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ORIGINAL ARTICLE

CHILD SEXUAL ABUSE AND ITS PSYCHOSOCIAL EFFECTS ON FEMALE CHILDREN IN ADDIS ABABA

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ABSTRACT

Background: *Child sexual abuse (CSA) is known to be an ever increasing problem across nations. The situation in Ethiopia is even tragic and subtle in that it is concealed in various harmful traditional practices. This study attempts to examine the psychosocial effects of CSA through early marriage, rape and child prostitution.*

Methods: *The data were collected from a randomly selected 80 respondents in Addis Ababa. a pre-tested structured interview schedule was employed to collect the quantitative data. This was also substantiated with a qualitative case study. The quantitative data were analysed using SPSS for windows version 11.*

Results: *It was found out that the respondents experienced various sorts of negative psychosocial problems as survivors of early marriage, rape and child prostitution. These include sadness 53 (66%) in all the forms of CSA, worthlessness and negative self-esteem 39(49%) in the survivors of early marriage and child prostitution, hatred of males (53%) as well as hopelessness and helplessness (48%) in rape survivors. A statistically significant association was found between early sexuality and such background variables as level of literacy ($p < 0.05$), religious affiliation ($p < 0.001$) and regional affiliation ($p < 0.01$) of the respondents.*

Conclusion: *Age at first marriage and at the inevitable sexual engagement was by far less than the age set by any legal documents currently available in Ethiopia. In addition, the perceived situation of being child prostitute, rape survivor and early married resulted in various degrees of negative psychosocial effects. Finally, the importance of family planning and health education, promoting girls' education, provision of assertiveness training to girls, and other strategies are recommended.*

key words: *child sexual abuse, psychosocial effect, female children*

INTRODUCTION

Child sexual abuse has become not only a medical concern but also a socio-economic, socio-cultural and human rights issue in almost every aspects of society's system of development across the globe. The situation is even tragic in developing nations particularly in sub-Saharan Africa where one of the youngest populations is found. One in every four people in this part of the continent is said to be 10 to 19 years old (1). This age group, upon which nations' future development depends, is particularly exposed to grave risks in reproductive health and its associated psychosocial effects, which may eventually jeopardize the socio-economic development of each country. This is especially becoming an exceedingly growing problem for women and young girls who are subjected to various harmful traditional practices such as early marriage, rape and child prostitution (2).

Age at first marriage and sexual commencement in Ethiopia is reported to vary according to some pockets of research conducted in school and out of school settings. This ranges from 13 to 17 years old (3, 4, 5, 6). However, a national demographic health survey has recently revealed that the median age at first marriage among women in Ethiopia has risen slowly over the last two decades. The increase is reported to be from about 16 years for women aged 30-49 to 17.2 years for women aged 25-29 and to 18.1 years to the youngest cohort aged 20-24 (7). Although this study is claimed to be a nationally representative survey, it tends to camouflage those segments of the population which practice early marriage below the age of 14.

CSA like rape and child prostitution is not uncommon in Ethiopia. For instance, a study conducted among high school students (N = 1401) has found out that the prevalence of completed rape and attempted rape among female students was 5% and 10% respectively. Majority of the rape victims (85%) were under 18 years of age (8). Another study con-

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ducted on juvenile prostitutes (N = 30) in Addis Ababa revealed that the respondents prostituted themselves surprisingly between the ages of 10 and 17, with an average age of 13.9 years (9). This may result in unwanted and early pregnancy, physical and psychosocial hazards as well as health related complications. Undeniably, females are more sexually endangered as children, teenagers and adults in times of war, drought and famine in street corners and in camps of refugees than males. They are also victims of forced sexual attack as students at primary, secondary and tertiary levels as well as in different organizations and institutions as employees (10).

This situation is mainly attributed to the deep-rooted, culture-based patriarchal attitude of the society that greatly contributed to females being socialized as submissive, easily manipulated by their male counterparts, and less assertive. Their physical weakness as compared to males and the nature of their genitals are also said to predispose females to be susceptible to forced sexual attack (11). Low socio-economic status of a given family, community or nation at large and the diffusion of unhealthy sexual tradition (erotica) especially to urban areas through various media seem to contribute to the sexual abuse and victimization of female children and young women in developing countries (12). That is, in order for the family to survive, poor female children and young women have to go for prostitution, sell their bodies, help themselves and send money to their families. Apart from this, the high prevalence of joblessness predisposes males, especially adolescents in urban areas to spend most of their times in consuming alcohol, taking drugs and watching pornographic films and videos. This makes them moral degenerates and sexual predators and abusers of young women (9).

