

Sexual Assault Among In-School Adolescents In Ekiti State, Nigeria: Prevalence And Predictors

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Abstract

Study Objective: In Nigeria, sexual assault is now a silent epidemic among adolescents. Accurate data are needed to prevent it. We aimed at estimating the prevalence and predictors of sexual assault among adolescents in Ekiti State, Nigeria.

Methods: This was a cross-sectional cohort study involving 192 senior public high students across 16 local government areas in Ekiti State, Nigeria. Self-administered structured questionnaires were used to obtain data from participants during a summer youth camp in August 2019. Data were analysed with SPSS version 20. A p value < 0.05 is taken as statistically significant.

Results: Twelve adolescents (6.3%) among the respondents had been sexually assaulted prior to this survey, and both sexes were evenly affected. Route of sexual intercourse ($\chi^2 = 69.37$, $p < 0.001$), age at sexual debut ($\chi^2 = 66.56$, $p < 0.001$), prior experience of non-contact sexual violence ($\chi^2 = 18.06$, $p = 0.002$) and having a friend who had procured an abortion ($\chi^2 = 7.68$, $p = 0.010$) were significantly associated with sexual assault. Experience of sexual assault was predicted by having a friend who had procured abortion (adjusted odds ratio [AOR] 4.23; 95% Confidence Interval [C.I.]: 1.05 – 17.00, $p = 0.042$), and having suffered two or more variants of non-contact sexual violence (AOR 8.44; 95% C.I.: 1.92 – 37.03, $p = 0.005$).

Conclusion: Sexual assault is prevalent among the study population. There is a need to design institutional framework for identifying, reporting, preventing and accessing medical care immediately after non-contact sexual violence and sexual assault in order to ensure prosecution of perpetrators.

INTRODUCTION

Sexual assault among adolescents is common.[1] It is a major public health problem with associated health, psychological, and social consequences. Specifically, in Nigeria, sexual assault is now a silent epidemic among adolescents.[2] It is one of the types of child sexual abuse.[3] Sexual assault is the use of physical or other force to obtain or attempt sexual penetration.[3]

In the United States of America, 33% of victims of sexual assault are within the age group 13-17 years.[1] A 2013 meta-analysis of current prevalence of sexual assault worldwide suggests that around 9% of girls and 3% of boys experience attempted or completed forced intercourse (oral, vaginal or anal).[4] In South Africa, a prevalence of 3.7% was reported for contact sexual abuse among adolescents,[5]

while in Lagos, Nigeria, 7.5% of adolescents reported penetrative sexual abuse in a community based study.[6] A national survey in Nigeria showed that 6% of women would have been sexually assaulted before age 18.[7]

The health consequences of adolescent sexual assault are grievous and sometimes irreparable; both in the acute period and long term. An example is a 13-year old Nigerian girl named Ochanya. In her words, “when I was eight years old, the son started sleeping with me and when his sister caught him, she reported him to their father and the father scolded him. From there, the father also started sleeping with me and I told my mother; that is why we brought this case here. I want my health back.”[8] Unfortunately, Ochanya never got her health back as she died from complications of vesico-vaginal fistula from the repeated sexual assault.[8] It can

affect the physical health resulting in injuries, disabilities, death and gastrointestinal disorders.[2,3] Sexual and reproductive health consequences include risk of pregnancy with attending complications of teenage pregnancy, chronic pelvic pain, sexually transmitted infections including HIV, sexual dysfunction, dysmenorrhea and menstrual irregularities.[2,3,9] The mental health consequences are post-traumatic stress disorder, anxiety, depression, eating disorders, sleep disorders and problems with relationships.[3,10] The social implications are involvement in risk-taking behaviours like alcohol and substance abuse resulting in negative health outcomes in adulthood.[2,3,11]

The magnitude of these consequences calls for preventive measures against this social menace. Invariably, sexual assault like any other medical, social or legal anomalies can be prevented. Preventive measures include public enlightenment, education, institutional framework, identification of vulnerable groups and pre-assault self-defence assertiveness training.[12] These preventive strategies cannot be properly implemented if the magnitude and associated factors of sexual assault in a society is unknown. We therefore aimed at estimating the prevalence and associated factors of sexual assault in the vulnerable group of in-school adolescents across Ekiti State.

