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Occurrence of childhood sexual abuse among undergraduates in Port Harcourt, Rivers State

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Abstract

Childhood Sexual Abuse (CSA) is a global public health and human rights problem that calls for great concern and attention. This study aimed to assess the occurrence of childhood sexual abuse and patterns of childhood sexual abuse among 400 undergraduates of the University of Port Harcourt. Using a descriptive cross-sectional study design, a semi-structured and self-administered questionnaire was used for this study and administered to 400 students. A multistage sampling method was employed to obtain data from respondents. The data obtained were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22, with a p-value of <0.05 regarded as significant. Associations between categorical variables were tested using the Chi-square test of significance and Fisher's exact test. Out of the 400 undergraduates, 105 (26.2%) had experienced CSA. A much greater proportion of the students who were sexually abused at childhood were females (67, 63.8%) than males (38, 36.2%). This study confirms the existence of CSA among undergraduates.

Keywords: Childhood; Sexual Abuse; Health Risk Behavior; Undergraduates; Victims; Caregivers

1. Introduction

Child abuse is well known as a serious public health problem not just in Africa, but also all over the world, and its definition varies among professionals, social and cultural groups [1][2]. However, there is a scarcity of data on child abuse from most African countries. Globally, more than 300 million children experience sexual abuse [3] Also, close to 300 million (i.e. 3 in 4) children aged 2 to 4 worldwide experience violent discipline by their caregivers frequently while an estimate of 250 million (around 6 in 10) are being punished by physical means [4]. Interestingly, child abuse was recognized as a social problem in Nigeria not too long ago [5] It is defined by the World Health Organisation (WHO) as involving all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to a child's health, development or dignity in the context of a relationship of responsibility, trust or power[6] [7]

Furthermore, child abuse has been distinguished by the WHO into four categories: physical abuse, sexual abuse, emotional or psychological abuse, and neglect [8]. Burton & Ward [9], in South Africa carried out a study and found that amongst children between 15 to 17 years, 34% were physically abused, 16% were emotionally abused, and 20% were sexually abused. Globally, it was estimated that up to 1 billion children aged 2–17 years have experienced physical, sexual, or emotional abuse or neglect in the past year [10]. According to some UNICEF estimates from 2014, sexual abuse affected over 120 million children, representing the highest number of victims.

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Additionally, the different forms of child abuse are likely to result in adverse physical effects, and child-development problems [11], and psychological effects like subsequent ill health, high-risk health behaviors, and shortened lifespan [12]. However, out of all the different forms of child abuse, child sexual abuse causes more harm to a child's development than the other forms of child abuse [13]. Hence, according to the WHO definition, child sexual abuse (CSA) is the involvement of a child in sexual activity that he or she does not fully understand and is unable to give informed consent to [14]. Furthermore, CSA involves forceful or manipulative sexual activity with inappropriate sexual solicitation [15] and it involves any behavior by an adult towards a child to stimulate either the adult or the child sexually [16].

CSA is classified into touching sexual offences, non-touching sexual offences, and sexual exploitation. Touching sexual offences include fondling; making a child touch an adult's sexual organs and slight or complete penetration of a child's vagina or anus either with a penis or any object that doesn't have a valid medical purpose [17]. [18] [19]. [20]. [21]. Non-touching sexual offenses involve deliberately exposing children to pornographic material, to an act of sexual intercourse, and to masturbating in the presence of a child [18].[20]. [21]. Sexual exploitation, on the other hand, involves the use of a child for prostitution, film, photography or model pornography [18].[20]. [21]. Children may be sexually abused by both adults and other children who are in a position of responsibility, trust, or power over the child victim [17].[14] [19]

Tukur *et al*., [22] in a retrospective study of victims of sexual abuse admitted to a teaching hospital in Kano, Northwestern Nigeria, it was revealed that of all 16 cases of sexual abuse, all were children below the age of 17 years except one. However, in a one-year hospital-based review in Minna, North Central Nigeria, it was found that boys were sexually abused in two cases accounting for 7% of the total cases of child sexual abuse reported within that period [23]. It is actually challenging to find out the definite number of children who have been abused sexually because there are numerous prevalence reports based on different studies and data sources [24] [25]

