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Impact of parental sex education on child sexual abuse among adolescents

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Abstract: *Background:* Parental sex education of children is an often overlooked issue in pediatrics, especially in our society where talking about issues concerning sex is regarded as a taboo.

Objectives: The objective of this study is to determine the impact of sex education on child sexual abuse among adolescents attending secondary schools in south east Nigeria.

Methods: This is a cross-sectional study that was carried out among children in three secondary schools in Enugu and Ebonyi states of Nigeria. Five hundred and six adolescents who met inclusion criteria were consecutively recruited into our prospective study between June and October, 2014.

Results: Eighty (80%) of respondents were educated by parents on sex abuse. Of those educated majority was by mother (46.2%) and both parents (45.2%). Most

(72.1%) were not informed that family members or family friends can abuse children and 73.8% were not told to inform adults if it happens to them. A lower proportion (37.9%) of those educated by parents at home was abused. Those educated by parents were 1.23 times less likely to be abused than those not educated. There was significant difference in sex abuse between males and females ($p=0.014$) while there were no significant difference for age ($p=0.157$) and social class ($p=0.233$).

Conclusion: Children educated by parents on sexual abuse were less likely to be sexually abused than those not educated. There is no link between socioeconomic class and child sexual abuse among adolescents.

Key words: Parental sex education; adolescents; Nigeria

Introduction

Adolescence is a stage of development described as a phase of life beginning in biology and ending in society¹. This period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well². Child sexual abuse among adolescents is a developmental stressor that can have profound, long-term physiologic and psychosocial effects³. It has been associated with a variety of health-compromising behavior and health problems, often considered attempts to cope with the trauma engendered by the abuse⁴.

Notably, there exists a relationship between the educational level of parents, sex education and child sexual abuse among adolescents⁵. It is noted that female adolescents whose parents were college graduates were less

likely to report recent sexual activity than females whose parents did not complete high school⁵. Also, adolescents (male and female) whose parents were college graduates were less likely to have had sexual intercourse than their counterparts whose parents did not complete high school⁵. Training parents to teach proper names for genitals and other reproductive organs to their children can help to increase youths' empowerment to resist child sexual abuse or disclose it to trusted adults⁵. It can also reduce shame, stigma, and self-blame for youth who have experienced sexual abuse⁶. Educating children can increase family communication about child sexual abuse and strengthen communication between groups of parents in a community^{6,7}.

This study is aimed at determining the impact of sex education on child sexual abuse among adolescents. Evaluation of impact of sex education on child sexual abuse among adolescents is under reported in pediatrics

practice and its importance cannot be downplayed. Much has not been done on this subject in Nigeria in particular and Africa in general. This study will, therefore, help to determine if there is a difference in existing studies from the present study

Methods

Study design

This is a cross-sectional study that assesses the impact of sex education on child sexual abuse among adolescents attending secondary schools in Enugu and Ebonyi states, south east Nigeria.

Study area

The study was carried out among children in three secondary schools in Enugu and Ebonyi states of Nigeria.

Study population

Five hundred and six adolescents who met inclusion criteria were consecutively recruited into our prospective study between June and October, 2014.

Three schools were selected in Enugu and Abakaliki metropolis of Enugu and Ebonyi states, through simple random sampling method. They were all mixed schools.

Study Procedure

A structured self-administered questionnaire was used to collect information from the adolescents who attend the selected secondary schools. We used the child sexual abuse questionnaire. Adolescents who signed consent and who understood the questionnaire thoroughly were included in this study while adolescents without consent were excluded.

Each family was assigned a socioeconomic class using a recommended method, modified by Oyedeji¹³.

Ethics Statement

This was obtained from the ministry of education and head of the school authorities and government owned institution where this work was carried out.

Consent

Informed consent was sought from school teachers, parents/caregivers of potential subjects, including older students in secondary schools, before enrolling them into the study.

Case Selection

Subjects who fulfilled the inclusion criteria were consecutively enrolled into the study.

Data Analysis

Data was analyzed using the SPSS statistical package, version 17. The chi-square statistical test and T-test were used for categorical and continuous variables, respectively. Data presentation was in tables.

Results

Table 1: shows that majority of respondents, 364 (> 70%), were aged 15-19; 236 (about 47%), were of lower socio economic class, while there was equal sex distribution. Table 2 shows that about 80% of respondents were educated by parents on sex abuse. Of those educated majority was by mother (46.2%) and both parents (45.2%). Most (72.1%) were not informed that family members or family friends can abuse children and 73.8% were not told to inform adults if it happens to them.

