

**EXPERIENCES OF NON-CONSENSUAL SEX AMONG STUDENTS
OF THE POLYTECHNIC IBADAN, NIGERIA**

BY

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DEDICATION

This research work is dedicated to the ultimate God who has brought me to this far. He's the Lord, He had never failed and He will never fail. All glory and honour be unto Him!

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ABSTRACT

Non-Consensual Sex (NCS) encompasses a range of behaviours including unwanted sexually motivated touch, attempted rape, rape and non-contact forms of sexual abuse such as forced viewing of pornography. It is a major cause of reproductive health problems such as unwanted pregnancy, unsafe abortion and sexually transmitted infections. In Nigeria, previous studies on NCS largely focused on adolescents in secondary schools. More studies on the experiences among students in tertiary institutions need to be carried out to highlight the burden in these young adults. This study was aimed at determining the experiences of NCS among students of The Polytechnic Ibadan.

A cross-sectional survey was conducted among 594 students who were selected from the four halls of residence in The Polytechnic Ibadan using a four-stage random sampling technique. Quantitative data were collected using a self-administered questionnaire which explored respondents' demographic characteristics, sexual behaviour, experiences of NCS during the six months preceding the study and help-seeking behaviour. Qualitative data were collected using In-Depth Interview (IDI) of fourteen consenting victims of NCS. Descriptive statistics, Chi-square and logistic regression were used to analyse the quantitative data with level of significance set at 0.05 while the qualitative data were analysed using thematic approach.

Mean age of respondents was 22.7 ± 2.9 years and 58.9% were females. Fifty-six percent of respondents had experienced sexual intercourse and the mean age of sexual debut was 19.6 ± 3.2 years. Thirty three percent of the respondents had experienced at least a form of NCS and out of these, 61.7% were females. Forms of NCS experienced by respondents included unwanted touch of breast or back side (18.0%), forced viewing of pornography (4.5%), attempted rape (7.4%) and rape (4.0%). Rape victims consisted of 54.2% females and 45.8% males. Out of those who were sexually experienced, 9.0% reported that their first sexual intercourse was due to rape. Respondents with a history of alcohol use (OR = 1.5, 95% CI = 1.03-2.23) and those who had a friend of the opposite sex (OR = 7.5, 95% CI = 1.75-31.8) were more likely to report the experience of any form of NCS. Significantly, males who had ever drunk alcohol reported the experience of unwanted touch than those who had never (21.5% vs 9.5%). Well known friends of the victims were

the major perpetrators of all forms of NCS; unwanted touch (93.0%), forced viewing of pornography (95.4%), attempted rape (92.8%) and rape (76.5%). Female rape victims reported that lecturers were the perpetrators (23.0%) and they did not seek help (82.4%). This was corroborated by the IDI results which showed that the only person who sought help among females visited a patent medicine seller. In-depth interview also revealed that most of the victims were raped at the perpetrator's residence and the perpetrators were their acquaintances.

Non-consensual sex remains a social problem among the target population. However, attempt to seek help was a rare practice. This underscores the need to develop health education programmes that will enable polytechnic students to prevent the phenomenon and seek help when experienced.

Keywords: Polytechnic students, Non-consensual sex, Help-seeking behaviour.

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CERTIFICATION

I certify that this project was carried out by Oladipupo Samuel OLALEYE in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

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LIST OF ABBREVIATIONS

AIDS –Acquired Immune Deficiency Syndrome

HIV – Human Immunodeficiency Virus

HND – Higher National Diploma

NCS – Non-Consensual Sex

ND – National Diploma

NDHS – Nigeria Demographic and Health Survey

SPSS – Statistical Package for Social Science

STIs – Sexually Transmitted Infections

UI/UCH – University of Ibadan/University College Hospital

UNAIDS – Joint United Nations Program on HIV/AIDS

UNICEF – United Nations Joint Children’s Fund

WHO – World Health Organisation

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CHAPTER ONE

INTRODUCTION

Background of the study

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 violent force is used often called rape or, in more generic terms, sexual violence (Cáceres, 2005). NCS is a worldwide problem often rooted in long-standing societal norms. Many victims of NCS are young and female, but older individuals and males are also at risk. The World Health Organisation (WHO) defined 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 (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002).

Non-consensual sexual experiences exist along a continuum, including threats, intimidation, unwanted touch and rape. Coercion is defined by an individual's lack of choice to pursue other options without severe social and physical consequences (Jejeebhoy and Bott, 2005). 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 shows that NCS is commonly experienced by youth and these experiences have long lasting and psychological consequences (Jejeebhoy and Bott, 2005).

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. Such experiences are traumatic for young victims and compromise their right to exercise informed choice. Non-consensual sexual experiences adversely affect subsequent behaviours and relationship. They have such mental health

consequences as depression, anxiety and even thoughts of suicide; as well as physical health consequences, such as risk of unintended pregnancy, unsafe abortion and sexually transmitted infections including HIV/AIDS. Indeed, growing evidence indicates that NCS against young people plays a significant role in the spread of HIV/AIDS pandemic (Krug et al., 2002; UNICEF/UNAIDS/WHO, 2002).

Some studies have been conducted in Nigeria focusing on NCS. Some of these studies showed that Nigerian students are sexually active. A study conducted in University of Ibadan, Nigeria to explore sexual behavior and negotiation of the male condom by female students, showed that 16.9% and 39% of those who were sexually active had used condom during their first and last sexual encounters respectively, with only 34.3% reporting using them consistently (Iwuagwu, Ajuwon and Olaseha, 2000). Factors influencing sexual coercive behaviours among adolescents in Nigeria include; gender, age, religion, living arrangement, current alcohol use, being a gang member and being involved in a relationship (Ajuwon et al., 2006; Olley, 2008).

Reproductive health and HIV prevention programmes for youth rarely address the reality of coercive sex that many youth face. Such coercion is a violation of a person's rights and can have severe physical, mental, and reproductive health consequences. NCS can occur in premarital, extramarital, and marital situations. Perpetrators are usually people with whom the victim is familiar, including intimate partners, peers, family members, teachers, and other youth and adult acquaintances (Ajuwon, Olley, Akin-Jimoh, and Akintola, 2001a). NCS often occurs in the course of routine activities in the home, neighborhood, community, and school. Perpetrators are generally, but not always males.

Problem statement

NCS is a major problem among adolescents and young persons. Although both male and female are involved, females are disproportionately affected. The WHO estimates that globally, 150 millions girls and 73 millions boys under ages of 18 years experience forced intercourse or other forms of NCS in 2002 alone (Krug et al., 2002). A United States vital statistics data shows that 10 percent of young women aged 18-24 years who had sexual intercourse before the age 20 reported that their first sex was non-consensual (Abma, Martinez, Mosher and Dawson, 2004). In a few population-based studies conducted with adolescents in developing countries, the percentage of males reporting ever having been

the victim of a NCS ranges from 3.6% in Namibia and 13.4% in the United Republic of Tanzania to 20% in Peru. Studies from both industrialized and developing countries also reveal that forced first intercourse is common. A study conducted among undergraduate students in USA which explore the number of episodes of NCS experienced during the past 30 days showed that 13.2% of respondents had engaged in sex against their own will and 6.8% against the will of a partner during the previous month (McDermott and Sarvela, 1988). This gives very lucid evidence that NCS occurs also among students in tertiary institutions. A relatively recent study was conducted in urban India among adolescents to describe the prevalence and factors associated with non-consensual experience showed that 32% of boys and 42% of girls (15-19 years of age) were being touched against their own will. Results from this study suggest that non-consensual sexual experiences are a relatively common occurrence among young people; including both male and female (Jaya and Hindi, 2005). Unfortunately, there are few reliable statistics on the number of boys and men raped in settings such as schools, prisons and refugee camps (Krug et al., 2002).

Most previous studies in Nigeria have focused more on adolescents, not enough attention has been paid to the students in tertiary institutions, and hence experiences of NCS among them have not been fully explored. The bulk of the available studies were conducted in developed countries. For example, a study conducted in Ibadan Nigeria showed that 3.7% of male and 7.5% of female in-school adolescents experienced rape while 41.6% and 67.9% reported experienced of at least a form of NCS respectively (Ajuwon, Olley, Akin-Jimoh, Akintola, 2001b). Also, another study conducted among secondary school students in three states in North Eastern Nigeria, revealed that 11.1% of the students were tricked into having sex, 9.3% had experienced unwanted touch of breast and backside, and while 5.1% experienced rape (Ajuwon, Olaleye, Faromaju and Ladipo, 2006). Likewise recent study conducted in Ibadan, Nigeria also among secondary school students showed that the overall lifetime prevalence of any type of NCS was 34.9%. This included 30.5% of males and 39.3% of females (Ajuwon, Fawole and Osungbade, 2011). Results of the 2008 Nigeria Demographic and Health Survey (NDHS) show that 6.6 per cent of women age 15-19 reported ever experienced NCS while 8.7 per cent of women age 20-29 had similar experiences (National Population Commission Nigeria [NPC], 2009)

Some experts have already warned that NCS may underlie some of the most tenacious and often life-threatening reproductive health problems of the time: unintended pregnancy (and its complications) and the acquisition of not only HIV but also other sexually transmitted infections (STIs) that can cause cervical cancer and infertility (Pettifor, Measham, Rees and Padian, 2004). The widespread existence of forced sex means that common STI/HIV prevention approaches emphasizing abstinence, faithfulness in relationships, and condom use cannot protect all people from these infections.

Generally, data on NCS among youths in developing countries are limited; most studies are small with findings that may not be representative (Finger, 2004). This area of study is neglected in Nigeria because of the sensitivity of the subject. Rape incident has been considered a common phenomenon on Nigerian campuses (Elegbeleye, 2006). Hence, it is therefore necessary to document the extent of the problem, experience NCS among students in our tertiary institutions

Justification for the study

This study is significant for four reasons. Firstly, results from this research will help to identify students who have experienced NCS and the severity of the incidents. It will go a long way to identify factors contributing to these experiences among students of higher institutions.

Secondly, it will help to document the health seeking practices among those who had experienced NCS. Moreover, it will serve as evidence for orientating and empowering students of tertiary institutions against the experiences of NCS as soon as they are admitted into the school.

Thirdly, it will serve as an evidence for making policies that could discourage people from perpetrating NCS in our institutions. Lastly, it will serve as evidence for interventions on NCS among these students and also contribute to the growing literature on NCS since there is a paucity of documented literature on the extent of the problem in Nigeria.

Objectives of the study

The broad objective was to document the experiences of NCS among students of The Polytechnic Ibadan.

The specific objectives are to:

1. Document the forms of NCS experienced by students of The Polytechnic Ibadan.
2. Document the prevalence of different forms of NCS experienced by students of The Polytechnic Ibadan.
3. Identify the factors contributing to the experience of NCS among students of The Polytechnic Ibadan.
4. Identify the reported perpetrators of NCS among students of The Polytechnic Ibadan.
5. Determine the extent to which students of The Polytechnic Ibadan have perpetrated NCS.
6. Describe the pattern of help-seeking behaviour among those who have experienced NCS.

Research questions

This study provided answers to the following questions;

1. What are the forms of NCS experienced by students of The Polytechnic Ibadan?
2. What is the prevalence of different forms of NCS experienced by students of The Polytechnic Ibadan?
3. What are the factors contributing to the experience NCS among students of The Polytechnic Ibadan?
4. Who are the perpetrators of NCS among students of The Polytechnic Ibadan?
5. What is the extent to which students of The Polytechnic Ibadan have perpetrated NCS?
6. What is the of pattern help-seeking behaviour among those who have experienced NCS?

Research hypotheses

1. There is no significant relationship between reported experiences of NCS and the sex of the respondents.
2. There is no significant relationship between reported experiences of NCS and the age of the respondents.

3. There is no significant relationship between reported experiences of NCS and the level of study of the respondents.
4. There is no significant relationship between reported experiences of NCS and cigarette smoking habit of the respondents.
5. There is no significant relationship between reported experiences of NCS and alcohol consumption habit of the respondents.
6. There is no significant relationship between reported experiences of NCS and relationship status of the respondents.
7. There is no significant relationship between reported experiences of NCS during the six months preceding the study and sexual experience of the respondents.

Operational definition of terms

Non-Consensual Sex: 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 violent force is used often called rape or, in more generic terms, sexual violence (Cáceres, 2005)

Rape: Sexual intercourse perpetrated against another person's wish using force, threat or alcohol intoxication or other things that compromised the person's ability to give sexual consent.

Rape victim: Someone who has been raped by another person.

Perpetrator: Someone who has raped another person.

Male friend: An unmarried man or a boy that somebody has as friend who may or may not be a dating partner.

Female friend: An unmarried woman or a girl that somebody has as friend who may or may not be a dating partner.

Fiancé: The man that a woman has officially agreed to marry.

Fiancée: The woman that a man has officially agreed to marry.

Ex-boyfriend: A boy or man with whom a woman or a girl had once had a romantic relationship with but are no more in such relationship again.

Man friend: A legally married man who have romantic (sexual) relationship with an unmarried woman.

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CHAPTER TWO

LITERATURE REVIEW

Concept of NCS

Definitions of NCS vary, complicating attempts to measure its overall prevalence or to compare its prevalence among various settings. However, all definitions rest on a common foundation: a lack of full and free choice in decisions to engage in sexual relations (Family Health International, 2005). Physical force or the threat of it can rob victims of this choice. But intense psychological, emotional, and financial pressure or a fear of social consequences also can compel individuals to relinquish their right to resist unwanted sexual advances. While rape is one of the most extreme and immediately traumatic forms of NCS, other forms may have a greater health impact. Other forms of NCS include; attempted rape, unwanted touch or fondling/molestation, non-contact forms of NCS such as verbal harassment and forced viewing of pornography (Jejeebhoy and Bott, 2003).

NCS has been defined in various ways, such as the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will. As such, it includes a wide range of behaviours from violent forcible rape to more contested areas that require young women to marry and sexually service men not of their choosing. NCS also refers to a range of experiences that compel a person to have sex intercourse against her or his will (Heise, Ellsberg and Gottemoeller, 1999).

The World Report on Violence and Health reinforces the definition and describe NCS 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 (Krug, et al., 2002). These experiences include the use of "violence, threats, verbal insistence, deception, cultural expectations or economic circumstances"; the consequence is a "lack of choice to pursue other options without severe social or physical consequences" (Heise et al., 1995).

NCS occurs throughout the world. Although in most countries there has been little research conducted on the problem. Available data suggested that in some countries nearly one in four women may experience NCS by an intimate partner (Hakimi, NurHayatie, Ellsberg, and Winkrist, 2001; Ellsberg, 1997; Mooney, 1993), and up to one-third of adolescent girls report their first sexual experience as being forced (Jewkes, Vundule, Maforah, and Jordaan, 2001; Matasha, Ntembelea, Mayaud, Saidi, Todd, Mujaya and Tendo-Wambua, 1998; Buga, Amoko and Ncayiyana, 1996). It is important to note that the legal and socio-cultural contexts in which adolescent partnerships occur more generally vary greatly between and within different countries and regions. In many settings women have fewer rights than men, and limited rights within marriage, either as a matter of law or practice. For example, not all countries have legislation that gives women the right to refuse a forced marriage, recognises (and penalises) marital rape, or gives women the same rights to divorce as men.

There is great diversity across developing countries in terms of the age at which young females and males marry, the extent to which society allows adolescent girls and boys to interact socially, and attitudes towards out-of-wedlock sexual activity and pregnancy among the unwed. For example, in many settings, pregnancy precedes formal marriage among significant proportions of young women; in others, it rarely does. So also there is diversity in the autonomy, legal rights and social status of girls and young women compared to their male counterparts. Nonetheless, evidence suggests that regardless of the social and legal context, young women and girls — and even young males — experience NCS in all settings, and no society appears to be exempt (Krug, et al., 2002).

Several studies have shown that all young people are at risk of experiencing NCS, irrespective of sex and marital status. While young female (unmarried and married) are most at risk, the evidence suggests that young male too are vulnerable to such experiences. Young people's own interpretation of an incident of non-consensual or consensual sex is conditioned by many factors. Young people who submit under pressure to a partner's demands for sex as an expression of commitment may not describe the incident as non-consensual; so also those who continue to be in a relationship with the perpetrator and those in a relationship based on material transfers. And in the case of male, lack of consent is far more likely to be perceived if the perpetrator was male rather than female.

Perpetrators are overwhelmingly individuals with whom the young victim is acquainted (a boy friend or a girl friend), a peer or an authority figure for the most part. Evidence suggests that schools are unsafe: teachers are observed to perpetrate NCS on students, and both directly through the exchange of grades for sex or indirectly by neglecting to intervene in cases in which students perpetrate NCS on other students (Jejeebhoy and Bott, 2003).

Young females report considerably difficulty in refusing unwanted sex or negotiating a wanted outcome due to gender double standards and power imbalances which perpetuate a sense of entitlement among young men to force sex. Also, a wide spread perception that men's sexual needs are beyond their control and thus demand immediate satisfaction.

Non-consensual penetrative sex occurs among both young women and men. However, evidence on the experience of boys and young men as victims of non-consensual penetrative sex is far more limited than what is available for girls and young women. What is available confirms that boys and young men do not report forced sexual relations, though at much lower levels (usually less than 10 per cent) compared to young women (Jejeebhoy and Bott, 2003).

Young people may also experience non-penetrative NCS, such as unwanted touch or fondling, molestation and attempted rape. 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 sexual intercourse. In a case study from Nigeria, for example, while 15 per cent of young females and 8 per cent of young males reported a forced penetrative sexual experience, 27 per cent and 10 per cent, respectively, reported attempted rape, assault and other attempts at forcing sexual intercourse; and 44 per cent and 23 per cent reported unwanted sexual touch (Ajuwon, 2005).

Prevalence of NCS among young persons

Evidence on NCS among and young women aged under twenty-five years who have ever engaged in sexual relations come largely from Africa; studies suggest that by and large between one-tenth and one-quarter reported that first premarital sex was non-consensual

(Awusabo-Asare and Anarfi, 1999; Chapko, Somsé, Kimball, Hawkins and Massanga, 1999; Erulkar, 2004; Jewkes et al., 2001). Research conducted with a group of volunteers participating in an HIV prevention trial in the Eastern Cape Province enquired into the experiences of NCS in childhood. The pilot study with 150 men and 150 women found both experienced abuse- 10.2 percent of men and 14.5 of women reported unwanted sexual touch and being forced to touch someone sexually before the age eighteen; 28.9 percent of women and 16.3 percent of men had had sexual intercourse with someone more than five years older than them before they were 18; 3-4 percent of men being forced to have sexual intercourse with a man; and 14.5 percent of women had been sexually coerced by a non-intimate partner (Jejeebhoy and Bott, 2003).

A review of thirteen studies found that between 2 and 20% of girls and fewer than 15% of boys reported ever experiencing NCS. The youth surveyed were generally aged 15 to 19; of these thirteen studies, six included males. In a review of fourteen studies that asked about forced first sexual experience, about 15 to 30% of sexually active girls reported coercion; and fewer than 10% of boys. Of these fourteen studies, five included males (Jejeebhoy and Bott, 2003).

A study which was conducted among adolescents; students and apprentices showed that 15% of girls had experience forced penetrative sex, 27% reported attempted force sex and 44 percent reported unwanted touch of breast or private part. While among boys, 7.8% experienced force penetrative sexual intercourse, 10% reported attempted rape, and 22.9% reported being touched sexually against their wishes (Ajuwon et al., 2001b). Another Nigerian study showed that 36% of the entire population (secondary school students) reported they had experienced at least one form of NCS explored in the study. Out of all the forms of NCS explored, unwanted touch of the body (breast and back side) topped the list (31%) of the most frequently reported form of NCS which was followed by the attempted by someone to force the student to have sex (11%) and being tricked into having sex (9%). The proportion of students who reported rape was 5% and the proportion was similar between the sexes (Ajuwon et al., 2006). (See Table 2.1 for Summary data on NCS among youths).

Table 2.1: Summary data on NCS among youths

S/N	Author	Study population	Setting	Major findings
1.	Ajuwon et al., 2001b	Adolescents; students and apprentices	Nigeria	15 percent of girls and 7.8 percent of boys experienced force penetrative sex.
2.	Wood and Jewkes, 2001	Adolescent girls	South Africa	Several girls reported forced sexual initiation: they were deceived or forced into sexual intercourse.
3.	Fawole Ajuwon, Osungbade and Fayewa, 2003	Young female hawkers	Nigeria	26.3% experienced attempted rape while 5.5% were raped.
4.	Erulkar, 2004	Married and unmarried young men and women	Kenya	21% of females and 11% of males had experienced sexual intercourse under coercive conditions.
5.	Njue , Askew and Chege, 2005	Young people	Kenya	45% of girls and 17% of boys reported at least a form of NCS.
6.	Jaya and Hindi, 2005)	Adolescents	India	32% of boys and 42% of girls reported being touched against their will.
7.	Geary et al., 2006	Young People	Jamaica	80% of females aged 15–24 years experienced forced first sex, and 86% said they were touched inappropriately.
8.	Ajuwon et al., 2006	Secondary school students	North Eastern Nigeria	11% of the students reported being tricked into having sex, 9% had experienced unwanted touch of breast and backside, and 5% reported rape.
9.	Ajuwon et al., 2011	Secondary school students	South Western Nigeria	22.7% experienced unwanted touch of breast or backside and 2.6% were raped.

Characteristics of victims of NCS

Both males and females always experience NCS, although females are usually disproportionately affected. Evidence, almost entirely from small and unrepresentative studies, suggests that a large number of adolescent girls and boys report non-consensual sexual experiences. For example, unwanted sexual relations are reported from under 5% to over 20% among young females and generally less than 10% among young males (Jejeebhoy and Bott, 2005). Among the sexually experienced, a study of adolescents (age 10-19) from slum sites in Addis Ababa notes that of the sexually experienced, one quarter of females and 18% of males reported they were coerced into their first sex (Erulkar, Mekbib, Simie and Gulema, 2005). A recent study conducted by Ajuwon et al. (2011) among secondary school students in Nigeria showed that 40% of females and 19.2% of males reported being coerced into sex during their first sexual intercourse. Also, 40.6% of females and 24.1% of males reported they experienced pressure to engage in sexual intercourse. In addition, both males and females (20% of males and 30% of females) reported the experience of any form of NCS during the six months preceding the study.

Most times women are always being regarded as the only victims of NCS, however, young men, like women, report experiencing a variety of coercive behaviours, ranging from unwanted touch, verbal abuse, unwanted kiss and deception that sets the stage for coercion to the use of violent force. A review of the literature on NCS reveals that a number of boys and young men (up to 10 per cent of the populations studied) experienced forced sexual relations in a variety of contexts (Jejeebhoy and Bott, 2003). In South Africa, for example, men's experiences of early NCS ranged from unwanted sexual touch, to being made to touch someone sexually, to having penetrative sexual intercourse. School-going adolescent males in India reported high rates of NCS including being touched without permission, private parts being brushed or being forced to have sexual intercourse. Among young sexually experienced males in Peru, many had experienced sexual coercion, and a significant minority reported coercive sexual initiation. Men in Nicaragua also reported experiencing early NCS, including penetrative sex (Cáceres, 2003). Men most commonly experience NCS in the form of receptive anal intercourse, receptive oral sex and forced masturbation of the victim. Males do underreport their

experiences on NCS, far more so than in the case of women, largely because of the reluctance of men to report acts of the experience to the police. This in turn is likely to be due to extreme embarrassment experienced by most males as a victim of sexual violence. There are, however, certain settings where acts of NCS perpetrated against males may be more prevalent, for example, in prisons and the armed forces. Generally speaking, men have the same physical and psychological responses to experiences of NCS as women, including: fear, depression, suicidal ideation, anger, sexual and relationship problems (Girardin, Faugno, Seneski, Slaughter and Whelan, 1997).

Girls and women at all stages of their lives are most often the victims of NCS and men the perpetrators (Heise et al., 1995; Heise et al., 1999; Odujirin, 1993; WHO, 1997). However, adolescent girls and women are disproportionately affected, due to their relative inexperience, limited negotiation skills, dependent financial position and traditional gender norm (Adekunle and Ladipo, 1992). In the Philippines, a national study shows that 27 percent of young sexually experienced females did not want to have sexual intercourse the first time but went along and 4% reported that their first sexual intercourse was due to rape (Natividad and Marquez, 2004).

Young women who reported forced first sexual intercourse also appeared to be more likely than those whose first sex was consensual to experience subsequent incidents of NCS. A WHO multi-country study reveals that 60 percent of women who had first sexual intercourse by force subsequently experienced NCS with an intimate partner compared to 23-27 per cent of those whose first sex was consensual (Im-em, 2003). Evidence from Thailand shows that young women who had forced first sex were more likely to experience NCS later in intimate partnerships (Im-em, 2003). In Rakai, Uganda too, women whose first sexual intercourse was coercive continued to be vulnerable to NCS within other subsequent partnerships (Koenig, Zablotska, Lutalo, Nalugoda, Wagman and Gray, 2003).