Additionally, CSA has been known to exist across cultural and societal boundaries despite variations in its prevalence, form, and definition [26] [27]. It is a subject of great concern with serious life-long physiological and psychosocial effects and the focus of legislative and professional initiatives [27] [28]. The WHO estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual abuse [29]. Victims of CSA continue to be shrouded in secrecy and shame, hence, failing to report abuse and being denied the appropriate care and support they need [24, 27]. The reasons for non-reporting are complex and numerous [29][30][31]. These reasons may include a few factors like the age of the abused child at the time of the abuse, the relationship between the perpetrator and the abused, the gender of the abused, the severity of the abuse and the likely consequences of the disclosure [30][31]. Non-disclosure of abuse may also be influenced by embarrassment, fear of reprisal or incurring further shame on the family, poverty and distrust in the healthcare and legal institutions [24]. Most importantly, when the perpetrator is a relative, the tendency to report abuse is low [30][31]. Others may decide not to report due to fear of being repeatedly abused, injured, ridiculed, stigmatized and a lack of confidence in investigators if reported, i.e. the police and health workers [30][31]. Currently, few persons have begun to speak out on their childhood experience of sexual abuse through social media and public declarations, increasing literature on CSA [21][24]. Internationally, interest in CSA has increased because there is more evidence to support the fact that sexual abuse can have an intense impact on the physical, psychological, and social well-being of survivors [33] [34] [30][31].

Across Sub-Saharan Africa, it is customary for children to be raised to indisputably obey any adult's commands out of respect for their elders. This could create opportunities for CSA and may affect a community's perception of and response to CSA [24] Social circumstances such as street hawking, attendance at day care institution and membership in certain social organisations have been found to be risk factors for CSA [30]. Furthermore, the high number of orphans and high levels of child poverty and displacement in Sub-Saharan Africa also worsens vulnerability to CSA [34]. Studies have shown that children belonging to the lower socio-economic status are at higher risk of being sexually abused than their counterparts [35]. Likewise, children with physical challenges like deafness, blindness and mental retardation are also at increased risk of being sexually abused [36]. According to a study conducted by Romero *et al*. [37]. Among bipolar disorder patients, 7% had a history of CSA. Furthermore, the absence of one or both biological parents, marital conflicts or parental substance abuse, and customs such as child marriages, increases the likelihood of been exposed to CSA [38].

Sexual abuse offenders may come from all backgrounds, including the rich and poor, educated and uneducated, religious and non-religious, and may be persons in positions of authority who are respected and trusted [17]. [19]. However, according to past studies, most perpetrators of child sexual abuse are males, and in most cases, the victims and perpetrators know each other [19]. and could be family members, highly trusted people, neighbours, acquaintances, and strangers [16]. Surprisingly, children have been reported as perpetrators of sexual abuse [15]. According to Abdulkadir *et al.*, [15]. in a review, adolescent boys aged 7-15 years were found to be perpetrators of gang rape in South Africa. CSA is common among both genders, though studies suggest that girls are more at risk than boys [39] [40] [41].

Studies have shown that CSA occurs in Nigeria [42]and has more harmful effect on the development of the abused child than the other forms of child abuse [42]David *et al.,* (2018), the prevalence of CSA ranges from 5%–36% globally and the prevalence rate of CSA in Africa is 34.4%, 23.9% for Asia, 10.1% for America and 9.2% for Europe [42]). The prevalence of CSA in Nigeria is alarming as studies show that CSA is estimated to vary between 5% and 38% across different parts of Nigeria [43]. According to [25], 7.9% of males and 19.7% of females globally experience sexual abuse before the age of 18 years.

