



### Causes, Spectrum and Effects of Surgical Child Abuse and Neglect in a Nigerian City

*Causes, effets de spectre et chirurgicales Child Abuse and Neglect, dans une ville du Nigeria*

O. D. Osifo\*, O. R. Oku

#### ABSTRACT

**BACKGROUND:** Children are dependent on parents/care givers for the quality of health care services received and in developing countries, where they are not protected against child abuse; many die as a result of denial of appropriate treatment.

**OBJECTIVE:** The objective of this study was to determine the causes, spectrum and effects of abuse/neglect on surgical children.

**METHODS:** Analysis of cases of surgical child abuse/neglect between January, 1998 and December, 2007 at the University of Benin Teaching Hospital, Benin City, Nigeria, was done.

**RESULTS:** A total of 281 children aged two days and 12 years comprising 113 males and 168 females with male/female ratio 1:1.4, mainly with congenital malformation, suffered surgical child abuse/neglect ranging from delayed presentation, to child abandonment which was perpetuated by ignorance, poverty, superstitious beliefs, customs as well as non availability of free medical services for children. Counselling and home visits in addition to surgeries were done and 198 (70.5%) children were successfully treated with those abandoned happily reunited with their families, while 56 (19.9%) mortality was recorded due to complications of the primary surgical pathology, and this was statistically significant compared with other children with similar lesions but without abuse or neglect during the period ( $P=0.0102$ ). Whereas 27 (9.6%) among those discharged against medical advice were lost to follow-up, of the 198 children that survived, 22 suffered psychological trauma and were co-managed with psychologists while seven were transferred to orphanage homes.

**CONCLUSION:** Surgical child abuse/neglect is rampant, hence, it is hoped that these findings will influence policy makers in this sub-region to formulate policies that will protect children against this form of child abuse. *WAJM* 2009; 28(5): 313–317.

Keywords: Surgical Child Abuse, Neglect, Nigeria.

#### RÉSUMÉ

**CONTEXTE:** Les enfants sont dépendants des parents / fournisseurs de soins pour la qualité des soins de santé reçus et dans les pays en développement, où ils ne sont pas protégés contre la maltraitance des enfants; mourir beaucoup comme une suite du refus d'un traitement approprié.

**OBJECTIF:** L'objectif de cette étude était de déterminer les causes, le spectre et les effets de l'abus ou de négligence sur les enfants chirurgicale.

**MÉTHODES:** Analyse de cas de maltraitance d'enfants chirurgicales / négligence entre Janvier 1998 et Décembre 2007 à l'Université du Bénin à l'hôpital universitaire, la ville de Bénin, Nigéria, a été fait.

**RÉSULTATS:** Un total de 281 enfants âgés de deux jours à 12 ans comprenant 113 hommes et 168 femmes ayant des taux de masculinité 1:1.4, principalement avec des malformations congénitales, chirurgicales des enfants victimes d'abus ou de négligence allant de la présentation tardive, à l'abandon des enfants qui s'est perpétué par l'ignorance, la pauvreté, les croyances superstitieuses, les coutumes ainsi que la non disponibilité de services médicaux gratuits pour les enfants. Counselling et les visites à domicile en plus de chirurgies ont été effectuées et 198 (70,5%) enfants ont été traités avec succès par ceux qui sont abandonnés heureusement réunis avec leurs familles, tandis que 56 (19,9%) la mortalité a été enregistrée suite à des complications de la pathologie chirurgicale primaire, et ce fut statistiquement significative par rapport aux autres enfants avec des lésions similaires, mais sans abus ou de négligence au cours de la période ( $P = 0,0102$ ). Tandis que 27 (9,6%) parmi les personnes rejetées contre avis médical ont été perdus au suivi, des 198 enfants qui ont survécu, 22 a subi un traumatisme psychologique et ont été co-géré avec des psychologues, tandis que sept ont été transférés à l'orphelinat foyers.

**CONCLUSION:** Surgical sévices ou de délaissement est rampante, par conséquent, il est à espérer que ces conclusions seront influencer les décideurs dans cette sous-région à formuler des politiques qui protègent les enfants contre cette forme de maltraitance des enfants. *WAJM* 2009; 28 (5): 313–317.

