

# Knowledge and Perception of Child Sexual Abuse in Urban Nigeria: Some Evidence from a Community-Based Project

Biodun Ogunyemi<sup>1</sup>

## ABSTRACT

This study reports some baseline findings from a community-based project on the incidence of child sexual abuse (CSA) in two Nigerian urban centres. The study focused on low income, non-elite, occupational groups. Data were generated through in-depth interviews (IDIs), focus group discussions (FGDs), and survey questionnaires (SQs) involving 958 respondents. About 38% and 28% of female and male respondents respectively reported being initiated to sex before the age of 18 years. Majority of the respondents condemned CSA acts like rape, date rape, child prostitution and incest. However, evidence of gender-role stereotyping, which puts girl-children at reproductive health risks of these and related acts, seems widespread. (*Afr J Reprod Health* 2000; 4[2]:44-52)

## RÉSUMÉ

**Connaissance et perception de l'abus sexuel de l'enfant dans les agglomérations urbaines au Nigéria: Quelques évidences d'une étude basée sur une communauté.** L'étude fait un compte rendu des découvertes de ligne de base à partir d'une étude basée sur une communauté et qui porte sur l'incidence de l'abus sexuel de l'enfant (ASE) dans deux centres urbains nigériens. L'étude s'était concentrée sur des groupes professionnels non-élites qui ont des salaires peu élevés. Les données ont été recueillies à travers des interviews approfondies (IA), des discussions en groupes cibles (DGC) et des questionnaires de l'enquête (QE) auprès de 958 répondants. Environ 38% et 28% de repondantes et répondants respectivement ont signalé qu'ils ont été initiés à l'acte sexuel avant l'âge de 18 ans. La majorité des répondants ont condamné les actes d'ASE comme le viol, la prostitution de l'enfant et l'inceste. Toutefois, il semble que le clichage selon les rôles de sexes qui prédispose les filles aux dangers de la santé reproductive de ces actes et des actes connexes soit bien repandu. (*Rev Afr Santé Reprod* 2000; 4 [2]:44-52).

---

KEY WORDS: *Child sexual abuse, adolescent, intercourse, exploitation*

---

<sup>1</sup>Faculty of Education, Ogun State University, Ago-Iwoye, Ogun State, Nigeria

Correspondence: 26 Ibadan Road, P.O. Box 35, Ijebu-Ode, Ogun State, Nigeria

## Introduction

The problem of child sexual abuse (CSA) has recently attracted much interest across the globe, owing to a number of factors. Principal among these factors is the nascent concept of reproductive health. The reproductive health movement, especially since the landmark International Conference on Population and Development (ICPD) in Cairo in 1994, has succeeded in drawing attention to the hitherto neglected critical elements of sexual and reproductive rights; including sexual exploitation of children and adolescents. Indeed, the ICPD's program of action urges countries to "take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and girls".<sup>1</sup> Similarly, paragraph 135 of the *Beijing Platform of Action* of the Fourth World Conference on Women (1995) condemns "sexual slavery, rape, sexual abuse and forced pregnancy".<sup>2</sup>

Several other international, regional and national documents recognise the need to protect children and guarantee their right to life and survival, including their sexual health. For instance, article 10 (3) of the International Convention on Economic, Social and Cultural Rights, article 5(b) of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), article 34 of the Convention on the Rights of the Child (CRC), and article 18 (3) of the African Charter on Human and Peoples' Rights all provide solid foundations for the Cairo's *Program* and the Beijing's *Platform*.<sup>3</sup> In particular, the CRC states, *inter alia*, that "(t)he States shall protect children from sexual exploitation and abuse, including prostitution and pornography".<sup>4</sup> The African Charter, in fact, declares in part that "(t)he State shall ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions".<sup>5</sup> And, against this background, the Nigerian population policy calls for appropriate legislation to discourage and punish men who put undegraded females in the family way.<sup>6</sup>

