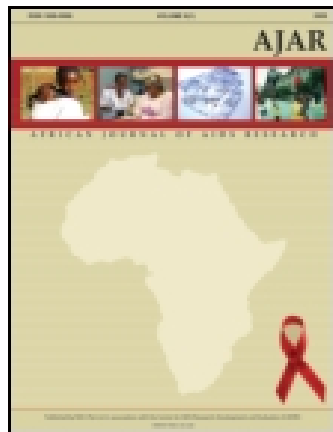


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Adolescents' perceptions of sexual coercion in Uganda

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In Uganda, HIV prevalence remains high with young people at higher risk of infection than adults. Much is known about the sexual risk factors for HIV transmission among youths, including sexual encounters that are coerced. On the other hand, relatively little is known about the barriers to preventing sexual coercion and what strategies may overcome those barriers with adolescents. We conducted three focus group discussions with adolescents in an urban area in Uganda to understand their perceptions of sexual coercion, and to identify, from their point of view, how coercion can be addressed. Data were collected to inform the development of an Internet-based programme for young people, tailored to their HIV-information, motivation and behavioural-skills needs. The findings suggest that the participants perceived adults' coercion of young people as common. The secondary school participants also expressed confusion over what exactly constituted coercion. They acknowledged that young people lack skills to avoid coerced sex and felt it would be critical to give youths information on the circumstances in which coercion may occur and its links to HIV risk. Finally, the youths wanted specific skills and to be empowered to avoid sexual coercion and to report rape. The findings suggest that adolescents are open to discussions about this topic and they support the call for greater integration of coercion-reduction strategies in HIV-prevention programmes targeted at their age group.

Keywords: HIV/AIDS, prevention, risk perceptions, sexual health, sexual violence, sub-Saharan Africa, youth

Background

Sub-Saharan Africa remains the world region most heavily affected by HIV, and young people are the most heavily affected group within the region (UNAIDS, 2008). HIV prevalence among young women is far higher than among young men, with levels of prevalence in some countries five-times higher for adolescent females as compared with males. Among young people in their early 20s, HIV prevalence is roughly three-times higher among females than males (UNAIDS, 2008). Research worldwide in general, and in sub-Saharan Africa specifically, has shown that sexual coercion places individuals at increased risk for acquiring HIV. Perhaps one of the most salient reasons is the association between coercive sex and a reduced likelihood of condom use (Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, 2004; Moore, Awusabo-Asare, Madise, John-Langba & Kumi-Kyereme, 2007).

Coercive sex is defined as forcing an individual into any sexual act that is involuntary, whether through "threats, intimidation, trickery or some other form of pressure or force" (Farris, Treat, Viken & McFall, 2008, p. 48). Although there may be cultural variations on this definition, the concept of coercive sex is recognised by diverse cultures (Hines, 2007). Coercive sex is common in sub-Saharan

Africa, and young peoples' sexual debut is often coercive. Indeed, in a multinational African study (Moore *et al.*, 2007), between one-in-four (Uganda) and two-in-five (Malawi) young people reported they had experienced coercive sex at sexual debut. Intimate partner violence also appears to be common. In a cohort sample of 3 422 women in Uganda (aged 15–24 years), Zablotska, Gray, Koenig, Serwadda, Nalugoda, Kigozi *et al.* (2009) found that half of the women sampled were documented as ever experiencing intimate partner violence, and over one-quarter (27%) reported having experienced intimate partner violence during the previous year. Data from a large population-based survey ($n = 1\ 753$, ages 10–24) in Kenya suggested that 11% of the males and 21% of the females had experienced at least one form of sexual coercion in their lifetime (Erulkar, 2004).

Aside from having negative psychological consequences, research suggests that coercive sex is a major factor in HIV risk (Moore *et al.*, 2007). A number of studies have explored the association between sexual coercion and condom use and have found that unprotected sex is significantly more likely when sexual coercion occurs (e.g. Varga, 1999; Erulkar, 2004; Koenig, Zablotska, Lutalo, Nalugoda, Wagman & Gray, 2004; Ajuwon, 2005; Kalichman, Simbayi, Kaufman, Cain, Cherry, Jooste & Mathiti, 2005). Moreover, women in South Africa who reported experience of sexual

coercion were more likely to be HIV-positive, even after controlling for a range of associated HIV-risk behaviours (Dunkle *et al.*, 2004). Understanding the conditions or circumstances that lead to coercive sex is a necessary first step in developing appropriate and targeted interventions.

