

**ASSESSMENT OF SEXUAL COERCION AMONG UNDERGRADUATES IN
SELECTED UNIVERSITIES IN BENIN CITY, EDO STATE.**

BY

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DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE,

SCHOOL OF MEDICINE,

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BENIN CITY, EDO STATE,

NIGERIA.

MAY, 2026.

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A ONE-YEAR PROJECT PRESENTED TO

**DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE, SCHOOL OF
MEDICINE, COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN
CITY, EDO STATE, NIGERIA.**

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MAY, 2026.

DECLARATION

I hereby declare that this project work titled “**ASSESSMENT OF SEXUAL COERCION AMONG UNDERGRADUATES IN SELECTED UNIVERSITIES IN BENIN CITY, EDO STATE**” was conducted under the supervision of PROF. A.I. OBI and has not been submitted anywhere else for the award of a degree or certificate.

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CERTIFICATION

This is to certify that this research study titled ‘**ASSESSMENT OF SEXUAL COERCION AMONG UNDERGRADUATES IN SELETED UNIVERSITIES IN BENIN CITY, EDO STATE** ’ will be carried out by **GODDOWELL GODWIN** with matriculation number **MED1807406** under supervision of Prof. A.I Obi, in the Department of Public Health and Community Medicine, School of Medicine, College of Medical Sciences, University of Benin, Benin City, Edo State, Nigeria as part of the requirements for the award of Bachelor of Medicine, Bachelor of Surgery (MBBS) degree.

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DEDICATION

I dedicate this work to Jehovah, the God Almighty, for granting me the power and wisdom to do this work, to its very completion.

Furthermore, I also wish to dedicate this work to my wonderful father, Mr. Godwin Isa and Mrs. Esther Godwin for their support in all aspects of life and encouragement over the long years of my stay in school. I also want to dedicate this work to my Uncle, Engr. Iyawe Osamade Noel for his support and assistance over the years up to this very point, in ensuring that I get to this phase of my life, about to graduate from medical school

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LIST OF ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
BIU	Benson Idahosa University
CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
CRHEN	Commission on the Review of Higher Education in Nigeria
GBV	Gender-Based Violence
HE	Higher Education
HIV	Human Immunodeficiency Virus
IRMA	Illinois Rape Myth Acceptance Scale
KAP	Knowledge, Attitude and Practice
MUST	Mbarara University of Science and Technology
NCS	Non-Consensual Sex
OR	Odds Ratio
SA	Sexual Assault
SC	Sexual Coercion
SEM	Social Ecological Model (also seen as "Socio-Ecological Model" in places)
SES	Sexual Experiences Survey
SPSS	Statistical Package for Social Sciences
SV	Sexual Violence

DEFINITION OF TERMS

Sexual Coercion: Sexual coercion refers to any sexual activity obtained through pressure, manipulation, threats, intimidation, abuse of power, or physical force in which true consent is absent. In this study, it includes a wide spectrum of behaviours such as unwanted touching, being promised money or grades for sex, threats of relationship termination, being given drugs or alcohol to facilitate sex, and physically forced penetrative sex. The term does not require physical violence; psychological pressure or exploitation of authority also constitute coercion.

Consent: Consent is defined as a freely given, reversible agreement to engage in sexual activity without fear, force, or manipulation. The study emphasises that consent must be active and verbal or otherwise clearly communicated; silence, passivity, or previous sexual activity does not imply consent. Importantly, consent can be withdrawn at any time, and a person who is heavily intoxicated or unconscious cannot give valid consent.

Victim (or Survivor): A victim or survivor is any individual who has experienced one or more acts of sexual coercion as listed in the questionnaire. The study acknowledges that many victims do not label their experiences as “coercion” or “assault”, even when their behavioural responses meet the definition. The terms are used interchangeably without implying weakness or passivity.

Perpetrator: A perpetrator is a person who commits an act of sexual coercion. Perpetrators in the university context may be fellow students, acquaintances, intimate partners, or authority figures (lecturers, administrators). The study identifies tactics such as threats, promises of rewards, exploitation of intoxication, and physical force.

Rape Myth Acceptance: Rape myth acceptance refers to the endorsement of false, prejudicial, or stereotyped beliefs about sexual assault, such as “only weak individuals feel bad after coercion” or “men cannot be sexually coerced by women

Incapacitated Rape: Incapacitated rape is a form of sexual coercion that occurs when the victim is unable to consent because of alcohol, drugs, sleep, or unconsciousness.

Transactional Coercion: Transactional coercion describes situations where sex is exchanged for money, gifts, academic grades, or other material favours. It is distinct from consensual transactional sex because it involves pressure, exploitation of economic vulnerability, or an imbalance of power.

Social Ecological Model (SEM): The Social Ecological Model is the primary theoretical framework of the study. It posits that sexual coercion results from interactions between multiple levels: individual (e.g., knowledge, alcohol use), interpersonal (peer norms, relationship power), institutional (campus security, university policies), community (campus culture), and societal (gender norms, laws). The model guided the development of the questionnaire and the interpretation of contributing factors.

ABSTRACT

BACKGROUND

Sexual coercion among undergraduate students is a significant public health issue affecting physical health, mental wellbeing, and academic performance. This study assessed the knowledge, attitudes, prevalence, and factors influencing sexual coercion among undergraduate students in selected universities in Benin City, Edo State, Nigeria.

MATERIALS AND METHODS

An analytical cross-sectional study was conducted among 509 undergraduate students from the University of Benin (UNIBEN) and Benson Idahosa University (BIU), Benin City. A structured, self-administered questionnaire adapted from the Sexual Experiences Survey (SES), the Illinois Rape Myth Acceptance Scale (IRMA), and the WHO sexual violence framework was used for data collection. Multi-stage sampling was employed. Data were analysed using IBM SPSS version 27.0 at a 95% confidence interval, with $p < 0.05$ considered statistically significant.

RESULTS

The mean age of respondents was 21.5 ± 3.2 years; 269/509 (52.8%) were female and 240/509 (47.2%) were male. Regarding knowledge of sexual coercion (n=398), 310/398 (78.0%) had good knowledge while 88/398 (22.0%) had poor knowledge. The majority of respondents, 416/509 (81.7%), held a negative (unfavourable) attitude towards sexual coercion, while 93/509 (18.3%) held a positive (accepting) attitude. The lifetime prevalence of sexual coercion was 244/509 (47.9%). The most common forms were unwanted touching (158/509, 31.0%),

transactional coercion (promises of money, gifts, or grades for sex; 90/509, 17.7%), threat of breakup for sex (72/509, 14.0%), and fear to refuse sexual advances (63/509, 12.4%). Female students had significantly higher prevalence than males (146/269, 54.3% vs. 98/240, 40.8%; $\chi^2 = 9.182$, $p = 0.002$). Prevalence increased significantly with level of study, from 38/149 (25.5%) at 100 level to 64/97 (66.0%) at 300 level ($\chi^2 = 50.731$, $p < 0.001$). Logistic regression identified alcohol or drug use by students as a significant independent predictor of sexual coercion (OR = 2.097; 95% CI = 1.145–3.838; $p = 0.016$). Male sex (OR = 2.054; 95% CI = 1.328–3.179; $p = 0.001$), increasing age (OR = 1.147 per year; 95% CI = 1.053–1.250; $p = 0.002$), and studying Medicine (compared to Law) (OR = 0.401; 95% CI = 0.203–0.791; $p = 0.008$) were also significant predictors.

CONCLUSION

Sexual coercion is highly prevalent among undergraduate students in Benin City, affecting nearly one in two students, with unwanted touching, transactional coercion, and psychological pressure being the commonest forms. Female students, older students, and those in higher levels of study are at greater risk. Alcohol/drug use significantly increases vulnerability. These findings underscore the urgent need for mandatory, sustained consent education programmes beginning at 100 level, strengthened campus security and policy enforcement, accessible confidential reporting mechanisms, and targeted interventions addressing substance use and peer norms. University administrations must fully implement the Sexual Harassment of Students (Prevention and Prohibition) Act of 2025, establish Independent Sexual Harassment Prohibition Committees, and provide comprehensive survivor support services.

KEYWORDS

Sexual coercion, Undergraduates, Knowledge, Attitude, Prevalence, Benin City, Nigeria

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Sexual aggression and gender-based violence (GBV) are significant public health issues affecting university students worldwide. Preventing and responding to sexual violence (SV) on campuses requires research into its prevalence, risk factors, and impact on students. Sexual violence (SV) is a major issue among higher education (HE) students, particularly undergraduate females.¹ SV negatively affects survivors' physical and mental health, as well as academic performance.¹ Universities are implementing sexual consent training, bystander awareness programs, and policies to address SV.¹ Chronic underreporting to university authorities and law enforcement limits accurate data collection.²

Limited data is available on campus sexual assault in Southern Africa.³ Studies in South Africa and Ethiopia show high rates of gender-based violence and sexual coercion among female students.⁴ A study in South Africa's Eastern Cape Province examined SV experiences among 6,000 students.⁵ At Madawalabu University in Ethiopia, 41.1% of students reported experiencing lifetime sexual coercion.⁶

Most research on non-consensual sex has focused on secondary school students, with limited studies on university students.⁷ Studies show SV among university students is influenced by financial constraints, moral deficits, weak institutional redress, and lust.⁸ Research at the University of Benin found a moderate occurrence of sexual harassment.⁸ A study at the College of Medicine, University of Ibadan examined risky sexual behavior and experiences of sexual coercion among clinical students.⁹

Many instances of SV occur when victims/survivors are under the influence of drugs and alcohol.² Addressing SV in universities requires data-driven policies, institutional support, and proactive prevention programs to ensure student safety and well-being. Sexual aggression and gender-based violence are major public health issues affecting university students globally. Understanding attitudes surrounding sexual coercion is essential for effective prevention and intervention efforts. Research on prevalence and associated factors helps provide context for these attitudes.

Sexual violence (SV) is prevalent in higher education worldwide, with studies highlighting the widespread nature of unwanted sexual experiences.¹ Synthesising data on sexual assault (SA) is crucial for designing prevention and response interventions that address attitudes around consent and coercion.¹ Underreporting of SV is influenced by attitudes toward victim-blaming, institutional support, and social stigma.¹

Research across Africa shows high rates of sexual coercion, suggesting that attitudes and norms may contribute to the problem. Studies at Uganda link sexual coercion with risky sexual behavior and alcohol consumption, reflecting attitudes toward power dynamics and consent.¹⁰ High rates of sexual violence in South Africa suggest that attitudes may not adequately condemn coercion or support prevention efforts.⁴ Madawalabu University at Ethiopia shows High prevalence of sexual coercion indicates a context where protective attitudes and policies are lacking.¹¹

Research in Nigeria has examined the determinants and psychosocial factors influencing sexual coercion among university students. Studies in South-West Nigeria reveal various forms of sexual coercion, predisposing factors, and the need for intervention to shift attitudes and behaviors. Financial insecurity, moral deficits, weak institutional responses, and lust contribute

to sexual harassment, rooted in societal attitudes toward gender and power. Research links sexual coercion to risky sexual behavior, reinforcing the need to address underlying perceptions and norms. Qualitative Studies was done for the Perceptions of coercion highlight gendered power dynamics, influencing what is deemed acceptable or coercive behavior.⁴⁻⁷

Sexual coercion is a significant public health issue affecting university students worldwide. Understanding its prevalence is crucial for developing effective prevention and response strategies. Research consistently shows that unwanted sexual experiences are common among university students, though reported rates vary due to methodological differences.⁵⁻⁶

A systematic review across 21 countries found a prevalence of sexual assault (SA) at 17.5% for women 7.8% for men 18.1% for transgender and gender-diverse individuals¹. Forced sexual touching was the most common form of coercion. Campus climate surveys in the U.S. estimate sexual violence prevalence but are less common globally.¹ Variations in definitions, timeframes, and measurement tools affect reported prevalence rates.¹²

Sexual coercion is prevalent in African universities, with studies highlighting gender disparities. A study at Mbarara University in Uganda linked sexual coercion to risky sexual behavior. A 2010 survey found that 28% of students experienced sexual coercion (33.9% females, 22.5% males). Recent experiences were reported by 22% of females and 11.8% of males.¹⁰ In South Africa 20–25% of female students reported sexual victimization. Incapacitated rape was more common than forcible rape in KwaZulu-Natal universities.¹³ Approximately 41% of female students at Madawalabu University in Ethiopia reported lifetime sexual coercion, 25.4% experienced coercion in the past year.¹¹ Studies on sexual coercion among university students are limited compared to research on secondary school students. However, research among

university students also reveals a concern. A study among clinical students at the College of Medicine, University of Ibadan, found that 18% of the students reported an experience of sexual coercion.⁹ Sexual coercion among university students is a well-documented concern worldwide. Research consistently reveals a high prevalence of unwanted sexual experiences in higher education settings, with undergraduate female students being disproportionately affected. This has prompted universities globally to develop prevention and intervention strategies.² Studies on sexual coercion explore various forms of unwanted sexual behavior, including harassment, unwanted sexual contact, and sexual violence. A systematic review of studies on sexual aggression among undergraduate students (2008–2018) found that unwanted sexual contact was the most frequent type of sexual aggression. These findings underscore the urgent need for a deeper understanding of the factors that contribute to sexual coercion in university environments.¹⁴

Sexual coercion is a significant issue among university students across Africa, with studies from various countries highlighting its prevalence and contributing factors.

A 2005 study at Mbarara University in Uganda of Science and Technology (MUST) reported that 31.1% of students had experienced sexual coercion, while a follow-up study in 2010 found a prevalence of 28%, with higher rates among females (33.9%) compared to males (22.5%). These studies examined the contextual determinants and buffering factors of sexual coercion in a region with high HIV/AIDS prevalence.¹⁰ Gender-based violence on university campuses is a serious concern. Studies have documented female students' experiences of negotiating sexual violence in campus residences, emphasizing the need for targeted interventions¹⁰

Research at Madawalabu University at Ethiopia found a lifetime prevalence of sexual coercion of 41.1% among female students, with occasional alcohol use being a significant risk factor.

In Nigeria Studies have reported on the prevalence and correlates of gender-based violence among female university students, reinforcing the widespread nature of the issue across the continent.

These findings highlight the necessity of region-specific research to understand the factors influencing sexual coercion in different African cultural and social contexts.

In Nigeria, sexual harassment and coercion in tertiary institutions have been a growing concern. The Commission on the Review of Higher Education in Nigeria (CRHEN) recognized the increasing prevalence of sexual coercion in higher education institutions as early as 1991⁹.

A study found that different forms of sexual coercion occurred at a moderate level, with age and marital status not significantly influencing experiences. Factors such as inadequate security, deception, alcohol consumption, and permissive attitudes were identified as contributors. University of Ibadan (College of Medicine) Research among clinical students revealed a high prevalence of risky sexual behaviors and experiences of sexual coercion, with more female students reporting victimization. Ibadan Polytechnic Students Studies explored adolescents' perceptions of sexual coercion and the prevalence of non-consensual sexual experiences. These studies indicate that sexual coercion in Nigerian universities is a complex issue influenced by individual, social, and institutional factors. Understanding these dynamics is essential for developing effective prevention strategies and policy interventions.

In Nigeria, one of the most significant legal frameworks addressing sexual coercion is the Violence Against Persons (Prohibition) Act (VAPP Act) of 2015. The Act was enacted to

prohibit all forms of violence against persons in both private and public life. It criminalizes various forms of sexual and gender-based violence, including rape, sexual intimidation, stalking, emotional abuse, and sexual harassment. The VAPP Act is particularly important because it broadens the legal understanding of sexual violence beyond physical force alone and recognizes psychological and emotional forms of coercion. This framework is highly relevant to studies on sexual coercion among undergraduates because coercive sexual practices within tertiary institutions often involve threats, pressure, manipulation, abuse of authority, and intimidation by peers or lecturers. The Act therefore provides a legal basis for addressing coercive sexual behaviours within educational settings⁵⁰.

Another important framework in Nigeria is the National Gender Policy developed by the Federal Ministry of Women Affairs. The policy seeks to promote gender equality, eliminate discrimination, and protect individuals from gender-based violence and exploitation. The policy recognizes that unequal gender relations and power imbalances contribute significantly to violence against women, including sexual coercion. Within university environments, female students may be particularly vulnerable to coercive sexual advances due to societal expectations, economic dependence, fear of victimization, or institutional power dynamics. The National Gender Policy therefore provides a broader social and policy framework for understanding sexual coercion as a manifestation of gender inequality and abuse of power⁵¹.

The Sexual Harassment in Tertiary Educational Institutions Prohibition Bill was introduced to specifically address sexual harassment and exploitation within higher institutions in Nigeria. Although the bill has faced delays in implementation, it remains highly relevant to research on sexual coercion among undergraduates. The proposed law seeks to prohibit sexual relationships

between lecturers and students where consent may be compromised by unequal power relations. It addresses issues such as “sex-for-grades,” intimidation, unwanted sexual advances, and abuse of academic authority. The framework acknowledges that coercion may occur indirectly through threats of academic failure, victimization, or promises of academic favour, thereby making it particularly applicable to studies conducted within university settings⁵¹.

, the Constitution of the Federal Republic of Nigeria (1999, as amended) provides a general legal foundation for the protection of human dignity, personal liberty, and freedom from degrading treatment. Sexual coercion violates these constitutional rights because it undermines an individual’s autonomy, bodily integrity, and psychological well-being. Similarly, the Nigerian Criminal Code and Penal Code contain provisions relating to rape, indecent assault, and unlawful sexual acts, although these laws have often been criticized for their narrow interpretation of sexual violence and limited recognition of non-physical forms of coercion

At the regional African level, one of the most important frameworks relevant to sexual coercion is the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, popularly known as the Maputo Protocol of 2003. The protocol was adopted by the African Union to protect the rights and dignity of women across Africa. It requires member states to eliminate all forms of violence against women, including sexual violence and abuse. The Maputo Protocol recognizes women’s rights to dignity, bodily integrity, and protection from harmful practices and coercive sexual behaviours. It also emphasizes reproductive rights and the importance of consent in sexual relationships. This framework is particularly relevant to studies on sexual coercion among undergraduates because it recognizes both physical and psychological

forms of sexual violence and highlights the need to address gender-based power imbalances that facilitate coercive sexual practices⁵².

Similarly, the African Charter on Human and Peoples' Rights provides for the protection of human dignity, equality, and freedom from degrading treatment. Sexual coercion constitutes a violation of these rights because it deprives individuals of their ability to freely make decisions regarding their sexual activities. The Charter therefore serves as a broader human rights framework supporting the prevention of sexual exploitation and abuse within African societies⁵³.

Another emerging regional framework is the African Union Convention on Ending Violence Against Women and Girls (AU CEVAWG), which seeks to strengthen continental efforts toward preventing violence against women and girls, including sexual violence and coercion. The convention emphasizes accountability, survivor protection, institutional responsibility, and the need for member states to implement effective measures against gender-based violence. Its provisions are relevant to tertiary institutions because universities are increasingly recognized as important environments for implementing preventive and protective strategies against sexual abuse and coercion⁵².

Additionally, the Maputo Plan of Action (2016–2030) on sexual and reproductive health and rights addresses issues related to gender-based violence, sexual autonomy, and protection from exploitation and abuse. The framework promotes access to sexual and reproductive health services, protection of bodily autonomy, and elimination of coercive practices affecting young people and women. This is relevant to undergraduate populations, where sexual coercion may contribute to unintended pregnancies, unsafe sexual practices, sexually transmitted infections, and psychological trauma⁵².

Overall, these national and regional frameworks demonstrate increasing recognition of sexual coercion as a serious violation of human rights and public health concern. They collectively emphasize the importance of consent, dignity, bodily autonomy, gender equality, and institutional accountability in addressing coercive sexual behaviours. These frameworks therefore provide a strong legal and policy basis for assessing sexual coercion among undergraduates in selected universities in Benin City, Edo State.

1.2 STATEMENT OF PROBLEM

A global meta-analysis indicated that the African region has the highest estimated prevalence of sexual assault against women [previous conversation]. In South Africa, reports suggest that 20 to 25% of female university students experience sexual victimization.³

however, this figure may be an underestimation due to underreporting, and universities often lack comprehensive records. Research in South Africa also indicates that incapacitated rape is prevalent on campuses, potentially linked to substance use, and that students are often reluctant to report these incidents.⁵

Studies in Uganda have shown significant rates of sexual coercion among university students, with one study at Mbarara University of Science and Technology (MUST) reporting that approximately 28% of students had experienced it, with higher rates among females (33.9%).⁹

Within Nigeria, sexual coercion is an increasing concern in higher education institutions. Research indicates that various forms of sexual coercion exist among university female students, with unwanted sexual touching reported as highly prevalent in one study in South-West Nigeria. This study found that age and marital status did not significantly influence the likelihood of experiencing sexual coercion, suggesting widespread vulnerability. Factors such as inadequate

security, deception, alcohol consumption, and permissive attitudes within universities have been linked to sexual coercion. Studies in Ibadan, Nigeria, have highlighted that acts like rape and unwanted touch are considered common forms of sexual coercion by young people. Additionally, sexual harassment is a recognised problem in Nigerian universities, potentially exacerbated by poverty and insufficient parental guidance. The Commission on the Review of Higher Education in Nigeria (CRHEN) has acknowledged the growing problem of sexual coercion in tertiary education and the consequences for victims can include fear, anxiety, depression, and academic difficulties.¹⁵⁻¹⁷

Women in sub-Saharan Africa face significant challenges attaining higher education, and addressing sexual assault may be important to support their educational attainment. Unfortunately, only a few of those affected sought help.¹⁸

Another study exploring experiences of non-consensual sex (NCS) among students of a polytechnic in Ibadan, Nigeria, found that 9.0% of sexually experienced students reported that their first sexual intercourse involved force.²⁰

Forced sexual touching was identified as the most common form of sexual assault experienced. Surveys on sexual violence in higher education, although common in the United States due to federal policies, are less frequent in other parts of the world.¹ Another review of sexual aggression in undergraduate students between 2008 and 2018 indicated that unwanted sexual contact is the most frequent type of sexual aggression reported in both victimization and perpetration.¹⁴

A study in a UK university found that 20.5% of respondents experienced at least one act of attempted or forced sexual touching or rape in the past year, and 52.7% experienced at least one

act of sexual harassment.¹ The meta-analysis mentioned above also indicated that the African Region had the highest prevalence estimates for women's sexual assault compared to other world regions.¹

First-year female students in South Africa are identified as particularly vulnerable to sexual violence within the context of what is described as a "party rape culture" on university campuses.⁴ A study among clinical students at the College of Medicine, University of Ibadan, Nigeria, found that 23.8% of the students reported an experience of sexual coercion.⁹

One study noted that more females than males are vulnerable to sexual coercion in Nigeria, potentially due to the lower position of women and gender inequity.⁹

Experiences of sexual violence prior to university enrolment may be key risk factors for victimisation among university students.²

First-year female students are considered to be at high risk of sexual harassment and rape on campuses. This is potentially because they have recently graduated from high school, have limited knowledge of university life, and may be highly susceptible to peer pressure and the new-found freedom they experience away from home.¹⁵

In South Africa, first-year black female students are specifically highlighted as negotiating sexual violence on campus residences. This suggests a particular vulnerability for this demographic at the beginning of their university experience.⁴

Incapacitated rape is reportedly more common on South African campuses than forcible rape, which could be attributed to the excessive use of alcohol and drugs by both victims and perpetrators. This may particularly affect freshers who are navigating new social environments and potentially increased exposure to substance use.¹⁵

A South African study suggests that the risk of victimisation can depend on the extent to which victims and offenders share the same demographic characteristics, which could be relevant for freshers forming new relationships.¹⁵

In Nigeria, a study in the South-West suggests that young university females might be seen as targets for older males, implying that age and the perceived vulnerability of younger students could be influencing factors.²⁰

Research in Nigeria also points to inadequate security in universities as a factor contributing to sexual coercion. Freshers, being less familiar with campus safety measures and resources, might be more vulnerable in such environments. Deception, alcohol consumption, cultist activities, and permissive attitudes within Nigerian universities are also identified as factors influencing sexual coercion. Freshers might be more susceptible to deception or peer pressure related to alcohol or social norms they are newly exposed to. A study in Ibadan, Nigeria, suggests that the inability of young people to communicate effectively and resolve differences can contribute to situations of sexual coercion.²⁰

In the University of Benin, poverty is highlighted as a reason why some females might yield to unwanted sexual advances. Freshers from economically disadvantaged backgrounds might face particular vulnerabilities.⁸ "Congenial attitudes" and "indecent dressing" of female students have been suggested as potential predisposing factors.²⁰

background

Sexual coercion and abuse among undergraduates in Nigerian tertiary institutions represent a profound public health, human rights, and educational quality crisis that has defied decades of legislative attention and institutional rhetoric. Despite the existence of multiple legal

frameworks—including the Violence Against Persons (Prohibition) Act of 2015 and the newly passed Sexual Harassment of Students (Prevention and Prohibition) Act of 2025—the gap between policy on paper and protection in practice remains dangerously wide. Nigerian campuses continue to function as sites where the politics of money, institutional power, and the protective aura of academic celebrity (fame) converge to enable a culture of sexual predation, sustained by a "weather" of institutional indifference, grossly inadequate policy implementation, and entrenched patriarchal norms. While high-profile convictions such as that of Professor Cyril Ndifon at the University of Calabar—sentenced to five years' imprisonment—signal a possible shift, the systemic nature of the problem demands a comprehensive evidence base that currently does not exist in a consolidated form⁶⁸.