Most undergraduates engage in health-compromising behaviors like substance use (smoking, alcohol and drug misuse), indiscriminate sexual practices (unsafe sex), poor diet, and sedentary behavior without considering the consequences of their actions, and most of these health risk behaviors are initiated during adolescence [45]. The period of adolescence is characterized by changes and crises biologically, emotionally and socially, and has a way of contributing to many behavioral problems of the adolescents [46]. These behaviors are modifiable causes of morbidity and mortality and thus, must be tackled as a strategy for global health promotion and prevention [46].

2. Material and methods

2.1. Study Design

For this study, a descriptive cross-sectional study design was used. This design aimed at assessing the occurrence of childhood sexual abuse and the health risk behaviour of undergraduates in the University of Port Harcourt

2.2. Study Area

The study took place in the University of Port Harcourt, Rivers State, Nigeria.

2.3. Study Population

The study population consists of both male and female undergraduates of all faculties in UNIPORT and these faculties include Humanities, Social Sciences, Education, Management Sciences, Natural and Applied Science. The estimated population of undergraduates in the University of Port Harcourt is 50 000.

2.4. Inclusion Criteria

Undergraduates within the UPH who are 18 years and above. The age consideration of less than eighteen years for a child was adopted in keeping with the Child Rights Act (2003) of the Federal Republic of Nigeria.

Undergraduates running a full-time programme at the University.

Undergraduates within levels 200 to 400, hence level 100 was not included. The reason is that Undergraduates who have not stayed in the University for up to a year are not yet influenced by the school environment and are fresh in the University and still under parental control and supervision; hence, year one will not be included

2.5. Exclusion Criteria

Undergraduates who are seriously sick and unable to partake in the study.

Sample Size Determination

Sample size was calculated using the formula

$$n = \frac{z^2 p.q}{d^2}$$ (Mohamad, 2013)

Where;
n =the desired sample size.
z = the standard normal deviate, usually set at 1.96, which corresponds to 95% confidence level.
p = the estimated percentage or prevalence of the attribute that is present in the population. The population includes undergraduates of the University of Port Harcourt who have been sexually abused in their childhood, while the attribute of interest is childhood sexual abuse (CSA).

$$q = 100 - p$$

d = degree of accuracy desired, usually set at 0.05.

The prevalence of child sexual abuse is 38% in Nigeria (David *et al,* 2018) we have,

q=100-p

q=100-38

q= 62%

$$n = \frac{z^2 p.q}{d^2} \text{ (Mohamad, 2013)}$$

$$n = \frac{1.96^2 \times 38 \times 62}{5^2}$$

$$n = \frac{9051.752}{25} = 362$$

Making a provision for a non-response rate of 10%

Adjustment = 10% × 362 = 36.2

Therefore;

Sample size = Desired sample size + adjustment size

n = 362 + 36.2 = 398.2

Approximating to the nearest tens, we have 400.

2.6. Sampling Technique

The multistage sampling technique was used.

- Stage 1: Four faculties were selected from the 10 faculties.
- Stage 2: Equal allocation of the sample to the selected departments in each selected faculty was done.
- Stage 3: This stage involved the stratification of the departments into three levels i.e. 200, 300 and 400 levels.
- Stage 4: This stage involves the selection of the students in each of the 3 levels.

This was done by a simple random sampling method of balloting using the class list as a sampling frame. Consent was thereafter sought from those selected and the questionnaire was subsequently administered to those that accepted to participate.

2.7. Data Collection Process

Data for this study was collected by a team of 4, comprising the researcher as the team leader and three other research assistants. Before the commencement of data collection, the research team was trained on the objectives of the study and the content of the questionnaire, as well as the ethical issues involved. The training lasted for two days. A semi-structured questionnaire was used for this study; it comprises of three broad sections:

- Socio-demographic characteristics of respondents.
- Childhood Sexual Abuse (CSA).
- Health risk behaviour.