Predictors of sexual coercion

Much is known about the predictors of sexual coercion. Age difference between partners is a major factor. For example, in rural Uganda, HIV infection is two-times higher for those reporting a most-recent sexual partner 10 or more years older as compared to those with a partner 0–4 years older, holding other influential factors, including consumption of alcohol and drugs prior to intercourse and cultural norms around coercion (Kelly, Gray, Sewankambo, Serwadda, Wabwire-Mangen, Lutalo & Wawer, 2003).

Gender power differentials also play a key role in sexual relationships between men and women, and affect sexual communication and the negotiation of condom use (MacPhail, Williams & Campbell, 2002; Kaufman & Stavrou, 2004; Pettifor, Rees, Steffenson, Hlongna-Madikizela, MacPhail, Vermaak & Kleinschmidt, 2004). MacPhail *et al.* (2002) found that sexual refusal or negation may result in suspicion of infidelity and thereby carries the risk of violent outcomes. Other studies in South Africa found pervasive male control over almost every aspect of women's early sexual experiences enacted through violent and coercive sexual practices (see Wood, Maforah & Jewkes, 1998; Pettifor *et al.*, 2004).

Alcohol and drug use has been linked to sexual control and has been used as a means to obtain sex against a woman's consent (Kalichman, Simbayi, Kaufman, Cain & Jooste, 2007). The aforementioned cohort study in Uganda (Zablotska *et al.*, 2009) linked alcohol use to coercive sex. The literature in this area suggests that a coercer can use alcohol to entice or manipulate; it also suggests that once a person has consumed alcohol they are more susceptible to coercion.

Receiving money or gifts for sex also has been documented as a risk factor for acquiring HIV (Luke & Kurz, 2002). Kuate-Defo (2004) found that in circumstances where women are dependent on their partners for financial security, they are more susceptible to sexual coercion. Researchers have documented that when the promise of gifts or money is involved in exchange for sexual intercourse, it is associated with reduced capacity for negotiation about condom use and less communication about sexual health (Luke & Kurz, 2002).

Interventions to reduce coercion

Several interventions have been implemented in developed countries documenting success in reducing sexual coercion. Flannery (1998) documented how interventions aiming to alter attitudes and norms within school communities can decrease aggression and sexual violence and promote respect and equity. In the United States, the 'Safe Dates' programme (see Foshee, Bauman, Arriaga, Helms, Koch & Linder, 1998) and the 'Healthy Relationships' programme (see Safer, 1999) both aimed to change violent or coercive dating attitudes and behaviours. Other sexual-violence

prevention programmes developed in the United States include 'Responsibility' (see Pacifici, Stoolmiller & Nelson, 2001), a dating-violence-prevention programme (see Avery-Leaf, Cascardi, O'Leary & Cano, 1997), and the Teen Dating Violence Prevention Programme (see Lavoie, Vézina, Piché & Boivin, 1995). We know of no violence-prevention efforts that have been done in East Africa, nor specifically in Uganda, despite the clear need to reduce the prevalence of coercive sex in these countries.

An unexplored yet potentially promising vehicle for sharing information about sexual coercion is the Internet. Findings in Uganda show that there is increased uptake of and access to Internet use among the Ugandan youths (Ybarra, Kiwanuka, Emenyonu & Bangsberg, 2006). Recent reports from the United States show that computer-mediated sexual-health interventions have efficacy that is equivalent to face-to-face programmes (Noar, Black & Pierce, 2009). The potential for Internet-based programmes to deliver confidential and sensitive information may offer a unique opportunity to address issues of coercion for the benefit of African youths.

Aims of the study

CyberSenga is an Internet-based HIV-prevention intervention developed for adolescents in Uganda. *Senga* in Uganda is the name given to a paternal aunt, usually responsible for coming-of-age education for young girls; her male counterpart is the *Kojja*. Given familial disruption due to war and economic migration in Uganda, girls and boys have less access to these trusted adults and face diminished opportunities to discuss sex and sexuality with adults. The Internet is a promising mode of intervention delivery in resource-limited settings in general because the costs associated with scaling up are minimal. In Uganda in particular, the documented increased use of and access to the Internet by young people suggests it can be used for delivering interventions (Ybarra *et al.*, 2006).

