

ORIGINAL ARTICLE

KNOWLEDGE, ATTITUDES AND PRACTICE OF SEXUAL COERCION ON YOUNG FEMALES IN NEKEMTE TOWN, WEST ETHIOPIA

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ABSTRACT

BACKGROUND: *Despite growing recognition of sexual coercion globally, relatively little is known in developing countries. Assessment of the knowledge, sexual behavior, experience and related reproductive health problems of young people is critically important. This study was conducted to assess the knowledge, attitude and practice related to sexual coercion among young females in Nekemte Town.*

METHODS AND MATERIALS: *Cross-sectional community based study was conducted using both qualitative and quantitative data collection methods. A sample of 641 young females aged 10- 24 years was taken from 3 kebeles by systematic sampling procedure. Quantitative data were collected using a pre-tested structured questionnaire. Qualitative data were collected using Focus Group Discussion. The data were entered into a computer and analyzed using SPSS for windows version 12.0.1.*

RESULTS: *A total of 641 study subjects were enrolled making a response rate of 97.7%. The study showed that 540 (84.2%) had awareness on sexual coercion and 429(66.9%) had knowledge about the types of sexual coercion, illegality and punishment stated on Criminal Law of Federal Democratic Republic of Ethiopia about rape. The prevalence of sexual coercion at sexual debut was 90(14.0%) among all respondents and 90(39.1%) among those who were sexually active. Lifetime sexual coercion was 101(15.8%) and 101(43.5%) for all respondents and for those who were sexually active, respectively. Five hundred six (93.0%) of the respondents mentioned sexual coercion as an illegal act and 564 (88.0%) claimed the perpetrators should be responsible for the act. Though 610 (95.0%) of the young females had negative attitude towards sexual coercion, few supported the idea of forcing a female to have sexual intercourse if she is a wife 29 (4.5%), girl friend 14 (2.2%), and if a man spends a lot of money on her 18 (2.8%). Peer pressures, financial problems of females, low women's status, cultural norms in the society and drinking alcoholic beverages as well as chewing 'Khat' were perceived factors of sexual coercion in the study community.*

CONCLUSION: *Sexual coercion is a major public health problem affecting large proportion of young females in the study area that has to be addressed through interventions targeting on the different segments of the community. Though the majority had awareness on sexual coercion, nearly two-third had knowledge about legal issues related to sexual coercion. Cultural misconceptions and attitudes that approve the act under certain social circumstances are also be prevalent.*

Emerging program interventions on Reproductive Health, particularly on sexuality, and HIV/AIDS by various stakeholders need to take this problem in to consideration. Interventions targeting the social and behavioral factors leading to these problems need to be instituted to curb the problem.

KEY WORDS: *Sexual coercion, Knowledge, Attitude, Practice,, West Ethiopia female youth.*

INTRODUCTION

According to the United Nations, gender-based violence is "any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in private or public life (1). Women 15 years old and younger are particularly vulnerable to unwanted sexual encounters (2). Reports from studies in Africa indicated that coerced intercourse is common among young girls (3- 6). Sexual coercion and rape were also reported to be common in Ethiopia (7-10).

There are a number of individual, social, environmental and structural factors that may increase the vulnerability of women to sexual violence and in particular to sexual coercion (1, 2, 11-14). Some young female experience non-consensual sexual relationships with older, more powerful partners with whom they may feel unable to negotiate safe sexual practice (1, 3).

Studies suggest that young people who experienced non-consensual sexual experience are those who live away from parents, drink alcohol and use drugs (1, 3, 11). Sexual harassment and rape by teachers or peers have been reported in university settings in such diverse areas as Ethiopia, Malawi,

South Africa, Sri Lanka, Tanzania, and Zimbabwe (3, 12-14).

Most young girls end up in a coerced sex by older men, "Sugar Dadies" as the men take advantage of girls who lack economic resources by promising to help with their expenses in exchange for sex (1,2, 8, 15-17).

In Ethiopia, the prevalence of sexual violence among high school students was reported as a serious problem and concern (8). The 2005 criminal code of Federal Democratic republic of Ethiopia (FDRE) addresses the question of rape and other sexual outrages from article 620- 627. According these articles the act is "punishable with rigorous imprisonment from 5 years to 25 years" where the relevant provision does not prescribe a more severe penalty. Though the Law against rape exists on paper ostensibly for women's protection; there are social and legal constraints, which prevent women from utilizing their legal rights (3, 18-20).

