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Els Van Decraen
Catholic University Leuven

Kristien Michielsens
Ghent University

Sarah Herbots
Free University of Brussels

Ronan Van Rossem
Ghent University

Marleen Temmerman
Aga Khan University, marleen.temmerman@aku.edu

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ORIGINAL RESEARCH ARTICLE

Sexual coercion among in-school adolescents in Rwanda: prevalence and correlates of victimization and normative acceptance

Els Van Decraen^{*1}, Kristien Michiels², Sarah Herbots³, Ronan Van Rossem⁴, Marleen Temmerman⁵

¹Master in Sociology / Master in Comparative and International Politics, Catholic University Leuven, Leuven, Belgium;

²International Centre for Reproductive Health, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium;

³Faculty of Economic, Social and Political Sciences, Free University of Brussels, Brussels, Belgium; ⁴Faculty of Political and

Social Sciences, Department of Sociology, Ghent University, Ghent, Belgium; ⁵International Centre for Reproductive Health,

Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium

*For correspondence: Email: els_van_decraen@hotmail.com Tel: +32(0)495/920728

Abstract

Adolescents are particularly vulnerable to sexual coercion, as victim as well as perpetrator. This paper aims to adapt sexual and reproductive health interventions to the reality of young people's sexuality and relationships. This study assesses the prevalence of forced sex, characteristics of victims and norms regarding sexual coercion among Rwandan adolescents. A survey was completed by 285 senior secondary school students and four focus groups were conducted. Of sexually active respondents, 15.5% (95% CI = [15.1 – 15.9]) reported forced sexual intercourse. Sexual victimization was associated with being female and having (had) a concurrent sexual relationship. Acceptance of sexual coercion was associated with importance attached to Rwandan traditions and an interaction term between sex (being male) and alcohol use. Respondents linked concurrency and age-disparate relationships to transactional sex, increasing the risk of sexual coercion. Various risk factors were identified. The findings suggest the need for moving towards comprehensive sex education (*Afr J Reprod Health 2012; 16[3]: 139-153*).

Résumé

Les adolescents sont particulièrement vulnérables à la coercition sexuelle, en tant que des victimes, ainsi que des auteurs. Cet article vise à adapter les interventions en santé sexuelle et de la reproduction à la réalité de la sexualité et des rapports des jeunes gens. Cette étude fait une évaluation de la prévalence de rapports sexuels forcés, les caractéristiques des victimes et des normes relatives à la coercition sexuelle chez les adolescents rwandais. Une enquête a été réalisée au sein des 285 élèves des classes supérieures du secondaire et quatre groupes de discussion à groupe cible ont été menées. Parmi les interviewés qui étaient sexuellement actifs, 15,5% (IC 95% = [15,1 - 15,9]) ont signalé des rapports sexuels forcés. La persécution sexuelle a été associée au sexe féminin et au fait d'avoir (eu) une relation sexuelle concurrente. L'acceptation de la coercition sexuelle a été associée avec une importance accordée aux traditions rwandaises et un terme d'interaction entre le sexe (le fait d'être homme) et la consommation d'alcool. Les interviewés ont associé la concurrence et des rapports basés sur la disparité d'âge, au sexe transactionnel, ce qui augmente le risque de la contrainte sexuelle. Divers facteurs de risque ont été identifiés. Les résultats suggèrent la nécessité de s'orienter vers une éducation sexuelle complète (*Afr J Reprod Health 2012; 16[3]: 139-153*).

Keywords: Rwanda; adolescents; sexual coercion; mixed methods

Introduction

Various international declarations and organizations recognize that being free from sexual coercion is a vital condition for sexual health¹⁻⁴. Having “the possibility of pleasurable and safe sexual experiences, free from coercion, discrimination and violence” is essential for both men's and women's health³. Based on the Population Council, we will define sexual coercion

as “the act of forcing another individual to have sex against his or her will through the use of violence, threats, verbal insistence, deception, cultural expectations or economic circumstances”²¹.

Sexual coercion is directly related to poor sexual and reproductive health, including HIV and other sexually transmitted infections and unintended pregnancy. Indirectly, studies have shown that female victims of forced sex are less

likely than other women to use condoms and other contraceptives and are more likely to report sexual risk behaviour such as multiple partners, earlier sexual initiation, sex with casual partners, having older partners and transactional sex^{5, 6}. These behaviours induce a higher risk of HIV/STI contamination and a reduced ability of negotiating safe sex⁷.

Due to a lack of sexual experience, adolescents and young adults are particularly vulnerable to sexual coercion, as victim as well as perpetrator^{8, 9}. Several studies have shown a high prevalence of sexual coercion among adolescents worldwide. A study of nearly 16,000 university students in 21 countries revealed that between 9% (the Netherlands) and 46% (Greece) of respondents have experienced sexual coercion in dating relationships¹⁰. A literature study of Brown et al.¹¹ found that the prevalence of sexual coercion among girls was between 5% and 15%, while a population-based study in Kenya¹² pointed out that among the sexually experienced respondents 21% of girls and 11% of boys had experienced sex under coercive conditions. In Tanzania, Kazaura¹³ reports a prevalence of sexual coercion among adolescents of 4% to 12%.

Nevertheless, sexual and reproductive health programmes for adolescents rarely pay attention to the reality of sexual coercion that many young people face. Several literature studies and meta-analyses found that most youth-oriented interventions focus on reducing individual sexual risk behaviours (i.e. increasing abstinence, reducing the number of partners, increasing condom use), but rarely deal with sexual coercion (an important exception being Jewkes¹⁴), nor with structural and contextual factors that influence adolescents' sexual behaviour¹⁵⁻¹⁹.

In order to develop a programme which is able to effectively reduce sexual coercion among youngsters, it is important to gain insight into the extent to which sexual coercion as such and different protective and risk factors for sexual coercion are present in various particular contexts.