Notwithstanding the existence of various instruments and institutions that condemn sexual exploitation and abuse of children and women, available evidence worldwide indicates that CSA is not only widespread, but is possibly on the increase. A study in the United States found that two-thirds of teen mothers had histories of sexual abuse; the av-

erage age at first molestation was 10, while the offenders were adult men averaging 27 years of age.<sup>7</sup> A survey of 134 men and 202 women aged 25 to 44 years in Nicaragua found that 27% of women and 19% of men reported sexual abuse in childhood or adolescence.<sup>8</sup> According to Purewal<sup>9</sup>, 50% of Indian girls may have been sexually abused before the age of 15 years; while 49% of sexually active primary school girls in Uganda reported being forced to have intercourse, with 22% anticipating to receive gifts or money in exchange for sex.<sup>10</sup>

However, cases of sexual violence against children might have been grossly under-reported. It was estimated that 61 per cent of victims of sexual assault in the United States in 1992 were less than 18 years old. Victim surveys showed that only about 16 per cent of cases would have been reported.<sup>11</sup> The report rates could be much less for countries where sexual issues are, to a large extent, still treated as private and secret matters.<sup>12</sup> For example, a study in Peru found 90 per cent of young mothers aged 12 to 16 years in a hospital to be victims of rape mostly perpetrated by a family member. Another study in Costa Rica also found that mid-teen pregnant women in a hospital were largely incest victims.<sup>11</sup> But it has been observed that the greater the stigma attached to sexual abuse and the lower the public sympathy for victims, the less likely that rapes and other forms of abuse will be reported to formal authority.<sup>11</sup>

Research evidence on CSA incidence in Nigeria is still scanty, but the few available reports call for serious concern. In a survey of national dailies, Okunade<sup>13</sup> identified 100 cases of sexual abuse of children whose ages ranged between 2 and 16 years. The victims were 94 girls and 6 boys while their assailants were aged 13 to 60 years. There were 5 cases of incest, out of which a daughter and 2 step-daughters were pregnant. In Ilorin, Adedoyin and Adegoke<sup>14</sup> reported that 50% of commercial sex workers surveyed had their first sexual experience before 18 years and, therefore, hypothesised that childhood sexual abuse could lead to prostitution.

Olusanya et al<sup>15</sup> reported that children of elementary schools (aged 6–12 years) and adolescent girls (13–19 years) in Benin City were the major victims of rape, with 48.2% of reported cases over a 3-year period occurring in children below 13 years old. Omorodion<sup>16</sup> also revealed that out of 950 rape cases reported at the hospital in Benin City,

58% involved child rape; 40% of these child-victims were those attending formal school, another 40% were engaged in hawking, while the remaining 20% were idle. A more recent report by Omorodion and Olusanya<sup>17</sup> found 83% of 396 rape victims reporting at police clinics were girls between 13 and 19 years. These findings, among other things, point to frightening dimensions the CSA phenomenon may be assuming in Nigeria.

In Nigeria, as in other parts of the world, reports of rape, for instance, do not guarantee redress or punishment of the offenders. This is because "(s)exual socialization perpetuates powerful mythologies – incorporated in law or juror understandings – which make it difficult to prosecute sexual criminals without evidence of physical injury from assault, collaborating eye-witnesses or other difficult evidence".<sup>18</sup> Continuous investigations are therefore required to fully understand the context and dimensions of sexual molestation of children particularly in Nigerian communities.

### Conceptual Framework

Child sexual abuse (CSA) is a violation perpetrated against someone below 18 years old. Such abuse may have physical, verbal and emotional components. It includes incidents like rape, sexual assault, sexual harassment, incest, and sexual molestation. Some other socio-cultural practices that compromise children's sexual and reproductive health, such as teenage marriage and female genital mutilation (FGM), have also been classified among CSA. Broadly speaking, however, three issues are critical to the understanding of CSA. These are the betrayal of trust and responsibility, abuse of power, and inability of victim to make informed consent, devoid of threat, wants or deprivation.<sup>8,13</sup>

Stewart *et al*<sup>9</sup> identified the psychological effects of CSA as feelings of vulnerability, unworthiness, and powerless difficulty in distinguishing sexual from affectionate behaviour; difficulty in maintaining personal physical boundaries; inability to refuse unwanted sexual advances; mistrust, shame, guilt, or fear about sexual activities; and mental health problems. The behavioural consequences identified in the researcher's analysis are involvement in unprotected sex, earlier sexual initiation, multiple sex partners, unwanted pregnancy and increased risk of infection with STDs (including