Just as important, the Internet provides access to imperative health information to young people in a stigma-free, anonymous atmosphere. A central component of the CyberSenga intervention focuses on raising awareness about coercion and reducing coercion through increasing self-efficacy for communication about coercion and through skills-building in terms of asserting desire — for the sake of healthy sexual encounters. To achieve these objectives, we needed to first understand what Ugandan youths know about and understand coercion to be, and to learn what they might find helpful in approaches to increase their self-efficacy for avoiding it.

Although the data documenting the prevalence of intimate partner violence is prolific, we lack useful strategies and appropriate messaging to help adolescents reduce violence in their relationships. To inform the development of a module aimed at addressing these issues for the CyberSenga intervention, we conducted three focus group discussions. The groups had the following aims: 1) to identify the ways in which young people understand and talk about 'coercion' in their lives; and, 2) to elicit strategies for discussing coercion with adolescents which they would find helpful and meaningful.

Study setting

Focus groups were conducted in the CyberSenga project office in Mbarara, Uganda. Mbarara is a small urban community of about 97 500 individuals (Uganda Bureau of Statistics, 2005) in southwestern Uganda, a five-hour drive from the capital city of Kampala. The prevalence of HIV in south-western Uganda is estimated at 5.9% (Uganda AIDS Commission, 2008).

Methods

Study design

We used a qualitative approach, conducting two focus group discussions with boys and one with girls who were all secondary school students. As discussed below, the participants were members of CyberSenga's Youth Advisory Council, which comprised more boys than girls; this was due to differing regulations in access to female participants by the partnering schools. The topic guide for the data collection was designed by the study team, and we asked the same questions of the both boys and girls.

Study participants

Twenty adolescent secondary school students participated in the focus group discussions, with their ages ranging from 13 to 18 years. Seven participants were females and 13 were males. The participants were a mix of fulltime boarding students and day students living at home. Each group had an average of six participants. We separated the boys from girls in the groups because we realised that there could be sensitive issues about coercive sex that could not be discussed freely if both sexes were present. A facilitator of the same sex moderated each group. The groups were not separated by boarding or day section because there was little reason to believe this would affect sexual experience or comfort in discussing sensitive matters. The demographic characteristics of the participants are listed in Table 1.

Sampling and recruitment

The focus group participants were members of the Youth Advisory Council, a group of peer-nominated 'popular opinion leaders' who were identified through a large survey of a random sample of students across the partner schools with which the CyberSenga project was working. These popular opinion leaders were students considered by their peers as the most admired and most consulted for advice. They were purposefully recruited for the Youth Advisory Council, and therefore for the focus groups, because their opinions were deemed to reflect the popular opinions within the larger peer group. Thus, developing programme content for CyberSenga with input from highly respected youths would potentially offer an opportunity for the content to be more greatly appreciated and admired by young people.

Interviewing process

The discussion groups were moderated by two facilitators trained in focus group facilitation. The facilitators were one male and one female Ugandans, aged 27 and 25, respectively. For each group, an observer also took notes and

documented non-verbal body language and information about the environment. Each group was tape-recorded and the recordings were transcribed. The discussions lasted between 50 and 90 minutes and were conducted in English, with clarifications in Runyankole, the local language, where useful. The facilitator and observer met after each focus group to discuss the observer's notes and to debrief on each session. The data available for analyses therefore include transcripts, observer notes, and field notes from the debriefing sessions.

Data analysis

The data were analysed using content analysis (Strauss & Corbin, 1990). Content analysis was chosen because we aimed to capture the adolescents' perspective on sexual coercion and how it can be avoided in detail. Prior to holding the first group, two analysts convened to create a codebook or list of ideas that they anticipated would emerge from the focus groups based on the topic guide and the academic literature pertaining to the topic of coercive sex. In the first stage of coding (open coding), we assigned codes from this codebook to segments of the transcribed text to categorise it. When a new idea emerged for which there was no existing code, we added it to the codebook. Each transcript was reviewed along with the set of notes written during the discussions, and labels were assigned to related segments in the data to complete the open coding. Thus, refining the codebook with new codes during open coding was an iterative process.

