they have while 17.6% said no they haven't.

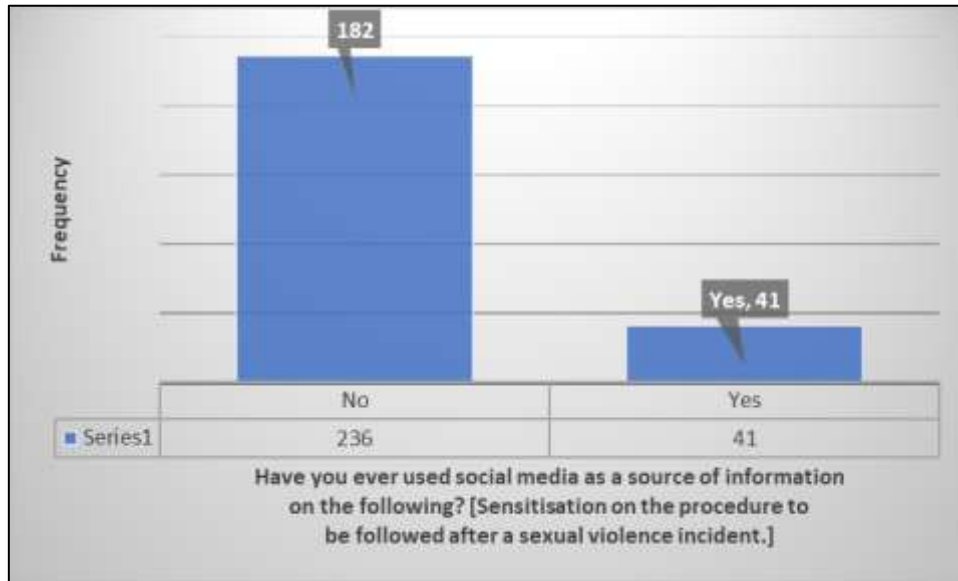


**Figure 3:** Usage of social media as a source of information



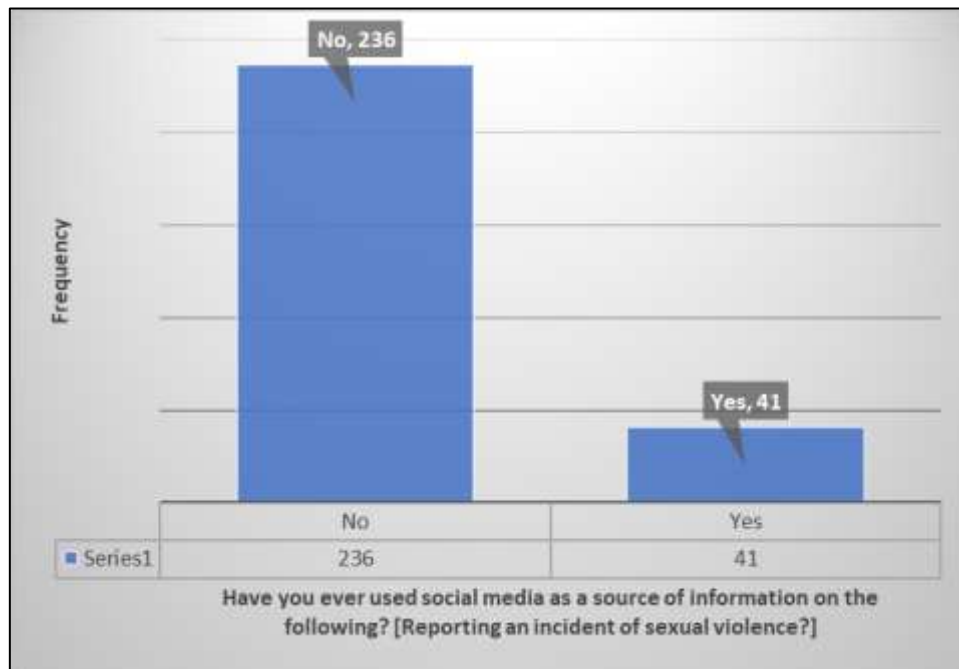
**Figure 4:** Usage of social media on reporting

The respondents were asked is whether they have used social media as a source of information on sensitization on the procedure to be followed after a sexual violence incident; 35% of the respondents said Yes, while 65% said No.



**Figure 5:** Usage of social media on sensitization of the procedure on sexual violence incident

When the respondents were asked whether they have used social media as a source of information on sensitization on the procedure to be followed after a sexual violence incident, 35% of the respondents said Yes, while 65% said No.



**Figure 6:** Usage of social media on procedure follow up after incidence

When the respondents were asked, they have ever used social media as a source of information on reading on victims/survivors of sexual violence, 79% of the respondents said Yes. In comparison, 21% of the respondents said, No. figure 6 depicts the above information.

When the respondents were asked whether they used social media as a source of information on understanding what sexual violence is. 50.6% of the respondents said No, while 49.6% said yes, while the majority of the respondents, 37.9% agreed, 32.1 strongly agreed, 15.5% undecided. In comparison, 10.8% and 3.6% disagreed and strongly disagreed, respectively, that pornographic material qualified to be sexual violence. When they were asked whether unsolicited sexually suggestive comments qualified to be sexual violence. 41.2% of the respondents agreed, 40.8% disagreed, while 9.4% were undecided. The minority 2.9% disagreed that unsolicited sexually suggestive comments qualified to be a form of sexual violence.

When asked whether the respondents thought that unwanted physical contact (without consent) qualified to be a form of sexual violence. The majority of the respondents 67.9% strongly agree, while the minority 1.4% disagreed.

