

Sexual abuse among juvenile female street hawkers in Anambra State, Nigeria

⁺Ikechebelu JI, ⁺Udigne GO, ^{*}Ezechukwu CC, ⁺⁺Ndinechi AG, ⁺⁺Joe-Ikechebelu NN.

ABSTRACT

Street hawking exposes young girls to all forms of hazards, including sexual abuse. This descriptive study examines the size of the problem and the consequences of sexual abuse on juvenile female street hawkers randomly recruited from two urban towns in Anambra State of Nigeria. Data was collected with semi structured, interviewer administered questionnaires.

The mean age of the female hawkers was 13.0 + 2.2 years. Out of 186 respondents, 130 (69.9%) had been sexually abused with 32 (17.2%) having had penetrative sexual intercourse (28.1% were forced and 56.3% submitted willingly) while hawking. Majority (59.4%) of the sexual partners were adults. Other types of sexual abuse experienced include inappropriate touches (106 cases; 81.5%) and verbal abuses (121 cases; 93.1%). There was low awareness of the twin risks of pregnancy (43.1%) and sexually transmitted infections (54.3%) following sexual abuse among the respondents.

Sexual abuse of young female hawkers is an issue of great public health importance. Poverty alleviation, health education and protective child right policies will decrease its prevalence and the associated risks. (*Afr J Reprod Health* 2008; 12[2]:111-119)

RÉSUMÉ

Abus sexuel parmi les colporteuses adolescentes dans l'Etat d' Anambra au Nigéria. L'activité des colporteuses expose les jeunes filles à toutes sortes de risques y compris l'abus sexuel. Cette étude descriptive examine l'ampleur du problème et les conséquences de l'abus sexuel sur les colporteuses qui ont été recrutées au hasard dans deux villes urbaines dans l'Etat d'Anambra au Nigéria. Des données ont été collectées à l'aide des questionnaires semi-structurés et administrés par l'enquêteur. L'âge moyen des colporteuses était 13,0+2,2 ans. 136 (69,9%) sur les 186 enquêtées ont subi l'abus sexuel d'une manière ou d'une autre. Trente-deux (17, 2%) parmi les colporteuses ont eu des rapports sexuels avec pénétration quand elles étaient en train de marchander des produits. De ce nombre, 28,1% ont été forcées et 56,3% se sont soumises volontairement. La majorité (59,4%) des partenaires sexuels étaient des adultes. D'autres formes d'abus sexuels que les 130 colporteuses ont subis comprennent les touches inappropriées (106 cas . 81,5%) et des abus verbaux (121 cas ; 93,1%). La conscience du double risque de la grossesse (43,1%) et des infections sexuellement transmissibles (54,3%) suite à l'abus sexuel est peu élevée.

L'abus sexuel subi par les colporteuses engagées dans le travail des enfants est une question de santé publique de grande importance. Les efforts du gouvernement pour remédier à la pauvreté, pour promouvoir l'éducation de la santé et les politiques des droits de l'enfant protecteurs, aideront beaucoup à réduire sa prévalence et la prévalence des risques qui y sont associés. (*Rev Afr Santé Reprod* 2008; 12[2]:111-119)

KEY WORDS: *Adolescents, In- School, Sexual activity, Sexual exposure, Nigeria*

Departments of ⁺Obstetrics & Gynaecology, ^{*}Paediatrics and ⁺⁺Community Medicine. Faculty of medicine, College of Health Sciences, Nnamdi Azikwe University. P. M. B. 5001. Nnewi Campus. Nigeria.

Correspondence: Dr. Joseph I. Ikechebelu. P. O. Box 244. Nnewi Nigeria E- mail: jikechebelu@yahoo.com

Introduction

The Collins concise dictionary¹ defines juvenile as pertaining to the young or immature of youth or childhood. This comprises the child and the adolescent. According to World Health Organization (WHO), a child falls within the age group of 0 – 19 years. Some countries further include any one less than or up to 21 years. The Nigerian labour act defines a child as those who are 16 years of age and below² but the International Labour Organization (ILO) has brought it down to individuals below 15 years of age³.

