



Knowledge, Perception and Experience of Non-consensual Sex among Undergraduate Students of the University of Port-Harcourt, Rivers State, Nigeria.

*John Abdulrahman IMALEDO¹, Opirite Boma PETER-KIO² and Oluwakemi Eme ASUQUO³

¹. Department of Health Promotion and Education, University of Ibadan

². Department of Human Kinetics, Health and Safety Education, Rivers State University of Education.

³. Department of Preventive and Social Medicine, University of Port-Harcourt

ABSTRACT

Non-consensual sex is prevalent across the world and a major public health concern. There is however dearth of information on non-consensual sexual experiences among University undergraduates in River State. This study therefore was designed to document experience of non-consensual sex and its knowledge among undergraduates of the University of Port-Harcourt, Rivers State Nigeria.

Three hundred students were purposively selected for the study. A pretested self administered questionnaire was used to collect data on knowledge, perception and experience of non-consensual sex. Data were analyzed using descriptive statistics, and chi-square statistics at 95% significant level.

Mean age of respondents was 21.3±2.8years and 97.8% were single. More than half (57.4%) live with their parents. Few had their first sexual intercourse at the age range of 5-9 years. Less than a quarter (16.3%) of the respondents knew that their fathers had ever beaten their mothers. More than a quarter (32.9%) of the respondents were of the view that it is not proper for a man to report if he is forced to have sex by his girl friend, 23.1% were of the view that non-consensual sex is part of relationship so it should be tolerated. Overall majority had good knowledge of non-consensual sex with a mean knowledge score of 2.7±1.7. More female (58.6%) than male (41.4%) had positive perception about non-consensual sex. Twenty-two percent of the respondents agreed that their first sexual experience was non-consensual with 9.0% having their first experience with boyfriend/girlfriend.

Knowledge of non-consensual sex was fair and more than half had experienced non-consensual. Health talks during orientation week for both old and new students of the university community should emphasis issues regarding sexual pressure, how to resist while setting in place reporting mechanism.

KEY WORDS: Non-consensual sex, sexual experience, University, Undergraduate.

INTRODUCTION

Gender-based violence is highly prevalent across the world and a major global health concern. The World Health Organization defines sexual violence as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise, directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim’ [21]. Different terms and definitions have been giving by researchers on the subject matter but the underlying fact among them is the acknowledgment that non-consensual sexual experience exists along a continuum of behaviours which include threats and intimidation to unwanted touch and rape, and that the victim lacks choices that do not have severe physical and social consequences. The researchers opted to focus on those forms experienced more generally by young people in Universities in developing countries. These include forced premarital or extramarital sex, marital rape, exchange or transactional sex, as well as attempted rape, unwanted touch, fondling or molestation. Sexual violence cut across cultural and socio-economic lines. It occurs in homes, schools, workplaces and other public places. Available records shows that the perpetrators are usually but not always male who can be family members, neighbors, teachers, supervisors, schoolmates and, on occasion strangers [2, 39, 12].

Emerging data across the region of the world indicate that sexual violence is a major problem worldwide. A study by the World Health Organization revealed that one in five women will survive rape or attempted rape at some point in their lifetime [40]; at some point in their lives, 15-71% of women will experience physical and/or sexual violence by an intimate partner [40]. At least one out of every three women around the world have been beaten, coerced into sex, or otherwise abused in her lifetime — with the abuser usually someone known to her [35]. For women aged 15 to 44 years, violence is a major cause of death and disability [25]. In a 1993 study based on World Bank data about ten selected risk factors facing women in this age group, rape and domestic violence rated higher than cancer, motor vehicle accidents, war and malaria [40]. Moreover, several studies have revealed increasing links between violence against women and

*Corresponding Author: Mr. John Imaledo. Department of Health Promotion and Education, University of Ibadan.