MATERIALS AND METHODS

Data for this survey were obtained during the maiden edition of the three-day camp meeting for youths in public high schools across all the local government areas in Ekiti State, which held during the summer vacation in August, 2019. This leadership-training, capacity-building and reproductive health-awareness camp for adolescents was packaged by Eyelua Leadership and Gender Development Initiative, with the support of the State's Education and Youth & Development Ministries, and non-governmental bodies like Adolescent Friendly Research Initiative and Care (ADOLFRIC). The heads of these ministries and agencies were facilitators and resource persons during the youth camp. Approval for the survey was granted by the Ministry of Education, Ekiti State.

Ekiti State, in southwest Nigeria, has a human population of 2,398,957. It has fertile vegetation an agriculture-friendly climate, and thus a centre for trading in yams, cassava, cocoa, grains and cotton. The indigenes are mainly of Yoruba extraction, and practice Christianity and Islam. [13]

The State has one hundred and ninety-seven public high schools spread across its sixteen (16) local government

areas, most of which are co-educational (mixing both males and females for educational activities). Apart from warnings against indecent behaviour among the students, these institutions do not have clearly written protocols for reporting, identifying, investigating, and sanctioning students who indulge in sexual assault. Trained youth guides and counsellors are lacking in virtually all the schools.

The study population included students from the government-owned high schools in the state. Inclusion criteria for the survey were being a senior high school student (that is, tenth to twelfth graders), recommendation by the school and with an official invite to attend the camp. To ensure gender balance, each school presented one male and one female participant. Due to the constraints of funds, the organizing body purposively chose a population of two hundred (200) students for the camp. In other to ensure even spread of participants across the state, six (6) schools were randomly selected from each of the sixteen local government areas, making a total of 96 invited schools. With the invitation of one male and one female senior high student from each school, 192 students were expected at the camp. To account for possible attrition, 10% of the expected number was added, making a total of 212 students. 201 students however attended the youth camp.

The study's objectives were communicated to the students, and they were assured that the survey was strictly for research purposes. Having assured them of the anonymity and confidentiality of their responses, they were encouraged to opt out of the survey whenever they chose to, or to leave unanswered any questions they were uncomfortable with. They were then handed the researcher-designed, self-administered structured questionnaires. The instrument was divided into sections: Section A enquired about the socio-demographic information of the respondents, including their age, sex, class, religious inclination, and ethnic tribe. Another section assessed their knowledge and experiences of sexual assault. Their reproductive health knowledge was self-rated with a Likert scale (using Very good, Good, Average, Poor, and Very Poor). Very good and Good ratings were regarded as Adequate knowledge, Average rating as Fair, while those with Poor and Very Poor assessment were regarded as Poor knowledge. Section C included experiences of different variants of non-contact sexual violence such as being gazed at seductively, threatened to have sex, forced to touch another's sex organs, having another's sex organs exposed to them without their consent, and being told sexually-explicit comments without their approval. Only

those who completed the survey were adjudged to have provided an informed consent.

The data were analysed using the Statistical Package for the Social Sciences (SPSS) versions 20 by IBM Corporation, Chicago. Results were presented as frequencies and percentages. Univariate association between the demographic variables and sexual assault was tested using the Pearson’s Chi-square test. Bivariate logistic regression was employed to test the strength of the association between the respondents’ characteristics and sexual assault, and results were expressed as crude odds ratio with the appropriate 95% confidence interval. Variables with p values < 0.05 were entered into a multivariate regression model to identify the independent predictors of sexual assault in the study population. The results were expressed as adjusted odds ratio, with the computed 95% level of confidence. Statistical significance was taken as p < 0.05.

