

Original Article

## The Impact of Socio-Demographic Variables on Sexual Abuse and its Prevention among Adolescents in Selected Secondary Schools in Mushin Local Government Area

**Julius Olatade Maitanmi**

Department of Community/Public Health Nursing, School of Nursing, Babcock University, Ilishan-Nigeria

**Zainab Awojobi**

Department of Community/Public Health Nursing, School of Nursing, Babcock University, Ilishan-Nigeria

**Emmanuel Olumide Adesuyi**

Department of Nursing, Birmingham City University, Institute of Nursing Research, Nigeria

**Precious Chibuikwe Chukwuere**

North West University, South Africa

**Oluwadamilare Akingbade**

Institute of Nursing Research, Nigeria, The Nethersole School of Nursing

**Bukola Titilope Maitanmi**

Department of Psychiatric/Mental Health Nursing, School of Nursing, Babcock University, Nigeria

**Correspondence:** Maitanmi Julius Olatade; RN, MSc, Department of Community/Public Health Nursing, School of Nursing, Babcock University, Nigeria. E-mail: maitanmij@babcock.edu.ng

### Abstract

**Introduction:** The World Health Organization (WHO) in 2012 estimated that one in five of the world's female population has been physically or sexually abused. While this is a disturbing figure, it is very difficult to determine the African share of this statistics because many of child sexual abuse cases are not being reported.

**Aim:** This study aimed at investigating the impact of sociodemographic indices on the knowledge of sexual abuse and its prevention among adolescents attending selected secondary schools in Mushin Local Government.

**Methods:** The study recruited 414 respondents from selected secondary schools in Mushin local government using the multistage sampling technique. A self-designed questionnaire was used to collect the data.

**Results:** 192 (50.5%) of the adolescents have good knowledge on sexual abuse and 221(58.2%) have good knowledge on prevention of sexual abuse. The relationship between family status, ethnicity, and level of knowledge of the respondents on sexual abuse were statistically significant.

**Conclusion:** This study revealed that a considerable number of the respondents are knowledgeable about sexual abuse and its preventive measures and their knowledge are influenced by certain sociodemographic indices. However, the need for continuous health education of the public that puts sociodemographic variables into consideration is of utmost importance to public health nurses and policy makers.

**Key words:** Child, sexual abuse, adolescents, Nigeria

### Introduction

Sexual abuse has been identified as a global health problem with resounding health implications such as low self-esteem and stigmatization to individuals, families, and the entire society (World Health Organization, 2006). It negatively impacts the child's development, including their physical, emotional, and social functioning

(Manyike et al., 2015). It also contributes immensely to poor school performance, substance abuse, delinquency, prostitution, sexual dysfunction, mental illness, suicide, and transmission of abusive behaviour to subsequent generations (Goodwin, 2015).

Child and adolescent sexual abuse are often underestimated and underemphasized. This may

be because most of the victims rarely report these incidents. The World Health Organization (2006) reported that globally, about 223 million children (150 million girls and 73 million boys) have experienced forced sexual intercourse or other forms of sexual violence; 1.8 million children were involved in prostitution and pornography and 1.2 million are victims of trafficking.

There is no generally accepted definition of sexual abuse because of differences in the perception of abuse. In the past, child sexual abuse (CSA) was defined as sexual behaviours between a child and an adult; between two children when one of them is significantly older or uses coercion; sexual body contact prior to age of 18 years by someone of any age and relationship to the respondent (Smith, 2013). In recent years, CSA is perceived as forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening (Department of Children and Family Services, 2010).

Sexual behaviours of this kind include touching breasts, buttocks, and genitals whether the victim is dressed or undressed, exhibitionism, fellatio, cunnilingus and penetration of the vagina or anus with sexual organs or with objects and also including pornographic photography (Ogunfowokan & Fajemilehin, 2012). World Health Organization (2014) also defined child sexual abuse as the involvement of a child in sexual activity that he/she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared.