From theoretical perspectives, conceptual models give various explanations as to why, when and how sexual abuse happens. These models can generally be categorized in such a way that majority of them try to explain the problem from the offenders perspective in light of whether in bio-psychological dimension or in the socio-cultural context. Some other theories are grounded on the behaviour and living conditions of the survivors. Still other models see the problem from the area of different environmental factors in which both the offenders and the victims are living. Quite few conceptual models appear to be eclectic in that they try to explain the problem not from a single factor but from various possible angles. Presenting just the socio cultural theories and the four preconditions model could be adequate to explain the claim. The socio-cultural theories argue that some cultures and traditions encourage patriarchal attitude in a society which eventually give much freedom to males but limit the role of females except to serve as sex objects, mothers and no more partly justify the tradition of early marriage in our society (13).

The second model is based on the assumption that four preconditions must exist before an individual sexually aggresses against a child. These are (a) motivation to abuse a child sexually; (b) overcoming internal inhibitions against acting on that motivation; (c) overcoming external barriers to committing sexual abuse; and (d) overcoming or undermining a child's possible resistance to the sexual abuse (14).

The first two preconditions comprise psychological factors specific to the offender, while the last two preconditions pertain to sociological factors or the environment in which the offender operates and may affect whom the offender abuses and whether or not he does so at all. This model is not only comprehensive in justifying why and how child sexual abuse comes about but also gives insight to mitigate the problem from happening.

Helping the youth, in general, and young girls, in particular, to make a healthy transition to adulthood is believed to be critical to the development and prosperity of the future generation. In this regard, a considerable effort has been made in the past few decades by non- governmental organizations and the government to improve the situation of females in general and children in particular in Ethiopia.

The enactment of the Ethiopian Family Code and actions being taken by different associations of female activists under the umbrella of the Ethiopian Network of Women's Association, provision of wider opportunities and accessibilities for children to primary education and others could be taken as fundamental breakthroughs. However, compared to the large number of problems that women and young girls are facing, the breakthroughs remain just a drop in the ocean.

Female children and young girls may engage in sexual activity prior to their adequate physical development; psychological readiness and above all without their consent. The degree of the multifaceted consequence they encounter afterward can be severe: the activity can have disastrous health, psychosocial and economic effects. However, the various studies undertaken in institutions such as schools and hospitals and in larger communities so far in Ethiopia have given less emphasis to the socio-cultural causes of early sexual engagement and its psychosocial effects on women and young girls. There has not also been a study as such focused on captured survivors of early sexuality that tried to take data directly from the

'horse's mouth' thus far. Moreover, the fact that female children and young girls are sexually abused and misused in different ways such as early marriage, rape, incest and prostitution may or may not mean that they experienced identical effects. Studies done in the area attempted to address the problem discretely, without comparing and contrasting the effects on the victims. This study is aimed at assessing the psychosocial consequences of CSA through early marriage, rape and child prostitution. Specifically, the study was intended to answering the following research questions.

1. What are the major psychosocial effects of child sexual abuse on the respondents?
2. What degrees of differences exist on these effects between the forms of the abuses (i.e. early marriage, rape and child prostitution)?

METHODS AND MATERIALS

Study design, period and area: The study was an exploratory survey undertaken from January to April 2003 in four sites all residing in Addis Ababa. These were the Addis Ababa Fistula Hospital, where survivors of obstetric fistula mostly due to early marriage are hosted; the Yekatit 12 Hospital Child Abuse and Neglect Unit (CANU) clinic and the Ethiopian Family Guidance Association (FGAE) model clinic, both specialized in treatment and certification of rape survivors, as well as Children Aid Ethiopia, Project-30, Woreda 7, Kebele 31, Merkato, which rehabilitates survivors of child prostitution.

