

Original Article

Experience of Non-consensual Sex among Students in a Tertiary Institution in Ibadan, Nigeria

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ABSTRACT

Non-consensual sex (NCS) is a major problem that disproportionately affects young persons. Studies on NCS in Nigeria have focused on secondary schools students with limited attention paid to students in tertiary institutions. This study therefore explored experiences of NCS among students of a polytechnic in Ibadan, Nigeria. A total of 594 randomly selected students completed - questionnaires which explored experience of NCS and help-seeking behaviour. The mean age of the respondents was 22.7 ± 2.9 years and 58.9% were females. Fifty-six percent of respondents had experienced sexual intercourse; of this number 9.0% reported that their first sexual intercourse was due to rape. Forty-seven percent of the entire sample had ever experienced at least a form of NCS out of which 70.5% were affected during the six months preceding the study. Forms of NCS experienced included unwanted touch of breast or back side (26.4%), attempted rape (14.0%) and rape (5.7%). Rape victims consisted of 5.3% of males and 6.0% of females. Predictors of the experience of NCS were alcohol consumption (Odd Ratio [OR] =1.7, CI =1.17- 2.52), being a female (OR =1.9, CI =1.34 - 2.72) and having a friend of the opposite sex (OR =2.4, CI =1.04-5.52, $p =0.04$). Well known friends of the victims were the major perpetrators of all forms of NCS. Most (86.6%) of those who reported experience of NCS did not seek redress or medical care. Non-consensual sex remains a major problem among students of tertiary institution. This underscores the need to develop intervention programmes such as health education and sexual harassment prevention policy to reduce young people's vulnerability to NCS in tertiary institutions.

Keywords: Help-seeking behaviour, Non-consensual sex, Perpetrators, Victims

Received 12 November 2011/ Accepted 13 December 2011

INTRODUCTION

Non-Consensual Sex (NCS) encompasses a range of circumstances where sexual activity occurs without the consent of persons involved, from interactions that may be described as manipulation to cases where force is used often called rape or, in more generic terms, sexual violence (Cáceres, 2005). It is a worldwide problem often rooted in long-standing societal norms. Many victims of NCS are young females, but older individuals and males are also at risk. Experiences of NCS may occur at any age, the circumstances of young people's lives and the resources at their disposal are quite different from those of adults requiring special focus on experiences and needs. In particular, young people may be less equipped than adults to avoid incidents of NCS and in reality may have fewer choices

available to them when they do experience such incidents.

Research evidence suggests that compared to the number of victims of non-consensual penetrative sex, considerably larger proportions of male and female adolescents or youths have experienced unwanted sexual touch, verbal intimidation, harassment or threats, and unsuccessful attempts at forced penetrative sex (Jejeebhoy and Bott, 2005). For example, the World Health Organisation (WHO) estimates that globally, 150 million girls and 73 million boys under the age of 18 years experienced forced intercourse or other forms of NCS in 2002 alone (Krug *et al.*, 2002). A study conducted in Nigeria showed that 15.0% of young females and 8.0% of young males reported a forced

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penetrative sexual experience and 27.0% and 10.0%, respectively reported attempted rape, assault and other attempts at forcing sex, while 44% and 23% reported unwanted sexual touch (Ajuwon, 2005). This suggests that non-consensual sexual experience is a relatively common occurrence among young people; including both males and females.

The implications of non-consensual sexual experiences for young people's right, their health and development, and the risks they pose in the transition to adulthood are often severe and multifaceted (Jejeebhoy and Bott, 2005). Such experiences are traumatic for young victims and compromise their right to exercise informed choice. Experience of NCS adversely affects subsequent behaviours and relationship. Survivors of NCS are known to suffer from mental health conditions such as depression, anxiety and even thoughts of suicide and physical health consequences including risk of unintended pregnancy, unsafe abortion and sexually transmitted infections (STIs) including HIV/AIDS (Jejeebhoy and Bott, 2005).