Women who have suffered abuse in childhood or during early adolescence also continue to be vulnerable to NCS. A study in Nicaragua reveals that women who had experienced severe abuse before the age of 13 years were more likely than other women to report severe NCS subsequently (Ellsberg, 2003). Similarly in Goa, India, school-going adolescents who had been abused were more likely than their peers to have experienced

subsequent violence, with some reporting up to three such episodes in their lifetime (Patel and Andrew, 2001). Women survivors of childhood incest in New Delhi, India also reported continued abuse that happened “often enough” or “every time he got a chance” (Gupta, 2003).

Factors associated with NCS

NCS is found in almost every country. Research suggests that in all classes and in all age groups NCS occurs. Data on sexually violent men also showed that most direct their acts at women whom they already know (Heise, 1995). Among the factors increasing the risk of perpetrating or experiencing NCS are those factors related to attitudes and beliefs, as well as behaviour arising from situations and social conditions that provide opportunities and support for abuse.

(A) Individual factors

- 1. Alcohol and drug consumption:** Alcohol has been shown to play a disinhibiting role in certain types of NCS (Miczek, DeBold, Haney, Tidey, Vivian and Weerts, 1993), as have some drugs, notably cocaine (Grisso, Schwarz, Hirschinger, Sammel, Brensinger et al., 1999). Alcohol has a psychopharmacological effect of reducing inhibitions, clouding judgments and impairing the ability to interpret cues (Abby, Ross and McDuffie, 1995). The biological links between alcohol and violence are, however, complex (Miczek et al., 1993). Substance use can impair cognitive and motor abilities, making it more difficult to recognize or avoid danger (Norris, Nurius and Dimeff, 1996). Men may target drinking women because they perceive them as more sexually available (George, Gournic and McAfee, 1988) or may actually encourage them to drink or use drugs in order to take advantage of them. Vulnerability may also result indirectly, reflecting the fact that drinking occurs in social settings, such as bars and parties that, in themselves, pose a risk for sexual victimisation. Drug use in particular may increase vulnerability because of its association with illegal activity and deviant behaviour (Kilpatrick, Acierno, Resnick, Saunders and Best, 1997).

Research on the social anthropology of alcohol consumption suggests that connections between violence, drinking and drunkenness are socially learnt rather than universal (McDonald, 1994). Some researchers have noted that alcohol may

act as a cultural break time, providing the opportunity for antisocial behaviour. Thus people are more likely to act violently when drunk because they do not consider that they will be held accountable for their behaviour. In some forms of group, NCS are also associated with drinking. In these settings, consuming alcohol is an act of group bonding, where inhibitions are collectively reduced and individual judgment ceded in favour of that of the group.

Drug use, especially alcohol, is frequently involved in rape. Consuming alcohol or drugs makes it more difficult for people to protect themselves by interpreting and effectively acting on warning signs. Anything that can adversely affect human behaviour such as drinking of alcohol (especially the binge-type) may stimulate some males to plan and carry out rape. It is possible that those who engage in rape may be acting under the influence of drugs, or alcohol (Akinade, Adewuyi, and Sulaiman, 2010). Drinking alcohol may also place women in settings where their chances of encountering a potential offender are greater (Crowell and Burgess, 1996). A study (only of rape victims that were females and reachable by phone) reported detailed findings related to tactics. In 47% of such rapes, both the victim and the perpetrator had been drinking. In 17%, only the perpetrator had been drinking while in 7%, only the victim had been drinking. Rapes where neither the victim nor the perpetrator had been drinking were 29% of all rapes (Abbey, BeShears, Clinton-Sherrod and McAuslan, 2004).

2. **Psychological factors:** There has been considerable research on the role of cognitive variables among the set of factors that can lead to rape. Sexually violent men have been shown to be more likely to consider victims responsible for the rape and are less knowledgeable about the impact of rape on victims. Such men may misread cues given out by women in social situations and may lack the inhibitions that act to suppress associations between sex and aggression (Drieschner and Lange, 1999). They may have coercive sexual fantasies (Dean and Malamuth, 1997), generally encouraged by access to pornography (Malamuth, Addison and Koss, 2000), and overall are more hostile towards women than men who are not sexually violent (Koss and Dinero, 1989; Malamuth, 1998; Ouimette and Riggs, 1998). In addition to these factors, sexually violent men are believed to

differ from other men in terms of impulsivity and antisocial tendencies (Crowell and Burgess, 1996). They also tend to have an exaggerated sense of masculinity. NCS is also associated with a preference for impersonal sexual relationships as opposed to emotional bonding, with having many sexual partners and with the inclination to assert personal interests at the expense of others (Malamuth and Sockloskie, 1991). A further association is with adversarial attitudes on gender that hold that women are opponents to be challenged and conquered (Lisak and Roth, 1990).

(B) Peer and family factors

- 1. Gang rape:** Some forms of NCS, such as gang rape, are predominantly committed by young men (Bourgois, 1996). Sexual aggression is often a defining characteristic of manhood in the group and is significantly related to the wish to be held in high esteem (Petty and Dawson, 1989). Sexually aggressive behaviour among young men has been linked with gang membership and having delinquent peers (Borowsky, Hogan and Ireland, 1997). Gang rape is often viewed by the men involved, and sometimes by others too, as legitimate, in that it is seen to discourage or punish perceived immoral behaviour among woman, such as wearing short skirts or frequenting bars. For this reason, it may not be equated by the perpetrators with the idea of a crime. In several areas in Papua New Guinea, women can be punished by public gang rape, often sanctioned by elders (Jenkins, 1998).
- 2. Early childhood environments:** There is evidence to suggest that NCS is also a learnt behaviour in some men, particularly as regards child non-consensual sexual experience. Studies on sexually abused boys have shown that around one in five continue in later life to molest children themselves (Watkins and Bentovim, 1992). Such experiences may lead to a pattern of behaviour where the man regularly justifies being violent, denies doing wrong, and has false and unhealthy notions about sexuality. Sexually aggressive behaviour in young men, for instance, has been linked to witnessing family violence, and having emotionally distant and uncaring fathers (Borowsky, 1997). Men raised in families with strongly

patriarchal structures are also more likely to become violent, to rape and use NCS against women, as well as to abuse their intimate partners, than men raised in homes that are more egalitarian (Crowell and Burgess, 1996).

(C) Community factors

1. **Poverty:** Poverty is linked to both the perpetration of NCS and the risk of being a victim of it. Several authors have argued that the relationship between poverty and perpetration of NCS is mediated through forms of crisis of masculine identity (Jewkes, 2002; Wood and Jewkes, 2001; Silberschmidt, 2001). Gang rape and sexual conquest are normalized, as men turn their aggression against women they can no longer control patriarchally or support economically (Bourgois, 1996).
2. **Physical and social environment:** While fear of rape is typically associated with being outside the home (Madge, 1997), the great majority of NCS actually occurs in the home of the victim or the abuser. Nonetheless, abduction by a stranger is quite often the prelude to a rape and the opportunities for such abduction are influenced by the physical environment. The social environment within a community is, however, usually more important than the physical surrounding. How deeply entrenched in a community beliefs in male superiority and male entitlement to sexual intercourse are will that greatly affect the likelihood of NCS taking place, as will the general tolerance in the community of NCS and the strength of sanctions, if any, against perpetrators (Heise, 1995). For instance, in some places, rape can even occur in public, with passersby refusing to intervene (Jenkins, 1998). Complaints of rape may also be treated leniently by the police, particularly if the assault is committed during a date or by the victim's husband. Where police investigations and court cases do proceed, the procedures may well be either extremely lax or else corrupt for instance, with legal papers being lost in return for a bribe.

(D) Societal factors

Factors operating at a societal level that influence NCS include laws and national policies relating to gender equality in general and to NCS more specifically, as well as norms relating to the use of violence. While the various factors operate largely at local level,

within families, schools, workplaces and communities, there are also influences from the laws and norms working at national and even international level.

- 1. Laws and policies:** There are considerable variations between countries in their approach to NCS. Some countries have far-reaching legislation and legal procedures, with a broad definition of rape that includes marital rape, and with heavy penalties for those convicted and a strong response in supporting victims. Commitment to preventing or controlling NCS is also reflected in an emphasis on police training and an appropriate allocation of police resources to the problem, in the priority given to investigating cases of sexual assault, and in the resources made available to support victims and provide medico-legal services. At the other end of the scale, there are countries with much weaker approaches to the issue where conviction of an alleged perpetrator based on the accusation of the women alone is not allowed, where certain forms or settings of NCS are specifically excluded from the legal definition, and where rape victims are strongly deterred from bringing the matter to court through the fear of being punished for filing an unproven rape suit.
- 2. Social norms:** NCS committed by men is to a large extent rooted in ideologies of male sexual entitlement. These belief systems grant women extremely few legitimate options to refuse sexual advances (Bennett, Manderson and Astbury, 2000). Some men thus simply exclude the possibility that their sexual advances towards a woman might be rejected or that a woman has the right to make an autonomous decision about participating in sexual intercourse. In some cultures women, as well as men, regard marriage as entailing the obligation on women to be sexually available virtually without limit (Sen, 1999). Societal norms around the use of violence as a means to achieve objectives have been strongly associated with the prevalence of rape. In societies where the ideology of male superiority is strong, emphasizing dominance, physical strength and male honour, rape is more common.
- 3. Global trends and economic factors:** Many of the factors operating at a national level have an international dimension. Global trends, for instance towards free trade, have been accompanied by an increase in the movement around the world of

women and girls for labour, including for sex workers (Watts and Zimmerman, 2002). Economic structural adjustment programmes, drawn up by international agencies, have accentuated poverty and unemployment in a number of countries, thereby increasing the likelihood of sexual trafficking and NCS (Antrobus, 1994).

Characteristics of perpetrators of NCS

Perpetrators of NCS varies depends on the settings where it occurs. Perpetrator of NCS may be a date, an acquaintance, a friend, a family member, an intimate partner or former intimate partner, or a complete stranger, but more often than not, is someone known to the victim. In a qualitative study conducted in Nigeria, participants were unanimous in saying that perpetrators of sexual coercion were not strangers to their victims. They identified male relatives as the leading perpetrators of coercion, and specifically fathers in relation to incest. Perpetrators of other forms of sexual coercion were described as somewhat older than their victims, including acquaintances, boyfriends, fellow students, relatives and neighbours (Ajuwon, et al., 2001a). Another qualitative study (in-depth interview) conducted among adolescents showed that the perpetrator was, for the most part, a boyfriend or an acquaintance of some kind – peer, neighbour and authority figure (Ajuwon, Olley, Akintola and Akin-Jimoh, 2004). Likewise, a recent study also conducted among adolescents showed that the main perpetrator of unwanted touching of the breast or backside in both males and females students were friends; 33.7% and 39.8% respectively. Attempts to have forced sexual intercourse was perpetrated by neighbours on 28.6% of male and 46% of female students, while actually having forced sexual intercourse was done by boy and girl friends on 57% of male and 57% of female students. And in all 36 respondents (2.6%) who were raped, the perpetrator was a boy or girlfriend (Ajuwon et al., 2011).

For the most part, perpetrators of violence on young male victims are males, and are known persons, not strangers. In most cases, perpetrators are peers but occasionally older men as well. In Peru, for example, the majority of young men reported forced sexual intercourse with steady or casual male partners, or male relatives. In South Africa, too, a significant minority of young men reported being forced to have sex with other men. Among schoolboys in India, the most common male perpetrators were older students or friends. In Nicaragua, perpetrators were primarily male family members or known males

(Cáceres, 2003; Jewkes, 2003; Patel, 2003). A smaller number of young men do report sexual coercion by females. In Nigeria for example, young men reported that girlfriends pressurized them to have sexual intercourse. Subtle forms of coercion were used, including undressing, touching or commenting on the young male's penis, or taunting his lack of virility (Ajuwon, 2003).

Perpetrators may also be persons in positions of authority who are respected and trusted (e.g. a doctor, teacher, tourist guide, priest, police officer) and thus less likely to be suspected of perpetrating NCS (WHO, 2003, Heise et al., 1999). Some studies showed that authority figures were involved in the perpetration of NCS. For example in a qualitative study in Nigeria, one of the eight rape victims interviewed reported being perpetrated by her instructor in Koran school (Ajuwon et al., 2004).

Health consequences of NCS

The consequences of NCS for the victim can be short- or long-term, leading to physical, psychological, or social harm (Wu, Want, Zhao and Zhang, 2006; Maharaj and Munthree, 2007; Koenig et al., 2003; Patel and Andrew, 2005). Although NCS especially rape is associated with serious reproductive health and psychological consequences, including STD, unwanted pregnancies, depression and suicide, it is a tip of the iceberg in NCS continuum (WHO, 1997). Evidence shows that NCS in adolescent is associated with a range of risky subsequent behaviors in consensual relationships: unprotected sex, multiple partners, drug and alcohol abuse, and, in extreme cases, prostitution. Evidence also suggests a close association between nonconsensual first intercourse and early consensual sexual intercourse.

1. Physical consequences

The experience of NCS can lead to health problems such as unintended pregnancy and induced abortion among females, and Sexually Transmitted Infections (STIs), including HIV/AIDS among both males and females (Cáceres, 2005). Forced sex has been associated with a host of negative reproductive health problems and behaviours, including a higher incidence of reproductive tract infections, multiple sex partners, early pregnancy, lower condom use, and drug and alcohol use (Erulkar, 2004). Majority of females who experienced NCS are more likely to experience subsequent incidents of forced sex, sexual risk taking behaviours (multiple sexual partners, non-use of condoms/contraceptives)

leading to increased risk of unintended pregnancy, STIs and the most dreaded HIV/AIDS. Studies in Addis Ababa and western Shoa showed that 26% of the 72 girls who reported rape have encountered forced sexual intercourse on more than one occasions, 24% reported vaginal discharge, 17% and 14% also reported an unintended pregnancy and abortion respectively (Mulugeta, Kassaye and Berhane, 1998). Individuals who have experienced NCS may suffer a range of physical injuries, genital and non-genital, or in extreme cases, death. Genital injuries in women are most likely to be seen in the posterior fourchette, the labia minora, the hymen and/or the fossa navicularis. The most common types of genital injuries include tears, ecchymosis (i.e. bruising), abrasions, redness and swelling. Non-genital physical injuries typically include bruises and contusions, lacerations, ligature marks to ankles, wrists and neck, pattern injuries (i.e. hand prints, finger marks, belt marks, bite marks) and anal or rectal trauma (WHO, 2003).

2. Emotional and psychological consequences

Victims of forced sexual intercourse are more likely than other young people to experience emotional sequelae such as post-traumatic stress disorder, depression and contemplation of suicide (Heise, Moore and Toubia, 1995; Luster and Small, 1997; Stewart, Sebastini, Delgado and Lopez, 1996; Stock, Bell, Boyer, Connell, 1997). Psychological consequences may include feelings of worthlessness and powerlessness; inability to distinguish sexual from affectionate behaviour; difficulty in maintaining appropriate personal boundaries; inability to refuse unwanted sexual advances; difficulty trusting people; shame, fear and guilt about sexual intercourse; and mental health problems (Stewart et al., 1996). Long-term psychological consequences of early NCS include depression, thoughts about suicide, negative self-esteem and lowered self-efficacy, drug addiction and alcoholism. A variety of adverse psychological outcomes have been documented among persons who experienced NCS during their childhood and adolescence, including anxiety, guilt and suicidal ideation (Heise et al., 1995). Some may also involve themselves in sexual risk taking. For example a survey that included 1,600 sexually experienced adolescents in Massachusetts, USA, found that both female and male adolescents with a history of sexual abuse reported greater sexual risk taking than those without such history; however, the impact of sexual abuse on sexual risk taking appeared to be greater for boys (Raj, Silverman and Amaro, 2000).

3. Social consequences

The social consequences of abuse can also be enormous, ranging from poor educational achievement to withdrawal from school, inability to build adult partnerships to loss of marriage prospects, as well as rejection by family or friends who react negatively to disclosure of the abuse/coercion. Others include loss of self-esteem and avoiding places such as schools where incidents of NCS may occur. Fears of perpetration of NCS may, moreover, lead to place restrictions on the mobility of daughters by parents. A study of adolescents in two communities in Delhi, for example, shows that daughters, likewise accepted these restrictions on their behaviour and movement, perceiving this would protect them from unwelcome advances from males (Mechra, Savithri and Coutinho, 2002).

Early experiences of NCS appear to be associated with the risk of experiencing or perpetrating NCS subsequently in the intimate partnership (Stewart et al., 1996). In addition, research suggests that young victims of NCS are more likely to engage in risky if not self-destructive behaviours, such as unprotected sex, non-use of condoms, early consensual sexual initiation, multiple partners, drug and alcohol abuse, and in severe cases prostitution (Boyer and Fine, 1992; Heise et al., 1995; Stewart et al., 1996).

Experience of NCS in childhood appears to increase the risk of experiencing further sexual and physical violence later in life. Studies have also examined long-term negative consequences of NCS. Compared with young women who have not been sexually abused, those who have been abused tend to have more sex partners as well as to have less control over the terms of sex, a lower likelihood of practicing family planning and using condoms; and a higher likelihood of experiencing STIs and unwanted pregnancy (Boyer and Fine, 1992).

Help-seeking Behaviour

People perceive few help-seeking options in practice. Most stay silent and do not seek help, whether from family, friends, healthcare providers or the police. Many cases of

sexual abuse never come to light. Victims can often feel ashamed and too scared to report it, fearing it could make a situation worse. Underreporting associated with respondents' reluctance to acknowledge a highly sensitive experience may have led to an underestimate of the prevalence of NCS (Koenig, Zablotska, Lutalo, Nalugoda, Wagman, and Gray, 2004). Over the past decade, a number of studies have demonstrated the difficulty of eliciting reliable reports of NCS (Heise et al., 1995; Ellsberg et al., 2003).

Studies have also suggested that for young female and male victims, help seeking may differ. Boys and men do report forced sexual relations at much lower levels (usually less than 10 per cent) compared to young women (Jejeebhoy and Bott, 2005). A survey carried out among those that had experienced violence revealed that adolescents do not report violence (Ngom, Magadi and Owour, 2003) due to shame, fear of reprisal and deep-rooted unequal gender norms. The threat of social stigma prevents young women from speaking out about rape and abuse. Hence, most of the victims of NCS always suffer in silence and never report the incident. In Zimbabwe, rape cases are sometimes settled out of court when the perpetrator either pay compensation to the girl's father or pay a bride price and marries the girl to avoid bringing public attention and shame to the girl and her family (Njovana and watts, 1996). In a study conducted in Ibadan Nigeria, only one out eight rape victims who were interviewed in-depth reported the incident (Ajuwon et al., 2002).

Interventions to prevent NCS

Due to multiple contributing factors to the experience of NCS, prevention efforts need to be implemented at many levels. Consequently, a range of general approaches and specific prevention interventions have been documented. Within a specific prevention effort, either a single approach or several of these approaches can be employed. The possible benefits of implementing but also the possible difficulties in evaluating a multifaceted approach have been demonstrated by a study to prevent violence, including NCS among young female hawkers in Nigeria (Fawole et al., 2003). The research included 345 semi-structured interviews with hawkers at baseline, a five-month intervention, and an interview-based evaluation among 374 hawkers one year later. The five-month intervention involved distribution of more than 1,000 copies of educational materials about various forms of violence against women. Six three-day workshops for nearly 600 hawkers (and a one-day workshop for community members who were interested in

preventing violence in the motor parks) included training on the definition and consequences of violence, the development of assertiveness skills, and care and support for victims. The reported rate of forced sexual intercourse decreased from 11.3 percent at baseline to 1.9 percent after the intervention. Rates of sexual harassment and attempted rape also declined significantly.

In general, men are an especially important group to be involved in prevention efforts since they are the main perpetrators of most types of violence. Men themselves can act as advocates for policies or laws that discourage or penalize NCS. They can also participate in programmes and organizations to raise awareness of or change (at the individual, family, or societal level) gender norms, perceptions, and beliefs that condone forced sex (Lang, 2003).

Youths are another general but important target, as research consistently shows that youth are at heightened risk of sexual victimization (Danielson and Holmes, 2004). Working with youths also provided an opportunity to reverse gender norms that fuel NCS by teaching more egalitarian ways for young men and women to interact and by introducing concepts of equity, respect, and social justice.

A recent study conducted by Akinade et al. in Nigeria (2010) elicited what could be used to curb the spread of rape as suggested by the participants interviewed. Government should show more political will and promulgate laws on the violent sexual offences, especially rape that can lead to serious penalty that are strong enough to serve as deterrent. Individuals (girls and women) should be adequately empowered to speak up, report their attackers and be bold enough to prosecute the cases to their logical conclusion. The police should be trained to appreciate the concept of rape. They should be encouraged to be good listeners, who can meticulously keep careful records of complaints, prosecute the cases swiftly and do so in very emphatic ways. They also suggested that treatment should be holistic. This should involve the rapists, their victims, the survivors, religious bodies, law makers, law enforcement agencies, the various levels of government and non-governmental organizations, and civil societies. They should evolve innovative, legal and situational referrals towards prevention and expression of solidarity and rehabilitation of victims.

Laws related to NCS in Nigeria

The Nigerian authorities at both federal and state levels have laws that fairly address gender-based violence, including rape (Amnesty International, 2009). Laws related to NCS in Nigeria focus only on rape, attempted rape and defilement. Rape is a criminal offence in Nigeria, the legal system in the country has provision for redress. The Constitution of the Federal Republic of Nigeria, 1999 clearly prohibits rape, torture and other inhuman or degrading treatment. Section 34(1) states that: "Every individual is entitled to respect for the dignity of his person, and accordingly, (a) no person shall be subjected to torture or to inhuman or degrading treatment". Article 17(2) (b) adds that "human dignity shall be maintained and enhanced" (Amnesty International, 2009). According to Section 357 of criminal code, rape is an unlawful act. "Rape is an unlawful sexual intercourse with a woman or girl without her consent, or with her consent if the consent is obtained or by means of false and fraudulent representation of the act" (Criminal Laws of Oyo state, 1978). Rape and the attempt to rape are punishable by life imprisonment or 14 years for convicted perpetrators respectively (Criminal Laws of Oyo state, 1978).

Conceptual Framework

This study was guided by theoretical framework; ecological model in understanding the extent of NCS among young persons (students).

Ecological Model

This model could be used to explain various aetiological factors for NCS, identify risk factors associated with experience and perpetration of NCS (See Fig. 2.1).