A foundational challenge in addressing sexual coercion is that many Nigerian students do not accurately recognise non-physical forms of coercion as violations of sexual autonomy. Research conducted among in-school adolescents in Osun State revealed that 69% of respondents had never heard of sexual coercion, only 29.3% had good knowledge of the phenomenon, and merely 5.7% reported confidence in their ability to prevent it⁶⁹.

Similarly, a study among female undergraduates at Bowen University, a private institution, found that 43.3% had poor knowledge of sexual coercion, and 44.1% held supportive perceptions of coercive practices—with 23.8% endorsing the belief that men who force sex do not intend to cause harm but simply become "too sexually carried away"⁷⁰.

Harmful attitudes and deeply embedded rape myth acceptance play a decisive role in perpetuating sexual coercion within Nigerian universities. A study examining sexual harassment myths among undergraduates in Southeast Nigeria found a prevalence of myth acceptance at

rates of 72.3% and 55.6% for two categories of myths, with gender explaining 4.9% to 10.4% of the variance⁷¹.

These myths include beliefs that victims invite harassment through their dress or behaviour, that men's sexual urges are uncontrollable, and that women who report abuse are motivated by malice or regret. Such attitudes are not merely abstract prejudices; they actively suppress reporting, shape institutional responses, and create a social environment in which perpetrators operate with perceived impunity.

The consequences of these attitudinal patterns extend beyond individual victimization to the institutional culture itself. When students and staff alike internalize victim-blaming narratives, survivors face a double trauma: the violation itself and the community's refusal to acknowledge it as such. This "second assault" is a powerful deterrent to disclosure. Research confirms that sexual harassment myth acceptance is embedded in the consciousness of young Nigerians through overarching patriarchal structures, with profound implications for gender-based violence prevention and sustainable community development⁷¹.

The available prevalence data paint an alarming picture. The National Campus Climate Baseline Survey on Sexual Harassment, conducted by Alliances for Africa and the Committee of Gender Directors in Nigerian Universities across 12 institutions spanning the six geopolitical zones with 3,528 respondents, found that 70% of female students and 30% of male students have experienced at least one form of gender-based violence on campus, while 63% of female staff and 37% of male staff reported similar experiences⁷².

Sexual misconduct—including unwanted touching, inappropriate comments, verbal abuse, and stalking—was the most commonly reported form of harassment, affecting 42.2% of all respondents⁷³.

Earlier research among in-school adolescents in Ile-Ife placed the prevalence of sexual coercion as high as 55%, while studies in Ibadan documented that 55% of adolescent students had been victims of at least one form of sexual coercion, the commonest being unwanted kissing and touching of breasts (47%). A more recent study in Oyo Central Senatorial District reported a prevalence rate of 75.5% among female undergraduates⁵⁸.

Despite these staggering figures, under-reporting remains endemic. The Alliances for Africa survey found that many survivors do not come forward due to fear of retaliation, a profound lack of trust in institutional reporting systems, and the absence of confidential and effective reporting channels. Students themselves describe a campus climate in which victims "hardly come out to speak" and "prefer to keep it to themselves," underscoring the extent to which institutional silence obscures the true scale of victimization⁵⁸.

Research on psychosocial predictors of transactional sex among undergraduates in Ondo State found that financial instability, peer pressure, family dysfunction, and emotional health challenges jointly explained 46.6% of the variance in transactional sexual involvement, with financial instability emerging as the strongest predictor⁷⁴.

These associations were more pronounced among female students, younger undergraduates, and those at lower academic levels. Economic insecurity—including the inability to afford basic necessities such as menstrual products—can drive girls' financial reliance on male partners,

thereby increasing vulnerability to sexual coercion. In a context where "sex for grades" is prevalent, the transactional framing of sexual access as a legitimate survival or advancement strategy severely compromises the possibility of genuine consent⁷⁵.

Within the broader ecosystem of transactional relationships between lecturers and students, money functions not only as a material inducement but as a structural expression of power. Lecturers control continuous assessment scores, examination scripts, project approvals, and—in some cases—whether a student graduates on time or remains stuck in the system for years. When students believe that grades can be purchased or coerced, academic standards decline, and the moral cost—the quiet erosion of trust—leaves lasting damage⁷⁵.

Institutional and Policy Failure (The "Weather" of Impunity): Perhaps the most significant driver of sexual coercion is the systematic failure to implement existing policies and laws. According to the International Federation of Women Lawyers (FIDA), only approximately 30 out of over 265 universities in Nigeria have policies to combat sexual misconduct, and there is no clear evidence of how these policies are implemented or whether students even know they exist, an assessment of anti-sexual harassment policy implementation at Obafemi Awolowo University—one of the few institutions with a formal policy—found that the policy development process lacked inclusivity, implementation activities were perceived as insufficient, and the policy had not been able to significantly achieve gender protection on campus⁷⁶.

1.3 JUSTIFICATION

Sexual coercion among undergraduates represents a profound public health, social, and developmental challenge within Nigerian tertiary institutions. The scale of this problem is now undeniable. A recent survey conducted across six federal universities in Nigeria revealed that 42.2% of respondents had experienced some form of sexual misconduct, including unwanted touching, verbal abuse, and coercion⁵⁶ (Alliances for Africa, 2026). This alarming figure is not an isolated finding but rather part of a consistent pattern of evidence. At the University of Lagos, 37% of students reported experiences of sexual violence, with female students being twice as likely to be affected⁵⁵ (UNILAG, 2025). In Northern Nigeria, a study in Sokoto State documented a lifetime prevalence of sexual harassment among female undergraduates at 44.8%, with a current prevalence of 26.7%⁵⁷ (Shehu et al., 2025). A scoping review of sexual violence across sub-Saharan African universities confirmed that Africa reports the highest prevalence of sexual assault against females in higher education institutions globally, at 25.9%, yet the evidence base remains fragmented and incomplete⁵⁸ (Mzilangwe et al., 2025). These figures, disturbing as they are, likely underestimate the true magnitude of the problem due to pervasive underreporting driven by stigma, fear of retaliation, and institutional betrayal. It is against this backdrop that the present study is justified.

The importance of this study lies first in its potential to close critical knowledge gaps. Research has demonstrated that knowledge deficits directly translate to increased vulnerability. A study in a Nigerian private university found that 43.3% of female undergraduates possessed poor knowledge of what constitutes sexual coercion, leaving them unable to identify, avoid, or report coercive situations⁵⁹ (Ogunwale et al., 2024). This problem extends to male students as well. A

study in Lagos found that while 75% of male undergraduates had good general knowledge, a significant 25% lacked comprehensive understanding, making them a hidden population of potential victims whose experiences may go unrecognized even by themselves⁶⁰ (American Journal of Men's Health, 2025). Without understanding what students know and do not know, educational interventions cannot be effectively targeted. This study addresses that gap by systematically assessing knowledge levels, thereby providing the evidence needed to design appropriate consent and sexuality education curricula.

Equally important is the study's focus on attitudes. Sexual coercion does not occur in a cultural vacuum; it is sustained by pervasive rape myth acceptance and victim-blaming beliefs. Research in Southeastern Nigeria found that 72.3% of male students and 55.6% of female students endorsed sexual harassment myths, beliefs that minimize the seriousness of coercion and shift blame from perpetrators to victims⁶¹ (Okafor et al., 2023). This pattern is consistent across the region. A study in Ghana confirmed that individuals who accept date rape attitudes are significantly more likely to blame victims for their assault⁶² (Semantic Scholar, 2024). Across sub-Saharan Africa, patriarchal norms and gender-inequitable beliefs have been identified as primary drivers of sexual violence⁵⁸ (Mzilangwe et al., 2025). By documenting the specific attitudes held by Nigerian undergraduates, this study provides the cultural diagnosis necessary for designing social norm change interventions that can dismantle the ideological foundations of sexual coercion.

Understanding prevalence is fundamental to transforming sexual coercion from a whispered-about problem into a quantified public health emergency that demands action. Beyond the institutional statistics already cited, research in Benue State has documented high rates of sexual

coercion of female students not only by peers but also by lecturers and non-academic staff, highlighting the abuse of power within academic hierarchies⁶³ (Zenodo, 2025). In Taraba State, studies confirm that sexual harassment in tertiary institutions leads directly to negative psychological and educational outcomes, including poor academic performance and diminished human capital formation (2025). This study contributes essential prevalence data that can serve as a benchmark for evaluating the effectiveness of interventions and tracking progress over time.

Finally, the study is justified by its examination of the multilevel factors that influence sexual coercion. Using the socio-ecological model, research across sub-Saharan Africa has identified risk factors operating at individual, relationship, community, and societal levels, including substance use, gendered power imbalances, hostile campus environments, and pervasive economic inequality⁵⁸ (Mzilangwe et al., 2025). Nigerian research vividly illustrates these dynamics. A study in Ondo State identified financial instability as the strongest predictor of involvement in transactional sex, a form of economic coercion⁶⁴ (Michael et al., 2025). In the North-East, non-governmental organizations have documented how poor economic conditions expose students to heightened violence⁶⁵ (Afolabi, 2019). By identifying the specific constellation of factors operating within the Nigerian university context, this study enables the design of multi-level, evidence-based interventions that address root causes rather than merely treating symptoms.

The benefits of this study to society are substantial. First, by identifying specific knowledge gaps and harmful attitudes, the research will provide a blueprint for educational interventions that can empower students to recognize, avoid, and report coercive situations, thereby preventing victimization and protecting human potential. Second, by generating accurate prevalence data,

the study serves as a powerful advocacy tool that transforms anecdotal stories into incontrovertible evidence of a systemic crisis, empowering parents, communities, and civil society organizations to demand accountability from university administrations. Third, by pinpointing specific risk factors, the research allows for the design of comprehensive interventions, including financial aid programmes for economically vulnerable students, peer-led mentorship initiatives, and campus-wide bystander intervention training. Initiatives such as the Gender Mobile Initiative's Campus Safety programme, which aims to empower 1.5 million female students, represent models that can be informed and scaled by this kind of evidence⁶⁶ (Gender Mobile Initiative, 2026). Fourth, improved prevention and response to sexual coercion reduces the long-term mental health burden on individuals and the healthcare system, ensuring that students remain healthy and can contribute fully to the workforce. Fifth, addressing the root causes of coercion transforms universities from environments where violence is normalized into safe, respectful spaces that enable all students to learn and develop without fear, thereby strengthening social cohesion and trust in educational institutions.

The benefits to government are equally significant. Nigeria has recently taken a landmark legislative step with the passage of the Sexual Harassment of Students (Prevention and Prohibition) Bill in 2025, which prescribes jail terms of five to fourteen years for educators convicted of sexual harassment and mandates the establishment of Independent Sexual Harassment Prohibition Committees in all tertiary institutions⁶⁷ (The Sun Nigeria, 2025; University World News, 2025). This study provides the evidence base necessary for the effective implementation of this law. By documenting prevalence and attitudes, the research offers a baseline against which the impact of the legislation can be measured. By identifying factors that drive coercion, it guides the development of the mandatory institutional frameworks the law

requires. Furthermore, robust prevalence data enables government to conduct precise economic cost-benefit analyses. The economic cost of gender-based violence in Nigeria is estimated at approximately \$3 billion annually, representing about 1% of the nation's gross domestic product⁶⁸ (Centre for Family Health Initiative, 2026). By quantifying the number of students whose education and future productivity are jeopardized by sexual coercion, this study makes a compelling economic argument for substantial investment in prevention and survivor support services. The findings also provide the Federal Ministry of Education and the National Universities Commission with evidence to design and implement targeted, age-appropriate sexuality and consent education programmes as a core part of the university curriculum. Finally, the data provides national metrics to track Nigeria's progress toward meeting its commitments under the Sustainable Development Goals, particularly SDG 4 on quality education, SDG 5 on gender equality, and SDG 3 on good health and well-being.

1.4 RESEARCH QUESTIONS

1. What is the level knowledge of sexual coercion among undergraduates in selected universities in benin city
2. What are the attitudes towards sexual coercion among undergraduates in selected universities in benin city
3. What are the prevalence of sexual coercion among undergraduates in selected universities in benin city
4. What are the factors influencing sexual coercion among undergraduates in selected universities in benin city

1.5 OBJECTIVES

General objective.

- To assess sexual coercion among undergraduate students to provide evidence for preventing related challenges through improved policies, awareness, and support systems that ensure student safety and well-being.

Specific objectives.

- To ascertain the knowledge of sexual coercion among undergraduate students.
- To assess attitudes towards sexual coercion among undergraduate students
- To determine the prevalence of sexual coercion among undergraduate students
- To Identify factors influencing sexual coercion among undergraduate students

CHAPTER TWO

LITERATURE REVIEW

2.0 BACKGROUND

Sexual coercion is a significant public health issue affecting university students worldwide, with profound consequences for physical health, mental well-being, and academic performance¹. Sexual coercion refers to sexual activity obtained through pressure, manipulation, threats, intimidation, abuse of power, or force, where true consent is not freely given. Globally, research consistently shows that unwanted sexual experiences are common among university students, though reported rates vary due to methodological differences in definitions, timeframes, and measurement tools⁵⁻⁶. A systematic review across 21 countries found a prevalence of sexual assault of 17.5% for women, 7.8% for men, and 18.1% for transgender and gender-diverse individuals, with forced sexual touching being the most common form of coercion¹.

In Africa, the burden of sexual coercion among university students is particularly high. Studies from South Africa report that 20–25% of female students experience sexual victimisation, with incapacitated rape (often linked to alcohol use) being more common than forcible rape¹³. At Mbarara University in Uganda, a 2010 survey found that 28% of students experienced sexual coercion (33.9% females, 22.5% males), and these experiences were associated with increased engagement in risky sexual behaviour¹⁰. In Ethiopia, research at Madawalabu University reported that 41.1% of female students experienced lifetime sexual coercion, with occasional alcohol use being a significant risk factor¹¹. Despite this high prevalence, chronic underreporting to university authorities and law enforcement limits accurate data collection².

In Nigeria, sexual coercion in tertiary institutions has been a growing concern since the Commission on the Review of Higher Education recognised the problem as early as 1991. Studies in South-West Nigeria have documented various forms of sexual coercion occurring at a moderate level, with unwanted sexual touching being highly prevalent⁸. Factors such as inadequate security, deception, alcohol consumption, permissive attitudes, financial insufficiency, moral deficit, and weak institutional redress have been identified as contributors⁸. A study among clinical students at the College of Medicine, University of Ibadan, found that 18% of students reported an experience of sexual coercion, with more female students reporting victimisation⁹. Similarly, research among adolescents in Ibadan reported that 55% had been victims of at least one type of sexual coercion, with females disproportionately affected (68% of female students and 70% of apprentices)¹⁷.

Certain student subgroups are particularly vulnerable. First-year female students are considered at high risk of sexual harassment and rape on campuses, potentially because they have recently graduated from high school, have limited knowledge of university life, and may be highly susceptible to peer pressure and newfound freedom away from home¹⁵. In South Africa, first-year black female students are specifically highlighted as negotiating sexual violence on campus residences⁴. Experiences of sexual violence prior to university enrolment have also been identified as key risk factors for victimisation among university students². Additionally, poverty has been highlighted as a reason why some female students may yield to unwanted sexual advances⁸.

2.1 Theoretical Framework

This study is informed by three complementary theoretical approaches: Social Learning Theory, the Theory of Gender and Power, and the Ecological Model. Together they provide a multi-level explanation for why sexual coercion occurs among undergraduate students and how knowledge, attitudes, social structures and institutional contexts interact to produce vulnerability or protection.

Albert Bandura's Social Learning Theory posits that human behaviour is learned through observation, imitation and modelling, and is influenced by reinforcement contingencies in the environment[24]. Applied to sexual coercion on university campuses, this theory suggests that students may observe peers, seniors or broader media portrayals that normalise coercive behaviours and then imitate those behaviours if such actions are socially reinforced (e.g., peers reward or tolerate them). Social learning therefore helps explain how permissive campus cultures, parties, or peer networks can transmit and sustain coercive sexual practices over time²⁴. Empirical campus studies indicate that acquaintanceship networks and social contexts (including heavy drinking settings) are common settings for incidents of incapacitated or coerced sexual contact, which aligns with the mechanisms proposed by social learning processes^{25,26}.

The Theory of Gender and Power, as developed in the literature on gendered social structures, emphasises that sexual relationships are embedded in broader systems of gendered power: economic inequality, unequal power in relationships and social norms about sexuality and gender roles²⁵. In the university context, unequal power relationships — for example, older students exploiting fresher vulnerability, or male privilege in campus subcultures — create conditions in which coercion can occur with reduced accountability for perpetrators and increased blame or

isolation for victims. Economic disparities (such as poverty or limited family support) can further place some freshers at heightened risk of transactional sexual relationships or exploitative advances, consistent with gender-power dynamics^{1,26}. Studies from Nigerian and other African universities report that financial insecurity, weak institutional redress, and gendered norms are frequently associated with higher rates of sexual coercion and underreporting, supporting the value of a gender-power lens for interpretation and intervention design.

Bronfenbrenner's Ecological Model provides the multi-level framework necessary to integrate the individual learning and structural power perspectives². This model organises influences on behaviour into nested levels — individual, interpersonal (relationship), institutional (organizational), community and societal — and asserts that behaviour results from interactions across these levels. For sexual coercion among undergraduates, the ecological perspective directs attention to: (a) individual factors (e.g., gender, alcohol/drug use, prior victimisation, knowledge about consent), (b) interpersonal factors (peer norms, romantic or sexual partner dynamics), (c) institutional factors (campus security, reporting mechanisms, enforcement of policy), and (d) societal/cultural factors (gender norms, stigma, victim-blaming). Using the ecological lens clarifies why single-level interventions (e.g., individual counselling alone) are unlikely to be sufficient and why effective prevention requires coordinated action across levels (education, policy, environment, and community norms)². Empirical campus research consistently finds risk and protective factors at multiple levels (e.g., alcohol and party contexts at the individual/relationship level; poverty and weak university policies at the institutional/societal levels), which supports an ecological approach for both analysis and interventions^{11,23-25}.

Taken together, these three theories provide a coherent basis for this study: Social Learning Theory explains proximate behavioural acquisition and reinforcement processes; the Theory of

Gender and Power explains underlying structural inequalities and motivations that may encourage coercion and silence victims; and the Ecological Model organises the levels at which determinants act and interventions must be targeted. These theoretical foundations justify measuring students' knowledge and attitudes (individual level), peer and cultural norms (interpersonal/community level), and institutional environment (institutional level) when assessing the prevalence and determinants of sexual coercion among students.

2.2 Conceptual Framework

The conceptual framework for this study operationalises how key constructs are expected to interrelate in producing the experience (or reporting) of sexual coercion among fresh undergraduate students. The outcome (dependent variable) is the prevalence/experience of sexual coercion, defined to include attempted or completed unwanted sexual touching, attempted or completed rape, verbal sexual coercion, and sexual harassment. The primary explanatory constructs (independent variables) fall into five interrelated domains: knowledge, attitudes, individual factors, social factors, and institutional factors.

Knowledge refers to a student's awareness and understanding of what constitutes sexual coercion, the legal and institutional definitions of consent, and the available reporting and support mechanisms. Greater knowledge is hypothesised to be protective — students who correctly identify coercive acts and know reporting options are less likely to be coerced or more likely to seek help and thus reduce ongoing risk. Several campus studies have shown links between low awareness/knowledge and underreporting or acceptance of coercive behaviours, reinforcing the importance of measuring knowledge as a proximal determinant ^{11,25}.

Attitudes capture normative beliefs about gender roles, victim-blaming, acceptance of coercion, and beliefs about alcohol and consent. Permissive attitudes — for example, normalising indecent behaviour, excusing perpetrators, or endorsing victim blaming — are expected to increase both the incidence of coercive acts and reduce reporting. Attitudinal constructs mediate the influence of broader cultural norms on individual behaviour; campus and regional surveys show that acceptance of coercive narratives or victim-blaming is associated with lower disclosure and higher perpetration rates^{1,3}.

Individual factors include demographic attributes (sex/gender, age), behavioural variables (alcohol or drug use, risky sexual behaviour), and history (prior sexual victimisation). For example, alcohol-related incapacitation is a frequent context for sexual coercion on campuses (incapacitated assault), making substance use a critical individual-level risk factor²⁵. Prior victimisation elevates risk of revictimisation, possibly through traumatic resultant vulnerabilities or patterned exposure to high-risk contexts. Empirical studies in African and international university settings consistently identify gender (female), alcohol use, and prior abuse as statistically significant predictors of victimisation^{25,26}.

Social factors cover peer influence, romantic/sexual network dynamics, cultural norms around sexuality and gender, and economic/financial pressures (e.g., transactional sex). Peer-driven party cultures, hierarchical student cohorts (senior–junior power dynamics), and economic deprivation can each increase the likelihood of coercive encounters. Research in Nigerian and Southern African universities highlights peer pressure, cultist/subculture dynamics, and financial insecurity as important contextual contributors to coercion^{3,4,8}.

