

SEXUAL ASSAULT: A REVIEW OF THE TREND AND EFFECTS AMONG NIGERIAN FEMALE ADOLESCENTS

ABSTRACT

Introduction: Adolescent sexual assault is a huge public health problem with physical, reproductive health and psycho-social consequences.

Methods: A literature review was carried out on its prevalence, forms, risk factors and effects using Google search. Additional information was from medical textbooks and journals.

Results: The estimated prevalence of adolescent sexual assault has been noticed to vary widely in different studies in Nigeria. This wide variation in its prevalence ranged from 6-74%. The wide variations in prevalence rates may be due to the different rates of reporting incidents in the various places.

Conclusion: The solution to this problem involves the mobilization and active co-operation of all stakeholders in the society such as parents, guardians, teachers, non-governmental organizations, religious leaders, political leaders and government. Sex education should be given at home, school and other settings to both males and females in order to be most effective.

Key words: Adolescent, Sexual assault, reproductive health, Nigeria

1. INTRODUCTION

Adolescent sexual assault in Nigeria is a huge public health problem which is associated with many physical, reproductive health and psycho-social consequences; both in the short term and long term. It occasionally results in death due to shock, severe physical injury or murder.

Sexual assault is any sexual act performed by one person on another without the person's consent [1]. It encompasses unwanted or inappropriate sexual exposure, usually involving genital touching, fondling, vaginal/oral/anal intercourse, or attempted intercourse [2]. It may result from force, the threat of force either on the victim or another person; or the victim's inability to give appropriate consent [1].

Sexual assault occurs in children, adolescents and adults. However, it has been noticed to occur more often in female adolescents than in any other age group [3-5]. There are several types of adolescent sexual assault such as acquaintance rape, date rape, statutory rape, and incest [1]. Acquaintance rape refers to sexual assault by a person or persons known by the victim. This is observed to occur in more than half of the cases. Incest is said to occur when the perpetrator is a family member; including step parents or other parental figures in the home. Date rape is said to occur when sexual assault is perpetrated by someone who had agreed to go on a date with her. It is usually accomplished with the use of alcohol and/or drugs such as rohypnol. Statutory rape is said to occur when the victim is a minor or under-aged, as stated by the law, which is 18 years in the Nigerian law [6]. Below this age, she is defined as being legally incapable of consenting to sexual intercourse due to her age.

This literature review of adolescent sexual assault in Nigeria seeks to identify its prevalence, risk factors, forms and effects. These will help to elucidate preventive measures to preserve the physical, mental and social well-being of female adolescents in Nigeria.

2. MATERIALS AND METHODS

Extensive literature search of published journal was conducted in internet Google using the search terms “adolescent sexual assault in Nigeria “sexual abuse among children in Nigeria” and “teenage sexual abuse in Nigeria”. This was supplemented by including search for sexual assault pattern and effects of sexual abuse in Nigeria. PubMed, ISI web of science and other indexed journals on sexual assault in Nigeria were searched. Apart from the online published literature on sexual assaults in Nigeria, all materials that addressed sexual assaults in Nigeria such as textbooks and journals in the medical library were used in the study.

3. RESULTS

3.1 PREVALENCE

The estimated prevalence of adolescent sexual assault has been noticed to vary widely in different studies in Nigeria (Table 1). The Nigerian demographic health survey (NDHS) documented a prevalence rate of 6.6% [4]. Other studies have also documented wide variations in its prevalence such as 6-62%,[7] 10.5%, [8] and 40% [9].

The wide variations in prevalence rates may be due to the different rates of reporting incidents in the various places. However, prevalence rates are difficult to be accurately documented but rather grossly underestimated. This is because less than half of sexually assaulted adolescents would tell anyone; and less than 10% usually report to the authorities [2,10].

There are many barriers to disclosure of sexual assault in Nigeria which have been identified. These include ignorance that the act constituted sexual assault, fear of not being believed, self-blame, guilt, fear of stigma, consideration of the subject of sex as being a taboo, ambivalent relationship with perpetrator(s), fear of parents/authority figures, anticipation of negative response to disclosure, mistrust of law enforcement agencies, poor or non-prosecution of sex offenders [2,9]. This culture of under-reporting may also be a consequence of a culture of male dominance and female economies and/or social disempowerment. This also serves to make the victims endure recurring episodes of sexual assault from the perpetrator(s).