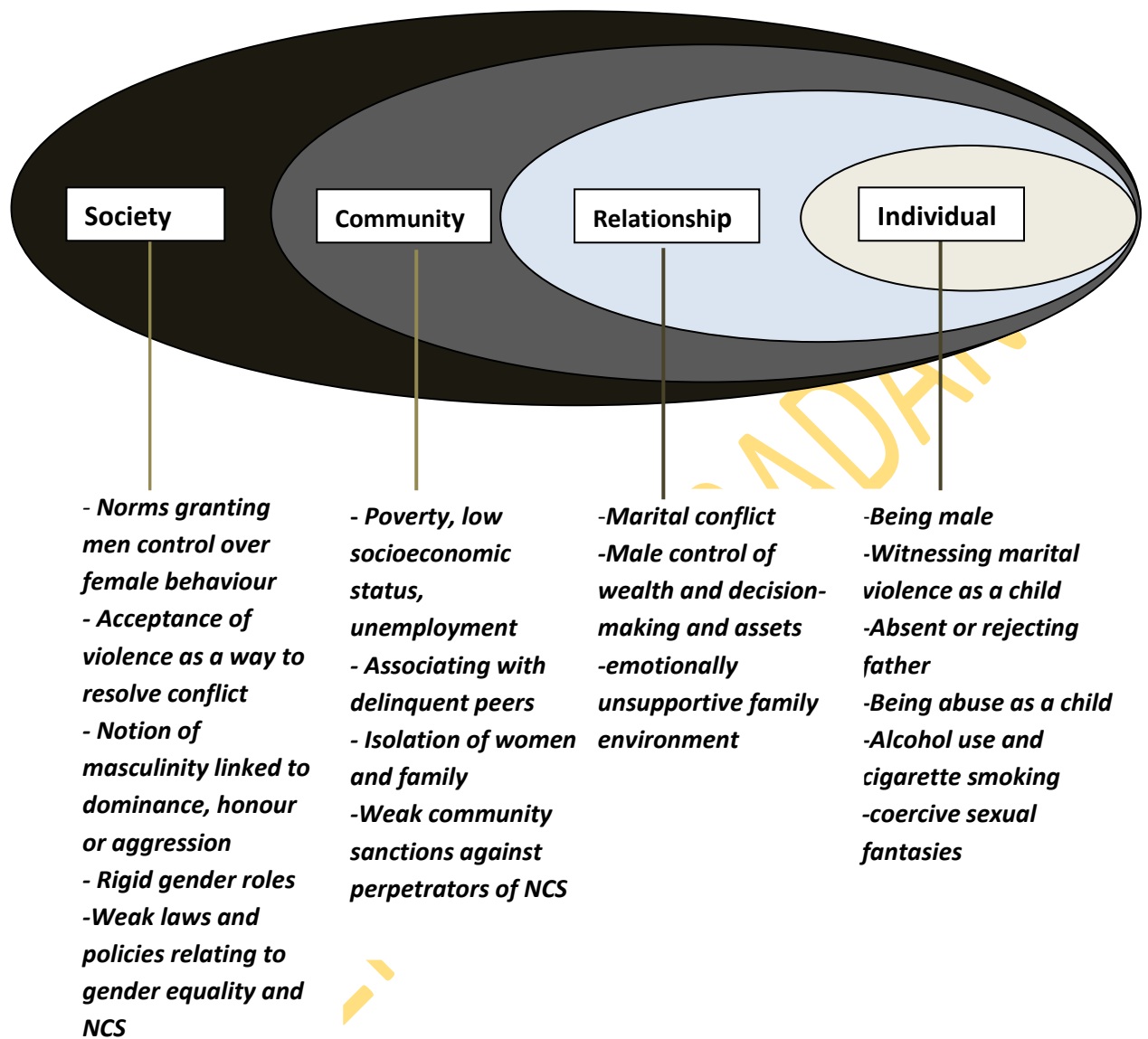
Intrapersonal level: One of the most common forms of NCS around the world is that which is perpetrated by an intimate partner, leading to the conclusion that one of the most important risk factors for women – in terms of their vulnerability to NCS– is being married or cohabiting with a partner. Other factors influencing the risk of NCS include; being young, consuming alcohol or drugs, having many sexual partners, involvement in (commercial) sex work, becoming more educated and economically empowered, at least where NCS perpetrated by an intimate partner is concerned, poverty, fantasies about coercive sex, attitudes and beliefs that support NCS, impulsive and antisocial tendencies,

and having a history of NCS. In this current study, individual factors were assessed using questions 9, 10, 11, 12, and 13 on the questionnaire (see Appendix II).

Interpersonal level: Interpersonal factors include; identification with aggressive and delinquent peers, having friends that engage in NCS, a family environment characterized by physical violence and limited resources, strongly patriarchal or family environment, emotional and unsupportive family relationship, family honour considered more important than the health and safety of the victim, poor parenting practices, family dysfunction and previous sexual experience with partner. Interpersonal factors were assessed in this study using questions 8, 14, 15, 16, 17 and 18 on the questionnaire (see Appendix II).

Community level: The factors include; patriarchal norms, perception of biological need for males to have sexual intercourse (for example with a girl friend) and their right to forced sexual intercourse, poverty and social isolation. Others include; poverty mediated through forms of crisis of male identity, lack of employment opportunities, lack of institutional support from police and judicial system, general tolerance of NCS within the community and weak community sanctions against perpetrators of NCS.

Societal factors: Factors operating at a societal level that influence NCS include laws and national policies relating to gender equality in general and to NCS more specifically, as well as norms relating to the use of violence. While the various factors operate largely at local level, within families, schools, workplaces and communities, there are also influences from the laws and norms working at national and even international level. These factors include societal norms supportive of NCS, societal norms supportive of male superiority and sexual entitlement, lack of institutional policies or weak laws and policies related to NCS, weak laws and policies related to gender equality, high levels of crime and other forms of violence.



Source: Heise, 1998

Figure 2.1: Ecological model for factors associated with NCS

CHAPTER THREE

METHODOLOGY

This section deals with the research design, the target population, sampling size and technique, the instrumentation, procedure for data collection and analysis.

Study design

This was a cross-sectional study; it explored the experiences of NCS among students of The Polytechnic Ibadan.

Study area

The study was carried out in The Polytechnic Ibadan, Ibadan, Oyo State established in 1970. The Polytechnic was the first technical institute in Nigeria. It offers training in a wide range of specialized 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 also provides opportunities for creative development and research related to the needs of teaching and industry and the business community, particularly in its service area. The Polytechnic has been producing majorly middle level manpower that has been making valuable contributions to the social and economic development of the country. It has three campuses; the main campus in Ibadan and other two satellite campuses at Eruwa and Saki in Oyo State. Each of the campus is headed by a Director who is responsible to the Rector for the Administration and Discipline of the school.

The Polytechnic of Ibadan runs mainly National Diploma (ND) and Higher National Diploma (HND). In 1975/76 session, the polytechnic adopted the faculty system of structuring the academic departments. The conception was to make for easier work co-ordination and management. At present, there are five faculties namely: Engineering, Science, Environmental Studies, Financial and Management Studies, and Business and Communication Studies. The population of the students was about 11, 000 (at Ibadan

campus) during 2009/2010 academic session when the study was conducted. It has four halls of residence including one for males, one for females and two for both sexes.

Study population

The study focuses on the students of The Polytechnic Ibadan on Ibadan campus alone.

Sample size and sampling technique

The size was calculated using the following formula;

$$n = \frac{z^2 pq}{d^2} \text{ (Cochran, 1977)}$$

n = the desired sample size

z = the standard normal deviate set at 1.96 (which correspond to the 95% confidence interval).

$P=55.3\%$. Prevalence of NCS (Ajuwon et al., 2001b)

$$q = 1.0 - p$$

d = the degree of accuracy set at **0.05**.

$$\text{Then, the sample size (n)} = \frac{(1.96)^2 (0.55) (0.45)}{(0.05)^2}$$
$$\underline{\underline{n = 380.3}}$$

The number was be made up to **600** to make room for non-response and increase the generalizability of the data collected.

A multistage random sampling technique involving four (4) stages was used in selecting respondents for the study. The stages are described bellow;

Stage 1

All the four halls of residence were used in selecting the study participants. The number of students recruited for each sex was determined proportionately based on students' population in each hall of residence.

Total population of all students in the halls of residence was **1945** during 2009/2010 session.

Population of male students in the halls of residence was 799.

Population of female students in the halls of residence was 1146.

$$\text{Male division} = \frac{\text{Population of male in the halls of residence}}{\text{Total population of students in all the halls of residence}} \times \frac{600}{1}$$

$$\frac{799}{1945} \times \frac{600}{1} = 246.5 = \underline{\underline{246 \text{ males}}}$$

$$\text{Female division} = \frac{\text{Population of female students in the halls or residence}}{\text{Total population of students in all the halls of residence}} \times \frac{600}{1}$$

$$\frac{1146}{1945} \times \frac{600}{1} = 353.5 = \underline{\underline{354 \text{ females}}} \text{ (See Table 3.1)}$$

Stage 2

All the blocks in each hall of residence were selected.

Stage 3

Rooms were systematically selected in each block using tables of random numbers. Number of room 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.

Stage 4

A study participant was recruited for each room 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 (See Table 3.1).

Table 3.1: Distribution of selected respondents

Distribution of selected respondents					
Hall of residence	Hall type	Number of students In the hall	Number of blocks in each hall	Number of rooms in each hall	Number of respondents selected in each hall
Ramat	Male only	329	4	192	$\frac{329}{1946} \times 600 = 101$
Olori	Female only	590	7	270	$\frac{590}{1946} \times 600 = 182$
Unity	Mixed	515 (female: 330) (male: 185)	4 for female 2 for male	288	$\frac{330}{1946} \times 600 = 102 \text{ females}$ $\frac{185}{1946} \times 600 = 57 \text{ males}$
Orisun	Mixed	511 (female :226) (male:285)	2 for female 3 for male	189	$\frac{226}{1946} \times 600 = 70 \text{ females}$ $\frac{285}{1946} \times 600 = 88 \text{ males}$
Total		799 males + 1146 females = 1945	22	939	246 males + 354 females = 600

Inclusion criteria

Study participants were students of The Polytechnic Ibadan who reside in one of the halls of residence in the school.

Exclusion criterion

Anybody not fulfilling the inclusion criteria stated above.

Method of data collection

A combination of two methods; qualitative and quantitative were used for the data collection. The methods include questionnaire (quantitative) and in-depth interview (qualitative).

Quantitative method

A questionnaire was developed (see appendix II) and used for data collection. The questionnaire was structured and self administered. The design of the questionnaire was based on the research objectives, review of literature, and guidance of the research supervisor. The questionnaire consisted of five (5) sessions. The first part explored the socio-demographic characteristics of the subjects. The second section explored the sexual behaviour, the third section explored the non-consensual sexual experience of the respondents, and the fourth section explored the perpetration of NCS, while the last section was used to document help seeking behavior of the respondents and outcomes of the help they sought. Forms of NCS explore in this study included unwanted touch of breast or back side, unwanted kiss, insistence on having sexual intercourse, drugged to have sexual intercourse, charmed to have sexual intercourse, forced viewing of pornography, exchange of money, mark or gift for sex, attempted rape and rape. These forms of NCS were derived from a study (narrative workshop) conducted among adolescents in Ibadan Nigeria by Ajuwon and colleagues (2001) in which respondents were given opportunity to list and define sexual behaviours perceived to be non-consensual.

The total number of the questionnaire distributed was 600, however only 594 were retrieved due to attrition. The questionnaire was administered first to identify those who had experienced or/and perpetrated NCS (rape and attempted rape) and then a follow-up study (qualitative) was conducted among them.

Qualitative method

This consisted of the in-depth interview. The in-depth interviews were conducted among the survivors and perpetrators of NCS (see appendices III, IV, V and VI for the in-depth interview guides). The survivors and perpetrators were indentified during the filling of the questionnaire and the criterion used for the involvement in the in-depth interview was anybody who says 'yes' to any of the followings;

1. Someone tried to forcefully have sexual intercourse with you.
2. Someone forcefully had sexual intercourse with you.
3. You attempted forcing someone to have sexual intercourse with you.
4. You forcefully had sexual intercourse with someone

Out of 83 respondents who experienced attempted rape and 34 who experienced rape, seven respondents were purposely selected for the interview in each case, making **14** interviewees altogether for victims of NCS. Out of 16 respondents (13 males and 3 females) who reported ever perpetrated attempted rape, only one male consented to be interviewed. While out of 10 respondents (6 males and 4 females) who had ever perpetrated rape, only two males consented to be interviewed, altogether making **3** interviewees for perpetrators of NCS. Hence, a total of **17** in-depth interview sessions were conducted in all.

Data collection process

The administration of the questionnaire was done by the researcher 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. They were distributed at the hall of residence in evening after lectures period between the hours; 4:30pm and 7:30pm for six days. Every room selected for the data collection was visited and a participant was surveyed in each room. Consent of the participants was sought before distribution of the questionnaire by explaining to them the purpose of the research, the risk involved and time to be spent, the benefits of the research as well as the incentives (a Reynolds pen and flyer addressing the issue of sexual violence) to be given. Flyers were also distributed to non-selected members of the rooms visited for the data collection. The questionnaires were retrieved immediately from the respondent after completion and checked for completeness. The questionnaire was also reviewed to

determine those who were to be involved in the in-depth interview. Most of the respondents consented to be interviewed immediately, however few of them agreed to be interviewed a day or few days after the survey. All the interviews were conducted in the halls of residence, either in room of the victims or a private place where the victim was sure of his/her confidentiality. In-depth interview sessions were recorded on audio tapes and notes were also taken. Comprehensive notes were taken for those who did not consent for audio tape recording.

Validation and reliability of the instrument

Validity: Several steps were taken to ensure the validity of the instrument. First, validity of the content was achieved through consultation of relevant literature and previous research works to develop relevant questions. Secondly, the questionnaire was reviewed several times by the supervisor who had a wealth of the experience on this field for content and structure validity and finally, the questionnaire was pre-tested.

Reliability: Cronbach's Alpha model technique was employed for the reliability of questionnaire. This was done by self-administering the questionnaire once to about 10% equivalent of the study participants at the site chosen for the pre-test and subsequently the coefficient reliability was determined using SPSS computer software. A reliability coefficient of 0.87 was obtained, higher than the average correlation coefficient of 0.5 thus showing that the instrument was very reliable. The outcome of the pretest was used to correct and modify questions not adequately or appropriately answered by the respondents.

Pre-test of the research instruments

The instruments; questionnaire and in-depth interview guides were pretested among the students of The Polytechnic Ibadan at Eruwa, Oyo State; one of the satellite campuses of The Polytechnic Ibadan. After the pre-test, appropriate modifications were made to the instrument based on the results from the pre-test.

Data management and analysis

The questionnaires were serially numbered for control and recall purposes. It was checked for completeness and accuracy on a daily basis. It was also sorted, edited and coded manually by the investigator with use of coding guide. The data were imputed into the

computer and the analysis was carried out using the SPSS software version 15. Frequency counts were run to detect missing cases while the data also undergo cleaning. Descriptive statistics and inferential statistics (Chi-square and logistic regression) were used for the analysis. The in-depth interview discussions were recorded on audio tapes, transcribed and analysed using thematic approach. However, compressive notes were taken for those who did not give consent for recording during the in-depth interview session.

Ethical considerations

This study followed the ethical principles guiding the use of human participants in research. Ethical approval was provided by UI/UCH Ethics Review Committee (See appendix VII for the letter of approval). Permission was obtained from the school authority before the distribution of the instruments. Four research assistants were trained to assist in the distribution and retrieval of the questionnaire. The data were collected in the hall of residence and it was self-completed. No identifier such as name of respondents was required and all information provided was kept confidential (See appendix I for the Informed Consent Form). Completed questionnaires were kept in secured setting where no other persons could have access to the information obtained from respondents. All information was used for the purpose of the research only. Consent of the participants involved the in-depth interview was sought on when and where the interview was conducted in order to ensure absolute confidentiality. Every participant was given a pen (Reynolds Pen) and flyer addressing the issue of sexual violence and information on where they can seek help when they experience NCS.

Limitations of the study

This study excluded students of the Polytechnic Ibadan who did not reside in the hall of residence; therefore findings may not be a true reflection of the phenomenon among all students of The Polytechnic Ibadan since many of them live outside campus.

Many students who have perpetrated NCS especially females declined to participate in the follow-up in-depth interview. This happened in spite of assurance that their identity would be protected and the results of the study would not harm their interest in any way.

CHAPTER FOUR

RESULTS

Socio-demographic Characteristics

The profile of the respondents is presented in Table 4.1. The ages of the respondents ranged from 16-35 years with a mean of 22.7 ± 2.9 . The total number of the respondents interviewed consisted of 58.9% females and 41.1% males. Majority, 326 (54.9%) were between the ages of 21-25 years. Most (66.2%) of the respondents were Christians, 33% were Muslims while 0.8% practice traditional religion.

Two hundred and two (34%) were at the first year of their study (ND1), 148 (24.9%) at the second year (ND2), 137 (23.1%) at the third year (HND1) while 107 (18%) were at their final year (HND2). Majority, 549 (92.4%) were Yorubas, 4 (0.7%) were Hausas, 30 (5.1%) were Igbos and 11 (1.9%) were from other ethnic group in Nigeria. Only 6 (1%) were married, 587 (98.8%) were singles (unmarried) and 1 (0.2) was divorced. Majority 386 (65%) were from monogamy family while 208 (35%) were from polygamy family.

Only 201 (33.8%) reported that they had ever taken alcohol while just 54 (9.1%) reported they were still drinking. Thirty (5.1%) reported they had ever smoke cigarette while just only 5 (0.8%) reported they were still smoking. Majority 559 (94.1%) had a friend of opposite sex and over half 322 (54.2%) had a fiancé/fiancée.

Table 4.1: Socio-demographic characteristic of the respondents (N=594)

Socio-demographic characteristic	Male [n =244] n (%)	Female [n =350] (n (%))	Total [N =594] N (%)
Sex	244 (41.1%)	350 (58.9%)	594 (100)
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)
Marital status			
Single	242 (99.2)	345 (98.6)	587 (98.8)
Never married	1 (0.4)	5 (1.4)	6 (1.0)
Divorced	1 (0.40)	0 (0.0)	1 (0.2)
Religion			
Christianity	90 (61.1)	244 (69.7)	(66.2)
Islam	149 (36.9)	106 (30.3)	(33.0)
Traditional	5 (2.0)	0 (0.0)	(0.8)
Faculty			
Business and communication	70 (28.7)	112 (32.0)	182 (30.6)
Engineering	60 (24.6)	28 (8.0)	88 (14.8)
Art and design	1 (0.4)	3 (0.9)	4 (0.7)
Science	57 (23.4)	100 (28.6)	157 (26.4)
Financial and management studies	41 (16.8)	93 (26.6)	134 (22.6)
Environmental studies	15 (6.1)	14 (4.0)	29 (4.9)
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)
HND 1	65 (26.6)	72 (20.6)	137 (23.1)
HND 2	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)
Ethnic group			
Yoruba	230 (94.3)	319 (91.1)	(92.4)
Hausa	1 (0.4)	3 (0.9)	(0.7)
Igbo	11 (4.5)	19 (5.4)	(5.1)
Others	2 (0.8)	9 (2.6)	(1.9)
Alcohol consumption			
Ever	107 (43.9)	94 (26.9)	201 (33.8)
Current	29 (11.9)	25 (7.1)	54 (9.1)
Cigarette smoking			
Ever	23 (9.4)	7 (2.0)	30 (5.1)
Current	4 (1.6)	1 (0.3)	5 (0.8)
Currently having a friend of opposite sex	223 (91.4)	336 (96.0)	559 (94.1)
Currently having a fiancé/fiancée	90 (36.9)	332 (66.3)	322 (57.6)
Ever had sexual intercourse	144 (58.6)	189 (54.3)	333 (56.1)

First sexual experience

Table 4.2 shows the context of the respondents' first sexual intercourse. Fifty-six percent of respondents had experienced sexual intercourse and the mean age of sexual debut was 19.6 ± 3.2 years. Out of these, 68.8% reported they and their partner were both willing during their first sexual intercourse.

Table 4.2: First sexual intercourse (N=333)

Context	Male n (%)	Female n (%)	Total n (%)
You forced him or her to have sexual intercourse	4 (2.8)	5 (2.6)	9 (2.7)
You persuaded him or her to have sexual intercourse	14 (9.8)	5 (2.6)	19 (5.7)
He or she forced you to have sexual intercourse	3 (2.1)	27 (14.2)	30 (9.0)
He or she persuaded you to have sexual intercourse	7 (4.9)	39 (20.5)	46 (13.8)
You were both willing	115 (80.4)	114 (60.0)	229 (68.8)
TOTAL	143 (100)	190 (100)	333 (100)

Experience of pressure to engage in sexual intercourse

Figure 4.1 shows results of experience of pressure to engage in sexual intercourse while Table 4.3 shows the sources of the pressure. One hundred and sixty (26.9%) reported they experienced pressure to engage in sexual intercourse. Out of these respondents, 53.1% reported that the pressure was a great deal while 46.9% reported the pressure was little. Also, 63.1% reported that they experienced the pressure from friends, 22.5% reported it was from their fellow students, 13.8% reported it was from lectures, 15% reported it was from their fiancé/fiancée while 2.5% reported it from other set of people including husband and daddy's friend.

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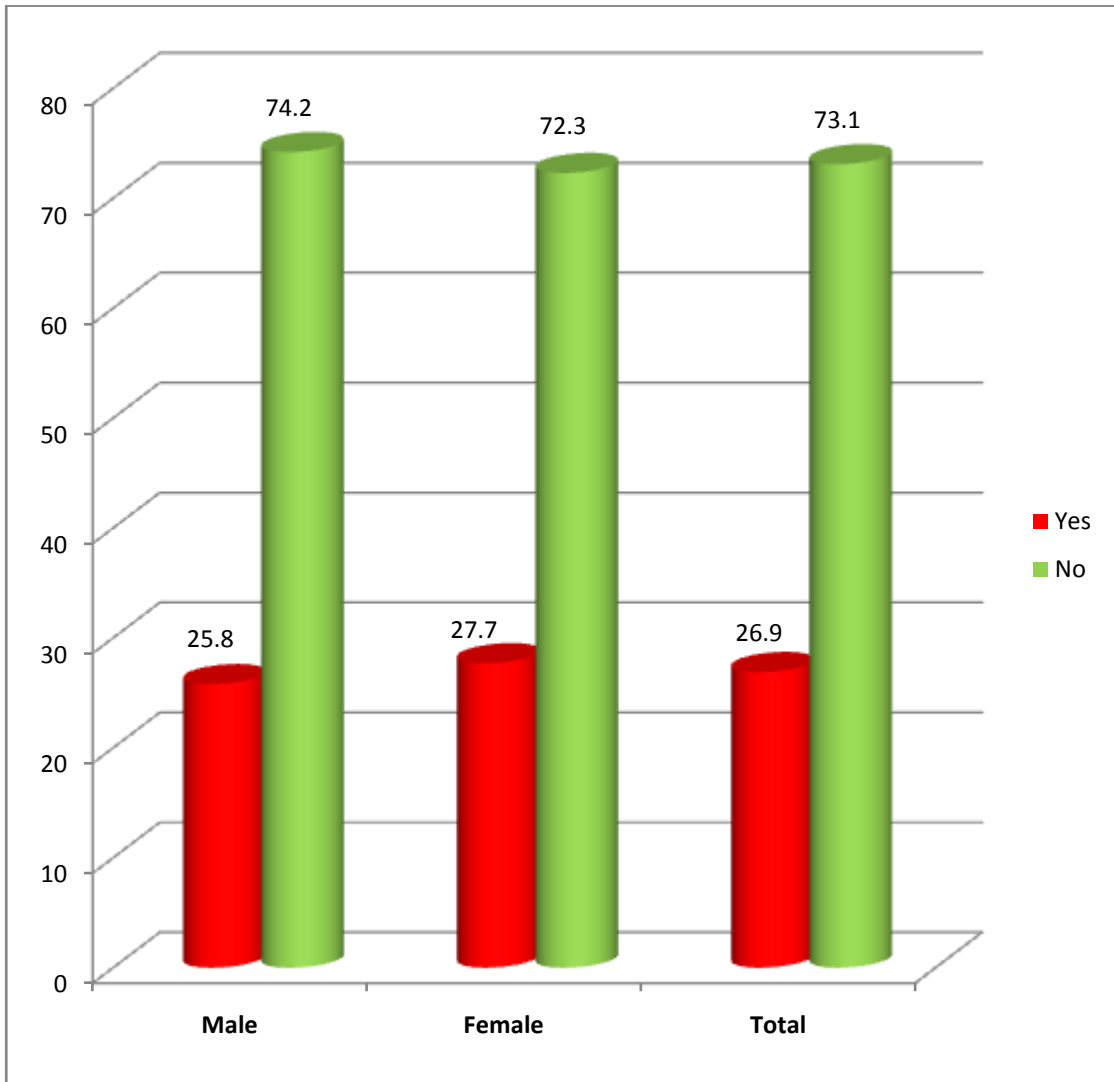


Fig 4.1: Experience of pressure to engage in sexual intercourse by sex

Table 4.3: Experience of pressure to engage in sexual intercourse by sex and sources of the pressure

(N= 160)

Source of pressure	Male n (%)	Female n (%)	Total n (%)
Friends	47 (74.6)	54 (55.7)	101(63.1)
Fellow students	19 (30.2)	17 (17.5)	36 (22.5)
Lecturers	3.0 (4.8)	19 (19.6)	22 (13.8)
Fiancé/fiancée	4.0 (6.3)	20 (20.6)	24 (15)
Others	0 (0.0)	4.0 (4.1)	4.0 (2.5)
Total	63 (25.8)	97 (27.7)	160 (26.9)

(Note: The column total percent is more than 100 because of multiple responses)

PREVALENCE OF EACH FORM OF NCS

Table 4.4 shows the prevalence of each form of NCS (ever). There was significant difference in the report of some experiences NCS between the sexes. These included the experience of unwanted touch of breast or backside, forced to watch pornography, attempted and insistence on having sexual intercourse ($p < 0.05$). The most prevalent form of NCS unwanted touch of breast or back side (26.4%) while the least prevalent was being drugged to have sexual intercourse (1%) (See Table 4.4)

Table 4.4: Prevalence of various forms of NCS (ever happened) by sex

FORMS OF NCS	Male (n = 244) n (%)	Female (n = 350) n (%)	Total (N = 594) n (%)	χ^2	p-value
Unwanted touch of breast or back side	50 (20.5)	107 (30.6)	157 (26.4)	7.51	0.006
Forced to watch pornography or sexually explicit materials	26 (10.7)	17 (4.9)	43 (7.2)	7.19	0.007
Unwanted kiss	43 (17.6)	79 (22.6)	122 (20.5)	2.16	0.14
Insistence on having sexual intercourse	36 (14.8)	77 (22)	113 (19)	4.90	0.027
Charmed to have sexual intercourse	3 (1.2)	4 (1.1)	7 (1.2)	0.009	0.92
Drugged to have sexual intercourse	3 (1.2)	3 (0.9)	6 (1)	0.199	0.66
Forced to perform unwanted sexual act(s)	22 (9.0)	27 (7.7)	49 (8.2)	0.32	0.57
Received gift, money or marks for sexual intercourse	4 (1.6)	7 (2.0)	11 (1.9)	0.103	0.75
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)	16.9	0.00
Rape	13 (5.3)	21 (6.0)	34 (5.7)	0.12	0.73
Report of any form of NCS	97 (39.8)	181 (51.7)	278 (46.8)	8.26	0.004

Table 4.5 shows the prevalence of each form of NCS during the six months preceding the study. Significant difference in the report of NCS between the sexes was evident only among those who were forced to watch pornography and those who experienced attempted rape ($p < 0.05$). The most reported form of NCS was unwanted kiss (13.8%) while the least prevalent was being drugged to have sexual intercourse (0.7%). Three females were forced to have sexual intercourse by someone in position of authority. This is 23% of the total number of females who experienced rape during the six months preceding the study.