Objectives

In order to adapt sexual and reproductive health interventions to the reality of young people's sexuality and relationships, the objectives of this

paper are threefold: 1) to measure the prevalence of forced sex among a population of school-attending Rwandan youth; 2) to study the extent to which sexual coercion is normatively accepted among Rwandan adolescents; and 3) to explore and identify risk factors that are related to sexual coercion and to correlate these risk factors with victimization and normative acceptance of sexual coercion.

Methods

This study uses a mixed-methods approach. A quantitative survey was used to determine the prevalence of forced sex among youth and to assess their attitudes towards the use of sexual coercion. Focus group discussions were used to interpret and complement the quantitative data.

Study setting

The study was conducted in the Bugesera district, in the Eastern Province of the Republic of Rwanda. Rwanda is characterized by a high fertility rate (six children per woman), but a relatively late onset of sexual activity (59% by age 25)²². The national HIV prevalence is 3.0% (95% CI= [2.6 – 3.4]). The amount of young women being HIV infected is high: 3.9% aged between 15 and 24 in urban areas and 1.1% in rural areas. For young men, these percentages are remarkably lower: respectively 1% and 0.3%²³.

The study took place in secondary schools. While the net enrolment rate in primary school is 94.2% in Rwanda, it drops dramatically with the transition to secondary education. The net enrolment rate in secondary school is only 13.9%²⁴. A significant number of secondary school students reside in boarding school facilities on or near to the school grounds. All boarding schools are mixed-sex with separate sleeping facilities for boys and girls.

Standardized survey

Study design and sample

This study is part of a larger study measuring the impact of an HIV prevention project that has been implemented in the secondary schools of Bugesera in the Eastern Province of Rwanda. Four of the six

schools in the Rwandan district of Bugesera offering higher secondary education were included. Private as well as public schools were included in the sample, since the public financing of and entrance examination for the latter may cause better students to go to public schools. Furthermore, the sample consisted of schools with as well as schools without boarding facilities because in the former the privacy and hence the possibilities for sexual contact and alcohol use are limited. Three schools were located in an urban area and one school in a rural area.

The sample consists of 285 students in the last year of secondary school. This group was chosen because they are most likely to be sexually active, and they were thought to be most likely to have constituted a more stable opinion on sexual matters.

Procedure

The questionnaire was developed in English and translated into Kinyarwanda. The questionnaire was discussed with Rwandan researchers and pre-tested. The survey was administered in the classrooms. Boys and girls filled in the questionnaire separately and people with an authoritative function within the school were not allowed to enter the study site. The respondents were informed that the data would be analyzed anonymously and confidentially. Also, the right to stop the questionnaire at any time and to skip questions was emphasized. The students were asked to sign an informed consent form. No students refused to participate. Researchers were present to answer questions and give clarifications if necessary.

Measures

Sexual victimization

The dependent variable 'sexual victimization' was measured through one direct question: 'Did anyone ever force you to have sex with him/her?' Studies have shown that it is difficult, if not impossible, to define sexual coercion objectively²⁵. Therefore, a subjective interpretation of the term 'forced' was chosen, without specifying the exact way in which the coercion occurred (verbal, physical, financial, etc.). The phrasing of the

question was discussed with local researchers and adolescents and was found to be clear. An analysis of missing values (n=107) indicated that this question was mainly skipped by respondents who were not yet sexually active, and who therefore could not have experienced forced sex either: they also skipped the two previous questions on condom use. The answers of the respondents who reported no prior sexual intercourse and who skipped the question, were recoded as 'never been forced into sex', reducing the number of missing cases to 18.

Risk factors for sexual victimization are features that have empirically been shown to be associated with an increased risk of experiencing sexual coercion. The literature covers a non-exhaustive list of structural, societal and individual factors that are correlated to one's risk of being victimized. We included three sets of risk factors as independent variables in our study.

Firstly, several studies link socio-demographic characteristics to sexual victimization.^{4,26} Girls are more often victims of sexual coercion, while men are more likely to be perpetrators²⁶. A study by Andersson *et al.*²⁷ shows that age is an intermediary factor in this relationship: among school children in South Africa more boys than girls under the age of 16 reports to have been victim of sexual coercion in the past year. As from the age of 16, victimization becomes a typical female feature. Since several studies found that a low socio-economic status is a risk factor for sexual coercion, this factor was also included in our analysis²⁸⁻²⁹. We included two socio-economic variables: the objective socio-economic status, which is a construct of two questions about the main roof and floor material of the respondent's house, and the subjective socio-economic status, in which the respondent indicates whether he/she considers him/herself richer/same/poorer than other people their age.

Secondly, alcohol use has been associated with sexual coercion among adolescents^{8, 30-31}. Several studies have shown that alcohol consumption during a date increases the risk of aggressive behaviour in men, while intoxication undermines women's ability to refuse unwanted sexual intercourse³². The correlation between alcohol use and victimization of sexual violence is

confirmed by many studies conducted in developing countries³³⁻³⁶. In our study, alcohol use was measured by the question 'How often do you drink alcohol?' (Never / Sometimes / Often). Due to the small number of observations in the category 'often' (n=7), alcohol use was recoded into a binary variable (No / Yes).

Thirdly, research shows that high sexual activity – defined by a young age of sexual initiation, a high number of sexual partners and a tendency to have casual sex – is a risk factor for sexual coercion^{32, 37-39}. Having older partners increases the risk of victimization⁴⁰. In this context, researchers suggest that the girls are in fact initially able to choose their older sexual partner, but once they are in a relationship, it is usually the older man who controls the sexual relationship, in some situations by the use of force. Finally, having multiple sexual partners or non-primary partners is associated with a higher risk of sexual violence victimization among women^{7, 41}. These variables were measured through closed questions with dichotomous answering categories: 'Did you already have sexual intercourse?' (Yes / No); 'Did you ever have more than one sexual relationship at the same time?' (No / Yes); 'Did you ever have a relationship with someone much older (10 years or more)?' (No / Yes).