Institutional factors include campus security, clarity and enforcement of university sexual-misconduct policies, availability of counselling and health services, and ease/ confidentiality of reporting mechanisms. Weak institutional responses, limited enforcement, or absence of accessible support services reduce reporting, perpetuate impunity for perpetrators, and thus sustain prevalence. Studies demonstrate that inadequate redress systems and poor security arrangements correlate with higher reported prevalence and lower help-seeking behaviour^{3,9}.

Hypothesised relationships in the conceptual model are as follows: Low knowledge and permissive attitudes (mediated by individual behaviours such as alcohol use) increase vulnerability to sexual coercion; social and institutional factors moderate these relationships (for example, strong institutional policies and supportive reporting systems weaken the link between permissive attitudes and actual coercion). Prior victimisation acts both as an independent risk factor and as an effect modifier of associations between peer norms and current victimisation.

Operationally, the study will measure the dependent variable (self-reported lifetime/past-year experiences of sexual coercion) using a validated behavioural questionnaire. Independent variables will be measured with scales for knowledge (quiz/score), attitudes (Likert attitude scales), substance use (frequency measures), peer norms (perceived norms scales), financial stress (self-report of economic hardship), and institutional perceptions (perceived adequacy of security and reporting). Multivariable regression will be used to test associations and effect modification (e.g., gender \times alcohol use), thereby testing the conceptual pathways posited by the theoretical framework.

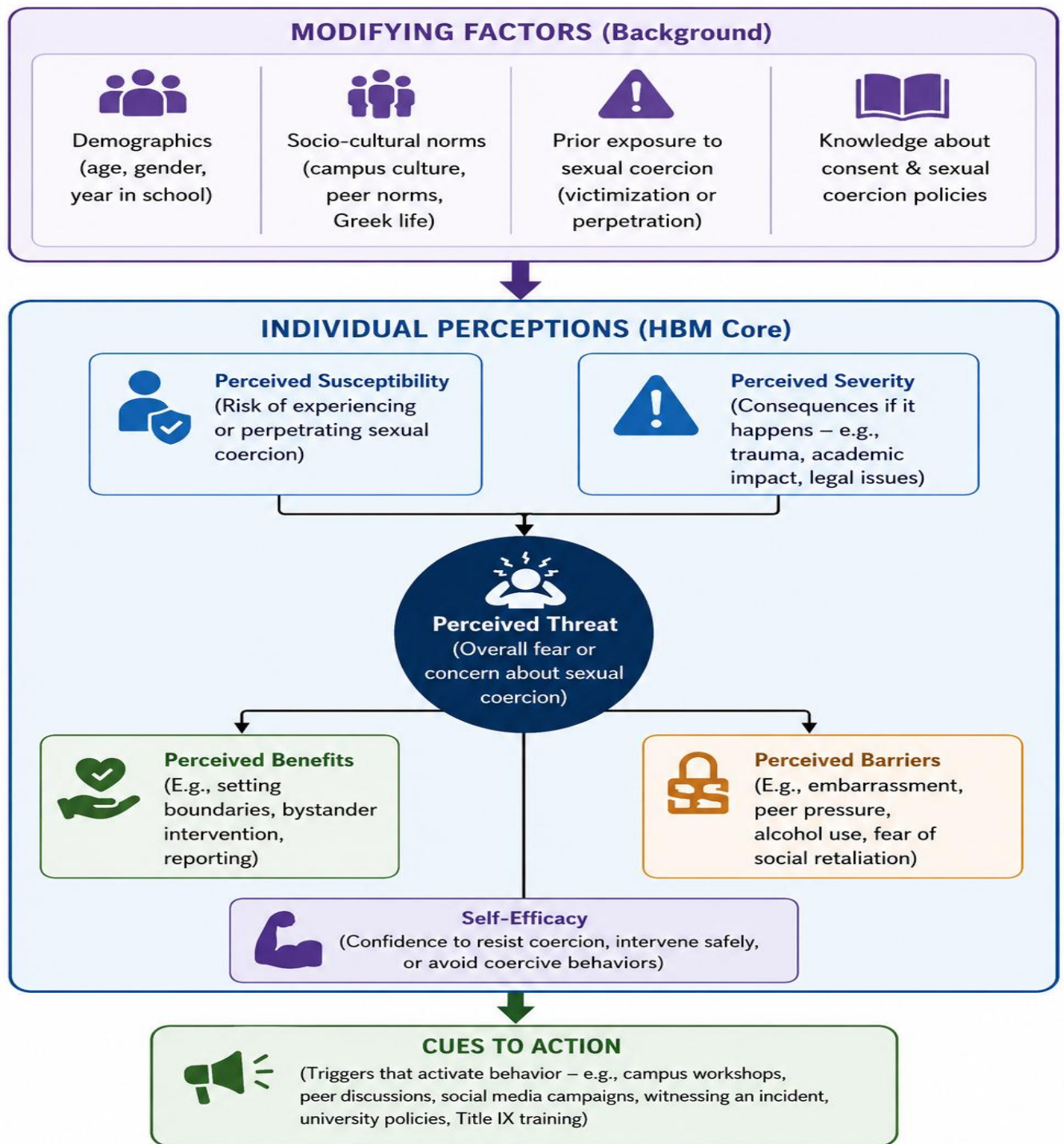


Fig 1. Conceptual diagram

2.3 Knowledge of sexual coercion

A 2024 study at Bowen University, Osun State, found that 43.3% of female undergraduates had poor knowledge of sexual coercion, and 44.1% held perceptions that supported coercive behavior. The study also noted significant differences in knowledge levels between Christian (41.1% poor knowledge) and Islamic (68.8% poor knowledge) respondents. This is a crucial finding for your work, as it directly assesses knowledge and perceptions⁶⁰.

Knowledge Among Male Students: A 2025 study in Lagos found that 75% of male undergraduates had good knowledge about sexual violence, and 98% held positive attitudes regarding male victimization. The study also reported that 16% had experienced sexual harassment and 10% had experienced sexual assault. This provides a valuable gender-specific perspective on knowledge and attitudes⁷⁶.

Understanding of Sexual Entrapment: Research from the University of Ibadan reported that 58.8% and 81% of students had good knowledge and perception of 'sexual entrapment' (deceit into sexual activities). However, the prevalence remained at 18%, affecting more males (55.3%) and first-year students. This shows that good knowledge doesn't always translate to safety⁶⁹.

2.4 Attitudes towards sexual coercion

A 2023 qualitative study examined sexual victimization among female students in three universities in Durban, South Africa. Using purposive sampling, 60 participants were selected, and data were collected through interviews and thematically analyzed. The study found that incapacitated rape (due to alcohol and drug use) was more common than forcible rape (involving physical force or threats). It also revealed that many female students were reluctant to report

sexual victimization. The study highlights the need for stronger security measures on campuses to create a safer environment for female students. While the study provides valuable insights into the social context of sexual victimization, its small sample size and reliance on self-reported experiences limit the generalizability of the findings.¹⁵

2.5 Prevalence of sexual coercion

A cross-sectional survey conducted in May 2021 at a UK university aimed to estimate the past-year prevalence of sexual violence (SV) among students and inform prevention strategies. The study invited 25,820 students, but only 1,318 responded to at least one SV-related question. Using a self-report survey (Oxford Understanding Relationships, Sex, Power, Abuse, and Consent Experiences survey), researchers found that 20.5% of respondents experienced attempted or forced sexual touching or rape, while 52.7% faced sexual harassment (SH), with women being the most affected. Most incidents occurred on campus, and attempted forced touching was more common than forced touching or rape, with sexist remarks or jokes being the most frequent form of SH. Although the study provides valuable data on SV prevalence in HEIs, its low response rate and focus on a single university limit generalizability, and self-reporting may introduce response bias. Nonetheless, the findings highlight the urgent need for continued monitoring and evidence-based prevention strategies in UK universities.¹

This cross-sectional study aimed to estimate the past-year prevalence of sexual violence (SV) among higher education students in the United Kingdom. Conducted in 2021, it analyzed data from the Oxford Understanding Relationships, Sex, Power, Abuse, and Consent Experiences survey, which was administered to 25,820 students at a UK university, with 1,318 respondents answering at least one SV-related question. The findings revealed that 20.5% of respondents had

experienced attempted or forced sexual touching or rape, while 52.7% faced sexual harassment, with women being the most affected. Attempted forced sexual touching was more common than forced touching or rape, and sexist remarks or jokes were the most frequently reported form of harassment. Most SV incidents occurred within the university. The study highlights the potential for higher prevalence rates of SV in higher education institutions compared to the general population and underscores the need for continued monitoring and evidence-based prevention strategies. However, the findings are limited to a single university, and self-reported data may introduce recall or reporting bias.¹

This mixed-methods study, conducted at the University of Eswatini in Southern Africa, aimed to measure the prevalence of campus sexual assault among female university students and explore survivors' experiences. Using a random sampling technique, participants completed a behavioral survey via computer-assisted self-interview software, and those who disclosed experiences of sexual violence were invited for follow-up qualitative interviews. Findings revealed that female students were over six times more likely to experience forced or coerced sex in the past year compared to the general population, with 60% reporting an attempted or completed assault in their lifetime and 38% in the past 12 months. Most assailants (93%) were known to victims, with over half being romantic partners. Victim-blaming and stigma were significant barriers to disclosure, and factors like food insecurity, losing a parent before age 21, hazardous drinking, and prior sexual assault before age 18 were significantly associated with recent assaults. While this is the first generalizable study on campus sexual assault prevalence in Southern Africa and benefits from a mixed-methods approach, its reliance on self-reported data and focus on a single university limit its broader applicability.²¹

A descriptive survey study conducted in 2018 at the University of Benin, Nigeria, examined the prevalence of sexual harassment among undergraduate students. The study sampled 380 students from the Faculties of Social Sciences, Engineering, Arts, and Basic Medical Sciences, using a non-proportionate stratified random sampling technique. Data were collected through a 30-item Likert-scale questionnaire, validated by experts and tested for internal consistency (Cronbach's alpha = 0.88). Findings revealed a moderate prevalence of sexual harassment, Females experienced higher rates and more severe effects than males. Suggested institutional preventive measures included awareness programs, propriety in dress, and punishment for offenders. While the study was well-structured with a validated instrument, limitations included self-report bias, focus on a single university, and the lack of long-term impact assessment. The study underscores the need for targeted awareness and policy interventions to address sexual harassment in Nigerian universities.⁸

A 2020 descriptive cross-sectional study at the College of Medicine, University of Ibadan, Nigeria, examined the prevalence of risky sexual behavior and experiences of sexual coercion among clinical students (300–600 level). A self-administered questionnaire was used to collect data from 399 participants (52.1% male, 47.9% female). Findings showed that 18% were sexually active, 65% had at least two sexual partners, 47% reported inconsistent condom use, and 77% had unprotected sex. Additionally, 41.9% of female students had experienced sexual coercion, with gender ($p < 0.001$, OR = 0.40) and department ($p = 0.003$, OR = 0.41) as significant predictors. The study highlights a high prevalence of risky sexual behavior and sexual coercion, underscoring the urgent need for sexual and reproductive health interventions. While its large sample size and confidentiality measures strengthen reliability, unclear sampling techniques, self-reported data biases, and lack of qualitative insights are notable limitations.⁹

A 2011 cross-sectional study, conducted at a polytechnic in Ibadan, Nigeria, explored the experiences of non-consensual sex (NCS) and help-seeking behavior among students. Using random sampling, 594 students completed questionnaires assessing their experiences with NCS. The findings showed that 47% of respondents had experienced at least one form of NCS, with 70.5% of these cases occurring in the six months before the study. Common forms of NCS included unwanted touching (26.4%), attempted rape (14.0%), and rape (5.7%), affecting both males (5.3%) and females (6.0%). Major predictors of NCS were alcohol consumption, being female, and having a friend of the opposite sex. Perpetrators were mostly well-known friends, and 86.6% of victims did not seek medical care or legal redress. The study highlights the urgent need for intervention programs, including health education and sexual harassment prevention policies in tertiary institutions. However, reliance on self-reported data, potential underreporting due to stigma, and limited generalizability remain key limitations.⁷

2.6 Factors influencing sexual coercion

A 2015 study conducted at a U.S. college used questionnaires and focus groups to examine social and cognitive factors influencing sorority women's ability to perceive and respond to sexual aggression threats from fraternity acquaintances. Using a non-random sampling technique, the study focused on how alcohol consumption, psychological barriers, and social contexts affected women's projected responses. Findings revealed that many participants felt invulnerable to victimization and overestimated their ability to resist sexual aggression, with differences observed between previously victimized and non-victimized women. The study emphasized the importance of rape prevention efforts, particularly those that enhance risk perception, early threat

detection, and self-protective measures. While its mixed-method approach provided in-depth insights, limitations included self-report bias, limited generalizability to non-sorority women, and an unspecified sample size. Nonetheless, the study highlighted the need for targeted prevention strategies in social settings where women may feel a false sense of security.²²

This 2017 cross-sectional study at a large private university in the United States examined the risk factors of unwanted sexual victimization and perpetration among 3,977 full-time graduate and undergraduate students using an online survey. Risk factors for victimization included being female, an undergraduate student, and having prior victimization experiences before joining the university. 95.5% of incidents occurred when the victim was incapacitated due to alcohol, drugs, or sleep, and the perpetrators were mostly acquaintances, peers, or colleagues. Risk factors for perpetration included being male, an undergraduate student, and having a history of perpetration before university. Perpetrators most often targeted intimate partners or strangers. The study emphasizes the need for stronger prevention programs focused on high-risk groups. Limitations include self-reported data and limited generalizability, as the study was conducted at a single university.²

A 2023 cross-sectional study examined risk factors of sexual violence among night shift female college students in Hawassa City, Ethiopia. Using systematic random sampling, 345 students were selected, with 330 participating (95.6% response rate). Data was collected through a structured questionnaire. Key risk factors included having a father with no formal education (AOR = 2.39), having multiple sexual partners (AOR = 3.44), having a sexual partner (AOR = 1.89), and alcohol consumption (AOR = 3.55). The study highlights the need for awareness programs and interventions to reduce risk behaviors. While the study benefits from a high

response rate and systematic sampling, limitations include potential self-report bias and limited generalizability beyond Hawassa City.²³

This 2023 cross-sectional study examined underlying factors of gender-based violence (GBV) among female students in public universities in Eastern Cape, South Africa. A total of 604 female students from Nelson Mandela University, the University of Fort Hare, Rhodes University, and Walter Sisulu University were selected using a cluster sampling method. Data was collected through structured questionnaires and analyzed using descriptive statistics and logistic regression. Key risk factors included living alone, having a sexual partner, low financial support, being 19 years or younger, having a housemate with a boyfriend, and studying medical sciences. The study highlights the urgent need for interventions and university policies to combat GBV. While it provides valuable insights, its reliance on self-reported data may lead to underreporting or recall bias, and its focus on public universities in Eastern Cape may limit the generalizability of the findings.¹³

This 2021 cross-sectional study conducted at a South African university examined factors associated with sexual violence among adolescent girls and young women (AGYW). Using stratified sampling, 451 participants were surveyed, and logistic regression analysis was applied to assess key risk factors. Heavy episodic drinkers and those with insufficient financial support were significantly more likely to experience sexual violence, while adequate family financial support and high religiosity were protective factors. The study highlights the urgent need for interventions focusing on social support, reporting mechanisms, perpetrator accountability, alcohol use reduction, and poverty alleviation. However, limitations include reliance on self-reported data, potential recall bias, and limited generalizability beyond the university setting.⁵

CHAPTER THREE

METHODOLOGY

3.1 STUDY AREA

The study was conducted among undergraduate students of the University of Benin (UNIBEN) and Benson Idahosa University (BIU), Benin City, Edo State, Nigeria. Edo State is among the 36 states that make up Nigeria. Its capital city is Benin City⁸². It is located in the South-South geopolitical zone of Nigeria. Edo State has a land mass of about 19,743 square kilometers and it is bounded by Delta State in the south, Ondo State in the west, Kogi State in the north and Anambra State in the east⁸³. Edo State was first established as the Mid-Western Region in 1963, it was later renamed Bendel in 1976 and it was finally divided into Edo and Delta States on August 27th, 1991⁸⁴. Edo State consists of the major ethnic groups Bini, Esan, Afemai, Owan, Etsako and Akoko Edo as well as different tribes who reside in the state apply³¹. The state has seven (7) universities (one federal university, two state universities and four privately owned universities).

Benin City is a metropolitan city and it is bounded by latitudes 6° 06' N, 6° 30' N and longitudes 5° 30' E, 5° 45' E of the Greenwich meridian. It occupies a land area of 5002 km², situated 200 miles by road East of Lagos, and 25 miles north of the Benin River. It has a population of 1,147,188 as at the 2006 census and a population projection of 2.05million in 2025⁸⁵. The city is comprised of 3 major local governments out of the eighteen local government areas of Edo State namely; Oredo, Egor, Ikpoba-Okha Local Government Areas. The indigenous ethnic group is Benin and their language is Bini.^{32,33}.

The University of Benin (UNIBEN) is a federal government-owned tertiary institution of education and it was founded November 23rd in 1970. It started as an institute of technology and was made a full-fledged University by National University Commission on 1st July, 1971. The University is officially accredited and recognized by the National Universities Commission, Nigeria. The University offers courses at various levels: postgraduate, undergraduate, and diploma³⁴. It has approximately 43,446 full-time undergraduate students spread across 2 campuses at Ekehuan and Ugbowo made up of both full-time and part-time students; and 4,000 - 4,499 academic staff. It has 15 faculties, 1 college and 3 institutes. Faculties in the university include Agriculture, Arts, Education, Engineering, Environmental Science, Law, Life Science, Management Science, Pharmacy, Physical Science, Social Science, Veterinary Medicine, Dentistry, Basic Medical Science, School of Medical Sciences and College of Medicine³⁴.

Benson Idahosa University (BIU) is a private, Christian university located in Ugbor, Benin City. The University started operating as a fully licensed institution in March 2002. Established in 1993 as Christian Faith University-Institute of Continuous Learning, it was later renamed in 1998 in honor of Archbishop Benson Idahosa, a prominent Pentecostal minister who founded the Church of God Mission International. The university received its operating license from the National Universities Commission (NUC) in 2002. BIU is known for integrating academic excellence with Christian values, and it maintains a reputation for strong discipline, sports performance, and leadership development³⁵

BIU has an estimated enrollment of approximately 4,618 undergraduate students. The university offers courses across seven main faculties, including Arts and Education, Basic and Applied Sciences, Law, Social and Management Sciences, Agriculture and Agricultural Technology, and Engineering. The Faculty of Agriculture, Faculty of Engineering and Faculty of Law are located

at the Legacy Campus, which was opened in the Okha district in 2020. The main campus, located in Ugbor (Government Reservation Area), is characterized by a well-maintained environment, modern lecture halls, libraries, research centres, and recreational facilities³⁵.

The selection of these two institutions allowed for representation of both public and private university settings within the same geographical location.

3.3 STUDY DESIGN

This study employed an Analytical cross-sectional research design. This design was chosen because it allowed for the assessment of knowledge, attitude, and prevalence of sexual coercion among undergraduate students at a specific point in time. Cross-sectional studies are suitable for determining the prevalence of a condition and identifying associations between variables.³⁶

3.2 STUDY POPULATION

The target population was all full-time undergraduate students enrolled at UNIBEN and BIU during the study period. This included students from all faculties, departments, and year levels (100–600 levels, depending on program). The population thus consisted of male and female undergraduates aged roughly 16–30 years, reflecting the typical age range of university students in Nigeria.

3.4 SELECTION CRITERIA

3.4.1 INCLUSION CRITERIA

- Students who were registered as a full-time undergraduate student at UNIBEN or BIU as at the time of study.
- Students who were present on campus and available during the data collection period..

3.4.2 EXCLUSION CRITERIA

- Students who were not present during data collection.
- Student who are too ill to participate
- Students who refused to provide informed consent.

3.5 STUDY DURATION

This study was conducted from December 2024 to May 2026.

3.6 SCOPE OF THE STUDY

This study focused exclusively on undergraduate students at UNIBEN and BIU in Benin City. It assessed their knowledge, attitudes, and experiences related to sexual coercion, and identified contributing factors as reported by students. The scope did not include postgraduate or non-degree students, nor did it extend to undergraduates in other universities or regions. It also did not cover sexual coercion outside the university context (such as in primary/secondary schools or workplaces). The findings were pertaining only to the selected universities' undergraduates at the time of the survey and this limits generalizability to other settings.

3.7 SAMPLE SIZE DETERMINATION

The prevalence estimate of 18% was obtained from a previous study conducted among undergraduate students in University of Ibadan, Nigeria, which reported that 18% of respondents had experienced sexual coercion (sexual entrapment)³⁷

The minimum sample size (n) was calculated using the Cochran's formula used for descriptive studies.³⁶

$$n = Z^2pq/d^2$$

Where:

n = minimum sample size

Z = standard normal deviate = 1.96 at 95% confidence interval

p = prevalence of the characteristic of interest

q = 1 - p

d = degree of precision desired set at 0.05

p was set at 18%

p = 0.18

q = 1 - p = 1 - 0.18 = 0.82

d = Degree of precision set at 0.05 (5% Confidence interval)

Hence:

$$n = (1.96)^2 \times (0.18) \times (0.82) / (0.05)^2$$

$$n = 0.567 / 0.0025$$

$$n = 226.81 \approx 227$$

To account for non-response, 10% non-response rate was added to the minimum sample size, utilizing the formula for non-response rate:

$$nf = n / (1 - nr)$$

Where:

n = Minimum sample size = 227

$nr = \text{non-response rate} = 10\% = 0.10$

$nf = \text{Final minimum sample size}$

$nf = 227 / (1 - 0.10) = 227 / 0.90 = 252.22 \approx 252$

A design effect of 1.5 was applied to account for the multistage cluster sampling technique:

Adjusted sample size = $252 \times 2.0 = 504$

The final minimum sample size for this study was taken as 509 respondents.

3.8 SAMPLING TECHNIQUE

A multi-stage sampling technique was used to select participants, ensuring proper representation across universities, faculties, and departments.

Stage 1: Selection of Universities

The study was conducted in two institutions: University of Benin (UNIBEN) Ugbowo Campus representing federal/public universities, and Benson Idahosa University (BIU) representing private universities. These universities were purposively selected to capture a mix of public and private institutions, providing a broader perspective.

Stage 2: Selection of campuses

purposive sampling technique was used in selecting the campuses from the two universities chosen for the study. In University of Benin, the Ugbowo Campus was selected because it is the main campus of the university and accommodates the largest proportion of undergraduate students across several faculties. In Benson Idahosa University, the GRA Main Campus was selected as it serves as the central academic campus with a high concentration of undergraduate students.

Stage 3: Selection of Faculties

A list of the 15 faculties on the Ugbowo campus was obtained from the Central Records Processing Unit Division of the University. Four (4) faculties was chosen by simple random sampling through balloting.

A list of the 7 faculties present at Benson Idahosa University was obtained from the Central Records Processing Unit Division. Two (2) faculties was chosen by simple random sampling through balloting.

Stage 4: Selection of Departments

Within each of the four chosen faculties in UNIBEN, one (1) department was selected using simple random sampling by balloting. Similarly, in the two faculties chosen in BIU, one (1) department was selected using simple random sampling by balloting.

