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# IN THIS ISSUE

- Clitoral Sizes in Nigerian Babies
- Quality of Life in Skin Diseases
- Abdominal Stab Injury
- Preauricular Sinuses
- Knowledge of Sickle Cell Disease
- Sexual Abuse in Adolescents
- Dysmenorrhea
- Infantile Masturbation
- COVID-19 and Cushing Syndrome
- Postpartum Labial Adhesion

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ORIGINAL RESEARCH

# Sexual Abuse Among Adolescents Udigwe IB<sup>1</sup>, Ofiaeli OC<sup>\*2</sup>, Ebenebe JC<sup>2</sup>, Nri-Ezedi CA<sup>2</sup>, Ofora VC<sup>3</sup>, Nwaneli EI<sup>2</sup>

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#### Abstract

**Background:** Adolescence constitutes a vulnerable age group where the actual prevalence of sexual abuse may remain largely unknown due to lack of knowledge, delay in and lack of reporting of such incidences.

**Objectives:** To determine the knowledge and history of sexual abuse in adolescents and the associated factors. **Methods:** A self-administered pretested questionnaire was used to collect data from children aged 10 to 19 years at an adolescent summer camp.

**Results:** Two hundred and seventy-six adolescents participated in this research out of which 41.3% had correct knowledge of sexual abuse, and 12.0% claimed they had been sexually abused. Among the 33 respondents with a history of sexual abuse, 39.4% (13/33) had correct knowledge of sexual abuse. Gender had a significant association with a history of sexual abuse (p = 0.008). Layered by age group, gender had a significant association with being sexually abused in mid-adolescence (p = 0.029) but not in late adolescence (p = 0.445). Age category had no significant association with being sexually abused.

**Conclusion:** The knowledge of sexual abuse was inadequate among adolescents. A high proportion claimed to have been previously sexually abused and interestingly, had insufficient knowledge of sexual abuse There is a need to educate adolescents on sexual abuse to empower them to protect themselves and get help as appropriate.

Keywords: Abuse, Adolescent, Knowledge, Nigeria, Sexual abuse, Sexual assault.

# Introduction

Sexual abuse in a child is the exposure to any form of sexual activity that is beyond the child's mental comprehension, physical development and norms of the land. <sup>[1,2]</sup> This activity encompasses both physical and non-physical exposure with devastating short and long term effects that affect both the physical and cognitive development of the victim. <sup>[1-3]</sup> Globally, sexual abuse in children remains a public health concern as it gravely violates the rights of the vulnerable child to sound health and development. Millions of children and adolescents worldwide, as well as in Africa, are subjected to sexual abuse including sexual assault and rape. <sup>[4,5]</sup> A 2011 study estimated that 18% of girls and 8% of boys globally have experienced sexual abuse.<sup>[4]</sup> In Nigeria, previous studies have reported sexual abuse rates ranging from 25 to 70% among Nigerian adolescents. <sup>[6-8]</sup> In the past decade, the prevalence of sexual abuse reported worldwide in children and adolescents disproportionately affected more girls than boys. [4,9] In Malawi, 38% of the females reported unwillingness at sexual debut while 30% gave such report in Ghana. [10] The true prevalence of sexual abuse, however, remains unknown with a smaller number of cases reported in developing countries due to the attendant inhibitions arising from social stigma, the weak legal system, and existential cultural and religious dogma that further entrench the 'culture of silence' associated with sexual abuse. [4] Even more concerning is the fact that the few children and adolescents who admit to being abused at times do not receive immediate or continued health care. This may be associated with devastating long-term consequences that oftentimes persist into adulthood. The perpetrators of such crimes, who in most cases are known to the victims and their families, often escape any lasting convictions or punitive measures due to the preference of such families to address the matters in-house rather than go through the struggles of proper legal channels that is fraught with irregularities and a long wait for justice. [7, 9]