Acceptance of sexual coercion

The dependent variable 'acceptance of sexual coercion' was measured through a 14-item 5-point Likert scale based on a study by Krahe et al³². The respondents were asked the following question: 'Imagine this: 'A boy wants to have sex with a girl but the girl says no.' Under which circumstances would you understand if the boy uses force or threats (holding her down, threatening to hurt her, etc...) to make her have sex with him?' Then fourteen situations are described, e.g. when she is drunk, when she had sex with him before, when she has accepted a gift from him, etc. An explorative factor analysis on the 14 items resulted in a one-dimensional structure (eigenwaarde = 7.009; variance = 46.3%). The scale is consistent with a Cronbach's alpha of .923 and loadings between .601 and .748. Respondents with up to four missing answers were included in the scale on the acceptability of sexual coercion in different

situations. To facilitate comparisons with regard to this scale, the scores were transformed to a sum scale with a range from 0 to 100.

Focus group discussions

Study design and sample

From the schools participating in the survey, two (schools 1 and 2) were selected based on two selection criteria: the status of the school (public/private) and the living situation of the students (boarding school or not).

In each of these two selected schools, the students' representative was informed about the study objectives and was requested to make a selection of students in the fifth or sixth year that did not have difficulties expressing themselves on delicate and sex related topics. In total, 37 young people participated in four discussion groups: 19 boys and 18 girls, aged between 17 and 24 years old. In each school, two focus group discussions took place. The discussions were conducted separately for boys and girls.

Procedure

The focus group discussions were moderated by a local researcher and the highlights were registered by a note-taker. Both were of a slightly older age and the same sex as the participants. The discussions took place in classrooms after school hours or during the weekend, when people with an authoritative function (e.g. teachers) were not present in the schools. Before starting the discussions, the participants were informed about the confidentiality and voluntary principles. All focus group discussions were conducted in the national language Kinyarwanda. Every participant signed an informed consent form before starting the discussion.

Guidelines

A topic list was developed, based on the socio-ecological model^{20, 41} and previous research^{32, 42-43}. During the focus group discussions, the following themes were discussed: 1) What is sexual violence according to the participants and how do they perceive the prevalence of sexual coercion in Rwanda? 2) Which types of sexual coercion exist

in Rwanda according to the participants? Questions were asked about different aspects of sexual coercion and their prevalence in the lives of Rwandan school-going youth. 3) In which context does sexual coercion generally take place? Probing questions included the situations in which sexual coercion takes place (e.g. in school or at parties), the relationship types in which sexual coercion is most prevalent and gender differences regarding the perception of sexual coercion. 4) What do participants see as reasons and risk enhancing factors for sexual coercion? Probing questions were related to individual characteristics, communication about sex, gender aspects and traditional norms and values throughout the four themes. Also, preliminary results of the quantitative survey were presented and discussed.

Data analysis

The focus group discussions were recorded, transcribed and translated into English. Coding took place in two phases. First, using an open coding system, the general themes treated during the discussion were identified. Secondly, using selective coding, answers were sought to the specific research questions.

Ethical approval

The study was approved, as part of a larger study measuring the impact of an HIV prevention programme, by the Rwanda National Ethics Committee and the Ethics Commission of the Ghent University Hospital (Belgium).

Results

Survey

Characteristics of respondents

The study sample consisted of 285 students, of which 38% were girls (Table 1). The respondents had an average age of 21, the majority (90%) aged between 19 and 23 years. These ages are relatively high compared to the ages of western secondary school students, but are typical for Central Africa, where students usually don't have a consistent educational career, due to high dropout rates

because of financial reasons and obligations in the domestic sphere. Half of the respondents (50%) live with their parents or other family members, while 45% lives in boarding school accommodation. Girls more often live in boarding facilities than boys. The majority of the respondents (58%) have a high socio-economic status. Nevertheless the subjective wealth of the respondents is low: 50% considers him/herself less wealthy when compared to other Rwandan youth. Girls consider themselves less wealthy than boys, while objectively their socio-economic status is not different from boys. Most respondents (68%), boys more than girls, attach great importance to the Rwandan traditions and customs. Nearly half of the respondents (44%) report the use of alcohol. Boys drink significantly more alcohol than girls.

Sexual behaviour of respondents

The majority of the respondents (66%) did not yet have sexual intercourse (Table 2). Of those who did have sex (n=95), 25% has had an age-disparate relationship with a partner who was at least ten years older. This is the case for 50% of female sexually active respondents, but also for 17% of male sexually active respondents. Of all sexually active respondents, 61% has had concurrent sexual relationships (more than one sexual relationship at the same time): 55% of female respondents and 67% of male respondents.

Sexual victimization among Rwandan adolescents

Overall, 9% (n=16) (95% CI = [8.7 – 9.3]) of the total sample reported that they had been forced to have sex. In bivariate analyses, sexual victimization was associated with a low subjective wealth ($\chi^2 = 8.15$; $p < .05$), having had an age-disparate relationship ($\chi^2 = 7.02$; $p = .001$) and having had concurrent sexual relationships ($\chi^2 = 4.41$; $p = .001$). With regard to sexual experience, 15, 5% of all sexually active respondents have been forced into having sex. Girls (57%, n=13) are more likely to have been forced than boys (2%, n=3) ($\chi^2=12.70$ DF=1, $p<0.001$). Table 3 shows the final model for explaining sexual victimization among the respondents. The model fit (R^2 , Nagelkerke test) is 32% and the model contains two significant effects: one of sex (being female)