Sexual abuse is a gender based issue and is the misuse or wrong use of sexuality whether in action, touching of breast or buttocks, very intimate body contact or actual sexual intercourse with a child. It also includes use of words suggestive of intention to engage in any form of sexual activity or practice. Gender based violence is a major public health concern and infringement of human sexuality and reproductive rights. The World Health Organization estimates that at least one in five of world's female population has been physically or sexually abused⁴. Among children, sexual abuse is increasing and the girl child is more at risk^{5,6}. The girl child has always been faced with problems that emanate from gender inequality in addition to the usual problems of childhood and adolescence. Besides the various health, sociocultural and educational problems to which the girl child is exposed, is the crucial and most often neglected hazards associated with child labour and street hawking.

Street hawking is a common form of child labour in most developing countries like Nigeria and the female child is usually

involved. The child on the street is exposed to malnutrition, respiratory tract infection, mental illness and substance abused⁷ and the young female hawkers are in addition particularly vulnerable to all forms of violence including sexual exploitation by men⁸. The men prefer young girls as sexual partners because they assume they are sexually inexperienced and as such are less likely to be infected with sexually transmitted disease⁹. In a society with poorly developed social network and intervention, many of the girls accept it as their lot and fear being stigmatized if they should report¹⁰.

Over the years the traditional Nigerian society has deliberately discriminated against the girl child especially as regards education with the wrong belief that subsequent marriage will deprive the parents and family of such investment. In order not to waste limited resources and to make the girl more "useful" to her family, she is given minimal education and the result is low aspiration and limited career and employment opportunities. There are also stress related problems when some of these girls are given to rich families as house helps or baby sitters or are sent into the street to hawk.

Walking across the street in various cities and towns in Nigeria, one would find a substantial number of boys and girls (who are supposed to be school) engaged in menial or odd jobs such as newspaper vending, truck pushing, prostitution or other forms of forced labour. Most often the girl child is sent onto the street to hawk all kinds of wares because of poverty related issues and to help supplement family income. Also hawking is supposed to help prepared them for adult roles. This however, does not obviate the fact that the juvenile hawkers on the street

are exposed to numerous hazards ranging from physical violence to loss of wares, risk of accident, robbery, kidnapping and even murder for ritual purposes. They are exposed to the vagaries of weather (extremes of cold or heat), to insects and reptiles, and to hunger and deprivation. The most troubling perhaps is the fact that some are sexually exploited and forced into prostitution with the risk of unintended pregnancies and contracting sexually transmitted infections (including HIV). Some of these girls wake up as early as 4am to prepared bean balls or articles for sale and proceed to hawk often without breakfast. This state of hunger makes them vulnerable to manipulation or exploitation by men.

An earlier study on street children in Nigeria found that more than 15.4 % of female adolescent hawkers had procured abortion at least twice, had been pregnant without knowing who was responsible, had experienced rape and also contracted sexually transmitted infections (including HIV)¹¹. A more recent study showed that 30% of the violence experienced by girls on the street is sexual in nature¹². This is an issue of great importance because in the traditional African society, the concept of sexuality is enshrouded in secrecy. Most abused girls do not report the crime because of the stigma attached to the issue. Although the society has sympathy for victims of sexual violence, it also visits them with some stigma. Gender-based violence is a major public health concern and a violation of human rights more so when it occurs in the child. This problem is increasing in Nigeria due to large family size, wide spread poverty and growing unemployment.

In view of the health, social and psychological consequences of sexual abuse, this study was designed to highlight the magnitude of the problem and proffer practical solutions.

METHODOLOGY

Study design: This is a descriptive study carried out among juvenile female hawkers in two urban settlements (Awka and Nnewi) in Anambra State. All the hawkers who were encountered on the street while hawking and who agreed to offer information were interviewed during the study period.

Study areas: Awka is the capital city and the seat of government of Anambra State. It has two universities and is an developing urban settlement. The inhabitants of the area are predominantly of the Igbo ethnic group and are mostly civil servants of all cadres. Others are students, s and traders. Nnewi on the other hand is a semi urban town and is inhabited predominantly by the Igbo ethnic group. A large proportion of the inhabitants are traders, with few artisans and civil servants. Nnewi is a commercial town famous for its motorcycle and motor spare parts market as well as manufacturing and industrial establishments. The town is densely populated with poor housing and drainage system.