Email: hisgracejohn@yahoo.com Tel: 234-806-708-3131

HIV/AIDS. Women who have experienced violence are at a higher risk of HIV infection. A survey among 1,366 South African women showed that women who were beaten by their partners were 48.0% more likely to be infected with HIV than those who were not^[27]. Violence against women impoverishes individuals, families and communities, reducing the economic development of the nation^[35]. In a study in 2005 by the World Health Organization (WHO), more than 50.0% of women in Bangladesh, Ethiopia, Peru and Tanzania reported having been subjected to physical or sexual violence by intimate partners, with figures alarmingly reaching 71.0% in rural Ethiopia. An earlier WHO study puts the number of women physically abused by their partners or ex-partners at 30.0% in the United Kingdom, and 22.0% in the United States^[21]

Underpinning all these issues are strong gender norms. Social norms in many societies especially in developing countries contribute to a perception that controlling women is a sign of masculinity. Many cultures condone sex for boys while girls face social sanctions if they appear to be sexually active or get pregnant. Gender-based violence is linked with the concept of masculinity that supports the control of women and also values male strength and toughness, often combined with ideas that regard woman as being submissive to male demands. Decision-making is therefore conceived as male prerogative right. These gender norms can lead to an acceptance of violence by both men and women, and a perpetuation of violence against women by men.

The effect of non-consensual sex is multi-dimensional. Victims of such act are traumatized psychologically, physically brutalized, socially imbalanced and medically expose to infection at the mercy of the perpetrator. A study in Latin America found that young women who had been sexually abused had significantly earlier sexual initiation and more lifetime partners than non-abused women^[13]. A Ugandan study of sexually active women aged 15 to 19 found that those who had experienced sexual coercion, compared to those who had not, were significantly more likely to be nonusers of contraception, to have unintended pregnancies, and not use condoms at their last intercourse^[20]; and women who experience sexual violence are more likely to suffer severe physical violence and violence in pregnancy^[13]. Also sexually abused women and men have significantly higher risks for suicidal ideation and behavior than those who were not abused^[15].

Little has been done to document the experience of students in tertiary institution on non-consensual sex most especially in the south-south geo-political region of Nigeria. This study therefore, seeks to explore the knowledge, perception and experience of non-consensual sex among students of tertiary institution in the south-south region of Nigeria using the University of Port Harcourt as a case study.

METHODOLOGY

Study Design

The study was a descriptive cross-sectional design that explored the knowledge, perception and experience of non-consensual sex among students in the University of Port Harcourt in the south-south geo-political region of Nigeria.

Instrument for data collection

The quantitative method of data collection was adopted for this study to gain insights into the context in which non-consensual sex occurs and make suggestions for feasible interventions in this population.

Study site

The study populations were undergraduate students of the University of Port Harcourt. As at 2010/2011 academic session, when the study was conducted, the university had a students' population of over 20,000. The University of Port Harcourt was established by the Federal Military Government in 1975 as a University College. The University started its first academic session in October 1977 with degree programmes offered in the Schools of Humanity; Social Sciences; Biological Sciences; Chemical Sciences; Physical Sciences and Educational Studies; in the 1982/83 session, the University changed from the use of the School system to the Faculty System and at present has ten (10) faculties of Humanities; Social Sciences; Education; Engineering; Management Sciences; Health Sciences; Science; Dentistry; Pharmacy, Agriculture and a College of Health Sciences

Sampling Technique

A non probability sampling (purposive sampling) technique was used to recruit 300 respondents who participated in the study. Purposive sampling technique was used because the data was collected when students were preparing for their exams. The questionnaire employed both open-ended and closed-ended questions and was designed to be self-administered and the main criterion for inclusion in the study was that a respondent is an undergraduate student of the University.

Instrument for data collection

The pretested questionnaire used for data collection was divided into four (4) sections. The first section asked for the personal data of the respondents. The second section assessed respondents' level of knowledge on non-consensual sex,

the third section dwell on perception on non-consensual sex and the fourth section focused on respondents' experience of non-consensual sex.

Data analysis

The completed questionnaires were checked for completeness and open-ended questions were coded. The data was analyzed with Statistical Package for Social Sciences (SPSS) software package, version 15.0 using descriptive statistics and chi-square at 0.05 significant level.