Adolescents are unique as they do not fit exactly into childhood nor adulthood, and are passing through the vital phase of identity development. <sup>[11,12]</sup> With the onset of puberty, increasing sexuality and unsupervised exposure to the sexual materials in social media, adolescents are now more likely to be in unsafe sexual relationships and are prone to health-related risks and behaviours. [13,14] Their poor knowledge of appropriate sexual health development adolescents and makes vulnerable to sexual abuse. Furthermore, adolescent health-related issues are often inadequately addressed due to poor healthseeking behaviour, peer pressure, inefficient parental control and guidance and in some climes, the absence of adolescent health

insurance and well-equipped adolescent clinics. <sup>[15, 16]</sup>

Although several studies have reported sexual abuse in childhood and adolescence, there is still a dearth of information on adolescents' knowledge of sexual abuse. <sup>[6-8]</sup> This is a vital gap as it forms the bane of empowerment of these adolescents towards greater selfawareness and ultimately self-protection. <sup>[12,17]</sup> This study sought to determine the knowledge of adolescents on sexual abuse, the recent prevalence of sexual abuse among these adolescents and some of the factors associated with sexual abuse. This will further strengthen the advocacy and awareness of sexual abuse in adolescents and possibly re-highlight the need for improved care in this unique age group.

# Methods

This study was descriptive and cross-sectional in design. A self-administered, semi-structured and pre-tested questionnaire [Appendix 1] was used to collect data from consecutively selected adolescents aged 10 to 19 years at an adolescent summer camp at Ozubulu, Ekwusigo Local Government Area of Anambra State, Southeast Nigeria in August of 2019. The questionnaire was explained to the respondents before The it was filled. respondents included students from both senior and junior classes of secondary schools in four neighbouring Local Government Areas - Ekwusigo, Nnewi North, Nnewi South and Ihiala, in Anambra State who attended the summer camp.

Knowledge and previous history of sexual abuse, as well as risk factors such as age and gender, were assessed. The appropriateness of their knowledge on sexual abuse was deduced from their responses to questions on the questionnaire and the responses were interpreted as Correct/Incorrect knowledge. Other information on sexual exposure such as the number of partners and details of sexual behaviour were also obtained.

#### Data analysis

The data were analysed using the Statistical Programme for Social Sciences 21.0. Chi-Square analysis was used to test for the associations between categorical variables as appropriate. *P* values less than 0.05 defined statistical significance.

### Ethical considerations

Ethical clearance for the study was issued by the Nnamdi Azikiwe University Teaching Hospital Ethical Review Committee (NAUTH/CS/66/VOL.12/202/2019/069).

Consent was also granted by the camp organizers, who served as guardians to the adolescents for the duration of camping. Participation in the study was entirely voluntary and the students had the right to withdraw from the research at any time without repercussions. Consent/assent, as appropriate, was obtained from the students before recruitment into the study. Confidentiality and safety were assured at all times.

The students were enlightened on sexual abuse at the end of the exercise and misconceptions were addressed. They were also empowered on how to handle vulnerable situations.

# Results

Two hundred and eighty-nine adolescents were enrolled in the study. However, the data of 276 respondents were included in the final analysis as 13 questionnaires were excluded because they were incompletely filled. The mean age was 16.4±1.4 years, the median age was 16 years and the male: female ratio was 1:2. The participants were categorized into early adolescence (10–13 years), mid-adolescence (14–17 years) and late-adolescence (18–19 years) as shown in Table I.