Table 4.5: Prevalence of various forms of NCS during the six months preceding the study by sex

FORMS OF NCS	Male (n=244) n (%)	Female (n=340) n (%)	Total (N=594) n (%)	X ²	p-value
Unwanted touch of breast or back side	36 (14.8)	71 (20.3)	107 (18)	2.98	0.084
Forced to watch pornography or sexually explicit materials	17 (7)	10 (2.9)	27 (4.5)	5.59	0.018
Unwanted kiss	31 (12.7)	51 (14.6)	82 (13.8)	0.42	0.52
Insistence on having sexual intercourse	25 (10.2)	55 (15.7)	80 (13.5)	3.69	0.055
Charmed to have sexual intercourse	2 (0.8)	3 (0.9)	5 (0.85)	0.002	0.96
Drugged to have sexual intercourse	2 (0.8)	2 (0.6)	4 (0.7)	0.13	0.72
Forced to perform unwanted sexual act(s)	14 (5.7)	18 (5.1)	32 (5.4)	0.10	0.75
Received gift, money or marks for sexual intercourse	1 (0.4)	5 (1.4)	6 (1.0)	1.49	0.22
Forced to have sexual intercourse by someone in position of authority (lecturer)	-	3 (0.9)	3 (0.5)	2.10	0.15
Attempted rape	8 (3.3)	36 (10.3)	44 (7.4)	10.3	0.001
Rape	11 (4.5)	13 (3.7)	24 (4.0)	0.23	0.63
Report of any form of NCS	75 (30.7)	121 (34.6)	196 (33.0)	0.96	0.33

Table 4.6: Proportion of those who had ever experienced NCS and still experiencing NCS during the six months preceding the study

FORMS OF NCS	'n' for each form of NCS (Lifetime experience of NCS) (N= 594)	Proportion still experiencing NCS during the six months preceding the study % (n)
Unwanted touch of breast or back side	157	68.2 (18)
Forced to watch pornography or sexually explicit materials	43	62.8 (27)
Unwanted kiss	122	67.2 (82)
Insistence on having sexual intercourse	113	70.8 (80)
Charmed to have sexual intercourse	7	71.4 (5)
Drugged to have sexual intercourse	6	66.7 (4)
Forced to perform unwanted sexual act(s)	49	65.3 (32)
Received gift, money or marks for sexual intercourse	11	54.5 (6)
Forced to have intercourse by someone in position of authority (lecturer)	4	75.0 (3)
Attempted rape	83	53.0 (44)
Rape	34	70.6 (25)

Socio-demographic variables were compared with some selected forms of NCS experienced during the six months preceding the study. This included unwanted touch of breast or back side, unwanted kiss, attempted rape and rape (Table 4.7 and 4.8). Table 4.7 shows that males who had ever drunk alcohol reported the experience of unwanted touch than those who had never (21.5% versus 9.5%). However among females, none of the variables was significant ($p>0.05$)

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Table 4.7: Experience of unwanted touch of breast or backside and unwanted kiss during the 6 months preceding the study by socio-demographic variables

Variables	Male		Female	
	Unwanted touch (n = 244) n (%)	Unwanted Kiss (n = 244) n (%)	Unwanted touch (n = 350) n (%)	Unwanted Kiss (n = 350) n (%)
Age (in years)				
16-20	6 (9.8)	9 (14.8)	24 (23.3)	22 (21.4)
21-25	21 (16)	16 (12.2)	38 (19.5)	25 (12.8)
26-30	9 (18)	6 (12.0)	9 (17.6)	4 (7.8)
31-35	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Level of study				
ND1	9 (10.3)	14 (16.1)	26 (22.6)	21 (18.3)
ND2	11 (22.0)	7 (14.0)	24 (24.5)	15 (15.3)
HND1	7 (10.8)	3 (4.6)	15 (20.8)	12 (16.7)
HND2	9 (21.4)	7 (16.7)	6 (9.2)	3 (4.6)
Family origin				
Monogamy	23 (14.7)	22 (14.1)	42 (18.3)	37 (16.1)
Polygamy	13 (14.8)	9 (10.2)	29 (24.2)	14 (11.7)
Ever taken alcohol				
Yes	23 (21.5)**	18 (16.8)	22 (23.4)	16 (17.0)
No	13 (9.5)	13 (9.5)	49 (19.1)	35 (13.7)
Ever Smoked cigarette				
Yes				
No	6 (26.1)	4 (17.4)	1 (14.3)	1 (14.3)
	30 (13.6)	27 (12.2)	70 (20.4)	50 (14.6)
Had friend a of the opposite sex				
Yes	35 (15.7)	31 (13.9)	50 (14.9)	47 (14.5)
No	1 (4.8)	0 (0.0)	1 (7.1)	4 (15.4)
Had a fiancé/fiancée				
Yes	16 (17.8)	9 (10)	53 (22.8)	33 (14.2)
No	20 (13)	22 (14.3)	18 (15.3)	18 (15.3)
Ever had sexual intercourse				
Yes	25 (17.5)	21 (14.7)	36 (18.9)	24 (12.6)
No	11 (10.9)	10 (9.9)	35 (21.9)	27 (16.9)

** p<0.05, $X^2 = 6.89$, df=1

Table 4.8 revealed that females who had ever had sexual intercourse significantly reported the experience of rape during the six months preceding than those who had never ($p < 0.05$)

Table 4.8: Experience of attempted rape and rape during the six months preceding the study by socio-demographic variables

Variables	Male		Female	
	Attempted rape (n = 244) n (%)	Rape (n = 244) n (%)	Attempted rape (n = 350) n (%)	Rape (n = 350) n (%)
Age (in years)				
16-20	0 (0.0)	3 (4.9)	10 (9.7)	5 (4.9)
21-25	7 (5.3)	7 (5.3)	21 (10.8)	5 (2.6)
26-30	1 (2.0)	1 (2.0)	5 (9.8)	3 (5.9)
31-35	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Level of study				
ND1	3 (3.4)	6 (6.9)	13 (11.3)	5 (4.3)
ND2	0 (0)	1 (2.0)	14 (14.3)	4 (4.1)
HND1	2 (3.1)	2 (3.1)	3 (4.2)	1 (1.4)
HND2	3 (7.1)	2 (4.8)	6 (9.2)	3 (4.6)
Family origin				
Monogamy	5 (3.2)	8 (5.1)	24 (10.4)	8 (3.5)
Polygamy	3 (3.4)	3 (3.4)	12 (10.0)	5 (4.2)
Ever taken alcohol				
Yes	5 (4.7)	7 (6.5)	11 (11.7)	6 (6.4)
No	3 (2.2)	4 (2.9)	25 (9.8)	7 (2.7)
Ever Smoked cigarette				
Yes	1 (4.3)	2 (8.7)	2 (28.6)	0 (0.0)
No	7 (3.2)	9 (4.1)	34 (9.9)	13 (3.8)
Had friend of opposite sex				
Yes	8 (3.3)	11 (4.9)	36 (10.7)	13 (3.9)
No	0 (0)	0 (0.0)	0 (0.0)	0 (0.0)
Had fiancé/fiancée				
Yes	3 (3.3)	3 (3.3)	26 (11.2)	9 (3.9)
No	5 (3.2)	8 (5.2)	10 (8.5)	4 (3.4)
Ever had sexual intercourse				
Yes	6 (4.2)	9 (6.3)	23 (12.1)	12 (6.3)**
No	2 (2.0)	2 (2.0)	13 (8.1)	1 (0.6)

** $p < 0.05$, $X^2 = 11.5$, $df = 1$

Prevalence of any form of NCS

Table 4.9 shows those who had ever experienced any form of NCS. Two hundred and seventy eight (46.8%) reported ever experienced a least form of NCS (See Fig 4.2). There was a significant difference in the report of the experience of NCS (females 51.7% versus male 39.8%) between the sexes. When the ages of the students were compared, it was found that the reported prevalence was highest among the students in age group 16 – 20 years. However, there was no significant relationship between age of the respondents and the experience of NCS.

When the level of study was compared, although the reported prevalence was highest among second year (ND2) students, there was no significant relationship. Those who had ever drunk alcohol significantly reported experience of NCS than those who had never ($p = 0.00$). Also, those who had ever smoked cigarette ($p = 0.004$) and those who had ever had sexual intercourse ($p = 0.009$) significantly reported the experience than those who had never. Likewise, those who had friends of opposite sex also, significantly reported the experience than those who did not have such friends ($p = 0.003$). When the type of family background was compared, the reported prevalence was higher among those who came from polygamous family but there was no significant association.

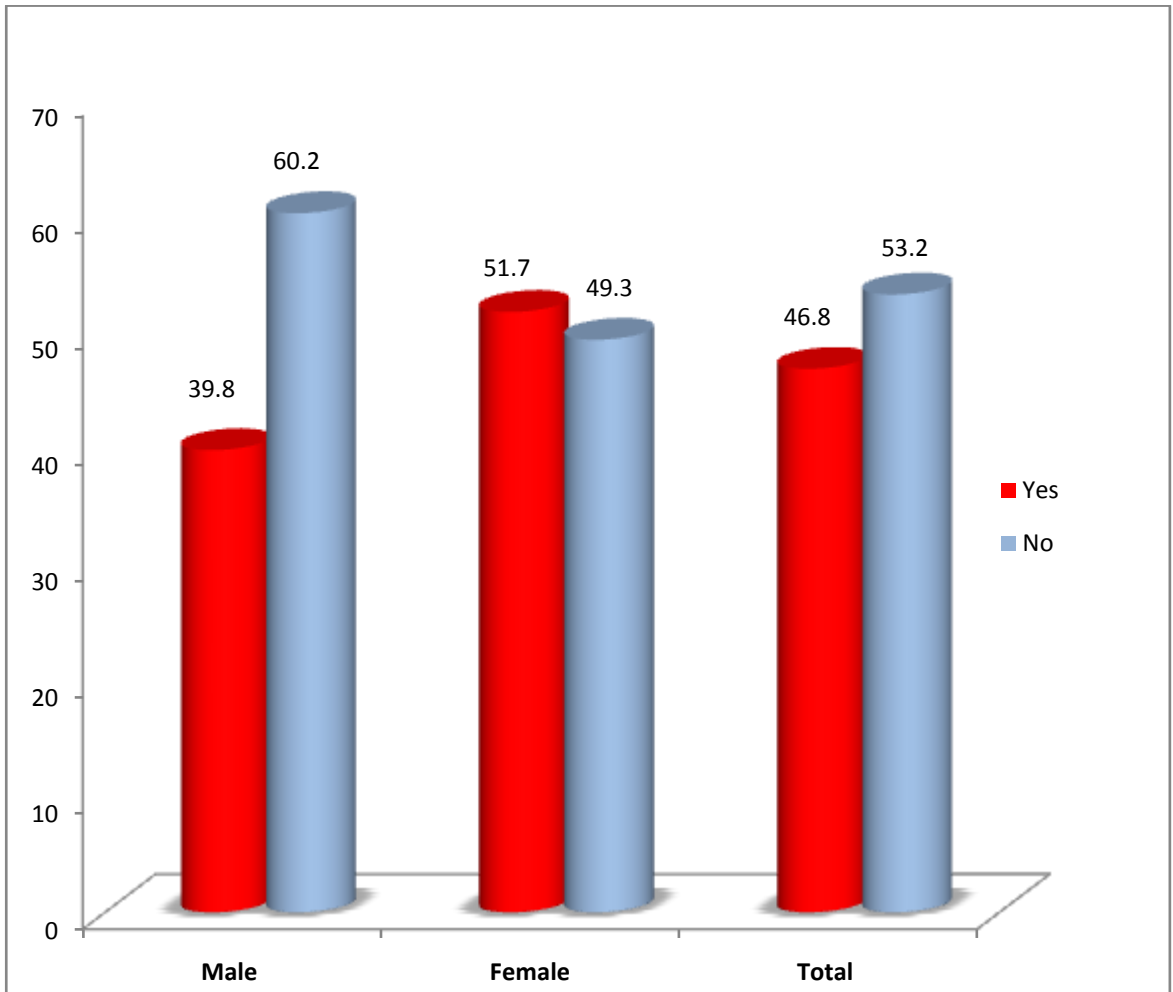


Fig 4.2: Lifetime prevalence of any form of NCS

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Table 4.9: Lifetime prevalence of any form of NCS by socio-demographic variables

(N=594)

Variables	Ever experienced at least a form of NCS		X ²	p-value
	Yes n (%)	No n (%)		
Age (in years)				
16-20	81 (49.4)	83 (50.6)	1.162	0.76
21-25	147 (45.1)	179 (54.9)		
26-30	49 (48.5)	52 (51.5)		
31-35	1 (33.3)	2 (66.7)		
Sex			8.26	0.004
Male	97 (39.8)	147 (60.2)		
female	181 (51.7)	169 (48.3)		
Religion			2.54	0.28
Christianity	186 (47.3)	207 (52.7)		
Islam	88 (44.9)	108 (55.1)		
Traditional	4 (80.0)	1 (20.0)		
Level of study			3.17	0.37
ND1	92 (45.5)	110 (54.5)		
ND2	76 (51.4)	72 (48.6)		
HND1	57 (41.6)	80 (58.4)		
HND2	53 (49.5)	50 (50.5)		
Family origin			0.21	0.65
Monogamy	178 (46.1)	208 (53.9)		
Polygamy	100 (48.1)	108 (51.9)		
Ever taken alcohol			13.2	0.00
Yes	115 (57.2)	86 (42.8)		
No	163 (41.5)	230 (58.5)		
Ever Smoked cigarette			6.83	0.009
Yes	21 (70.0)	9 (30.0)		
No	257 (45.5)	307 (54.4)		
Had friend of opposite sex			8.56	0.003
Yes	270 (48.3)	289 (51.7)		
No	8 (22.9)	27 (77.1)		
Had fiancé/fiancée			3.48	0.062
Yes	162 (50.3)	160 (49.7)		
No	116 (42.6)	156 (57.4)		
Ever had sex			8.075	0.004
Yes	173 (62.2)	160 (48.0)		
No	105 (40.2)	156 (59.8)		
Total	278 (46.8)	316 (53.2)		

Multivariate logistic regression

Table 4.10 shows the result from the logistic regression. Those who had ever drunk alcohol (odd ratio [OR] = 1.7, $p = 0.005$) and those who had a friend of opposite sex (OR = 2.4, $p = 0.04$) were significantly more likely to report the experience of NCS. Females were two times more likely to have ever experienced any form of NCS than males ($p = 0.00$).

Table 4.10: Multivariate logistic regression of socio-demographic characteristics on ever experienced any form of NCS

	Odds ratio (95% CI)	p-value
Sex		
Male	1.00	P = 0.00
Female	1.9 (1.34 – 2.72)	
Ever taken alcohol		
No (reference)	1.00	p = 0.005
Yes	1.7 (1.17– 2.52)	
Ever Smoked cigarette		
No (reference)	1.00	p = 0.053
Yes	2.3 (0.99 – 5.50)	
Had a friend of opposite sex		
No(reference)	1.00	p = 0.04
Yes	2.4(1.04 – 5.52)	
Ever had sex		
No (reference)	1.00	p = 0.12
Yes	1.3 (0.93 – 1.87)	

Reported prevalence of any form of NCS during the six months preceding the study

Thirty three percent of the respondents reported at least a form of NCS during the six months preceding the study. From table 4.11, it can be seen that there was no significant relationship between the reported experience of NCS during the six months preceding the study and sex of the respondents. However, those who had ever drunk alcohol, ever smoked cigarette, had a friend of opposite sex and ever had sexual intercourse were more likely to report the experience ($p < 0.05$).

Table 4.11: Reported prevalence of NCS in the six months preceding the study by some selected demographic variables (N = 594)

Variables	Experienced any form NCS during the six months preceding the study		X ²	p-value
	Yes n (%)	No n (%)		
Sex				
Male	75 (30.7)	169 (69.3)	0.96	0.328
female	121 (34.6)	229 (65.4)		
Level of study				
ND1	69 (34.2)	133 (65.8)	4.1	0.25
ND2	56 (37.8)	92 (62.2)		
HND1	43 (31.4)	94 (68.6)		
HND2	28 (26.2)	79 (73.8)		
Ever taken alcohol				
Yes	85 (42.3)	116 (57.7)	11.86	0.001
No	11 (28.2)	282 (71.8)		
Ever smoke cigarette alcohol				
Yes	15 (50)	15 (50)	4.13	0.042
No	181 (32.1)	383 (67.9)		
Had friend of opposite sex				
Yes	194 (34.7)	365(65.3)	12.52	0.00
No	2 (5.7)	33 (94.3)		
Had fiancé/fiancée				
Yes	115 (35.7)	207 (64.3)	2.35	0.125
No	81 (29.8)	191 (70.2)		
Ever had sexual intercourse				
Yes	127 (38.1)	206 (61.9)	9.06	0.003
No	69 (26.4)	192 (73.6)		
Total	196 (33)	398 (67)		

Multivariate logistic regression

The results from the logistic regression (see Table 4.12) revealed that those who had ever consumed alcohol (odd ratio [OR] = 1.51, $p = 0.034$) and those who had a friend of opposite sex (OR = 7.46, $p = 0.007$) were significantly more likely to report the experience of NCS.

Table 4.12: Multivariate logistic regression of socio-demographic characteristics on experience of any form of NCS during six months preceding the study

Variables	Odds ratio (95% CI)	p-value
Ever taken alcohol		
No (reference)	1.00	$p = 0.034$
Yes	1.51(1.03 – 2.23)	
Ever Smoked cigarette		
No (reference)	1.00	$p = 0.32$
Yes	1.49 (0.68 – 3.29)	
Had a friend of opposite sex		
No(reference)	1.00	$p = 0.007$
Yes	7.46 (1.75 – 31.8)	
Ever had sexual intercourse		
No (reference)	1.00	$p = 0.075$
Yes	1.40 (0.97 – 2.03)	

Hypotheses testing

Hypothesis 1: There is no significant relationship between reported experiences of NCS and the sex of the respondents.

Table 4.13: Hypothesis 1

		Ever experienced any form of NCS		
		Yes	No	Total
Sex of the respondents	Male	97 (39.8)	147 (60.2)	244 (41.1)
	Female	181 (51.7)	169 (48.3)	350 (58.9)
Total		278 (46.8)	316 (53.2)	594 (100)

$X^2 = 8.26, p = 0.004, df = 1$

There was a significant relationship between reported experiences of NCS and the sex of the respondents ($p < 0.05$). The null hypothesis was therefore rejected.

Hypothesis 2: There is no significant relationship between reported experiences of NCS and the age of the respondents.

Table 4.14: Hypothesis 2

		Ever experienced any form of NCS		
		Yes	No	Total
Age group	16-20	81 (49.4)	83 (50.6)	164 (27.6)
	21-25	147 (45.1)	179 (54.9)	326 (54.9)
	26-30	49 (48.5)	52 (51.5)	101 (17.0)
	31-35	1 (33.3)	2 (66.7)	3 (0.5)
Total		278 (46.8)	316 (53.2)	594 (100)

$X^2 = 1.162, p = 0.76, df = 3$

There was no significant relationship between reported experiences of NCS and age [group] of the respondents ($p > 0.05$). The null hypothesis was therefore accepted.

Hypothesis 3: There is no significant relationship between reported experiences of NCS and the level of study of the respondents.

Table 4.15: Hypothesis 3

		Experienced any form of NCS during the six months preceding the study		
		Yes	No	Total
Level of study	ND1	92 (45.5)	110 (54.5)	202 (34.0)
	ND2	76 (51.4)	72 (48.6)	148 (24.9)
	HND1	57 (41.6)	80 (58.4)	137 (23.1)
	HND2	53 (49.5)	54 (50.5)	107 (18.0)
Total		278 (46.8)	316 (53.2)	594 (100)

$X^2 = 3.16, p=0.37, df=3$

There was no significant relationship between reported experiences of NCS and level of study of the respondents ($p>0.05$). The null hypothesis was therefore accepted

Hypothesis 4: There is no significant relationship between reported experiences of NCS and cigarette smoking habit of the respondents.

Table 4.16: Hypothesis 4

		Experienced any form of NCS during the six months preceding the study		
		Yes	No	Total
Currently smoking cigarette	Yes	4 (80.0)	1 (20.0)	5 (0.8)
	No	192 (32.6)	397 (67.4)	589 (99.2)
Total		196 (33.0)	398 (67.0)	594 (100)

$X^2 = 5.04, p=0.025, df=1$

There was a significant relationship between reported experiences of NCS and cigarette smoking habit of the respondents ($p < 0.05$). The null hypothesis was therefore rejected.

Hypothesis 5: There is no significant relationship between reported experiences of NCS and alcohol consumption habit of the respondents.

Table 4.17: Hypothesis 5

		Experienced any form of NCS during the six months preceding the study		
		Yes	No	Total
Currently consuming alcohol	Yes	25 (46.3)	29 (53.7)	54 (9.1)
	No	171 (31.7)	230 (68.3)	540 (90.9)
Total		196 (33.0)	398 (67)	594 (100)

$X^2=4.75$, $p=0.029$, $df=1$

There was a significant relationship between reported experiences of NCS (during the six months preceding the study) and alcohol consumption habit of the respondents ($p<0.05$). The null hypothesis was therefore rejected.

Hypothesis 6: There is no significant relationship between reported experiences of NCS and relationship status of the respondents.

Table 4.18: Hypothesis 6

		Experienced any form of NCS during the six months preceding the study		
		Yes	No	Total
Currently having friend of the opposite sex	Yes	194 (34.7)	365 (65.3)	559 (94.1)
	No	2 (5.7)	33 (94.3)	35 (5.9)
Total		196 (33.0)	396 (67.0)	594 (100)

$X^2=12.5$, $p=0.00$, $df=1$

There was a significant relationship between reported experiences of NCS and relationship status of the respondents ($p<0.001$). The null hypothesis was therefore rejected.

Hypothesis 7: There is no significant relationship between reported experiences of NCS during the six months preceding the study and sexual experience of the respondents.

Table 4.19: Hypothesis 7

		Experienced any form of NCS during the six months preceding the study		
		Yes	No	Total
Ever experience sexual intercourse	Yes	127 (38.1)	206 (61.9)	333 (56.1)
	No	69 (26.4)	192 (73.6)	261 (43.9)
Total		196 (33.0)	398 (67.0)	594 (100)

$X^2=9.1$, $p=0.003$, $df=1$

There was a significant relationship between reported experiences of NCS during the six months preceding the study and lifetime sexual experience of the respondents ($p<0.05$).

The null hypothesis was therefore rejected

Reported perpetrators among those who experienced NCS

Most of the perpetrators reported were all acquainted with their victims. The major reported perpetrators of NCS were friends of the opposite sex. However, male friends were the major perpetrators in both sexes for forced viewing of pornography (See figure 4.3 – 4.11).