RESULTS

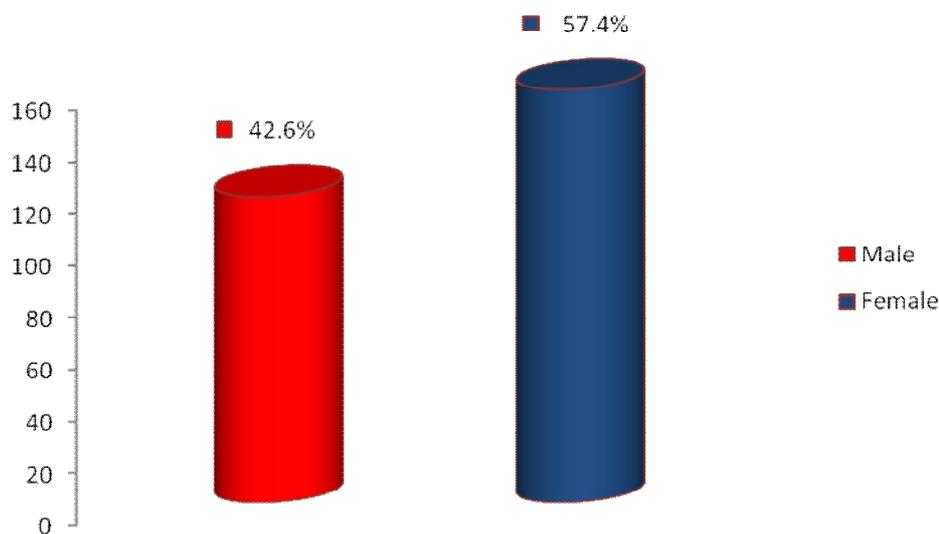
Social-demographic Characteristics

A total of 300 questionnaires were administered and 277 (92.3%) of these questionnaires were retrieved. Majority (66.1%) of respondents were between 20-24 years age group and 23.8% between 15-19 years, with a mean age of 21.3±2.8years. Virtually all (97.8%) the respondents were single. More (57.4%) of the respondents were female (see fig 1). Majority (53.1%) of the respondents were from the South-south region of the country and most (96.8%) of the respondents were Christians. There were more respondents (24.5%) in both 200 and 300 levels of their course of study than those in other levels. The faculty affiliation of the students showed that more respondents (27.9%) were in College of Health sciences, 27.2 % were in Engineering, 19.6% were of Humanities, 16.6% were of Sciences and 8.7% were Social Sciences. More than half (57.4%) of the respondents live with their parents while 26.7% of them live alone. More (64.3%) respondents' father had tertiary education and 55.2% had mothers with tertiary education (see Table 1). More (61.0%) had ever taken alcohol with 36.1% of them still taking alcohol and only 8.7% of the respondents smoke cigarette. Also, more (65.3%) had ever worked for money with 15.2% of them still working. More than a quarter (31.4%) and 22.0% of the respondents had fathers who drink alcohol and both parents that drink alcohol respectively. Only 16.3% knew that their father had ever beaten their mother.

Table 1. Socio-demographic characteristics of respondents

Variables	Number (n)	Percentage %
Age (in years) (N=277)		
15-19	66	23.8
20-24	188	66.1
≥25	28	10.2
Mean age 21.3±2.8years		
Religion (N=277)		
Christianity	268	96.8
Islam	7	2.5
Traditional	1	.4
Eckanka	1	.4
Who do you live with? (N=277)		
Parents	159	57.4
family relations	13	4.7
Alone	74	26.7
Boyfriend/girl friend	23	8.3
Guardian	5	1.8
Grand parents	1	0.4
Husband	1	0.4
Father's level of education (n=269)		
No formal education	4	1.4
Primary school	10	3.6
Secondary school	31	11.2
Grade11/technical	36	13.0
Tertiary	178	64.3
Don't know	10	3.6
Mother's level of education (n=265)		
No formal education	12	4.3
Primary school	16	5.8
Secondary school	41	14.8
Grade11/technical	32	11.6
Tertiary	153	55.2
Don't know	11	4.0

Fig 1: Respondents' Gender (N=277)



Respondents' knowledge of non-consensual sex

The result of the study revealed that knowledge about non-consensual sex (NCS) was high among the study population. A five-point scale was used to measure knowledge; respondents that score between 0-1 points were scored as poor knowledge, 2 points were scored as average and 3-5 points were scored as good. Overall mean knowledge score was 2.7 ± 1.7 . The result shows different views of respondents on non-consensual sex. More than half (59.2%) of the respondents had good knowledge about NCS, 13.4% had average knowledge and 27.4% had poor knowledge. More (60.3%) respondents agreed that non-consensual sex include unwanted touching of the breast. However, 54.9% agreed that non-consensual sex is part of a relationship so it should be tolerated (see table 2). More females (59.8%) than males (40.2) have good knowledge of non-consensual sex.