RESULTS

Two hundred and twelve (212) students were expected at the camp. However, due to reasons bordering on transportation, financial and logistic challenges, eleven (11) students could not attend the camp. Out of the 201 participants at the camp, 192 (95.5%) respondents returned satisfactorily completed questionnaires, and data analyses were based on them. Majority of the participants were in the 12th grade class and between ages 15 and 19. The male students made up 45.8% of the respondents while Yoruba ethnic group was dominant. Half of these students had adequate knowledge about sexuality and sex education before the camp. Sexual debut was early (coitarche at less than or equal to 14 years) in about half of the study population. The vagina was the route of sexual contact in 87.1%. Only one girl had ever been pregnant and she delivered her baby successfully. All the respondents had experienced non-contact sexual violence with majority having experienced more than one type. (Table 1).

Twelve (6.3%) of the participants had been sexually assaulted prior to this survey, with equal proportion between males and females. None of the assailants was a stranger to the victims. Boyfriends were at the zenith of the list of the assailants (50%). Adolescents that reported the incidence to other people (58.3%) were more than those that did not report to anyone. Only one survivor reported incidence to police while others reported to parents and friends. Some survivors did not report to anyone due to various reasons including anticipated punishment, fear, lack of

understanding etc. About a third of the survivors presented in the hospital after sexual assault. No action was taken against the majority of the assailants (83.4%) while none of the assailants was prosecuted. (Table 2)

Route of sexual intercourse ($\chi^2 = 69.37, p < 0.001$), age at sexual debut ($\chi^2 = 66.56, p < 0.001$), prior experience of non-contact sexual violence ($\chi^2 = 18.06, p = 0.002$) and having a friend who had procured an abortion ($\chi^2 = 7.68, p = 0.010$) were significantly associated with sexual assault in this study population. Age, sex, religion, grade in high school, tribe and knowledge of sexuality and sex education were not related significantly to sexual assault (Table 3). Table 4 showed that having a friend who had procured an abortion (adjusted odds ratio [AOR] 4.23; 95% Confidence Interval [C.I.]: 1.05 – 17.00, p = 0.042) and prior experience of non-contact sexual violence (AOR 8.44; 95% C.I.: 1.92 – 37.03, p = 0.005) were the independent predictors of sexual assault in this study population.

Table 1
Baseline characteristics of the Respondents

CHARACTERISTICS OF THE RESPONDENTS	FREQUENCY (%)
Age (years)	
Less than 15	13 (6.8)
≥ 15	179 (93.2)
Religion	
Christianity	180 (93.8)
Islam	10 (5.2)
Ancestral worship	2 (1)
Sex	
Male	88 (45.8)
Female	104 (54.2)
Grade in High School	
10 th grade	2 (1.1)
11 th grade	1 (0.5)
12 th grade	189 (98.4)
Tribe	
Yoruba	173 (90.1)
Igbo	2 (1)
Others	17 (8.9)
Knowledge of sexuality and sex education	
Adequate	98 (51)
Fair	75 (39.1)
Poor	19 (9.9)
Experience of non-physical sexual harassment	
None	0 (0)
1 variant	11 (5.7)
2 or more variants	181 (94.3)
Have you ever had sex?	
Yes	31 (16.1)
No	161 (83.9)
Age at coitarche [years] (n=31)	
< 10	5 (16.1)
10 – 14	10 (32.3)
Above 14	16 (51.6)
Route of sexual contact (n=31)	
Vagina	27 (87.1)
Anus	3 (9.7)
Mouth	1 (3.2)
Ever been pregnant? (n=31)	
Yes	1 (3.2)
No	30 (96.8)