Open coding was followed by axial coding, where we grouped all the codes together in order to identify patterns in them and to discern the frequency with which they were assigned. This allowed for an understanding of the general

Table 1: Demographic characteristics of the adolescent participants in the focus group discussions, Mbarara, Uganda ($n = 20$)

Characteristics	<i>n</i>
Age group (years):	
14–16	14
17–19	6
Sex:	
Male	13
Female	7
Grade:	
1st year of secondary school	10
2nd year of secondary school	5
3rd year of secondary school	5
School section:	
Day student	3
Boarding student	17
Religion:	
Protestant	9
Catholic	7
Muslim or Pentecostal	4
Tribe:	
Ankole or Bakiga	16
Muganda or Rwandase	3
Other	1

ideas supported by the group, as well as outlying perceptions and areas of disagreements.

One analyst was responsible for the majority of coding; a second analyst randomly selected four paragraphs from each transcript and completed open coding for each paragraph. She then compared these codes to those of the first analyst. We assessed the number of codes where there was agreement and compared this to the total number of codes and so documented 86% as equivalent. Therefore, the inter-rater reliability was acceptable. Following open and axial coding, we synthesised the patterns observed and summarised the key findings. We summarised with the intention of amplifying our understanding of coercive sex as experienced by teenagers, to devise strategies to build self-efficacy to avoid it.

Research ethics

All procedures were reviewed and approved by both the local institutional review board (IRB) (Mbarara University of Science and Technology) and a U.S.-based one (Chesapeake IRB). Parents provided consent for the day students and the headmasters did so for the boarding students. Every youth participant provided informed assent per IRB regulations stating that those under age 18 can offer only their assent, rather than consent.

Findings

The young people's perceptions of coercion

Most of the participants perceived coercive sex as exerting pressure on someone in order to have sex with him/her. Some also indicated that coercion could be more subtle — for example, manipulating someone into an act of having sex: *'Me, I think that forcing does not mean that someone will come and tie a rope around your neck; you can be forced mentally.'* In their description of how coercion happens, the participants mentioned that the victims of coercion can be convinced by their partners through verbal pressure into sexual activity, which may make it difficult for them to protect themselves. Thus one participant mentioned:

'A situation may happen, like you are attending a function and you spend a night there, and when you are there in the night the boy tells you that — I am badly off, you need to help me — and you finally give in against your will...you have come without the intention of having sex, but you reach [there and] the person starts demanding.'

The major forms of coercion identified by the young people followed a continuum from subtle manipulation (e.g. using gifts to entice a partner into sex), to the use of alcohol or drugs, to rape.

Reporting coerced sex or rape

The young people mentioned that it is always difficult for them to talk about rape even with their parents because they worry that their parents will blame them for being victimised or else they have fears that they will be castigated for engaging in sex. In contrast, younger children are not held culpable. One adolescent said: *'If you are young [a*

child], those ones are reported, but for adolescents they are not always reported.' Others feared telling their parents because they had been raped or coerced by their relatives or a parent's friend:

'Okay when someone is your parent's friend, your father will begin trusting him. He can even trust him to take you to school, so through that, the friend tells you something and you wonder how you are going to tell your father, so you just keep it and in the long run you find yourself in a relationship.'

The adolescents' perceptions of factors that lead to coercion

Coercion by adults

Coercion by adults was by far the most common type of coercion the adolescents discussed. They articulated several different ways in which adults could coerce young people into sex. By 'adults' the participants typically referred to persons in their 20s or 30s. The participants mentioned that young people who engaged in relationships with older people would fear their older partner and may end up having sex when they are not ready for it. For example:

'When you are having someone older than you, you have to give respect to that person. That person is going to fear the age of the person, and then they will keep quiet. That is where that kind of thing is going to come from...'

Aside from power, adults coerced young people with gifts and money. Not all gifts were coercive; it was culturally appropriate to give and receive gifts within a healthy relationship.

Nonetheless, it was not uncommon to give a gift with the intention of obligating sex. This was particularly true with older sexual partners because they had access to more money and therefore could give more compelling gifts:

'In most cases you find the adult is the one approaching the adolescents; like you find that they give them small gifts like money and other gifts in order to seduce these young people.'

Female participants in particular mentioned that sometimes young people feel that they are obliged to 'play sex' (a colloquialism for having sex or sexual intercourse) once they have received gifts as a way of showing that they 'love' them back. They perceived receiving gifts as a sign of love; therefore they felt indebted to pay back for the love they received. One female said:

'When someone gives you a gift, obviously that person loves you, then, now you think that the next thing has to be that [sex]. You think that okay this person has given me a gift because he loves me, he cares about me, and now there are two people in a relationship; you know that love is sex — the next thing will be having sex.'