Table 2: Respondents' knowledge of non-consensual sex

Variable	Frequency (%)
Non-consensual sex include unwanted touching of the breast (N=264)	
Yes	167 (60.3)
No	51 (18.4)
Don't know	46 (16.6)
Non-consensual sex include unwanted touching sensitive parts (N=263)	
Yes	173 (62.5)
No	45 (16.2)
Don't know	45 (16.2)
Non-consensual sex include forced kissing (N=256)	
Yes	150 (54.2)
No	45 (22.7)
Don't know	45 (15.5)
Non-consensual sex is only when you have unwanted sexual intercourse with someone (N=257)	
Yes	92 (33.2)
No	114 (41.2)
Don't know	51 (18.4)
Non-consensual sex is part of a relationship so it should be tolerated	
Yes	64 (23.1)
No	152 (54.9)
Don't know	44 (15.9)

Respondents' perception of non-consensual sex

Series of questions were asked to assess the perception of respondents on non-consensual sex. Perception of the respondent was measured using 10-point scale. Those that score 0-5 points were grouped as negative perception and those with 6-10 points were grouped as positive perception. Overall, 86.3% of the respondents had positive perception of non-consensual sex while 13.7% had negative perception. Majority (89.5%) are of the view that it is not acceptable for a man to beat his partner/girlfriend for refusing to have sex with him; while 86.6% reported that it is not acceptable for a man to

force his partner/girlfriend to have sex with him (see table 3) More than a quarter (32.9%) of the respondents were of the view that it is not proper for a man to report if he is forced to have sex by his girlfriend to the authority. In the same vein, 32.1% of the respondents were of the view that it is not proper for a lady to report if she is forced to have sex by her boyfriend to the authority (see table 3).

Table 3: Respondents’ perception of non-consensual sex

Variables	Number (%)
Is it acceptable for a woman to refuse sex with partner/boyfriend if she does not want to? (N=269)	
True	266 (81.6)
False	33 (11.9)
Don't know	10 (3.6)
Is it acceptable for a man to refuse sex with his partner/girlfriend if he does not want to? (N=270)	
True	299 (82.7)
False	33 (11.9)
Don't know	8 (2.9)
Is it acceptable for a man to force his partner/girlfriend to have sex with him? (N=277)	
True	19 (6.9)
False	240 (86.6)
Don't know	11 (4.0)
Is it acceptable for a woman to force her partner/boyfriend to have sex with her? (N=273)	
True	21 (7.6)
False	241 (87.0)
Don't know	11 (4.0)
Is it acceptable for a man to beat his partner/girlfriend for refusing to have sex with him? (N=273)	
True	16 (5.8)
False	248 (89.5)
Don't know	9 (3.2)
Is it acceptable for a woman to beat her partner/boyfriend for refusing to have with her? (N=271)	
True	12 (4.3)
False	247 (89.2)
Don't know	12 (4.3)
It is acceptable for boyfriend to have sex with his partner even when she is not ready (N=259)	
True	31 (11.2)
False	208 (75.1)
Don't know	20 (7.2)
It is acceptable for girlfriend to have sex with her partner even when her partner is not ready (N=264)	
True	33 (11.9)
False	209 (75.5)
Don't know	22 (7.9)
Is it proper for a lady to report if she is forced to have sex by her boyfriend to the authority? (N=261)	
True	143 (51.6)
False	89 (32.1)
Don't know	29 (10.5)
Is it proper for a man to report if he is forced to have sex by his girlfriend to the authority? (N=260)	
True	128 (46.2)
False	91 (32.9)
Don't know	41 (14.8)

Experience of non-consensual sex

A total of 144 (52.0%) of the respondents have had sex with someone before; 21.7% of these reported that their first sexual experience was non-consensual and 9.0% each had their first sexual experience with boyfriend and girlfriend respectively. More males (56.3%) than females (43.2%) reported that their first sexual experience was non-consensual. The experience of respondents on non-consensual sex revealed that 35.0% of the respondents had had their backside touched by someone in a way they did not like before; 33.2% had experienced someone tried to forcefully have sex with them; 29.6% had been kissed by someone against their wish; and 17.0% said that someone actually forced them to have sex with them and 10.8% agreed that someone had sex with them and warned them not to disclose to anyone (see table 4). Respondents age at first sexual intercourse revealed that (52.3%) had their first sexual intercourse when they are above 24 years old with a mean age at first coitus of 17.0±4.5years (see fig. 2).