Respondents: The total number of respondents was 80 female children and young women. Out of this the great majority 47 (59%) of the respondents and 24 (30%) of the total respondents were taken from the Addis Ababa Fistula Hospital and the Ethiopia Aid Project 30 respectively. The remaining, i.e. about 12% of the respondents were taken from the FGAE model, clinic and the Yekatit-12 Hospital-CANU clinic.

Sampling: Both probability and non-probability sampling techniques were employed to select the main respondents out of the accessible population. First, there were 120 fistula patients admitted to the Fistula Hospital and 100 child prostitutes in Children Aid Ethiopia Project 30 rehabilitation centre. Of these, 47 and 24 respondents were randomly selected from these sites respectively.

This was done in such a way that initially, all members of the accessible population were given their own code. The codes were then registered in a separate sampling frame. Finally, the desired sample size was drawn using simple random sampling method. The remaining number of respondents (i.e. 9) was taken based on available sampling technique from FGAE model clinic and Yekatit-12 CANU clinic. This small number of respondents is accounted for the fact that it was tremendously challenging to get rape survivors if not impossible not because of the low prevalence of the problem but because of the taboo nature of the issue.

Instrument: A Structured Interview Schedule (SIS), with 50 open and close-ended items in three parts was employed. In its first part, the SIS dealt with items on the socio- demographic information of the respondents. The second part contained items related to the states of sexual experience of the respondents. And the last part composed of items on the psychosocial effects of the issue on female children respectively. Moreover, an in-depth case study with two of the child informants- the one who have a history of traditional early marriage in Gojjam area and the other having a history of early marriage by abduction from the Arsi area; and a third case, a rape survivor was included.

Procedurally, the interview schedule and the interview guide were prepared in English and then translated into Amharic by the investigator. Both the Amharic and the English preliminary versions were given to experts of the respective languages and checked for their consistency. The interview schedule was then pre-tested on six female children and young women. A female graduate student was hired as a research assistant.

Data analyses: Both quantitative and qualitative data analyses were employed. Such outcome variables as sadness, worthlessness, hatred of males, helplessness and hopelessness as well as socio-demographic variables were quantitatively analyzed using SPSS for windows version 11. Statistical tests were used where appropriate. The qualitative data collected through case study were tape recorded and transcribed thematically. The transcribed data were then organized theme by theme and used to explain and substantiate the quantitative analysis.

Ethical issues: Ethical clearance from the Ministry of Health and permission from all the research sites were secured. Finally, the data were taken upon securing informed consent from each of the respondents.

RESULTS

The demographic characteristics of the respondents are summarized in table 1. Mean ages at menarche, first marriage, first coitus, first pregnancy and first delivery with the corresponding ranges and standard deviations are shown in figure 1. The relationship between age at first coitus and educational status of the respondents is found to be statistically significant at χ^2 (3) = 8.99, $p < 0.05$ (Table 2).

Table 1: Distribution of the respondents by some background variables (N = 80**)**

Background variable	**Response**	**Frequency**	**%**
Ethnic background	Amhara	43	53,8
	Oromo	22	27,5
	Tigrie	5	6,3
	Wolayta	1	1,3
	Agew	1	1,3
	Guraghe	5	6,3
	Hadiya	1	1,3
	Siltie	2	2,5
Reginal affiliation	Tigray	2	2,5
	Amhara	23	28,8
	Oromia	13	16,3
	SNNP	4	5
	Addis Ababa	33	41,3
	Hararie	5	6,3
Religious affilation	Orthodox	57	71,3
	Muslim	18	22,5
	Protestant	5	6,3
Educational status	Illiterate	38	47,5
	Reading and writing	20	25
	Elementary first cycle	16	20
	Elementrary second cycle	5	6,3
	Secondary school	1	1,3
Marital status	Never married	20	25
	married	25	31,3
	Dovorced	33	41,3
	Didwed	1	1,3
	Separated	1	1,3
Occupational status	Student	7	8,8
	Daily laborer	2	2,5
	Housemaid	2	2,5
	Housewife	19	23,8
	Employee	1	1,3
	Sex worker	24	30
	Farmer*	25	31,3

** This group of the respondents was considered as farmers because they were found to be either divorced or widowed. Hence, they could not be classified as housewives.*