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N (Female victims) = 107
N (Male victims) = 50

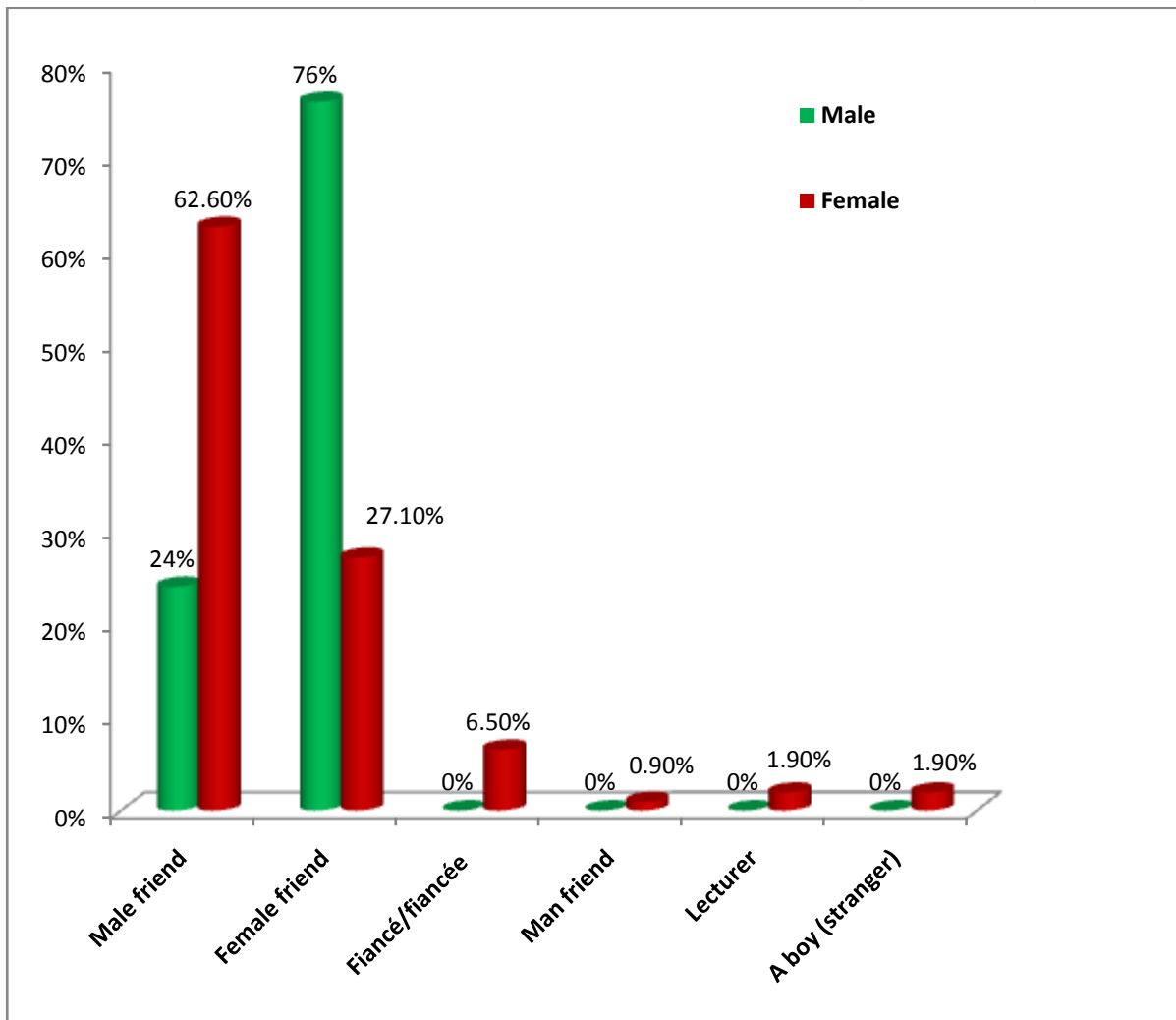


Fig 4.3: Perpetrators of unwanted touch of breast or back side

N (Female victims) = 17
N (Male victims) = 26

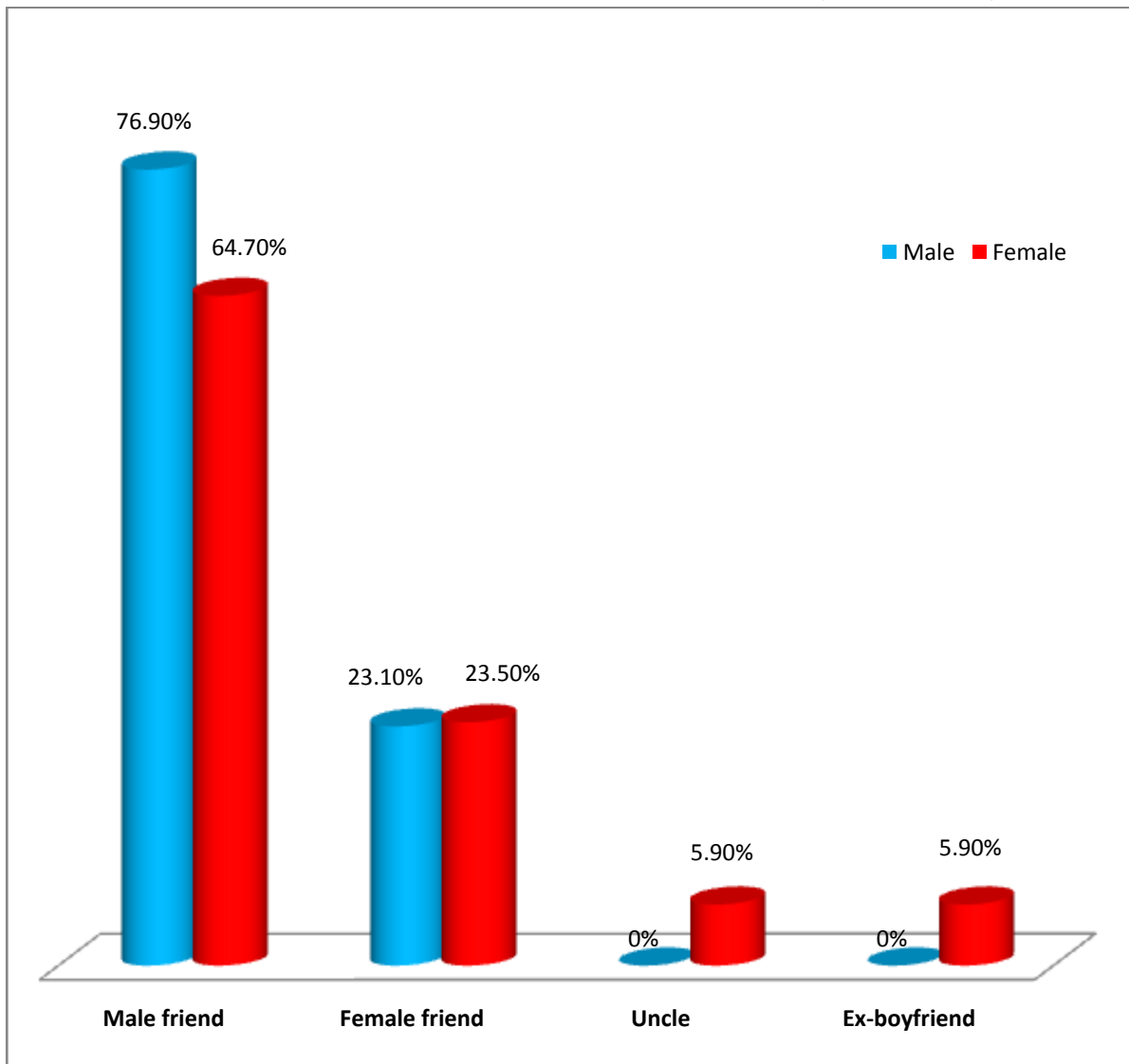


Fig 4.4: Perpetrators of forced viewing of pornography

N (Female victims) = 79

N (Male victims) = 43

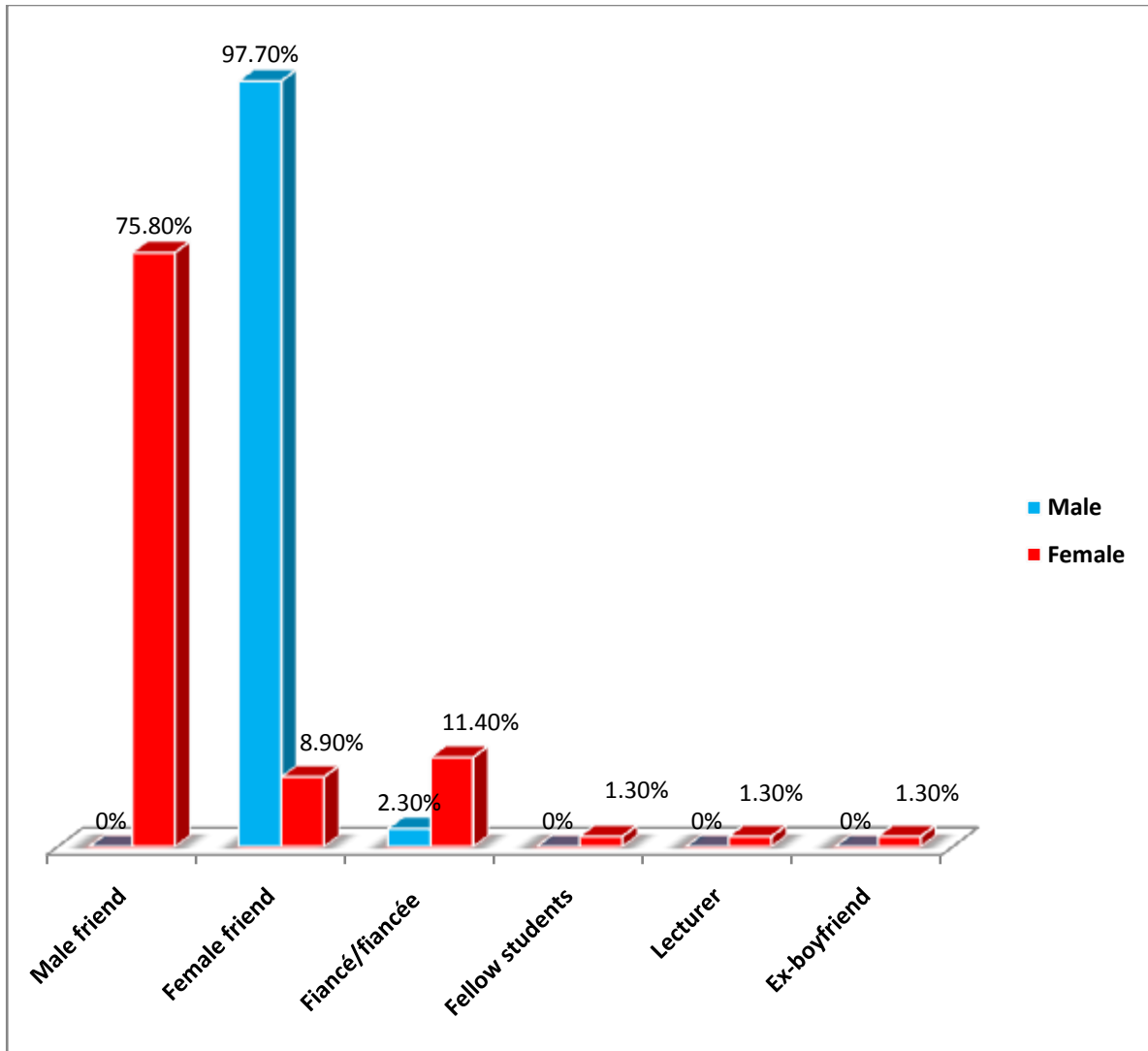


Fig 4.5: Perpetrators of unwanted kiss

N (Female victims) = 27
N (Male victims) = 22

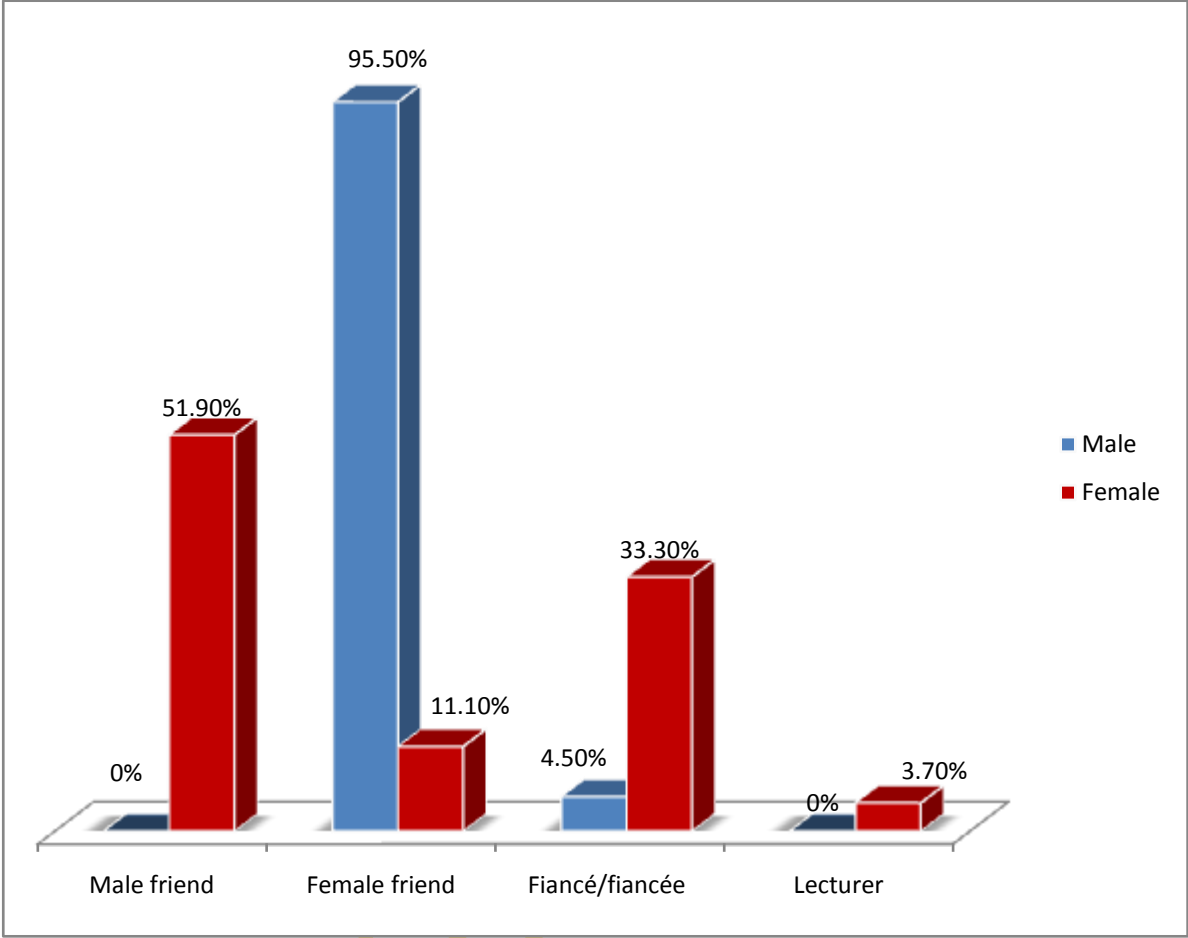


Fig 4.6: Perpetrators of forcible performance of unwanted sexual act(s)