Inclusion criteria: Based on Nigeria labour act's definition of a child, only hawkers who were aged 16 years and below were eligible for inclusion into the study.

Data collection: Data was collected over a period of 6 weeks between August and September 2004. The hawkers were recruited into the study while hawking on the streets between 3 and 6pm from Monday

to Saturday. Semi structured questionnaires which took about 15 – 20 minutes to administer were used in interviewing the girls. The questionnaires were administered in vernacular and/or English depending on the level of education and understanding of the respondent.

The background information on each girl was collected. Data was also collected on history and type of sexual abuse and their knowledge of the risk of unprotected sex.

Data analysis: The data collected were subsequently analyzed manually and presented in tables and percentages. Chi-square was used as test of significance with P value < 0.05 regarded as significant.

Definition of Terms:

Sexual abuse in this study was defined as suggestions to engage in any form of sexual practice, touching of breasts, buttocks or perineal region, very intimate body contact with the child or actual sexual intercourse.

Sexual intercourse is regarded as involvement in penetrative vaginal sex.

Sex while Hawking is any involvement in sexual intercourse during the hours of hawking irrespective of the place where it was performed.

Street Hawking is considered as the act of canvassing for sale of items carried by the hawker along the street, from house to house or in the public places in the town.

Results

Out of a total of 200 hawkers approached for this study who fulfilled the inclusion criteria, 14 refused to be interviewed or left without finishing the interview leaving 186 questionnaires for analysis. Of this number, 78 were from Awka and 108 were from Nnewi. The total number of street hawkers who had experienced at least one form of sexual abuse while hawking was 130(69.9%). The figure at Awka was 70.0% and Nnewi was 66.7% and this is not statistically significant with X^2 of 0.1024 and P value > 0.05.

Table 1 shows the demographic characteristic of the hawkers with mean age of 13.0 + 2.2 years. The group from Awka

Table 1: Age distribution and education status of the hawkers

Age (years)	Frequency (%)
7 -9	32 (17 .2)
10 -12	28 (15. 1)
13 - 14	48 (25. 8)
15 -16	78 (41. 9)
Total	186 (100)
Education status	
No formal Education	24 (12. 9)
In school	99 (53. 9)
Out of school	63 (33. 9)
Level stopped	
- Primary	59 (93.7)
- Secondary	4 (6.3)
Total	16 8(100)

and Nnewi had mean ages of 13.3 + 2.3 years and 13.1 + 2.9 years respectively. The P value is > 0.05 and is not a significant difference. Large proportions (78; 41.9%) of the respondents were aged 15 – 16 years while those aged less than 10 years constituted 17.2% (n = 32). The distribution of educational level showed that about half of the respondents (99; 53.2%) were still in school while the rest had either dropped out or had no formal education. Fifty nine (93.7%) stopped their education at primary school level.

Majority of the respondents were Christians (160; 86.0%), while only 12 (6.5%) were Moslems. The remaining 14 (7.5%) could not be identified with any religion. Only 5 (2.7%) respondents kept their earnings, while 90(48.4%) and 91(48.9%) returned their earnings to their parents or guardians respectively. One hundred and twenty respondents (64.5%) had reached menarche and were already experiencing their monthly menstrual cycles.

The level of awareness among the 186 hawkers of the risk of unprotected sex revealed that 80 (43. 0%) out of the 186 hawkers were aware that they could become pregnant and 101 (54.3%) were aware that there was a risk of contracting sexually transmitted infections (including HIV). Education tend to increase the level of awareness to the twin problems as in school hawkers had a higher level of awareness 56.6% and 67.7% than out of school hawkers 27.6% and 39.0% for pregnancy and STIs respectively. This was statistically significant with X² value of 3.841 and P value < 0. 001.