HIV/AIDS). CSA therefore negatively impacts on reproductive health which is defined in Cairo's Program (Para 7.2) as "a state of complete physical, mental and social well-being ... in all matters relating to the reproductive system and to its functions and processes".<sup>1</sup>

Perhaps until recently, studies of human sexuality have been narrowly conceived. Dixon-Mueller<sup>20</sup> however provides a broad-based model for analysing human sexuality with implications for understanding the context of CSA. The model states four interrelated elements of sexuality that impact human sexual and reproductive health as *sexual partnerships, sexual acts, sexual meanings, and sexual drives and enjoyments*. The relationship between these elements and reproductive health is further mediated by social organisation of gender differences (see Appendix 1). Dixon-Mueller's model provides a useful framework for conceptualising sexual assault and exploitation of children within the gender perspective as conceived in this study.

Investigations into CSA demand a multidisciplinary approach as issues involved could be examined from a broad spectrum of disciplinary backgrounds. From the psychosocial viewpoint (e.g., McMillen *et al*<sup>21</sup>), CSA has been associated with personality maladjustment in the perpetrators leading to behavioural disorders for victims. Socioeconomic analysts (e.g., Omorodion<sup>16</sup>) identify people from the low-income bracket as the leading initiators and sufferers of CSA while medico-legal researchers (e.g., Cook<sup>22</sup>) explain it with reference to lack of respect for the rights of girls. To feminist scholars, CSA is a variant of male violence against the women-folk and it is given leverage by the prevalent patriarchal culture. Any meaningful research on CSA must therefore be cognisant of these divergent perspectives and the need for a broad frame of reference.

Much of the few reports on CSA in Nigeria have been based on clinical and police records possibly because of the reported sensitivity of sexuality research.<sup>12</sup> These records are useful, no doubt, but they do not address the socio-cultural and economic dimensions of CSA, which are critical to any meaningful intervention. Hence, there is need for community-based research directed at unveiling covert variables in CSA acts. This challenge provided the primary motivation for a child sexual abuse project (CHISAP) being partly reported in this paper. CHISAP was initiated, in part, to assess

the current level of awareness, knowledge, beliefs and practices about CSA in Ijebu-Ode, Ogun State, with a view to obtaining baseline information for a proposed experiment in population education.

## Study Objectives

The first phase of the project, involving a community survey, was designed specifically to:

1. obtain relevant qualitative data for describing local perceptions and knowledge of CSA in the study community;
2. generate quantitative data for assessing current disposition towards CSA acts in the study community; and
3. highlight the intervention challenges evident from the baseline data.

## Methods

There were three major sources of data for this report, namely, in-depth interviews (IDIs), focus group discussions (FGDs) and survey questionnaire (SQ). Eight IDIs were conducted with market leaders (male/female), religious leaders (Muslim/Christian), school principals (male and female) and leaders of occupational groups (motor mechanics and hairdressers). The IDI respondents were key informants selected through earlier informal contacts. A total of 10 FGDs were held with different cohorts (male/female) of potential samples for the survey — adolescent apprentices, school adolescents, artisans, traders and unemployed youths — as prelude to SQ administration. Lastly, the SQ was administered on a total of 958 respondents in a community survey.

The accidental availability<sup>24</sup> sampling technique was adopted for obtaining samples in a community survey. This technique involved visits to major markets, motor mechanic sites, motor parks and streets in Ijebu-Ode to interview the respondents.\* Ten trained field assistants were involved in the exercise. The systematic random sampling technique, involving every fifth unit (shop, stalls, etc.), was used where there were several potential respondents at a sampling site.

The SQ respondents were 448 males and 510 females mostly engaged in non-elite occupations

(motor mechanics, drivers, hairdressers, hawkers, tailors, market women/men, etc.). About 61% of the respondents were married as at the time of the study. Also, 8.7% had no formal education, 52.4% had completed junior secondary schools/Modern III while 28.0% completed secondary education. The remaining 11.9% had different forms of post-secondary and tertiary education.

The IDI and FGD were aimed at obtaining qualitative information. Issues focused on revolved around socio-cultural dimensions of sexual initiation, sexual circumstances, sexual partnership, sexual abuse involvement, and nature of experience and prevalence in the community following Dixon-Mueller's *Linkages between Sexuality Gender framework and Reproductive Health*<sup>20</sup>. The SQ largely borrowed from the work of Steve Brown, as cited in Stewart et al,<sup>19</sup> and qualitative data from the IDI and FGD. Some statements related to CSA perception and knowledge were highlighted and respondents were to express their degree of agreement or disapproval. Information about possible personal experience was also to be teased out from the responses on items focusing on sexual experiences/acts.