Fig 2: Age at first intercourse

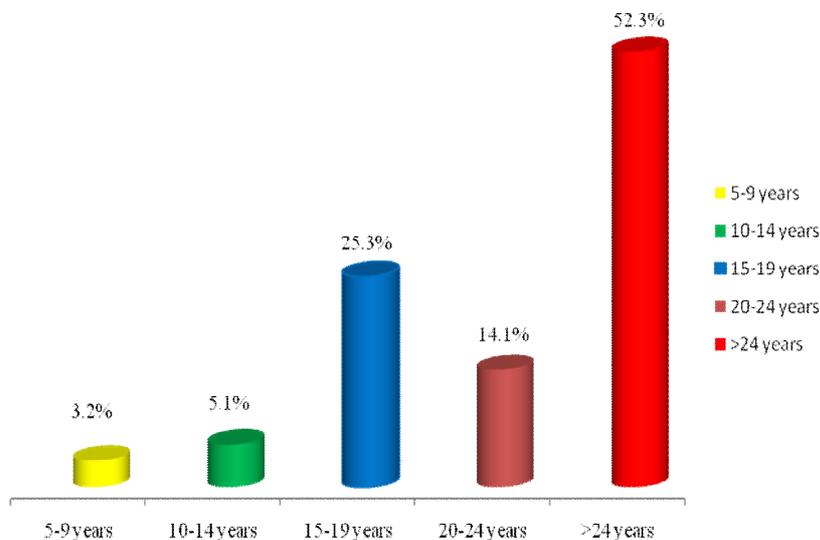


Table 4: Experience of non-consensual sex

Variables	Number (%)
Someone touched your breast or backside in a way you did not like (N=233)	
True	97 (35.0)
False	125 (45.1)
Can't remember	11 (4.0)
Someone kissed you against your wish (N=241)	
True	82 (29.6)
False	151 (54.5)
Can't remember	8 (2.9)
Someone forced you to see sexually explicit materials/blue film/magazine(N=243)	
True	19 (6.9)
False	240 (86.6)
Can't remember	11 (4.0)
Someone tried to forcefully have sex with you (N=244)	
True	92 (33.2)
False	148 (53.4)
Can't remember	4 (1.4)
Someone actually forced you to have sex with you (N=243)	
True	47 (17.0)
False	195 (70.4)
Can't remember	1 (.4)
Someone insisted on having sex with you (N=244)	
True	99 (35.7)
False	140 (50.5)
Can't remember	5 (1.8)
Someone used charms to make you have sex with him (N=243)	
True	7 (2.5)
False	228 (82.3)
Can't remember	8 (2.9)
Someone puts some drugs into your drinks to make you sleep so that he/she had sex with you (N=244)	
True	7 (2.5)
False	229(82.7)
Can't remember	8(2.9)
Someone made you perform a sexual act against your wish (N=244)	
True	41 (14.8)
False	198 (71.5)
Can't remember	5 (1.8)
Some insisted that you terminate a pregnancy (N=233)	
True	16 (5.8)
False	213 (76.9)
Can't remember	4 (1.4)
Someone had sex with you and warned you not to disclose to anyone (N=235)	
True	30 (10.8)
False	200 (72.2)
Can't remember	5 (1.8)

DISCUSSION

Socio-demographic characteristics of respondents

Majority (89.9%) of the respondents were between 15 and 24 years and most of them were single. This is not unexpected as they are in school and this is the expected age range of students in the higher institutions in Nigeria. There were more female respondents (57.4%) which represent more than half of the respondents than the male respondents (42.6%). This is due to the fact that at the time of data collection more female students were on ground and were willing to be part of the study and also returned their completed questionnaire. The high number of respondents of both south-east and south-south origin is not surprising since the University is situated in the south-south part of the country inhabited by people called the Niger-Delta which comprises of different tribes. The city where the university is situated is a major city popularly called the 'oil city' in the country and that is known for accommodating people from different part of the world. Also, the high number of people who are of the Christian faith is because Christianity is the main religion of the people in the region.