The consequences of sexual coercion are short and long-term; and have physical and social effects. A negative sexual experience can also result in a host of negative psychological outcomes ranging from symptoms of anxiety and depression to suicide attempts, negative self-esteem, drug addiction and alcoholism (21, 22). In addition, sexual violence and exploitation, lack of sufficient information on sexuality education, inability to negotiate with partners about sexual decisions, and lack of access to reproductive health services all work together to put young women at special high risk (23, 24).

It was documented that the knowledge of safe sex behavior and reported behavior have little in common and that the fundamental barrier to behavioral changes lies within economic and socio-cultural context that molds the sexual context of youth (17, 25). On a study conducted in Jimma town among female youth, 98% of the study subjects did not accept forced sex on women and 81% said the offenders should be responsible for the act (10).

A review of non-consensual sexual experience among young people in developing countries showed that young girls refrain from discussing on sexual matters and issues of coercion with their parents because they perceive that their parents will be unsupportive or will accuse them of having incited the coercive incident (3,26). Similarly, in Ethiopia, 60% of pregnancies in adolescents are unwanted or unintended resulting from unprotected sexual intercourse and also psychosocial problems have been reported (8, 10). The implications of non-consensual sexual experiences for young people's rights, their health and development as well as the risks they pose in the transition to adulthood are enormous (3,31). Currently very little is known about knowledge, attitude and practices of young females about sexual coercion in the study area. Therefore, this study assessed knowledge, attitude

and practice (KAP) of young females in Nekemte town towards sexual coercion.

SUBJECTS AND METHODS

The study was conducted among young females (10-24 years) in Nekemte Town, West Ethiopia, which is located 331 kilometers away from Addis Ababa. The town is a hub for travelers from the different cities. Nekemte is administratively divided into 6 kebeles. The town has a projected total population of 85,363 at the time of the survey of which 26,463 were estimated to be young population (33).

A community based cross - sectional study was carried out from January 1 to April 3, 2006. The actual sample size was calculated using single population proportion formula taking the following assumptions; an expected prevalence of sexual coercion among young females 22% (35) and design effects of 2, desired precision of 5%, 95% confidence level and 25% non-response rate. Multi stage sampling procedure was employed. In the initial stage, three kebeles from a total six were randomly selected using EPI- Info version 6.04. Accordingly, Burka-Jato, Cheleleki, and Keso kebeles were selected. All households in the selected kebeles were registered through a house-to-house survey by six trained 12 grade-completed enumerators from January 1 to 8, 2006. Households with at least one young female-aged 10-24 years old, who lived for the last six months and above in the town prior to enumeration, were selected for inclusion into the sampling frame. Accordingly 445 (Burka- Jato), 1065 (Cheleleki) and 498 (Keso) households were selected using probability proportional to size. Every third households was visited to select young females' de facto residents. In the case where more than one eligible was found in the household, only one was selected using a lottery method.

The study involved both quantitative and qualitative data collection methods. Twelve grade completed young females collected the quantitative data using structured interviewer administered questionnaire. The questionnaire was adapted from WHO standard questionnaires (36). The English version of the questionnaire was translated to Afan Oromo and its consistency was checked after back translation. The questionnaire was pre-tested and appropriate modifications were made. To ensure the validity of the data, 10% of the questionnaires were randomly re-interviewed.

The qualitative data were used to assess the reasons behind the practice of sexual coercion in the community. A total of eight focus groups comprising of 32 females and 27 males were selected purposively which include and two groups of young females, two groups of young men, two groups from elderly and religious people and another two groups from government and non-government employees

who directly or indirectly have communication with young female in the selected kebeles of the town. Each group consisted of six to ten participants and the discussion lasted on average of 1.30 to 2:00 hours. The total number of persons who participated in the discussion was 44. Trained female social workers and high school teachers in the town moderated the female group while the trained male social worker with the principal investigator facilitated the male FGDs. Each session was tape-recorded and the principal investigator together with moderators transcribed and translated from the local language to English after each session.

The data were cleaned, edited and entered into a computer and analyzed using SPSS for windows version 12.0.1. For the FGD, summary matrices were used to write summary text. Text was written based on common themes arising from the summary text and was used to supplement the results and discussions.