2.8. Data Analysis

Data entry was done using the Microsoft Excel spreadsheet (Version 2013) for data cleaning. Sorted data were then exported to the Statistical Package for Social Sciences (SPSS) version 22.0 for analysis. Summary (descriptive) statistics for categorical variables were explored using proportions and presented as frequencies and percentages in tables or graphs as were considered appropriate for data type. Numerical variables (age, weight, height, and BMI) were explored for their distributions, and summarized accordingly. That is, normally distributed variables were analyzed using the parametric test statistics, whereas, variables with non-normally behaving distributions

2.9. Ethical Considerations

The study was carried out in accordance with the ethical principles guiding the use of humans in research. Ethical approval was obtained from the UNIPORT ethical committee. Respondents gave their consent to partake in the study and were informed that participation is voluntary, and each respondent is free to withdraw from the study at any time they want. Every participant remained anonymous as numbers were used to identify them rather than names. All information collected was strictly used for the research. The results obtained will serve academically as a guide for future research, it will contribute to the national data on childhood sexual abuse and also provide policy makers with insight into the respondent's childhood experiences and create awareness that would elicit the implementation of effective laws to reduce child sexual abuse and different forms of health risk behaviours.

3. Results

Table 1 Distribution of gender and age of respondents

Characteristics	Frequency (n = 400)	Percent (%)
Gender		
Male	181	45.2
Female	219	54.8
Age (years)		
≤ 20	112	28.0
21-22	154	38.5
23-24	81	20.3
25-26	38	9.5
27-28	10	2.5
29-30	4	1.0
31-32	1	0.3
Mean age = 22± 2.29 years		

Table 1 shows that 45.2% were males and 54.8% were females, with a male to female ratio of 1:1.2. The mean age of respondents is 22 ± 2.29 years and the majority (58.8%) of the respondents were 21 to 24 years of age.

Table 2 Patterns of childhood sexual abuse among respondents

CSA	Frequency (n = 400)		Total (%)
	Yes	No	
At childhood, did any older person force you to look at his/her genitals?			
Male	19 (10.5)	162 (89.5)	181 (100)
Female	38 (17.4)	181 (82.6)	219 (100)

Total	57 (14.3)	343(85.7)	400 (100)
In childhood, did any older person force you to watch him/her masturbate?			
Male	7 (3.9)	174 (96.1)	181 (100)
Female	6 (2.7)	213 (97.3)	219 (100)
Total	13 (3.3)	387 (96.7)	400 (100)
At childhood, did any older person force you to undress with another child and fondle each other?			
Male	8 (4.4)	173 (95.6)	181 (100)
Female	13 (6.0)	206 (94.0)	219 (100)
Total	21 (5.3)	379 (94.7)	400 (100)
In childhood, did any older person force you to fondle him/her?			
Male	11 (6.0)	170 (94.0)	181 (100)
Female	10 (4.6)	209 (95.4)	219 (100)
Total	21 (5.3)	379 (94.7)	400 (100)

Table 2 presents the pattern of childhood sexual abuse among the respondents. From the table, 57 (14.3%) respondents were forced by an older person to look at his/her genitals during childhood and of these 19 in childhood to undress and show him/her their genitals, and of these, 16 (8.8%) were males and 26 (11.9%) were females. Furthermore, an older person forced 13 (3.3%) respondents in childhood to watch him or her masturbate, and of these, 7 (3.9%) were males and 6 (2.7%) were females.

In addition, 21 (5.3%) of the respondents were forced by an older person in childhood to undress with an older child and fondle each other, and of those who were victims, 8 (4.4%) were males and 13 (6%) were females. Also, 62 (15.5%) respondents reported having their body fondled by an older person in childhood, and of these, 25 (13.8%) were males and 37 (16.9%) were females.

Table 3 Prevalence and gender pattern of childhood sexual abuse among the respondents

Variables	**Frequency (n = 400)**	**Percent (%)**
Childhood Sexual Abuse		
Yes	105	26.2
No	295	73. 8
Gender pattern		
Male (n = 181)		
Yes	38	21.0
No	143	79.0
Female(n = 219)		
Yes	67	30.6
No	152	69.4

From Table 3, CSA was experienced by 105 out of the 400 respondents, giving an overall prevalence rate of 26.2%. In addition, among the 181 male respondents, 38 (21%) had been sexually abused in childhood. Similarly, among the 219 female respondents, 67 (30.6%) had experienced sexual abuse in childhood.