The types of sexual abuse experienced by the 130 hawkers include inappropriate touches (106 cases; 81.5%), verbal abuses (121 cases; 93.1%) and sexual intercourse (32 cases; 24.6%). The highest incidence of sexual abuse occurred in the 13 to 14 years age group followed by 15 to 16 years age group and 10 to 12 years age group with 83.3%, 79.5% and 57.1% respectively. Only

Table II: Characteristic of sexual partners and location of the sexual act

Characteristic	Frequency (%)
Status (age) of sexual partner	
-Adult	19 (59.1)
-Age mate (adolescent/child)	9 (29.1)
-Don't know	4 (12.5)
Total	32 (100)
Familiarity of sexual partner	20 (62.5)
-Know to hawker	12(37.5)
-Not known to hawker	
Total	32 (100)
Location of the sexual act	
-Residential home	8 (25.0)
-Office/business premises	13 (40.6)
-Market stall	2 (6.3)
-Mechanic workshop	2 (6.3)
-Motor vehicle	(21.9)
Total	32 (100)

Table III: Action by the hawkers after sexual intercourse

Action taken	Frequency (%)
Confided in	
-Mother	2 (6.3)
-Sister	1 (3.1)
-Guardian	1 (3.1)
-Friend (girl)	4 (12.3)
-No one	24 (75.0)
Total	2 (100)
Visited	
-Hospital	3 (9.4)
-Chemist	10 (31.3)
-Police	1 (3.1)
-No action	18 (56.3)
Total	32 (100)

12 (37.5%) of the 7 to 9 year olds were also sexually abused. Among the 32 hawkers who experienced sexual intercourse while hawking, 9 (28.1%) were forced, 18 (56.3%) submitted willingly while 5 (15.6%) were unsure of circumstances surrounding the act.

The characteristic of the sexual partners are shown in table II. Nineteen (59.4%) of the sexual partners were adults and 9 (29.1%) were another child/adolescent. There was familiarity (someone they have come in contact with before mostly as a regular customer) between hawker and sexual partner in 20 (62.5%) of cases while in the remaining 12 (37.5%) the sexual partners were total strangers. These partners were not boyfriends or husbands of the hawkers as all the hawkers were single and had no boyfriends. Thirteen (40.6%) of cases occurred at the office/business premises of the partner while 8 (25.0%) occurred in residential homes and 7 (21.8%) inside motor vehicles. Other places used are market stall and mechanic workshop.

Table III shows the various actions taken by the hawkers after intercourse. Twenty four (75.0%) did not confide in anyone while 8

(25.0%) confided in either a friend, sister, mother or guardian. Eighteen (56.2%) took no action while 10 (31.5%) went to the “chemist” for drugs. Only one case was reported to the police.

Discussion

Street children and those who work in the street are exposed to a lot of dangers which include malnutrition, mental illness and substance abuse⁷ as well as physical and sexual abuse with the attendant consequences. The age distribution and the educational status of the respondents showed that mostly very young and out of school girls are involved in hawking with the age group 7 to 9 years contributing as much as 17.2%. Nearly half of the study population (46.8%) either had no formal education or dropped out of school mainly at the primary school level. In a society where religion is taken seriously, 7.5% could not identify with any group. This could be a marker for unguided upbringing.

With regard to awareness of the risks associated with unprotected sex, 56.9% and 45.7% were not aware that they could get

pregnant or contact STIs respectively. Young people need to receive information about risk of being sexually abused and about help they can receive from their social network or protective agencies¹³. This would also make them to seek help more often¹². The high level of ignorance on sexual issue among the hawkers is a reflection of the poor quality of or even non existence of proper reproductive health education in our schools and at home where such issues are culturally regarded as “secrets”. However, this is a wrong approach as it creates room for uninformed experimentation and unsafe sexual activity among the adolescents especially these unsupervised juvenile female hawkers with attendant spread of STIs^{9,12,14-16}. In one of the population reports, 43.6% of adolescents less than 17 years of age reported themselves to be sexually active while 40.6% had confirmed reproductive tract infections¹⁷. This study demonstrated that formal education of the hawkers did seem to improve knowledge of the hawkers about pregnancy and STIs (including HIV) as 78% of those who are unaware have either no formal education or have dropped out from school.

About 7 out of every 10 female street hawkers had experienced one form of sexual abuse or the other with 17.2% experiencing penetrative sexual intercourse. These figures are similar to figures obtained in other studies¹⁸⁻²⁰. Other identified forms of sexual abuse are inappropriate touches and verbal abuse. There were no reports of unwanted kissing and exposure to pornographic material which were reported for young people in other studies^{21,22}.