Table 1: Socio-demographic characteristics of respondents

	Total % (n=285)	Girls % (n=109)	Boys % (n=175)	Comparison between boys and girls
Age (mean)	20.95 (258) (s.d. 2.03)	20.23 (s.d. 1.57)	21.35 (s.d. 2.13)	t=-4.427, df=256, p<0.001
Sex	100.0 (284)	38.2 (109)	61.4 (175)	
Residence				
Parents/family	49.8 (142)	39.9 (43)	57.5 (99)	$\chi^2=19.485$, df=4, p=0.001
Boarding school in school	28.1 (80)	43.5 (47)	19.2 (33)	
Boarding school outside school	16.5 (47)	13.0 (14)	19.2 (33)	
Socio-economic status				
Low	41.8 (104)	41.2 (40)	42.1 (64)	$\chi^2=0.018$, df=1, p=0.892
High	58.2 (145)	58.8 (57)	57.9 (88)	
Subjective wealth				
Less wealthy	50.0 (136)	61.2 (63)	43.2 (73)	$\chi^2=8.284$, df=2, p=0.016
As wealthy as others	34.6 (94)	27.2 (28)	39.1 (66)	
Wealthier	15.4 (42)	11.7 (12)	17.8 (30)	
Importance attached to traditional culture				
Not important	17.6 (49)	27.4 (29)	11.6 (20)	$\chi^2=17.693$, df=3, p=0.001
Not very important	14.0 (39)	10.4 (11)	16.2 (28)	
Important	29.0 (81)	19.9 (20)	35.3 (61)	
Very important	39.4 (110)	43.4 (46)	37.0 (64)	
Alcohol use				
Never	56.2 (154)	76.2 (80)	43.8 (74)	$\chi^2=27.625$, df=1, p<0.001
Sometimes/often	43.8 (120)	23.8 (25)	56.2 (95)	

and one of experience with concurrent sexual relationships. Also, we observe weak associations with two other variables: age (older respondents) and experience with age-disparate relationships. This final model was replicated for female respondents. The model for female respondents (n=81) has a Nagelkerke R² of 45% and significant effects of concurrency (10.556; p=.004) and age (1.871; p=0.012). Normative acceptance of sexual coercion.

The scale which measures 'normative acceptance of sexual coercion' (n=239) has a range of 0 to 100 and a mean of 54 (s.d. = 23). Male respondents (n=149) have a higher mean (58; s.d. 22) than female respondents (n=90) (48; s.d. 25). For nine of the fourteen items, the proportion of male respondents that agreed with the statement is significantly higher than the proportion of female respondents that agreed (Table 4).

Table 2: Sexual behaviour of respondents

Measure	Total % (n=285)	Girls % (n=109)	Boys % (n=175)	Comparison between boys and girls
Ever had sex (yes)	34.5 (95)	21.0 (22)	42.9 (73)	$\chi^2=13.880$, df=1, p<0.001
Age-disparate relationship (of those who had sex) (yes)	24.7 (23)	50.0 (11)	16.9 (12)	$\chi^2=9.885$, df=1, p=0.002
Concurrency (of those who had sex) (yes)	61.1 (58)	54.5 (12)	66.7 (46)	$\chi^2=1.060$, df=1, p=0.303

Table 3: Odds ratios from multivariate ordered logit model assessing associations between characteristics and sexual victimization

Measures #	Final model Exp (B) (n=239)
Age	1.327 (*) (95% CI = [0.97 – 1.81])
Male (ref. female)	0.065 *** (95% CI = [0.02 – 0.28])
Ever had an age-disparate relationship (ref. never had an age-disparate relationship)	3.032 (*) (95% CI = [0.91 – 10.15])
Ever had concurrent sexual relationships (ref. never had concurrent sexual relationships)	5.477 ** (95% CI = [1.60 – 18.81])
Nagelkerke R ²	0.319

(*)p<.10

*p<.05

**p<.01

***p<.001

The complete model contained the following variables: age, sex, alcohol use, socio-economic status (objective and subjective), experience with age-disparate relationships, experience with concurrent relationships. Variable selection was based on Nagelkerke R².

Substantial proportions of respondents subscribed the statements that it is understandable that sexual coercion is used when the boy or the girl is drunk or drugged, when the girl has already slept with other boys and when the girl excited the boy first.

The proportion of respondents that find it understandable that a boy uses sexual coercion increases as situations become more intimate: when the girl kissed the boy before (mean score =

3.05), when she had allowed him to touch her breasts (mean score = 3.19) and when she has slept with him before (mean score = 3.32).

Bivariate analyses show that male respondents who consider their traditional culture as (very) important (t=-3.85, df=235, p<0.001), respondents who drink alcohol (t=-2.88, df=231, p=0.004), sexually active respondents and respondents who have concurrent sexual relationships (t=-1.49, df=78, p=0.140) are significantly more likely to tolerate sexual coercion.

Table 4: Acceptance of sexual coercion in different situations, by gender

Item	All	Girls (mean)	Boys (mean)	T-test comparing boys and girls
<i>'Under which circumstances would you understand if a boy uses force or threats (holding her down, threatening to hurt her.. etc..) to make a girl have sex with him?'</i>				
When he is so excited that he cannot control himself (n=242)	3.06	3.12	3.04	t=0.447, df=239, p=0.655
When he invited her to do an activity together (n=273)	2.99	2.98	3.01	t=-0.175, df=234, p=0.861
When he has given her a gift and she accepted (n=237)	3.15	2.82	3.36	t=-3.130, df=234, p=0.002
When she is drunk or drugged (n=236)	3.29	3.18	3.37	t=-1.086, df=233, p=0.279
When he is drunk or drugged (n=235)	3.34	3.22	3.41	t=-1.067, df=233, p=0.287
When she slept with him before (n=232)	3.32	3.15	3.41	t=-1.434, df=230, p=0.153
When she has already slept with other boys (n=233)	3.03	2.81	3.16	t=-1.969, df=231, p=0.050
When she had kissed him beforehand (before he starts forcing him on her) (n=235)	3.05	2.76	3.23	t=-2.706, df=233, p=0.007
When she had allowed him to touch her breast beforehand (before he starts forcing him on her) (n=237)	3.19	2.75	3.45	t=-4.036, df=235, p<0.001
When she first said yes and then changed her mind (n=239)	3.27	2.98	3.46	t=-2.889, df=237, p=0.004
When they are together since a long time (n=234)	3.10	2.80	3.27	t=-2.752, df=232, p=0.006
When she excited him first (n=234)	3.36	2.83	3.68	t=-5.048, df=232, p<0.001
When he has the impression that she is just saying 'no' and actually wants it too (n=242)	2.97	2.75	3.10	t=-2.085, df=240, p=0.038
When he wants to prove to his friends that he can seduce and persuade a girl (n=238)	3.06	2.78	3.23	t=-2.483, df=236, p=0.014
Overall scale (range 0-100)	54	48	58	t=-3.046, df=237, p=0.003

There was no significant association with sexual victimization in the past.