## Findings and Discussion

Tables 1–4 present highlights of the quantitative data. As could be observed in Table 1, 28.3% and 38.2% of the male and female respondents, respectively, claimed to have been introduced to sex at 17 years or below. Majority of the respondents reportedly had their first sexual experience between 18 and 24 years (52.7% for male, 57.4% for female). As for sexual partnership, 39.2% of males claimed to have had their first sexual experience with girls below 18 years old, with 3.9% admitting that such 'partners' were below 10 years old. Only 4.9% of female respondents indicated that their first sexual partners were below 18 years. Chi-square analyses revealed that there are significant gender differences in sexual initiation experiences and partnership for male and female respondents at  $p < 0.01$ . Evidently, females tend to be more at risk of the damaging effects of abusive sexual initiation.

---

\* Ijebu-Ode, a growing commercial town, is the second largest urban centre in Ogun State, Nigeria. It is next to Abeokuta, the state capital.

Table 1 First Sexual Experience of Respondents by Gender

Age	First sexual experience (male)		First sexual experience (female)		First sexual partner (male)		First sexual partner (female)	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
≤10	11	2.7	4	0.9	15	3.9	–	–
11–17	114	28.3	176	38.2	158	39.2	23	4.9
18–24	212	52.7	265	57.4	193	47.8	182	39.5
25–29	50	12.4	11	2.4	35	8.6	171	37.2
30–34	12	2.9	5	1.1	2	0.5	65	14.10
35–39	4	1.0	–	–	–	–	14	3.0
40–44	–	–	–	–	–	–	3	0.7
≥45	–	–	–	–	–	–	3	0.7
Total	403	100	461	100	403	100	461	100

*Chi square = 48.0, p < 0.01* *Chi square = 282.72, p < 0.01*

Table 2 Reasons for First Sexual Experience by Gender

	Frequency	%	Frequency	%
Marriage	8	2.0	36	7.8
Boyfriend/girlfriend relationship	9	2.2	16	3.4
Rape, date rape	57	14.1	62	13.4
Incest	2	0.5	1	0.2
Film/video/photo (pornography)	9	2.2	4	0.9
For the fun of it	224	55.6	248	53.9
Can't remember	94	23.3	94	20.4
Total	403	100	461	100

$$\chi^2 = 19.59, p < 0.01$$

From Table 2, it could be inferred that majority of the respondents had their first sexual encounter for the fun of it. Apart from those who could not remember the reason for the encounter, the other

leading cause of sexual initiation was rape/date rape\* (14.1% for male, 13.4% for female). Marriage was next for females (7.8%) while boyfriend/girlfriend relationship (2.2%) and pornography (2.2%)

\* As conceived in the survey, rape/date rape, apart from the legalistic definition that implies the use of force leading to physical injury, includes deception or manipulation (e.g., of girlfriend) into having sexual intercourse through practices like drug use, alcoholism, use of charm, etc. (Some of these practices were mentioned at the IDI and FGD by male respondents as ways of "getting the girls", but not regarded as rape/date rape by them.)

were next for males. The response patterns were also found to differ across gender lines ( $p < 0.01$ ).

Irrespective of sex, nearly all the respondents condemned incest (Table 3). The next twin issues widely condemned by the respondents are rape and date rape. It is significant to note, however, that more females tended to condemn these CSA acts than males. Indeed, this trend permeates other CSA issues as highlighted in Table 3. Touching a girl's breast, but-

tocks, etc., as a form of 'play'<sup>11</sup>, for instance, was described as "totally wrong" by 90.6% of female as against 76.3% of male respondents. Male and female respondents actually differed on this item at  $p < 0.01$ . On the other hand, there seems to be no significant difference between male and female responses on "showing pornographic materials to adolescents", which was also fairly condemned by the respondents (55.1% male, 63.2% female).