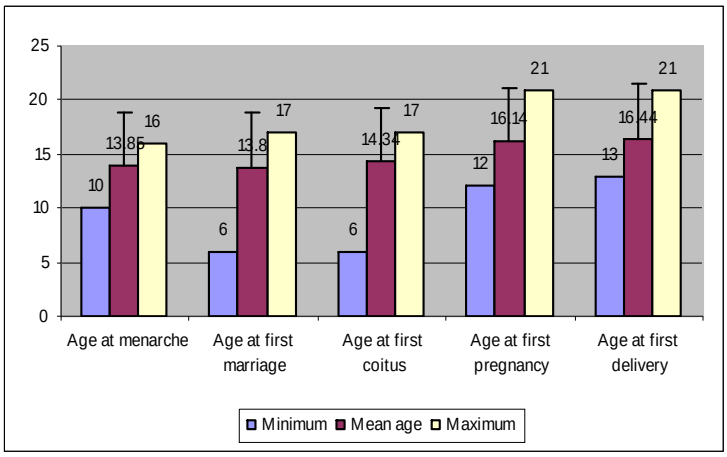

Fig1: Major reproduction-related life-events of the respondents

Table 2: Association of age at first coitus with some background variables (N = 80)

Background variables		Age at first coitus (years)								Total		χ^2
		< 14		*14*		*15*		*16 +*				
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	
Educational status	Illiterate	13	72	10	83	19	76	16	64	54	67	8.99*
	Literate	5	28	2	17	6	24	9	36	26	32	
Regional affiliation	Addis A.	8	44			11	44	14	56	33	41	16.11*
	Amhara	6	33	8	67	4	16	5	20	23	28	
	Others	4	22	4	33	10	40	6	24	24	30	
Religious affiliation	Christian	14	78	8	67	17	68	18	72	45	56	6.82**
	Muslim	4	22	4	33	8	32	7	28	35	43	

**p<0.05, ** < 0.001*

Moreover, the association between regional affiliation and age at first coitus was found to be statistically significant (χ^2 (6) = 16.11, $p < 0.5$) with more respondents (41%) and (29%) are affiliated to Addis Ababa and Amhara regions. Similarly, religious affiliation was significantly associated with age at first coitus (χ^2 (3) = 6.81, $p < 0.05$) showing that majority (56%) of the respondents were Christians and the remaining (44%) were Muslims. With respect to their ethnic background, those who are Amhara constitute the greatest proportion at all age groups of first coitus. The second largest group at all the specified age groups is Oromo accounting for 27% out of the total. The remaining nearly 19% are from other ethnic groups. However, a Chi-square test did not show significant association between ethnic background and age at first coitus.

As shown in table 3, data on their educational status reveals that about 87% of the respondents who were early married before their 15 years of age were found to be illiterate and 59% who married at their 15 and above were also illiterate. A further analysis of the data showed that a statistically significant association exists between educational status and age at first marriage ($\chi^2(1) = 4.8$, $p < 0.05$). Concerning the relationship between regional affiliation and age at first marriage, 50% of the respondents who married below age 15 were from the Amhara region alone as compared to the second largest group (42%) of those from other regions married in the same age group. This was not, however, found to be statistically significant. As far as the relationship between religious affiliation and age at first marriage is concerned, the result shows that more Christians (67%) than Muslims (33%) get early married below age 15. To the contrary, here again, more Muslims (64%) than Christians (36%) reported that they first married at age 15 and above. A further analysis of the data reveals that a statistically significant association between the two variables ($\chi^2(1) = 4.22$, $p < 0.05$) was

Table 3: Association of age at first marriage and some background variables

Background variables	**Response**	**Age at First Marriage**				**Total**		
		Below 15		*15 + years*				
		No.	**%**	**No.**	**%**	**No.**	**%**	x^2
Educational status	Illiterate	21	87	20	91	58	72.	4.80*
	Literate	3	12	2	9	22	27	
Regional affiliation	Addis A.			1	4	33	41	0.39 n.s
	Amhara	15	62	6	27	23	29	
	Others	9	37	15	68	24	30.	
Religious affiliation	Christian	16	67	9	41	57	71	4.22*
	Muslim	8	33	13	59	23	29	

**p < 0.05, n.s. not significant*

Observed.