Table 1. Prevalence of adolescent sexual assault in Nigeria

Author	Prevalence
Manyike et al [9]	40%
Chinawa et al [8]	10.5%
Ikechebelu JI [10]	69.9%
Kunnuji et al [11]	35%
Ogunfowokan AA et al [12]	55.5%
Akanle FF et al [13]	3.2-30.5%
Uvere EO et al [14]	69.0%
Akin-Odanye EO [15]	74.9%
Ajuwon A et al [16]	15%

3.2 RISK FACTORS

Adolescence is usually a time of experimentation and risk-taking behaviours which may inadvertently put many of them at risk of sexual assault [17]. However, certain social patterns and other factors also increase their vulnerability to this menace [18]. The documented risk factors include: living with only one parent, living with relatives

or guardians, deprivation of basic necessities of life, mental illness, disability, alcohol and/or drug abuse [18-21].

These risk factors contribute in various ways to increase their vulnerability to sexual assault. Living with only one or none of the parents has been noticed to increase an adolescent's vulnerability to sexual assault. This is because strict monitoring and conservative sexual and/or moral attitudes would be less likely to be delivered when living with only one (a single) parent, relatives or guardians. Mental illness and disability usually make the adolescent incapable of protecting herself and/or fleeing from sexual assault. The deprivation of basic necessities of life tends to compromise them and reduce their abilities to reject or flee from danger of sexual assault. This is because the perpetrators may offer them money or provision of their needs in exchange for sexual favours; either covertly or overtly offered. Alcohol and/or drugs typically reduce or removes inhibition of people when taken either voluntarily or involuntarily (may be added to food or drinks without the victim's knowledge). They may even make the victim drowsy or unconscious and thus unable to refuse or flee from sexual assault.

3.3 FORMS

Several forms of sexual assault have been reported [3,18,20]. Some of them involve physical contact with the victim while others do not involve physical contact. The forms which do not involve physical contact include being forced to look at pornographic pictures, read pornographic magazines or books, watch pornographic films, look at another person's genitals or breasts, expose her breasts or genitals for viewing, picture taking and/or filming [2,3,9].

The forms which involve physical contact include breasts and/or genital fondling, forced fondling of another's breast and/or genitals; penile penetration or attempted penetration of the mouth, vagina or anus; penetration or attempted penetration of object into the mouth, vagina or anus; forced to engage in fondling or penetration with another while perpetrator(s) is/are watching [2,3,9].

3.4 EFFECTS

The effects of adolescent sexual assault could be physical, reproductive health or psycho-social. There are also both short term (immediate) and long term impacts attributed to this problem. The short term effects include physical injuries, shock, unhappiness, anger, unwanted pregnancies, unsafe abortion, unprepared parenthood, school interruption, school termination and sexually transmitted infections. There is occasionally loss of lives which may follow severe injuries, shock or murder by perpetrator [5,19,22].

The long term effects include depression, post-traumatic stress disorder (PTSD), suicidal tendency, chronic fear and mistrust of people [23,24].

The above listed complications emphasize the public health pandemic that sexual assault actually is. Unfortunately, due to the gross under-reporting of the condition and other factor such as poor or non-punishment of sexual offenders, this problem persists. It heads to preponderance of maladjusted adolescents who eventually grew to become maladjusted adults in the society.

3.5 PREVENTION

Adolescent sexual assault can be prevented by effective mobilization of all stakeholders at different levels in the family, society and government. Adolescence is usually a period of experimentation and many of them are vulnerable to sexual assault.

An important key to prevention is sex education which should ideally start from the home; but also should be given at school and different settings in the society.

At the family level, parental communication with the child about sexual matters has been noticed to contribute greatly to reducing the incidence of the problem. Once parents (and other parental figures) break the silence on the subject of sex, it arms the child with balanced knowledge on the subject that is usually shrouded in secrecy [22].

Sex education should be given at home, school and other settings to both males and females in order to be most effective. They should be taught all the forms of sexual assault so as to recognise them. The females should be taught ways to avoid and also report all forms of sexual assault or attempted assaults so as to break the culture of silence which encourages revictimism or recurrence. The males should be taught that a high sense of responsibility in this regard is demanded from them. They should be taught to respect women and always control their emotions. It should be emphasized that they must always obtain appropriate consent before sexual intercourse; and always withdraw when consent is withheld at any point. There should also be specific programmes put in place for sexual offenders to enable them take responsibility for the actions as well as desist from such behaviours thereafter.