*Table 3* Awareness/Knowledge of CSA Acts

		Totally wrong		Not too sure		Not sure		Tolerable		Normal		$\chi^2$	p
		M	F	M	F	M	F	M	F	M	F		
Showing pornographic materials to adolescents	Freq.	247	322	101	99	9	9	30	27	61	53	6.65	>0.05
	%	55.1	63.2	22.5	19.4	2.1	1.8	6.7	5.3	13.6	10.3		
Touching a girl's breast, buttocks, etc, as a form of 'play'	Freq.	342	462	50	20	11	4	25	9	20	15	38.03	<0.01
	%	76.3	90.6	11.2	3.9	2.4	0.8	5.6	1.8	4.5	2.9		
Keeping boy/girlfriend and having sex before the age of 18	Freq.	292	385	79	81	19	13	24	18	34	13	19.96	<0.01
	%	65.2	75.5	17.6	15.9	4.2	2.5	5.3	3.5	7.5	2.6		
Sex with your boy/girlfriend when he/she does not feel like	Freq.	323	403	48	57	25	13	33	21	19	16	12.60	<0.05
	%	72.1	79.0	10.7	11.2	5.6	2.5	7.4	4.1	4.2	3.1		
Punishing a stubborn girl with gang rape	Freq.	377	453	17	6	11	18	6	1	37	32	14.79	<0.01
	%	84.2	88.9	3.8	1.2	2.4	3.5	1.3	0.2	8.3	6.2		
Girls from poor home sleeping with older men for monetary and other gains	Freq.	292	372	76	76	22	14	24	26	34	22	10.3	<0.05
	%	65.2	73.0	16.9	14.9	4.9	2.7	5.4	5.1	7.6	4.3		
Father, stepfather, brother, having sex with daughter or sister out of likeness	Freq.	413	495	13	6	9	7	9	2	4	-	11.95	<0.05
	%	92.2	97.1	2.9	1.2	2.0	1.4	2.0	0.3	0.9	0		
Sex with houseboy/girl by master/mistress e.g, when looking for children	Freq.	274	395	93	63	22	22	28	12	31	18	32.88	<0.01
	%	61.2	77.4	20.8	12.4	4.9	4.3	6.2	2.3	6.9	3.5		
Playing with a boy's penis	Freq.	311	430	49	16	39	34	25	16	24	14	38.04	<0.01
	%	69.5	84.4	10.9	3.1	8.6	6.7	5.6	3	5.4	2.7		

A cursory look at Table 4 indicates that there may have been no much variations in male/female perceptions of certain stereotypes that have implications for sexual partnerships, sexual acts and child sexual abuse. For example, 22.1% of male and 22.0% of female respondents strongly agreed that "it is unacceptable for a male to be a virgin before marriage". Similarly, over one-fifth of male and female, respectively, strongly agreed that "boys earn their manhood through sexual conquest". More significantly, 60.5% of male and 56.1% of female respondents believed that "boys are sup-

posed to be sexual initiators". However, male and female respondents tended to differ on whether or not a girl means 'no' if she rejects a man's sexual advances ( $p < 0.01$ ). As much as 61.1% of males, as against 37.1% of females said a girl's 'no' means 'yes' in this respect. The implications of this mode of thinking for date rape, for instance, look quite obvious. On the whole, however, both male and female respondents tended to disapprove of certain CSA-related practices such as men's inability to control their sexual drives and girls' sexual involvement with much older men.