4. Discussion of Findings

4.1. Pattern of CSA

In this study, the common pattern of childhood sexual abuse among males was having their body fondled by an older person (13.8%), been forced to watch pornographic contents (12.7%), been forced to look at an older persons genitals (10.5%), been forced to undress and show their genitals to an older person (8.8%), been forced to submit to full sexual intercourse (6.6%), been forced to fondle an older person (6.0%), having fingers and objects forcefully introduced into their genitals, mouth or anus (5.0%), been forced to undress with an older child and fondle each other (4.4%), been forced to watch an older person masturbate (7, 3.9%),been forced to be naked and expose genitals for picture taking (2.2%).

Also, among the female respondents, the most common forms of childhood sexual abuse were been forced to look at an older persons genitals (17.4%), having their body fondled by an older person (16.9%), been forced to undress and show their genitals to an older person (11.9%), been forced to submit to full sexual intercourse (10.5%), having fingers and objects forcefully introduced into their genitals, mouth or anus (9.6%), been forced to watch pornographic contents (6.0%), been forced to undress with an older child and fondle each other (6.0%), been forced to fondle an older person (4.6%), been forced to watch an older person masturbate (2.7%)

Additionally, a study by Hong-feng *et al* in 2010among 1,099 University Students in Shanghai, China; 1.2% university students reported having had experienced abuse of attempted vaginal or anal intercourse and 0.8% university students experienced abuse of forced vaginal or anal intercourse while in this study6.6% of males and 10.5% of females reported being forced to submit to full sexual intercourse with penetration in childhood. Furthermore, Manyike*et al* carried out a study in 2015 and revealed that the commonest form of abuse was to look at pornographic pictures, drawings, films, videotapes or magazine, 93(18.4%). Also, in this study,6% of males and12.7% of females reported being forced to look at pornographic pictures, drawings, films, videotapes or magazine but was not the commonest pattern of CSA.

4.2. Prevalence of CSA

In a study by Chen *et al* in 2004, prevalence of CSA for females was 25.6%. Peltzer and Pengpid in 2016 showed that 2.6% of 404 university students studied had experienced CSA. Manyike et al study in 2015 showed that 199 (40%) participants had been sexually abused in childhood. Furthermore, a study carried out by McCrann *et al* in 2006, the overall prevalence rate for CSA was 27.7%, with rates being higher for females than for males. Also, an overall prevalence rate of CSA was 29.8% in a study by Aboul-Hagag & Hamed in 2012 with rates being higher for females (37.8%) than for males (21.2%) (Aboul-Hagag&Hamed,2012). In this present study the overall prevalence of CSA was 26.2% with rates also higher for females (63.8%) than for males (36.2%).

4.3. Gender of perpetrators of CSA

In a study by Aboul-Hagag and Hamed in 2012, the majority of perpetrators of CSA were males while in this study, among respondents that were sexually abused in childhood, 68.6% of the perpetrators were males, 25.7% were females and in 5.7% cases, the perpetrators included persons of both genders.

5. Conclusion

The prevalence of CSA in this study is 26.2%, and this confirms the existence of childhood sexual abuse among undergraduates of the University of Port Harcourt, and it is a major cause for concern since it affects not only the mental health of students but also their health behavior. It is therefore necessary for parents, caregivers, and guardians to be mindful of their children and monitor their movement as they grow older. However, strict laws should be enforced to restrain this terrible act of CSA.

Nevertheless, the respondents studied represent a significant group of undergraduates of the University of Port Harcourt, and the information generated will create awareness and possibly initiate the planning of future health programs in universities to help educate the students on how to make the right choices with regards to their health behaviour and lead a healthier lifestyle. Furthermore, counselling programs that treat various types of trauma due to sexual abuse, alcohol and drug abuse should be encouraged. There should be intense public enlightenment and education on child sexual abuse at schools, social clubs, cultural group gatherings, churches, mosques, and through the media.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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