Variable	Frequency	Percentage	
Age category			
Early adolescence	5	1.8	
Mid-adolescence	214	77.5	
Late-adolescence	57	20.7	
Gender			
Male	91	33.0	
Female	185	66.7	

Table I: Age and gender distribution of the respondents

Thirty-two (11.6%) of the respondents had experienced sexual intercourse (males = 19/32, 59.4%; females = 13/32, 40.6%). The point prevalence of sexual activity was 0% in early adolescence, 65.6% (21/32) in mid-adolescence (males = 12/21, 57.1%; females = 9/21, 42.9%) and 34.4% (11/32) in late-adolescence (males = 7/11, 63.6%; females = 4/11, 36.4%). Among the sexually exposed adolescents, 25% (8/32) had been with only one partner, 6.3% (2/32) had two partners while the rest had three or more partners. The details of other sexual behaviours of the adolescents are described in Table II. One hundred and fourteen (41.3%) had the correct knowledge of what sexual abuse is while 75 (27.2%) had incorrect knowledge and 87 (31.5%) had no idea what sexual abuse is. Only 33 (12.0%) claimed that they had been sexually abused in the past while 219 (79.3%) had not been sexually abused in the past and 24 (8.7%) had no idea. Among the 33 respondents who claimed to had been sexually abused, 39.4% (13/33) had the correct knowledge of sexual abuse while 48.5% (16/33) had initially acknowledged sexual activity. The adolescents were living mostly with relatives when the assault occurred: the parents/guardians

included the father 6.1% (2/33), mother 3.0% (1/33), both parents 30.3% (11/33), aunt 12.1% (4/33), uncle 6.1% (2/33), grandparents 9.1% (3/33), guardian 6.1% (2/33); not given 27.2% (9/33).

The 33 adolescents who had experienced sexual abuse comprised 14 (42.4%) males and 19 (57.6%) females. Gender had a significant association with being sexually abused (p = 0.008) with a lower prevalence rate among females (10.3%, 19/185) compared to males (15.4%, 14/91). Stratified by age group, gender

had a significant association with being sexually abused in mid-adolescence but not late-adolescence as shown in Table III. The age distribution of the respondents who had been sexually abused was as follows: early adolescence – 0%; 0/33, mid-adolescence – 72.7%; 24/33 and late adolescence – 27.3%; 9/33. Age category had no significant association with being sexually abused ( $\chi^2$  = 3.537, p = 0.428, 99% CI = 0.415 to 0.441; early adolescence = 0%, 0/5; mid-adolescence = 11.2%, 24/214; late-adolescence = 15.8%, 9/57).

Sexual behaviour	Frequency	Percentage
Sexual partners		
Same-gender	3	9.1
Opposite gender	17	51.5
Both	2	6.1
Others (not specified)	10	30.3
Not given	1	3.0
Indulgence in anal sex		
Yes	6	2.2
No	267	96.7
No idea	3	1.1
Indulgence in oral sex		
Yes	15	5.4
No	257	93.1
No idea	4	1.5
Use of condoms (n = 32)		
Always	8	25.0
Sometimes	1	3.1
Never	11	34.4
Don't know	12	37.5

After the sexual abuse experience, 54.6% (18/33) of the adolescents claimed to take an action while 42.4% (14/33) did nothing. One respondent (3.0%) did not response to this. The actions taken included reporting the incident to a third party (parents, guardians, friends, classmates – 48.5%, 16/33) and varied personal responses such as praying, avoiding the assailant, among others (18.2%, 6/33). Some of these actions were taken in combination. They

were supported most times, after involving a third party (56.3%; 9/16).

# Discussion

Adolescence is a very vulnerable period of development characterized by complex mental development and identity crises. <sup>[11,12]</sup> This stage of life is fraught with poor perception/analysis of situations which puts the adolescent in jeopardy of sexual exploitation and other risky behaviours. Empowerment is the key to protect these adolescents. This study found that 12 per cent of a population of adolescents in Anambra State, Southeast Nigeria had experienced sexual abuse.