In addition, growing evidence suggests that NCS against young people plays a significant role in the spread of HIV (Krug *et al.*, 2002; UNICEF/UNAIDS/WHO, 2002). For example, in rural Uganda, women who reported being forced to have sex against their will had an eightfold increased risk of becoming infected with HIV (Dean and Malamuth, 1997). This is because NCS always involve violence which interferes with the ability of the victims or perpetrator to use condom. Consequently, abrasions and cuts may occur, thus facilitating the entry of the virus, when it is present through the vaginal mucosa or anal tissue in case of anal rape. Furthermore, NCS has also been linked with STIs that can cause cervical cancer and infertility (Pettifor *et al.*, 2004).

Until recently, data on NCS among youths in developing countries are limited and most studies are small with findings that may not be representative. In Nigeria, the bulk of previous studies on NCS have focused on secondary school students (Ajuwon *et al.*, 2001; 2006; 2011), with little attention paid to their counterparts in tertiary institutions. This article presents the results of a survey conducted among students of a polytechnic in Ibadan, Nigeria on their experiences on NCS. This baseline information is essential for planning an effective campus-based programme on the

prevention of non-consensual sexual experience among students.

SUBJECTS AND METHODS

Setting for the Study

This study was a cross-sectional survey carried out among students of The Polytechnic of Ibadan, Oyo State, Nigeria. Established in 1970, the Polytechnic is the first Technical Institute in Nigeria. It offers training in a wide range of specialised short courses not only for the purpose of improving the vocational competence of technical and commercial workers, but also to provide an opportunity for presenting the most recent advances in knowledge and in techniques to specialist groups. It has three campuses located in Ibadan, Eruwa and Saki in Oyo State. The Polytechnic of Ibadan runs mainly National Diploma (ND) and Higher National Diploma (HND) programmes. As at 2010 (2009/2010 academic session) when the study was conducted, the students' population in the institution was approximately 11,000 (at Ibadan campus alone). The school has four halls of residence. It includes one for males, one for females and two for both sexes.

Measures

A structured questionnaire was designed and used for the data collection. The questionnaire had four components; demographic characteristics, context of first sexual experience, reported experience of NCS, perpetrators of those experiences and help-seeking behaviour. The module on experience of NCS asked questions on whether respondents had ever experienced a list of forms of NCS which included unwanted touch of breast or back side, unwanted kiss, forced viewing of pornography, exchange of money, mark or gift for sex, attempted rape and rape. They were also asked whether any of these occurred to them during the six months preceding the study and to indicate those who perpetrated them. Other measures included experience of pressure from others to have sex and sources of the pressure. A draft of the instrument was pre-tested among 60 students in one of the satellite campuses (Eruwa campus) of the polytechnic in order to ensure its clarity and comprehension.

Sampling Procedure

The study was approved by the University of Ibadan/University College Hospital (UI/UCH) Ibadan, Ethics Review Committee. The sample size of the study was derived based on the findings on

on prevalence of NCS (55.3%) among adolescents in Ibadan, Nigeria (Ajuwon *et al.*, 2001). Hence, 594 students were selected from the four halls of residence in the institution using a four-stage random sampling technique based on the type of the hall, number of rooms and students in each hall of residence. All the four halls of residence were used in selecting the study participants and number of students recruited for each sex was determined proportionately based on students' population in each hall of residence. Likewise, all the blocks in the hall were selected while rooms were systematically selected in each block with the starting points selected using tables of random numbers. Number of rooms selected in each hall was based on the number of students to be selected (proportionately) in each hall such that the number of room selected was equal to the number of participants selected. Simple balloting procedure was used to select a participant if there were more than one student in the room at the time of visit.

Questionnaire Administration

The administration of the questionnaire was done by the first author with the help of four (4) trained research assistants (two females and two males). The questionnaire was self-administered since the research participants could read and write in English Language. It was administered at the hall of residence in the evening typically between 4:30pm and 7:30pm for six days. Verbal informed consent was obtained from the participants before the administration of the questionnaire by explaining to them the purpose of the research, the risk involved, time to be spent and benefits of the research. The questionnaires were retrieved immediately from the respondents after completion and these were checked for completeness. Each respondent was provided a "Reynold Pen" as an incentive to participate in the study.