Table 2

Sexual Assault and Related Outcomes among Respondents

	FREQUENCY (%)
Have you ever been assaulted sexually?	
Yes	12(6.3)
No	180(93.2)
Sex of the survivors (n=12)	
Male	6(50)
Female	6(50)
Who was the assailant? (n=12)	
Boyfriend	6(50)
Girlfriend	3(25)
Siblings	1(8.3)
Other Acquaintance	2(16.7)
Strangers	0(0)
Did you inform anyone after the incidence? (n=12)	
Yes	7(58.3)
No	5(41.7)
If No, why? (n=5)	
They'll make jest of me	1(20)
'I didn't understand'	1(20)
I was scared	1(20)
I will be punished	1(20)
'Nothing'	1(20)
Who did you inform?(n=7)	
Parents	4(57.1)
Police	1(14.3)
Friends	2(28.6)
Were you taken to the hospital after the incidence?	
Yes	4(33.3)
No	8(66.7)
What was done to the assailant?	
Nothing	10(83.4)
Interrogated by the Police	1(8.3)
Interrogated by the Parents	1(8.3)
Prosecuted	0(0)

Table 3

Relationship between respondents' characteristics and sexual assault

Characteristics	Sexual assault		χ ²	p-value
	Yes n (%)	No n (%)		
Age (years)				
< 15	0 (0)	13 (7.2)	0.930	1.000
≥ 15	12 (100)	167 (92.8)		
Religion			7.206	0.137*
Christianity	11 (91.7)	169 (93.9)		
Islam	0 (0)	10 (5.6)		
Ancestral worship	1 (8.3)	1 (0.6)		
Tribe			0.141	0.932
Yoruba	11 (91.7)	162 (90)		
Igbo	0 (0)	2 (1.1)		
Others	1 (8.3)	16 (8.9)		
Sex			0.090	0.765
Male	6 (50)	82 (45.6)		
Female	6 (50)	98 (54.4)		
Grade in high school			0.203	1.000*
10th grade	0 (0)	2 (1.1)		
11th grade	0 (0)	1 (0.6)		
12th grade	12 (100)	177 (98.3)		
Knowledge of sexuality and sex education			0.057	0.972
Good	6 (50)	92 (51.1)		
Average	5 (41.7)	70 (38.9)		
Poor	1 (8.3)	18 (10)		
Route of sexual intercourse			69.373	< 0.001*
Vagina	11 (91.7)	16 (8.9)		
Mouth	0 (0)	1 (0.6)		
Anus	1 (8.3)	2 (1.1)		
Never had sex	0 (0)	161 (89.4)		
Ever been pregnant?			15.079	0.062
Yes	1 (8.3)	0 (0)		
No	11 (91.7)	180 (100)		
Outcome of the pregnancy			15.079	0.062
Delivery	1 (8.3)	0 (0)		
Abortion	0 (0)	0 (0)		
Never conceived	11 (91.7)	180 (100)		
Experience of non-contact sexual violence			18.059	0.002*
1 type	4 (33.3)	7 (3.9)		
2 or more types	8 (66.7)	173 (96.1)		
Age at sexual debut (years)			66.56	<0.001**
< 10	6 (50)	9 (5)		
10 – 14	6 (50)	10 (5.6)		
> 14	0 (0)	161 (89.4)		
Had friend who had procured abortion?			7.680	0.010*
Yes	9 (75)	63 (35)		
No	3 (25)	117 (65)		

