
Experience of sexual coercion and associated factors among female students of Ambo University in Ethiopia

Tolesa Bekele^{1, *}, Wakgari Deressa²

¹Department of Public Health, College of Medicine and Health Sciences, Madawalabu University, Bale Goba, Ethiopia

²Department of Epidemiology and Biostatistics, School of Public Health, College of Health Sciences, Addis Ababa University, Addis Ababa, Ethiopia

Email address:

tolesa2003@yahoo.com (T. Bekele), deressaw@yahoo.com (W. Deressa)

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Abstract: Introduction: A growing body of evidence shows that sexual coercion is widespread among young women. Behavioral, lifestyle, and relationship factors have all been identified as risk factors that increase a women's vulnerability to sexual coercion victimization. However, it remains unclear which risk factors most strongly increase young women's vulnerability to sexual coercion victimization. Objective: This study aimed to assess level and factors associated with sexual coercion among female students of Ambo University in Ethiopia. Methods: A cross-sectional study was conducted in January 2012 among 597 second year and above female students. Data were collected using the World Health Organization multi-country study self-administered questionnaire. Data were entered into EpiData version 3.1 and analyzed using SPSS version 16.0 Statistical Software. Bivariate and multivariate logistic regression analyses were used to identify associated factors with sexual coercion. Results: More than one fourth of those who responded had previous sexual intercourse. The result showed that 76.4% and 43.7% have reported to have at least one incidents of sexual coercion in their lifetime and past 12 months, respectively. Rural origin of residence (AOR= 0.65, 95% CI: 0.08-0.89), having literate father (AOR=0.17, 95% CI: 0.05-0.6) were at decreased likelihood to experience lifetime sexual coercion. Yet, alcoholic consumption (AOR=1.53, 95% CI: 1.63-6.50), current parental living condition (AOR= 6.53, 95% CI: 1.38, 30.80), childhood witnesses of maternal coercion (AOR=5.77, 95% CI: 2.96-11.23) and as well as with having had more than one sexual partners (AOR=4.32, 95% CI: 1.10-16.23) were factors associated with an increased likelihood of lifetime sexual coercion. Conclusions: In their lifetime, more than three out of four female students experienced at least one forms of sexual coercion. At last, it is concluded that this problem needs due attention by policy makers, university and other partners to make coercion free educational environment for female university students.

Keywords: Sexual Coercion, Female Students, Ambo University

1. Introduction

Violence against women (VAW) has been recognized as a highly prevalent social and public health problem with serious consequences for the health and lives of women and their children, and also a serious violation of women's human rights [1]. Many forms of VAW are often experienced by women as an extremely shameful and private event. Because of this sensitivity, violence is almost universally under-reported. Nevertheless, existing data of the prevalence of such violence suggests that globally, millions of women are experiencing violence or living with its consequences. Violence against women is defined as "any act of gender

based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" [2]. Thus, sexual coercion is one of the common forms of violence against women which is defined as the act of forcing (attempt to force) individual through violence, threats, verbal insistence, deception, cultural or economic circumstances to engage in sexual behaviour against her consent [3].

Increasing worldwide evidence shows that the experience of sexual coercion is fairly prevalent among young people. The World Health Organization (WHO) multi-country study

on violence against women in ten countries reported that the lifetime and previous 12 months prevalence of sexual violence against women ranges between 15-71% and 4-54%, respectively. According to this finding the lowest rate has been found in Japan and the highest in Ethiopia, Peru, and Bangladesh and 0.3% to 12% of women being forced to have sex or to perform a sexual act that they did not want to do by non-partners since the age of 15 years [4].

In Ethiopia context, institution based study on high school and technical school students showed that the magnitude of sexual coercion that ranges from 5% to 44% [5]. In the same way study done among female students of Haramaya University in Ethiopia, 3% of females experienced rape in their lifetime and 1.8% was in the last 12 months [6]. In the same study, 27.8% experienced uninvited sexual overtures such as verbal jokes including direct solicitation for sexual intercourse and 19.3% encountered unwelcome touch on private bodies [6]. Another study conducted among female students of Addis Ababa University revealed that 12.7% experienced lifetime completed rape, while 27.5% encountered attempted rape [7]. Similarly, 58% of respondents experienced at least one form of sexual harassment in lifetime and 41.8% experienced in the past 12 months period [7].