Data Analysis

The data analysis was carried out using the SPSS software version 15. Open-ended questions were coded and the data were cleaned before their entry into the computer. Descriptive statistics and inferential statistics (Chi-square and logistic regression) were used for the analysis. Frequencies were generated and Chi-square analysis was done to determine those factors associated with NCS. In addition, logistic regression was also done to determine the major predicting factors for the experience of NCS. The data were segregated by sex

to detect the influence of gender on NCS and the factors associated with it. Tests were done at 0.05 level of significance.

RESULTS

Profile of Survey Respondents

The profile of the sample is shown on Table 1. They consisted of 58.9% females and 41.1% males. The ages of the respondents ranged from 16 – 35 years with a mean of 22.7 ± 2.9 . The majority (98.8%) of the students had never married. Concerning lifestyle, 33.8% reported they had ever consumed alcohol while just 9.1% reported they were current drinkers. Five percent reported they had ever smoked cigarette of which 0.8% are current smokers. Majority (94.1%) had a friend of opposite sex and over half of these (57.6%) had fiancé/fiancée.

Experience of Non-consensual Sexual Debut and Pressure to have Sex

The sexual behaviour of the respondents and the context of their first sexual encounter are presented on Table 2. Over half (56%) of the respondents had experienced sexual intercourse and the mean age of sexual debut was 19.8 ± 3.2 years; 19.4 ± 3.5 among males and 20.0 ± 2.9 among females. Out of these, 68.8% reported that they and their partners were both willing during their first sexual intercourse, 9.0% reported being forced by their partner, 13.8% reported being persuaded by their partner while 2.7% and 5.7% reported they forced and persuaded their partner respectively. Significantly, more females (14.2%) than males (2.1%) reported that their sexual debut was non-consensual ($p < 0.05$).

Respondents were asked whether they had ever experienced pressure from other people to have sexual intercourse; about quarter (26.9%) affirmed this (Table 2). Out of these, 53.1% reported that the pressure was a great deal while 46.9% reported the pressure was little. Concerning the sources of pressure, 63.1% reported that it was from friends, 22.5% reported it was from their fellow students, 13.8% reported it was from lecturers, 15% reported it was from their fiancé/fiancée while 2.5% reported it was from other set of people. Significantly, more males (74.6%) than females (55.7%) reported friends as source of the pressure ($p < 0.05$), however more females (19.6%) than males (4.8%) reported lecturers as source of the pressure ($p < 0.05$).

Table 1: Socio-demographic Characteristic of the Respondents

Socio-demographic Characteristic	Male n =244 (%)	Female n =350 (%)	Total N =594 (%)
Age (in years)			
16-20	61 (25)	103 (29.4)	164 (27.6)
21-25	131(53.7)	195 (55.7)	326 (54.9)
26-30	50 (20.5)	51 (14.6)	101 (17)
31-35	2 (0.8)	1 (0.3)	3 (0.5)
Level of Study			
ND 1	87 (35.7)	115 (32.9)	202 (34.0)
ND 2	50 (20.5)	98 (28.0)	148 (24.9)
ND 3	65 (26.6)	72 (20.6)	137 (23.1)
ND 4	42 (17.2)	65 (18.6)	107 (18.0)
Family Origin			
Monogamy	156 (63.9)	230 (65.7)	386 (65)
Polygamy	188 (36.10)	120 (34.30)	208 (35)
Marital Status			
Single	242 (99.2)	345 (98.6)	587 (98.8)
Married	1 (0.4)	5 (1.4)	6 (1.0)
Divorced	1 (0.40)	0 (0.0)	1 (0.2)
Ever consumed alcohol	107 (43.9)	94 (26.9)	201 (33.8)
Ever smoked cigarette	23 (9.4)	7 (2.0)	30 (5.1)
Currently having a friend of opposite sex	223 (91.4)	336 (96.0)	559 (94.1)
Currently having a fiancé/fiancée (N = 559)	90 (36.9)	332 (66.3)	322 (57.6)