Table 5 shows the final model for explaining the acceptance of the use of sexual coercion. The model fit of the final model (adjusted R²) is 16% and there are two effects that reached statistical significance. First, there is a positive effect of the importance attached to Rwandan traditions and customs on the acceptance of sexual coercion. A higher attachment to Rwandan traditional culture is associated with a higher tendency to tolerate sexual coercion. Secondly, there is a significant interaction term between sex and alcohol use. Alcohol use is a stronger predictor of acceptance of sexual coercion for males than for females. The combination of being a boy and drinking alcohol increases the tendency to tolerate sexual coercion. There is also a marginally significant effect of age:

as one grows older, the tendency to tolerate sexual coercion decreases.

Focus group discussions

Types and contexts of sexual coercion
 The focus group participants reported various types and tactics of sexual coercion in Rwanda: verbal manipulation (intimidating, insisting, persuading, becoming angry, misleading), force (use of physical force, threatening, blackmail, violence, drugging) and situational abuse (the victim is too drunk to give permission for sex).

*‘A boy may have an erection and force you to sleep with him while you don’t want to. When you refuse, he tells you that he will die and you give him sex for fear that he may die.’
 (Girl, school 2)*

Table 5: Beta-coefficients from multiple regression analysis assessing associations between characteristics and acceptance of sexual coercion (95% CI)

Measure #	Final model (n=182)
Age (in years)	-0.121(*) (95% CI = [-3.03 - 0.30])
Male (ref. female)	0.052 (95% CI = [-6.67 - 11.58])
Ever had sex (ref. never had sex)	0.074 (95% CI = [-3.52 - 10.61])
Importance attached to traditional culture (ref. low importance)	0.232** (95% CI = [-1.87 - 7.68])
Ever drinks alcohol (ref. never)	-0.091 (95% CI = [-16.53 - 8.16])
Male*Alcohol use	0.388* (95% CI = [-3.70 - 33.56])
Adjusted R²	0.162

(*)p<.10

*p<.05

**p<.01

***p<.001

The complete model contained the following variables: # age, sex, alcohol use, socio-economic status (objective and subjective), experience with age-disparate relationships. Variable selection was done based on adjusted R².

Regarding the perpetrators of sexual coercion, the participants indicated that adolescents as well as persons in an authoritative position (soldiers, guardians, employers, teachers) are common perpetrators.

'In school, teachers threaten girls to give them zero. Then the girl accepts to have sex with him.' (Boy, school 2)

Reasons and risk factors for sexual coercion

According to the participants there are many causes of coercion. Both female and male participants felt forced to engage in sex. Male participants described pressure by their peers and sexual urges as reasons why they feel forced to have sexual intercourse, while the female participants acknowledged that all three forms of sexual coercive behaviour (verbal manipulation, force and situational abuse) by boys lead girls and women into having sex against their will.

'It [threats to use force] is common because you have been begging her in vain, so [when that does not work] you decide to use force.' (Boy, school 2)

Persistent across the focus group discussions was the statement that boys cannot control their sexual urges when they reach adolescence. This physical phenomenon is one of the reasons why sexual contacts follow an impulsive and unplanned pattern. These urges – often in combination with the revealing clothes of the girl – are said to 'force' boys to have sex, whereas resistance and control over their sexual behaviour is perceived as very difficult or even impossible. As a consequence, boys are not obliged to take responsibility for their acts. Nevertheless some participants also attributed the blame to the boy, stating that 'this depends on the individual's state of mind'.

'Usually boys do that because of changes in their bodies. Those changes may make him want you and rape you.' (Girl, school 2)

'There are girls who dress as if they are naked and this may drive a boy to have unplanned sex, like when her breasts are out.' (Boy, school 2)

Many participants indicated that alcohol use is a risk factor for sexual coercion. The use of alcohol is said to have a different effect on girls and boys, making the first 'submissive', 'weak' and 'less able to resist' while making the latter 'loud' and 'courageous'.

'A man can be sexually violent towards his wife. For example men who want to have sex with their wives because of alcohol.' (Boy, school 1)

The role of gifts and money in combination with boys' promises and threats make it difficult for girls to abstain from or refuse sex. In this respect, a number of female participants believe that poverty is an important factor forcing girls into unwanted sex. The exchange of gifts was described as central to the negotiation of sexual encounters. Both male and female participants spoke of sexual contacts as a market exchange, with girls attaining material gains (money, food, clothes, a telephone, alcohol...) and boys attaining sexual or social gains. The obligatory nature of sex as a 'pay back' for gifts or money received ('transactional sex') was acknowledged by all participants. This is especially true in the context of concurrent sexual relationships and in relationships with older partners. The acceptance of gifts in these two types of relationships, make it difficult for girls to refuse sexual intercourse, encouraging the use of sexual coercion.

'If you lead a poor life with your husband and the man is responsible for everything, the husband may need it [sex] while you don't. If you refuse, he may tell you that he will stop supplying all things. When you look at the situation, after what he is saying, you accept [to have sex], though unwillingly.' (Girl, school 2)

In this respect, concurrent relationships are said by participants to be the most common type of relationship among young people. The focus group discussions revealed that young people engage in different relationships in order to satisfy different needs. In this respect, these 'gift relationships' were contrasted with 'real relationships' (with 'true friends').