Behavioural, lifestyle, and relationship factors have all been identified as risk factors that increase a women's vulnerability to sexual coercion victimization. However, it remains unclear which risk factors most strongly increase young women's vulnerability to sexual coercion victimization because most studies only examine a few factors simultaneously [8].

Designing effective sexual coercion prevention programs involves identification of risk factors both those that are direct causes of coercion, and those that point to common characteristics of victims and/or perpetrators thus allowing appropriate tailoring and targeting of services. Studies in various countries have identified a range of factors that influence sexual coercion risk, but in some cases, protective factors in one setting may be ineffective or actually increase risk in another [9-10].

A population based study of young people in Kenya showed that the risk of having multiple partners was doubled among those who had experienced sexual coercion [11]. A similar finding was reported in a study from Ethiopia among women between the age of 10 and 24. Those who had experienced sexual coercion were three times more likely to have more than one sexual partner during the year prior to the study, in comparison with other women [12]. A cross-sectional study conducted in Hawassa town among night school female students showed strong association between sexual coercion and regular alcohol consumption [13].

Few studies from Ethiopia on sexual coercion have been conducted mainly to assess the prevalence of sexual coercion and its health outcomes among high school female attendees [5-7, 13-14]. In Ethiopia, like any other developing countries, scientifically documented information regarding violence against women is scarce. In general, evidence related to

sexual coercion in Ethiopia especially in university settings is inadequate. Based on this understanding, it is important to determine and document the level and correlates of sexual coercion among the study population.

2. Methods

2.1. Study Area and Population

The study was conducted in January 2012 among 2nd year and above undergraduate female students of Ambo University in Ethiopia. In the year 2012, Ambo University had two campuses (Ambo main campus and Waliso campus) and the total number of 2nd year and above regular undergraduate students was 3841 of which 693 (18%) were females.

The study utilized an institutional based cross-sectional study design with quantitative data collection method. The study population included all regular undergraduate female students registered for the academic year of 2012. First year female students were excluded from the study because it was thought that they might not have adequate experience about sexual coercion as they were new on campus at the time of the study.

2.2. Sampling

A sample size of 597 was determined using a single population proportion formula for cross-sectional survey, based on the prevalence of completed rape 13% in lifetime [7] and using 4% margin of error at 95% level of confidence, considering design effect of two and adding 10% allowance for non-response rate. Multistage sampling technique was used to select the study participants. First students were classified according to their departments. Then, students were stratified into three levels of study durations; 2nd year, 3rd year and 4th year. Proportionate allocation to size was used to share the sample size according to the number of female students in each stratified year. Finally, participants were selected through simple random sampling technique using their registration number as sampling frame which was taken from the department head office.

2.3. Data Collection Method and Tools

The questionnaire was distributed after gathering study participants in the lecture rooms. Facilitators were master degree holders who have guided the students to complete the questionnaire. Immediately after distribution of the questionnaire, orientation was given to the students to help them understand the questions well and fill their own response on questionnaire. Finally, the filled questionnaire was collected back in a sealed boxes found at the gates of lecture rooms. The principal investigators checked the filled questionnaire on the spot for completeness. Whenever the questionnaire was incomplete it was counted as non-response.

Anonymous pre-tested self-administered questionnaire was used for data collection. Pre-test was done in 30 (5%) of the study population. The questionnaire was adopted from

validated WHO multi-country study on sexual violence against women [15]. The tool was organized into sections: Part one: socio-demographic characteristics; this part contained twelve item questions, namely, age group, religion affiliations, marital status, class year, ethnic group, origin of residence, father's and mother's educational status, parental living condition, current living with, if they receive enough money for education expenses, and history of childhood witnessing maternal coercion.

Part two: substance use status which was measured on the basis of three questions, namely, 'Have you ever drunk alcohol like *whisky*, *beer*, *areke*, *tella*, and *tej*? 'Have you ever *chewed khat*?' 'Have you ever had used at least one of the following substances like *cocaine*, *shisha* and *hasish*? Alternative answers for the three questions were *yes* or *no*. Then, further asked questions were; how often do you drink alcohol? How often do you chew khat? 'How often do you use at least one of these substances?' The alternative answers were *every day*, *once or twice a week* and *occasionally or less than once a month*.