Table 2: Sexual Behaviour by Gender of the Respondents

Sexual Behaviour	Males N (%)	Females N (%)	Total N (%)	Test statistics	p-value
Ever experienced sexual intercourse	143 (58.6)	190 (54.3)	333 (56.1)	1.09	0.297
Mean age of first sexual intercourse	19.4 ± 3.5	20.06 ± 2.9	19.8 ± 3.2	3.79	0.052
Forced first sexual encounter	3 (2.1)	27 (14.2)	30 (9.0)	14.6	0.00*
Had been pressurized to have sex	63 (25.8)	97 (27.7)	160 (26.9)	0.26	0.61
Level of Pressure					
Great	31 (49.2)	54 (55.7)	85 (53.1)	0.64	0.42
Little	32 (50.8)	43 (44.3)	75 (46.9)		
Sources of Pressure					
Friends	47 (74.6)	54 (55.7)	101 (63.1)	5.88	0.015*
Lecturers	3 (4.8)	19 (19.6)	22 (13.8)	7.08	0.008*
Fellow students	19 (30.2)	17 (17.5)	35 (22.5)	3.49	0.062
Fiancé/fiancée	4 (6.3)	20 (20.6)	24 (15.0)	6.1	0.014*

Table 3: Lifetime Prevalence of various Forms of Non-consensual Sex

Forms of Non-consensual Sex	Male (n = 244) N (%)	Female (N=350) N (%)	Total (N =594) N (%)
Experience of any form of NCS	97 (39.8)**	181 (51.7)	278 (46.8)
Unwanted touch of breast or back side	50 (20.5)**	107 (30.6)	157 (26.4)
Forced to viewing of pornography or sexually explicit materials	26 (10.7)**	17 (4.9)	43 (7.2)
Unwanted kiss	43 (17.6)	79 (22.6)	122 (20.5)
Insistence on having sex	36 (14.8)**	77 (22)	113 (19)
Charmed to have sex	3 (1.2)	4 (1.1)	7 (1.2)
Drugged to have sex	3 (1.2)	3 (0.9)	6 (1)
Forced to perform unwanted sexual act(s)	22 (9.0)	27 (7.7)	49 (8.2)
Exchange gift, money or marks for sex	4 (1.6)	7 (2.0)	11 (1.9)
Forced to have sexual intercourse by someone in position of authority (lecturer)	-	4 (1.1)	4 (0.7)
Attempted rape	17 (7.0)**	66 (18.9)	83 (14)
Rape	13 (5.3)	21 (6.0)	34 (5.7)

** p<0.05

Life time and Current Experience of NCS

Forty seven percent reported they had ever experienced at least a form of NCS, this consisted 39.8% of males and 51.7% of females (Tables 3 and 4). Out of these, 77.3% of males and 66.9% of females reportedly had the experience during the six months preceding the study. Significantly more females than males reported lifetime experience of NCS ($X^2 = 8.26, p = 0.004$). However, there was no significant difference in the report during the six months preceding the study ($X^2 = 0.96, p = 0.33$). Socio-demographic variables were compared with the lifetime experience of any form of NCS. More of those who had ever consumed alcohol (57.2%) significantly reported NCS than those who had never consumed such (41.5%) ($X^2 = 13.2, p = 0.00$). Also, more of those who had ever smoked cigarette (70.0%) significantly reported NCS than those who had never (45.5%) ($X^2 = 6.8, p = 0.009$). Significantly, more of those who had friends of the opposite (48.3%) reported the experience than those who did not have such friends (22.9%) ($X^2 = 8.56, p = 0.003$). Lastly, those who had experienced sexual intercourse (62.2%) significantly reported

the experience than those who had never had such experience (42.2%) ($X^2 = 8.08, p = 0.004$).

The major predictors of the experience of NCS included alcohol consumption, being a female, and having a friend of the opposite sex. Those who had ever consumed alcohol (Adjusted Odd Ratio [AOR] = 1.7, CI = 1.17– 2.52, $p = 0.005$) and those who had a friend of opposite sex (OR = 2.4, CI = 1.04 – 5.52, $p = 0.04$) were significantly more likely to report the experience of NCS. Females were about two times more likely to have ever experienced any form of NCS than males (OR = 1.9, CI = 1.34 – 2.72, $p = 0.00$) (Table 5).