'You therefore have a school friend, a real friend and a supplier friend.' (Girl, school 2)

Furthermore, traditional gender roles with respect to sexual relationships are embedded within the cultural norms of the participants of the focus group discussions. The participants agreed that the boy has to initiate the sexual contact and 'prepare the girl' by 'convincing her' and 'changing her mind'. On the other hand the girl plays a submissive role. She has to be 'available', 'happy with her partner' and 'at ease'.

'The role of a man during sex consists of telling you good words. For a woman, the first thing she does consists of accepting what the man tells her and executing it.' (Girl, school 1)

Gender roles have an impact on the sexual behaviour and skills of the participants. The focus group discussions show that female participants have little control over how, when and where sexual interaction occurs. Traditional Rwandan culture does not permit girls to immediately consent to have sex. Girls have the function of 'gatekeepers'. They must initially refuse to have sex to preserve their reputation. This ambiguous communication results in the fact that girls' refusals are generally not taken seriously. The participants agreed that it is likely that when a boy sexually approaches a girl, the latter will initially refuse sexual intercourse, even if she does want to have sex ('token resistance'). Girls are said to be 'reserved' and 'shy' and immediately consenting to have sex is culturally not acceptable. The participants also agreed that when a boy sexually approaches a girl, it is possible that the latter will consent to sex, while actually she does not want to have sex ('compliance'). Refusing sex is said to be especially difficult in long lasting relationships. The male participants indicated that 'girls don't know how to make a decision' and admitted the use of manipulation or force by boys. This incapability of girls to express their sexual feelings makes sexual coercion more prevalent.

'It is the culture in Rwanda. The girl cannot accept at your first advances.' (Boy, school 1)

'If a boy comes to you and suggests sleeping with him, though willingly you first say no to test his resilience and finally change your mind. The yes comes after pretending to say no.' (Girl, school 2)

'In my opinion, sexual intercourse is often done forcibly. There can be a time that you live with a friend for a year without having sexual intercourse. He may threaten you to disrupt the love in case you refuse [sexual intercourse]. You therefore do it for fear that you lose your friend.' (Girl, school 2)

'When the boy wants sex while the girl does not, the boy uses many tricks because he is the one to drive the girl into it.' (Boy, school 1)

The majority of participants indicated that it is the girls' responsibility to clearly indicate her boundaries in terms of sexual intercourse. Consequently, when a girl fails to do this, they find it understandable that a boy forces her into sexual intercourse. Whether the use of sexual coercion is understandable in a situation where the girl has already slept with the boy in the past, was a topic of discussion among the female participants.

Particularly the female participants in the focus groups reported a great importance attached to the traditional culture. They indicated that traditional cultural values (such as abstaining from sexual intercourse and listening to elder persons) are negatively affected by 'developmental and modernizing influences'. At the same time they indicated that Rwanda lacks a communication climate about sex related topics and sexual coercion. Sex is a taboo topic and those asking about it are considered promiscuous. In Rwanda, sex education programmes mainly mention the negative aspects of sexual intercourse (HIV, STI's, unintended pregnancies, etc.) as a means of promoting abstinence among young people.

Discussion and conclusion

Of all sexually active respondents in our sample, 16 have been forced into having sex. This is consistent with a review of non-consensual sexual experiences of young people in developing

countries²⁴, which finds that between 2% and 20% of adolescents and particularly young women report the experience of forced penetrative sex over the course of their lifetime. In a review of fourteen studies 15% to 30% of sexually active girls reported coercion²⁴. A behavioural surveillance study in Rwanda finds that 30.2% of female respondents have been forced to have sex at some stage in their lives⁴⁴.

Bivariate and multivariate analyses showed that being female, being older and having (had) concurrent and age-disparate relationships increase the odds of sexual victimization. With respect to age, experience with sexual intercourse most likely acts as a mediator between age and sexual victimization. Victimization is significantly associated with concurrent sexual relationships and weakly associated with age-disparate relationships. Both types of relationships are relatively prevalent among Rwandan youth: of the sexually active respondents, half of the girls but also about one in five boys, have (had) a relationship with a partner that was at least ten years older. Furthermore, more than half of the sexually active respondents, girls (55%) as well as boys (67%), have (had) more than one sexual relationship at the same time.

Participants in the focus group discussions linked both types of relationships to the phenomenon of transactional sex. Literature also points out that both types of relationships contain high risks for sexual coercion, as well as for HIV and other sexually transmitted infections³⁹. Recently, several studies were published that try to understand the reasoning behind transactional sex. Wamoyi⁴⁵ found that in Tanzania, girls' motivations to engage in transactional sex are multiple: escaping intense poverty, seeking beauty products or accumulating business capital, often pressured by peers to consume like others. Young women actively used their sexuality as an economic resource. Another study by Wamoyi⁴⁶ found that young women perceive transactional sex as something positive. On the other hand, giving something in return for sex, or 'paying', may create the feeling in boys that they have the right to have sex with a girl when she has accepted a gift from him. This is confirmed by our study:

more than half of the boys find it acceptable to force a girl to have sex with him in this situation.

The normative acceptance of sexual coercion is high among our Rwandan respondents. The majority of the respondents understand the use of force in the presented situations. Separate multivariate analyses for female and male respondents show that younger girls; girls who attach great importance to Rwandan culture; boys who report the use of alcohol and sexually active boys are more likely to tolerate the use of sexual coercion. Ever having been forced into sex is not associated with acceptance of sexual aggression. This might be due to the limited sample of the study and thus the limited number of respondents who indicated that they have been forced into sex. The association with age could be explained by the fact that older adolescents have more realistic views on relationships and sexuality. An important finding is that youngsters who attach more importance to traditional Rwandan culture are more likely to tolerate sexual coercion. Traditional Rwandan sexual culture is characterized by strict gender roles and an ignorance of adolescent girls' sexuality. Furthermore, there is little open communication on sexual matters between adults and children and between partners. Also, multiple partners are common in Rwandan traditional culture, both for men and women⁴⁷. Our qualitative findings support the results of the quantitative analysis with respect to the association between importance attached to traditional culture and acceptance of sexual coercion.