**Mots-clés:** l'Enfance maltraitée Chirurgicale, à la négligence, au le Nigeria.

## INTRODUCTION

Children are dependent on adults and as such medical treatment, especially which involves carrying out surgical procedure on them, requires the informed consent of parents or caregivers. This is because children are considered to be too young to carry out accurate assessment of their situation to enable them take the right decision. Therefore, they are completely reliant on the parents and caregivers for the quality of health care services received, particularly in developing countries.<sup>1,2</sup> Unlike what obtains in developed countries, government policies in many developing countries including Nigeria do not protect children against several forms of child abuse<sup>3-5</sup>. Many children have fallen victims because they were left at the mercy of their parents or caregivers. A spectrum of surgical child abuse/neglect, ranging from parents/caregivers refusal to give informed consent for surgery, to complete abandonment of surgical child are rampant in many health facilities.

Earlier researchers<sup>6-8</sup> reported various forms of child abuse in Africa but failure to seek appropriate medical attention for sick children especially those with surgical pathology have received little or no attention even though this is one of the leading causes of infant and child mortality.<sup>9-12</sup> This study became timely and was designed to determine why in the last ten years some parents/caregivers perpetrated this abuse or neglect against children with surgical pathology, the range of the abuse and its effect on the outcome of management of affected children in a tertiary hospital. The aim is to generate results that may influence policy makers in this subregion so as to enable them formulate policies that will protect children, particularly those with surgical pathology against this form of child abuse and neglect.

## SUBJECTS, MATERIALS, AND METHODS

Analysis of cases of surgical child abuse/neglect between January, 1998 and December, 2007 at the University of Benin Teaching Hospital, Benin City, Nigeria was carried out. During the period, cases of child abuse or neglect were registered

with the social workers department of the hospital for follow-up. The case files of such children were retrieved from both the medical records and social worker's records and analyzed. Data collected were age, sex, primary surgical pathology and the parents/caregivers of the children. Also, the socioeconomic status of parents/caregivers, their level of education, types and reasons for surgical child abuse/neglect as well as their effects on management and outcome on the children were noted. Clinical photographs of some of the affected children collected from the social workers' department were also analyzed. Three children on whom sufficient data were not available were excluded from the study.

**Statistical Analysis:** The data obtained were analyzed using SPSS and presented as count, frequency and percentage.

Continuous data were expressed as mean/standard deviation while categorical data were analyzed using Chi-square test and where necessary p-values less than 0.05 and greater than 0.05 were regarded as significant and non-significant respectively.

## RESULTS

During the period, a total of 284 children were registered as cases of surgical child abuse/neglect but sufficient data were collected on 281 children aged between two days and 12 years comprising 113 males and 168 females with male/female ratio 1:1.4. This was an average of 28 children registered per year for surgical child abuse/neglect. Of the children, 203 (72.2%) were under the care of their parents while 78 (27.8%) were with caregivers. Children with congenital malformation accounted for

**Table 1: Spectrum of surgical child abuse/neglect**

Variable	Number of Children(%)
Delayed presentation	80(28.5)
Refusal to sign informed consent	62(22.1)
Discharge against medical advice	45(16.1)
Mother/child abandoned	36(12.8)
Masterly inactivity	28(10.0)
Refusal to pay for surgery	16(5.7)
Child abandoned by parents/caregivers	14(5.0)
<b>Total</b>	<b>281(100.0)</b>

*Spectrum of surgical child abuse/neglect among the children (n=281) during the ten years at the University of Benin Teaching Hospital, Nigeria*

**Table 2: Common reasons for surgical child abuse/neglect**

Variable	Frequency N(%)
Children are too young to undergo operation	154(54.8)
The gods must be appeased before a child is operated	148(52.7)
Children with surgical pathology cannot survive	129(45.9)
Financial constraints	113(40.2)
Already have too many children to care for	101(36.0)
Children with congenital malformations are evil	86(30.6)
Children with congenital malformations are punishment from the gods	81(28.8)
The mother of the child is a witch and gave birth to one of her kind	74(26.3)
More malformed children will be born if this one is treated	72(25.6)
Guilt feelings for giving birth to a malformed child	71(25.3)
Siblings will contact surgical pathology from the victim	29(10.3)
Strong attachment to the child	27(9.6)
Child's pathology used as continuous means of alms collection	14(5.0)

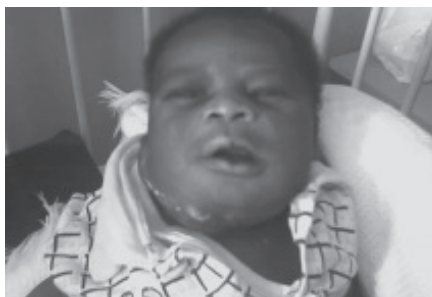
*Relative frequency of each reason for surgical child abuse/neglect among the children (n=281) during the ten years at the University of Benin Teaching Hospital, Nigeria.*



**Figure 1:** A three-day-old female neonate with gastroschisis from a traditional maternity home. She was abandoned in the unit. She died from overwhelming sepsis during resuscitation. Note gangrene of the whole bowels.