*Table 4* Perception of CSA Beliefs/Practices

		Strongly agree		Agree		Undecided		Disagree		Strongly Disagree		$\chi^2$	p
		M	F	M	F	M	F	M	F	M	F		
It is unacceptable for a male to be a virgin	Freq.	99	112	73	89	60	80	95	102	121	127	1.34	>0.05
	%	22.1	22.0	16.3	17.4	13.4	15.7	21.2	20.0	27.0	24.9		
Boys earn their manhood in sexual conquest	Freq.	95	112	103	108	71	84	93	118	86	88	1.66	>0.05
	%	21.2	22.0	23.0	21.2	15.8	16.5	20.8	23.1	19.2	17.3		
Boys are supposed to be sexual initiators	Freq.	151	160	120	126	56	83	58	79	63	62	5.05	>0.05
	%	33.7	31.4	26.8	24.7	12.5	16.3	12.9	15.5	14.1	12.2		
Girls like men/boys who take control when it comes to sex	Freq.	132	112	132	129	84	117	54	94	46	58	15.31	<0.01
	%	29.5	22.0	29.5	25.3	18.8	22.9	12.0	18.4	10.3	11.4		
Girls want sex as much as boys but they pretend when they say no	Freq.	183	113	91	76	33	113	104	120	37	88	81.77	<0.01
	%	40.8	22.2	20.3	14.9	7.4	22.2	33.3	23.5	8.3	17.3		
The penis has a mind of its own; once aroused it can't be controlled	Freq.	65	46	72	66	78	113	154	171	83	114	11.73	<0.05
	%	14.5	9.0	16	12.9	17.4	22.2	33.5	33.5	18.5	22.4		
A man needs many sexual partners to satisfy his sexual desires	Freq.	52	38	70	35	73	75	126	177	127	185	29.81	<0.01
	%	11.6	7.5	15.6	6.9	16.3	14.7	28.1	34.7	28.3	36.2		
Young girls are better handled by older men when it comes to sex	Freq.	47	41	58	55	80	90	138	169	125	155	3.65	>0.05
	%	10.5	8.0	12.9	10.8	17.9	17.6	30.8	33.1	27.9	30.4		

It was evident from the IDIs and FGDs that victims of CSA would hardly want to report their experience to the police or at the hospital because of social stigma. Many opined that no potential husband would marry a lady who was raped as an adolescent or a child. It was observed, for instance, that it is a thing of pride for a man to say "I once had sexual intercourse with a girl or woman but only a harlot would come out to say "I slept (voluntarily or otherwise) with a man or group of men in Yoruba culture" (*Adult female hairdresser*). Female respondents also expressed views like:

*Every man looks at a young lady/woman as if to rape her.* (FGD in-school female adolescent)

*Our society does not like anyone talking about sex openly, you are taken as a loose girl.* (FGD out-of-school female adolescent)

*Western civilisation has robbed us of the belief in virginity.* (IDI female market leader)

On why men often initiate sex sometimes to the displeasure of women/girls, some of the respondents said:

*It is abnormal for a woman to invite a man/boy for sex because the male is supposed to make the first move.* (FGD out-of-school female adolescent)

*It is only loose girls/women and prostitutes that do not first say 'no' to men's attempt to have affairs with them.* (FGD in-school male adolescent)

*Men think women/girls only pretend when they say 'no' to sex.* (FGD out-of school male adolescent)

Among the factors identified by respondents during the IDIs and FGDs as facilitating CSA in the community are peer influence, economic difficulties (e.g, hawking to support family income), idleness, and parental neglect or carelessness. Others include crowded living environment, exposure to pornographic materials, ignorance about human sexuality, lack of moral instruction and "provocative dressing".

Majority of the respondents tended to be very pessimistic about what action was required. For instance, some said:

*It would take God's intervention to stop CSA.* (Female market leader)

*The 'untouchables' in our society would make human efforts at intervention to stop CSA impossible.* (IDI male religious leader)

*The Police would disappoint and frustrate this good initiative.* (IDI male auto technician)

## Challenges for Intervention

Evidence from this study agrees with some earlier reports that girls are the most vulnerable victims (survivors) of child sexual abuse (CSA) in Nigeria. Therefore, the first intervention challenge for the project is evolving innovative methods of getting this vulnerable group protected. This requires reaching out to parents/guardians, community leaders, school administrators, occupational groups and significant others. The focus of such intervention initiative would be on how to identify and prevent situations that facilitate CSA at various units of the society. The use of peer educators to reach youths and adults alike may help in achieving this objective.

Another major challenge of this report is to address certain stereotypes about sexual relationship in the study community. These include those beliefs that define the sexual life and rights of the female gender as appendages to males. For instance, it is pretty difficult to curb incidents of adolescent rape and date rape where majority of the people thinks a girl means "yes" when she says "no" to men's sexual advances. Public information and education may therefore be required to create new consciousness about a lady's "no" being "no".

A closely related challenge for intervention here is getting the people to talk about sexual matters in ways that could promote children's reproductive health. Traditionally, sex-related issues are not discussed openly in Yoruba communities. The sampled respondents' pessimism about CSA prevention and control may not be unconnected with "secrecy" surrounding sexual matters, particularly in the study community.