The age of the respondents is also a reflection that they are relatively young and sexually active. The long years of continued education had created a big gap between the age of puberty and age at marriage, thus increasing the likelihood of sexual initiation and unprotected premarital sex most especially when the 2008 Nigerian Demographic and Health Survey reveals that only 11% of sexually active men and women age 15-19 ever use a modern contraceptive method^[22]. The situation is such that you have a scenario where you have people who are students and at the same time sexually active. This age range is very crucial in the life of any nation being an agile and vibrant age group; a sustainable social and behavioural change in any nation cannot be possible if this age group is neglected. The result of studies conducted in parts of the world shows that young people are mostly affected by health related problems which includes psychoactive drugs and sex related sickness^[32]. The inclusion of this age group in programs aim at stemming the prevalence and death resulting from risky behaviour in different part of Africa have yielded positive result most especially programs on HIV/AIDS^[23, 16, 7]

The result of this study showed that a total of 97 (35%) of the respondents either stay alone or live with boy/girl friend. This further confirm the assertion that young people often take advantage of freedom from direct parental supervision and guidance to express their sexuality by initiating sexual activity without adequate protection^[15]. This further confirms evidence from research that the universities in Africa are high risk institutions for the transmission of sexually transmitted infections (STIs). Sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities are all manifested to a greater degree in these institutions^[26].

A total of 45 representing 16.2% of the respondents stated that their father had ever beaten their mother before. This may have a long time psychological problem on them as a study in America revealed that millions of American children are exposed to violence in their homes each year, putting them at risk for a variety of emotional and behavioral problems. According to the study such children tend to have a lot of re-exposure to family violence, and this re-exposure often leads to increased psychological problems^[29]. Also, studies on domestic violence around the world had shown that domestic violence can be transmitted from parents to children because children witnessing parental violence can downsize the acceptability of such behavior and thus increase its occurrence in their own generation^[8, 19, 30]. The study on domestic violence against women in Cambodia using the 2000 Demographic Health Survey, found that participants' history of witnessing domestic violence against their mothers in early life was related to domestic violence in their current couple relationships^[41]. Another study in Bangladesh and Nicaragua also showed, among other things, that children whose mothers are exposed to violence grow less and get sick more often than other children^[36]. In a study in Ghana an increased risk of death was observed among children whose fathers beat their mothers^[9] this may be the reason UNICEF summed up the effect of violence on children to be 'Violence against one parent is an immediate experience of violence against the child' because of the multiplying effect of violence on the child.

Knowledge of non-consensual sex

Overall, 27.4% of the respondents have poor knowledge and 35.7% had average knowledge about non-consensual sex. Considering the level of education and exposure of the study population it would be expected that majority would know what non-consensual sex is all about. Those that have poor knowledge might not know when they are exposed to the act of non-consensual sex and as such will not be able to report their experiences to appropriate authority which could lead to traumatic experiences in the future. Therefore, the issue of sex education which had remained contentious in Africa at large still remains a solution to these undeniable experiences of sexual misconduct by many who rather remain silent and suffers alone. Also, those with poor knowledge might be the perpetrator of the act and as such need to be reached if effort to stem down the prevalence among young people will yield fruitful result. This is further buttressed as 32.1% and 32.9% of the study population were of the view that it is not proper for a lady to report to the authority if she is forced to have sex by her boyfriend and it is proper for a boy/man to report to the authority if he is forced to have sex by his girlfriend. This finding corroborate the finding of a 1998 study among Junior high school students' in USA, the researchers discovered that students who participated in the study demonstrated lack of knowledge regarding nonconsensual sexual behaviors^[18].

It is worthy to note that more than quarters (33.2%) of the study population were of the view that non-consensual sex is only when you have unwanted sexual intercourse with someone. This may be as a result of prevailing cultural acceptability of the other acts of sexual misconduct and lack of knowledge. The lack of information on NCS among the study population should be of concern to the school authority and other concerned organizations as this might predispose young persons to getting involved in activities that could traumatize and put them in danger.