*significant at p < 0.05; **Fisher's exact test

Table 4

Logistic regression analysis of respondents’ characteristics and sexual assault

Characteristics	Allegedly sexually assaulted		Crude odds ratio (95% C.I.)	p-value	Adjusted odds ratio (95% C.I.)	p-value
	Yes n (%)	No n (%)				
Age (years)						
< 15	0 (0)	13 (7.2)	1.00			
≥ 15	12 (100)	167 (92.8)	0.00 (0.00-∞)	0.99		
Religion						
Christianity	11 (91.7)	169 (93.9)	1.00			
Islam	0 (0)	10 (5.6)	1.05E8 (0.00-∞)	0.99		
Ancestral worship	1 (8.3)	1 (0.6)	0.07 (0.00-1.11)	0.06		
Tribes						
Yoruba	11 (91.7)	162 (90)	1.00			
Igbo	0 (0)	2 (1.1)	1.10E8 (0.00-∞)	0.99		
Others	1 (8.3)	16 (8.9)	1.09 (0.13-8.97)	0.94		
Class						
10th Grade	0 (0)	2 (1.1)	1.00			
11th Grade	0 (0)	1 (0.6)	1.10E8 (0.00-∞)	0.99		
12th Grade	12 (100)	177 (98.3)	1.10E8 (0.00-∞)	1.00		
Sex						
Male	6 (50)	82 (45.6)	1.00			
Female	6 (50)	98 (54.4)	1.20 (0.37-3.85)	0.77		
Age at sexual debut (years)						
< 10	6 (50)	9 (5)	1.00			
10 – 14	6 (50)	10 (5.6)	1.11 (0.26-4.72)	0.89		
> 14	0 (0)	161 (89.4)	1.08E9 (0.00-∞)	0.99		
Route of sexual intercourse						
Vagina	11 (91.7)	16 (8.9)	1.00			
Mouth	0 (0)	1 (0.6)	1.11E9 (0.00-∞)	1.00		
Anus	1 (8.3)	2 (1.1)	1.38 (0.11-17.09)	0.80		
Not applicable	0 (0)	161 (89.4)	1.11E9 (0.00-∞)	0.99		
Knowledge of sexuality and sex education						
Good	6 (50)	92 (51.1)	1.00			
Average	5 (41.7)	70 (38.9)	0.91 (0.27-3.11)	0.88		
Poor	1 (8.3)	8 (10)	1.17 (0.13-10.35)	0.89		
Ever been pregnant?						
Yes	1 (8.3)	0 (0)	1.00			
No	11 (91.7)	180 (100)	2.64E10 (0.00-∞)	1.00		
Outcome of pregnancy						
Delivered	1 (8.3)	0 (0)	0.00 (0.00-∞)	1.00		
Aborted	0 (0)	0 (0)	0.00 (0.00-∞)			
Not applicable	11 (91.7)	180 (100)	1.00			
Had friend who had procured abortion?						
Yes	9 (75)	63 (35)	1.00		1.00	
No	3 (25)	117 (65)	5.57 (1.46-21.32)	0.012*	4.23 (1.05-17.00)	0.042*
Experienced non-contact sexual violence?						
1 type	4 (33.3)	7 (3.9)	1.00		1.00	
≥ 2 types	8 (66.7)	173 (96.1)	12.36 (2.99-51.04)	0.001*	8.44 (1.92-37.03)	0.005*

*significant at p < 0.05

DISCUSSION

We purposed to document the magnitude of this menace in the society and obtained prevalence comparable to 7.5% reported in a community-based study in Lagos, Nigeria.[6] It is however higher than reports from Egypt (1.1%) and South Africa (3.7%).[5,14] This finding, despite the “silence code” among the survivors therefore affirmed reports from other researchers that sexual assault is now a silently-brewing epidemic among adolescents in Nigeria.[2] Males and females were evenly assaulted unlike previous reports in which there was a predominance of female survivors.[4,15] This is an indication that male survivors are equally present in our society, and the similar proportion of males and females could be linked to the pubertal status of the males. A longitudinal study of in-school adolescents reported that the higher the pubertal state of the males, the greater was their risk of sexual assault.[16] Besides, societal attitudes of ‘disbelief’ to the occurrence of male sexual assault, coupled with the perceived ‘shame’ experienced by male victims,

might have previously resulted in its under-reporting.[17]