Part three: sexual experience: it was measured by using five item questions, namely, have a regular boyfriend currently and ever had sexual intercourse both questions were dichotomized into *yes* or *no* alternatives. Reason for fist initiation of sexual intercourse was based on eight alternative choices. 'At what *age* first sexual initiation was performed?' This question was based on open-ended question. Number of lifetime sexual partner was measured using *one*, *two*, *three* and *above*.

Part four: experiences of sexual coercion in lifetime and past 12 months which was based on the response of *yes* or *no* for any of the following questions: 'You have been *forced* to have sex without your consent', 'You have been *forced* to show your sexual organ', 'Someone has forced you to let him or her suck your sexual organ', 'You have been *forced* to masturbate someone', 'You have been experienced *unwanted sexual acts* by someone using advanced verbal jokes in relation to sexuality?', 'Have you ever had experienced *unwelcome kiss* without your consent?', 'Have you ever had experienced *unwelcome touch* on your sexual organ without your consent?'

Lifetime sexual coercion prevalence referred to a student having experienced one or more of the acts described above under part four at any time during her life. Twelve months prevalence referred for experiencing any act of the described acts within the 12 months prior to the interview. Questionnaire was translated into Amharic local language and back translated to English by language expert. Finally, Amharic version questionnaire was used for data collection.

2.4. Data Analysis

The principal investigators prepared template and entered data into EpiData version 3.1 then exported to SPSS 16.0 Statistical Software Package for analysis. Ten percent of the entered data were double checked by comparing with the entered data and actual questionnaire. Descriptive analysis was done for each variable. Cross-tabulation was performed

for each independent variable against the dependent variable to see the proportional difference.

For statistical significance crude odds ratio (COR) with 95% CI were estimated for each independent variable against the dependent variable in the first step. In the second step, multiple logistic regression models were fitted for categorical variables (containing those variables having significant association in COR and variables that were considered as important predictors). Finally, adjusted odds ratio (AOR) was used to observe the independent effect of independent variables against the dependent variable. Significance level was declared at P-value < 0.05.

2.5. Ethical Considerations

Ethical clearance was obtained from the Research and Ethical Committee of the School of Public Health, College of Health Sciences at Addis Ababa University. Written consent was obtained from all participants. In order to assure confidentiality and privacy of the participants, their name and identification number were not recorded on the questionnaire.

3. Results

3.1. Socio-Demographic Characteristics of Respondents

Table 1. Socio-demographic characteristics of female students of Ambo University, January 2012 (n= 590)

Socio- demographic characteristics	Frequency (n)	Percentage (%)
Age group of participants		
<20	140	23.7
20-24	399	67.6
>24	51	8.6
Religion		
Orthodox	289	49.0
Muslim	46	7.6
Protestant	212	35.9
Catholic	22	3.7
Traditional (Waqefeta)	21	3.6
Ever married		
Yes	53	9.0
No	537	91.0
Class year		
2 nd year	326	55.3
3 rd year	170	28.8
4 th year	94	15.9
Ethnicity		
Oromo	402	68.1
Amhara	115	19.5
Gurage	26	4.4
Tigre	25	4.2
SNNP	22	3.7
Origin of residence		
Urban	239	40.5
Rural	351	59.5
Father's educational level		
Illiterate	42	7.1
Primary school	173	29.3
Secondary school	124	21.1
Certificate or diploma and above	251	42.5
Mother's educational level		
Illiterate	112	19.0

Socio- demographic characteristics	Frequency (n)	Percentage (%)
Primary school	237	40.2
Secondary school	99	16.8
Certificate or diploma and above	142	24.0
Do your father and mother live together		
Yes	391	66.3
No	199	33.7
Currently living with		
With both parents	379	64.2
With mother or father only	137	23.2
Living alone	41	6.9
With my husband or boyfriend	33	5.6
Do you receive enough money		
Yes	349	59.2
No	241	40.8
History of mother beaten by partner		
Yes	95	16.1
No	495	83.9

SNNP* =Includes Wolayita, Sidama and Dorthe

From a total of 597 participants required, 590 female students were involved in the study, which makes good response rate (98.8%). Of them 326 (55.3%), 170 (28.8%) and 94 (15.9%) were 2nd year, 3rd year and 4th year students, respectively (Table 1). The mean age and standard deviation of the respondents were 20.9 ± 1.9 years and 91.4% were below the age of 25 years. Majority 289 (49%) of the respondents were Orthodox Christian. More than two third of the respondents were Oromo by ethnicity and 351 (59.5%) of the respondents reported that grow in rural areas.

