Abstract

Objective: The objective of the study is to investigate the prevalence and risk factors of non-consensual sex/rape in Benin.

Materials and Methods: We surveyed 580 females in the University Community of Benin, 414 questionnaires were sufficiently completed for analysis.

Results: Seventy-six (18.4%) respondents reported that they had been victims of non-consensual sex (NCS), 36 in their current relationship. The unmarried single respondents had the lowest mean age at NCS experience of 18 years, while the divorced victims had the highest mean age of 32.5 ($P = 0.000$). There was a major exposure peak age at 19 years with a smaller peak at 25. The majority of sex offenders were their present partners and next the husbands (22.2%). The father was the perpetrator on one (2.78%) occasion, while armed robbers raped two of the victims. Eighteen of the seventy-six respondents made a formal report. Cumulatively, 95.4% of the respondents felt it was futile reporting, four (5.3%) felt it was not all a bad experience. The risk of being infected with the HIV/AIDS virus was the worst fear. Ninety-five of four hundred and fourteen respondents want the public and parents to be educated, 64 would like the penal code to be tougher and better implemented, while 64 (14.0%) crave for a dress code for the University community.

Conclusions: The self-reported incidence of NCS is high, majority were not formally reported as most of the sex offenders were the (ex)partners of the victims. There was a major exposure peak age at 19 with a smaller peak at 25 years. There was a conformed sense of futility and frustration in reporting.

Key words: Non-consensual sex, rape, sex offender, sexual violence

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Introduction

Non-consensual sex (NCS) refers to sexual relations in which there is a lack of full and free choice in decisions by any of the partners to engage in such sexual relations. Non-consensual sex is a worldwide phenomenon that is believed to be widely prevalent, but grossly underreported.\(^{[1-3]}\) It cuts across cultural, social, and regional barriers. Neither age nor marital status is a barrier. Non-consensual sex is associated with a wide range of long-term adverse mental, psychological, and physical effects including chronic pelvic pain, premenstrual syndrome, depression, anxiety, substance abuse, unplanned and unwanted pregnancy, sexually transmitted infections, including HIV and increased risk-taking behaviors.\(^{[1,4]}\)

Non-consensual sex exists along a continuum from the non-physical pressures that reduce the resistance of the female to sexual advance to the extreme forms of physical coercion such as rape. Varied non-physical pressures are involved. These include psychological, emotional, and financial pressure or a fear of social consequences. Also included is the pressure for grades, promotions or employment. These pressures reduce the choices available to the victim, thereby compelling their unintended consent. Rape, on the other hand, usually involves physical force leading to the non-consensual penetration of the vagina or anus by a penis.\(^{[4,5]}\)

The perception of the various forms of non-consensual...
sex is highly varied and depends largely on the prevailing societal and cultural beliefs, norms, and practices. Many forms of non-consensual sex are recognized as crimes, for example, rape, while others are largely condoned, especially when it occurs in the consent of marriage. In many parts of the world, societal norms support the notion that marriage entitles men to have sex with their wives; hence, many countries do not recognize marital rape as a criminal offence. Such societies grant men substantial control over female behavior, including sex. Despite this, it has been shown that many men generally exceed the accepted norm.

Most NSC is believed to take place among people who know each other, including husbands and boyfriends. Other factors contributing to sexual coercion include poverty, overcrowding, and poor societal values. Sexual harassment of nurses seriously affects the nursing performance and productivity. Non-consensual sex is highly underreported. Numerous reasons have been adduced. These include denial, social norms, shame, fear of social stigma, and so on. These have made study designs for research on prevalence, incidence, and risk factors very difficult. We sincerely hope that this study, the first in our community, will aid policymakers in formulating guidelines and a strategic framework to mitigate non-consensual sex occurrence.

Materials and Methods

Five hundred and eighty (580) females in the University Community of Benin were surveyed, with questionnaires distributed, with a reply self-addressed envelope to the researcher (semi-postal). The study was conducted in the months of August to October 2005. The questionnaire was pre-tested in the gynecological outpatient clinics of the University of Benin Teaching Hospital (UBTH), in the month of July 2005. The questionnaire was designed to collect information on the personal bio data, concern over NCS, experience of NCS, the sex offenders, and report of the event. There was an open-ended section for the respondents to express themselves on the issue and recommend strategies for the reduction of the prevalence NCS. Four hundred and sixty completed questionnaires were returned and 414 were satisfactorily filled for analysis. The collected data were fed into the computer using SPSS version 11 statistical software package.