The effect of certain sociodemographic factors on the knowledge of sexual abuse and its prevention among children and adolescents is unclear. A study by Jin et al. (2016) among Chinese school-aged children revealed a knowledge level between 44% and 80%. They however concluded that Chinese school-aged children are in need of knowledge and skills related to CSA prevention.

In Nigeria, a study among Igala women (middle belt Nigeria) showed that young women viewed sexual abuse in the context of sex when; one of the parties is not interested, longer than necessary, in a manner the woman dislikes, in an uncomfortable place, when the man is drunk with alcohol, during menstruation, rough handlings during sex, wrong positioning during sex, and rape (Tinuola & Olaogun, 2009).

Another study carried out in Port-Harcourt, Southern Nigeria on perception of sexual abuse showed that although the majority of students correctly described what rape is, only few students knew that intercourse between a male or female adult and a male or female below 16 years of age, as well as intercourse under force are also considered as rape (Eke et al., 2011). In a study among the three main ethnic groups in Nigeria (Yoruba, Igbo, and Hausa), it was discovered that sexual abuse on a child below the age of 18 years by adult male was common among the three ethnic groups. It was perceived as sexual abuse among the Yoruba and Igbo tribes but not so among the Hausa tribe where child marriages are common (Aderinto, 2010).

The foregoing has triggered the need to carry out this study on the impact of sociodemographic variables on sexual abuse knowledge and prevention among adolescents. There is no overtly published study on this subject in Mushin local government. Hence, the need for this study.

### **Objective of the Study**

**Broad Objective of the Study:** The broad objective of this study is to assess the impact of sociodemographic variables on the knowledge of sexual abuse and its prevention among adolescents attending selected secondary schools in Mushin Local Government.

**Specific Objectives of the Study:** The specific objectives of this study are to:

1. assess the knowledge of sexual abuse among adolescents attending selected schools in Mushin Local Government.
2. assess the knowledge of the prevention of sexual abuse among adolescents attending selected schools in Mushin Local Government.

**Significance of the Study:** This study assessed the impact of sociodemographic indices on the knowledge of adolescents on sexual abuse and their perceived way of preventing it among adolescents attending selected secondary schools in Mushin Local Government. Findings from this study would be a tool that could be used to raise the awareness among adolescents on CSA and enable them to promptly identify sexually abused students who might need psychological and counselling services and provide such services. It might also help sensitise teachers and the public on male sexual abuse as opposed to the common abuse among females.

### Hypotheses

1. There is no significant relationship between the knowledge of sexual abuse and adolescents' family relationship/status.
2. There is no significant relationship between the knowledge of sexual abuse and adolescents' ethnic group.

### Methodology

The study employed a cross-sectional descriptive design. The setting used for this study was Mushin local government area, Lagos state. The Target population for the study were adolescents attending selected secondary schools in Mushin local government area, Lagos state. A sample size of 414 inclusive of 10% attrition rate was derived using Taro Yamane (1967) formula though 380 copies were successfully retrieved. Self-developed questionnaire was used as the instrument for data collection.

**Sampling Technique:** A multi-stage sampling technique was adopted for this study. It involves three stages of sampling procedure.

Stage 1: A simple random selection of two schools each was carried out based on geographical location from the four axis of Mushin local government. This made a total of eight schools from each LGA.

Stage 2: A proportionate sampling was done across all the eight schools to ensure that the sample size for data collection is proportionally spread across all the schools selected at random

Stage 3: A simple random sampling technique (balloting) was used to select adolescents within 12-19years old in each selected secondary school for the study.

**Data Analysis Procedure:** Duly completed questionnaires were sorted, coded and analyzed using Statistical Packages for the Social Sciences (SPSS-23). Descriptive and inferential statistical analysis were done and results were presented using tables. Relationship between variables were calculated using Chi-square at 0.05 level of significance.