Another perception was that coercion is common in situations where young people are depending on older people for education and other basic needs:

'Like you find the adult is assisting the adolescent in some basic needs.... So you find the adolescent plays sex with an adult so that they can keep getting assistance from the adults.'

Although the participants readily discussed coercion occurring in relationships between a young person and an adult, most did not believe that adolescents could coerce each other into sex. As one described it:

'For adolescents, for them they just fall in love with each other, but I do not think that they are forced. The forced sex I know is between the adult and the young people. That one I know is where there is forced sex.'

Three of the 20 participants disagreed with this argument, however, saying that there are times when young people coerce their partners into sex by manipulating them into having sex when they did not want it. One adolescent mentioned: *'For me, what I think even there are some adolescent boys who take girls to some extent, they force them to have sex with them.'*

Male and female power differentials

We explored coercion from a gender neutral stance by asking the youths to discuss the circumstances they heard of and had experiences with in regard to coercion — without specifying which gender would perpetrate coercion. In most cases the participants indicated that girls are the ones who are mostly coerced into sex by men:

'You would rather go for girls rather than boys because men have this mentality that these young girls are not infected with HIV, and then he wants to infect that girl.'

'For example, if you are talking to sugar mummies and sugar daddies, you find that the information [mostly] applies to girls; you should put more emphasis on [the risks that young girls face from men].'

A minority of the adolescents disagreed with this sentiment, however, saying that it is more common these days to find girls forcing boys into sex, and even older women forcing boys. They acknowledged that boys can also be victims of sexual coercion:

'A girl can manipulate some boy [saying] that — I love you. She will tell you that — If you don't want to have sex with me, then I will break up — so you end up playing sex with the girl.'

Alcohol and drugs

The participants mentioned that young people may experience coercion in the context of drinking alcohol or using drugs:

'Like you can be there and you get a girl, and you get her booze and you convince her and at the end of it all, you find that they are drunk. So due to that influence of alcohol, you find that they end up playing sex.'

The influence of other adults

Often coercion was described as done by people outside the dyad, where young people described feeling pressure from other adults to engage in sex. A participant described a stepmother who pressured her stepdaughter into having sex with a friend who was infected with HIV. The stepmother had heard that once you 'play sex' with a virgin you can be cured of AIDS:

'There was this girl who was staying with the stepmother and the stepmother had a friend who was a man. Those people had a belief that sleeping with a young virgin girl can cure AIDS. That man has AIDS and he was a close friend to the stepmother. So the stepmother decided to give her that one whose mother is dead. She was then raped and she got infected.'

The participants seemed familiar with the myth that having sex with a virgin will cure a person of their HIV infection.

The victim's role in coercion

Several ideas were brought up which suggested that the victim's behaviour might make an act of coercion or sexual violence more understandable. For example, the belief that girls should expect mishap or violence if they are walking alone or if they accept a ride from someone:

'I heard about a man who had a daughter. He used to give her the boda boda [scooter taxi] man to take her to school; so one time...the man had no time to pick the girl from school, and he sent the boda boda man to pick her [up], and the boda boda man raped the girl.'

The participants never *directly* indicated that girls who walked alone were to blame if they were raped but some did suggest that it could be understandable if this occurred. The participants also commented that girls' style of dress was a factor in coercion or rape. Boys in the discussion groups mentioned that girls who put on short clothes would arouse men's feelings, and the male might end up coercing a girl into sex: *'Even the way girls wear [clothes] affects boys too much...because when you see a girl putting on a short skirt, it makes them feel like dying.'*

Messaging to help young people avoid sexual coercion

The adolescents indicated that one of the barriers to change in terms of HIV-preventive behaviour is that the information may be irrelevant or uninteresting to them:

'For me, I think that [an intervention] should make a difference because most people when they are teaching against AIDS, they say the same things, like — Don't get gifts from strangers! That is what they always say.'

The participants identified what information and skills they thought could be helpful for adolescents to learn in an effort to protect them from sexual coercion, both for its own sake and to facilitate HIV prevention. The feedback given facilitated development of the CyberSenga project.