Respondents were asked as to what psychosocial effects they experienced as survivors of child prostitution, rape and early marriage (Table 4). Majority (66%) of the respondents in all the three forms, that is, prostitutes (63%) rape victims (67%) and those who were early married (67%) reported that they felt sad about their situation. The second largest proportion of those who were early married (54%) and prostitutes (53%) constituting 49% of the total cases consider themselves as worthless in contrast to only few 4(28%) of rape victims.

More than half (53%) of the rape victims demonstrated a strong dislike of males. Besides, equal proportion (48%) of this group of respondents was suffering from loneliness and helplessness. It is also observed that loneliness and helplessness are major problems of 53% of those who were early married and 42% of those who were prostitutes. Psychosocial crises such as suicidal feelings and attempts as well as depression are not matters to be overlooked for they appeared to be severe problems for considerable proportions of the respondents in all the groups.

Table 4: A cross tabulation between forms of early sexual engagement and associated psychosocial effects(N = 80)

Psychosocial effects		**Forms of Sexual Engagement**						**Total**	
		Child prostitute		*Rape*		*Early Marriage*			
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Worthlessness	Yes	10	53	4	27	25	54	39	49
	No	9	47	11	73	21	46	41	51
Sadness	Yes	12	63	10	68	31	67	53	66
	No	7	37	5	33	15	33	27	34
Loneliness	Yes	7	37	7	47	24	53	38	48
	No	12	63	8	53	21	47	41	52
Helplessness	Yes	8	42	7	47	17	37	32	40
	No	11	58	8	53	29	63	48	60
Desire of committing suicide or attempt	Yes	6	31	5	33	15	33	26	32
	No	13	68	10	67	31	67	54	67
Hatred of males	Yes	7	37	8	53	16	35	31	39
	No	12	63	7	47	30	65	49	61
Depression	Yes	2	10	4	27	4	9	10	12
	No	17	89	11	73	42	91	70	87
Alcohol/drug addiction	Yes	10	53	4	27			14	17
	No	9	47	11	73	46	100	66	82
Hopelessness	Yes	7	37	5	33	19	41	31	39
	No	12	63	10	67	27	59	49	61

DISCUSSION

The age at which sexual engagement commences is paramount important in determining the physical, psychosocial and economic condition of girls and young women. Other things being equal, it is agreed that the more they delay this age to an optimum level (age 21 to 24 years), the greater their chance to physically develop, psychologically ready and economically prepared to bear its consequences (15).

However, results of the present study showed that the mean age at first sexual engagement is 14 years (*SD* = 2.24), which is close to the mean age at first marriage (13.8 years). The finding is in line with other studies conducted elsewhere in Ethiopia previously (3, 16). But it seems that there is a slight and consistent increment in age at first marriage despite the fact that it is still very early (i.e.11.5 and 13.4 years in the aforementioned studies respectively as compared to 13.8 years) in the present study. This finding, however, contradicts with the Ethiopian Demographic and Health Survey (2000) EDHS, which reveals that median age at first marriage is increasing from 16 to 18.2 years of women married in different cohorts (7).

More catastrophic is the various subsequent effects of early sexuality, which also happened at an early age. For instance, mean age at first pregnancy and delivery of the present study were found to be 16.14 and 16.44 years, respectively. Besides, the minimum age at first pregnancy and delivery was 12 and 13 years, respectively. Findings in other African countries such as Malawi, Tanzania, Cameroon, Liberia, and Mali showed similar results (17, 18).

Outcomes of these pregnancies are much more distressing than the sexual experiences. For instance, of the respondents from the Addis Ababa Fistula Hospital, more than three fourth (77%) experienced stillbirth due to prolonged and obstructed labour. This made 81% the respondents to suffer from obstetric fistula and its associated psychosocial problems.

It was of paramount importance to see the degree of association between some background variables and ages at first coitus and first marriage. Accordingly, educational status of the respondents was found to be significantly associated with these variables (Tables 2 & 3). This is in agreement with other reports such as Into a New World (1998) (16), ECA (1997) (19), and United Nations (1990) (20). A cross tabulation of these variables further showed that majority of the respondents were illiterate implying that the more girls are denied of education, the more they engage in the net of early marriage inevitably experience early coitus. This also implies that among other things, non-educated girls are less assertive, more submissive and prone to sexual abuse than educated ones. Religions affiliation of the respondents was also significantly associated with ages at first marriage and coitus. Majority of the respondents who got married before their 15 years of age and sexually engaged are Christians as compared to their Muslim counterparts.