Adolescent age Category	Sexually abused	Gender			$\chi^2$	p-value
		Male (%)	Female (%)	Total (%)		
Early (10-13 years)	Yes (n = 0)	0 (0.0)	0 (0.0)	0 (0.0)		
	No (n = 5)	0 (0.0)-	5 (100.0)	5 (100.0)	-	-
Mid (14-17) years	Yes (n = 24)	10 (41.7)	14 (58.3)	24 (100.0)	7.138	*0.029
	No (n = 173)	45 (26.0)	128 (74.0)	173 (100.0)		
	Don't know (n = 17)	9 (52.9)	8 (47.1)	17 (100.0)		
Late (18-19) years	Yes (n = 9)	4 (44.4)	5 (55.6)	9 (100.0)	1.854	0.445
	No (n = 41)	18 (43.9)	23 (56.1)	41 (100.0)		
	Don't know (n = 7)	5 (71.4)	2 (28.6)	7 (100.0)		
Total	Yes (n =33)	14 (42.4)	19 (57.6)	33 (100.0)	10.071	*0.008
	No (n = 219)	63 (28.8)	156 (71.2)	219 (100.0)		
	Don't know (n =24)	14 (58.3)	10 (41.7)	24 (100.0)		

Table III: Relationship between g	gender and occurrence of sexual	l abuse stratified by age category

This is much lower than previous reports from various parts of the country [6-8] and thus, might appear reassuring. However, after factoring in poor knowledge on what sexual abuse entails (less than half of the adolescents under study and only a third of those who had been abused had correct knowledge), it becomes clear that the obtained prevalence is suboptimal and grossly unacceptable. Sexual abuse indices should be extremely low and even non-existent in childhood, especially in today's world with all the attention given to this vice. Adolescents need to be educated on age-appropriate sexual behaviour; this will serve as the bedrock of curbing the menace of sexual abuse and its attendant sequelae in this vulnerable age group.

Most of the sexually exposed adolescents in this study had already experienced sex by midadolescence. This buttresses the need for ageappropriate and socially/culturally acceptable sex education for children and adolescents. This will go a long way in empowering adolescents to take appropriate actions for themselves when confronted with situations of sexual abuse.

More females than males were sexually abused in this study. Similar findings had been reported previously.<sup>[4]</sup> This observation could be because, in most cultures, men make most of the sexual advances to females, some of which unfortunately may become unpleasant. Also, adolescent females might be more likely to report sexual abuse, unlike adolescent males who might be more accommodating of the incident. The margin between adolescent male and adolescent female sexual abuse rate found in this research is, however, not as wide as anticipated. As cultures and trends change, more males might now be exposed to sexual abuse and also know how to identify sexual abuse when it occurs. This finding emphasizes the need to empower both males and females as males are also victims of sexual abuse and both genders could suffer dire consequences from the abuse. <sup>[18,19]</sup>

Though the age categories had no significant statistical association with sexual abuse in the present study, most of the respondents with history of sexual abuse belonged to midadolescence. This could be explained by the fact that in early adolescence, most children are still very dependent on their parents for care and guidance. Early adolescence is also associated with early to mid-pubertal secondary sexual characteristics compared to mid-adolescence associated with late puberty and more physical development.<sup>[20]</sup> By mid-adolescence, however, the need for independence increases and most adolescents form sexual relationships and indulge in activities that may be unknown to their parents/guardians, thus increasing their risk for sexual abuse and other vices.[13,14] By late adolescence, these adolescents become more mentally mature; this is also contributed to by their experiences and those of their peers.

Most of the adolescents that reported sexual abuse in the present study lived with a close relative when it occurred. More than half of the time, these adolescents claimed they took actions to help themselves and reported positive support from friends and family. This finding was quite encouraging. Parents and guardians need to be supported in their care of adolescents as these are not young children that are completely dependent nor adults who are mostly in control of their activities. Adolescent health facilities that are accessible, affordable, and ethically/culturally empowered need to be established across various locales within and outside Nigeria. These will go a long way in providing much-needed care for these adolescents. Youth support groups are also essential in providing much-needed guidance and succour to adolescents as they journey to adulthood.