**Figure 2:** A 2-month-old male baby with cystic hygroma hidden at home for two months by the mother due to guilt feeling for giving birth to a monster. He had excision and did well.



**Figure 3:** Same Baby in 2, a month after operation during follow-up at the surgical outpatient clinic.



**Figure 4:** A five-year-old boy with neglected right non-communicating hydrocele diagnosed at birth.

234 (83.3%) cases, surgical oncology 37 (13.2%) and other surgical pathologies 10 (3.5%). The primary surgical diseases ranged from minor benign lesions such as polydactyle and hernia to severe life threatening lesions such as gastroschisis and imperforate anus. Majority of the congenital anomalies were obvious at birth but medical attention was not sought until late childhood in some cases. As shown in Table 1, the children suffered surgical child abuse/neglect which was a spectrum of delay in seeking medical treatment 80 (28.5%) to complete abandonment by parents/caregivers 14 (5.0%), (Figure 1). There was no significant difference observed when abuse/neglect suffered were compared between children under the care of their parents and caregivers ( $P=0.6341$ ).

Many reasons were recorded as the causes of surgical child abuse/neglect with multiples of them in majority affecting children (Table 2). Ignorance, superstitious beliefs, customs and poverty played significant and contributory roles in perpetuating these acts. Parents/caregivers who believed children were too young to be operated as recorded in 154 (54.8%) cases presented late but, cooperated after counselling and seeing of children who had been operated without dangerous sequel. Some parents delayed signing informed consent due to strong attachment to an only child as noted in 29 (10.3%) cases, while others 71 (25.3%) delayed in presenting because of guilt feelings for giving birth to a child with deformity (Figures 2a and 2b). These groups also responded to counselling positively. On the other hand, victims of financial constraint recorded in many cases particularly among low socioeconomic rural dwellers that also had many children in the family to care for, suffered delayed presentation, discharge against medical advice and masterly inactivity. A few in this group had their pathologies used as means of collecting money for the family from unsuspecting sympathizers (Figure 3). Parents/caregivers 14 (5.0%), involved in this were difficult to handle because they used various antics to evade bringing the children for surgery. Many were either reluctant to sign informed consent or refused to pay for surgery even when money was available.



**Figure 5:** A 12-year-old girl under the care of a caregiver who presented with extensive cutaneous tuberculosis (scrofuloderma) diagnosed six years before presentation. She was accused of witchcraft and denied treatment. Histological specimen confirmed the diagnosis and she responded rapidly to treatment.

Ridiculous beliefs that children with congenital malformation are punishment from the gods, evil, the mother is a witch that has given birth to one of her kind and that more malformed children will be born if the victim is treated, were very common and strong reasons for abuse. Traditional doctors, pastors and prophets who are abundant in many African cities perpetuated these beliefs. Majority of the low and middle socioeconomic classes in this series patronize and believe them strongly. Children with congenital malformation, especially those whose lesions were obvious at birth and those who were being taken care of by caregivers; helpless women and those too weak in the society to defend themselves were accused of witchcraft and the cause of the surgical pathology (Figure 4). As a result, parents/caregivers were remotely influenced to abandon both mother and child or only the child; discharge him/her against medical advice or deny him/her treatment by masterly inactivity. Counselling by nurses, doctors and social worker staffs who in addition paid home visits and rehabilitation of affected children was combined with surgical management. On the whole, 198 (70.5%) children were successfully treated and

those abandoned were happily reunited with their families. Fifty-six (19.9%) mortality was recorded due to complications of the primary surgical pathology, which was statistically significant when compared with other children with similar lesions ( $P=0.0102$ ) during the period. Whereas 27(9.6%) mainly among those who were discharged against medical advice were lost to follow-up, of the 198 children that survived, 22 suffered psychological trauma and were co-managed with psychologists; seven did not go back to the caregivers and had to be rehabilitated at orphanage homes.