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N (Female victims) = 77

N (Male victims) = 36

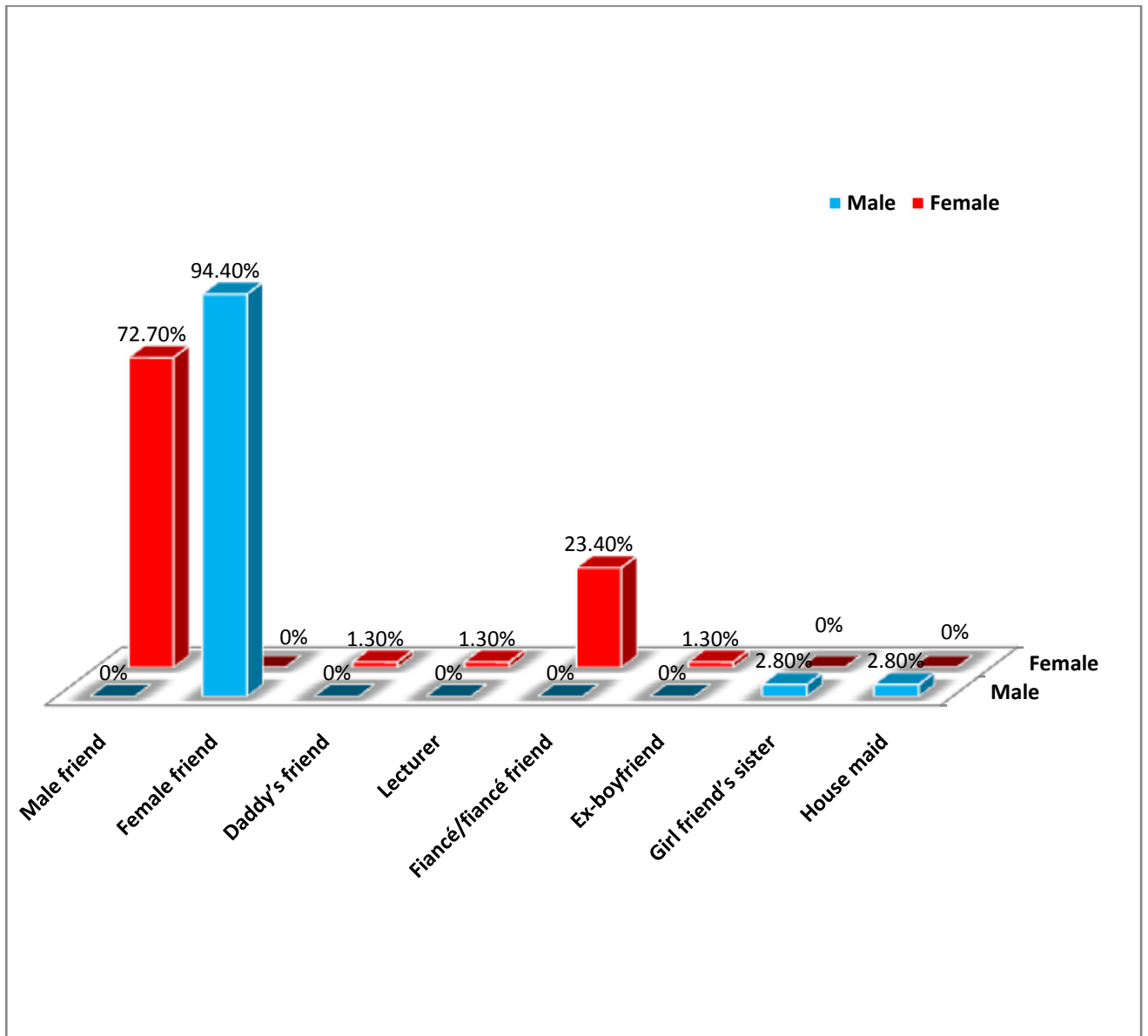


Fig 4.7: Perpetrators of insistence on having sexual intercourse

N (Female victims) = 4
N (Male victims) = 3

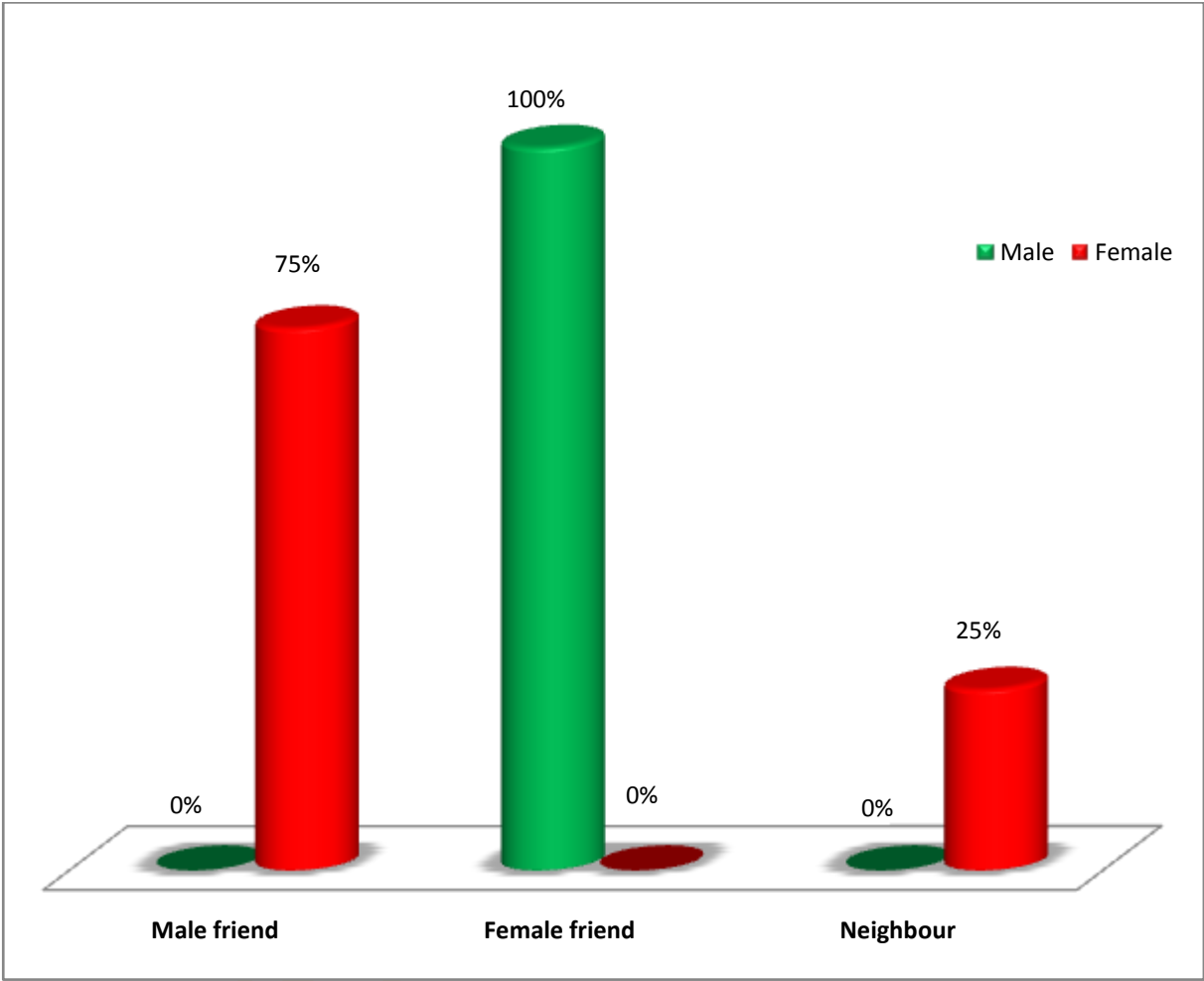


Fig 4.8: Perpetrators of being charmed to have sexual intercourse

N (Female victims) = 3
N (Male victims) = 3

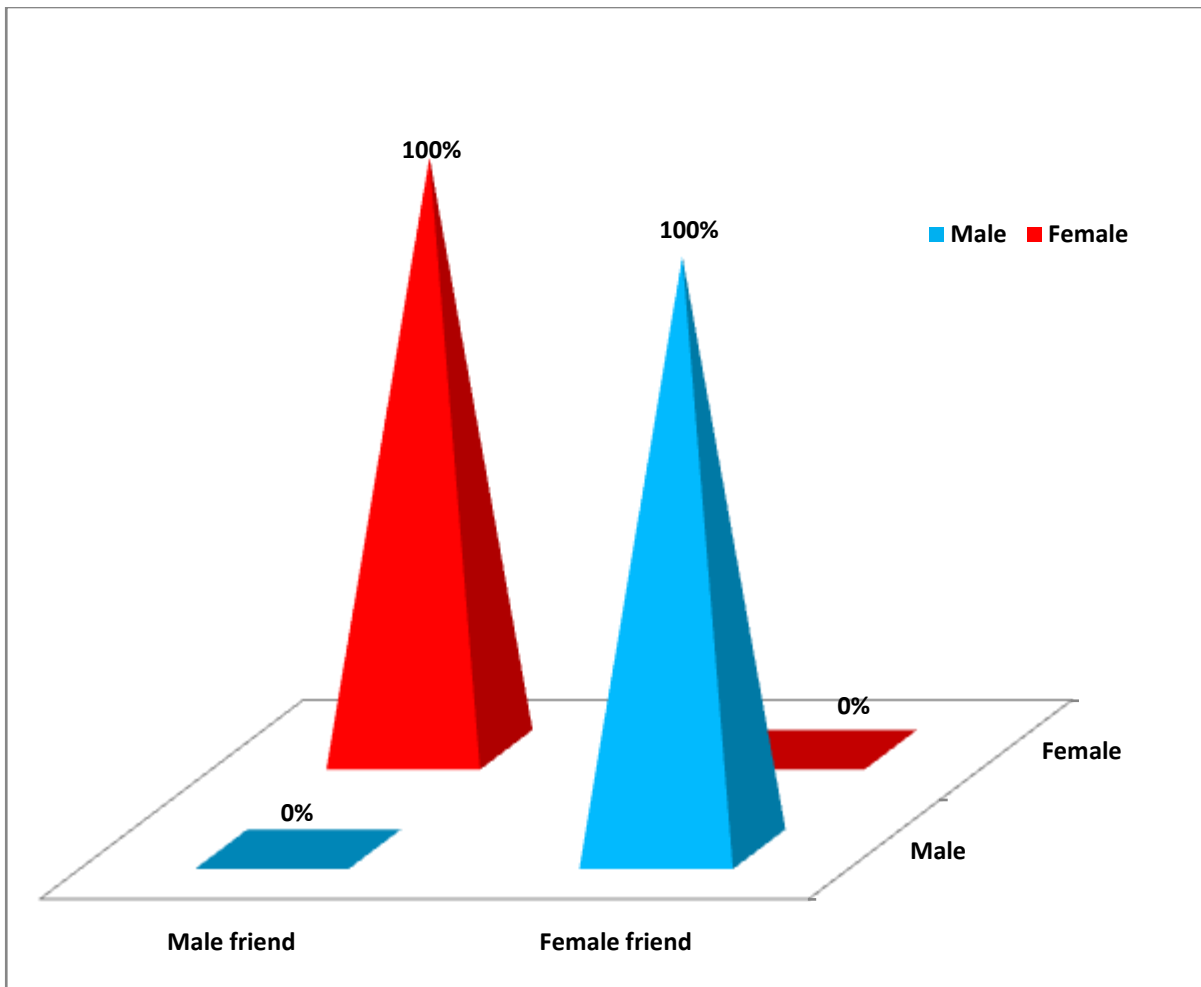


Fig 4.9: Perpetrators of being drugged to have sexual intercourse

N (Female victims) = 7

N (Male victims) = 4

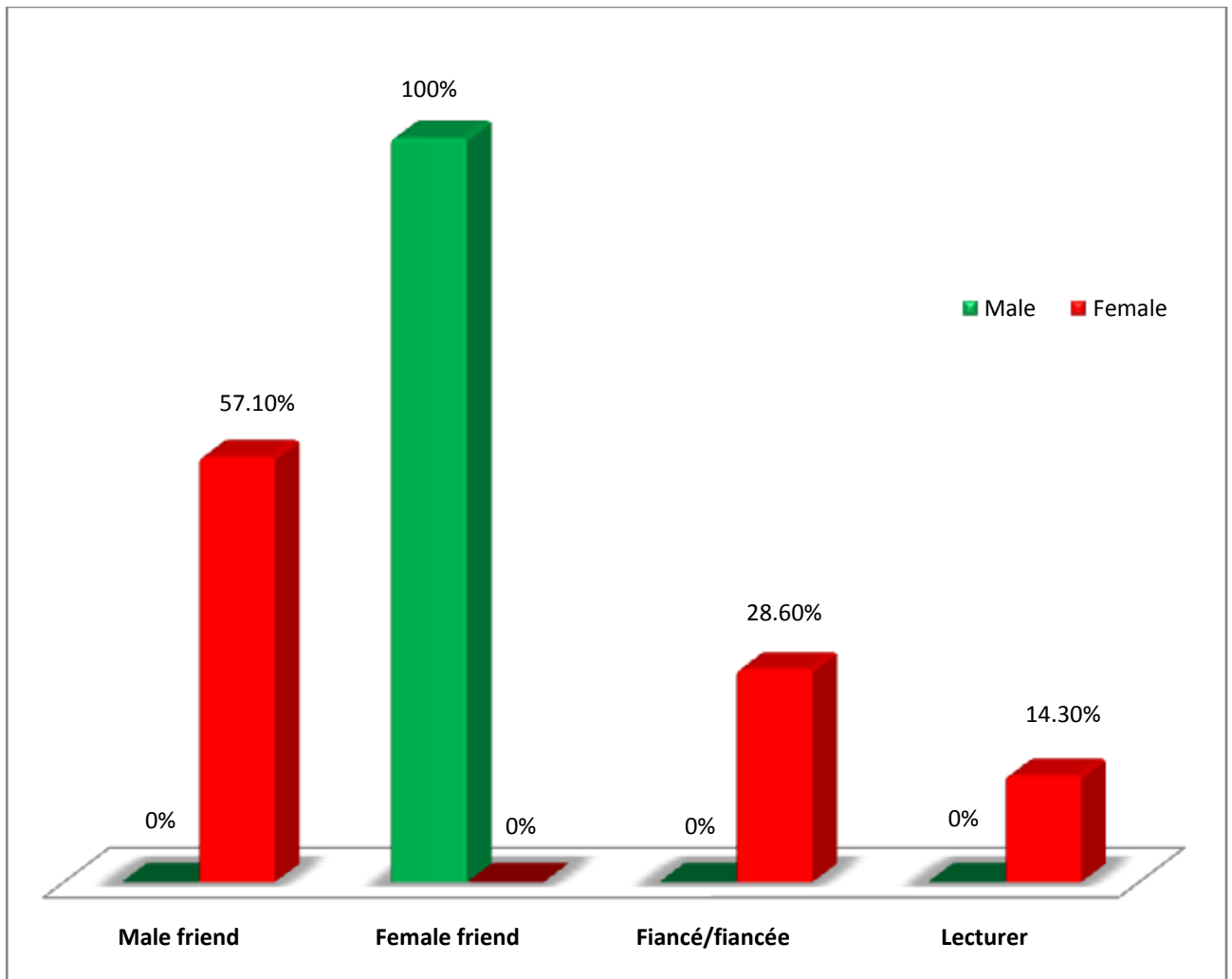


Fig 4.10: Perpetrators of the exchange of gift, money or mark for sexual intercourse

N (Female victims) = 66

N (Male victims) = 17

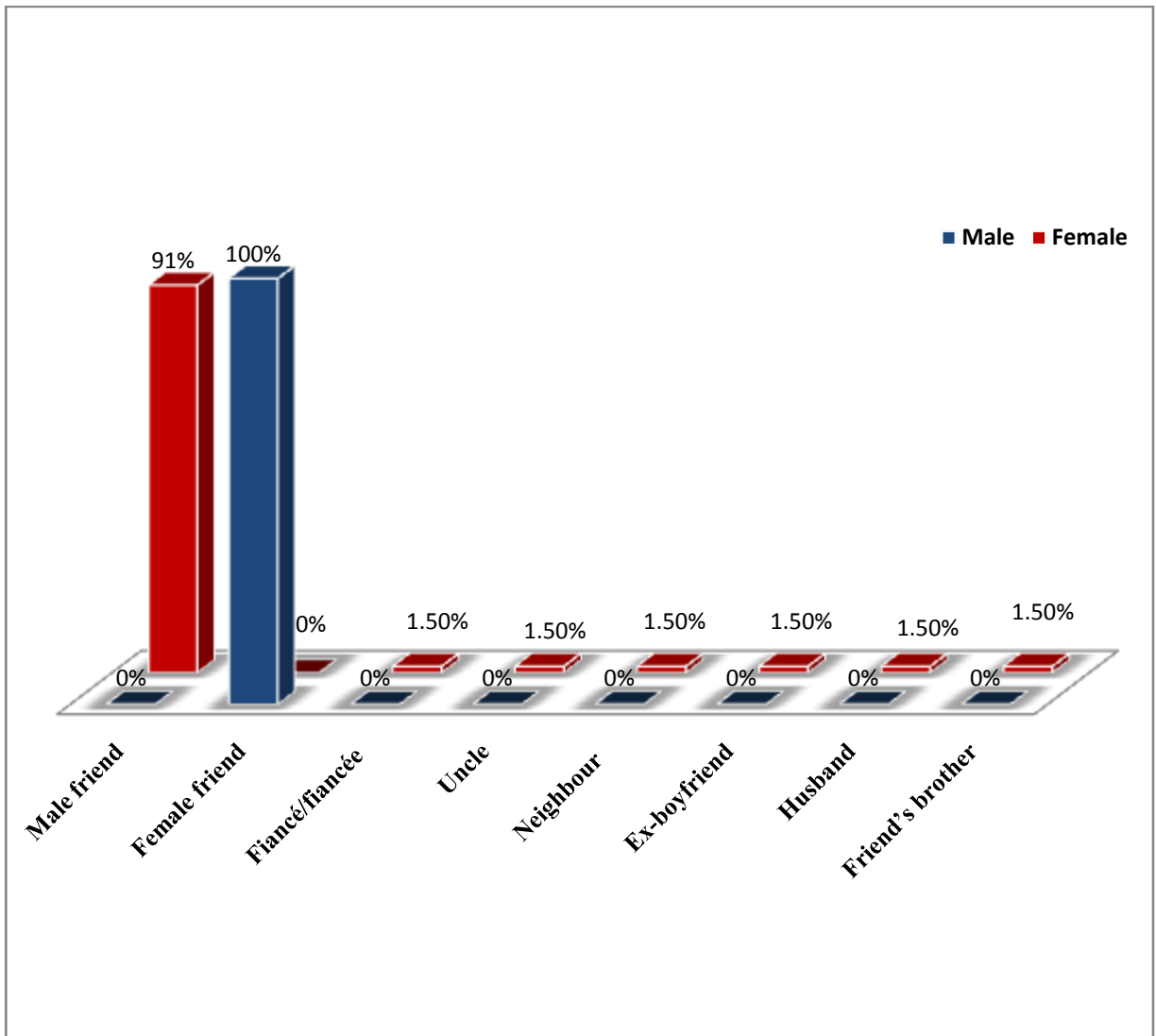


Fig 4.11: Perpetrators of attempted rape

N (Female victims) = 21

N (Male victims) = 13

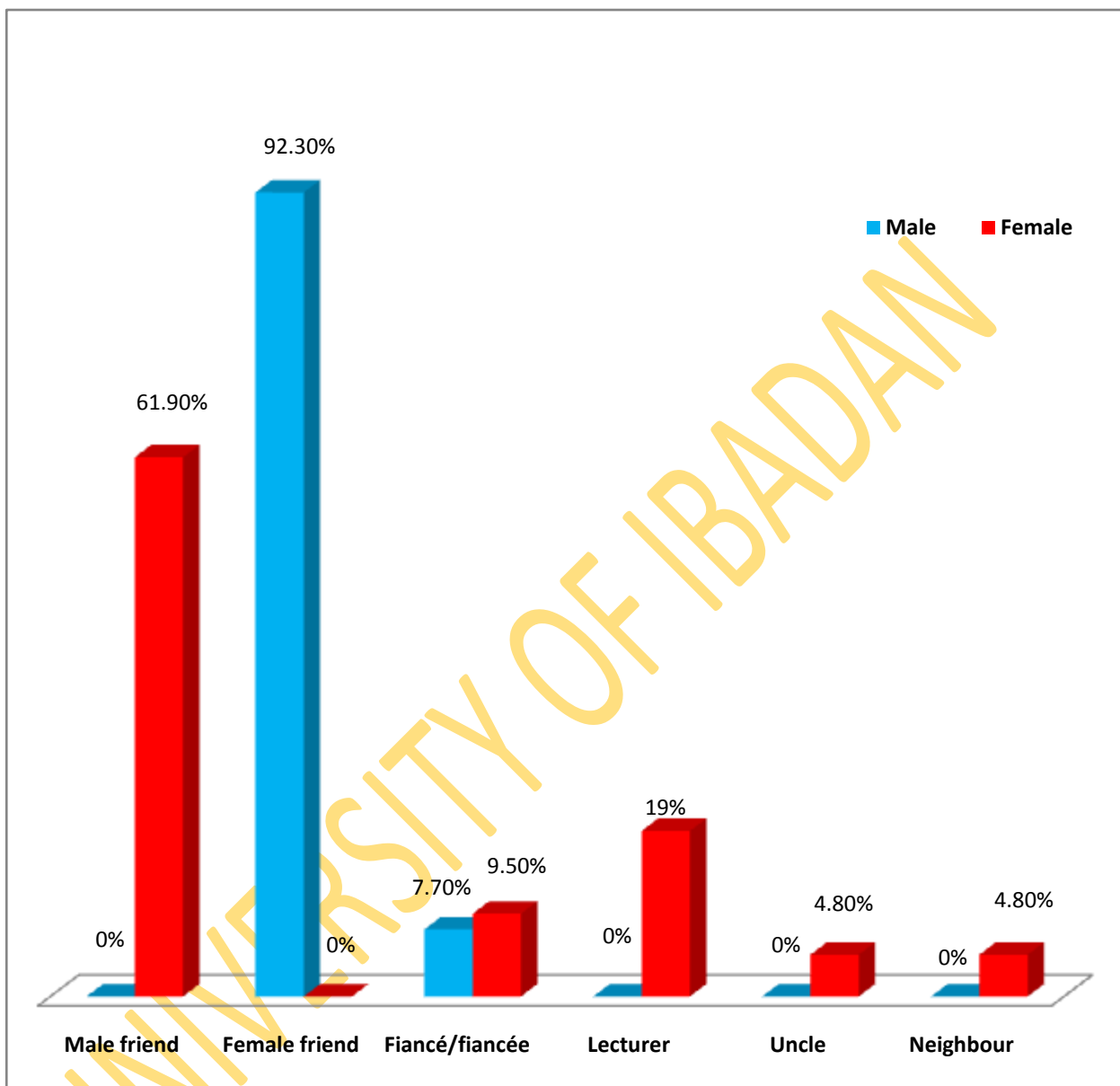


Fig 4.12: Perpetrators of rape

IN-DEPTH INTERVIEW ON THE EXPERIENCE OF ATTEMPTED RAPE AND RAPE

Attempted rape

Seven out of the victims of attempted rape were interviewed and the interview consisted of two males and five females. Table 4.20 shows a brief profile of the victims and their experiences.

Table 4.20: Summary data on victims of NCS (attempted rape)

*Name	Sex/Age	Sex of the perpetrator and relationship with the victim	Settings of where it occurred	How the victim escaped	Help-seeking behavior
1. Kole	Male, 21	Female, Neighbor	Victim's residence	Quickly left the room after pleading	Reported to the parents of the perpetrator
2. Kola	Male, 23	Female, Course mate	Perpetrators residence	Deceived the perpetrator and left the room	Did not seek help
3. Bunmi	Female, 18	Male, Dad's friend	Victims residence	screamed, neighbors came to rescue	Did not seek help
4. Bukola	Female, 24	Male, Fiancé friend	Fiancé residence	Shouted on the perpetrators	Reported to the fiancé
5. Elizabeth	Female, 25	Male friend's friend	perpetrators residence	Bite the perpetrator deeply and also screamed.	Did not seek help
6. Joy	Female, 20	Male, friend's brother.	Lonely place	Bite the perpetrator and fought with him	Self medication and treatment for bruises sustained, reported only to a friend
7. Blessing	Female, 24	Male, Brother's friend	Victims residence	Crying, shouting, brother's rescue.	Reported to parents

*Not real name

Rape

Seven out of the victims of rape were interviewed. The interview consisted of two males and five females. Table 4.21 shows a brief profile of the victims and their experiences.

Table 4.21: Summary data on victims of NCS (rape)

*Name	Brief profile of the victim	Sex of the perpetrator and relationship with the victim	Settings of rape occurrence	Method employed by the perpetrator	Help-seeking behaviour	Consequence
1 Segun	Male, 24 years old	Female, class mate	Perpetrator's residence	Deception	Consulted a spiritual father	Nightmares, psychologically disturbance.
2 Sunday	Male, 24 years old	Female, neighbor	Victims residence	Verbal intimidation, threat (nakedness)	Reported to sister; a nurse for medical check.	No consequence
3 Tomi	Female, 20 years old	Male, family friend	Victim's residence	Physical force	Did not seek help	Psychological disturbances, breakup the relationship
4 Ruth	Female, 20 years old	Male, Lecturer	Perpetrator's office	Physical force, threat (verbal)	Did not report, visited a patent medicine seller	Psychological disturbances, pain, vagina bled, breakup the relationship
5 Taiwo	Female, 25 years old	Boy friend	Perpetrator's residence	Physical force	Did not seek help	Sadness, lost virginity, pregnancy, gave birth to a baby boy
6 Dolapo	Female, 25 years old	Boy friend	Perpetrator's residence	Physical force	Did not seek help, but told a close friend	Lost virginity
7 Tope	Female, 19 years old	Boy friend	Perpetrator's residence	Physical force	Did not seek help	Lost virginity, felt discouraged in having affairs with males.

*Not real name

Context of rape and attempted rape

Narratives of interviewees suggested some common themes. Firstly, situational context in which rape or attempted rape occurs varies between the sexes. Female experiences of rape or attempted rape often involve physical force from their perpetrator. However, male experiences are different because perpetrator (female) only employs some forms of deceptions or threats which could be verbal or use of nudity.

Secondly, a male could succumb to female's threat for sexual intercourse if he feels that she could implicate him if he refused. Thirdly, rape has serious impacts on the victims; this may be psychological, spiritual, physical or social. Lastly, means of escape adopted by survivors of attempted rape vary between the sexes.

1. Situational context in which rape or attempted rape occurs varies between the sexes

Most of the female rape and attempted rape victims reported that their perpetrator used physical force on them, even some of them reported that both of them fought during the incident. This is illustrated, for example in the story narrated by Joy, 20 years old whom a friend's brother attempted to rape.

It was my friend's brother that did it to me; he was actually like a brother to me. One day, I was going somewhere when I saw him on the road; he said it seems we were going the same direction and that we should go together. We trekked for about 10 minutes and later branched at a cyber café. He said he wanted to see someone there, I agreed but on a condition that he won't stay long. But on getting there, the cyber café turn into a living house. Inside the house, I met a lady and four guys watching film and he asked me to follow him into a room. When we got there, before I knew what was happening, he had already locked the door. He said someone raped his girl friend and he was in the mood to have sexual intercourse. We started arguing and he beat hell out of me. Although I was really beaten, I still insisted that I will not have sexual intercourse with him. He eventually removed his penis and started rubbing it with his hand and I was also begging him. While we were fighting he gave me a blow on my hand and I bite his chest; the cut was very deep. It pained him so much that he couldn't do anything and that what was calmed him

down. He requested me to swear that I will not tell his dad and my mum, including my friend. I said I won't tell anybody. He later opened the door for me and I left.

A similar experience was narrated by Elizabeth, a 25-year-old female whom a friend (a male) to her boy friend attempted to rape.

It happened that I went to a friend's (a male) house. Unfortunately I did not meet him but I met a guy in his room. That was my first time of seeing the guy. He told me that my friend was not around. He said my friend has told him that should wait for him when I come around. I waited there for about 2 hours. I waited to that much because the guy persuaded me not to leave. He entertained me with a film which kept me so busy; I watched it till around 6:30pm. It was almost getting dark and I told him I wanted to leave, but he said I should still wait more. He later went out; by the time he came back, one thing I noticed was that he locked the door; that was when I suspected the guy. He suddenly jumped on me and wanted to have sexual intercourse with me. I screamed and bite him deeply. Although people could not hear my voice because the sound of the music he was playing was very loud but I later escaped.

A similar experienced was also narrated by Tope, 19 years old who was raped by her boy friend.

I went to my boy friend's place which was my first time. When were playing, his mood changed and I realised he wanted to have sexual intercourse with me. I refuse because I was still a virgin. We stated fighting but he was using force on me. I was weak because he was more powerful than I. He later succeeded in forcing me to have sexual intercourse with him. And after that he begged me and said he had no idea I was still a virgin.

Males however narrated their experiences in a different manner; they reported that their perpetrator (female) employed some forms of deceptions or threats which could be verbal or use of nudity, hugging or kissing. This was illustrated, for example in the story narrated by Kola, 23 years old whom a lady - course mate attempted to rape in the Polytechnic.

I had a course mate who loved me and cared so much for me. I felt she has a kind of affection for me and wanted to make love with me. One day, she called me to come and play with her in her room but I didn't go on that day. But I promised to pay her a visit on the following day. When I got there, she cooked some food, and after I ate we started discussing about our past experiences. She talked about her ex-boy friend on how the guy treated her. After some time I was feeling sleepy and she said I could sleep on her bed. I later decided I wanted to go but she said I should play with her a little. She said she loved me and she doesn't want to leave or lose me. Although I told her that if she wants to have any relationship with that I would propose to her. She started removing her cloth, including her trousers in my presence and she said I should kiss her before I leave. She locked the door and started hugging and kissing me. I just dropped my phone and bag and told her that I wanted to "ease" myself. She said I was deceiving her that I wanted to leave stylishly. I made her to understand I would not go since I have already dropped my phone and bag. After getting outside, I told her that he should bring my phone and bag to the class. That was how I escaped. She later stopped playing with me.

A similar experience was narrated by Segun, 24 years old who was raped by his class mate (a lady).

When I was in ND2 (now in HND1) a lady in my class asked me of a text book which I gave to her. She later told me to come and collect it in her room when I was urgently in need of it in preparation for a test. On getting to her room, she has planned another thing for me. She placed the book at the extreme end of her room; it was a very small room. She told me to go and take book there myself. I went there to take it (laugh) ... hmm... that was the only thing I could remember before it all happened. I guessed she deceived me and used charm on me to have sexual intercourse with her.

Another respondent, Kole, 21 years old narrated his experience:

It all happened about 6 months ago in my house (off campus) when a lady; Seun, a daughter of my landlord attempted to rape me. She used to come to my room for academic help; I took her some courses in preparation for her SSCE exam. I used to teach her Mathematics. One day she came to my room to appreciate me for helping her because she was very happy that she passed all the subjects she sat for. Although she has been coming to me several times before that particular day, when she comes around, she always want me to be touching her sexually. On that particular day, she brought along some beverages and still wanted me to touch her sexually. Because I was not doing what she wanted, she said “are you a kid?” And I said I can’t understand what she was saying. She quickly removed her cloth (because she wearing a night gown) and what remained was just ordinary pant. I pleaded with her not to force me into sexual intercourse and I quickly left my room for her.

2. A male could succumb to female’s threat for sex if he feels that she could implicate him if he refuses.

This was evident in Sunday’s narrative, a 24 years old boy raped by a neighbor (girl). His story also suggests that someone who had once experienced rape may subsequently give in for sex easily when threatened by a perpetrator. During his narration, Sunday said sexual intercourse was not new to him because he was deflowered by a girl in a night party during his first year in Senior Secondary School (SSS1)

It happened sometimes times ago when I travelled to Lagos, I stayed in my Aunt’s place. There was a girl there staying in these same compound with my sister. Most of the time, she used to come around into our own apartment. She always ‘does somehow to me’, for example she may lie on me on the rug when when nobody was around. When I asked her why she liked to do such to me, she said it was just normal greetings. She also said she would like to hug me all the time.

One day, she told me she wanted something 'stronger' than what they were having then ... our relationship. She said she wished am her boyfriend and that she was in love with me. She came to our house one day, although my sister was at the backyard. I was in the room, so she came directly into the room to meet me but I did not know that anybody entered. She started some unnecessary talk that she has been feeling somehow since morning. She said she felt like having sexual intercourse. I asked her that with whom she wanted to have the sexual intercourse and besides, I said "'don't you have a boy friend?" She said she would shout if did not have sexual intercourse with her. She said she would tell people that I wanted to forcefully have sexual intercourse with her. She got naked and met me on the bed. She said she would implicate me if I did anything funny. I told her to go out to a brothel if she must have sexual intercourse. She shouted "EGBA MI" (rescue me). I was afraid because if my sister could hear her voice, she would have thought I was the one who wanted to have sexual intercourse with her by force and she would report me to my mother. She said "OYA" (let's start). I later decided it is better to have sexual intercourse with her rather to be implicated. Also, sexual intercourse is not a new thing to me because I was deflowered by a girl in a night party when I was in SSSI.

3. Rape has serious negative impacts on the victims

Some of the victims reported virginity loss, bruises, bleeding, psychological disturbances and nightmares. This is evident, for example in the story narrated by Ruth, 20 years old who was raped by her Geology lecturer in the office.

It happened that day; it was last year November (2009). Ever before then, our Geology lecturer always disturbs me. He said he liked me and that I should come and see him in his office. He came to class one day to collect the assignment he gave to us. He refused to collect my own; he said I should bring it to his office. I never expect what happened; I thought he would just be disturbing me so that I can be going out with him. When I got to his office, he stood up and to lock the door. I asked him why? He said

*that I should sleep with him that day. He said it is either that day or never. I started begging him but I did not see any sign in his face that he would accept my plea, I shouted but nobody was around to hear me. He said if I should continue to shout that he would kill me. He held me and started removing my blouse, he removed my trouser and I kept begging him and after that he forced himself into me. Immediately after the incident, I felt bad although that was not the first time I would have sexual intercourse but this one was **highly painful**. He gave me small towel to clean myself **because blood was coming out** and forced me to lie down in his office till evening until he later told me to leave.*

She also reported an anti-social behaviour she adopted after the incident, she said:

“Any time I see the man, (Geology lecturer) I always feel like killing him because the incident always come to my memory, even then, I started carrying a small knife inside my pocket that anytime he tries such with me, I will stab him”

In his narrative, a male interviewee (Segun, 24 years old) who experienced rape said:

“I did not feel happy immediately after the incident because it was not my intention that we should have sexual intercourse. I had bad dreams for a long period of time and it also affected me psychologically because I always wanted to see her alone, no other lady again”

Another experience was also narrated by Taiwo (female), 25 years old, who was raped by her boyfriend when she was in secondary school.