Ethical clearance was obtained from the Ethical Committee of the Faculty of Public Health, Jimma University. An official letter was written to the local administrators by the SRP of the University. Formal permission and consent was also obtained from the zonal and city administration officials. Informed verbal consent was obtained from each individual respondent before the interview. Strict confidentiality was assured through anonymous recording and coding of questionnaires and placed in safe place. Copies of the study report were given to different levels of local government and the funding organizations.

The following operational definitions were used;

Kebele: the smallest administrative unit (Kebele) in recently structured urban settings in Ethiopia.

Attempted rape: a trial to have sexual intercourse without consent of a young female but without penetration.

Attempted sexual coercion: A serious of coercive sexual attempt without penetration using one or more of the followings; deception or reward, threatening or verbal pressure, transactional sex, harassment, by the use of physical force and making substance use.

Attitude: The belief or feeling about sexual coercion, which is stated as agree, neutral or disagree on Liker scale.

Behavior: An action that has frequency, duration and purpose be it conscious or unconscious.

Completed Rape: Any nonconsensual penetration of the vagina.

Knowledge of sexual coercion: Respondents were labeled to have "knowledge of sexual coercion" if they score the mean score of the group or above on the eight close ended knowledge questions related to sexual coercion.

Sexual coercion: Unwanted or unwillingly completed penetration because of one or more of the following:

deception (promise) or reward, threat of non-physical punishment or verbal pressure, exchange of sex for money/ gifts/favor (transactional sex), by the use of physical force/rape and use of substances (alcohol, chat and drugs).

RESULTS

A total of 641 study subjects were enrolled making a response rate of 97.7%. Three hundred thirty-five (52.3%) of the respondents were between 15- 19 years. The mean age of the respondent's was 17.6 years (SD \pm 3.5). Out of 641 study subjects, 550 (84.2%) were single, 325(50.7%) protestant 541 (84.4%) Oromo, 613 (80.6%) had attended education to the level of primary and above, 68 (10.6%) were housewives. Two hundred sixty seven (41.7%) were living with their parents. The median family monthly income was Birr 308 and 320(50%) of the participants were earning below the median income level (Tables 1& 2).

Five hundred forty (84.2%) had awareness of sexual coercion and 429(66.9%) had knowledge about the types of sexual coercion, illegality and punishment stated on Criminal Law of FDRE about rape. Furthermore, 506 (93.0%) of the respondents mentioned sexual coercion as an illegal act, 564 (88.0%) claimed that the perpetrators should be responsible for the act, while 7.5% reported for the victim's responsibility, and 9.0% reported for equal responsibility of perpetrators and victims. Five hundred and seventy nine (90.3%) and 564(88.0%) of them said that the victim should report this condition to legal bodies (judges, police, administrator) and woman's affairs, respectively. From all respondents, 250(44.5%) knew the legal rights against the act of rape that is punishable by law. But, with regard to the punishments of perpetrators, 304(47.4%) of respondents believed that a maximum of 25 years imprisonment for the act of rape is inadequate. Five hundred eighty nine (91.9%) and 549 (85.6%) said legal bodies and the community should be responsible for the prevention of sexual coercion (Table 2). This is substantiated by the results of FGDs.

Overall, the prevalence of sexual coercion at sexual debut was 14.0% among all respondents and 39.1% among those who were sexually active. Methods used by the perpetrators included: unwelcome kissing followed by using force and threatening (Fig 2).

The reasons for the occurrence of sexual coercion were stated to be peer pressure (85.0%) followed by financial problem and use of alcohol and chat accounting for 78.8% and 72.4%, respectively (Fig 1*).