The most prevalent form of NCS was unwanted touch of breast or back side (26.4%). Results of the lifetime prevalence of NCS showed significant gender differences in the experience of some forms of NCS ($p < 0.05$). These experiences included unwanted touch of breast or backside, forced viewing of pornography or sexually explicit materials, insistence on having sex and attempted rape (Table 3).

Table 4: Prevalence of various Forms of Non-Consensual Sex during the Six Months Preceding the Study

Forms of Non-consensual sex	Male	Female	Total
Experience of any form of NCS	77.3	66.9	70.5
Unwanted touch of breast or back side	72.0	66.4	68.2
Forced to watch pornography or sexually explicit materials	65.4	58.8	62.8
Unwanted kiss	72.1	64.6	67.2
Insistence on having sex	69.4	71.4	70.8
Charmed to have sex	66.7	75.0	71.4
Drugged to have sex	66.7	66.7	66.7
Forced to perform unwanted sexual act (s)	63.6	66.7	65.3
Exchange gift, money or marks for sex	25.0	71.4	54.5
Forced to have sexual intercourse with someone in position of authority (lecturers)	-	75.0	75.0
Attempted rape	47.1	54.5	53.0

Table 5: Predictors of Experiences of Non-consensual Sex

Characteristics	OR (95% CI) P	AOR (95% CI) P
Sex		
Male	1	1
Female	1.62 (1.27 – 2.26) 0.004	1.9 (1.34 – 2.72) 0.00
Ever taken alcohol		
No	1	1
Yes	1.89 (1.34 – 2.7) 0.00	1.7 (1.17– 2.52) 0.005
Ever smoked cigarette		
No	1	-
Yes	2.78 (1.26 – 6.19) 0.012	
Had a friend of the opposite		
No	1	1
Yes	3.15 (1.4 – 7.06) 0.005	2.4 (1.04 – 5.52) 0.04
Ever had sex		
No	1	-
Yes	1.65 (1.19 – 2.29) 0.003	

Table 6: Reported Perpetrators of Non-Consensual Sex

Forms of NCS	Perpetrators of NCS				
	Male friend	Female friend	Lecturer	Fiancé/ fiancée	Others
Unwanted touch of breast or back side	79 (50.3)	67 (42.7)	2 (1.3)	7 (4.5)	2 (1.2)
Forced viewing of pornography or sexually explicit materials	31 (72.1)	10 (23.3)	-	-	2 (4.6)
Unwanted kiss	60 (49.2)	49 (40.2)	1 (0.8)	10 (8.2)	2 (1.6)
Insistence on having sex	56 (49.6)	34 (30.1)	1 (0.2)	18 (15.9)	4 (3.6)
Charmed to have sex	3 (42.9)	3 (42.9)	-	-	1(14.3)
Drugged to have sex	3 (50.0)	3 (50.0)	-	-	-
Forced to perform unwanted sexual act(s)	14 (28.6)	24 (49.0)	1 (2.0)	10 (20.4)	-
Exchange gift, money or marks for sex	3 (27.3)	4 (36.4)	2 (18.2)	2 (18.2)	-
Attempted rape	60 (72.3)	17 (20.5)	-	1 (1.2)	5 (5.0)
Rape	14 (41.2)	12 (35.3)	3 (8.8)	3 (8.8)	2 (5.8)

Table 7: Help-seeking Practice among Victims of Non-Consensual Sex

Forms of Non-consensual sex	Help-seeking Practice			
	Male		Female	
	Yes	No	Yes	No
Touch of breast or back side	2 (4.0)	48 (96)	14 (13.1)	93 (86.9)
Forced to watch pornography or sexually explicit materials	1 (3.8)	25 (96.2)	2 (11.8)	15 (88.2)
Unwanted kiss	5 (11.9)	37 (88.1)	10 (12.5)	70 (87.5)
Insistence on having sex	4 (11.1)	32 (88.9)	9 (11.7)	68 (88.3)
Charmed to have sex	0 (0.0)	3 (100)	1 (25.0)	3 (75.0)
Drugged to have sex	0 (0.0)	3 (100)	1 (33.3)	2 (66.7)
Forced to perform unwanted sexual act(s)	4 (18.2)	18 (81.8)	1 (3.7)	26 (93.3)
Exchange gift, money or marks for sex	0 (0.0)	4 (100)	1 (14.3)	6 (87.5)
Forced to have sexual intercourse by someone in position of authority (lecturer)	-	-	2 (50.0)	2 (50.0)
Attempted rape	1 (5.9)	16 (94.1)	7 (10.6)	59 (89.4)
Rape	2 (15.4)	11 (84.6)	4 (19.0)	17 (81.0)