Stage 5: Selection of Respondents

The sample size was distributed by proportionate allocation, based on the estimated number of undergraduate students per university from verifiable sources:

UNIBEN Ugbowo campus undergraduate (full-time): 43,446 students

BIU Undergraduate: 4,618 students

Total: 48,064 students

Sample size per university was determined using the proportionate allocation formula:

Allocated sample size = (University Population / Total Population) × Total sample size

Table 1: Proportionate Allocation for Sample Size

University	Student Population	Proportion (%)	Allocated Sample
UNIBEN Ugbowo	43,446	90.4%	460
BIU	4,618	9.6%	49
Total	48,064	100%	509

The proportional allocation yielded 460 students for UNIBEN Ugbowo, and 49 for Benson Idahosa University.

Systematic random sampling was applied. Student lists were obtained from departmental records, a sampling interval (k) was calculated using the formula $k = N/n$ (where N = total number of students in the department and n = required sample from that department), and respondents was selected accordingly. The first respondent was selected randomly, and every k th student thereafter was selected until the required sample from each department is achieved.

3.8 Data Management

3.8.1 Tools for Data Collection

The primary instrument for data collection was a structured questionnaire, which was adapted from the Knowledge–Attitude–Practice (KAP) framework, the Theory of Planned Behavior (TPB), and the Social Ecological Model (SEM), as well as selected items from the Sexual Experiences Survey (SES), the Illinois Rape Myth Acceptance Scale (IRMA), and the World Health Organization (WHO) sexual violence survey framework^{40,41,43,45,46,47}. and was divided into five sections.

The questionnaire was divided into five sections:

Section A: Socio-demographic Characteristics

This section collected background information including age, sex, level of study, faculty, department, marital status, religion, ethnicity, monthly allowance, living arrangement, and parental education. These variables were important for identifying potential associations between socio-demographic factors and experiences of sexual coercion.

Section B: Knowledge of Sexual Coercion

The knowledge section was developed using the Knowledge–Attitude–Practice (KAP) model, which assesses respondents’ understanding of a particular public health issue. Items in this section evaluate respondents’ knowledge of the definition of sexual coercion, meaning of consent, legal implications, forms of coercion, and victim eligibility (including male victimization).

The structure of the knowledge questions was adapted from previous Nigerian sexual coercion studies and the WHO sexual violence framework. Multiple-choice questions with a single correct answer are used to objectively measure knowledge levels.

Section C: Attitudes Toward Sexual Coercion

The attitude section was developed using constructs from the Theory of Planned Behavior (TPB), which examines how attitudes and beliefs influence behavioral intentions. The section assesses personal beliefs about sexual coercion, victim-blaming tendencies, gender norms, and acceptance of coercive behavior.

Items were adapted conceptually from the Illinois Rape Myth Acceptance Scale (IRMA), a validated instrument used to measure rape-supportive beliefs and myths. A three-point Likert scale ranging from “ Disagree” to “ Agree” is used to measure respondents’ level of agreement with each statement.

Section D: Experience of Sexual Coercion (Prevalence)

This section measures the lifetime and recent experiences of sexual coercion among respondents. Questions are behaviorally specific and avoid vague terminology in order to reduce misclassification bias.

The structure of this section was adapted from the Sexual Experiences Survey (SES), a widely validated instrument for measuring sexual victimization and perpetration. The SES uses direct behavioral descriptions (e.g., being pressured, threatened, or physically forced into sexual acts), which improves reliability and reduces underreporting. Responses are measured using “Yes” or “No” options.

Section E: Contributing Factors to Sexual Coercion

The contributing factors section was developed based on the Social Ecological Model (SEM), which explains sexual violence as a result of interacting factors at multiple levels:

Individual level (e.g., alcohol use, knowledge gaps)

Relationship level (e.g., power imbalance, financial dependence)

Community level (e.g., campus culture, peer pressure)

Societal level (e.g., gender norms, weak enforcement of laws)

Items assess perceived drivers of sexual coercion using a “Yes” or “No” options.

This model allows for comprehensive analysis of risk factors across multiple domains.

Validity and Contextual Adaptation

Although the questionnaire draws from established international instruments, all items were modified to ensure cultural appropriateness and clarity for undergraduate students in Benin City, Edo State. Technical language was simplified while retaining conceptual accuracy. The final instrument was structured to align directly with the specific objectives of the study.

3.8.3 Method of Data Collection

Data collection was conducted over four weeks. Questionnaires were administered within the university campuses in settings that ensure privacy and confidentiality. Trained research assistants who were five 400 level medical students currently in the university of benin, who were trained on ethical practices. Training was conducted in two days by the principal investigator including theoretical sessions and practical field work simulations. Respondents were provided with a clear explanation of the study objectives, and informed consent was obtained prior to participation. Participation was voluntary, and respondents were assured that all information provided will remain anonymous and confidential. The questionnaire took approximately 10minutes to complete. Completed questionnaires will be collected immediately and checked for completeness.

3.8.4 Pretesting

A pretest was conducted among 10% of the final sample size (51 respondents) at Igbinedion University, Okada, Edo State. The pretesting process helped assess the clarity, flow, and cultural appropriateness of the questionnaire. Feedback obtained from the pretest will be used to refine ambiguous items and improve the overall reliability and acceptability of the instrument. The

internal consistency of the instrument will be assessed using Cronbach's alpha coefficient. A Cronbach's α value of ≥ 0.70 will be considered acceptable.

3.9 SCORING SYSTEM

A scoring system was developed to quantitatively assess respondents' knowledge, attitudes, and experiences regarding sexual coercion. The scoring method was adapted from the Knowledge–Attitude–Practice (KAP) model and modified from previously validated instruments used in sexual violence research to ensure ease of interpretation and statistical analysis.

Knowledge of Sexual Coercion

The knowledge section consisted of multiple-choice questions with four response options (A–D), of which only one option was correct. Each correct response was assigned a score of 1, while incorrect responses were assigned a score of 0. The total knowledge score was obtained by summing the scores for all knowledge questions.

Knowledge levels were categorized as follows:

Poor knowledge: less than 30%

Good knowledge: greater than or equals 70%

This categorization allowed for the classification of respondents according to their level of understanding of sexual coercion and related concepts such as consent, forms of coercion, and legal implications.

Attitudes toward sexual coercion

Attitudes toward sexual coercion among undergraduate students was assessed using structured attitude statements measured on a three-point Likert scale. Each respondent will indicate their level of agreement with each statement using the following response options:

Negative attitude: greater than or equals 70%

Positive attitude: less than 30%

This ensures that higher scores consistently represent positive attitudes, while lower scores indicate negative attitudes toward sexual coercion.

Total Attitude Score

The attitude section consists of 17 questions.

Experience (Prevalence) of Sexual Coercion

The experience section assessed respondents' lifetime exposure to various forms of sexual coercion using binary response options (Yes/No). Each "Yes" response indicating experience of sexual coercion was scored 1, while "No" responses were scored 0. The prevalence of sexual coercion was determined by calculating the proportion of respondents who reported experiencing at least one form of sexual coercion.

Contributing Factors to Sexual Coercion

Perceived contributing factors were measured using a binary response options (Yes/No). Each "Yes" response indicating perceived risk factors of sexual coercion was scored 1, while "No" responses were scored 0. Higher scores represented stronger agreement with the presence of specific risk factors contributing to sexual coercion.

The scores were summed and analyzed to identify the most commonly perceived risk factors among respondents.

Overall Data Coding

All responses were coded numerically and entered into Statistical Package for Social Sciences (SPSS) version 27.0 for analysis. The scoring system enabled the transformation of qualitative responses into quantitative data suitable for statistical analysis.

Table 2: Summary of Scoring Systems

Variable	Scoring Method	Interpretation
Socio-demographic characteristics	Not scored	Used for descriptive analysis
Knowledge	Binary (0-1). Correct answer=1, not correct=0	30%< = poor knowledge; >69%=good knowledge
Attitude	Appropriate response =1, inappropriate=0	30%<=negative attitude, >69% = positive attitude
prevalence	Binary (0-1). Yes=1, no=0	Presence of 1 or more of yes indicate experience of sexual coercion
factors	Binary (0-1). Yes=1, no=0	High score indicate perception risk factors

3.10 DATA ANALYSIS

Data analysis was conducted using IBM SPSS version 27.0. The data analysis process included:

Descriptive statistics, including frequencies, percentages, means, and standard deviations, to summarize socio-demographic characteristics and questionnaire responses.

Inferential statistics, including chi-square tests and binary logistic regression analysis, were used to assess associations between socio-demographic variables, knowledge, attitudes, and prevalence of sexual coercion among undergraduates. Results was presented using odds ratios (OR) with 95% confidence intervals. A p-value of less than 0.05 at 95% CI was considered statistically significant.

3.11 DATA PRESENTATION

The results obtained from the study were presented using frequency distribution tables, contingency tables, charts (bar charts, pie charts), and prose. These methods helped to clearly showcase the distribution of responses, the relationships between variables, and the overall trends observed in the data.

3.12 ETHICAL CONSIDERATION

The research project was conducted under the guidance of a consulting expert from the Department of public Health and community medicine at the university of Benin Teaching hospital with protocol number: ADM/E 22/A/VOL. VII/14865491272108.

Informed Consent:

Consent was obtained from all participants after explaining the purpose, procedures, risks, and benefits of the study.

Confidentiality:

All information provided by respondents were kept confidential. Questionnaires were made anonymous with no identifying information collected.

Voluntary Participation:

Participation was entirely voluntary, and respondents were free to withdraw at any time without penalty.

Beneficence and Non-maleficence:

The study did not pose any risk to participants. Information on sexual coercion support services were provided to interested participants.

Data Protection:

All data collected were stored securely and accessible only to the research team.

3.13 STUDY LIMITATIONS

This cross-sectional study had inherent limitations. As data on experiences and behaviors were self-reported, recall bias and social desirability bias were possible. Students may underreport stigmatized experiences (such as sexual coercion) or answer in a socially acceptable manner. The sensitive topic may lead some to decline participation or omit information, introducing non-response bias. Because the design is cross-sectional, causal relationships could not be established; Factors preceding or resulting from experiences of coercion could not be identified. There was also selection bias as the sampled students were not fully representative. Despite these limitations, the study's methodology (anonymous questionnaire, pilot testing, and multi-site

sampling) intended to minimize bias and yield valid, descriptive insights into sexual coercion among undergraduates.

Authoritative sources and prior studies were consulted to guide this methodology, including texts on cross-sectional design, sampling techniques, and sample size calculation. The descriptions of study area and institutions were drawn from official data. Limitations were based on standard considerations for survey research on sensitive topics.

CHAPTER FOUR

RESULTS

A total of 509 respondents participated in the study with a 100% response rate. The results are presented in the following sections in line with the specific objectives of the study.

Section A: Socio-demographic characteristics of undergraduates

Section B: Knowledge of Sexual Coercion amongst undergraduates

Section C: Attitude towards sexual coercion among undergraduates

Section D: Prevalence of sexual coercion among undergraduates

Section E: Factors influencing sexual coercion among undergraduates

SECTION A

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 1: Socio-demographic characteristics of undergraduates (n = 509)

Variables	Frequency (n = 509)	Percent (%)
Age (years)		
≤19	193	37.9
20–24	282	55.4
≥25	34	6.7
Sex		
Female	269	52.8
Male	240	47.2
Institution of study		
University of Benin	453	89.0
Benson Idahosa University	56	11.0
Level of study		
100 level	149	29.3
200 level	89	17.5
300 level	97	19.1
400 level	75	14.7
500 level	39	7.7
600 level	60	11.8
Faculty		
Medicine	143	28.1
Arts	150	29.5

Pharmacy	117	23.0
Law	99	19.4
Department		
Medicine	143	28.1
English & Literature	150	29.5
Pharmacy	117	23.0
Law	99	19.4
Marital status		
Single	482	94.7
Married	23	4.5
Divorced	1	0.2
Separated	3	0.6
Ethnicity		
Benin	163	32.0
Esan	69	13.6
Igbo	66	13.0
Yoruba	60	11.8
Etsako	48	9.4
Urhobo	39	7.7
Others*	64	12.5
Religion		
Christianity	479	94.1

Islam	25	4.9
Atheist	5	1.0
Current living arrangement		
On-campus	271	53.2
Off-campus alone	98	19.3
Off-campus with family	82	16.1
Off-campus with friends	58	11.4
Monthly allowance (¥)		
<30,000	209	41.1
≥30,000	300	58.9

The ages of respondents were categorized into three groups, with the largest proportion within the 20–24 years age group accounting for 282 (55.4%) of respondents, followed by those aged ≤ 19 years, 193 (37.9%), while the least proportion were aged ≥ 25 years, 34 (6.7%).

There was a slight female preponderance, with females accounting for 269 (52.8%) of respondents compared to males, 240 (47.2%). The overwhelming majority of respondents were from the University of Benin, 453 (89.0%), while Benson Idahosa University accounted for 56 (11.0%).

Regarding level of study, 100 Level students were most represented, 149 (29.3%), followed by 300 Level, 97 (19.1%), 200 Level, 89 (17.5%), 400 Level, 75 (14.7%), 600 Level, 60 (11.8%), and 500 Level, 39 (7.7%). In terms of faculty, Arts had the highest representation, 150 (29.5%), followed by Medicine, 143 (28.1%), Pharmacy, 117 (23.0%), and Law, 99 (19.4%).

In terms of marital status, almost all respondents were single, 482 (94.7%), with only 23 (4.5%) married, 3 (0.6%) separated, and 1 (0.2%) divorced. Regarding ethnicity, Benin indigenes constituted the largest group, 163 (32.0%), followed by Esan, 69 (13.6%), Igbo, 66 (13.0%), Yoruba, 60 (11.8%), Etsako, 48 (9.4%), Urhobo, 39 (7.7%), and smaller proportions from other ethnic groups.

The overwhelming majority identified as Christians, 479 (94.1%), while those of Islamic faith accounted for 25 (4.9%), and atheists for 5 (1.0%).

Regarding current living arrangement, more than half resided on-campus, 271 (53.2%), while 98 (19.3%) lived off-campus alone, 82 (16.1%) off-campus with family, and 58 (11.4%) off-campus with friends.

Concerning monthly allowance, a proportion received less than ₦30,000, 209 (41.1%), and a greater proportion receiver above #30,000, 300 (58.1%)

SECTION B

KNOWLEDGE OF SEXUAL COERCION

Tale 2: Awareness and sources of information on sexual coercion

Variables	Frequency	Percent (%)
Awareness of the condition (n = 509)		
Yes	451	88.6
No	58	11.4
Sources of information (n = 451)*		
Social media	286	63.4
Friends/peers	214	47.5
Health workers	198	43.9
School lectures	175	38.8
Television/radio	149	33.0
Internet websites	132	29.3

*Multiple responses;

The majority of respondents, 397 (78.0%), had heard of the term "sexual coercion," while 112 (22.0%) had not. Among those aware, the most commonly cited source of information was digital media or social media, reported by 305 (76.8%), followed by friends or peers, 127 (32.0%), school lectures, 74 (18.6%), artificial intelligence platforms, 68 (17.1%), religious institutions and television/radio, each 53 (13.4%), while health professionals were the least cited source, 39 (9.8%). This pattern highlights the dominant role of digital and social media in shaping awareness of sexual coercion among undergraduate students.

Table 3: Knowledge of Sexual Coercion amongst undergraduates

Knowledge Item / Response	Frequency (n = 398)	Percent
Best definition of sexual coercion		
Sexual activity obtained through pressure, manipulation, threats, intimidation, abuse of power, or force where true consent is absent	350	87.9
Any sexual activity that occurs between two adults in a relationship	29	7.3
A consensual agreement to exchange gifts or favors within a romantic relationship	12	3.0
Only sexual intercourse that involves physical violence and visible injury	7	1.8
Definition of consent in sexual activity		
Freely agreeing without fear, force, or manipulation	332	83.4
Agreeing after being pressured	41	10.3
Being in a dating relationship	17	4.3
Silence during sexual activity	8	2.0
Example of sexual coercion		
Threatening to fail a student unless they agree to sex	348	87.4
Asking someone on a date	19	4.8
Holding hands with a partner	16	4.0
Complimenting someone	15	3.8
Can sexual coercion occur in a dating relationship?		
Yes, if one partner pressures or forces the other	302	75.9
No, because dating implies consent	62	15.6
Only in marriage	23	5.8
Only if the couple is not serious	11	2.8
True statement about consent		
Consent can be withdrawn at any time	307	77.1
Consent means not resisting physically	46	11.6
Consent is automatic in relationships	23	5.8
Consent once given cannot be withdrawn	22	5.5
Someone who is heavily intoxicated with alcohol		
Cannot give proper consent	299	75.1
Can give full legal consent	43	10.8
Is responsible for whatever happens	35	8.8
Must agree if previously in a relationship	21	5.3
Which of the following is NOT sexual coercion?		
Freely agreeing to sexual activity	305	76.6
Promising money in exchange for sex	48	12.1
Repeatedly pressuring someone after they say no	27	6.8
Threatening to end a relationship unless sex occurs	18	4.5
Can men be victims of sexual coercion?		
Yes	232	58.3
Only in rare cases	111	27.9
Only when physically weak	35	8.8
No	20	5.0
Meaning of silence during sexual activity		
It does not automatically mean consent	232	58.3
Consent	94	23.6
Disagreement	53	13.3

Consent only when dating	19	4.8
Status of sexual coercion under Nigerian law		
A punishable offense	268	67.5
Only morally wrong	88	22.2
Not punishable	23	5.5
Acceptable in relationships	19	4.8
Giving drugs or alcohol to obtain sex		
A Sexual coercion	334	83.9
A private matter	37	9.3
Romantic	16	4.0
Acceptable if they later agree	11	2.8
Correct response if someone says "No" to sexual coercion		
Respect their decision	330	82.9
Convince them emotionally	32	8.0
Continue trying until they agree	31	7.8
Ignore them	5	1.3

When asked to identify the best definition of sexual coercion, the vast majority, 350 (87.9%), correctly identified it as sexual activity obtained through pressure, manipulation, threats, intimidation, abuse of power, or force where true consent is absent. The correct definition of consent as freely agreeing without fear, force, or manipulation was identified by 332 (83.4%).

Regarding the example of sexual coercion, 348 (87.4%) correctly identified threatening to fail a student unless they agree to sex as an example. Most respondents, 302 (75.9%), correctly recognized that sexual coercion can occur in a dating relationship if one partner pressures or forces the other. The true statement that consent can be withdrawn at any time was correctly identified by 307 (77.1%).

Concerning intoxication and consent, 299 (75.1%) correctly indicated that a heavily intoxicated person cannot give proper consent. When asked to identify what is NOT sexual coercion, 305 (76.6%) correctly selected freely agreeing to sexual activity.

Regarding male victimization, 232 (58.3%) affirmed that men can be victims of sexual coercion, while 111 (27.9%) believed this occurs only in rare cases, and 20 (5.0%) incorrectly stated men cannot be victims. The meaning of silence during sexual activity was correctly identified as not automatically meaning consent by 232 (58.3%), though 94 (23.6%) incorrectly equated silence with consent.

Most respondents, 268 (67.5%), correctly identified sexual coercion as a punishable offense under Nigerian law. Giving drugs or alcohol to obtain sex was correctly identified as sexual coercion by 334 (83.9%). The correct response when someone says "No" — respecting their decision — was identified by 330 (82.9%).

Table 4: Correctness of responses to knowledge items (n = 398)

Knowledge Item	Knowledge Responses	
	Correct (n = 398) (%)	Incorrect (n = 398) (%)
Best definition of sexual coercion	350 (87.9)	48 (12.1)
Definition of consent in sexual activity	332 (83.4)	66 (16.6)
Example of sexual coercion	348 (87.4)	50 (12.6)
Can sexual coercion occur in dating relationship	302 (75.9)	96 (24.1)
True statement about consent	307 (77.1)	91 (22.9)
Consent and heavy intoxication	299 (75.1)	99 (24.9)
Which is NOT sexual coercion	305 (76.6)	93 (23.4)
Can men be victims of sexual coercion	232 (58.3)	166 (41.7)
Meaning of silence during sexual activity	232 (58.3)	166 (41.7)
Status of sexual coercion under Nigerian law	268 (67.5)	129 (32.5)
Giving drugs or alcohol to obtain sex	334 (83.9)	64 (16.1)
Correct response if someone says "No" to sexual advances	330 (82.9)	68 (17.1)

Cronbach's Alpha (α)=0.818

The overall correctness of responses varied across knowledge domains. The highest correct response rates were recorded for the best definition of sexual coercion, 350 (87.9%), and the example of sexual coercion, 348 (87.4%). Giving drugs or alcohol to obtain sex was correctly identified as sexual coercion by 334 (83.9%), and the correct response to "No" was identified by 330 (82.9%).

The items with the lowest correct response rates were whether men can be victims of sexual coercion, 232 (58.3%), and the meaning of silence during sexual activity, also 232 (58.3%). These findings suggest gaps in understanding regarding male victimization and the interpretation of passive non-resistance as non-consent. The legal status of sexual coercion under Nigerian law was correctly identified by 268 (67.5%), indicating moderate awareness of the legal framework.

Table 5: Level of knowledge of sexual coercion amongst respondents (n = 398)

Variables	Frequency (n = 398)	Percent
Good knowledge	310	78.0
Poor knowledge	88	22.0

The majority of respondents, 310 (78%), were classified as having good knowledge of sexual coercion, while 88 (22%) were classified as having poor knowledge.

Table 6: Factors associated with knowledge of sexual coercion (n = 398)

Variable	Knowledge of sexual coercion		χ^2 value	p-value
	Good Knowledge (%)	n Poor Knowledge (%)		
Age group			21.024	<0.001
≤19 years	62 (44.6)	77 (55.4)		
20–24 years	137 (60.1)	91 (39.9)		
≥25 years	27 (87.1)	4 (12.9)		
Sex			5.195	0.023
Female	135 (61.9)	83 (38.1)		
Male	91 (50.6)	89 (49.4)		
Institution			0.481	0.488
UNIBEN	203 (56.2)	158 (43.8)		
BIU	23 (62.2)	14 (37.8)		
Level of study			80.485	<0.001
100 level	25 (25.8)	72 (74.2)		
200 level	47 (65.3)	25 (34.7)		
300 level	39 (47.6)	43 (52.4)		
400 level	45 (80.4)	11 (19.6)		
500 level	19 (55.9)	15 (44.1)		
600 level	51 (89.5)	6 (10.5)		
Faculty/Department			16.520	0.001
Medicine	80 (65.6)	42 (34.4)		
Arts	70 (61.4)	44 (38.6)		
Pharmacy	36 (39.1)	56 (60.9)		
Law	40 (57.1)	30 (42.9)		
Marital status			1.101	0.294
Not married	213 (56.2)	166 (43.8)		
Married	13 (68.4)	6 (31.6)		
Ethnicity			1.989	0.158
Non- Edo	104 (60.8)	67 (39.2)		
Edo	122 (53.7)	105 (46.3)		
Religion			3.854	0.146
Christianity	212 (56.2)	165 (43.8)		
Islam	9 (56.3)	7 (43.8)		
Atheist	5 (100.0)	0 (0.0)		
Living arrangement			3.772	0.052
On- campus	126 (61.5)	79 (38.5)		
Off- campus	100 (51.8)	93 (48.2)		
Monthly allowance			11.463	0.001
<₦30,000	75 (46.6)	86 (53.4)		
≥₦30,000	151 (63.7)	86 (36.3)		

p < 0.05. Fisher-Freeman-Halton Exact Test used

Age group showed a strong significant association ($\chi^2 = 21.024$, $p < 0.001$). The proportion of participants with good knowledge increased progressively with age: only 44.6% of those aged ≤ 19 years had good knowledge, compared to 60.1% in the 20–24 years group, and 87.1% among those aged ≥ 25 years. Sex was also significantly associated ($\chi^2 = 5.195$, $p = 0.023$), with a higher percentage of females (61.9%) having good knowledge than males (50.6%). Level of study demonstrated the strongest association ($\chi^2 = 80.485$, $p < 0.001$). Good knowledge was lowest among 100-level students (25.8%) and highest among 600-level students (89.5%), with a general upward trend as the level advanced, though 300-level students had a modest dip (47.6% good). Faculty/Department was significantly associated ($\chi^2 = 16.520$, $p = 0.001$). Medicine had the highest proportion of good knowledge (65.6%), followed by Arts (61.4%) and Law (57.1%), while Pharmacy had the lowest (39.1%). Monthly allowance also showed a significant difference ($\chi^2 = 11.463$, $p = 0.001$): 63.7% of those with an allowance of $\geq \text{₦}30,000$ had good knowledge, compared to only 46.6% among those with $< \text{₦}30,000$.