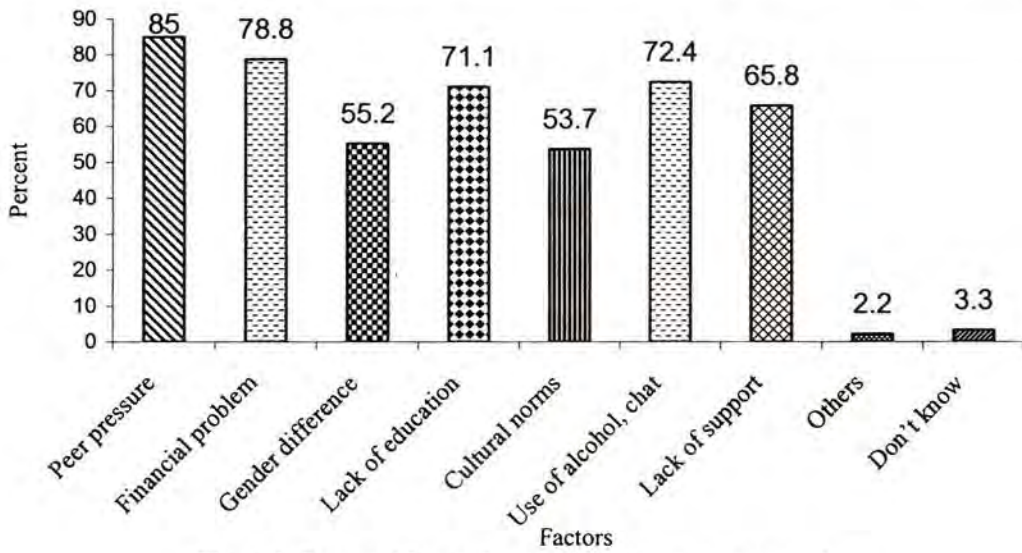


Figure 1: Percieved factors for sexual coercion among respondents, Nekemte Town, January 2006(n=641)

*Percentage in figure 3 will not add up to 100 as multiple responses are possible.

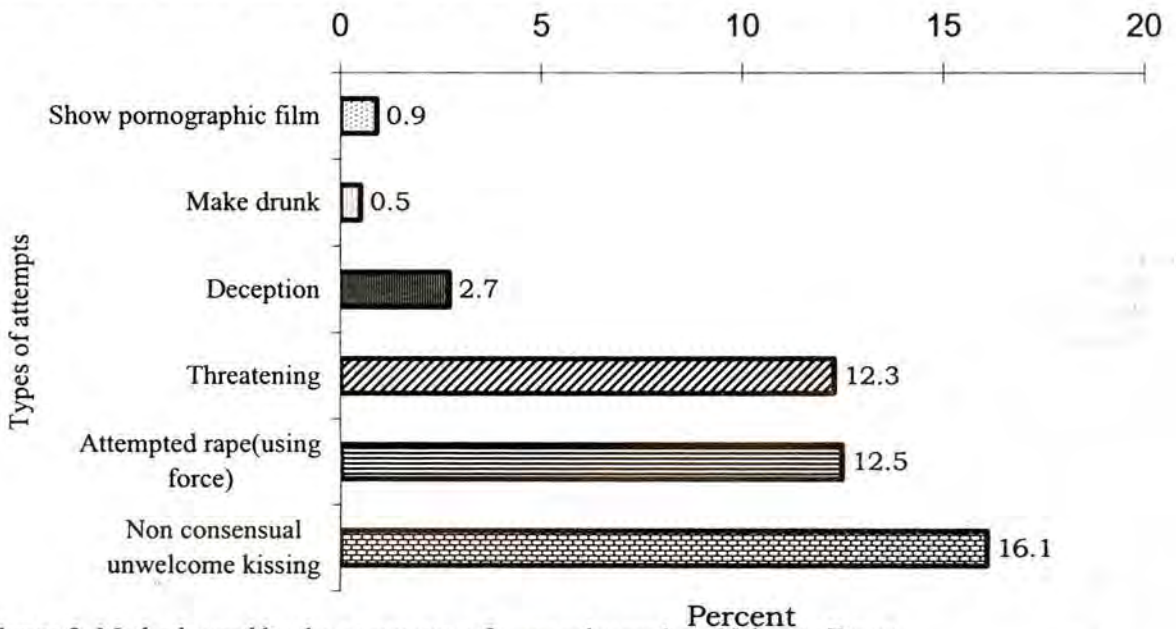


Figure 2. Methods used by the perpetrators for sexual coercion , Nekemte Town, January 2006(n=641)

Table 1. Distribution of socio-demographic characteristics of respondents, Nekemte Town, January 2006