It was very bad experience and that was not my first time. It happened when I was in secondary school. The guy was just my boy friend but the relationship was not serious one. I was still a virgin then. Any time he requested for sexual intercourse, I always tell him to give me time because I was still a still virgin. There was this day I went to visit him with my friend because he told me he was sick. When I got there, he asked why I came with my friend that may be I thought that he was going to have sexual intercourse with me. I told him that was not the reason. We started arguing

and he told my friend to excuse us. She went out because she did not know what was happening. He started unbuttoning my shirt and we were dragging my shirt. But he later successfully removed it because he was older than me and also he was a boxer. After that he raped me. I later told my friend all that happened. It led to breaking up of the relationship. After some weeks, I discovered I was pregnant and gave birth to a baby boy.

She also reported sadness after the incident:

“I was very sad and felt so much embarrassed”

A similar report was also given by another rape victim:

“I was tired and I had no strength. I was crying and I felt very sad” ... By Tope

4. Methods of escape adopted by survivors of attempted rape vary between the sexes.

Almost all the female survivors reported that they screamed, shouted or even got to the extent of biting the perpetrator before they could escape the incidence. However, males reported that they only devised a means of leaving the scene through deception or plea.

Bukola, 24 years old, narrated her experience:

Early this year; (February 2010) I went to my fiancé house in Lagos during his birthday. Something happened later in the night when he went to ease himself; I just found out that someone was making attempt to rape me. Initially, I thought he (my fiancé) was the one. I later discovered that it was a kind of forceful act; I tried to find out with my hand by touching the body of the person. I discovered it was my fiancé’s friend. I shouted his name and the guy ran out. I guess that was why he stood up because he knew my fiancé will come if he hears the shout. I was crying when my fiancé came back and I told him all that happened.

Bumi, 18 years old, also narrated a similar experience.

It happened when I was still very young, then we were living in a five bedroom apartment. My mum went to get some things outside and left me

and my brother at home. She also left the door unlocked. I was sleeping in the room when one of my daddy's friends (an intimate friend) came in. I just discovered the he was trying to pull off my skirt. I woke up and screamed, my neighbor heard my voice and came to my rescue. He tried such for 3 times and wasn't successful. The scary one was when I was 10 years old; I was in secondary school then. The last one was when I was in JSS 3. Then, our shop was very close to his and I had a course to go there on that day. On getting there, he attempted to hold me but that time I had gotten the courage to resist him, I shouted at him that he should never touch me again.

I wasn't the only person the man actually attempted to rape, so I think the man had a problem.

Another respondent (Joy) also said;

"I bite him deeply; I think it was the bite that actually calmed him down"

However, male's report of escape is totally different. In his narrative, Kole said:

"She quickly removed her cloth (because she was wearing a night gown) and what was remained was just ordinary pant. I pleaded with her not to force me into sexual intercourse and I quickly left my room for her.

Kola also gave similar report:

She started removing her cloth, including her trousers in my presence and she said I should kiss her before I leave. She locked the door and started hugging and kissing me. I just dropped my phone and bag and told her and told her that I wanted to "ease" myself. She said I was deceiving her that I wanted to leave stylishly. I made her to understand I would not go since I have already dropped my phone and bag. After getting outside, I told her that he should bring my phone and bag to the class and that was how I escaped.

Efforts to prevent rape adopted by rape survivors

The narratives suggested that victims of rape employed a variety of strategies to prevent the incident but were unsuccessful. The narratives also suggested the unwillingness of the perpetrators to heed these attempts. Here are some reports from the victims;

I said “don’t you have a boyfriend” I also said she should go out to a brothel if she must have sexual intercourse”.

“I warned him and instead of him putting a stop to it, it was getting worse”,

“I started begging him but I did not see any sign in his face that he would accept my plea, I shouted but nobody was around to hear me”,

“I begged him not to do that because I was a still a virgin but he did not

Help-seeking behaviour

Majority of the victims of NCS did not seek help/take any action concerning the experiences/to avert the situation (see Table 4.22 and 4.23).

Table 4.22: Help-seeking behaviour among male victims of NCS

Forms of NCS	Sought help	
	Yes	No
Touch of breast or back side	2 (4.0)	48 (96)
Forced to watch pornography or sexually explicit materials	1 (3.8)	25 (96.2)
Unwanted kiss	5 (11.9)	37 (88.1)
Insistence on having sex	4 (11.1)	32 (88.9)
Charmed to have sexual intercourse	0 (0.0)	3 (100)
Drugged to have sexual intercourse	0 (0.0)	3 (100)
Forced to perform unwanted sexual act(s)	4 (18.2)	18 (81.8)
Received gift, money or marks in exchange for sexual intercourse	0 (0.0)	4 (100)
Forced to have sexual intercourse by someone in position of authority (lecturer)	-	-
Rape attempt	1 (5.9)	16 (94.1)
Rape	2 (15.4)	11 (84.6)

Table 4.23: Help-seeking behaviour among female victims of NCS

Forms of NCS	Sought help	
	Yes	No
Touch of breast or back side	14 (13.1)	93 (86.9)
Forced to watch pornography or sexually explicit materials	2 (11.8)	15 (88.2)
Unwanted kiss	10 (12.5)	70 (87.5)
Insistence on having sexual intercourse	9 (11.7)	68 (88.3)
Charmed to have sexual intercourse	1 (25.0)	3 (75.0)
Drugged to have sexual intercourse	1 (33.3)	2 (66.7)
Forced to perform unwanted sexual act(s)	1 (3.7)	26 (93.3)
Received gift, money or marks for sexual intercourse	1 (14.3)	6 (87.5)
Forced to have sexual intercourse by someone in position of authority (lecturer)	2 (50.0)	2 (50.0)
Rape attempt	7 (10.6)	59 (89.4)
Rape	4 (19.0)	17 (81.0)

Type of help sought/actions taken

Table 4.24a and 4.24b showed the type of health sought/action taken as regards the experience of NCS. The type of help sought/action taken varies with the forms of NCS. It ranged from medical help, to spiritual and even shouting on or warning the perpetrator.

Table 4.24a: Type of help sought/action taken

Type of help sought/action taken	Forms of NCS					
	Touch of breast or back side	Forced viewing of pornography	Attempted rape	Unwanted kiss	Insistence on having sexual intercourse	Charmed to have sexual intercourse
Medical help	-	-	1	-	-	-
Spiritual help	-	-	-	1	1	1
Reported to family members	3	-	1	4	4	-
Counseling	2	-	-	1	-	-
Consulted friend	3	1	1	2	2	-
Reported to school authority/lecturer	-	-	-	1	1	-
Shouted/ran away/warning	8	2	5	6	5	-
TOTAL	16	3	8	15	13	1

Table 4.24b: Type of help sought/action taken

Type of help sought/action taken	Forms of NCS				
	Drugged to have sexual intercourse	Forced to perform unwanted sexual act(s)	Received gift, money or marks for sexual intercourse ever	Forced to have sexual intercourse by someone in position of authority	Rape
Medical help	-	1	-	-	3
Spiritual help	1	-	-	-	1
Counseling	-	-	-	-	1
Reported to family members	-	2	1	-	1
Consulted friend	-	2	-	-	-
Report to school authority/lecturer	-	-	-	1	-
Shouting/run away/warning	-	-	-	1	-
TOTAL	1	5	1	2	6

Outcome of the help sought/action taken

Table 4.25a and 4.25b showed the outcomes of the help sought/action action. Despite the fact that few people sought help/took action, some did not still get positive outcome from the help sought/action taken.

Table 4.25a: Outcome of the help sought

Outcome of the help sought/action taken	Forms of NCS				
	Touch of breast or back side	Forced viewing of pornography	Rape attempt	Unwanted kiss	Insistence on having sexual intercourse
Advice	3	-	2	4	3
Prayer/deliverance	-	-	-	-	1
Avoidance/quit relationship	2	-	-	1	1
People's intervention	-	-	1	3	1
Positive outcome for help sought/actions taken	4	1	3	3	1
No positive outcome for help sought/action taken	7	2	2	4	6
Total	16	3	8	15	13

Table 4.25b: Outcome of the help sought

Outcome of the help sought/action taken	Forms of NCS					
	Charmed to have sexual intercourse	Drugged to have sexual intercourse	Forced to perform unwanted sexual act(s)	Received gift, money or marks for sexual intercourse ever	Forced to have sexual intercourse by someone in position of authority	Rape
Advice	-	1	2	1	-	-
Prayer/deliverance	1	-	-	-	-	1
Medical test/treatment	-	-	1	-	-	3
Perpetrator sacked	-	-	-	-	1	-
No positive outcome	-	-	2	-	1	2
Total	1	1	5	1	2	6

In-depth interview on help-seeking behaviour

In-depth interviews also explored the extent to which rape and attempted rape victims sought help/reported the incident. Findings from this study showed that help-seeking was a rare practice among those who experienced rape, the only person who sought help among female rape victims visited a patent medicine seller to get emergency contraception despite she new well that she was not safe, she only protected herself from unintended pregnancy. She said:

“After the incident, I went to chemist to buy Postinor (emergency contraception), because I knew I was not safe; that was all I did”

Likewise, only one of the two male victims interviewed sought medical help, the second person later sought spiritual help because he was having nightmares. He said:

“I later went to a spiritual father who prayed for me after which those things (bad dreams and psychological disturbances) later stopped”

The main reason why victim of rape did not report the incident or seek help was the shame associated with incident and the fears of disclosure of their secret. One of the victims said she could not tell her father but only asked him some ‘indirect questions’; she said:

“I only told my friend all that happened but I later went to my father to asked some questions indirectly”

Among those who experienced attempted rape, three of the seven victims did not seek help nor reported the incident to anybody. One of them said in her narrative;

“I did not seek any help, I can tell you that this is the first time I am narrating this story”

One of the victims reported to the perpetrator’ parents, one reported it to her own parent and another reported it to her fiancé. One of them practiced self mediation and last one did not also report to anybody, she said;

“I couldn’t go home because my parents will see the bruises, I went to my friend’s place and she bought some drugs from chemists ...so I only told my friend about it”

PERPETRATION OF NCS

A section of the questionnaire elicited the extent to which individual (respondents) have perpetrated NCS in their lifetime and also during the six months preceding the study. The form NCS that has the highest prevalence of perpetration was unwanted touch of breast or backside while the least were being drugged and charmed to have sexual intercourse. Out of all the forms of NCS reported, only three showed that there was a significant difference in the report between the sexes. This included attempted rape, unwanted kiss and insistence on having sexual intercourse (see Table 4.26).

Table 4.26: Respondents as perpetrators of various forms of NCS (Ever happened)

FORMS OF NCS	Male n (%)	Female n (%)	Total N (%)	χ^2	p-value
Unwanted touch of breast or back side	38 (15.6)	49 (14)	87 (14.6)	0.29	0.59
Forced to view pornography or sexually explicit materials	4 (1.6)	3 (0.9)	7 (1.2)	0.76	0.39
Unwanted kiss	35 (14.3)	21 (6.0)	56 (9.4)	11.7	0.001
Insistence on having sexual intercourse	25 (10.2)	9 (2.6)	34 (5.7)	15.7	0.00
Charmed someone to have sexual intercourse	1 (0.4)	2 (0.6)	3 (0.5)	0.075	0.785
Drugged to have sexual intercourse	0 (0.0)	3 (0.9)	3 (0.5)	2.1	0.15
Forced to perform unwanted sexual act(s)	9 (3.7)	5 (1.4)	14 (2.4)	3.19	0.074
Gave gift or money to someone in exchange for sexual intercourse	8 (3.3)	4 (1.1)	12 (2.0)	3.31	0.069
Rape attempt	13 (5.3)	3 (0.9)	16 (2.7)	10.96	0.001
Rape	6 (2.5)	4 (1.1)	10 (1.7)	1.51	0.22
Perpetration of any form of NCS	68 (27.9)	65 (18.6)	133 (22.4)	7.15	0.007

In addition to rape attempt, unwanted kiss and insistence on having sexual intercourse in which there was significant difference among the sexes as regards the life time experience of the respondents (Table 4.26), there was also significant difference in making someone to perform sexual act(s) against wish between the sexes during the six months preceding the study (See Table 4.27).

Table 4.27: Respondents as perpetrator of various forms of NCS during the six months preceding the study

FORMS OF NCS	Male n (%)	Female n (%)	Total n (%)	χ^2	p-value
Unwanted touch of breast or back side	31 (12.7)	38 (10.9)	69 (11.5)	0.48	0.49
Forced viewing of pornography or sexually explicit materials	3 (1.2)	2 (0.6)	5 (0.8)	0.75	0.39
Unwanted kiss	23 (9.4)	16 (4.6)	39 (6.6)	5.52	0.019
Insistence on having sexual intercourse	17 (7.0)	5 (1.4)	22 (3.7)	12.37	0.00
Charmed to have sexual intercourse	1 (0.4)	0 (0.0)	1 (0.2)	1.44	0.23
Drugged to have sexual intercourse	0 (0.0)	1 (0.3)	1 (0.2)	0.69	0.40
Forced to perform unwanted sexual act(s)	7 (2.9)	2 (0.6)	9 (1.5)	5.09	0.024
Gave gift or money to someone in exchange for sexual intercourse	5 (2.0)	2 (0.6)	7 (1.2)	2.69	0.010
Attempt rape	9 (3.7)	1 (0.3)	10 (1.7)	10.06	0.002
Raped	5 (2.0)	2 (0.6)	7 (1.2)	2.69	0.10
Perpetration of any form of NCS	49 (20.1)	52 (14.9)	101 (17.0)	2.78	0.095

Ever experience any form of NCS by perpetration of any form of NCS during the six months preceding the study

Respondents who had ever experienced any form of NCS significantly reported that they had perpetrated at least a form of NCS during the six months preceding the study (See Table 4.28).

Table 4.28: Experience of any form of NCS compared with perpetration of any form NCS

		Perpetration of at least a form of NCS during the six months preceding the study		
		Yes	No	Total
Ever experienced any form of NCS	Yes	83 (29.9)**	195 (70.1)	278 (46.8)
	No	18 (5.7)	298 (94.3)	316 (53.2)

**** $\chi^2 = 61.17$, $df = 1$, $p = 0.00$**

Victims reported by perpetrators

The major victims reported by perpetrators were male friends and female friends; others included fiancé/fiancée and fellow students (See Table 4.29).

Table 4.29: Victims reported by perpetrators

Forms of NCS	Victims of NCS			
	Male friend	Female friend	Fellow students	Fiancé/fiancée
Unwanted touch of breast or back side	7 (8.0)	80 (92.0)	-	-
Forced viewing of pornography or sexually explicit materials	5 (71.4)	1 (14.3)	-	-
Unwanted kiss	16 (28.6)	38 (67.9)	-	2 (3.6)
Insistence on having sexual intercourse	8 (23.6)	22 (64.7)	1 (2.9)	3 (8.8)
Charmed to have sexual intercourse	2 (66.7)	1 (33.3)	-	-
Drugged to have sexual intercourse	2 (66.7)	-	-	1 (33.3)
Forced to perform unwanted sexual act(s)	4 (28.6)	9 (64.3)	-	1 (7.1)
Gave gift or money in exchange for sexual intercourse	5 (83.3)	7 (16.7)	-	-
Rape attempt	3 (18.8)	13 (81.3)	-	-
Rape	4 (40.0)	6 (60.0)	-	-

Lifetime perpetration of any form of NCS

One hundred and thirty three (22.4%) reported they have ever perpetrated at least a form of NCS (See Table 4.30). There was a significant difference in the perpetration of NCS between the sexes of the respondents (27.9% males vs 18.6% females, $p < 0.05$). Also, those who had ever consumed alcohol (34.8% vs 16%), those who had ever smoke cigarette (53.3% vs 20.7%), and those who had ever had sexual intercourse (27% vs 16.5%) significantly reported the perpetration of NCS than those who had never ($p < 0.05$). Likewise, those who had a friend of opposite sex (23.3% vs 8.6%) reported the perpetration than those did not have such friends.

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Table 4.30: Lifetime perpetration of NCS by some selected socio-demographic variables

Socio-demographic characteristics	Ever perpetrated at least a form of NCS		X ²	p-value
	Yes	No		
Age (in years)				
16-20	40 (24.4)	124 (75.6)	1.4	0.70
21-25	70 (21.5)	256 (78.5)		
26-30	23 (22.8)	78 (77.2)		
31-35	0 (0.0)	3 (100)		
Sex				
Male	68 (27.9)	176 (72.1)	7.1	0.007
Female	65 (18.6)	285 (81.4)		
Level of study				
ND1	53 (26.2)	149 (73.8)	3.6	0.30
ND2	32 (21.6)	116 (78.4)		
HND1	24 (17.5)	83 (77.6)		
HND2	24 (22.4)	83 (77.6)		
Ever taken alcohol				
Yes	70 (34.8)	131 (65.2)	27.0	0.000
No	63 (16.0)	330 (84.0)		
Ever Smoked cigarette				
Yes	16 (53.3)	14 (46.7)	17.4	0.000
No	117 (20.7)	447 (79.3)		
Had a friend of opposite sex				
Yes	130(23.3)	429 (76.6)	0.043	4.09
No	3 (8.6)	32 (91.4)		
Had fiancé/fiancée				
Yes	75 (23.3)	247 (76.7)	0.33	0.57
No	58 (21.3)	214 (78.7)		
Ever had sex				
Yes	90 (27.0)	243 (73.0)	9.4	0.002
No	43 (16.5)	218 (83.5)		
Total	133 (22.4)	461 (77.6)		

Table 4.31 shows the result from the logistic regression analysis. Those who have ever drunk alcohol were 2 times more likely to have perpetrated any form of NCS. Also, those who had ever smoked cigarette were also 2 times likely to have perpetrated any form of NCS.

Table 4.31: Multivariate logistic regression of socio-demographic characteristics on ever perpetrated at least a form NCS

Variables	Odds ratio (95% CI)	p-value
Sex		
Female (reference)	1.00	p = 0.09
Male	1.43 (0.95 – 2.16)	
Ever taken alcohol		
No (reference)	1.00	p = 0.001
Yes	2.05 (1.33 – 3.17)	
Ever Smoked cigarette		
No (reference)	1.00	p = 0.043
Yes	2.3 (1.03 – 5.1)	
Had a friend of opposite sex		
No(reference)	1.00	p = 0.10
Yes	2.84 (0.82 – 9.9)	
Ever had sex		
No (reference)	1.00	p = 0.16
Yes	1.4 (0.89 – 2.1)	

Perpetration of any form of NCS during the six months preceding the study

More of those who had ever consumed alcohol, had a friend of opposite sex or ever smoked cigarette significantly reported the perpetration of any form of NCS during the six months preceding the study. However, there was no significant difference in the report between the sexes (See Table 4.32).

Table 4.32: Reported prevalence of perpetration of NCS during six months preceding the study by some selected socio-demographic variables

Variables	Perpetration of any form NCS during the six months preceding the study		X ²	p-value
	Yes n (%)	No n (%)		
Sex				
Male	49 (20.1)	195 (79.9)	2.78	0.095
female	52 (14.9)	298 (85.1)		
Age (in years)				
16-20	33 (20.1)	131 (79.9)	2.89	0.41
21-25	49 (15)	277 (85.0)		
26-30	19 (18.8)	82 (81.2)		
31-35	0 (0.0)	3 (100)		
Level of study				
ND1	40 (19.8)	162 (80.20)	4.09	0.25
ND2	25 (16.9)	123 (83.1)		
HND1	16 (11.7)	121 (88.3)		
HND2	20 (18.7)	87 (81.3)		
Ever taken alcohol				
Yes	53 (26.4)	148 (73.6)	18.9	0.00
No	48 (12.2)	345 (87.8)		
Ever smoke cigarette				
alcohol	10 (33.3)	20 (66.7)	5.97	0.015
Yes	91 (16.1)	473 (83.9)		
No				
Had friend of opposite				
sex	100 (17.9)	459 (82.1)	5.27	0.022
Yes	1 (2.9)	34 (97.1)		
No				
Had fiancé/fiancée				
Yes	63 (19.6)	259 (80.4)	3.27	0.071
No	38 (14.0)	234 (86.0)		
Ever had sex				
Yes	65 (19.5)	268 (80.5)	3.40	0.065
No	36 (13.8)	225 (86.2)		
Total	101(17)	493 (83)		

Multivariate logistic regression

After multivariate adjustment, those who had ever drunk alcohol were 2.3 times more likely to have perpetrated any form of NCS during the six month preceding the study (See Table 4.33).

Table 4.33: Multivariate logistic regression of socio-demographic characteristics on the perpetration of NCS during the six months preceding the study

Variables	Odds ratio (95% CI)	p-value
Ever taken alcohol		
No (reference)	1.00	p = 0.00
Yes	2.27 (1.43 – 3.58)	
Ever Smoked cigarette		
No (reference)	1.00	p = 0.25
Yes	1.64 (0.71 – 3.79)	
Had a friend of opposite sex		
No (reference)	1.00	p = 0.076
Yes	6.2 (0.83 – 46.4)	

In-depth interview on perpetration of attempted rape and rape

Only one male consented to be interviewed for the perpetration of attempted rape and two males for perpetration of rape. Their main reasons for perpetration include peer pressure influence and being under the influence of alcohol. They reported they employed different strategies to ensure they had sexual intercourse with their victims. This included use of physical force, forceful kissing, forceful undressing of the victim, “sweet talking” and romantic moves.

Attempted Rape

Monday’s story (not real name) – 21 years old

It all happened between me and my former girl friend during a holiday at home. I had left her as my girl friend because she was hidden something from me. When I got back home during that holiday, some of my friends advised me that I should continue to behave as if I love her even though I not interested in her and that at any time, I can still make love to her. I took to their advice. I came to her one day in her room and wanted to make love with her, she said she was in love with another person. She said over her dead body that such a kind of thing must not happen to her. But what I had intention of doing was what was in my mind. All she was saying was just rubbish to me. I dragged her into the room and remove her cloth but she insisted and she was saying some things ... I later came back to my senses that it is not good to force a girl into sexual intercourse and immediately decided not to do such a kind of thing.

Rape

Tobi’s story – 18 years old

When I was in NDI a girl came to our class one particular day, I develop interest in her. I approach her and she agreed to my proposal. After some months, the girl wanted me to come and greet her so that I could meet her roommates. However, I was avoiding going to the place because I prefer a female to visit rather for me to pay her a visit. On that particular day, I

went to the place and her room mates treated me well. I decided to develop more interest in her. On that same day, she called me when I got back to my room and said she wanted to visit me in my room also. I told her could not understand because I just left her hostel. But she said she wanted to know my room so that we can be visiting each other. She later came and I took her into this particular room after having some chat outside. We were now discussing, though my roommate was inside the room too, I later gave him a sign to leave and the guy left. As I was discussing with the girl, I was moving closer to her. She was withdrawing herself away from me, and I said "why all these... but you said you are to coming to my place, do you think you can come to my place just like". She said is it for a purpose that a female should visit a guy? I said is for a purpose to me if she doesn't understand. So we started "playing about love (romance) and all those stuffs". So we transferred from one bed to another. I was trying to give her a kiss, she was drawing herself back. I moved closer and pushed her to the bed and she stood up. She said she was not in the mood, and she said she would leave. I was trying to calm her down ... you know that kind of scope that guys do use. I said she should seat that I just like her presence. She went outside and I later brought her back inside the room again. I forcefully kissed and from there the whole thing started (laugh). She went out immediately after scene and stood in front of my room. I was inside the room for about 15 minutes because I did not want to escort her. She later left because she was not happy. She later separated herself from me and my friends also advised me to leave her too.

Stanley's story – 23 years old

Few months ago, I was drunk with alcohol and went to a friend's (a lady) house. When I got there, she offered me some alcoholic drinks and I took little. I took her phone trying to check for songs and videos clips. I later discovered that she had some 'blue films' (pornography) on the phone which I started watching. I expected her to collect the phone from me but she didn't. I started developing "some things" in my mind. I moved close to

her and we started discussing. I tried to touch some parts of her body, but she said “what are you doing”. I started “toasting” (sweat talk) but she said she’s not interested, that she doesn’t want me to take her to that level. I said I wanted to sleep with her. I later found out that it was difficult for me to control my emotion. I tried to force her but she was trying to push me away. But I later forced her and slept with her.