#### **4. Discussion**

The majority of the respondents were female gender, which constituted 54.87%, with the rest being male. On age, the majority were between 20 years (21.7%) and 19 years (21.3%). Consequently, 28 years old and 29 years old were the least of the total population. That depicts the clear involvement of youths in studies at the medical school of the college of MTC Kakamega. The majority of the respondents were younger; the research experienced a very high response rate of 98.6% of the total target population of 300. This translated into 277 respondents in the study.

With the majority being young, it was important to understand the use of social media among the youths in this society. Almost all of them confirmed that they used social media, which is evident in the fact that they received the data collection tool via social media. This answers the first Research question on the demographic characteristics of medical students at KMTC Kakamega campus. This coincides with Laura et al. (2015) and Bluett, Fileborn, Quadara, & Moore, (2013) who specify that social media are highly popular among adolescents, with adolescents checking news feeds and post updates daily.

To understand the influence of social media reporting on sexual violence amongst medical students at KMTC Kakamega. An array of questions was asked to achieve this. One of the questions raised was whether the respondents used social media to understand what sexual violence meant; the majority of the respondents, 50.9% agreed, while 49.1% disagreed. But to understand further they were asked whether they used social media as a source of information for reporting an incidence of violence, 83.4% of the respondents said Yes, they have. In comparison, 17.6% said No. the use of social media in seeking information is increasing daily which is coincides with other studies (Fairbairn, Bivens, & Dawson, 2013; Espelage, Basile & Hamburger, 2012). When asked whether they had used social media as a source of information on reporting any incidence of violence majority (83.4%) of the respondents declined with the rest accepting. This clearly shows that although most of the respondents were using social media, they were

not utilizing social media to make progress on sexual violence issues (Miller, Wasiams, Cutbush, Gibbs, Clinton-Sherrod, & Jones, 2013; Steinberg & Morris, 2001; Khamala, 2016).

The third question they were asked is whether they have used social media as a source of information on sensitization on the procedure to be followed after a sexual violence incident. The responses given were 35% of the respondents said Yes. In comparison, 65% said No. This shows that despite the youths checking and updating status on social media, they do not take the time to check on sexual violence (Laura et al. (2015). The use of social media as a tool for reading on victims/survivors of sexual violence received a greater response when the majority (79%) said yes. At the same time, the rest 21% responded No contrary; the respondents contradicted themselves when they were asked whether they used social media as a source of information on understanding what sexual violence is. 50.6% of the respondents said No, while 49.6 % said yes. This agrees with several studies conducted on the same subject (Willis, 2009; Kietzmann, Jan, & Hermkens, 2011; Landry, Turner, Vyas, & Wood, 2017; Bourne, McMaster, Rieger, & Campbell, 2010). This clearly shows that although they claim to read the information on victims of sexual violence, they do not use it as a source of the information-seeking tool. The researcher wanted to understand whether the respondents understood the forms of sexual violence on social media respondents' opinions on whether pornographic material is qualified to be sexual violence (Tavrow, Withers, Obbuyi, Omollo & Wu, 2013). The majority of the respondents, 37.9% Agreed, 32.1 strongly Agreed, 15.5% Undecided while 10.8% and 3.6% Disagreed and Strongly Disagreed respectively. This clearly shows that the respondents understood the types of sexual violence which were on social media (Collis, 2010).

Unsolicited sexually suggestive comments could be classified as a form of social media sexual violence the respondents answered that 41.2% of the respondents agreed, 40.8% disagreed, while 9.4% were undecided. The minority 2.9% disagreed that unsolicited sexually suggestive comments qualified to be a form of sexual violence. This indicates the respondent's knowledge about the forms of social media violence. The respondents thought that unwanted physical contact (without consent) qualified to be a form of sexual violence when the majority of the respondents, 67.9%, strongly agree while the minority 1.4% disagreed. There's no significant relationship between social media use and the knowledge of sexual violence. The results using person chi-square, which is a 2x2 table to find significance yielded ( $X^2=19.609$ ,  $p>0.001$ ). This shows that the test was highly significant, leading to a rejection of the null hypothesis; hence there was a significant relationship between social media use and knowledge of sexual violence for medical students at KMTC Kakamega.



## 5. Recommendation

Based on the research findings the following are the recommended corrective measure which can contribute to the effective use of social media as a tool against sexual violence in a medical school.

The research would like to recommend the following:

- 1) Government and relevant stakeholders to increase awareness on the use of social media to increase awareness towards sexual violence. This will help increase awareness of sexual violence among youths in medical schools.
- 2) It is a recommendation that as a common unit, sexual violence should be incorporated in graduate schools to increase awareness at the college, especially at the medical school.

## 6. Limitations

The outcome of this study is limited in its generalizability and needs to be validated in other settings. This study does not consider college rankings and economic statuses in its realization of the knowledge realized.

## 7. Conclusion

There are several critical success factors needed for the application and dissemination of knowledge on sexual violence amongst Nursing medical students in the colleges.

## 8. Declarations

### Ethics approval

Ethical clearance was obtained from Masinde Muliro University of Science and Technology Ethics Committee.

### Competing interest

The authors declare that they have no competing interests.

### Authors & contributions

Prof Edwin K. Wamukoya conceived, designed and performed the study. Micky Olotunde Oloo and Anthony Muchiri analyzed the data. All authors read and approved the final manuscript.

### Disclaimer

The findings and conclusions presented in this manuscript are those of the authors and do not necessarily reflect the official position of Masinde Muliro University or of any other institutions mentioned in the paper.

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