Socio-demographic Variables	NUMBER (641)	PERCENT
Age		
10- 14	130	20.3
15- 19	335	52.2
20- 24	176	27.5
Place of birth		
Nekemte town	411	64.1
Other town	188	29.3
Rural area	40	6.6
Marital status		
Unmarried	540	84.2
Married	82	12.8
Others*	19	3.0
Religion		
Protestant	329	51.3
Orthodox	268	41.8
Muslim	36	5.6
Catholic	8	1.3
Ethnicity		
Oromo	541	84.4
Amhara	68	10.6
Others‡	32	5.0
Current occupation		
Students	475	74.1
Housewife	68	10.6
Trade activity	25	3.9
Gov. employee	4	0.6
Housemaid	42	6.6
Others§	27	4.2
Grade level		
Illiterate	28	4.4
Read and write	8	1.2
Primary (1-8)	281	43.8
Secondary (9- 10)	236	36.8
Preparatory (11- 12)	66	10.4
Collage and above	22	3.4
Currently living with		
Father and mother	267	41.7
only / Father only	138	21.6
Relatives	93	14.5
Fiancé	10	1.6
Spouse	67	10.4
Friends	6	0.9
Alone	33	5.1
Maid servant	27	4.2

NB. Others include: *Divorced, widowed and separated, ‡Gurage, Kambata, Tigre and wolayita, §Employed in private business.

Table 2. Distribution of knowledge of respondents to wards sexual coercion, Nekemte Town, January 2006.

Variables	Responses	Frequency	Percent
Ever heard of sexual coercion (n=641)	Yes	540	84.2
	No	101	15.8
Source of information (n= 540)	Family	170	31.5
	Relative	157	21.1
	Peer	299	55.4
	School	311	57.6
	Police	200	37.0
	Radio	498	92.2
	TV	491	91.0
	Other*	8	1.5
Sexual coercion is illegal (n= 641)	Yes	596	93.0
	No	25	3.9
	Don't know	20	3.1
Accountable person for the act (n= 611)	The offender (man)	564	88.0
	The victim (the girl)	48	7.5
	Both of them	58	9.0
	Don't know	21	3.3
Know the legal right against Sexual coercion/rape (n= 641)	Yes	285	44.5
	No	213	33.2
	Not sure	143	22.3
Punishment stated by penal (n=641)	Adequate	183	28.5
	Inadequate	304	47.4
	Don't know	154	24
Responsible body to prevent sexual coercion (n= 641)	The offender (man)	280	43.7
	The victim (the girl)	250	39.0
	Both of them	255	39.8
	Family	341	53.2
	Community	549	85.6
	Legal bodies	589	91.9
	Figures of authority	410	64.0
	Health providers	373	58.2
Don't know	14	2.2	
Levels of knowledge of sexual coercion (n=641)	Knowledgeable	429	66.9
	Not knowledgeable	212	33.1

Percentage will not add up to 100 as multiple responses are possible, *Others include: -Neighbor, written materials.

Table 3. Attitude of respondents about sexual coercion, Nekemte Town, January 2006.

Variables	Responses		
	Agree No (%)	Neutral N0 (%)	Disagree N0 (%)
Pre-marital sex is acceptable	4 (0.6)	42 (6.6)	595 (92.8)
It is acceptable to force female	3 (0.5)	28 (4.5)	610 (95.2)
It is acceptable to force female if:			
Wife	29 (4.5)	149 (23.2)	463 (72.2)
Girl friend	14 (2.2)	140 (21.2)	487 (67)
Both sexually aroused	223 (34.8)	170 (26.5)	248 (38.7)
A man spends a lot of money on female	18 (2.8)	149 (23.3)	474 (73.9)
Under no condition	346 (54)	51 (8)	244 (38)

The results of FGDs also showed similar factors for sexual coercion which included: economic problems of females, use of alcohol or 'Khat', considering female inferior to male, peer influence, loose parental control, lack of open discussion with family and others about sexuality, cultural influence which permits male for having multiple sexual partners were mentioned. Others also stated unusual dressing styles of females initiate men to force them. This idea was supported by other focus group discussant. A case in point is that a 60 years old elderly discussant said: "*Young men are initiated to force young female after observing her hip inside the tightly dressed trousers.*"

Besides, a 22 years old female discussant added "*most of the time when young females wear trousers men are initiated to verbally harass and even force them for having sexual intercourse if conditions permit. On the contrary, if they wear clothes other than trousers, nobody will see and talk to them.*"

Regarding the attitude of the study participants about sexual coercion, 595(92.8%) disagreed to premarital sexual practice and 610(95.2%) do not accept the idea of forcing women to have sexual intercourse. Few respondents agreed on forcing a female to have sexual intercourse if she is a wife 29 (4.5%), girl friend 14 (2.2%), and if a man spends a lot of money on her 18 (2.8%) (Table 3). The FGD showed that females are seen inferior to males, and one young man said "*....Dubartiin jala malee irraa hin ooltu*" which signifies that females are always seen inferior to males. According to this saying, if a female refused the request and subsequently forced for sexual intercourse, it is culturally acceptable, or taken as a normal practice.