Intervention activities should ultimately lead to empowering children, particularly girls, to be able to report their experiences of CSA. Necessary treatment and rehabilitation protocol should however be put in place to erase the social stigma that may possibly result from reported cases. Collaboration with existing government agencies (welfare units, Ministry of Women Affairs, etc.) as well as non-governmental organisations (NGOs) may help in this direction. Reporting CSA experiences for possible prosecution would, at least, open up ave-



nucs for thinking, talking and acting about an issue that endangers the reproductive health and rights of tomorrow's adults.

## REFERENCES

1. United Nations. Population and Development: Programme of Action adopted at the International Conference on Population and Development, Cairo, 5–13 September 1994. ST/ESA/SER A/149, New York, 1995.
2. Population Reference Bureau. *The World's Youth*, Washington, 1996.
3. Heise L, Moore K and Toubia N. *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: The Population Council, 1995.
4. Purewal J. Sexual violence and the girl child. *Social Change: Iss and Perp*, 1995; 25 (2,3): 154–160.
5. Okunade AO. Sexual exploitation of children in Nigeria: a hidden aspect of child abuse. *Nig J Nur St* 1998; 1 (1): 21–27.
6. Adedoyin MA and Adegoke AA. Teenage prostitution child abuse: a survey of the Ilorin situation. *Afr. J Med Sc* 1995; 24 (1): 27–31.
7. Olusanya O, Ogbemi S, Unuigbo J and Oronsaye A. The pattern of rape in Benin City, Nigeria. *Trop Geog Med* 1986; 38 (3).
8. Omorodion FI. Child sexual abuse in Benin City, Edo State, Nigeria: a sociological analysis. *Iss in Compr Ped Nur* 1994; 17 (1): 29–36.
9. Omorodion FI and Olusanya O. The social context of reported rape in Benin city, Nigeria. *Afr. J Rep Health* 1998; 2 (2): 37–43.
10. Muntarbhorn V. *Sexual exploitation of children*. Human Rights Study Series 8, 1996 Geneva: United Nations, Centre for Human Rights.
11. Focus on Young Adults. Washington, USA, 1998.
12. Ebigbo P. The problems of child abuse and neglect in Nigeria and strategies for overcoming them. In: Aminu LS and Olikoshi (Eds.). *The Nigerian Child: Now and in the Future*. Lagos: FMHHS/UNICEF, 1990, pp. 74–102.
13. Okunde AO. Sexual molestation of children in Nigeria: a hidden and neglected aspect of child abuse. A paper presented at the Child Sexual Abuse Project's Dissemination Round Table, Gateway Hotel, Abeokuta, 7–8 December 1998.
14. Stewart S, et al. Consequences of sexual abuse of adolescents. *Rep Health Mat* 1996; 7: 129–134.
15. Dixon-Mueller R. The sexuality connection in reproductive health. In: Zeidenstein S and Moore K (Eds.). *Learning About Sexuality: A practical Beginning*. New York: The Population Council, 1996, pp. 137–157.
16. McMillen C, Zuravin S and Rideout G. Perceived benefit from child sexual abuse. *J Cons Cli Psy* 1995; 63 (6): 1037–1043.
17. Udegbe BI and Omololu OO. Adolescence and sexual violence in a Nigerian urban environment. In: Albert IO, et al (Eds.). *Urban Management and Urban Violence in Africa*. Ibadan: IFRA, 1994, pp. 335–342.
18. Cook RJ. International human rights and women's reproductive health. *Stud in Fam Plan* 1993; 24 (2): 73–86.
19. Hempel M. Reproductive health and right: origins of and challenges to the ICPD Agenda. *Health Trans Rev* 1996; 6 (1): 73–85.
20. Orubuloye IO, Caldwell JC and Caldwell P. Men's sexual behaviour in rural and urban southwest Nigeria: its cultural, social and attitudinal context. *Health Trans Rev* 1997; Supp. 7:315–328.
21. Akinloye O. Research methods in social sciences. In: Otite O (Ed.). *Sociology: Theory and Applied*. Lagos: Malthouse Press Ltd., 1994, pp. 23–37.
22. Orubuloye IO, Caldwell JC and Caldwell P. The cultural, social and attitudinal context of male sexual behaviour in urban Southwest Nigeria. *Health Trans Rev* 1995; 5 (2): 207–222.