The quantitative analyses and focus group discussions highlight a number of demographic, individual, environmental and structural risk factors for sexual coercion, which are consistent with literature^{26;41,48}. First of all, a number of individual factors are associated with forced sex. Sex (being female) is an important socio-demographic risk factor, as well as the sexual and relational history of an individual: having more sexual experience, having multiple sexual partners and having older sexual partners are all associated with a higher risk of sexual coercion. The use of alcohol, as well as the sexual and relational skills of an individual plays an important role in the experience of forced sex. In this respect a poor

'sexual interaction competence', including ambiguous communication of sexual intentions and a lack of sexual assertiveness, plays an important role. This is the ability to attain personal goals in sexual interactions, while at the same time maintaining a positive relationship with the sexual partner. It implies among other things that one has a positive attitude regarding one's own sexuality, the ability to communicate about sexual intentions and the ability to correctly interpret the signals of the partner with respect to his/her boundaries and wishes⁴⁹. Secondly, the direct social environment influences the risk of sexual coercion. Confirmation of friends and peer pressure are both risk factors, while a good relationship with one's parents and communication about sex are protective factors.

Youth-oriented sexual and reproductive health programmes in developing countries rarely address sexual health as a broad concept, or pay attention to the reality of forced sex that many adolescents face. This article however points out that, given its prevalence, programmes need to consider patterns of forced sex when addressing sexual health. There is a need for comprehensive sex education which pays attention to knowledge, attitudes and skills in terms of relationships, sexual intercourse and communication. A number of participants reported wanting to talk more about sex related topics and the need to counsel parents or important adults so that they can provide correct and consistent information on the subject. Regarding attitudes, programmes should challenge general standards that perpetuate sexual coercion. With respect to skills, the focus group discussions address the submissive role of women in the sexual interaction and the lack of unambiguous communication between boys and girls.

Furthermore, most programmes focus on individual risk perception and individual behaviour change. However, our results show that structural and contextual factors - such as gender inequality, poverty, peer pressure and traditional values - play an important role. Prevention programmes should therefore focus on changing individual's attitudes regarding sexual coercion while simultaneously promoting an environment that is less tolerant towards the use of sexual coercion. Finally, there is a need for recognition of

different types of relationships which have different levels of risk. For example, concurrent relationships are considered as 'fixed' long-term relationships, and not as 'casual' partners. Campaigns should pay attention to such important differences in interpretation.

We are aware of several limitations in this study. First, the respondents were school going adolescents, had a higher socio-economic status than the general population and the majority was male. The respondents therefore cannot be considered to represent the entire population of Rwandan youth. Moreover, the schools sampled are part of an HIV prevention intervention. This might have influenced the results, for example, that students are more communicative and are better informed about sex and are more aware of risky behaviors and relationships. Furthermore, we found a high non-response on the question of sexual coercion. The possibility of under-reporting the experience of being forced into having sex cannot be overlooked. Also, the question on sexual victimization only measures forced sexual intercourse. Other forms of non-consensual sexual behaviour such as unwanted comments or advances are not taken into account. Finally, we are aware of the limitations of the study design: a cross-sectional study does not allow studying causality, and due to the small number of participants, some variables may have failed to attain significance. Nevertheless, we are convinced that our paper has made a meaningful contribution to the empirical research on sexual violence among African adolescents. We hope our findings may inspire other colleagues to investigate this topic in a more elaborate way.