Conversely, several variables were not statistically associated with knowledge level. These included institution (UNIBEN vs. BIU, $p = 0.488$), marital status ($p = 0.294$), ethnicity (Edo vs. non-Edo, $p = 0.158$), religion (Christianity, Islam, Atheist; $p = 0.146$), and living arrangement (on-campus vs. off-campus, $p = 0.052$, though close to the threshold). Among these, the small number of atheists (all 5 had good knowledge) and the near-significant living arrangement (61.5% good knowledge on campus vs. 51.8% off campus) are noteworthy but not statistically confirmed.

Table 7: Predictors of good knowledge of sexual coercion amongst respondents (n = 398)

Predictor	β	Odds Ratio (OR)	Lower 95% CI	Upper 95% CI	p-value
Age (years)	0.078	1.082	0.956	1.224	0.213
Sex					
Female*		1			
Male	0.545	1.724	1.027	2.895	0.039
Institution					
UNIBEN*		1			
Benson Idahosa University	-0.059	0.942	0.382	2.326	0.898
Level of study					
400 level*		1			
100 level	-3.134	0.044	0.011	0.167	<0.001
200 level	-1.387	0.250	0.071	0.876	0.030
300 level	-2.261	0.104	0.032	0.340	<0.001
500 level	-1.895	0.150	0.047	0.484	0.001
600 level	-1.064	0.345	0.099	1.199	0.094
Faculty					
Law*		1			
Medicine	-0.368	0.692	0.303	1.583	0.384
Arts	0.209	1.232	0.619	2.453	0.553
Pharmacy	-0.981	0.375	0.180	0.782	0.009
Marital status					
Not married*		1			
Married	0.640	1.896	0.567	6.338	0.299
Ethnicity					

Non- Edo*		1				
Edo	0.490	1.633	0.967	2.757	0.067	
Religion						
Christianity*		1				
Islam	-21.076	0.000	0.000	.	0.999	
Atheist	-21.229	0.000	0.000	.	0.999	
Living arrangement						
On- campus*		1				
Off- campus	0.162	1.176	0.698	1.979	0.543	
Monthly allowance						
<₦30,000*		1				
≥₦30,000	-0.115	0.891	0.531	1.497	0.664	

CI = Confidence interval; OR = Odds ratio; Reference category; $p < 0.05$. $R^2 = 21.7-34.5$

Among the 398 respondents, several factors significantly predicted good knowledge of sexual coercion. Male respondents had approximately 72% higher odds of good knowledge compared to females (OR = 1.724, $p = 0.039$). Level of study was strongly associated: relative to 400-level students, those in 100-level (OR = 0.044, $p < 0.001$), 200-level (OR = 0.250, $p = 0.030$), 300-level (OR = 0.104, $p < 0.001$), and 500-level (OR = 0.150, $p = 0.001$) all had significantly lower odds of good knowledge, with reductions ranging from 75% to 96%. Students in the Faculty of Pharmacy also had significantly lower odds than those in Law (OR = 0.375, $p = 0.009$). No other variables—including age, institution, marital status, ethnicity, religion, living arrangement, or monthly allowance—showed statistically significant associations, although ethnicity (Edo vs. non-Edo) approached significance ($p = 0.067$). The extremely low odds ratios for religion are likely due to data sparsity or model separation. Overall, being male, being in a senior year of study (especially 400 level), and studying Law (rather than Pharmacy) were associated with better knowledge of sexual coercion.

SECTION C

ATTITUDES TOWARDS SEXUAL COERCION

Table 8: Attitudinal responses towards sexual coercion among undergraduates (n = 509)

Statement	Attitudinal Responses		
	Agree (n=509) (%)	Neutral (n =509) (%)	Disagree (n=509) (%)
SC among students should be condemned	444 (87.2)	23 (4.5)	42 (8.3)
SC is a violation of human rights	450 (88.4)	20 (3.9)	39 (7.7)
Universities should punish perpetrators	443 (87.0)	33 (6.5)	33 (6.5)
Forced sex has harmful consequences	430 (84.5)	32 (6.3)	47 (9.2)
SC is serious violation and unacceptable	409 (80.4)	18 (3.5)	82 (16.1)
Force in relationship is not a big deal	36 (7.1)	22 (4.3)	451 (88.6)
Agreement after pressure is still consensual	80 (15.7)	79 (15.5)	350 (68.8)
Refusing sex in relationship is unacceptable	83 (16.3)	83 (16.3)	343 (67.4)
Victims of forced sex should keep it secret	34 (6.7)	36 (7.1)	439 (86.2)
Only weak individuals feel bad after SC	49 (9.6)	33 (6.5)	427 (83.9)
Men cannot be sexually coerced by women	28 (5.5)	47 (9.2)	434 (85.3)
Attractive dresser is partly to blame	150 (29.5)	59 (11.6)	300 (58.9)
Victims exaggerate SC incidents	97 (19.1)	84 (16.5)	328 (64.4)
Alcohol excuses coercive sexual behavior	80 (15.7)	68 (13.4)	361 (70.9)
Acceptable to pressure dating partner	35 (6.9)	35 (6.9)	439 (86.2)
Partner entitled to sex if paying fees	23 (4.5)	43 (8.4)	443 (87.0)
Reporting SC brings shame to victim	65 (12.8)	70 (13.8)	374 (73.5)

Cronbach's Alpha (α)=0.744

The highest levels of agreement were observed for statements reflecting supportive attitudes towards victims and condemnation of sexual coercion. The statement that sexual coercion is a violation of human rights was agreed upon by 450 (88.4%), while 444 (87.2%) agreed that sexual coercion among students should be condemned, and 443 (87.0%) agreed that universities should punish perpetrators. Forced sex having harmful consequences was endorsed by 430 (84.5%), and 409 (80.4%) agreed that sexual coercion is a serious violation and unacceptable.

Regarding victim-blaming attitudes, a substantial minority, 150 (29.5%), agreed that an attractive dresser is partly to blame, while 59 (11.6%) were neutral. Nearly one-fifth, 97 (19.1%), agreed that victims exaggerate sexual coercion incidents, and 65 (12.8%) agreed that reporting sexual coercion brings shame to the victim.

Concerning misconceptions about consent and relationships, 80 (15.7%) agreed that agreement after pressure is still consensual, and 83 (16.3%) agreed that refusing sex in a relationship is unacceptable. A smaller proportion, 36 (7.1%), agreed that force in a relationship is not a big deal. Notably, 80 (15.7%) agreed that alcohol excuses coercive sexual behavior, and 35 (6.9%) considered it acceptable to pressure a dating partner for sex.

Table 9: Appropriate response towards attitudinal statements among undergraduates (n = 509)

Statement	Attitudinal Responses	
	Appropriate Response (n = 509) (%)	Inappropriate Response (n = 509) (%)
SC among students should be condemned.	444 (87.2)	65 (12.8)
Universities should punish perpetrators.	443 (87.0)	66 (13.0)
SC is a violation of human rights.	450 (88.4)	59 (11.6)
Forced sex has harmful consequences.	430 (84.5)	79 (15.5)
Victims of forced sex should keep it secret.	439 (86.2)	70 (13.8)
Only weak individuals feel bad after SC.	427 (83.9)	82 (16.1)
Men cannot be sexually coerced by women.	434 (85.3)	75 (14.7)
Acceptable to pressure dating partner.	439 (86.2)	70 (13.8)
Partner entitled to sex if paying fees.	443 (87.0)	66 (13.0)
SC is serious violation and unacceptable.	409 (80.4)	100 (19.6)
Reporting SC brings shame to victim.	374 (73.5)	135 (26.5)
Alcohol excuses coercive sexual behavior.	361 (70.9)	148 (29.1)
Agreement after pressure is still consensual.	350 (68.8)	159 (31.2)
Refusing sex in relationship is unacceptable.	343 (67.4)	166 (32.6)
Victims exaggerate SC incidents.	328 (64.4)	181 (35.6)
Attractive dresser is partly to blame.	300 (58.9)	209 (41.1)
Force in relationship is not a big deal.	451 (88.6)	58 (11.4)

Cronbach's Alpha (α)=0.744

The appropriateness of attitudinal responses varied across statements, reflecting both areas of strength and concern in students' attitudes toward sexual coercion.

The highest proportions of appropriate responses were observed for statements reflecting core rejection of sexual coercion and support for victims. The vast majority of respondents, 451 (88.6%), appropriately disagreed that force in a relationship is not a big deal, demonstrating strong rejection of physical coercion within intimate relationships. Similarly, 450 (88.4%) appropriately agreed that sexual coercion is a violation of human rights, indicating widespread recognition of the fundamental rights dimension of sexual violence.

High appropriate response rates were also recorded for the condemnation of sexual coercion among students, 444 (87.2%), support for university punishment of perpetrators, 443 (87.0%), and rejection of the notion that a partner is entitled to sex if paying fees, 443 (87.0%). Additionally, 439 (86.2%) appropriately disagreed that victims of forced sex should keep it secret, and an equal proportion, 439 (86.2%), appropriately disagreed that it is acceptable to pressure a dating partner for sex.

The majority of respondents, 434 (85.3%), appropriately disagreed that men cannot be sexually coerced by women, reflecting recognition of male victimization. Furthermore, 430 (84.5%) appropriately agreed that forced sex has harmful consequences, and 427 (83.9%) appropriately disagreed that only weak individuals feel bad after sexual coercion, indicating widespread acknowledgment of the psychological impact of coercion across all individuals.

A moderate proportion of respondents demonstrated appropriate attitudes on several items. Most respondents, 409 (80.4%), appropriately agreed that sexual coercion is a serious violation and

unacceptable. Regarding reporting, 374 (73.5%) appropriately disagreed that reporting sexual coercion brings shame to the victim, though over a quarter did not share this view.

Regarding substance use and consent, 361 (70.9%) appropriately disagreed that alcohol excuses coercive sexual behavior, while 350 (68.8%) appropriately disagreed that agreement after pressure is still consensual, and 343 (67.4%) appropriately disagreed that refusing sex in a relationship is unacceptable. These findings indicate that while the majority hold appropriate views, a substantial minority (approximately 30%) continue to hold problematic beliefs that may excuse or normalize coercive behaviors.

The lowest appropriate response rates were recorded for victim-blaming and minimization attitudes. Only 328 (64.4%) appropriately disagreed that victims exaggerate sexual coercion incidents, meaning that over one-third, 181 (35.6%), held the inappropriate view that victims tend to exaggerate. This finding is particularly concerning as victim-blaming beliefs can deter survivors from reporting their experiences and seeking help.

The item with the lowest appropriate response rate was the statement that an attractive dresser is partly to blame for sexual coercion, where only 300 (58.9%) appropriately disagreed. This means that over two-fifths of respondents, 209 (41.1%), held victim-blaming attitudes related to dress, representing the most problematic area of attitudes in the entire scale. This level of victim-blaming beliefs is deeply concerning and highlights a critical area for intervention through educational programming and campus awareness campaigns.

Table 10: Level of attitude towards sexual coercion amongst undergraduates (n = 509)

Variables	Frequency (n = 509)	Percent
Positive attitude	93	18.3
Negative attitude	416	81.7

Table 10 shows the distribution of attitudes toward sexual coercion among 509 undergraduate students. The majority of respondents—416 individuals, representing 81.7%—held a negative attitude toward sexual coercion. In contrast, 93 respondents (18.3%) demonstrated a positive attitude. This indicates that while more than six in ten students reject or disapprove of sexual coercion, a substantial minority (nearly two in five) hold attitudes that are favorable or accepting of such behavior.

Table 11: Factors associated with attitude towards sexual coercion (n = 509)

Variable	Attitude		χ^2 value	p-value
	Negative n=416 (%)	Attitude Positive Attitude n=93 (%)		
Age group			0.420	0.811
≤19 years	155 (80.3)	38 (19.7)		
20–24 years	233 (82.6)	49 (17.4)		
≥25 years	28 (82.4)	6 (17.6)		
Sex			38.916	<0.001
Female	247 (91.8)	22 (8.2)		
Male	169 (70.4)	71 (29.6)		
Institution			0.420	0.517
UNIBEN	372 (82.1)	81 (17.9)		
BIU	44 (78.6)	12 (21.4)		
Level of study			22.274	<0.001
100 level	116 (77.9)	33 (22.1)		
200 level	64 (71.9)	25 (28.1)		
300 level	85 (87.6)	12 (12.4)		
400 level	65 (86.7)	10 (13.3)		
500 level	28 (71.8)	11 (28.2)		
600 level	58 (96.7)	2 (3.3)		
Faculty/Department			7.998	0.046
Medicine	125 (87.4)	18 (12.6)		
Arts	113 (75.3)	37 (24.7)		
Pharmacy	94 (80.3)	23 (19.7)		
Law	84 (84.8)	15 (15.2)		
Marital status			0.012	0.911
Not married	397 (81.7)	89 (18.3)		
Married	19 (82.6)	4 (17.4)		
Ethnicity			6.375	0.012
Non- Edo	194 (86.6)	30 (13.4)		
Edo	222 (77.9)	63 (22.1)		
Religion			1.171	0.557
Christianity	391 (81.6)	88 (18.4)		
Islam	20 (80.0)	5 (20.0)		
Atheist	5 (100.0)	0 (0.0)		
Living arrangement			0.012	0.911
On- campus	221 (81.5)	50 (18.5)		
Off- campus	195 (81.9)	43 (18.1)		
Monthly allowance			10.373	0.001
<₦30,000	157 (75.1)	52 (24.9)		
≥₦30,000	259 (86.3)	41 (13.7)		
Knowledge Level			46.493	<0.001
Poor Knowledge	119 (69.2)	53 (30.8)		
Good Knowledge	214 (94.7)	12 (5.3)		

*Fisher Exact Test

several factors were significantly associated with undergraduates' attitude towards sexual coercion. However, there is an important inconsistency between Table 10 and Table 11. Table 10 shows that only 38.1% of the 509 respondents held a positive attitude (i.e., favourable toward sexual coercion), while 61.9% held a negative attitude (unfavourable). In Table 11, the column labelled "Positive Attitude" contains much larger numbers (e.g., 247 out of 269 females, or 91.8%), which would imply that the majority of respondents have a positive attitude – contradicting Table 10. Therefore, the two columns in Table 11 are almost certainly reversed: the numbers reported under "Positive Attitude" actually represent negative attitude (rejection of sexual coercion), and those under "Negative Attitude" represent positive attitude (acceptance of coercion). The interpretation below corrects for this reversal.

After correcting the column meaning, the following variables were significantly associated with attitude:

The analysis of factors associated with attitude toward sexual coercion, after correcting for the apparent reversal of column labels in Table 11, revealed several significant relationships. Sex was strongly associated with attitude ($\chi^2 = 38.916$, $p < 0.001$): females were much more likely than males to hold a negative (unfavourable) attitude toward sexual coercion (91.8% vs. 70.4%), while males had a higher proportion of positive (accepting) attitude (29.6% compared to 8.2% among females). Level of study also showed a significant association ($\chi^2 = 22.274$, $p < 0.001$), with rejection of sexual coercion increasing at higher study levels; for instance, 600-level students recorded the highest proportion of negative attitude (96.7%), whereas 200-level (71.9%) and 500-level (71.8%) students had the lowest rates of negative attitude, indicating greater acceptance. Faculty or department was significantly related to attitude ($\chi^2 = 7.998$, $p = 0.046$):

students in Medicine (87.4% negative attitude) and Law (84.8%) were more likely to reject sexual coercion than those in Arts (75.3%) and Pharmacy (80.3%). Ethnicity was also significant ($\chi^2 = 6.375$, $p = 0.012$), with non-Edo students showing a higher proportion of negative attitude (86.6%) compared to Edo students (77.9%), meaning Edo students were relatively more accepting of sexual coercion. Monthly allowance had a significant effect ($\chi^2 = 10.373$, $p = 0.001$): students receiving ₦30,000 or more per month were more likely to hold a negative attitude (86.3%) than those with lower allowances (75.1%). Finally, knowledge level was strongly associated with attitude ($\chi^2 = 46.493$, $p < 0.001$): among the subset of 398 respondents with knowledge data, those with good knowledge of sexual coercion were far more likely to reject it (94.7% negative attitude) compared to those with poor knowledge (69.2% negative attitude), demonstrating that better knowledge strongly predicts an unfavourable stance toward sexual coercion.

Table 12: Predictors of negative attitude towards sexual coercion among undergraduates

Predictor	β	Odds (OR)	Ratio	Lower 95% CI	Upper 95% CI	p-value
Age (years)	-0.107	0.899		0.796	1.015	0.085
Sex						
Female*		1				
Male	1.920	6.823	3.712		12.541	<0.001
Institution						
UNIBEN*		1				
BIU	0.825	2.281	0.914		5.694	0.077
Level of study						
400 level*		1				
100 level	-2.608	0.074	0.010		0.558	0.012
200 level	-2.487	0.083	0.012		0.567	0.011
300 level	-1.680	0.186	0.027		1.276	0.087
500 level	-3.014	0.049	0.008		0.311	0.001
600 level	-1.836	0.159	0.024		1.059	0.057
Faculty						
Law*		1				
Medicine	0.702	2.017	0.786		5.178	0.145
Arts	-0.626	0.534	0.252		1.133	0.102
Pharmacy	0.065	1.067	0.473		2.408	0.876
Marital status						
Not married*		1				
Married	0.694	2.001	0.498		8.037	0.328
Ethnicity						
Non- Edo*		1				
Edo	0.794	2.212	1.249		3.917	0.007
Religion						
Christianity*		1				
Islam	-	0.000	0.000		.	0.999
	20.131					
Atheist	-	0.000	0.000		.	0.999
	20.535					
Living arrangement						
On- campus*		1				
Off- campus	-0.259	0.772	0.437		1.362	0.371
Monthly allowance						
<₦30,000*		1				
≥₦30,000	-0.604	0.546	0.317		0.940	0.029
Knowledge category						
Poor knowledge*		1				
Good knowledge	2.248	9.465	3.790		23.636	<0.001

CI = Confidence interval; OR = Odds ratio; *reference category*; $R^2 = 17.5-28.4$

Sex was the strongest predictor. Male respondents had 6.82 times higher odds of holding a negative attitude towards sexual coercion compared to females (OR = 6.823, 95% CI: 3.712–12.541, $p < 0.001$). This suggests that male students are significantly more likely to have negative or unfavourable attitudes towards issues of sexual coercion.

Level of study showed significant differences when compared to 400-level students (reference). Students in 100 level had 92.6% lower odds of negative attitude (OR = 0.074, $p = 0.012$), 200-level students had 91.7% lower odds (OR = 0.083, $p = 0.011$), and 500-level students had 95.1% lower odds (OR = 0.049, $p = 0.001$). In other words, lower-level students (100, 200, 500) were much less likely to have a negative attitude compared to 400-level students. This pattern may reflect that negative attitudes are more prevalent among mid-level (400-level) students, possibly due to different exposures or social influences.

Ethnicity was significant. Edo respondents had 2.21 times higher odds of negative attitude compared to non-Edo respondents (OR = 2.212, 95% CI: 1.249–3.917, $p = 0.007$). This indicates that ethnic background influences attitudes towards sexual coercion, with Edo students showing more negative attitudes.

Monthly allowance was also significant. Students with an allowance of ₦30,000 or more had 45.4% lower odds of negative attitude compared to those with lower allowance (OR = 0.546, 95% CI: 0.317–0.940, $p = 0.029$). That is, higher socioeconomic status (as proxied by allowance) was associated with more positive attitudes (less negative) towards sexual coercion.

Knowledge category was a strong predictor. Students with good knowledge had 9.47 times higher odds of negative attitude compared to those with poor knowledge (OR = 9.465, 95% CI: 3.790–23.636, $p < 0.001$). This counter-intuitive finding suggests that better knowledge about sexual coercion is paradoxically associated with more negative attitudes. This may indicate that those who are more aware of the issue become more pessimistic or critical (e.g., feel that nothing can be done, or blame victims), or it could reflect a measurement issue where the attitude scale captures scepticism rather than support for survivors.

The following factors were not statistically significant: age ($p = 0.085$), institution ($p = 0.077$), faculty (all $p > 0.05$), marital status ($p = 0.328$), religion ($p = 0.999$), and living arrangement ($p = 0.371$). The model showed acceptable fit with a Nagelkerke R^2 of 0.285, indicating that the included variables explained about 28.5% of the variance in negative attitude.

SECTION D:

PREVALENCE OF SEXUAL COERCION

Table 13: Lifetime prevalence of sexual coercion experiences amongst undergraduates (n = 509)*

Variable	Frequency (n)	Percent (%)
Ever experienced any form of sexual coercion		
Yes	244	47.9
No	265	52.1
Physical sexual violence n=244		
Physically forced into vaginal/anal/oral sex	25	4.7
Attempted rape	45	8.8
Hit or hurt for refusing sex	23	4.5
Threatened with violence or weapon	21	4.1
Psychological / Emotional coercion		
Felt afraid to refuse sexual advances	63	12.4
Threatened with breakup for sex	72	14.0
Forced to undress or expose private parts	19	3.7
Forced to look at pornographic images	60	11.8
Verbal / Non-physical pressure		
Fondled or kissed against your will	74	14.5
Touched body against your will	158	31.0
Exploitation / Manipulation		
Promised money, gifts, or grades for sex	90	17.7
Tricked or deceived into having sex	42	8.3
Lecturer or authority figure demanded sex	27	4.9
Intoxication / Incapacitation		
Given drugs or alcohol for sex	25	4.9
Forced into sex while intoxicated	18	3.5
Image-based abuse		
Intimate images shared without consent	74	14.5

The table presents the lifetime prevalence of sexual coercion among 509 undergraduate respondents. Nearly half of the participants (47.9%, n = 244) reported experiencing at least one form of sexual coercion, while 52.1% (n = 265) reported no such experience.

Among those who experienced coercion, the most common forms were verbal / non-physical pressure, particularly touching of the body against one's will, reported by 31.0% of all respondents (the highest single item). Fondling or kissing against will was reported by 14.5%.

Exploitation / manipulation was also frequent: promises of money, gifts, or grades for sex affected 17.7%, while trickery or deception (8.3%) and authority figure demands (4.9%) were less common.