UNIVERSITY OF IBADAN

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Socio-demographic profile

The mean age of the respondents was 22.7 years. This is consistent with the study conducted among undergraduate students of University of Ibadan, Nigeria in which the mean age was 22.7 years (Iwuagwu et al., 2000). This was reflected in the marital status since almost all the respondents were still single. About one-third (33.8%) of the respondents had ever drunk alcohol while just only few reported ever smoked cigarette. Prevalence of alcohol consumption is relatively low in this current study compared with a study conducted among undergraduate males in Owerri, Southeastern Nigeria in which the prevalence was 78.4% (Chikere and Morakinyo, 2011). This is because Chikere study was conducted in a society different from the current study and also consisted of male only.

First sexual experience

Initiation of sexual activity before marriage is not uncommon in Nigeria, as expected, considerable proportion of the students irrespective of their sexual intercourse were sexually experienced confirming the findings of other studies in the country. In this study, more than half (56%) of the respondents had experienced sexual intercourse with a mean age of sexual debut being 19.6 ± 3.2 years. This is consistent with the results of NDHS (2008) in which the mean age of sexual intercourse among respondents between the age of 25 to 34 in southwestern zone was 19.5 years (NPC, 2008). It is also consistent with the study conducted among undergraduate students of University of Ibadan, Nigeria in which 55.1% had ever had sexual intercourse and the mean age of sexual debut being 16.5 years (Iwuagwu et al, 2000). This implies that students of tertiary institution are sexually active. However, the mean age of sexual debut is relative high in this current study due to the fact that Iwuagwu's study consisted of female only and female commences sexual intercourse earlier than males in Nigeria.

Some of the respondents reported that first sexual encounter was non-consensual. Out of those who had ever had sexual intercourse, few (2.7%) reported that they forced their partner during their first sexual intercourse while about twice of this (5.7%) reported being forced by their partner. However, majority reported that they and their partners were both willing. This is consistent with a national study conducted among females only in Philippines which shows that 4% reported that their first sexual intercourse was forced (Natividad, and Marquez, 2004).

Experience of non-consensual sex

Findings from this study suggest that sexual experiences among students of tertiary institutions are not always consensual since a significant (46.8%) number of them had been a victim of at least a form of NCS even during the six months preceding the study. The form of NCS experienced included unwanted sexually motivated touch, attempted rape, rape and non-contact forms of sexual abuse such as forced viewing of pornography. Unwanted touch of breast or back side topped the list. These findings are in line with some other studies conducted in Nigeria (Ajuwon et al., 2006, Ajuwon et al. 2001b) in which a significant number of the respondents experienced at least a form of NCS and unwanted touch of breast or back side was the most prevalent form of NCS reported.

Overall, 5.7% of the students had been raped, a figure comparable to 4% female apprentice tailors (Ajuwon, McFarland, Hudes, Adedapo, Okikiolu and Lurie, 2002), 6% found in female hawker operating in truck and bus stations in Urban area (Fawole et al., 2003) and 5% among secondary school adolescents in some northern states in Nigeria (Ajuwon et al., 2006). As expected, females were considerably more likely than males to have experienced any form of NCS. This is consistent with most of the studies where females were mostly affected (Ajuwon et al, 2002, Njue et al, 2005). The gender disparity are wide as regards their lifetime experiences of NCS, however this gap almost closed up since there was no significant difference in the level of experiences during the six months preceding the study. Even it was found out that the prevalence of rape was higher among males than females (4.5% of males and 3.7% of females) during the six months preceding the study. This is consistent with a study conducted in Nigeria (Slap, Lot, Huang, Daniyam, Zink and Succop, 2003) among secondary school students age 12-21 years where a higher percentage of boys reported the experience of NCS penetrative sexual

intercourse than their female counterparts (14% and 11% respectively). However considering the lifetime experience of rape, females were more affected in this current study and it corroborates some other findings in which more females were more affected (Ajuwon et al., 2001a; Erulkar, 2004). As expected, the least prevalent form of NCS was 'being drugged to have sexual intercourse' (1%).

It was also evident from the in-depth interview that gender disparities occur in the situations surrounding non-consensual sexual experiences with the females likely to report the more violent aspects while males likely to report deception or threat (such as verbal threat and undressing). Gender differences were evident as regards the perpetrators reported. The leading perpetrators among females were male friends while among male, perpetrators were majorly their female friends. This is consistent with Kenya study by Erulkar (2004) in which most of the perpetrators were intimate partners including boyfriends, girlfriends and husbands. The findings also reflect the findings of a study conducted among adolescents in urban India in which the most commonly reported perpetrators of NCS were female friends for boys but in contrary, stranger for females (Jaya and Hindi, 2007). This current study shows that 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 sexual intercourse by showing them pornography after which they invite them to practice the act (Baker and Rich, 1992). In the overall, the major perpetrators reported were acquaintances of their victims; this included male friends, female friends, fiancé/fiancée and lecturers. Out of the females who were raped during the six months preceding the study, 23% reported that the act was perpetrated by lecturer. This reflects findings from previous studies which showed that authority figures were involved in the perpetration of NCS. For example, a qualitative study conducted in Nigeria by Ajuwon et al., (2004) showed one of the eight rape victims interviewed in-depth reported being perpetrated by her instructor in Koran school.

Factors contributing to the experience of NCS

Findings from this study showed that experience of NCS has an association with cigarette smoking, alcohol and having a friend of the opposite sex. However, level of study of the respondents had nothing to do with experience of NCS. The major predictors of the

experience of NCS in this study included 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, Garcia-Moreno and Butchart, 2007; Ajuwon et al., 2011). Alcohol users are at risk of other reproductive health problems including STIs because this substance is known to impair judgment which in turn predispose individual to be involved in risky activities. Alcohol consumption makes it more difficult for people 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). A study conducted by Abbey et al. (2004) among females only also showed that about half of the females who experienced rape including their perpetrators had been drinking.

Perpetration of NCS

Findings revealed that about quarter of the students had ever perpetrated at least a form of NCS and there was significant gender difference in reporting the perpetration. More male significantly perpetrated any form of NCS than females. However, there was no significant difference in the perpetration between the sexes during the six months preceding the study. Victims reported by these perpetrators were acquaintances which included; friends, fellows students and fiancé/fiancée.

Early experiences of NCS appeared to be associated with the risk of experiencing or perpetrating NCS subsequently in the intimate partnership (Stewart et al., 1996). Findings from this study also showed that those who had ever experienced any form of NCS significantly perpetrated any form of NCS during the six months preceding the study, thus confirming the Stewards' et al. statement.

Studies have shown that alcohol consumption and substance abuse increase the probability of perpetrating or experiencing NCS (Caceres, Vanoss and Sid, 2000). The major predictors of perpetration of NCS in this study included alcohol consumption and cigarette smoking. Those who were involved in these behaviours were two times more likely to have perpetrated any form of NCS. Anything that can adversely affect human behaviour such as drinking of alcohol (especially the binge-type) may stimulate some males to plan and carry out rape (Akinade, et al., 2010). This was also confirmed with in-depth

interview as one the respondents said he raped his friend (female) because he was under the influence of alcohol. He said “It was because of the drinks (alcohol) only... not because of the video clip (pornography) because I have watched ‘blue films’ even with ladies before and nothing happened” This is because alcohol impairs judgment. It is possible that those who engage in rape may be acting under the influence of drugs, or alcohol (Akinade, et al., 2010). Men often drink to feel less inhibited, more powerful, aroused, and aggressive. It has been found out in different studies that approximately one-half of all sexual assaults are committed by men who have been drinking alcohol. Depending on the sample studied and the measures used, the estimates for alcohol use among perpetrators have ranged from 34 to 74 percent (Abbey, Ross and McDuffie, 1994; Crowell, et al., 1996). Other factor mentioned by the interviewee during the in-depth interview was peer pressure. The implication of this is that peer pressure tends to encourage rowdy and aggressive behavior thus making an individual to be involved in any form of improper behaviour.

This study also suggests that young people may not feel comfortable sharing their experiences on how they perpetrated NCS because only few out of those who had perpetrated attempted rape and rape consented to be interview in-depth.

Help seeking behaviour

Help-seeking was a rare practice among students of The Polytechnic Ibadan because majority of the victims did not seek help or take any action as regards their experience on NCS despite most of the victims suffered various consequences such as psychological disturbance, virginity loss, vagina bleeding, and nightmare. The in-depth interview showed that out of 5 females rape victims interviewed, only one sought help. Even the help she sought was not appropriate because she only visited a patent medicine seller where she bought Postinor (Emergency contraception). This is consistent with findings of Ajuwon et al., (2004) which showed that only one out of eight rape victims who were interviewed in-depth reported the incident. Rape victims especially females may not likely seek help or redress so as to prevent stigmatization and shame (Ajuwon et al., 2001b).

Threat of social stigma prevents young people from speaking out about rape and abuse. Another reason why they did not report the incident or seek help is the shame associated with the incident and the fears of disclosure of their secret. In this study, one of the victims

(who experienced rape) said she could not tell her father but only asked him some 'indirect questions'. Another victim (attempted rape) also said "I did not seek any help, I tell you, that this is the first time I will narrate this story to anybody". This confirms results from the previous studies, for example, a survey carried out among those that had experienced violence revealed that young people do not report violence (Ngom, et al., 2003) due to shame, fear of reprisal and deep-rooted unequal gender norms. Hence, most of the victims of NCS always suffer in silence and never report the incident.

The type of help sought among the victims varies with the type of NCS experienced. The major types of help sought or action(s) taken were; medical help, spiritual help, report to the family members and school authority. Despite the help sought or action taken, some did not get positive outcome; this suggests that the help they sought might not be appropriate. Outcomes of help sought included medical test and treatment, prayer/deliverance etc.

Implications for Reproductive Health Education

The study had laid a foundation for developing appropriate intervention to address the experience of NCS among students of tertiary institutions. This is because 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. They have such mental health consequences as depression, anxiety and even thoughts of suicide; as well as physical health consequences, such as risk of unintended pregnancy, unsafe abortion and sexually transmitted infections including HIV/AIDS (Jejeebhoy and Bott, 2005). Consequences may also be in form of antisocial behaviour for example in this current study, one of the interviewee reported that she felt like killing her perpetrator any time she sees him and she even planned to stab him with knife possibly he makes such attempt again. This suggests lack of rightful prevention strategy on the path of this student. Indeed, growing evidence indicates that NCS against young people plays a significant role in the spread of HIV/AIDS pandemic (Krug et al., 2002; UNICEF/UNAIDS/WHO, 2002).

High prevalence of NCS among the target population suggests common STI/HIV among them and consequently, prevention approaches emphasizing abstinence, faithfulness in

relationships, and condom use cannot protect all people from these infections. Hence, this calls for urgent interventions on NCS among students of The Polytechnic Ibadan.

Proposed interventions strategies are as follows. Firstly, public enlightenment on the prevalence and consequences of the experiences of NCS should be done in the institution by the students' affairs unit of the school in collaboration with the health care centre. Secondly, policy such as sexual harassment policy needs to be put in place in the institution. The policy must highlight different forms of NCS commonly experienced by the students and the penalty for anybody that perpetrate it including the lecturers. All students and staff need to be well aware of the policy and can also be incorporated into the school curriculum. Thirdly, interventions in form of behavioural change need to be done to reduce alcohol consumption and cigarette smoking since these were the major predictors of the experience and perpetration of NCS found in this study even in some other previous studies on NCS. Fourthly, students are to be well informed on how and where to report when experience NCS especially when it comes to the issue of lecturer being the perpetrator, thus preventing victims from suffering in silence. In addition, it is necessary to educate the students on how and where to seek health care when experience NCS especially the extreme forms of it such as rape. This can also be incorporated into the General Studies which is a compulsory course for all the first year students in tertiary institutions.

Conclusion

The findings of this study demonstrated that NCS sex is common among the students of The Polytechnic Ibadan (both males and female) and that a large proportion of them have experienced NCS at sometime even at sexual initiation. It also shows that most of the victims did not seek help, even the few that did so did not seek appropriate help. As such, this underscores the need to develop health education programmes that will enable Polytechnic students, even students of higher institution generally to prevent the phenomenon and seek help when experienced.

Recommendations

1. Evidence based interventions that reduce young people's vulnerability to NCS should be designed in The Polytechnic Ibadan. For example, students (including

males and females) are to be orientated and trained on the skills for prevention of NCS as soon as they are admitted into the institution.

2. There is need to educate these students about their rights with regard to the experience of NCS, and how and where they can seek appropriate recourse when they are violated.
3. Programmes in form of awareness or campaign as well as policies against perpetration of NCS need to be put in place by the school authority of The Polytechnic Ibadan. Also awareness as regards physical, psychological and social consequences of NCS should be raised among these students.
4. Provisions should be made by the schools authority on where and how students to report those who perpetrate NCS or pressure students for sexual intercourse.
5. Public awareness programmes through media are required to address the stigma associated with rape even in Nigeria at large. Reducing the stigma would encourage greater disclosure of incidents of rape and lead to the prosecution of the perpetrators, which would in turn deter those with a propensity of this type of behaviour.
6. It is recommended that this type of study be conducted in other institutions, especially in other parts of the country in order to document the extent of the problem generally among students of tertiary institutions in Nigeria.

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APPENDICES

APPENDIX I

INFORMED CONSENT FORM

Experiences of non-consensual sex among students of The Polytechnic Ibadan, Nigeria

Greetings; my name is _____, I am from the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine University of Ibadan. I am part of the team undertaking a research on “**experiences of non-consensual sex among students of The Polytechnic Ibadan**”. This study has been reviewed and granted approval by UI/UCH Ethics Review Committee and assigned the number: UI/EC/10/0074.

Study participants will be selected by multi stage sampling technique. The questionnaire will be structured and interviewer administered. The questionnaire will be administered first to determine the reported prevalence of non-consensual sex, and then a follow-up study (qualitative) will be conducted among those who reported the experience of attempted rape and rape. This research would help in determining the factors contributing to the experience of non-consensual sex among undergraduate student. It will serve as evidence for orientating and empowering undergraduates against the experience of non-consensual sex as soon as they are admitted into the institution.

Your participation in this research will cost you nothing and your participation is completely voluntary. You may choose to withdraw from the research at any time. You will not be paid for participating. Your identity, responses and opinions will be kept confidential and no name is required in filling the questionnaire. There are five sections (A to F), in each of these sections; you are requested to please give the honest responses to the questions as much as possible.

I have fully explained this research to _____ and have given sufficient information including risks and benefits, to make an informed decision.

Date: _____ SIGNATURE:

NAME:

PLEASE KEEP A COPY OF THE SIGNED INFORMED CONSENT

APPENDIX II

Questionnaire on the Experiences of Non-Consensual Sex among Students of The Polytechnic Ibadan, Nigeria

S/N.....

SECTION A – SOCIO-DEMOGRAPHIC INFORMATION

Instruction: Please mark (√) in boxes provided (as appropriate)

1. Sex 1. Male 2. Female
2. Age as at last birthday _____ (Years).
3. What religion do you practice?
 1. Christianity
 2. Islam
 3. Traditional religion
 4. None
 5. Others (specify) _____
4. Faculty _____
5. What is your level of study?
 1. ND 1
 2. ND 2
 3. HND 1
 4. HND 2
6. Hall of residence:
 1. Ramat
 2. Olori
 3. Unity
 4. Orisun
7. Ethnic group.
 1. Yoruba
 2. Hausa
 3. Igbo
 4. Others (specify) _____
8. What is your marital status?
 1. Single never married
 2. Married
 3. Others (specify) _____
9. What is the type of your family origin?
 1. Monogamy
 2. Polygamy
10. Have you ever taken any alcoholic beverage?
 1. Yes
 2. No **(If No, skip to question 12)**
11. Do you still drink? 1. Yes 2. No
12. Have you ever smoke cigarette? 1. Yes 2. No
13. Do you still smoke? 1. Yes 2. No

SECTION B: SEXUAL BEHAVIOUR

14. Do you have a friend of opposite sex? 1. Yes 2. No
15. Do you have a boyfriend/girlfriend now? 1. Yes 2. No
16. Do you have a fiancé/fiancée? 1. Yes 2. No
17. Have you ever had sexual intercourse with someone? 1. Yes 2.No
18. How old were you when you had your first sexual intercourse?
_____ Years.

19. How would you describe your first sexual intercourse? **(Tick one option only)**

- i. You forced him/her to have sexual intercourse against his/her will.
- ii. You persuaded him/her to have sexual intercourse.
- iii. He/ she forced you to have sexual intercourse.
- iv. He/she persuaded you to have sexual intercourse.
- v. You were both willing.

20. Do you feel pressured from others to have sexual intercourse in this institution?

1. Yes 2. No **(If No, go to the next page; question 23)**

21. If **yes**, was the pressure a great deal or a little? 1.Great deal 2.Little

22. From whom do you feel the pressure? **[Please tick (✓) as appropriate]**

A	Friends	
B	Fellow students	
C	Lecturers	
D	Boy/girl friend(s)	
E	Fiancé/fiancée	
F	Others (specify)	

SECTION C: NON-CONSENSUAL SEXUAL EXPERIENCE

23. The following are some examples of behavior that young people often experienced. Kindly indicate which one has **EVER HAPPENED** to you **OR AFFECTED YOU IN THE LAST SIX MONTHS** and indicate **WHO DID IT**.

Has someone done any of these to you?		Ever happened		Happened in the last six months		Who did it? (Male friend, female friend, boy friend, girl friend fiancé/fiancée etc)
		Yes	No	Yes	No	
a.	Someone touched your breast or back side in a way you did not like.					
b.	Someone forced you to watch pornography or to see sexually explicit materials.					
c.	Someone tried to forcefully have sexual intercourse with you.					
d.	Someone kissed you against your wish.					
e.	Someone insisted on having sexual intercourse with you.					
f.	Someone used charms (Juju) to make you have sexual intercourse					
g.	Someone put some drugs into your drinks to make you feel sleepy or sleep so that he/she could have sexual intercourse with you.					
h.	Someone made you to perform sexual act against your wish.					
i.	Some young people receive money, gift or marks in exchange for sexual intercourse. Did this happen to you?					
j.	Someone had sexual intercourse with you when you did not want to because he/she is in a position of authority (supervisor, lecturer, counselor etc).					
k.	Someone actually forced you to have sexual intercourse with him/her.					

SECTION D: PERPETRATION OF NON-CONSENSUAL SEX

For each of the following, kindly indicate the one you have **DONE TO ANYONE** and the **PERSON YOU DID IT TO**.

Have you done any of these to anyone?		Ever happened		Occurred in the last six months		Whom did you do it to? (Male friend, female friend, boy friend, girl friend etc)
		Yes	No	Yes	No	
a.	You touched somebody breast or back side in a way she/he did not like.					
b.	You forced somebody to watch pornography or to see sexually explicit materials.					
c.	You tried to forcefully have sexual intercourse with somebody.					
d.	You kissed somebody against his/her wish.					
e.	You insisted on having sexual intercourse with somebody.					
f.	You used charms (Juju) to make somebody have sexual intercourse.					
g.	You put some drugs into somebody drinks to make him/her feel sleepy or sleep so that he/she could have sexual intercourse with you.					
h.	You made somebody to perform sexual act against him/her wish.					
i.	Some young people receive money, gift or marks in exchange for sexual intercourse. Have you given any of the above to anyone in exchange for sexual intercourse?					
j.	You actually forced somebody to have sexual intercourse with you.					

SECTION E and F: HEALTH SEEKING BEHAVIOUR AND OUTCOME OF THE HELP SOUGHT

24. Please for each of the following, kindly indicate **WHETHER YOU SOUGHT HELP**, the **TYPE OF HELP SOUGHT** and the **OUTCOME THE HELP** sought.

		Sought Help		Type of help sought.	What was the outcome of the help you sought?
		Yes	No		
a.	Someone touched your breast or back side in a way you did not like.				
b.	Someone forced you to watch pornography or to see sexually explicit materials.				
c.	Someone tried to forcefully have sexual intercourse with you.				
d.	Someone kissed you against your wish.				
e.	Someone insisted on having sexual intercourse with you.				
f.	Someone used charms (Juju) to make you have sexual intercourse.				
g.	Someone put some drugs into your drinks to make you feel sleepy or sleep so that he/she could have sexual intercourse with you.				
h.	Someone made you to perform sexual act(s) against your wish.				
i.	You received money, gift or marks in exchange for sexual intercourse.				
j.	Someone had sexual intercourse with you when you did not want to because he/she is in a position of authority.				
k.	Someone actually forced you to have sexual intercourse with him/her.				

25. Do you still need help based on any of the above experiences?

1. Yes 2.No

Thanks for your participation

APPENDIX III

IN-DEPTH INTERVIEW (IDI) GUIDE FOR VICTIM OF NCS (RAPE)

Thanks for accepting to participate in this research. All your responses will be kept confidential and will be used for the purpose of this research only. You are requested to please give the honest responses to the questions as much as possible.

Questions

1. Can you narrate your experience of being forced to have sexual intercourse?
2. What can you say about the cause of this experience?
3. How did you feel immediately after the incident?
4. What are the immediate and remote consequences of your experience?
5. What type of help did you seek after the incident?
6. How do think you can prevent further occurrence of the incident?

APPENDIX IV
IN-DEPTH INTERVIEW (IDI) GUIDE FOR VICTIM OF NCS
(ATTEMPTED RAPE)

Thanks for accepting to participate in this research. All your responses will be kept confidential and will be used for the purpose of this research only. You are requested to please give the honest responses to the questions as much as possible.

Questions

1. Can you narrate your experience of someone attempted to forcefully have sexual intercourse with you?
2. What can say about the cause of this incident?
3. How did you escape it?
4. What type of help did you seek after the incident?
5. How do think you can prevent further occurrence of the incident?

APPENDIX V

IN-DEPTH INTERVIEW (IDI) GUIDE FOR PERPETRATOR OF NCS (RAPE)

Thanks for accepting to participate in this research. All your responses will be kept confidential and will be used for the purpose of this research only. You are requested to please give the honest responses to the questions as much as possible.

Questions

1. Can you narrate your experience of forcing someone to have sexual intercourse?
2. What actually prompted you to do that?
3. How did you feel immediately after the incident?
4. How did the other person feel immediately after the incident?
5. What are the immediate and remote consequences of your action?
6. How do think you can prevent further occurrence of the incident?

APPENDIX VI

IN-DEPTH INTERVIEW (IDI) GUIDE FOR PERPETRATOR OF NCS (ATTEMPTED RAPE)


Thanks for accepting to participate in this research. All your responses will be kept confidential and will be used for the purpose of this research only. You are requested to please give the honest responses to the questions as much as possible.


Questions

1. Can you narrate your experience of trying to forcefully have sexual intercourse with someone?
2. What actually prompted you to do that?
3. How did you feel immediately after the incident?
4. How did the other person feel immediately after the incident?
5. What are the immediate and remote consequences of your action?
6. How do think you can prevent further occurrence of the incident?

APPENDIX VII

LETTER OF ETHICAL APPROVAL

 **INSTITUTE FOR ADVANCED MEDICAL RESEARCH AND TRAINING (IMRAT)**
COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN, NIGERIA.
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Ag. DIRECTOR: Professor Adeyinka G. Falusi, B.sc (Hons), M.Phil., Ph.D.

UI/UCH EC Registration Number: NHREC/05/01/2008a

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

Re: The Experience of Non-Consensual Sex among Students of the Polytechnic Ibadan, Nigeria

UI/UCH Ethics Committee assigned number: UI/EC/10/0074

Name of Principal Investigator: Oladipupo S. Olaleye

Address of Principal Investigator: Department of Health Promotion & Education,
College of Medicine,
University of Ibadan,
Ibadan.


Date of receipt of valid application: 25/05/2010

Date of meeting when final determination on ethical approval was made: 19/08/2010

This is to inform you that the research described in the submitted protocol, the consent forms, and other participant information materials have been reviewed and given full approval by the UI/UCH Ethics Committee.

This approval dates from 19/08/2010 to 18/08/2011. If there is delay in starting the research, please inform the UI/UCH Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the UI/UCH EC assigned number and duration of UI/UCH EC approval of the study. It is expected that you submit your annual report as well as an annual request for the project renewal to the UI/UCH EC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the UI/UCH EC. No changes are permitted in the research without prior approval by the UI/UCH EC except in circumstances outlined in the Code. The UI/UCH EC reserves the right to conduct compliance visit to your research site without previous notification.


19 AUG 2010

Prof. Adeyinka G. Falusi
Chair, UI/UCH Ethics Committee
E-mail: uiuchir@yahoo.com

Research Units: •Genetics & Bioethics•Malaria•Environmental Sciences•Epidemiology Research & Service
•Behavioural & Social Sciences•Pharmaceutical Sciences•Cancer Research & Services•HIV/AIDS.