**Ethical Consideration:** Ethical approval was also gotten from Babcock University Health Research Ethics Committee, Ilishan-Remo Ogun State. Permission to carry out the research was as well gotten from the principal of each school in Mushin, Lagos State. The objective of the study

was explained to the respondents and the exercise was made voluntary, confidential and the names and address of the respondents were not required. Should any of the respondents decide not to continue with the research for any reason, he or she was not compelled to continue or penalized and they were free to back out at any time.

### Results

Table 1 shows that the majority 272(72.4%) of the adolescents fall within the age range of 15-17 years; and majority of the adolescents in this study were females 288(76%). In addition to this, the table shows that majority 204(53.7%) of the participants are Christians; Most 172(45.3%) of the students are in SSS 2. Lastly, 274(72.1%) which is the majority of the adolescents are from nuclear family.

**Research question one:** What is the knowledge of adolescents about sexual abuse in selected schools in Mushin local government?

Table 2 shows that slightly above average of the adolescents 192 (50.5%) had good knowledge on sexual abuse, it can therefore be concluded that most of the adolescents in selected schools in Mushin local government are knowledgeable about sexual abuse.

Table 3 shows that most of the adolescents 221(58.2%) had good knowledge on prevention of sexual abuse.

### Test of Hypotheses

**Hypothesis One:** There is no significant relationship between adolescents' knowledge of sexual abuse and the adolescents' family status.

Table 5 reveals that the p-value is .000 which is less than 0.05, the computed  $X^2 = 24.44$ ;  $p = 0.05$ . Hence, there is a significant relationship between adolescent knowledge of sexual abuse and their family status.

**Hypothesis Two:** There is no significant relationship between adolescents' knowledge of sexual abuse and the adolescents' ethnic group.

Table 7 reveals that the p-value is .000 which is less than 0.05, the computed  $X^2 = 81.61$ ;  $p = 0.05$ . Hence, there is a significant relationship between adolescents' knowledge of sexual abuse and the ethnic group.

**Table 1: Socio-Demographic Data**

<b>Variables</b>	<b>Frequency (N=380)</b>	<b>Percentage (100%)</b>
<b>Age:</b>		
12-14years	57	15
15-17 years	275	72.4
18 years and above	48	12.6
<b>Sex</b>		
Male	92	24
Female	288	76
<b>Religion:</b>		
Christianity	204	53.7
Islam	172	45.3
African traditional	4	1.1
Others	-	-
<b>Class:</b>		
SSS 1	131	34.5
SSS 2	155	40.8
SSS 3	94	24.7
<b>Ethnic Group:</b>		
Yoruba	260	68.4
Igbo	70	18.4
Hausa	17	4.5
Others	33	8.7
<b>Family type:</b>		
Nuclear	274	72.1
Extended	65	17.1
Single parent	11	10.8
Adopted	-	-
Others	-	-

**Table 2: Level of knowledge of the adolescents on sexual abuse**

<b>Level of knowledge</b>	<b>Frequency (n=380)</b>	<b>Percentage (%)</b>
Good (15-22)	192	50.5
Fair (8-14)	129	33.9
Poor (0-7)	59	15.6
<b>Total</b>	<b>380</b>	<b>100</b>

**Table 3: Level of knowledge of the adolescents on prevention of sexual abuse**

Level of knowledge	Frequency (n=380)	Percentage
Good (14-20)	221	58.2
Fair (7-13)	93	24.5
Poor (0-6)	66	17.3
<b>Total</b>	<b>380</b>	<b>100</b>

**Table 4: Relationship between adolescents' knowledge and the family status**

Family type	Level of knowledge on sexual abuse			Total
	Good	Fair	Poor	
Nuclear	144	101	29	274
Extended	42	25	28	95
Single parent	6	3	2	11
<b>Total</b>	<b>192</b>	<b>129</b>	<b>59</b>	<b>380</b>