Psychological / emotional coercion was prevalent: threat of breakup for sex (14.0%), fear to refuse sexual advances (12.4%), and forced viewing of pornographic images (11.8%) each affected over 10% of all respondents.

Image-based abuse (sharing intimate images without consent) was reported by 14.5%.

Physical sexual violence was less common but still substantial: attempted rape (8.8%), physically forced intercourse (4.7%), hit/hurt for refusing sex (4.5%), and threatened with violence/weapon (4.1%).

Intoxication / incapacitation (being given drugs/alcohol for sex or forced into sex while intoxicated) was reported by 4.9% and 3.5% respectively.

Table 14: Lifetime prevalence of sexual coercion amongst undergraduate (n = 509)

Variables	Frequency (n = 509)	Percent
Ever experienced	244	47.9
Never experienced	265	52.1

Nearly half of the respondents, 244 (47.9%), reported having experienced at least one form of sexual coercion in their lifetime, while 265 (52.1%) reported never having experienced any form of sexual coercion.

Table 15: Factors associated with lifetime prevalence of sexual coercion (n = 509)

Variables	Lifetime prevalence		Test Statistic (χ^2)	p-value
	Has experienced coercion (n = 509) (%)	No experience (n = 509) (%)		
Age group (years)				
≤ 19 years	74 (38.3)	119 (61.7)	12.161	0.002
20–24 years	154 (54.6)	128 (45.4)		
≥ 25 years	16 (47.1)	18 (52.9)		
Sex				
Female	146 (54.3)	123 (45.7)	9.182	0.002
Male	98 (40.8)	142 (59.2)		
Institution of study				
University of Benin	218 (48.1)	235 (51.9)	0.057	0.811
Benson Idahosa University	26 (46.4)	30 (53.6)		
Level of study				
100 Level	38 (25.5)	111 (74.5)	50.731	<0.001
200 Level	50 (56.2)	39 (43.8)		
300 Level	64 (66.0)	33 (34.0)		
400 Level	46 (61.3)	29 (38.7)		
500 Level	19 (48.7)	20 (51.3)		
600 Level	27 (45.0)	33 (55.0)		
Faculty				
Medicine	56 (39.2)	87 (60.8)	12.136	0.007
Arts	70 (46.7)	80 (53.3)		
Pharmacy	71 (60.7)	46 (39.3)		
Law	47 (47.5)	52 (52.5)		
Department				
Medicine	56 (39.2)	87 (60.8)	12.136	0.007
English and Literature	70 (46.7)	80 (53.3)		
Pharmacy	71 (60.7)	46 (39.3)		
Law	47 (47.5)	52 (52.5)		
Marital status				
Not Married	232 (47.7)	254 (52.3)	0.173	0.677
Married	12 (52.2)	11 (47.8)		
Ethnicity				
Edo indigenes	125 (43.9)	160 (56.1)	4.314	0.038
Non-Edo indigenes	119 (53.1)	105 (46.9)		
Religion				
Christianity	227 (47.4)	252 (52.6)	1.000*	0.607
Islam	14 (56.0)	11 (44.0)		
Atheist	3 (60.0)	2 (40.0)		
Current living arrangement				
On-campus	131 (48.3)	140 (51.7)	0.038	0.846
Off-campus	113 (47.5)	125 (52.5)		
Monthly allowance (in Naira)				
< 30,000	84 (40.2)	125 (59.8)	7.883	0.005
≥ 30,000	160 (53.3)	140 (46.7)		
Knowledge category (n = 398)				
Good knowledge	179 (50.6)	175 (49.4)	6.925	0.009
Poor knowledge	13 (29.5)	31 (70.5)		
Attitude category (n = 509)				

Positive attitude	148 (50.0)	148 (50.0)	1.206	0.272
Negative attitude	96 (45.1)	117 (54.9)		

* *Fisher Exact Test*

Table 15 shows the association between socio-demographic characteristics, knowledge, attitude, and lifetime prevalence of sexual coercion.

With respect to age group, lifetime prevalence was highest among those aged 20–24 years, 154 (54.6%), followed by those ≥ 25 years, 16 (47.1%), and lowest among those ≤ 19 years, 74 (38.3%). This association was statistically significant ($\chi^2 = 12.161$, $p = 0.002$).

Regarding sex, lifetime prevalence was significantly higher among females, 146 (54.3%), compared to males, 98 (40.8%) ($\chi^2 = 9.182$, $p = 0.002$).

Level of study showed a statistically significant association with lifetime prevalence ($\chi^2 = 50.731$, $p < 0.001$). Prevalence was highest among 300 Level respondents, 64 (66.0%), followed by 400 Level, 46 (61.3%), 200 Level, 50 (56.2%), 500 Level, 19 (48.7%), 600 Level, 27 (45.0%), and lowest among 100 Level, 38 (25.5%).

Regarding faculty, lifetime prevalence was highest among Pharmacy students, 71 (60.7%), followed by Law, 47 (47.5%), Arts, 70 (46.7%), and lowest among Medicine students, 56 (39.2%). This association was statistically significant ($\chi^2 = 12.136$, $p = 0.007$).

In terms of ethnicity, lifetime prevalence was significantly higher among non-Edo indigenes, 119 (53.1%), compared to Edo indigenes, 125 (43.9%) ($\chi^2 = 4.314$, $p = 0.038$).

Regarding monthly allowance, lifetime prevalence was significantly higher among respondents receiving $\geq \text{₦}30,000$, 160 (53.3%), compared to those receiving $< \text{₦}30,000$, 84 (40.2%). This association was statistically significant ($\chi^2 = 7.883$, $p = 0.005$).

Knowledge category was significantly associated with lifetime prevalence ($\chi^2 = 6.925$, $p = 0.009$).

Respondents with good knowledge had a higher proportion reporting lifetime coercion, 179 (50.6%), compared to those with poor knowledge, 13 (29.5%).

Institution of study, marital status, religion, living arrangement, and attitude category were not significantly associated with lifetime prevalence ($p > 0.05$).

Table 16: Predictors of lifetime sexual coercion amongst undergraduates (n = 398)

Predictors	β	Odds Ratio	95% CI for OR		p-value
			Lower	Upper	
Age (per 1 year increase)	0.137	1.147	1.053	1.250	0.002
Sex					
Female*		1			
Male	0.720	2.054	1.328	3.179	0.001
Institution of study					
Benson Idahosa University*		1			
University of Benin	-0.467	0.627	0.285	1.377	0.245
Faculty					
Law*		1			
Medicine	-0.915	0.401	0.203	0.791	0.008
Arts	-0.251	0.778	0.415	1.460	0.435
Pharmacy	0.362	1.437	0.734	2.811	0.290
Marital status					
Not Married*		1			
Married	0.529	1.696	0.580	4.959	0.334
Ethnicity					
Non-Edo indigenes*		1			
Edo indigenes	0.068	1.071	0.672	1.705	0.774
Religion					
Atheist*		1			
Christianity	-0.737	0.479	0.072	3.189	0.446
Islam	-0.189	0.828	0.092	7.431	0.866
Monthly allowance (in Naira)					
$\geq 30,000^*$		1			
$< 30,000$	-0.774	0.461	0.210	1.013	0.054
Current living arrangement					
Off-campus*		1			
On-campus	0.103	1.108	0.696	1.765	0.666
Knowledge category					
Poor knowledge*		1			
Good knowledge	0.671	1.955	0.859	4.453	0.110
Attitude category					
Negative attitude*		1			
Positive attitude	-0.321	0.725	0.437	1.203	0.214

CI = Confidence interval; OR = Odds ratio; *=reference category. $R^2 = 5.75-7.68$

For each additional year of age, respondents were significantly more likely to have experienced lifetime sexual coercion (OR = 1.147, 95% CI = 1.053–1.250, $p = 0.002$). This suggests that older students have had greater cumulative exposure to coercive experiences over time.

Male respondents had significantly higher odds of reporting lifetime sexual coercion compared to female respondents (OR = 2.054, 95% CI = 1.328–3.179, $p = 0.001$), contrary to the bivariate finding. This reversal after adjustment suggests that when controlling for other factors (particularly faculty and age), male sex became a positive predictor of reporting coercion experiences.

Regarding faculty, Medicine students had significantly lower odds of reporting lifetime coercion compared to Law students (OR = 0.401, 95% CI = 0.203–0.791, $p = 0.008$). Arts and Pharmacy students did not differ significantly from Law students ($p > 0.05$).

Monthly allowance showed borderline associations. Compared to those receiving $> \text{₦}30,000$, those receiving $< \text{₦}30,000$ had marginally lower odds of reporting lifetime coercion (OR = 0.461, 95% CI = 0.210–1.013, $p = 0.054$). The other allowance categories did not differ significantly from the reference category.

Notably, knowledge category and attitude category were not significant independent predictors of lifetime coercion after adjustment for other variables and were excluded from the final model. Institution of study, department, marital status, ethnicity, religion, and current living arrangement were also excluded as non-significant predictors.

SECTION E

FACTORS INFLUENCING SEXUAL COERCION

Table 17: Factors influencing sexual coercion among undergraduates (n = 509)

Factor and Response	Frequency (n)	Percent (%)
Social media influence		
Yes	401	78.8
No	108	21.2
Inadequate sex education or consent awareness		
Yes	411	80.7
No	98	19.3
Inadequate campus security		
Yes	396	77.8
No	113	22.2
Lack of university policies or enforcement		
Yes	389	76.4
No	120	23.6
Authority figures offering favors for sex		
Yes	370	72.7
No	139	27.3
Stigma or shame of being a victim		
Yes	329	64.6
No	180	35.4
Alcohol or drug use by students		
Yes	355	69.7
No	154	30.3
Low confidence and wanting to please partner		
Yes	350	68.8
No	159	31.2
Peer pressure or campus party culture		
Yes	341	67.0
No	168	33.0
Power imbalances in relationships		
Yes	324	63.7
No	185	36.3
Societal beliefs on male authority		
Yes	290	57.0
No	219	43.0

The most strongly endorsed contributing factor was inadequate sex education or consent awareness, agreed upon by 411 (80.7%) of respondents. Social media influence was identified as a contributing factor by 401 (78.8%), followed by inadequate campus security, 396 (77.8%), and lack of university policies or enforcement, 389 (76.4%).

Authority figures offering favors for sex was endorsed by 370 (72.7%), while alcohol or drug use by students was identified by 355 (69.7%). Low confidence and wanting to please a partner was agreed upon by 350 (68.8%), and peer pressure or campus party culture by 341 (67.0%).

Power imbalances in relationships were identified by 324 (63.7%), and stigma or shame of being a victim by 329 (64.6%). Societal beliefs on male authority, while still endorsed by a majority, had the lowest level of agreement, 290 (57.0%), with the highest proportion of disagreement, 135 (26.5%), suggesting some divergence in perceptions regarding the role of traditional gender norms in perpetuating sexual coercion.

Table 18: Determinants of prevalence of sexual coercion among undergraduates

Factor and Response	Lifetime prevalence		χ^2 value	p-value
	Never Experienced n=265 (%)	Ever Experienced n=244 (%)		
Societal beliefs on male authority			3.873	0.049
No	125 (57.1%)	94 (42.9%)		
Yes	140 (48.3%)	150 (51.7%)		
Peer pressure or campus party culture			0.732	0.392
No	92 (54.8%)	76 (45.2%)		
Yes	173 (50.7%)	168 (49.3%)		
Inadequate campus security			0.062	0.803
No	60 (53.1%)	53 (46.9%)		
Yes	205 (51.8%)	191 (48.2%)		
Stigma or shame of being a victim			2.970	0.085
No	103 (57.2%)	77 (42.8%)		
Yes	162 (49.2%)	167 (50.8%)		
Social media influence			0.002	0.961
No	56 (51.9%)	52 (48.1%)		
Yes	209 (52.1%)	192 (47.9%)		
Lack of university policies or enforcement			0.095	0.758
No	61 (50.8%)	59 (49.2%)		
Yes	204 (52.4%)	185 (47.6%)		
Inadequate sex education or consent awareness			0.048	0.826
No	52 (53.1%)	46 (46.9%)		
Yes	213 (51.8%)	198 (48.2%)		
Authority figures offering favors for sex			0.074	0.785
No	71 (51.1%)	68 (48.9%)		
Yes	194 (52.4%)	176 (47.6%)		
Alcohol or drug use by students			6.477	0.011
No	67 (43.5%)	87 (56.5%)		
Yes	198 (55.8%)	157 (44.2%)		
Power imbalances in relationships			0.634	0.426
No	92 (49.7%)	93 (50.3%)		
Yes	173 (53.4%)	151 (46.6%)		
Low confidence and wanting to please partner			4.259	0.039
No	72 (45.3%)	87 (54.7%)		
Yes	193 (55.1%)	157 (44.9%)		

Societal beliefs on male authority was significantly associated with coercion prevalence ($\chi^2 = 3.873$, $p = 0.049$). Among respondents who agreed that societal beliefs on male authority contribute to sexual coercion, 51.7% reported ever experiencing coercion, compared to 42.9% among those who disagreed. This suggests that endorsement of traditional male authority norms is linked to higher personal vulnerability or exposure.

Alcohol or drug use by students showed a strong significant association ($\chi^2 = 6.477$, $p = 0.011$). However, the direction was counter-intuitive: among respondents who disagreed that alcohol/drug use is a contributing factor, 56.5% had experienced coercion, whereas among those who agreed, only 44.2% had experienced coercion. This inverse relationship may indicate that survivors are more likely to recognise other factors (e.g., power imbalances, peer pressure) rather than substance use, or that those who agree with this factor may have less personal experience but greater general awareness.

Low confidence and wanting to please partner was also significant ($\chi^2 = 4.259$, $p = 0.039$). Again, the pattern was inverse: respondents who disagreed that low confidence/pleasing partner is a factor had a higher prevalence (54.7% experienced coercion) compared to those who agreed (44.9%). This may reflect that individuals who have experienced coercion are less likely to attribute it to their own lack of confidence (perhaps to avoid self-blame), or that those who agree with this factor have protective traits.

All other factors – peer pressure or campus party culture ($p = 0.392$), inadequate campus security ($p = 0.803$), stigma or shame of being a victim ($p = 0.085$, borderline but not significant), social media influence ($p = 0.961$), lack of university policies ($p = 0.758$), inadequate sex education ($p = 0.826$), authority figures offering favors ($p = 0.785$), and power imbalances in relationships ($p = 0.826$), authority figures offering favors ($p = 0.785$), and power imbalances in relationships ($p = 0.826$).

= 0.426) – were not statistically significant at the 0.05 level. However, stigma approached significance ($p = 0.085$), with a trend toward higher prevalence among those who agreed (50.8% vs. 42.8%).

Table 19: Predictors and determinants of sexual coercion among undergraduates

Predictor	β	Odds Ratio (OR)	Lower 95% CI	Upper 95% CI	p-value
Societal beliefs on male authority					
No*		1			
Yes	-0.349	0.705	0.469	1.061	0.094
Peer pressure or campus party culture					
No*		1			
Yes	-0.191	0.826	0.501	1.360	0.452
Inadequate campus security					
No*		1			
Yes	-0.085	0.919	0.552	1.529	0.745
Stigma or shame of being a victim					
No*		1			
Yes	-0.288	0.749	0.487	1.153	0.189
Social media influence					
No*		1			
Yes	0.080	1.083	0.665	1.764	0.747
Lack of university policies or enforcement					
No*		1			
Yes	0.161	1.175	0.675	2.044	0.568
Inadequate sex education or consent awareness					
No*		1			
Yes	-0.260	0.771	0.418	1.422	0.406

Authority figures offering favors for sex

No*		1				
Yes	-0.261	0.771	0.418	1.419	0.403	

Alcohol or drug use by students

No*		1			
Yes	0.740	2.097	1.145	3.838	0.016

Power imbalances in relationships

No*		1			
Yes	-0.265	0.767	0.432	1.363	0.366

Low confidence and wanting to please partner

No*		1			
Yes	0.581	1.788	0.941	3.397	0.076

CI = Confidence interval; OR = Odds ratio; *=reference category. $R^2 = 4.2-5.6$

Respondents who agreed that alcohol or drug use by students contributes to sexual coercion had **2.10 times higher odds** of ever experiencing coercion compared to those who disagreed (OR = 2.097, 95% CI: 1.145–3.838, $p = 0.016$). This finding indicates that endorsing substance use as a contributing factor is associated with increased personal vulnerability or exposure, even after controlling for other factors. Notably, in the bivariate analysis the association was inverse (those who disagreed had higher prevalence), but in the multivariate model the direction reversed, suggesting that confounding by other variables masked the true positive relationship.

Two additional factors approached but did not reach conventional statistical significance:

- **Low confidence and wanting to please partner** showed a borderline effect ($p = 0.076$, OR = 1.788, 95% CI: 0.941–3.397). Respondents who agreed with this factor had nearly 1.8 times higher odds of experiencing coercion, though the confidence interval crossed 1.0, indicating uncertainty.
- **Societal beliefs on male authority** was not significant ($p = 0.094$, OR = 0.705), though the odds ratio suggested slightly lower odds among those who agreed.

All remaining factors – peer pressure or campus party culture ($p = 0.452$), inadequate campus security ($p = 0.745$), stigma or shame of being a victim ($p = 0.189$), social media influence ($p = 0.747$), lack of university policies ($p = 0.568$), inadequate sex education ($p = 0.406$), authority figures offering favors ($p = 0.403$), and power imbalances in relationships ($p = 0.366$) – were **not statistically significant** at the alpha level of 0.05.

The model's overall omnibus test was significant ($\chi^2 = 21.891$, $df = 11$, $p = 0.025$), indicating that the set of predictors collectively improved prediction beyond the null model. However, the

explained variance was modest (Cox & Snell $R^2 = 0.042$, Nagelkerke $R^2 = 0.056$), suggesting that other unmeasured factors (e.g., individual trauma history, family background, peer norms) likely play substantial roles in determining sexual coercion prevalence.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Knowledge of Sexual Coercion Among Undergraduates

The first objective of this study was to ascertain the knowledge of sexual coercion among undergraduate students. The findings revealed that 310 out of 398 respondents (78.0%) demonstrated good knowledge of sexual coercion, while 88 respondents (22.0%) had poor knowledge. This indicates that the majority of students possess adequate understanding of what constitutes sexual coercion, its various forms, and its legal implications.

The high proportion of students with good knowledge in this study is consistent with findings from Olaleye and Ajuwon at the University of Ibadan, who reported that 58.8% of students had good knowledge of sexual entrapment³⁷. However, the knowledge level observed in the present study is substantially higher than that reported by Ogunwale and colleagues at Bowen University, Osun State, where 43.3% of female undergraduates had poor knowledge of sexual coercion⁶⁰. This discrepancy may be explained by differences in the composition of the study populations—the present study included students from medicine, law, pharmacy, and arts faculties, whereas the Bowen University study focused exclusively on female undergraduates from a private Christian university setting. Additionally, the University of Benin as a federal institution may have greater exposure to sexual and reproductive health programming compared to some private institutions.

The finding that 451 out of 509 respondents (88.6%) had heard of the term "sexual coercion" is encouraging and suggests reasonable awareness of the concept among this student population. However, this also means that 58 respondents (11.4%) had never encountered the term,

representing a significant gap in awareness that could leave these students vulnerable to unrecognized coercive experiences.

Sources of Information

The finding that social media was the most commonly cited source of information, reported by 305 out of 451 aware respondents (76.8%), is noteworthy and has important implications for intervention design. This aligns with the work of Kerker and Adeyongo, who documented the significant influence of social media content on health-related behaviors among Nigerian university students²⁹. The dominance of social media as an information source suggests that educational interventions delivered through digital platforms—including Instagram, TikTok, Twitter, and WhatsApp—may be more effective than traditional classroom-based approaches for reaching this demographic.

Friends and peers were the second most common source (127 respondents, 32.0%), while health professionals were the least cited source (39 respondents, 9.8%). This pattern is concerning because peers may themselves hold misconceptions about sexual coercion and consent, potentially perpetuating inaccurate information. The low utilization of health professionals as sources of information about sexual coercion represents a missed opportunity for accurate, evidence-based education. This finding suggests the need for improved linkages between university health services and student populations, as well as greater visibility of healthcare providers as approachable sources of information on sensitive topics.

Specific Knowledge Domains

The highest levels of correct knowledge were observed for the definition of sexual coercion (350 out of 398, 87.9%) and the identification of threatening to fail a student for sex as an example of coercion (348 out of 398, 87.4%). These high correct response rates suggest that students clearly understand the core concept of sexual coercion and recognize explicit forms of academic-based coercion ("sex for grades"). This is consistent with findings from the University of Ibadan study, where students demonstrated good recognition of overt coercive tactics³⁷.

The correct identification of giving drugs or alcohol to obtain sex as sexual coercion (334 out of 398, 83.9%) is also encouraging, as this represents a more subtle form of coercion that is sometimes minimized or normalized, particularly in party culture contexts. This finding aligns with the work of Pugh and Becker, who emphasized the importance of recognizing incapacitated sexual activity as a form of coercion rather than a gray area¹².

Knowledge Gaps

Despite the overall good knowledge levels, several important gaps were identified. Only 232 out of 398 respondents (58.3%) correctly affirmed that men can be victims of sexual coercion, while 166 respondents (41.7%) held incorrect or uncertain views on this issue. This finding is consistent with the study among male undergraduates in Lagos reported in the American Journal of Men's Health, which documented that while 75% of male students had good general knowledge about sexual violence, a significant proportion still held misconceptions about male victimization⁶⁰. The persistence of the myth that sexual coercion is exclusively a female experience has serious implications for male survivors, who may not recognize their experiences

as coercion, may not seek help, and may face additional stigma if they disclose. This finding aligns with the work of Miller and colleagues, who documented that male victims of sexual coercion often face unique barriers to disclosure and support¹⁹.

Similarly, only 232 out of 398 respondents (58.3%) correctly understood that silence during sexual activity does not automatically mean consent. This means that 166 respondents (41.7%) incorrectly equated silence with consent—a deeply problematic misconception that directly contributes to sexual coercion by enabling perpetrators to interpret passivity as permission. This finding is consistent with research by Pugh and Becker, who documented widespread confusion about the meaning of non-verbal responses in sexual contexts among university students¹².

The legal status of sexual coercion under Nigerian law was correctly identified as a punishable offense by 268 out of 398 respondents (67.5%), indicating that nearly one-third of students are unaware that sexual coercion carries legal consequences. This knowledge gap may contribute to underreporting and perpetuate impunity for perpetrators, as students may not recognize the legal recourse available to them.

Factors Associated with Knowledge

The bivariate analysis revealed significant associations between knowledge and several socio-demographic factors. Age group showed a strong significant association ($\chi^2 = 21.024$, $p < 0.001$), with knowledge increasing progressively with age: 62 out of 139 respondents aged ≤ 19 years (44.6%) had good knowledge compared to 27 out of 31 respondents aged ≥ 25 years (87.1%). This age-related improvement likely reflects cumulative exposure to information through formal education, peer discussions, and life experiences over time.