Public enlightenment on the issue of sexual assault would also help people in the society to appreciate that the perpetrators of this crime are the ones to blame for their actions. Presently, a lot of people tend to find reasons to blame the victims for making themselves targets probably by mode of dressing, place and time of the day it occurred amongst other factors. This public enlightenment should be driven by government and other organizations through the mass media and even organized meetings. This would help to shift the blame of sexual assault to the perpetrators and make it unattractive to would-be perpetrators to commit the crime [22,23].

Education of the girl-child should be made mandatory and the Universal Basic Education (UBE) scheme should be fully implemented. It has been noticed that one of the risk factors of adolescent sexual assault is lack of basic necessities of life. Education of the girl-child would eventually lead to the enhancement of the socio-economic status of women and eventually reduce the burden of this problem. The parents or guardians of these adolescents who fail to enrol them in the UBE programme should be identified and forced to do so [22-24].

The political leaders and government should directly contribute to the reduction of this problem by making the environment safe for everyone. The streets should be well-lit and law enforcement agents mobilized to ensure safety and protection; there should be a comprehensive national protocol for the management of all sexually assaulted female adolescent; which is compliant with the WHO schedule. This will involve medical doctors, medical laboratory scientists, forensic experts, psychotherapists, law enforcement agents amongst others. These will help to holistically take care for the immediate problems following sexual assault [23,25]. The laid down national laws should be speedily and effectively applied for the prosecution and punishment of all sexual offenders [19,22,24].

4. DISCUSSION

This review has highlighted a lot of important issues about adolescent sexual assault in Nigeria. Adolescent sexual assault, an adolescent gynaecologic problem, has grown to become a huge public health problem and human right issue in Nigeria; and the whole world. This is because of the magnitude of the problem and its far-reaching consequences, both in the short and long term.

The natural prevalence has been noticed to vary widely in different studies; but still highly underestimated because of the strong factors that have been outlined which lead to gross under-reporting has contributed immensely. It is commoner in Christian

dominated southern Nigeria than in Muslim dominated northern Nigeria and this may be due to rate of reporting or cultural factors. The perpetrators include family members, guardians, parental figures, teachers and total strangers [25]. This means that everywhere is a potential danger zone ranging from the home, school, assailant's home, cars and street corners.

The societal tendencies to find reasons to blame the victims for being attacked further makes them keep quiet and even wallow in guilt and shame [26]. Even for the instances that are reported, the sexual offenders mostly go unpunished or grossly under-punished. This is also due to the difficulty in establishing the guilt due to paucity of forensic evidence which may be due to destruction of evidence in ignorance or unavailability of equipment and personnel to gather the forensic evidence [27]. All these tend to embolden the perpetrators to repeatedly sexual assault their victims when prevailing conditions permit this.

The risk factors for sexual assault include the very fact that they have peculiar behaviour pattern of experimentation and risk-taking which makes them particularly vulnerable. Other non-modifiable risk factors include those that have disabilities [28]. There are however, several modifiable risk factors which have been outlined and include the home environment, social status, use of alcohol and/or drugs either knowingly or by deception [29].

The short and long term effects of adolescent sexual assault are myriad and far-reaching. Where there are not well managed, they tend to make them grow into maladjusted adult and some of them have been noted to later become sexual offenders [30].

The prevention of adolescent sexual abuse can only be successful when there is gross mobilization of all stakeholders and their firm commitment to eradicating this public health menace. It ranges from primary prevention of the sexual assault from occurring; prompt and effective management of assault victims (secondary prevention); as well as management of long term effects, effective identification, prosecution and rehabilitation of sex offenders in the society (tertiary prevention).

5. Conclusion: This review has highlighted the estimated wide prevalence rates, forms, risk factors, effects and effective prevention modalities. It revealed that adolescent sexual abuse is a huge public health problem and human right issue in Nigeria. It is strongly advisable that everyone should work together to reverse the trend and eventually eradicate this crime against humanity in our communities and the nation at large.

CONSENT AND ETHICAL APPROVAL

It is not applicable

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