However, the perpetrators were mostly boyfriends which corresponds with reports that majority of the assailants among adolescents were peers.[6,15] In addition, no perpetrator was a stranger to the survivors, possibly because the assailants are usually by peers, relatives/families and acquaintances.[5,6,15] The rate of disclosure among our study population was higher than reports from previous studies. David et al reported disclosure rate of 34.4 % among adolescents in Lagos, Nigeria.[6] This higher disclosure rate may not be unlinked to the above-average knowledge of sexuality and sex education among the survivors. The knowledge about consequences of sexual assault could have propelled them to disclose to their confidants. It is however saddening that only a third of the survivors utilized hospital services following the assault. This might be because survivors of sexual assault by acquaintances are less likely than those assaulted by strangers to seek medical help.[18] It could also be to avoid the stigmatizing attitude of health care personnel towards adolescents who are victims of sexual assault, and the separation of the timing and location of the health and medico-legal components of the post-assault services/care.[3] Other dismal findings were the fact that nothing was done to the assailants of these adolescents, and none of the assailants was prosecuted. This narrative is however bound to change with the passage of Ekiti State Gender-based Violence (Prohibition) law, 2019.[19] Enforcement of this law within the state should ensure justice to the survivors and deter the assailants from this inhumane act.

Our study showed that sexual assault was independent of, and cuts across, the sex, age, grade in high school, religion, tribe and knowledge about sexuality and sex education of the victims. Although, Kunnuji et al reported that adolescents aged 15-19 years were 2-3 times more likely to be assaulted compared to those aged 10-14 years,[20] findings by other authors reiterated the fact that sexual molestation is not influenced by the age, sex, ethnicity and religion of the victims.[21-23] Sampling only female out-of-school adolescents could have been responsible for the disparity observed by Kunnuji et al. Our discovery that knowledge about sexuality and sex education did not correlate with occurrence of sexual assault suggested that there is a missing link between sex education and prevention of sexual assault. Previous researchers have suggested preventive measures such as modifying the environment (so that they are safer, for example, improving the street illumination), addressing

underlying causes like gender inequality and poverty, in addition to building self-defensive skills and knowledge of individuals, to augment the educational approach.[12,20]

The earlier the coitarche, the more likely it was for the adolescents to be sexually assaulted. Firstly, surveys have found that between a quarter and one-third of adolescents reported being forced to participate in their first sexual exposure.[24,25,26] This is logical because the younger the age at sexual debut, the more likely it was that sex was non-consensual. Secondly, early non-violent sexual debut may lead to friendship with peers who engage in sex, increased multiple sexual partners, unintended pregnancies, clandestine abortions, and proneness to sexual/dating violence.[27,28] This latter observation could be related to results from our study which showed that having a friend who had procured an abortion predicted the experience of sexual assault in the population studied.

Non-contact sexual violence increased the probability of experiencing sexual assault from our survey. Unfortunately, one or more forms of non-contact sexual violence were reported in all the respondents. Non-physical sexual molestation may only be the first step in the minds or the perpetrators. They could soon follow-up with stalking, threats and finally, physical assault, especially when their previous infractions went unpunished. There is a need to scale up interventions to curb the menace of non-contact sexual violence in order to mitigate against sexual assault among adolescents. These interventions include modification of sex-obsessed environment and proper guidelines for identifying, investigating and reporting non-contact sexual violence. [29]

The strength of this survey resides in its comprehensive representation of adolescents within Ekiti State in Nigeria. The adolescents from the nooks and crannies of the State were represented. It also involved both male and female adolescents. However, out-of-school adolescents were excluded though they represent a minority as the Net Attendance Ratio for high schools in Ekiti State is 77.1%.[7]

Ultimately, we concluded that sexual assault is prevalent among adolescents in Ekiti State, Nigeria and it is evenly distributed between females and males. There is a need to design institutional framework for identifying, reporting, accessing medical care immediately after non-contact sexual violence and sexual assault, and prosecuting the perpetrators in order to be able to enforce the Ekiti State Gender-based Violence (Prohibition) law, 2019. Without these appropriate

steps, this menace is bound to proliferate despite legislation. Also, policy-makers should endeavour to integrate the provision of the components of post-assault services/care within the same time, location, and by the same personnel to improve efficiency and eliminate unwarranted burden on the victims.

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