DISCUSSIONS

Understanding the sexual and reproductive behaviors of young people that protect or put them at risk is crucial. In this study the knowledge of young females about sexual coercion and factors, their attitude towards the act and experiences were assessed. The majority (84.2%) of the study subjects had awareness and 66.9% of them were knowledgeable about sexual coercion. Most of them got the information from mass media while the lesser proportion of them heard it from their families and from school. This implies that school and family level education need to be given attention to enhance the awareness as well as the knowledge of young females about negative reproductive health behavior including sexual coercion and their rights.

Nearly all, (93.0%) of the respondents reported that sexual coercion is an illegal act in which most of them mentioned that the perpetrators are responsible. This is comparable to the results of a community-based study in Jimma town where 81% of the respondents blamed the perpetrators for the rape (10). But, this finding is not in agreement with the report from a study in Johannesburg, that showed more than half of young women considered that raped women were at least partially responsible for the rape and over 10% argued that they had no right to avoid sexual abuse (3,26). Some (44.5%) of the respondents knew the legal rights of women, which protect them against sexual violence including sexual coercion stated on the Ethiopian criminal code (20). In the current study, the FGD showed that cultural misconceptions and attitudes that approve of the act under certain social circumstances are prevalent.

However, 47.4% believed that the measures stated on Ethiopian criminal code was inadequate similar to (45.2%) reported from Asendabo Town (30). The current study showed a lower level of knowledge about the Ethiopian penal code compared to the report in Asendabo, which might be attributable to the difference in the study subjects as the study in Asendabo included all women of child bearing age groups. Having inadequate knowledge or lack of awareness of the rights and opportunities for options increase the women's vulnerability to sexual coercion (1, 3).

About 92.8% of the study subjects rejected the idea of forcing women to have sexual intercourse, which is consistent with the findings of Jimma Town, which reported that 98.1% of the study participants did not accept the idea of forcing a girl to sex (10). This finding is substantiated by the FGDs where most of the discussants disapproved the idea of forcing woman to have sex except in the case where young female refuses sex with a man and gives in with another man. In this study, some participants agreed to the idea of forcing women towards sex if she is a wife, girl friends and if a man spends a lot of money on her which is similar to the study in Johannesburg where over 10% argued that they had no right to avoid sexual abuse (3). The misperception on the fact that women, who resist sexual advances and do not conform to traditional roles and expectations, should encounter coercive incident has been documented (3,26). Different social, institutional and personal factors have been indicated to restrain rape victims for seeking legal, medical and other assistance (26,28,29,30). In Ethiopia, young people stated that the majority of rape perpetrators are not prosecuted (9). Indeed, the response of the health sector, judiciary and law enforcement agencies can exacerbate rather than ameliorate the negative impact of a coercive experience (31).

In conclusion, this study showed higher proportion of the study subjects had awareness on sexual coercion, while two-thirds were knowledgeable about the types of sexual coercion, illegality and punishment stated on Criminal Law of FDRE about rape. Furthermore, the majority of the respondents mentioned sexual coercion as an illegal act and most of them claimed that the perpetrators should be responsible for the act. Though majority of the young females had negative attitude towards sexual coercion, few respondents agreed on forcing a female to have sexual intercourse. Cultural misconceptions and attitudes that approve the act under certain social circumstances are prevalent. This study showed that sexual coercion is a major public health problem affecting large proportion of young females in the study area. Peer pressures, financial problems of females, low women's status, cultural norms in the society and drinking alcoholic beverages as well as chewing 'khat' are perceived factors of sexual coercion among the study community.

We recommend:

- High prevalence of sexual coercion is observed as a serious problem in the study area, therefore, the emerging program interventions of reproductive health, particularly sexuality, and HIV/AIDS prevention need to take this problem into consideration.
- Improving law enforcement on issues related to sexual coercion.
- Sensitizing the policy makers, legal bodies, the religious leaders, the community and other related institutions to provide a non-judgmental and supportive environment to young females.
- Interventions targeting behavioral and social factors promoting sexual coercion should be instituted through the involvement of different stakeholders using a multi-sectoral approach.
- More research is needed to arrive at uniform definition and appropriate measures that unambiguously recognize the multiple dimensions of sexual coercion that young female face.

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