Results

The respondents were between 17 and 56 years of age, with a mean of 25.37 ± 6.05 years. Table 1 shows the different mean ages of the respondents stratified by marital status. The mean age of the widowed respondents was 35 years; the single respondents were the youngest, with a mean age of 22.85 ± 3.16 years. There was a statistically significant difference between the ages of the respondents ($P = 0.000$).

Concern over non-consensual sex

A large number, 291/414 (70.3%) of the respondents replied ‘No’ to the research question, ‘Is sex always consensual?’ Figure 1 is a display of the response to the question mentioned above. A minority of 38/414 (9.2%) respondents strongly feel a woman has no right to say ‘No’ to sexual advances from her partner, whether they are married or not. Figure 2 is a pictorial display of the response to the research question.

Experience of non-consensual sex

Seventy-six (18.4%) respondents reported that they had been victims of non-consensual sex/rape in the study. Thirty-six (36) respondents out of 76 (47.4%) reported a non-consensual sex/rape in their current relationship, while 55/76 (72.4%) indicated that they have experienced a non-consensual sex in a previous relationship. Shown in Table 2, are the respondents’ ages at the NCS experience. The respondents’ ages were between 8 to 40 years. The unmarried single respondents had the lowest mean age at NCS experience, of 18.0 ± 4.1 years, while the divorced victims had the highest mean age of 32.5 ± 10.6 years. The difference was statistically significant ($P = 0.000$). Figure 3 is a plot of the age of the victims with a trend line (a three-period moving averages) inserted. It
shows that there is a major exposure peak age at 19 years with a smaller, but definite peak age at 25 years.

**The perpetrators (sex offenders)**

Table 3 shows the distribution of the perpetrators of rape/non-consensual sex against the female respondents, who have experienced NCS in their current relationship. The majority of the victims, 22/36 (61.1%), reported that the sex offenders (perpetrators) were their present partners (boy friends), followed by husbands 8/36 (22.2%). The father (close relative) was the perpetrator on one (2.78%) occasion, while perpetrators who were armed robbers raped two (5.56%) of the victims.

**Incident report**

A minority of 18/76 (23.7%) respondents made a formal report of the incident, while the majority of 56 (73.7%) kept silent and did not mention the event to any person. Two respondents did not indicate ‘Yes or No’ to making a formal report. Table 5, shows a frequency distribution of who the formal report was logged with. A formal report was made to the law enforcement agents (Nigeria Police) in five (1.2%) cases, which included four (1.0%) directly to the police and one (0.2%) to the parents, who reported it to the doctor and the police. The respondents’ mothers alone were informed about the incident of non-consensual sex in five (1.2%) cases, while one (0.2%) respondent reported the incident to the boy’s mother alone.
The reasons why victims did not make formal reports were varied and multiple. The most frequent excuse given were (a) want it to remain a secret, 12/76 (15.8%) of the victims (b) Afraid 7/76 (9.2%), (c) Ashamed 5/76 (6.6%), and (d) futile effort 5/76 (6.6%). Table 6 shows a frequency distribution of the various reasons for not making a formal report. Cumulatively 95.4% of the respondents felt it was futile reporting or discussing the event of non-consensual sex. A small number, 4 (5.3%) felt it was not all a bad experience, while one (1.3%) female wanted a favor from her lecturer.

The fears of the victims of NCS
Shown in Table 7 is what the respondents considered as their worst fear about NCS/rape. The risk of being infected with the HIV/AIDS virus was the worst fear, next was that NCS lowered their self-esteem (17.1%) and the fear of pregnancy (5.8%).

Recommendation
Displayed in Table 8- are the recommendations by the respondents for a reduction in the incidence of NCS/rape in the community. Ninety-five out of four hundred and fourteen (22.9%) want the public and parents to be educated, 84 (20.3%) desire better sex education in the schools, 64 (15.5%) would like the penal code to be tougher and better implemented, while 64 (14.0%) crave for a dress code for the University Community.

Discussion
Sexual matters are hardly discussed openly in our society, hence the University Community was chosen for this study, which could have been more difficult in the rural or suburban communities. The study finding of a self-reported incidence of non-consensual sex of 18.4% was disturbingly
Non-consensual sex will always be an enigma; as much as a quarter of the female population in this study believed that sex is never consensual.

The self-reported incidence of non-consensual sex is high, the majority are not formally reported as most of the sex offenders are the present or previous partners of the victims. In addition there is a conditioned sense of futility/or frustration in reporting. We agree with the respondents that education, obligatory dress code, and strengthening the penal code system will reduce the incidence of non-consensual sex in the community.

References


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