It is imperative that legal and lasting actions be taken against perpetrators of child and adolescent sexual abuse and indeed, sexual abuse offenders of any age bracket. The 'culture of silence' needs to be broken. Including the identities of perpetrators in the sex offenders list can help check their actions. Nongovernmental organizations can lend their weight to the fight against adolescent sexual abuse. Adolescents and parents/guardians need to know the right steps to take in such situations. The identity of victims needs to be protected, as much as possible, during court proceedings to avoid stigma and undue media exposure, which are some of the reasons for the concealment of cases, in the first place. These steps are all vital to curbing the menace of sexual abuse.

Finally, the present study also found that most sexually active adolescents had multiple sexual partners. A third of them did not use condoms while another third claimed not to know if condoms were used or not. This is worrisome and highlights the risk-taking tendency of adolescents. [21] A small proportion of the adolescents claimed not to know if they had ever indulged in oral sex or anal sex (1.1% and 1.5% respectively). This may be as a result of a lack of knowledge or from a determined choice not to respond to the question posed. Whatever may be the case, the findings from this study highlight the dire need to support and empower adolescents. This is one of the ways to ensure they successfully navigate this stage of development that is fraught with the dangers of sexual abuse and other vices.

# Conclusion

The knowledge of sexual abuse was inadequate among adolescents. A high proportion of the respondents claimed to have been sexually abused and this goes with their low knowledge of sexual abuse. There is a need to educate adolescents on sexual abuse to empower them to protect themselves and get help as appropriate.

Authors'Contributions:IBU,OCOandJCEdesignedthestudy.IBU,OCOandCAN

participated in the literature review. OCO analysed the data and drafted the manuscript. All the authors participated in data interpretation and revision of the draft manuscript for important intellectual content. All the authors approved the final version of the manuscript.

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#### References

- 1. American Psychology Association. Sexual Abuse. [Cited 2020 July]. Available from: <u>https://www.apa.org/topics/sexualabuse</u>
- Kempe CH. Sexual abuse, another hidden pediatric problem: the 1977 C. Anderson Aldrich Lecture. Pediatrics 1978; 62: 382– 389.
- Kellogg N. The evaluation of sexual abuse in children. Pediatrics 2005; 116: 506-512. <u>https://doi.org/10.1542/peds.2005-1336</u>
- World Health Organization. Responding to Children and Adolescents who have been Sexually Abused. 2017 October. [Accessed 2019 September]. Available from: <u>https://www.who.int/reproductivehealth</u> /topics/violence/clinical-responsecsa/en/
- Yahaya I, Soares J, De Leon AP, Macassa G. A comparative study of the socioeconomic factors associated with childhood sexual abuse in sub-Saharan Africa. Pan Afr Med J. 2012; 11: 51.
- Manyike PC, Chinawa JM, Aniwada E, Udechukwu NP, Odutola OI, Chinawa TA. Child sexual abuse among adolescents in southeast Nigeria: A concealed public health behavioral issue. Pak J Med Sci 2015; 31: 827-832. doi: http://dx.doi.org/10.12669/pjms.314.7115
- David N, Ezechi O, Wapmuk A, Gbajabiamila T, Ohihoin A, Herbertson E, *et al.* Child sexual abuse and disclosure in Southwestern Nigeria: a community-based