Perpetrators of NCS

The major perpetrators were acquaintances of the respondents, these included friends (male and female), lecturers and fiancé/fiancée (See Table 5). Others were uncle, neighbour, ex-boyfriend, housemaid and Daddy’s friend. For most of the forms of NCS, the perpetrators were mainly male friends for female victims and female friends for male victims; however male friends were the main perpetrators of forceful exposure to pornographic or sexually explicit materials for both sexes (76.9% for male victims and 64.7% for female victims). Authority figures were not left out because out of the 13 females who were raped during the six months preceding the study, 3 (23.0%) reported that the act was perpetrated by lecturer.

Help-seeking Behaviour

Most (86.6%) of the victims of NCS did not seek care, redress or take any action for mitigation (Table 7). For example over 80% of those who experienced rape and attempted rape among both

males and female did not seek any help. Among the few who did so, type of help sought included medical care, spiritual support, counselling, report to the school authority and family members. Out of the six rape survivors who sought help, three received medical care and others sought spiritual help, received counselling and reported the case to family members respectively.

DISCUSSION

This study has yielded considerable insight into sexual activities and experience of NCS among students in a tertiary institution in Nigeria. Initiation of sexual activity before marriage is not uncommon in Nigeria. As expected, considerable proportion of the students from the tertiary institution was sexually experienced confirming the findings of other studies in the country (Iwuagwu *et al.*, 2000). The study also buttresses findings from other studies that NCS occurs among both young women and men (Ajuwon *et al.*, 2001; Krug *et al.*, 2002; Erulkar, 2004; Jaya and Hindi, 2007; Ajuwon

et al., 2011). Some of the respondents reported that their first sexual encounter was non-consensual. This suggests that sexual experiences among students of tertiary institutions are not always consensual since a number of them stated they experienced pressure, majorly from their friends and lecturers to engage in sexual intercourse. This explains why quite a number of them experienced at least a form of NCS even during the six months preceding the study.

Previous studies have reported that females were considerably more likely to have experienced any form of NCS than males (Erulkar, 2004; Njue *et al.*, 2005; Ajuwon *et al.*, 2011). This could be due to the fact that in most Nigerian culture, women are expected to play passive roles in sexual relationships, deferring to men the decision regarding when, with whom and under what conditions to have sexual relationships (Ajuwon *et al.*, 2004). Gender disparity is wide as regards their lifetime experiences on NCS, however this gap almost close up since there was no significant difference in the level of experiences during the six months preceding the study. By implication, students of both gender tend to experience NCS at the same level on campus, hence intervention to address NCS in tertiary institutions must appropriately target both male and female. This is important to correct the perception that women are always being regarded as the only victims of NCS in the society.

The prevalence of rape (5.7%) in this current study is comparable to 4.0% found among female apprentice tailors (Ajuwon *et al.*, 2002), 6% found in female hawkers operating in truck and bus stations in urban area (Fawole *et al.*, 2002) and 5% among secondary school adolescents in some northern states in Nigeria (Ajuwon *et al.*, 2006). Out of the females who were raped during the six months preceding the study, about quarter reported that lecturers were the rapists. This reflects findings from previous studies which showed that persons in position of authority also involved in the perpetration of NCS (Ajuwon *et al.*, 2004).