**Table 5: Summary of Chi-square to test hypothesis**

	Value	Df	Asymp. Sig
Pearson Chi-Square	24.44	4	.000
No. of Valid Cases	380		

**Table 6: Relationship between adolescents' knowledge and the ethnic group**

Ethnic group	Level of knowledge on sexual abuse			Total
	Good	Fair	Poor	
Yoruba	139	97	24	260
Igbo	33	19	18	70
Hausa	9	6	2	17
Others	11	7	15	33
<b>Total</b>	<b>192</b>	<b>129</b>	<b>59</b>	<b>380</b>

**Table 7: Summary of chi-square to test hypothesis**

	Value	Df	Asymp. Sig
Pearson Chi-Square	81.61	6	.000
No. of Valid Cases	380		

## Discussion

The study found that 50.5% of the adolescents had good knowledge on sexual abuse, 33.9% had fair knowledge, hence 84.4% of the respondents are knowledgeable about sexual abuse. The study also found that 58.2% of the respondents had good knowledge on prevention of sexual abuse, 24.5% had fair knowledge on the prevention of sexual abuse while 17.3% had poor knowledge. Hence, 82.7% of the respondents are knowledgeable about the prevention of sexual abuse.

Their major sources of information include teachers and school seminars. This is in consonance with a study by Mahbouba et al. (2016) in Egypt which stated that 84% of children had good knowledge about sexual abuse and 79% of children have good knowledge of prevention of sexual abuse. However, Jin et al., (2016) reported a knowledge rate between 44% and 80% and concluded that Chinese school-aged children need knowledge and skills related to CSA prevention.

Similarly, in this study, the most common forms of sexual abuse from this study were fondling which was identified by 82.9%, followed closely by watching pornographic pictures drawings and films as identified by 81.6%, while an adult exposing a child to his/her private body parts and peeping at a child undressing or bathing were identified by 80.5%, and masturbation being the least identified by 64.2%. This was supported by a literature by Kessler (2014) who identified fondling, exposing oneself to a minor, pornographic images, and intercourse as some of the forms of sexual abuse.

Furthermore, this study revealed that some of the perceived effects of sexual abuse on adolescents include infection (83.7%), depression (76.3%), guilt and shame (75.3%), unwanted pregnancy (70.5%) and anger (68.4%). However, 54.5% claimed that high self-esteem is a perceived effect of sexual abuse. This is supported by Hartman (2017) who highlighted depression as the most common long-term symptom of sexual abuse. While Maltz (2012) ranked anger as one of the top ten effects of sexual abuse.

The study found a significant relationship between adolescents' knowledge of sexual abuse and their family status. Similarly, ethnic group was found significantly related to the knowledge of respondents on sexual abuse and its prevention. This suggests that the family status and ethnic

group of an adolescent has a great influence on how they view or understand the concept of sexual abuse and its prevention. This is consistent with the findings of Tinuola and Olaogun, (2009) amongst the Igala ethnic group which revealed that adolescents considered sexual abuse only within the context of sexual intercourse especially when one party is interested and the other is not, engaging in the sexual act longer than necessary, doing it in a manner that the lady disliked, in an uncomfortable place and position, during menstruation, when drunk etc.

Aderinto, (2010) reported that child marriage was perceived as sexual abuse among the Yoruba and Igbo tribes but not so among the Hausa tribe where child marriages are common. While Eke et al. (2011) in Port-Harcourt, Southern Nigeria discovered that only few students knew that intercourse between a male or female adult and a male or female below 16years of age, as well as intercourse under force are considered as rape.

**Implication of Findings to Nursing:** The result of this study can be used in clinical services and intervention programs to plan the provision of quality resources to facilitate and reduces the prevalence of child sexual abuse. Public health nurses should be equipped with the observation skills needed for quick detection of a child who is sexually abused and should plan health promotional activities to educate the general populace on child sexual abuse and recommend greater legal penalty for perpetrators.