Table 1: socio-demographics of respondents

Variables	Frequency (n=506)	Percent(100)
<i>Age (Years)</i>		
10-14	132	26.09
15-19	364	71.94
20-24	10	1.98
<i>Sex</i>		
Female	267	52.77
Male	239	47.23
<i>Social class</i>		
Upper class	170	33.40
Middle class	100	19.76
Lower class	236	46.64

Table 2: Information by parents on sexual abuse

Variables	Frequency n=506	Percent
Ever educated about sex abuse by your parents		
Yes	409	80.8
No	97	19.2
Which parent n=409		
Father only	35	8.6
Mother only	189	46.2
Both	185	45.2
Ever explained by your parents that children may be sexually abused by family friends or family members		
Yes	78	19.1
No	295	72.1
I don't remember	36	8.8
Ever informed by your parents to let an adult know if it happened to you		
Yes	80	19.6
No	302	73.8
I don't remember	27	6.6

Table 3 showed that lower proportion (37.9%) of those educated by parents at home was abused. Those educated by parents were 1.23 times less likely to be abused than those not educated. When adolescents were asked to narrate their feelings after being sexually

abused, 44.2% felt threatened or in danger, 42.2% unable to say no out of embarrassment or shame and 26.6% had associated physical abuse. Table 4

Table 4: Shows the association between socio-demographic variables, sex abuse experience and regression on socio-demographic variable and sex abuse experience. There was significant difference in sex abuse between males and females ($p=0.014$) while there were no significant difference for age ($p=0.157$) and social class ($p=0.233$). It also shows that those aged 15-19 were 1.33 times and those aged 20-24 years 1.04 times less likely to be abused. Females were 1.53 times more likely to be abused than males. Those from middle-lower class were 1.09 and 1.14 times more likely to be abused than higher class

Table 3: Association and regression between parent sex education on sex abuse experience

	Abused	Not abused	Test Statistics ₂	p value
Ever educated about sex abuse by your parents				
No	44 (45.4)	53 (54.6)	1.830	0.176
Yes	155 (37.9)	254 (62.1)		
			95% C.I. for OR	
Variable	OR	Sig.	Lower	Upper
Ever educated about sex abuse by your parents				
No				
Yes	0.813	0.377	0.514	1.287

Table 4: Feelings during sexual abuse

Variables	n=199	
	Yes	No
	n(%)	n(%)
Threatened or in danger	88(44.2)	111(55.8)
Unable to say no out of embarrassment/shame/fear	84(42.2)	115(57.7)
Forced to go along for other reasons	70(35.2)	129(64.8)
Neither forced nor threatened	51(25.6)	148(74.4)
Any physical abuse	53(26.6)	146(73.4)
Tried to avoid the situation/s e.g refusing to go along, running away	85(42.7)	114(57.3)

Table 5: Regression on socio-demographic variable and sex abuse experience

Socio-demographic variable	OR	Sig.	95% C.I. for OR	
			Lower	Upper
Age				
10-14				
15-19	0.755	0.680	0.199	2.868
20-24	0.962	0.954	0.263	3.521
Sex				
Female	1.525	0.028	1.046	2.224
Male				
Social class				
Upper class				
Middle class	1.092	0.684	0.714	1.671
Lower class	1.140	0.601	0.697	1.866

Discussion

We noted from this study that children educated by parents on sexual abuse were less likely to be sexually abused than those not educated.

Recent research has suggested that disapproving parental attitudes and sex education toward early sexual activity were significantly correlated with delayed sexual exposure and abuse. It is noted that while disapproving parents communicate their disapproval of risky sexual behavior, a permissive parent acts "in a non-punitive, acceptant, and affirmative manner towards it"^{8,9}.

It is reported that very few children receive adequate preparation for a safe and satisfying adult sexual life. Open discussion of sexual matters with parents is usually absent at the very time when it is most needed. It is regarded a taboo to discuss issues about sex in our society. This, in turn, is compounded by the pervasive, confusing and conflicting (and predominantly negative) messages received by children about sexuality and gender¹⁰. Mothers will tell their female children that if any man touches their breasts they will become pregnant. These children, with unfettered access to the internet are getting wiser, though, negatively, and, therefore, should be guided.

We observed from this study that mothers educated their children on matters concerning sexual abuse more than the fathers. In one study, mothers are more likely to have detailed discussions with their children about sexual development and contraception. In Africa in general and Nigeria in particular, sex education is seen as a taboo and something too sacred to be discussed with children thus making the children vulnerable when faced with issues that affects their sexuality¹¹. Sex education should be carried out by experienced teachers, who themselves have exhibited high moral standards. The first teacher in this case should be the parent, especially mothers¹². These days it is a well known fact that children find out more about sex on their own. This is because they are more responsive to outside instructors¹². Parents must create an enabling environment to make the children learn effectively on this issue.

When we asked the adolescents to narrate their feelings after being sexually abused despite receiving adequate sex education; a good number of them felt threatened, in danger and are unable to say no out of embarrassment or shame. It was reported that child sexual abuse makes the adolescents feel betraying their parents, feel powerlessness, losses control, emotionally numb, ashamed and guilty¹³.

It is pertinent to note that parents especially mothers should empathize with their sexually abused children and give them a listening ear.

We noted no correlation between social class, age and sexual abuse in adolescents. This is in tandem with a reportage on a cross sectional study of six countries where no associations with demographic characteristics was noted¹⁴. This is also supported by other studies done in different areas with different methodologies^{15,16}.

Conclusion

Children educated by parents on sexual abuse were less likely to be sexually abused than those not educated, though it is not statistically significant. There is no link between socioeconomic class, age and child sexual abuse among adolescents

Authors' contributions

Dr. JMC and PCM had primary responsibility for protocol development, patient screening, enrolment, outcome assessment, preliminary data analysis, and writing of the manuscript. Dr. PCM, JMC, and EA also supervised the design and execution of the study, and performed the final data analyses.

Conflict of interests: None

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