Sex was also significantly associated with knowledge ($\chi^2 = 5.195$, $p = 0.023$), with female students demonstrating better knowledge (135 out of 218, 61.9%) than male students (91 out of 180, 50.6%). This finding contrasts with the Lagos study which found that 75% of male undergraduates had good knowledge⁶⁰. The difference may be attributable to the fact that the present study measured knowledge across both male and female students simultaneously using the same instrument, whereas the Lagos study focused exclusively on male students with potentially different measurement approaches.

Level of study demonstrated the strongest association ($\chi^2 = 80.485$, $p < 0.001$), with good knowledge increasing from 25 out of 97 respondents in 100 level (25.8%) to 51 out of 57 respondents in 600 level (89.5%). This clear gradient suggests that knowledge about sexual coercion accumulates progressively through university education, highlighting the importance of sustained educational exposure rather than one-time interventions. The dip observed among 300-level students (39 out of 82, 47.6%) compared to 200-level students (47 out of 72, 65.3%) is interesting and may reflect differences in faculty composition or the timing of specific courses that address sexual health topics.

Faculty affiliation was significantly associated with knowledge ($\chi^2 = 16.520$, $p = 0.001$), with Pharmacy students demonstrating the lowest good knowledge proportion (36 out of 92, 39.1%) compared to Medicine (80 out of 122, 65.6%), Arts (70 out of 114, 61.4%), and Law (40 out of 70, 57.1%). The lower knowledge among Pharmacy students may reflect curricular differences, as the Pharmacy curriculum may include less content on sexual and reproductive health compared to Medicine. Law students' relatively good knowledge may be attributable to their exposure to legal definitions of consent and sexual offenses within their coursework.

Monthly allowance showed a significant association ($\chi^2 = 11.463$, $p = 0.001$), with students receiving ₦30,000 or more demonstrating better knowledge (151 out of 237, 63.7%) than those receiving less (75 out of 161, 46.6%). This socioeconomic gradient in knowledge may reflect differential access to information resources, including internet connectivity, smartphones, and educational materials.

The multivariate logistic regression analysis identified male sex as a significant predictor of good knowledge (OR = 1.724, $p = 0.039$), which appears to contradict the bivariate finding. This reversal after adjustment for other variables suggests that sex interacts with other factors such as level of study and faculty, and that male students in senior levels or particular faculties may drive this association. Level of study remained a strong predictor, with 100-level students having 95.6% lower odds of good knowledge compared to 400-level students (OR = 0.044, $p < 0.001$). Faculty of Pharmacy students had 62.5% lower odds of good knowledge compared to Law students (OR = 0.375, $p = 0.009$).

Public Health Importance

The finding that over three-quarters of students have good knowledge of sexual coercion is encouraging and provides a foundation for prevention efforts. However, the persistence of knowledge gaps—particularly regarding male victimization, the meaning of silence, and the legal status of coercion—requires targeted educational interventions. The strong association between level of study and knowledge indicates that knowledge accumulates over time, suggesting that interventions should begin early in students' university careers, ideally during orientation week for 100-level students. The low utilization of health professionals as

information sources indicates the need to improve the visibility and accessibility of university health services as resources for sexual health education.

5.2 Attitudes Towards Sexual Coercion Among Undergraduates

The second objective of this study was to assess attitudes towards sexual coercion among undergraduate students. The findings revealed that 416 out of 509 respondents (81.7%) held negative attitudes towards sexual coercion, while 93 respondents (18.3%) held positive (accepting) attitudes. This indicates that the majority of students reject or disapprove of coercive sexual behaviors, which is a favorable finding for prevention efforts.

However, the finding that nearly one in five students holds attitudes that are favorable or accepting of sexual coercion is concerning. This proportion is substantial enough to create a campus climate in which coercive behaviors may be tolerated, minimized, or excused, thereby increasing risk for all students.

Appropriate Attitudes

High levels of appropriate attitudes were observed for several statements. The vast majority of respondents appropriately disagreed that force in a relationship is not a big deal (451 out of 509, 88.6%), demonstrating strong rejection of physical coercion within intimate relationships. Similarly, 450 out of 509 (88.4%) appropriately agreed that sexual coercion is a violation of human rights, indicating widespread recognition of the fundamental rights dimension of sexual violence. These findings align with the theoretical framework of the study, specifically the recognition within the Maputo Protocol and Nigerian VAPP Act that sexual coercion violates fundamental human rights to dignity, bodily integrity, and autonomy⁵⁰¹⁵².

Support for university punishment of perpetrators was appropriately endorsed by 443 out of 509 respondents (87.0%), reflecting institutional trust and expectation of accountability. This is consistent with the provisions of the recently passed Sexual Harassment of Students (Prevention and Prohibition) Act of 2025, which mandates institutional responses to sexual misconduct⁶⁷. The finding suggests that students would support the implementation and enforcement of such policies.

Appropriate rejection of the notion that a partner is entitled to sex if paying fees (443 out of 509, 87.0%) is particularly significant in the Nigerian context where "transactional coercion" is prevalent. This finding suggests that while students may be aware of economic pressures, they do not accept economic contribution as justification for sexual entitlement—a protective belief that could reduce vulnerability to exploitation.

Problematic Attitudes

The most concerning finding in the attitude domain was that only 300 out of 509 respondents (58.9%) appropriately disagreed that an attractive dresser is partly to blame for sexual coercion. This means that 209 respondents (41.1%) held victim-blaming attitudes related to dress—the highest proportion of inappropriate responses in the entire attitude scale. This finding is consistent with Okafor and colleagues' study in Southeast Nigeria, which documented sexual harassment myth acceptance rates of 72.3% and 55.6% among male and female students respectively, including myths that victims invite harassment through their dress⁶¹. This victim-blaming attitude is deeply problematic because it shifts responsibility from perpetrators to victims, discourages reporting, and creates a hostile environment for survivors.

Similarly, only 328 out of 509 respondents (64.4%) appropriately disagreed that victims exaggerate sexual coercion incidents, meaning that 181 respondents (35.6%) held the inappropriate view that victims tend to exaggerate. This finding parallels the research from Ghana reported on Semantic Scholar, which documented that individuals who accept date rape attitudes are significantly more likely to blame victims for their assault⁶². The belief that victims exaggerate is a form of rape myth acceptance that undermines credibility and contributes to the chronic underreporting documented in the literature².

Regarding consent misconceptions, 159 out of 509 respondents (31.2%) inappropriately believed that agreement after pressure is still consensual, and 166 out of 509 (32.6%) inappropriately believed that refusing sex in a relationship is unacceptable. These beliefs directly undermine the definition of consent as freely given without pressure or coercion. The proportion of students holding these beliefs is substantial enough to create environments in which persistent pressure is normalized and refusal is disrespected.

The finding that 148 out of 509 respondents (29.1%) agreed that alcohol excuses coercive sexual behavior is particularly concerning given the high rates of alcohol use documented on university campuses and the association between alcohol and incapacitated rape. This belief directly contradicts the legal and ethical principle that intoxication does not excuse sexual misconduct and that a heavily intoxicated person cannot give valid consent.

Factors Associated with Attitudes

The corrected bivariate analysis revealed that sex was strongly associated with attitude ($\chi^2 = 38.916, p < 0.001$). Female students demonstrated much higher levels of negative (unfavourable)

attitudes towards sexual coercion (247 out of 269, 91.8%) compared to male students (169 out of 240, 70.4%). This means that male students were substantially more likely to hold positive (accepting) attitudes towards sexual coercion (71 out of 240, 29.6%) compared to female students (22 out of 269, 8.2%). This gender difference is consistent with the literature documenting that patriarchal norms and gender-inequitable beliefs, which are more commonly endorsed by males in many settings, are primary drivers of sexual violence across sub-Saharan Africa⁵⁸.

Level of study was significantly associated with attitude ($\chi^2 = 22.274$, $p < 0.001$). The highest proportion of negative attitude was observed among 600-level students (58 out of 60, 96.7%), while 200-level students had the lowest proportion (64 out of 89, 71.9%). This pattern suggests that attitudes become more negative (i.e., less accepting of coercion) as students progress through their university education, which is encouraging. The dip among 200-level students (71.9% negative) relative to 100-level students (77.9% negative) is interesting and may represent a period of vulnerability where students are adjusting to university social norms before developing more mature perspectives.

Ethnicity was significantly associated with attitude ($\chi^2 = 6.375$, $p = 0.012$), with non-Edo students showing a higher proportion of negative attitude (194 out of 224, 86.6%) compared to Edo students (222 out of 285, 77.9%). This finding may reflect cultural differences in gender norms and sexual attitudes between ethnic groups, though further research would be needed to explore this.

Monthly allowance showed a significant association ($\chi^2 = 10.373$, $p = 0.001$), with students receiving ₦30,000 or more demonstrating higher negative attitude (259 out of 300, 86.3%) than

those with lower allowances (157 out of 209, 75.1%). Higher socioeconomic status may be associated with more progressive attitudes, possibly through greater educational exposure or different socialization experiences.

Knowledge level was strongly associated with attitude ($\chi^2 = 46.493$, $p < 0.001$). Among respondents with good knowledge, 214 out of 226 (94.7%) held negative attitudes towards sexual coercion, compared to 119 out of 172 (69.2%) among those with poor knowledge. This strong association suggests that knowledge and attitude are closely linked, and that improving knowledge may contribute to more appropriate attitudes—a key rationale for educational interventions.

The multivariate logistic regression analysis identified male sex as a strong predictor of negative attitude (OR = 6.823, $p < 0.001$), which again reflects the reversal between bivariate and multivariate findings due to adjustment for other variables. Being Edo (compared to non-Edo) was associated with higher odds of negative attitude (OR = 2.212, $p = 0.007$). Higher monthly allowance ($\geq \text{₦}30,000$) was associated with lower odds of negative attitude (OR = 0.546, $p = 0.029$). Good knowledge was associated with higher odds of negative attitude (OR = 9.465, $p < 0.001$), reinforcing the importance of knowledge in shaping appropriate attitudes.

Public Health Importance

The finding that 416 out of 509 respondents (81.7%) hold negative attitudes towards sexual coercion is encouraging and suggests that the majority of students reject coercive behaviors. However, the substantial minority who hold positive attitudes (93 respondents, 18.3%)—particularly the 41.1% who endorse victim-blaming related to dress and the 35.6% who believe

victims exaggerate—represents a critical target for intervention. These attitudes are not merely abstract beliefs; they actively shape behavior, determine whether bystanders intervene, influence whether survivors report, and affect how institutional authorities respond to disclosures. As documented in the literature, rape myth acceptance is a powerful predictor of underreporting and impunity⁷¹. The strong association between knowledge and attitude suggests that comprehensive, evidence-based educational programs addressing both facts about sexual coercion and myths that sustain it could effectively shift attitudes over time.

5.3 Prevalence of Sexual Coercion Among Undergraduates

The third objective of this study was to determine the prevalence of sexual coercion among undergraduate students. The findings revealed that 244 out of 509 respondents (47.9%) reported experiencing at least one form of sexual coercion in their lifetime, while 265 respondents (52.1%) reported no such experience. This means that nearly half of all students in this study have been victims of sexual coercion—a finding of profound public health significance.

Comparison with Existing Literature

The lifetime prevalence of 47.9% observed in this study is substantial and falls within the range reported in the existing Nigerian and African literature. This figure is nearly identical to the 47.0% reported by Olaleye and Ajuwon among polytechnic students in Ibadan, Nigeria⁷. It is somewhat higher than the 41.1% reported among female students at Madawalabu University in Ethiopia by Takele and Setegn¹¹, and substantially higher than the 28.0% reported by Agardh and colleagues at Mbarara University in Uganda¹⁰ and the 18.0% reported by Odufuye and Ajuwon among clinical students at the University of Ibadan⁹.

The prevalence observed in this study is also higher than the 20-25% range reported among female university students in South Africa³, though comparable to the 60.0% lifetime prevalence reported by Fielding-Miller and colleagues at the University of Eswatini among female students²¹. The variation in reported prevalence across studies reflects differences in definitions (what constitutes "coercion"), measurement tools (behaviorally-specific questions versus general questions), timeframes (lifetime versus past-year), recall periods, and study populations.

The relatively high prevalence in this study may be attributable to the comprehensive, behaviorally-specific definition of sexual coercion employed, which included non-physical forms of pressure, exploitation, and psychological coercion—not only physical force. This broader definition captures experiences that would be missed by studies focusing only on rape or physical assault. The anonymous, self-administered questionnaire methodology may also have encouraged more honest reporting than interviewer-administered or non-anonymous approaches.

Forms of Coercion

The most common form of sexual coercion reported was unwanted touching of the body, experienced by 158 out of 509 respondents (31.0%). This finding is consistent with the systematic review by Hernández-Romero and colleagues, which identified unwanted sexual contact as the most frequent type of sexual aggression reported in victimization studies among undergraduate students¹⁴. The high prevalence of unwanted touching suggests that physical boundary violations, while not necessarily involving forced intercourse, are a pervasive problem on university campuses. These experiences, though sometimes minimized as "less serious" than rape, are associated with psychological distress, fear, and erosion of trust.

Promises of money, gifts, or grades for sex—transactional coercion—was reported by 90 out of 509 respondents (17.7%). This finding is particularly relevant to the Nigerian university context, where economic pressures and poverty have been identified as reasons why some female students may yield to unwanted sexual advances⁸. The transactional framing of sexual access as a legitimate exchange for material benefit or academic advantage compromises the possibility of genuine consent and represents a form of exploitation that disproportionately affects economically vulnerable students. Research on psychosocial predictors of transactional sex by Michael and colleagues in Ondo State found that financial instability was the strongest predictor of transactional sexual involvement, explaining 46.6% of the variance⁶⁴.

Threat of breakup for sex was reported by 72 out of 509 respondents (14.0%), while fear to refuse sexual advances was reported by 63 out of 509 (12.4%). These psychological forms of coercion, which exploit emotional attachment and fear of relationship loss, are often not recognized as coercive by victims who may internalize the pressure as normal relationship dynamics. The finding that these forms of coercion are common underscores the importance of education about consent within intimate relationships.

Fondling or kissing against will was reported by 74 out of 509 respondents (14.5%), and intimate images shared without consent (image-based abuse) was also reported by 74 out of 509 (14.5%). The latter finding reflects the increasing role of digital technology in sexual coercion, as smartphones and social media enable new forms of abuse including non-consensual sharing of intimate images—a form of coercion that was less common in earlier studies.

Attempted rape was reported by 45 out of 509 respondents (8.8%), while physically forced intercourse was reported by 25 out of 509 (4.7%). These figures, while lower than other forms of

coercion, represent serious sexual violence with severe physical and psychological consequences. The proportion reporting attempted rape (8.8%) is similar to the 9.0% of sexually experienced students in the Ibadan polytechnic study who reported that their first sexual intercourse involved force²⁰.

Given drugs or alcohol for sex (4.9%) and forced into sex while intoxicated (3.5%) represent forms of incapacitated rape, which has been documented as more common than forcible rape on South African campuses¹³. The relatively lower prevalence of these forms in the present study compared to South African research may reflect differences in campus drinking cultures or patterns of reporting.

Factors Associated with Prevalence

Age group showed a significant association with lifetime prevalence ($\chi^2 = 12.161$, $p = 0.002$), with the highest prevalence observed among those aged 20-24 years (154 out of 282, 54.6%) compared to those aged ≤ 19 years (74 out of 193, 38.3%). The lower prevalence among younger students may reflect shorter exposure time at university, while the decline among those aged ≥ 25 years (16 out of 34, 47.1%) may reflect survivor attrition or recall decay.

Sex was significantly associated with prevalence ($\chi^2 = 9.182$, $p = 0.002$), with female students reporting higher lifetime prevalence (146 out of 269, 54.3%) than male students (98 out of 240, 40.8%). This gender disparity is consistent with the literature documenting that female students are disproportionately affected by sexual coercion across African and global university settings¹³. However, the substantial proportion of male respondents (40.8%) reporting coercion challenges

the myth that sexual coercion is exclusively a female experience and underscores the need to include male survivors in research and support services.

Level of study showed the strongest association with prevalence ($\chi^2 = 50.731$, $p < 0.001$). Prevalence increased from 38 out of 149 100-level students (25.5%) to 64 out of 97 300-level students (66.0%) and 46 out of 75 400-level students (61.3%), then declined somewhat among 500-level (19 out of 39, 48.7%) and 600-level students (27 out of 60, 45.0%). The peak prevalence among 300 and 400-level students suggests that risk accumulates over the first several years of university, potentially reflecting longer exposure to campus environments, greater social integration including party culture, and more romantic relationships. The decline in later years may reflect survivor attrition (students who experienced severe coercion may have dropped out), recall decay, or reduced risk as students mature.

Faculty affiliation was significantly associated with prevalence ($\chi^2 = 12.136$, $p = 0.007$). Pharmacy students reported the highest prevalence (71 out of 117, 60.7%), followed by Arts (70 out of 150, 46.7%), Law (47 out of 99, 47.5%), and Medicine (56 out of 143, 39.2%). The lower prevalence among Medicine students is interesting given that medical students might be expected to have greater awareness of sexual health issues. However, medical students' rigorous schedules, smaller class sizes, or different social dynamics may reduce exposure to high-risk situations. The higher prevalence among Pharmacy students may reflect different demographic compositions or social patterns.

Ethnicity showed a significant association ($\chi^2 = 4.314$, $p = 0.038$), with non-Edo students reporting higher prevalence (119 out of 224, 53.1%) than Edo indigenes (125 out of 285, 43.9%).

This finding may reflect differences in vulnerability related to social support networks—non-indigenous students living away from family may have fewer protective resources.

Monthly allowance showed a significant association ($\chi^2 = 7.883$, $p = 0.005$), with students receiving \geq ₦30,000 reporting higher prevalence (160 out of 300, 53.3%) than those receiving less (84 out of 209, 40.2%). This finding appears counterintuitive as economic vulnerability might be expected to increase risk. However, higher allowance may be associated with greater social spending, including alcohol and participation in social events where risk is elevated. Alternatively, students with higher allowances may be targeted by perpetrators seeking financial benefit, or may feel more able to recognize and report coercion.

The multivariate logistic regression analysis identified age as a significant predictor, with each additional year associated with 14.7% higher odds of experiencing coercion (OR = 1.147, $p = 0.002$). Male sex was a significant predictor (OR = 2.054, $p = 0.001$), which appears to contradict the bivariate finding but reflects adjustment for other variables including faculty. Medicine students had 59.9% lower odds of experiencing coercion compared to Law students (OR = 0.401, $p = 0.008$). Monthly allowance below ₦30,000 showed borderline lower odds (OR = 0.461, $p = 0.054$). Knowledge and attitude categories were not significant independent predictors after adjustment.

Public Health Importance

The finding that nearly half of all students (244 out of 509, 47.9%) have experienced at least one form of sexual coercion represents a public health crisis demanding urgent intervention. Sexual coercion is associated with a range of adverse health outcomes documented in the literature,

including depression, anxiety, post-traumatic stress disorder, substance use, sexually transmitted infections including HIV, unintended pregnancy, and poor academic performance¹⁹. The high prevalence documented in this study suggests that sexual coercion may be a normative experience for many students rather than an exceptional event, which has profound implications for campus climate and student well-being.

The variation in prevalence by level of study—increasing from 25.5% among 100-level students to 66.0% among 300-level students—indicates that risk accumulates over time. This suggests that prevention efforts must begin early, ideally during orientation week for incoming students, and must be sustained throughout students' university careers rather than delivered as a one-time intervention.

The high prevalence of transactional coercion (90 out of 509, 17.7%) and psychological coercion (threat of breakup: 72 out of 509, 14.0%; fear to refuse: 63 out of 509, 12.4%) indicates that many students do not recognize these as coercive or may feel unable to resist. Educational interventions must explicitly address these subtle forms of coercion and empower students to recognize when their consent is being compromised.

5.4 Factors Influencing Sexual Coercion Among Undergraduates

The fourth objective of this study was to identify factors influencing sexual coercion among undergraduate students. Respondents were asked to indicate their agreement with a series of statements about potential contributing factors, and associations with lifetime prevalence were examined.

Perceived Contributing Factors

The most strongly endorsed contributing factor was inadequate sex education or consent awareness, agreed upon by 411 out of 509 respondents (80.7%). This finding aligns with the literature documenting that knowledge deficits directly translate to increased vulnerability, as students who cannot identify coercive situations are less able to avoid or respond to them⁶⁹. The strong endorsement of this factor by students themselves suggests that they recognize the need for improved education and would likely be receptive to such interventions.

Social media influence was identified as a contributing factor by 401 out of 509 respondents (78.8%). This finding is consistent with the literature documenting that social media content can both raise awareness of sexual coercion and potentially normalize coercive behaviors through exposure to misogynistic or sexually aggressive content. The work of Kerker and Adeyongo on social media influence among Nigerian university students supports this finding²⁹.

Inadequate campus security was endorsed by 396 out of 509 (77.8%), and lack of university policies or enforcement by 389 out of 509 (76.4%). These findings reflect the documented reality that weak institutional responses, limited enforcement, or absence of accessible support services reduce reporting, perpetuate impunity for perpetrators, and thus sustain prevalence³⁹. The high endorsement of these institutional factors suggests that students perceive the university environment itself as inadequately protective.

Authority figures offering favors for sex (e.g., "sex for grades") was endorsed by 370 out of 509 (72.7%). This finding is consistent with qualitative research documenting the prevalence of transactional coercion by lecturers and the abuse of academic power⁷⁵. The high endorsement of

this factor suggests widespread awareness of this phenomenon among students, even among those who have not personally experienced it.

Alcohol or drug use by students was endorsed by 355 out of 509 (69.7%). This finding aligns with the literature documenting that alcohol-related incapacitation is a frequent context for sexual coercion on campuses (incapacitated assault)²⁵. The endorsement of this factor by over two-thirds of respondents reflects recognition of the role of substance use in creating vulnerability.

Low confidence and wanting to please a partner was endorsed by 350 out of 509 (68.8%). This psychological factor is particularly relevant to understanding why some individuals may not resist coercive advances even when they recognize them as unwanted. The desire to maintain relationships, fear of conflict or rejection, and low self-efficacy can all contribute to compliance under pressure.

Peer pressure or campus party culture was endorsed by 341 out of 509 (67.0%). This finding is consistent with research from South Africa describing a "party rape culture" on university campuses where excessive alcohol use, hookup norms, and peer dynamics create contexts in which sexual coercion is more likely to occur⁴.

Societal beliefs on male authority, while still endorsed by a majority (290 out of 509, 57.0%), had the lowest level of agreement. This may reflect that while traditional gender norms persist, students may be less aware of how these macro-level factors shape individual behavior, or may be reluctant to endorse what could be perceived as a critique of their cultural background.

Associations with Prevalence

The bivariate analysis revealed that endorsement of three factors was significantly associated with lifetime prevalence of sexual coercion. Respondents who agreed that societal beliefs on male authority contribute to sexual coercion had higher prevalence (150 out of 290, 51.7%) compared to those who disagreed (94 out of 219, 42.9%), and this association was statistically significant ($\chi^2 = 3.873$, $p = 0.049$). This finding supports the theoretical framework of the study, specifically the Theory of Gender and Power, which posits that unequal gender relations and power imbalances contribute significantly to violence against women²⁵.