study. Afri Health Sci 2018; 18: 199–208. https://doi.org/10.4314/ahs.v18i2.2

- Ogunfowokan AA. Experiences of Sexual Abuse by School Adolescent Girls in Ile – Ife, Nigeria. Semantic scholar. [Accessed 2019 September]. Available from: <u>https://pdfs.semanticscholar.org/47d8/0</u> <u>4d5e9f81f10745aab75e3c84269b9814e52.pdf</u>
- Lalor K. Child sexual abuse in sub-Saharan Africa: A literature review. Child Abus Negl. 2004; 28: 439-460. <u>https://doi.org/10.1016/j.chiabu.2003.07.0</u> 05
- Moore AM, Awusabo-Asare K, Madise N, John-Langba J, Kumi-Kyereme A. Coerced first sex among adolescent girls in sub-Saharan Africa: prevalence and context. Afr J Reprod Health. 2007; 11: 62–82. <u>https://doi.org/10.2307/25549732</u>
- 11. Act for Youth. Adolescent identity development. Available from: <u>http://www.actforyouth.net/adolescence</u> /identity.cfm\_Accessed July 2020.
- Upreti R. Identity Construction: An Important Issue Among Adolescents. IOSR J Human Soc Sci 2017; 22 :54 – 57. <u>https://doi.org/10.9790/0837-2206105457</u>
- Vannucci A, Simpson BG, Gagnon S, Ohannessian CM. Social media use and risky behaviour in adolescence: A metaanalysis. J Adolesc 2020; 79: 258-274. <u>https://doi.org/10.1016/j.adolescence.202</u> 0.01.014
- Landry M, Turner M, Vyas A, Wood S. Social Media and Sexual Behaviour Among Adolescents: Is there a link? JMIR Public Health Survell 2017; 3: e28.
- Burstein GR. The Epidemiology of Adolescent Health Problems. In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE (Editors). Nelson Textbook of Paediatrics [Electronic copy]. 20th Edition. Philadelphia. Elsevier; 2016.
- 16. Lehtimaki S, Schwalbe N, Sollis L. Adolescent Health: The Missing Population

in Universal Health Coverage. World Health Organization. 2018.

- Eze UO. Prevention of Sexual Assault in Nigeria. Ann Ib Postgrad Med 2013; 11: 65– 70.
- Trickett PK, Noll JG, Putnam FW. The impact of sexual abuse on female development? Lessons from a multigenerational, longitudinal research study. Dev Psychopathol 2011; 23: 453–476. <u>https://doi.org/10.1017/S09545794110001</u> 74
- Australian Institute of Family Studies. The long-term effect of child sexual abuse. Australian Government. 2013. [Cited 2020

August].Availablefrom:https://aifs.gov.au/cfca/publications/long-term-effects-child-sexual-abuse/gender-differences-long-term-impacts-child-sexual

- Holland-Hall C, Burstein GR. Adolescent Physical and Social Development (Adolescent Development). In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE (Editors). Nelson Textbook of Paediatrics [Electronic copy]. 20th Edition. Philadelphia. Elsevier; 2016.
- 21. Kipping RR, Campbell RM, MacArthur GJ, Gunnell DJ, Hickman M. Multiple risk behaviour in adolescence. J Public Health 2012; 34: i1-i2. https://doi.org/10.1093/pubmed/fdr122

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# **APPENDIX 1**

# QUESTIONNAIRE: SEXUAL ABUSE AMONG ADOLESCENTS

Date: \_\_\_\_\_ Study ID: \_\_\_\_\_

To indicate answers to the questions, tick  $\sqrt{}$  in areas marked as '()' as appropriate and write out answers for options of 'Others, please specify\_\_\_\_\_'.

## General information

Age
Date of birth (dd/mm/yy)
Gender: Male ( ) Female ( )
What is your level in school?
Father's occupation
Father's highest level of school
Mother's occupation
Mother's highest level of school

#### Sexual abuse

Have you ever had sexual exposure? Yes ( ), No ( ) If yes to above, how many people have you ever had sex with? Please specify \_\_\_\_\_\_ What were the circumstances?

Did you use a condom? Yes ( ), No ( ), Don't know ( ), Not always ( ) Was it with an individual/s of: Same Gender ( ), Opposite gender ( ), Both ( ), Others, please specify \_\_\_\_\_\_ Have you ever had Anal sex? Yes ( ), No ( ) Have you ever Oral sex? Yes ( ), No ( )

What do you think is sexual abuse?

Have you ever been sexually abused? Yes ( ) No ( ) Don't know ( ) Who were you living with when this happened? \_\_\_\_\_\_ If yes to 15 above, did you try to do anything about it? Yes ( ) No ( ) If yes to 17 above, what did you do?

If you told someone, who was it? \_\_\_\_\_\_ 20. Were they supportive? Yes ( ) No ( )