Regarding parental educational level, 7.1% and 19.0% of the fathers and mothers were reported as they did not attended school, respectively. Respondents reported their current living condition as 516 (87.5%) of them were living with parents, 41 (6.9%) were living alone and 33 (5.6%) were living with husband or boyfriend. About 59.2% of the students reported that they received enough money according to their demand for education and other expenses. Ninety five (16.1%) of the respondents reported that their mothers were hit by fore father or partner when they were children.

3.2. Substance Use by Students

About thirteen percent of the respondents stated that they have history of alcohol drinking. Of those who have history of alcohol drinking, almost three forth (74.3%) drink occasionally. Eleven percent of the students have habit of chewing khat (*Catha edulis*). Only twenty (3.4%) of the respondents have used substances like *shisha*, *hashish* and *cocaine* at some point in their lifetime.

3.3. Sexual Experience

About one in three (31.2%) of the respondents reported that they have regular boyfriends. More than one quarter of the respondents (27.5%) were sexually active at the time of the study. The rest 428 (72.5%) reported they never had any sexual intercourse. The median age of first sexual initiation was 18 years (12 years minimum and 25 maximum). From the total of 162 respondents who reported that they are

sexually active, different reasons were listed for first sexual initiation like 56 (34.6%) initiated sexual intercourse due to personal desire, 43 (26.5%) being forced to have sex, 22 (13.6%) reported due to engagement in marriage, 13 (8.0%) initiated due to peer influence, 10 (6.2%) started for financial support, 9 (5.6%) due to false promise made and 9 (5.6%) reported due to alcohol drunken. Sixty eight (42%) of the respondents stated that they did not use condom during their first sexual intercourse. Among the sexually active respondents, 61 (37.7%) reported that they have more than one sexual partners and 42% of them did not use condom at their first sexual encounter.

3.4. Prevalence and Scene of Sexual Coercion

Among the total respondents, 451(76.4%) and 258 (43.7%) have reported to have at least one incidents of sexual coercion in their lifetime and past 12 months, respectively. The proportion of students who had experienced at least one form of sexual harassment like verbal jokes using advanced words and comment on physical appearance in relation to sexuality, unwelcomed kiss and unwelcomed touch on their breast or genital were 62% and 41% during lifetime and past 12 months, respectively. More than one fourth (30%) of the respondents have escaped from attempted forced sex in lifetime, while 6.3% performed in the current year.

In current study, 77 (13.1%, 95% CI 10.40-15.80%) of the respondents have experienced forced sex (rape) at some point in their lifetime. Besides, 12 (2.0%, 95% CI 0.86-3.14%) of them experienced the same incidents in the past 12 months. About twenty one percent of the forced sex was occurred on campus and 43% occurred at day time. The mechanisms used for the forced sex were hitting (37.7%), support with money (29.9%), made alcoholic drunken (14.3%), pointing knife (11.7%), promise for passing examination (2.6%) and 1.3% reported for all pointing gun, giving drug with alcohol and smoked on drug. The majority 82% of forced sex mostly perpetrated by individuals known (trusted) to the victims seen as boyfriend, neighbour, acquaintances, teachers, classmates and other relatives. Regarding to age of perpetrators, respondents reported that 88.3% of the perpetrators were older than the age of the survivors and about thirty three percent of the victims have experienced more than one incidents of forced sex in their lifetime.

Fifty nine (76.6%) of the victims of forced sex did not share to anyone. Only one of the victims sought help from health professionals. Rape cases were not reported to legal body. The stated reasons for not reporting to legal body after experiencing forced sex were victim did not know what to do (33.8%), afraid the public reaction or shame (23.4%), afraid of parents (18.2%), fear revenge from perpetrator (15.6%) and thought that legal body is not helpful (9.1%).

3.5. Factors Associated with Sexual Coercion

In the final model, a number of socio-demographic and behavioral correlates were identified as significant predictors of lifetime experience of sexual coercion (Table 2).