The major predictors of the experience of NCS were alcohol consumption, being a female and having a friend of the opposite sex. Use of alcohol has been consistently identified as a risk factor for the experience of NCS (Harvey *et al.*, 2007, Ajuwon *et*

al., 2011). There is a complex relationship between use of alcohol and experience of NCS. Use of this substance impairs judgment which in turn predispose individual to be involved in risky activities. For instance, alcohol users are at risk of experiencing NCS as well as other reproductive health problems including STIs. The use of alcohol makes it more difficult for the consumers to protect themselves by interpreting and effectively acting on warning signs, thus making them to be at risk of experiencing NCS. Drinking alcohol may also place women in settings where their chances of encountering a potential offender are greater (Crowell and Burgess, 1996). Abbey (2002) found that at least 50% of college students' sexual assaults were associated with alcohol use by either the perpetrator or victim. His finding also showed that alcohol consumption by the perpetrator and/or the victim increases the likelihood of acquaintance sexual assault.

Reported perpetrators were generally acquaintances of victims including male friends, female friends, fiancé/fiancée and lecturers. The leading perpetrator among females were male friends while among males, perpetrators were majorly their female friends. This is consistent with findings from Erulkar's (2004) study among Kenyan youths in which most of the perpetrators were intimate partners including boyfriends, girlfriends and husbands. Similar findings have been reported in urban India (Jaya and Hindi, 2007). Males were the major perpetrators of forced viewing of pornography for both sexes. This suggests that males might be more likely to engage in pornography than females. Research has shown that men lure girls into sex by showing them pornography after which they invite them to practice the act (Baker and Rich, 1992). Few survivors of NCS sought redress or care. Threat of social stigma prevents young people from speaking out about rape and abuse and shame associated with the incident and the fears of disclosure of their secret (Ngom *et al.*, 2003). Hence, most of the victims of NCS always suffer in silence and never report the incident.

We acknowledge two limitations of this research. First, given the sensitivity associated with NCS in Nigeria, it is likely that some respondents may underestimate their experience of this behaviour. However, we attempted to address this potential problem by making the questionnaire anonymous,

it was self-completed in privacy. Secondly, data were collected from only one tertiary institution in Ibadan. Therefore, the findings may not be generalised to all students in tertiary institutions in the country.

Programme Implications

The study had laid a foundation for developing appropriate intervention to address the experience of NCS among students in tertiary institutions. We proposed four interventions to prevent NCS and empower survivors to seek help. Firstly, the institution needs to develop a sexual harassment prevention policy as a matter of high priority. The policy must highlight different forms of NCS commonly experienced by the students and the penalty for anyone found guilty of perpetration including the lecturers. Representatives of all the stakeholders in the institution, including students, teaching and non-teaching staff and administrators need to be involved in the development and adoption of the policy for effectiveness. Secondly, elements of NCS may be incorporated into relevant courses to empower students with knowledge and skills for prevention of this behaviour. This can also be incorporated into the General Studies which is a compulsory course for all first year students in tertiary institutions in Nigeria.

Thirdly, evidence based interventions to reduce young people's vulnerability to NCS should be designed as part of comprehensive pack of prevention. For example, behavioural change intervention to reduce alcohol consumption and cigarette smoking are likely to have positive effects since these were the major predictors for experiencing NCS found in this study. Fourthly, students are to be well informed on how and where to report experience of NCS to prevent victims from suffering in silence. To this end, health workers in the health facilities need to pay special attention to students who may exhibit signs and symptoms of NCS. Lastly, the mass media has important roles to play in prevention of NCS. Public awareness programmes through the media are required to address the stigma associated with rape in Nigeria. This can also be done using the school based mass media since some of the tertiary institutions in Nigeria have radio stations. Reducing stigma would encourage greater disclosure of incident of rape and lead to the prosecution of perpetrators which would in turn deter those with a propensity of this behaviour. Further studies however need to be

carried out among other students of tertiary institutions especially in other parts of the country.

CONCLUSION

Non-consensual sex is common among the students of The Polytechnic of Ibadan (both males and female) and a large proportion of them have experienced NCS at some time even at sexual initiation. Most of the victims did not seek help, and the few that did, did not seek appropriate help. As such, this underscores the need to develop health education programmes that will enable students of tertiary institutions to prevent the phenomenon and seek help when experienced.

ACKNOWLEDGEMENT

This study received grant support from The Gates Institute, John Hopkins University Baltimore, USA through The Centre for Population and Reproductive Health, College of Medicine, University of Ibadan, Nigeria.

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