This doesn't mean, however, that Christians marry their daughters off earlier than Muslims at least in the present study. Although the proportion of this study and some earlier findings (17, 21, and 22) showed that early marriage is more prevalent in the Amhara region, a Chi-square test doesn't show a statistically significant association. Regional affliction is, however, found to be significantly associated with age at first sexual engagement ($p < 0.05$). Nevertheless, it should be understood that this analysis doesn't imply that marriage and sexual engagement are early in some regions and are not in others for the entire respondents were already engaged in this activity early. Rather, it is to show that to what extent early is early.

It was presumed that the psychosocial effects of child sexual abuse may vary and depend on the context of early sexuality experienced. The respondents were asked about what psychosocial problems they experience as the result of being raped, prostituted and early married. Hence, dropping out of school (43%) and divorce (41%) are found to be the major social problems. A cross tabulation of the different psychosocial effects with the three groups, revealed that the great majority of the respondents experience sadness as a result of being raped, child prostitutes and early married. Worthlessness and negative self-esteem were the second major problem for those respondents who were early married and child prostitutes compared to few number of rape survivors. AP, the case who was early married by abduction, narrates the traumatizing nature of early marriage for example:

> *'It is so shocking and humiliating to become a wife as a child. I used to hide myself from the view of my friends while they came home to visit me. I was rather so depressed, lonely and unusually reluctant to participate in major festivals and holydays such as epiphany and Christmas. …I remember praying for the dark not to come since it was this time he forced me to have sex. When the dark approaches, I usually pretended to be sick so that he would leave me alone; but this was not always true. I later became mentally sick for several days. Finally*

they took me to the holy water and I got recovered.'

Nevertheless, hatred of males is found to be a common problem for more than half of the rape victims. A considerable proportion of the entire respondents are also suffering from loneliness, helplessness and hopelessness. And yet, problems like suicidal feelings attempts and depression are observed to be major crises for few respondents in all the groups. As one may possibly expect, alcoholism and drug addiction are also found to be major problems for child prostitutes.

RV, a survivor of incestuous rape, bitterly accounts for her multifaceted problems.

'… I didn't believe my eyes looking at my stepfather whom I used to respect and love just as my father slapping on my face and lifting me up to the bed to sleep with him; b-u-t Oh! My God! … for sex. I was freezing and very much terrified. The trauma would have been lessened if I had shared the situation with someone else. But how could I do that? It was really a matter to be ashamed of. On top of this he warned me not to tell it to anyone. And I kept silent until I did it latter to the organization providing me counselling and financial aid. Much more unbearably severe was becoming pregnant in such a condition and giving birth to a child from a stepfather, a sister and an aunt for my siblings. I had several attempts to commit suicide every time I thought of this. But I didn't do it because of my baby and my mother of whom I love very much.'

These psychosocial problems are also in line with other findings shown by Curtis (12), Bogorad (23) and Buss and Malamuth (24).

In conclusion, age at first marriage and at the inevitable sexual engagement is by far less than the age set by any legal document currently available in Ethiopia. A strong association was found between level of literacy and age at first marriage and first coitus, with more and more illiterate girls got married and sexually engaged at early age. In addition, the perceived situation of being child prostitute, rape survivor and early married resulted in various degrees of negative psychosocial effects. Divorce and school dropout rates were also found to be the grand social problems. Thus, the available policies, legislations and laws should be properly implemented to protect children from various sorts of sexual abuse. With this, sustainable 'Assertiveness Training' should be offered to girls formally in schools, and informally in their community so that they would be able to safeguard themselves against harmful traditional practices such as early marriage and other forms of sexual abuses. Moreover, well-trained individuals in the helping professions such as counsellors, psychiatrists, and social workers should be assigned in hospitals, clinics and other rehabilitation centres. Finally, further studies employing standardized scales, including larger survey and hence robust statistical tests are recommended.

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