Compared to students from urban origin of residence, students from rural areas were less likely to report lifetime sexual coercion (AOR= 0.65, 95% CI: 0.08-0.89). Participants whose fathers have completed secondary school were 83% and who attended college were 89% less likely to report sexual coercion (AOR= 0.17, 95% CI: 0.05-0.69) and (AOR= 0.11, 95% CI: 0.03-0.34) compared to those who cannot read and write. Respondents whose parents live together were more than six times (AOR= 6.53, 95% CI: 1.38-30.80) more likely to experience sexual coercion than students whose parents separated or widowed.

Furthermore, respondents were also asked whether their mothers were hit by father or partners when they were children. Accordingly, witnessing inter-personal violence as a child were more than five times (AOR= 5.77, 95% CI: 2.96-11.23) more likely to report later lifetime sexual coercion. Compared to respondents with one sexual partner, respondents with history of two or more sexual partner were (AOR= 4.32, 95% CI: 1.10-16.23) more likely to report sexual coercion. Participants who have history of alcohol drinking were one and half times (AOR= 1.53, 95% CI: 1.63-6.50) more likely to report sexual coercion.

Table 2. Multivariate analyses of respondents' characteristics and forced sex among female students of Ambo University, January 2012, (n=590).

Variables	Lifetime forced sex (rape)			
	COR (95% CI)	P-value	AOR (95% CI)	P-value
Origin of residence				
Urban	Ref.		Ref.	
Rural	0.44 (0.27-0.68)	0.002	0.65 (0.08-0.89)	0.006
Ever married				
Yes	Ref.		Ref.	
No	0.10 (0.5-2.17)	0.058	1.72 (0.65-4.56)	0.90
Class year				
2 nd	Ref.		Ref.	
3 rd	0.69 (0.39-1.22)	0.26	2.97 (0.22-8.62)	0.65
4 th	0.77 (0.38-1.55)	0.28	1.85 (0.34-2.08)	0.70
Ever drunk alcohol				
Yes	2.98 (1.67-5.34)	0.00	1.53 (1.63-6.50)	0.03
No	Ref.		Ref.	
Ever chew khat				
Yes	7.14 (4.04-12.63)	0.00	1.64 (0.56-4.66)	0.87
No	Ref.		Ref.	
Father's education				
Illiterate	Ref.		Ref.	
Primary school	0.59 (0.21-1.67)	0.49	0.27 (0.06-1.31)	0.78
Secondary school	0.11 (0.05-0.26)	0.015	0.17 (0.05- 0.64)	0.026
Certificate and above	0.08 (0.03-0.17)	0.023	0.11 (0.03- 0.34)	0.015
Parents live together				
Yes	Ref.		Ref.	
No	8.10 (3.83-17.14)	0.00	6.53 (1.38-30.80)	0.00
Receive enough money				
Yes	Ref.		Ref.	
No	1.92 (1.15-3.22)	0.013	0.94 (0.47-1.88)	0.87
Ever seen while mother being beaten by her husband/partner				
Yes	8.26 (4.72-14.4)	0.00	5.77 (2.96-11.23)	0.00
No	Ref.		Ref.	
Have regular boy friend				
Yes	1.78 (1.31-6.20)	0.017	0.35 (0.71-4.90)	0.65
No	Ref.		Ref.	
Number of lifetime sexual partners				
One	Ref.		Ref.	
Two or more	2.86 (0.65-9.56)	0.27	4.32 (1.10-16.23)	0.001

4. Discussion

In our study more than one quarter of the respondents reported that they were sexually active at the time of the study. Of those sexually active respondents, 26.5% reported that their first sexual encounter was non consensual or forced. In Malawi, 38 % of girls reported that they were unwilling at all at their first sexual experience followed by Ghana (30 %), Uganda (23 %) and Burkina Faso (15 %) [24].

For those who were initiated first forcefully, condom was

not used during sexual intercourse. The possible explanation might be victims of forced sex did not get the chance to negotiate condom use. Similarly, women experienced intimate partner violence report significantly higher rates of male partner infidelity, negative response of condom request and coerced condom non use than their non coerced peers [26].

According to our study, 76.4% and 43.7% had reported to have at least one incidents of sexual coercion in their lifetime and past 12 months, respectively. Studies were reported from

Ethiopian, with the prevalence ranges from 35% to 65.3% [18, 20]. In the current study, the prevalence of lifetime and last 12 months sexual coercion were reported with a little bit higher proportion. However, there is nothing to support the claim that it is increasing.