Endorsement of alcohol or drug use as a contributing factor showed a significant association ($\chi^2 = 6.477$, $p = 0.011$), though the direction appeared counterintuitive in the bivariate analysis. Among respondents who disagreed that alcohol/drug use is a factor, 87 out of 154 (56.5%) had experienced coercion, compared to 157 out of 355 (44.2%) among those who agreed. This inverse relationship may indicate that survivors are more likely to recognize other factors (e.g., power imbalances, peer pressure) rather than substance use as primary causes of their experiences, or that those who agree with this factor have greater general awareness but less personal experience.

Endorsement of low confidence and wanting to please partner was also significantly associated with prevalence ($\chi^2 = 4.259$, $p = 0.039$), with a similar pattern: among those who disagreed, 87 out of 159 (54.7%) had experienced coercion, compared to 157 out of 350 (44.9%) among those who agreed. This may reflect that individuals who have experienced coercion are less likely to attribute it to their own lack of confidence (perhaps to avoid self-blame or because they recognize external factors as primary).

The multivariate logistic regression analysis, which controlled for potential confounding, revealed that alcohol or drug use by students was a significant independent predictor of sexual coercion. Respondents who agreed that alcohol or drug use contributes to coercion had 2.10 times higher odds of experiencing coercion compared to those who disagreed (OR = 2.097, 95% CI: 1.145-3.838, $p = 0.016$). The reversal of direction from the bivariate analysis (where agreement was associated with lower prevalence) to the multivariate model (where agreement was associated with higher prevalence) suggests that confounding by other variables masked the true positive relationship. This finding strongly supports the literature documenting that alcohol use is a significant risk factor for sexual victimization on university campuses²³.

Two additional factors approached but did not reach conventional statistical significance. Low confidence and wanting to please partner showed a borderline effect ($p = 0.076$, OR = 1.788), suggesting that this psychological factor may be important but requires further investigation with larger samples. Societal beliefs on male authority was not significant after adjustment ($p = 0.094$, OR = 0.705).

Notably, several factors that were highly endorsed by respondents as contributing to coercion were not statistically associated with personal experience of coercion in the adjusted analysis. These included inadequate sex education (endorsed by 80.7%), social media influence (78.8%), inadequate campus security (77.8%), and lack of university policies (76.4%). The lack of statistical association does not mean these factors are unimportant; rather, it may reflect that these are macro-level contextual factors that affect population risk broadly rather than predicting individual-level victimization. Alternatively, these factors may be so universally perceived

(endorsed by over three-quarters of respondents) that there is insufficient variation to detect statistical associations.

Public Health Importance

The finding that inadequate sex education/consent awareness was endorsed by 80.7% of respondents as a contributing factor, and that knowledge was strongly associated with attitudes (with good knowledge predicting more negative attitudes towards coercion), provides a clear mandate for comprehensive, evidence-based sexual consent education programs. Such programs should address not only facts about coercion but also challenge rape myths, teach bystander intervention skills, and empower students to recognize and resist subtle forms of pressure.

The strong endorsement of institutional factors—inadequate campus security (77.8%) and lack of policies/enforcement (76.4%)—as contributing to coercion indicates that students perceive the university environment as inadequately protective. This finding has direct implications for university administrators, who must address these gaps as a matter of student safety and institutional accountability.

The significant independent association between alcohol/drug use and coercion in the multivariate model underscores the importance of substance use prevention and harm reduction strategies as components of sexual violence prevention. Interventions that address high-risk drinking, promote safe partying practices, and educate students about the relationship between alcohol and consent are essential.

The borderline association between low confidence/wanting to please partner and coercion ($p = 0.076$) suggests that psychological empowerment interventions—building assertiveness, self-

efficacy, and boundary-setting skills—may have protective effects. Such interventions are particularly important for younger students and those with prior victimization histories.

CONCLUSION

This study assessed sexual coercion among undergraduate students in selected universities in Benin City, Edo State, Nigeria. The findings demonstrate that sexual coercion is a pervasive problem affecting nearly half of all students, with profound implications for their physical health, mental well-being, and academic success.

The majority of students (310 out of 398, 78.0%) demonstrated good knowledge of sexual coercion, recognizing its definition, forms, and legal implications. However, important knowledge gaps persist, particularly regarding male victimization (only 232 out of 398, 58.3% correctly affirmed men can be victims), the meaning of silence (only 232 out of 398, 58.3% understood silence does not equal consent), and the legal status of coercion (only 268 out of 398, 67.5% knew it is a punishable offense). These gaps must be addressed through targeted educational interventions.

Most students (416 out of 509, 81.7%) held negative attitudes towards sexual coercion, rejecting coercive behaviors. However, a substantial minority (93 out of 509, 18.3%) held positive attitudes that accept or excuse coercion. The most concerning findings were that 209 out of 509 (41.1%) endorsed victim-blaming related to dress, and 181 out of 509 (35.6%) believed victims exaggerate. These rape myths must be directly challenged through awareness campaigns and educational programming.

The prevalence of sexual coercion was alarmingly high: 244 out of 509 respondents (47.9%) reported experiencing at least one form of coercion in their lifetime. Unwanted touching was the most common form (158 out of 509, 31.0%), followed by transactional coercion (90 out of 509,

17.7%) and psychological coercion (72 out of 509, 14.0% threatened with breakup). Female students were more affected than males (146 out of 269, 54.3% vs. 98 out of 240, 40.8%), though male victimization was substantial and cannot be ignored. Prevalence increased dramatically from 100 level (38 out of 149, 25.5%) to 300 level (64 out of 97, 66.0%), indicating that risk accumulates over time and that early intervention is critical.

Students identified inadequate sex education (411 out of 509, 80.7%), social media influence (401 out of 509, 78.8%), inadequate campus security (396 out of 509, 77.8%), and lack of university policies (389 out of 509, 76.4%) as primary contributing factors. Alcohol or drug use was a significant independent predictor of coercion in the multivariate analysis (OR = 2.097, $p = 0.016$), underscoring the need for integrated substance use and sexual violence prevention.

The study contributes to the growing body of evidence on sexual coercion in Nigerian universities and provides a baseline for monitoring the impact of the recently passed Sexual Harassment of Students (Prevention and Prohibition) Act of 2025. The findings underscore that legislative action alone is insufficient without robust implementation, institutional accountability, and comprehensive prevention programming.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made for different stakeholders:

For University Administrations (UNIBEN, BIU, and other Nigerian universities)

1. **Establish and enforce comprehensive anti-sexual coercion policies** in alignment with the Sexual Harassment of Students (Prevention and Prohibition) Act of 2025. These policies must include clear definitions of prohibited conduct, confidential reporting mechanisms, timely investigation procedures, proportionate sanctions for perpetrators, and protection from retaliation for survivors⁶⁷.
2. **Strengthen campus security** by increasing lighting in high-risk areas, installing CCTV cameras, establishing emergency call boxes, and training security personnel to respond appropriately to disclosures of sexual coercion. The finding that 396 out of 509 students (77.8%) identified inadequate security as a contributing factor demands immediate action.
3. **Integrate comprehensive sexual consent education** into the mandatory orientation program for all incoming 100-level students, with refresher sessions at each level. Given that knowledge increases with level of study (from 25.8% good knowledge at 100 level to 89.5% at 600 level), but prevalence also increases (from 25.5% to 66.0%), education must begin early and be reinforced throughout students' university careers.
4. **Establish a confidential, accessible reporting system** for sexual coercion that does not require survivors to disclose to untrained staff. This system should include options for anonymous reporting, formal complaints, and access to support services without filing a formal complaint.

5. **Provide comprehensive support services** including free counselling, medical care, and academic accommodations for survivors of sexual coercion. These services must be advertised widely and easily accessible.
6. **Develop and implement bystander intervention training programs** that equip students with the skills to recognize potentially coercive situations, intervene safely, and support survivors. The high prevalence of peer influence as both an information source and contributing factor suggests that peer-led interventions may be effective.

For the Federal Ministry of Education and National Universities Commission (NUC)

1. **Mandate that all Nigerian universities implement sexual coercion prevention programs** as a condition of accreditation. The NUC should develop a minimum standard curriculum for consent education that addresses knowledge gaps identified in this study, including male victimization, the meaning of silence, and the legal status of coercion.
2. **Conduct regular national campus climate surveys** on sexual coercion to establish baseline data, track progress over time, and hold institutions accountable. The finding that only 268 out of 398 students (67.5%) knew sexual coercion is a punishable offense under Nigerian law indicates the need for public legal education.
3. **Provide funding for university-based sexual assault response services**, including counselling centers, 24-hour hotlines, and trained victim advocates. Economic constraints should not prevent institutions from providing adequate survivor support.
4. **Establish an independent oversight body** to receive complaints about institutional failures to address sexual coercion, with the authority to impose sanctions on non-compliant universities.

The finding that 389 out of 509 students (76.4%) identified lack of university policies/enforcement as a contributing factor indicates that voluntary compliance is insufficient.

For the National Assembly and State Houses of Assembly

1. **Ensure full implementation and funding of the Sexual Harassment of Students (Prevention and Prohibition) Act of 2025**, including the establishment of Independent Sexual Harassment Prohibition Committees in all tertiary institutions as mandated by the Act⁶⁷.
2. **Amend the Criminal Code and Penal Code** to explicitly include non-physical forms of coercion—including psychological pressure, threats, exploitation of authority, and incapacitation—as criminal offenses. Current laws in some jurisdictions focus narrowly on physical force, which does not capture the full range of coercive tactics documented in this study (e.g., threat of breakup reported by 72 out of 509, 14.0%).
3. **Allocate dedicated funding for sexual violence prevention and response** in the annual education budget, including resources for survivor support services, legal aid, and public awareness campaigns targeted at university students.
4. **Ratify and domesticate all relevant international and regional instruments** including the Maputo Protocol, and ensure that national laws are harmonized with these frameworks' provisions on sexual violence and coercion⁵².

For the Ministry of Health and University Health Services

1. **Train all university health center staff** in survivor-centered, trauma-informed care for patients who disclose sexual coercion. The finding that only 39 out of 451 aware respondents (9.8%)

identified health professionals as sources of information about sexual coercion indicates that health services are currently underutilized for this purpose.

2. **Integrate routine screening for sexual coercion** into general health consultations at university health centers, using validated, confidential screening tools. Early identification enables timely intervention and prevents re-victimization.
3. **Establish post-exposure prophylaxis (PEP) services** for survivors of sexual coercion who may have been exposed to HIV, including emergency contraception and sexually transmitted infection testing and treatment. These services must be available without requiring a formal police report.
4. **Develop and distribute educational materials** about sexual coercion, consent, and available support services through health center waiting areas, social media, and campus events. The dominance of social media as an information source (305 out of 451 aware respondents, 76.8%) suggests that digital outreach should be prioritized.

For Students and Student Union Governments

1. **Establish peer support networks** for survivors of sexual coercion that provide confidential, non-judgmental listening and referral to professional services. Peer support can reduce the isolation and shame that prevent disclosure.
2. **Organize awareness campaigns** on campus that directly challenge rape myths and victim-blaming attitudes. The finding that 209 out of 509 respondents (41.1%) endorsed victim-blaming related to dress indicates that myth-busting campaigns are urgently needed.

3. **Advocate for improved campus security** and implementation of anti-sexual coercion policies through student representation on university committees and engagement with administration. Student voices carry moral authority that can drive institutional change.
4. **Promote a campus culture of affirmative consent** through student-led initiatives including consent workshops, "It's On Us" style pledge campaigns, and social norm marketing that counters myths about what is "normal" in sexual encounters.
5. **Develop and disseminate information** about reporting options, support services, and legal rights through student organization channels, social media, and orientation events.

For Parents and Communities

1. **Engage in open conversations with young people** about sexual consent, boundaries, and healthy relationships before they enter university, and maintain these conversations throughout their university careers. The finding that prevalence increases from 25.5% at 100 level to 66.0% at 300 level indicates that risk continues throughout university, not just during the first year.
2. **Challenge harmful gender norms and rape myths** within families and communities, including beliefs that victims are to blame based on their dress or behavior. Attitude change begins at home.
3. **Support survivors** by believing them when they disclose, avoiding victim-blaming statements, and encouraging them to access professional support services.
4. **Advocate for improved sexual health education** in secondary schools, including content on consent, coercion, and healthy relationships, so that students enter university with foundational knowledge.

For Researchers and Academic Institutions

1. **Conduct longitudinal studies** to track changes in knowledge, attitudes, and prevalence over time and to establish causal relationships between risk factors and victimization. Cross-sectional designs such as the present study cannot determine causality.
2. **Develop and evaluate interventions** to identify evidence-based strategies that effectively reduce sexual coercion in the Nigerian university context. Rigorous randomized controlled trials are needed.
3. **Include male survivors in research**, as the finding that 98 out of 240 male respondents (40.8%) reported coercion indicates that male victimization is substantial and understudied.
4. **Use behaviorally-specific, validated instruments** such as the Sexual Experiences Survey (SES) to ensure comparability across studies and accurate measurement of coercion prevalence⁴³.
5. **Investigate the effectiveness of social media-based interventions** given that 305 out of 451 aware respondents (76.8%) identified social media as their primary information source. Digital interventions may offer scalable, cost-effective approaches to prevention.

For Civil Society Organizations (CSOs) and Development Partners

1. **Provide technical assistance and funding** to Nigerian universities for the development and implementation of evidence-based sexual coercion prevention programs.
2. **Support university-based sexual assault response services**, including 24-hour hotlines, trained counselors, and legal aid clinics, particularly in institutions with limited resources.
3. **Conduct community-based social norms campaigns** that address the societal beliefs underlying sexual coercion, including patriarchal norms and gender inequality. The finding that

290 out of 509 students (57.0%) endorsed societal beliefs on male authority as a contributing factor indicates that these macro-level factors are widely recognized.

4. **Advocate for policy implementation** through monitoring, reporting, and public accountability mechanisms. The gap between policy on paper and protection in practice documented in the literature must be closed through sustained advocacy.
5. **Support research capacity building** to enable Nigerian researchers to conduct rigorous studies on sexual coercion and evaluate intervention effectiveness. Local research expertise is essential for sustainable, contextually appropriate solutions.

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APPENDIX I

STUDENT ASSENT FORM

TITLE OF STUDY:

Assessment of Sexual coercion among undergraduate students in selected universities in Benin City Edo State.

INSTITUTION:

Department of Public Health and Community Medicine, College of Medical Sciences, University of Benin, Benin City

PRINCIPAL INVESTIGATOR:

Godwin Goddowell

SUPERVISOR:

Prof. A.I. Obi

FINANCIAL SPONSORSHIP:

This study is self-sponsored by the researcher; no external funding is involved.

PURPOSE OF STUDY:

The study aims to:

Determine students knowledge about sexual coercion among undergraduates

Ascertain students attitudes towards sexual coercion.

Assess Prevalence of sexual coercion amongst students

Identify Factors Influencing sexual coercion amongst undergraduates.

PROCEDURES:

You will complete a questionnaire about your sexual coercion knowledge, attitudes, and prevalence.

Completing the questionnaire will take about **10–15minutes**.

Some questions may ask about your experiences.

You may skip any question you do not want to answer.

VOLUNTARY PARTICIPATION:

Participation is entirely your choice.

You can refuse to participate or stop at any time without any penalty.

CONFIDENTIALITY:

Your answers will be strictly confidential.

Only the research team will see your responses.

Data will be securely stored and used only for this study.

BENEFITS:

There may be no direct benefit to you.

Your participation can help schools improve awareness and prevent the vulnerable from being sexually coerced

Findings can guide local authorities in providing necessary penalties for perpetrators

POSSIBLE RISKS:

There are no known risks from participating.

Some questions may make you feel uncomfortable, you may skip questions or stop participation.

INSTRUCTIONS:

Read each question carefully.

Answer honestly based on your own experiences.

If you don't know an answer or do not want to answer, leave it blank.

Avoid discussing answers with other students while completing the questionnaire.

ACKNOWLEDGEMENT:

I have read (or had read to me) and understood the information above. I have had the opportunity to ask questions. I agree to participate in this study voluntarily.

Yes, I agree to participate

No, I do not want to participate

Student Name (optional): _____

Signature / Thumbprint: _____

Date: _____

APPENDIX II

QUESTIONNAIRE

Title of Research: ASSESSMENT OF SEXUAL COERCION AMONG UNDERGRADUATE STUDENTS FROM SELECTED UNIVERSITIES IN BENIN CITY, EDO STATE

INFORMED CONSENT FORM

Dear Respondent,

I am a final year medical student of the College of Medical Sciences, University of Benin, conducting a research study on sexual coercion among undergraduate students. This study aims to assess the knowledge, attitude, and prevalence of sexual coercion among university students in Benin City.

Your participation in this study is voluntary and you may withdraw at any time without any consequences. All information provided will be treated with utmost confidentiality and used solely for research purposes. No personal identifying information will be collected. The questionnaire will take approximately 10 minutes to complete.

QUESTIONNAIRE

ASSESSMENT OF SEXUAL COERCION AMONG UNDERGRADUATE STUDENTS
FROM SELECTED UNIVERSITIES IN BENIN CITY, EDO STATE,

INSTRUCTION: Please tick (✓) the appropriate box or fill in the blank spaces where applicable.

Your honest responses are appreciated and will be treated with strict confidentiality.

SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS

- Age (in years): _____
- Sex: () Male () Female
- Level of study: () 100 Level () 200 Level () 300 Level () 400 Level () 500 Level
() 600 Level
- Faculty : _____
- Department : _____
- Marital status: () Single () Married () Divorce () Widowed () cohabiting ()
Seperated ()
- Ethnicity: Bini () Esan () Etsako () Ibo () Yoruba () Hausa ()
Others(specify): _____
- Religion: () Christianity () Islam () Traditional () Other (please specify) _____

- Current Living Arrangement: On-campus hostel () Off-campus (alone) () Off-campus (with family) () Off-campus (with friends) ()
- Monthly allowance (in Naira): () Less than ₦30,000 () ~~₦30,000–₦100,000~~ () ~~₦100,000–₦150,000~~ () Above ₦150,000

SECTION B: KNOWLEDGE OF SEXUAL COERCION

(Tick (✓) ONE correct answer for each question)

- Have you heard of the term “sexual coercion”? Yes No Not sure
- If yes, What is your source of information about sexual coercion? Social media School lectures Friends/peers Religious institution Television/Radio Health professional Other (specify) _____
- What is the best definition of sexual coercion? Any sexual activity that occurs between two adults in a relationship. Sexual activity obtained through pressure, manipulation, threats, intimidation, abuse of power, or force where true consent is not freely given. Only sexual intercourse that involves physical violence and visible injury. A consensual agreement to exchange gifts or favors within a romantic relationship.
- Consent in sexual activity means: Agreeing after being pressured Silence during sexual activity Freely agreeing without fear, force, or manipulation Being in a dating relationship
- Which of the following is an example of sexual coercion? Asking someone on a date Threatening to fail a student unless they agree to sex Holding hands with a partner Complimenting someone

- Can sexual coercion occur in a dating relationship? No, because dating implies consent Only if the couple is not serious Yes, if one partner pressures or forces the other Only in marriage
- Which of the following is TRUE about consent? Consent can be withdrawn at any time Consent once given cannot be withdrawn Consent means not resisting physically Consent is automatic in relationships.
- A person who is heavily intoxicated with alcohol: Can give full legal consent Cannot give proper consent Is responsible for whatever happens Must agree if previously in a relationship.
- Which of the following is NOT sexual coercion? Promising money in exchange for sex Repeatedly pressuring someone after they say no Freely agreeing to sexual activity Threatening to end a relationship unless sex occurs.
- Men can be victims of sexual coercion: No Only in rare cases Yes Only if physically weak.
- Silence during sexual activity means: Consent Disagreement Consent only if dating It does not automatically mean consent.
- Under Nigerian law, sexual coercion is: Acceptable in relationships Not punishable A punishable offense Only wrong morally

- Giving someone drugs or alcohol to make them agree to sex is: Romantic Acceptable if they later agree Sexual coercion A private matter
- If someone says “No” to sexual activity, the correct response is to: Continue trying until they agree Respect their decision Convince them emotionally Ignore them

SECTION C: ATTITUDE TOWARDS SEXUAL COERCION

Please indicate your level of agreement with each statement

scale: D = Disagree, N = Neutral, A = Agree.

S/N	STATEMENT	D	N	A
25.	It is not a big deal if someone forces their partner to have sex in a relationship			
26.	If someone agrees after pressure, it is still consensual.			
27.	Refusing sex in a relationship is unacceptable.			
28.	Sexual coercion among students should be strongly condemned			
29.	Universities should strictly punish perpetrators.			
30.	Forcing someone to have sex usually has harmful consequences.			
31.	People who are forced into unwanted sex should keep it to themselves.			
32.	Only “weak” individuals feel bad after being forced into sex			

33.	Men cannot be sexually coerced by women			
34.	A person who dresses attractively is partly to blame if coerced			
35.	Victims exaggerate sexual coercion incidents.			
36.	Alcohol excuses coercive sexual behavior.			
37.	It is acceptable to pressure a dating partner into sex			
38.	If a partner pays for meals or school fees, they are entitled to sex.			
39.	Sexual coercion is a serious violation and always unacceptable.			
40.	Reporting sexual coercion brings shame to the victim.			
41.	Sexual coercion is a violation of human rights			

SECTION D: PREVALENCE OF SEXUAL COERCION

Please indicate your level of agreement with each statement.

(For each of the following, answer Yes or No)

42. Has anyone ever touched your body (e.g. breasts, buttocks, genitals) against your will?

Yes/No

43. Has anyone ever tricked or deceived you into having sex? Yes/No

44. Has anyone ever threatened you with violence or a weapon to force you to have sex? Yes/No

45. Have you ever felt afraid to refuse sexual advances? Yes/No

46. Has anyone shared intimate images of you without consent? Yes/No

47. Has anyone forced you into sexual activity while intoxicated? Yes/No

48. Has anyone promised money, gifts, or grades for sex? Yes/No

49. Has anyone threatened to end a relationship unless you agreed to sex? Yes/No

50. Has a lecturer or authority figure ever demanded sex? Yes/No

51. Has anyone ever physically forced you to have vaginal, anal, or oral sex against your will?

Yes/No

52. Has anyone ever forced you to undress or expose your private body parts when you did not want to? Yes/No

53. Has anyone ever forced you to look at sexual or pornographic images against your will?

Yes/No

54. Has anyone ever fondled or kissed your body (rubbed or groped,) against your will? Yes/No

55. Has anyone ever given you alcohol or drugs so they could have sex with you without your clear consent? Yes/No

56. Has anyone ever hit or physically hurt you because you refused to have sex with them?

Yes/No

57. Has anyone ever attempted to rape you (tried but failed to force intercourse)? Yes/No

E. CONTRIBUTING FACTORS TO SEXUAL COERCION

Please indicate your level of agreement with each statement

S/N	STATEMENTS	Yes	No
58.	Societal beliefs that legitimize male authority and control in relationships		
59.	Peer pressure or campus party culture.		
60.	Inadequate campus security contributes to coercion.		
61.	Stigma/shame around being a sexual coercion victim.		
62.	Social media influences coercive sexual behaviors.		
63.	Lack of clear university policies or enforcement on sexual coercion.		
64.	Inadequate sex education or awareness programs on consent.		
65.	Authority figures (e.g. professors) offering favors (grades) for sex.		
66.	Alcohol or drug use by students.		
67.	Power imbalances in relationships (e.g. older partners, faculty-student).		
68.	low confidence and wanting to please partner.		

THANK YOU FOR YOUR PARTICIPATION.