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References

1. International Planned Parenthood Federation. Sexual rights: an IPPF declaration. Abridged version. IPPF: London, 2009.
2. Population Council. Sexual and Gender Based Violence in Africa: Literature Review, 2008.
3. International Conference on Population and Development. Programme of Action, 1994.
4. World health organization. Defining sexual health. Report of a technical consultation on sexual health 28-31 January 2002. Geneva: World health Organization, 2002.
5. International Planned Parenthood Federation. Gender-Based Violence and Reproductive Health. *Int Fam Plan Perspect* 2004; 30(4): Special GBV issue.
6. Campbell S, Sefl T. The Impact of Rape on Women's Sexual Health Risk Behaviours. *Health Psychology* 2004; 23(1):67-74.
7. Cluver L, Gardner F, Operario D. Effects of Stigma on the Mental Health of Adolescents Orphaned by AIDS *J Adolescent Health* 2008; 42(4):410-17.
8. Lacasse A, Mendelson MJ. Sexual coercion among adolescents - Victims and perpetrators. *Journal of Interpersonal Violence* 2007; 22(4):424-37.
9. Ivy DK, Hamlet S. College students and sexual dynamics: Two studies of peer sexual harassment. *Commun Educ* 1996; 45(2):149-66.
10. Chan KL, Straus MA, Brownridge DA, Tiwari A, Leung WC. Prevalence of Dating Partner Violence and Suicidal Ideation Among Male and Female University Students Worldwide. *Journal of Midwifery & Women's Health* 2008; 53(6):529-37.
11. Brown A, Jejeebhoy S, Shah I, Yount K. Sexual relations among young people in developing countries: evidence from WHO case studies: WHO: Department of Reproductive Health and Research, 2001.
12. Erulkar AS. The experience of sexual coercion among young people in Kenya. *Int Fam Plan Perspect* 2004; 30(4):182-89.
13. Kazaura MR, Masatu MC. Sexual practices among unmarried adolescents in Tanzania. *BMC Public Health* 2009; 9.
14. Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Khuzwayo N, et al. A cluster randomized-controlled trial to determine the effectiveness of Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa: trial design, methods and baseline findings. *Trop Med Int Health* 2006;11(1):3-16.
15. Merson MH, Dayton JM, O'Reilly K. Effectiveness of HIV prevention interventions in developing countries. *Aids* 2000; 14 (suppl 2):S68-S84.
16. Gallant M, Maticka-Tyndale E. School-based HIV prevention programmes for African youth. *Soc Sci Med* 2004;58(7):1337-51.
17. Bertrand JT, Anhang R. The effectiveness of mass media in changing HIV/AIDS-related behaviour among young people in developing countries. *World Health Organization Technical Report Series* 2006; 938:205-41.
18. Michielsen K, Chersich M, Luchters S, De Koker P, Van Rossem R, Temmerman M. Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials. *Aids* 2010;24(8):1193-202.
19. Speizer IS, Magnani RJ, Colvin CE. The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *J Adolesc Health* 2003; 33 (5):324-48.
20. Bronfenbrenner U. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press, 1979.
21. Heise LL, Moore K, Toubia N. *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: The Population Council, 1995.
22. Ministry of Health, National Institute of Statistics of Rwanda and I. C. F. Macro. *Rwanda Interim Demographic and Health Survey 2007-08*, 2009.
23. Republic of Rwanda, National Aids Control Commission. *UNGASS January 2006 - December 2007*. United Nations General Assembly Special Session on HIV/AIDS. Country Report Rwanda, 2008
24. Bridgeland J, Wulsin S, McNaught M. *Rebuilding Rwanda from genocide to prosperity through education: Civic Enterprises, LLC With Hudson Institute*, 2009.
25. Marston C. What is heterosexual coercion? Interpreting narratives from young people in Mexico City. *Sociology of Health & Illness* 2005; 27(1):68-91.
26. Jejeebhoy S, Bott S. Non-consensual sexual experiences of young people: a review of the evidence from developing countries: Population Council, 2003.
27. Andersson N, Ho-Foster A. 13,915 reasons for equity in sexual offences legislation: A national school-based survey in South Africa. *Int J Equity Health* 2008; 7.
28. Hallman K. Socioeconomic Disadvantage and Unsafe Sexual Behaviors of Young Women and Men in South Africa. In: Council P, editor. *Policy Research Division Working Paper*, 2004.
29. Wood K, Jewkes R. Violence, rape and sexual coercion: Everyday love in a South African township. *Gender and Development* 1997; 5(2):41-46.
30. Wilson AE, Calhoun KS, McNair LD. Alcohol consumption and expectancies among sexually coercive college men. *Journal of Interpersonal Violence* 2002; 17:1145-59.
31. Larimer ME, Lydum AR, Britt KA, Turner AP. Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. *Sex Roles* 1999; 40:295-308.
32. Krahe B, Bieneck S, Scheinberger-Olwig R. The role of sexual scripts in sexual aggression and victimization. *Arch Sex Behav* 2007; 36(5):687-701.

33. Zablotska I, Frankland A, Prestage G, Grulich A, Imrie J. Risk taking and safer sex practices in casual relationships between men. *Sex Health* 2007;4(4):295-95.
34. Lehrer JA, Lehrer VL, Lehrer EL, Oyarzun PB. Prevalence of and risk factors for sexual victimization in college women in Chile. *Int Fam Plan Perspect* 2007; 33(4):168-75.
35. Chersich MF, Luchters SMF, Malonza IM, Mwarogo P, King'ola N, Temmerman M. Heavy episodic drinking among Kenyan female sex workers is associated with unsafe sex, sexual violence and sexually transmitted infections. *Int J Std Aids* 2007;18(11):764-69.
36. Chersich MF, Rees HV. Causal links between binge drinking patterns, unsafe sex and HIV in South Africa: it's time to intervene. *Int J Std Aids* 2010;21:2-7.
37. Malamuth NM. An evolutionary-based model integrating research on the characteristics of sexually coercive men. *Advances in Psychological Science*, Vol 1 1998:151-84.
38. Testa M, Dermen KH. The differential correlates of sexual coercion and rape. *Journal of Interpersonal Violence* 1999;14(5):548-61.
39. Arata CM. Shattered subjects: Trauma and testimony in women's life-writing. *Contemp Psychol* 2000; 45(6):669-71.
40. WHO Global Coalition on Women and AIDS. (2004). Violence against women and HIV/AIDS: critical intersections. Intimate partner violence and HIV/AIDS. WHO: Information Bulletin Series.
41. Kuyper L, De Wit J. Laat je nu horen! Een onderzoek naar grensoverschrijdende seksuele ervaringen onder jongeren. Utrecht: Universiteit Utrecht & Rutgers WPF, 2009.
42. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science & Medicine* 2002; 55(7):1231-1244.
43. Astbury J, Bennett LR, Manderson L. Mapping a Global Pandemic: Review of Current Literature on rape, Sexual Assault and Sexual Harassment of Women. Geneva: Global Forum for health Research, 2000.
44. Greenall M, Karasi L. Review on out of school youth and sexual and reproductive health in Rwanda. Based on: Behavioural Sentinel Surveillance with Young People (2006) of the Treatment and Research AIDS Centre
45. Wamoyi J, Wight D, Plummer M, Mshana GH, Ross D. Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. *Reprod Health* 2010; 7(1):2.
46. Wamoyi J, Fenwick A, Urassa M, Zaba B, Stones W. "Women's Bodies are Shops": Beliefs About Transactional Sex and Implications for Understanding Gender Power and HIV Prevention in Tanzania. *Arch Sex Behav* 2010; 40(1):5-15.
47. Musabyimana G. Pratiques et rites sexuels au Rwanda. Paris : L'Harmattan, 2006.
48. Kuyper L, De Wit J. Het vervolg op 'laat je nu horen!'. Utrecht: Universiteit Utrecht & Rutgers WPF., 2011.
49. Gijs L, Gianotten W, Vanwezenbeeck I, Weijenberg P. Seksuologie. Houten: Bohn Stafleu van Loghum, 2009.