Respondents' perception of non-consensual sex

The findings in this study show that majority of the respondents had positive perception about non-consensual sex and this is at variance with the findings of Telljohann *et al* (2009) which documented that only one in three students perceived that a male was totally at fault when a girl is dressed very sexy and gets raped. One in five students believed that a male has the right to expect sex if he spends a lot of money on a girl. One in four students believed that talking with members of the other gender while involved in a dating relationship was inappropriate ^[31]. Also, a study in Nigeria by Akinyemi *et al* (1996) and his team revealed that their respondents are of the view that if a boy has spent money on a girl, then pressure from the male to engage in sex was acceptable. The positive perception in this study is a good thing that will help in addressing the problem of non-consensual sex among young people in higher institution and invariably reduce the health risk associated with it among them ^[5].

Experience of non-consensual sex

A total of 21.7% of the respondents reported that their first sexual experience was non-consensual and boyfriend or girlfriend was the perpetrator. This finding agrees with other studies conducted elsewhere in Africa which revealed that experience of sexual coercion was a common phenomenon among their study population though the prevalence differs. The prevalence in this study was lower than the 36.0% reported by Ajuwon *et al* (2006) but higher than the 6.0% and 4.0% recorded in other studies by Ajuwon *et al* 2002 and Anderson *et al* 2004.

The result of this study revealed different level of experience of non-consensual sex among the respondents; ranging from touching of back to forced kissing and penetrative sex. This corroborate the finding of Palmer, McMahon, Rounsaville and Ball (2010) USA which revealed that out of the 370 college students who were asked about their past year experiences, it was found that 34% of women and 31% of men reported unwanted sexual contact, 6% of women and 13% of men reported engaging in sexually coercive behavior, and 4% of women and 9% of men reported experiencing both unwanted contact and engaging in sexually coercive behavior. In Spain, a study carried out among university students revealed that 33.2% of all female students had experienced some form of unwanted sexual activity; 7.7% of the women had experienced attempted or completed rape ^[28]. In a study in Nigeria, it was discovered that 11% of the students in the study reported that they had been tricked into having sex, 9% had experienced unwanted touch of breast and backside, and 5% reported rape ^[4]. A study in Uganda among university students also revealed that 29.0% of male students and 33.1% of female students reported having had some experience of sexual coercion ^[1] most of the victims are within the age of 15-24 years and this age range is the one with highest number of people with the highest number becoming infected with HIV/AIDS ^[34, 32, 33].

Although it appeared that age at sexual debut had increased for about a third of the respondents, the finding shows some having their first experience between ages 5 and 9 and this is a source for concern. This buttresses the current trend of rape among very young girls which predisposes them at an early age to infections. Also, worrisome is the fact that a good number of the respondents have either being faced with a situation where someone insisted to have sex with them (35.5%) or actually forced them to have sex with them (17%). Those that have been raped might be exposed to the risk of contracting sexually transmitted infection (STI) including HIV and unwanted pregnancy which also can result in unsafe abortion and other complicated health issues because available evidence suggests that not all exposure to the risk of HIV infection and unintended pregnancy in sub-Saharan is voluntary ^[10, 17, 38].

The findings of this study have several implications for planning, developments and implementation of reproductive health education programs in higher institutions of education in Nigeria at large. It provides a justification for intensifying reproductive health programs for youths in other to succeed in fight against STI prevalence among them. Among the study population half (50.5%) had good Knowledge of non-consensual. This calls for the urgent need to inculcate comprehensive sexual education into the school curriculum at the primary school level to higher institution. There is also the need to organize and stage programs that focus on refusal skills, negotiating skills and safe sex among young people. This should be done in conjunction with all stakeholders – the parents, young persons and the school management.

Also a number of possible preventative measures should be taken into account when designing prevention and support framework. These include, prudent behaviour, good communication in relationships and the ability to establish limits, gender awareness and sensitivity, the breaking down of societal taboos and open dialogue among all relevant stakeholders, as well as sex education among adolescents and young adults

Conclusion and recommendation

In conclusion, the findings of this study showed that knowledge about non-consensual sex was high and perception of many about the subject matter was positive yet certain misconception and experience of non-consensual sex exist among some respondents. There is the need for urgent measures to be taken to address this trend.

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