## DISCUSSION

This study showed that in the last decade, surgical child abuse/neglect was rampant in this sub-region with an average of 28 cases registered per year. Despite international and local efforts at eradicating child abuse; customs, superstitious beliefs, ignorance and poverty played major roles in its perpetuation as also reported by earlier researchers.<sup>1,2,13-15</sup> Although there was no significant difference observed when abuse and neglect suffered was compared between children under the care of their parents and caregivers ( $P=0.6341$ ), the higher numbers of female children affected (male/female ratio 1:1.4) was a reflection of traditional African cultural practice that preferred male to female children. Therefore, for every male child that suffered surgical child abuse or neglect, approximately two female children did and this was similar to other forms of child abuse earlier reported<sup>8</sup>. Children with congenital malformation, especially those obvious to non medical personnel at birth, were mainly maltreated because of the archaic traditional belief that children born with malformation were taboos and were usually thrown to the 'evil forest' before the advent of western civilization.<sup>13,16,17</sup> This belief, though outdated, remotely influenced the attitudes of parents/caregivers as shown in this study. As a result, 56 (19.9%) mortality was recorded among the children who suffered one or more of the spectrum of surgical child abuse/neglect due to irreversible complications of the primary surgical pathology; which was

statistically significant compared with other children who were not abused or neglected, and this agrees with previous reports.<sup>9-12</sup>

In addition, the effect of poverty which is prevalent in developing countries was obvious as 40.2% parents/caregivers gave this as a cause for surgical child abuse and neglect. This is fallout from the economic recession and inadequate government policy that makes it compulsory for all children to pay hospital bills irrespective of the disease and financial background. Therefore, parents/caregivers with many children to care for were major culprit of all grades of this abuse/neglect as also reported by other authors.<sup>18-21</sup> Hence many painfully watched their child died or used the child's surgical pathology as a means of collecting fund to sustain the large family. Moreover, children cared for by foster parents and unrelated caregivers; helpless women and men too weak in the society to defend themselves against maltreatment were often accused of witchcraft<sup>22</sup> and held responsible for the surgical pathology. Traditional doctors, pastors and prophets perpetuate this practice with resultant surgical child abandonment in many African countries especially among illiterate low socio-economic rural dwellers. Many children were denied treatment or abandoned in the hospital with or without their mothers on account of this, despite international attention earlier drawn to this in a report by McVeigh<sup>22</sup> in *The Observer*.

Similar to earlier reports in developed countries,<sup>23,24</sup> it is of note however that a large proportion of parents delayed signing informed consent due to strong attachment to an only child, recorded in 29 (10.3%) in this series. This was because they needed to be assured of their children's safety, while others 71 (25.3%) delayed in presenting because of guilt feelings for giving birth to a child with deformity. The importance of counselling cannot be overemphasized because these categories of parents cooperated and signed the informed consent; haven been adequately counselled by the nurses, doctors and especially the social workers. Moreover, majority of the parents, except the 27 (9.6%) who discharged the children

against medical advice and were lost to follow-up, cooperated after counselling as previous researchers also noted<sup>1,2</sup>. The social workers' department efforts at organizing counselling sessions and home visits for every case of registered child abuse were rewarded when many fathers who abandoned their wives with the babies were reunited and many abandoned children rehabilitated. These parents/caregivers became cooperative and participated in nursing the children<sup>25</sup>, although mortality was high due to irreversible complications of the neglected primary surgical pathology.

## Conclusion

The incidence of surgical child abuse/neglect was very high during the last decade in this sub-region. Poverty, ignorance, superstitious beliefs, custom as well as inadequate government policies protecting children against child abuse were perpetuating factors. A spectrum of surgical child abuse/neglect ranging from deliberate delay in seeking medical attention to complete abandonment of the affected children were recorded. As a result, mortality recorded was statistically significant when compared with children with similar pathology who did not suffer child abuse or neglect during the same period. The important role played by well timed counselling and home visits in salvaging many affected children cannot be overemphasized. It is suggested, therefore, that individuals, private, government as well as international agencies take interest in public enlightenment campaign aimed at protecting children especially those with surgical pathology against this vice. Hopefully, findings from this study should also influence policy makers in this sub-region to formulate policies that will protect children against this form of child abuse and make free medical services available to them.

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