Skills to manage coercion and to report rape

The young people said they would find it hard to report that they had been raped or coerced into sex. They lacked the confidence to articulate their experience, they feared blame, did not know who they could turn to, and were not sure where to go for care. For those reasons, they related that they need to be empowered with skills for avoiding coerced sex or rape, how to communicate about it if it happens, and how to report it. It is critical to consider that young people may indeed face castigation or worse if they do report rape, however; consequently, it appears important to also be able

to identify 'safe' locations and adults to whom coerced sex or rape can be reported.

Skills to refuse gifts

The adolescents suggested that because different gifts connote different expectations by the gift-giver, it would be useful to learn how to evaluate the intentions of the gift-giver:

'Maybe another thing, we should be confident.... Like if the person comes to approach you to be your friend and he gives you a gift [you need to] find what the person is all about.'

The adolescents agreed that they would benefit from programmes that helped them understand that there are circumstances when gifts are given with the expectation that sex will be offered in return. The participants acknowledged that it is very important for boys and girls to know the intentions of the giver and to learn how to make it clear that they will 'play sex' only when they freely desire to do so in the context of a healthy relationship.

Preferences about how information should be presented

The young people expressed that they would like the information to be presented in way that clearly shows the negative effects of sexual coercion. They mentioned that this would help both boys and girls learn from each others' experiences.

Discussion

The secondary school student participants in this study acknowledged that sexual coercion was a common experience among them, and they agreed that there is a continuum from mild to violent forms of coercion. Consistent with previous literature about this topic in sub-Saharan Africa (e.g. Varga, 1999; Erulkar, 2004; Kalichman & Simbaye, 2004; Koenig *et al.*, 2004; Ajuwon, 2005; Ajuwon, Olaleye, Faromaju & Ladipo, 2006; Moore *et al.*, 2007; Zablotska *et al.*, 2009), the youths identified key factors that they believed contribute to coercion, including age differentials in relationships which confer more power on males (who are typically older than the females), a culture that encourages gift-giving as a way to obligate sex, the use of alcohol or drugs to make someone more willing to 'agree' to have sex, and specific expectations for females' comportment. In addition, they identified that youths who are dependent on adults — whether they be parents, relatives or other guardians — for such things as school fees or books may be at greater risk for coercion. Male versus female power differentials were also noted as a contributing factor. Finally, a sense that those coerced or victimised are to be held responsible due to their clothing or for being in the wrong place emerged as an attitude among some participants.

The current findings add to the literature in several new and important ways. First, the youths in this study highlighted that it is not uncommon for a youth to be coerced by an adult family friend who is helping by paying the youth's tuition. This type of complicated situation must be acknowledged and addressed in HIV-prevention-programme content. The youths' common acknowledgment of this form

of coercion suggests that it also needs to be addressed by schools and families. We need to consider how any kind of sexual coercion enacted by family members or friends who offer financial support to a family can be eliminated on a societal level by removing the norms and attitudes that support and reinforce the behaviour. Furthermore, as articulated by the students in the focus groups, parents may be unwilling to believe a child who reports coerced sex because it may require them to acknowledge a violation of trust by a family friend. Thus, while there is a continuum of sexual coercion, there should also be recognition that there is a continuum of solutions — from easy to very difficult.

The second major contribution of this study is the finding that most of the adolescents perceived that peers do not often coerce each other. Yet the data suggest that this is not the case. For example, Erulkar (2004) found that among young people's intimate partners in Kenya, boyfriends were the most common perpetrators of sexual coercion for girls, and girlfriends for boys. In Uganda, Polis, Lutalo, Wawer, Serwadda, Kigozi, Nalugoda *et al.* (2009) noted that in 9% of reported cases of coercion of girls, the coercion was perpetrated by a boyfriend. Intervention programme content must include a focus on helping young people identify the potential for coercive scenarios among their same-aged peers. Boys and girls need good role models of acceptable behaviour within relationships, including successful and healthy communication, how to manage conflict, and how to be assertive. Given our findings, we hypothesise that young people may find it hard to report rape or coerced sex because they do not have a full understanding of what rape and coercion are. Furthermore, *vis-à-vis* instances of rape and coercion, they may not understand the process for reporting and may not know what is reportable. Finally, they may accept some level of coercion as part of a relationship. Helping youths to understand the concepts of coercion and rape and the law related to coercion and rape are critical first steps to reducing this widespread phenomenon.