**Recommendations:** In the articles used for the literature review, most studies had conflicting and inconclusive findings in relation to age, family type, and their knowledge in the common forms of sexual abuse. The author also recommends that primary schools and secondary school should include studies and courses about sexual abuse. These courses can be useful in reducing the rate and prevalence of sexual abuse.

**Conclusions:** This study revealed that a considerable number of the respondents are knowledgeable about sexual abuse and its preventive measures and their knowledge are influenced by certain sociodemographic indices. However, the need for continuous health education of the public that puts into consideration the sociodemographic factors of school children and adolescents about sexual abuse and its prevention is of utmost importance to public health nurses and policy makers.

## References

- Aderinto, A.A. (2010). Sexual abuse of the girl-child in urban Nigeria and the implications for the transmission of HIV/AIDS. *Gender and Development*, 5(2), 41-46
- American Psychological Association. (2012). Child sexual abuse: What parents should know. [www.apa.org/pi/families/resources/child-sexual-abuse.aspx](http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx)
- Ayers, L. (2017). *How to Protect Kids from Child Molesters: A New Approach for Parents, Teachers, Clergy, Recreational Directors and Anyone Who Cares About Children* (First). Guilderland: Appledorn Publishers.
- Eke, G., Ofori, P. & Tabansi, P. (2011). Perception of rape amongst Secondary School Students in Port-Harcourt. *The Nigerian Health Journal*, 11(1), 23-26
- Fuchs, K., & Fegert, J. (2014). Prevention of sexual abuse: improved information is crucial. *Child and Adolescent Psychiatry and Mental Health*, 8(5)
- Goodwin, J. (2015). Post-traumatic symptoms in abused children. *Journal of Traumatic Stress*, 1, 475-488
- Hartman, M., Finn, S., & Leon, G. (2017). Sexual abuse experiences in a clinical population: comparisons of familial and non-familial abuse. *Psychotherapy: Theory, Research, Practice, Training*. 24(2), 154-159
- Jin, Y., Chen, J., & Yu, B. (2016). Knowledge and skills of sexual abuse prevention: A study on school-aged children in Beijing, China. *Journal of child sexual abuse*, 25(6), 686-696.
- Kessler, M., Nelson, B., Jurich, A., & White, M. (2014). Clinical decision making strategies of marriage and family therapists in the treatment of adult childhood sexual abuse survivors, *American Journal of Family Therapy*, 32(1), 1-10
- Mahboub, S., Safaa, S., & Howaida, M. (2017). Sexual abuse prevention program for school age children. *American journal of nursing science*, 6(1), 1-10.
- Maltz, W. (2012). Treating the sexual intimacy concerns of sexual abuse survivors. *Sexual and Relationship Therapy*, 17(4), 321-327
- Manyike, P., Chinawa, J., Elias, A., Udechukwu, N., Odutola, O., & Awoere, C. (2015). Child sexual abuse among adolescents in Southeast Nigeria: a concealed public health behavioral issue. *Pakistan Journal of Medical Sciences*, 31(4), 827-832.
- Ogunfowokan, A., & Fajemilehin, R. (2012). Impact of a School-Based Sexual Abuse Prevention Education Program on the Knowledge and Attitude of High School Girls. *The Journal of School Nursing*, 28(6), 459-468
- Tinuola, F.R. & Olaogun, J.A. (2009). When does sex become violent? Conceptualizing sexual violence in the context of rural young Igala women in Nigeria. *International Journal of Sociology and Anthropology*, 1(1), 006-011
- World Health Organization. (2006). *World Health*, 19(3), 237. [http://www.who.int/whr/2006/whr06\\_en.pdf](http://www.who.int/whr/2006/whr06_en.pdf)
- World Health Organization. (2011). Standardized questionnaire on sexual abuse. <http://www.who.int>