The prevalence of lifetime sexual harassment and last 12 months in this study was comparable with a cross-sectional study in Addis Ababa University (58%) and (41.8%), respectively [7]. In contrast, the proportion of sexual harassment in current study was higher than studies conducted among Ethiopian high school female students [5, 19-20]. The discrepancy might be due to the difference of target population.

In this study it was found that more than three fourth of the perpetrators were the closest (trusted) guys by victims, namely, husband, boyfriend, neighbour, brother, teacher, classmate and other relatives. This proportion is comparable with cross-sectional studies conducted in Addis Ababa University (93%), Addis Ababa high school (70%) and Mekele (75.6%) [7, 17, 20]. Many of the victims do not characterize their victimization as a crime and they may not want to expose somebody they know or trust who victimized them [7, 20].

Most of rape victims in this study did not report to the legal body and did not seek treatment from health institutions. This proportion goes with the study conducted in Addis Ababa University [7]. In contrast, our finding is higher than the studies conducted in Debarq, Jimma and Addis Ababa high schools [14, 16-17]. The possible explanation might be, if survivors report the event, they may get challenge from discrimination of parents and public. According to the study done among adolescent women in Rakia district, Uganda, sexual coercion was perceived to be a normal part of intimate relationships and women lack of decision-making on sexual encounters [25].

In this study attempt was made to found that contributing factors to sexual coercion. Students who came from rural origin were less likely to report lifetime experiences of sexual coercion than students from urban origin. This association goes with study reported from Ethiopia [21]. However, the finding of the current study is not consistent with the conclusion of WHO multi-country study that indicated rural localities presented higher rates than urban localities [4]. This might explain as gender relations in urban regions are more distant from traditional patterns and greater presence of women's movement [27]. Similarly, rural communities are usually more conservative and bedrock of the socio-cultural values of traditional societies that may promote the norms and tolerance of sexual coercion [21].

Father's educational status has preventive effect on experiencing of sexual coercion of the daughters. Achieving secondary education by either the woman or her partner was associated with decreased intimate partner violence [28]. Fathers who attended school may have good communication with their daughters which may make the respondents better informed decisions in the sexual sphere.

The likelihood of experiencing sexual coercion was

positively associated with frequent alcohol consumption. This might be due to alcohol leads to loss of judgment, self restrain in sexual intercourse and inhibit protective power of victims [16-17, 19-20]. Again, study among Ugandan university students found that regular alcohol consumption in the last 12 months had a positive association with recent experience of sexual coercion [23].

Moreover, females witnessing maternal coercion during their childhood increased risk of her later experience of sexual coercion. Our finding coincides with earlier findings in Ethiopia [14, 17, 21]. Henning and his colleagues found that women who had witnessed domestic violence as children were more distressed and had more social adjustment problems than women who did not witness domestic violence [22]. Cumulatively, this idea suggests that witnessing of sexual coercion has lifelong effect on children and young adults.

The likelihood of reporting sexual coercion was positively associated with having multiple sexual partners in our study. Engaging in risky behaviour (i.e having multiple sexual partners) increases females' vulnerability to sexual coercion since the chance of getting coercive partners might be high [16-17]. Putting the idea for the future research using longitudinal study should examine whether multiple sexual partners have a causal link with sexual coercion.

This study was not free of limitations. First, the study used a cross-sectional study design, therefore, cannot establish temporary relationship between sexual coercion and potential risk factors. Second, the stigma associated with rape may underestimate the magnitude. Third, the data were collected based on self-report of the students that might be subjected to recall bias. Despite of these limitations, our finding indicates the need to take remedial action on sexual coercion against female students in higher educational institutions in Ethiopia.

5. Conclusions and Recommendations

Our finding shows sexual coercion is considerable among respondents in the study area. Factors which contribute to sexual coercion include regular alcohol drink, current parental living condition (separated or widowed), childhood witnessing coercion and having more than one sexual partner. Addressing this problem would appear to have considerable impact in preventing STIs including HIV/AIDS among young people in similar settings. Since males are the main perpetrators of sexual coercion, they need to be targeted in prevention strategies. In general, efforts should target higher educational institutions to mitigate the problem through creating coercion free teaching and learning environment in Ethiopia.

Authors' Contributions

Both authors were responsible for the design and conduct of the study. The statistical analysis, the interpretation of findings and drafting of the manuscript were done by the two authors. The authors read and approved the final content of the manuscript.

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