Finally, although gift-giving has been cited in previous work as an aspect of coercion, the complexity of this element was brought out in this study. Not all gifts are coercive; it is culturally normative to give and receive gifts in a healthy relationship (Poulin, 2007). Programme content must be culturally sensitive and acknowledge this reality. Adolescents need not say 'no' to all gifts — just those that are likely to be given in exchange for sex. They need help in developing skills to evaluate a giver's intention and communication skills to determine motivation when the giver's intention is ambiguous.

The participants had specific ideas for how to address the problem of coercion as experienced by adolescents, and the intent of this work was to integrate the findings and participants' suggestions in this regard into communication about coercion for an Internet-based HIV-prevention programme designed for Ugandan youths. The participants felt it would be critical to give young people information on the links between coercion and HIV risk. Youths need a clear picture of how coercion translates into risk, and, subsequently, how increased sexual risk behaviour may lead to HIV infection. Thus, we can offer young people explicit information, for example, on evidence showing

that when coercion is present, the use of condoms is less likely. The young people also wanted information that could help them better understand the contexts in which sexual coercion occurs. Specifically, they wanted skills that would help them clarify gift-giving and the circumstances when gifts could be inappropriate. Because gift-giving for multiple occasions and circumstances is a common cultural practice in Uganda, they felt it would be important to offer instruction in strategies for understanding the *intention* behind a gift. It could be useful to consider presenting various scenarios where gifts are given and have young people practice both asking a gift-giver to detail the intention behind a gift and subsequently making decisions about whether (and how) to graciously accept or refuse a gift.

Finally, youths have a critical need for resources following a rape. They need skills to identify 'safe' adults to whom they can confide and so report the rape; and they need skills to articulate what happened without embarrassment or shame.

This study had some limitations. Because the sample was small and the research was qualitative, we cannot generalise the findings to a wider audience. We also recognise that a focus group format may discourage more open discussion about the difficult topic of sexual coercion. Personal and direct experience with coercion was not widely acknowledged by the participants, nor was it directly queried. It may have been difficult to acknowledge something of such a personal and perhaps stigmatised nature in a group setting.

Conclusions

Given that sexual coercion substantially increases risk of exposure to HIV (Dunkle *et al.*, 2004; Moore *et al.*, 2007), it is helpful to understand more about youths' perceptions of its prevalence and factors that contribute to coercion. It is critical to consider youths' own ideas about how to specifically address coercion in an Internet-based health-communication programme for HIV prevention. The findings suggest that adolescents are open to discussions about coercion and support the call for greater integration of coercion-reduction strategies in HIV-prevention programmes targeted at their age group.

The findings from the focus groups have been integrated into the CyberSenga programme content. The findings also have implications and applications for other adolescent-focused HIV-prevention programmes in developing countries with similar cultural characteristics to Uganda. Youths need to be made aware that coercion exists and what it is; and they need skills to avoid it in their sexual encounters. They must be given clear and reliable information and be taught the differences between HIV-related myth and fact (e.g. that having sex with a virgin will not cure AIDS). Young people should be given the clear messages that it is never acceptable to coerce another into sexual activity and that wearing certain clothing or walking alone or other 'provocative' behaviours are not justification to coerce another. Youths need to understand the possibly coercive motivation behind gifts offered to them and how to ascertain or discern the motivation of the gift-giver so they can distinguish

between coercive and non-coercive gift-giving. This may be challenging in cultural settings where gift-giving is normative and common for all types of situations. However, a careful consideration of the context in which gifts are given is important to facilitate such discernment. Youths also need to understand that there is a continuum of coercion, from subtle to overt rape. If they suspect sexual coercion they should have the skills to discuss it and communicate about it to their boyfriend or girlfriend or a trusted adult, and to be able to refuse any kind of sexual contact that happens in a coercive context.

In addition to the relevancy for HIV-prevention programmes with youths, these findings suggest that we also need to intervene with adults to underscore the inappropriateness and wrongdoing involved when an adolescent is coerced into sexual activity by any adult. The finding that a youth may be expected to offer a type of sexual *quid pro quo* for lodging, books or school fees is distressing, and it is unreasonable and unrealistic to expect a youth to be solely responsible for avoiding this type of coercion. To prevent such manipulation of minors and youths, programmes need to involve adults; and such a widespread cultural phenomena requires intervention at multiple levels.

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