Although more than half of those who had sexual intercourse said they submitted

willingly, it is doubtful if they were in any position to negotiate or discuss the terms for the relationship. It must be noted that they are minors and thus by law lack knowledge and experience to give a properly informed consent and decision on sexual issues and they do not truly have the freedom to give or refuse their consent in a truly independent manner^{23,24}. The majority of the perpetrators were adults who were familiar to the victims in nearly two-thirds of cases. This agrees with the findings of other studies in cases of sexual violence against young people^{22,25}. Where coercion is not used, some form of inducement is offered which may be in form of money, enticing promises, food or other gifts items or a place of shelter and rest. Majority of the girls hawk because of the high level of poverty in their families¹² and after spending many hours on the street, are often tired and hungry. These factors add up to make them vulnerable and an easy prey. Perhaps, as a measure of level of care available to them, 75% of the victims of sexual abuse in this study did not report their ordeal to any one while the rest reported to either their girl friend, mother, sister or guardian in that order. This is in keeping with finding in other studies were victims accept it as their lot for fear of being stigma-tized¹⁰. In this study, more than half of the victims (56.3%) did not take any further action after the incident while 31.3% and 9.4% visited a chemist or hospital respectively. Only one reported to the police. This is because most of the girls are poorly informed on how and where they can get help^{12,13}. Sometimes the assaulted girl is more worried about possible recriminations from their parents or guardian over loss of wares or being blamed for the incident.

In conclusion, child labour of which street hawking is a variant is a very visible phenomenon in our society. It is largely due to poverty and underdevelopment. The hawkers are exposed to many risks of which sexual abuse is a prominent component. The victims are uneducated, ignorant of the risk of being sexually abused and of the help they can receive. The government needs to vigorously pursue poverty alleviation measures to improve the general socio-economic status of majority of the population. There is also need to give sex education to all young people with emphasis on risk reduction measures. Help centers and protective agencies should also be established to assist the abused child / adolescent. Efforts to curb child labour and introduce protective child right policies should be intensified.

Limitations of this study:

There were some cases of initial reluctance by some of the girls. This was overcome in some cases by purchasing the girl's wares. There was also the problem associated with a study of this nature which is assessment of validity of the information supplied by the respondents. In Nigeria cultural setting, open or direct discussion of sexual matters is frowned at, the juvenile female street hawker may therefore be unwilling to provide accurate information on their sexual experiences. Some of the girls were scared the interviewers were spies from their parents or guardians. This was handled by profusely and repeatedly assuring them of total confidentiality of all information supplied.

REFERENCES

1. Collins concise dictionary. Revised third edition. Harper Collins Publishers, Glasgow. 1995. P. 706.
2. The Federal government of Nigeria: The Labour Act. Section 58(8): 1974.
3. United State Department of State. Nigeria country report of human right practices: released by the bureau of democracy, human right and labour. March 4, 2002: 1–29 section 6.
4. World Health Organisation. Violence against women. A priority health issue. Geneva 1997, 1–12.
5. Melesse F, Kessie A. Child abuse in urban setting: a one year analysis of hospital information on abuse children at yekakit hospital Addis Ababa. *Ethiop Med J.* 2005; 43(4); 223–232.
6. Wutoh AK, Kumoji EK, Xye Z, Campusano G, Wutoh RD, OFOSU JR. HIV knowledge and sexual behaviours of street children in Takoradi Ghana. *AIDS Behav.* 2006; 10(2); 209–215.
7. Sherman DJ. The neglected health care needs of street youth. *Public Health Rep.* 1992; 107(4); 433–440.
8. Daniel HJ. Child abuse: A complex case of Mis-socialization. In John Travors (ed). *The New Children: The 1st 6 years.* Connecticut. Grey lock publisher. 1976: 67–113.
9. Ekwu AO. Health hazard in child labour: Case for juvenile hawkers. *Proceeding of the 1st international workshop on shop child abuse in Africa.* 27th April – 2nd May, 1986.
10. Fawole OI, Ajuwon AJ, Osungbade KO. Violence and HIV/AIDS prevention among female out of school youths in South Western Nigeria; lessons learned from interventions targeted at hawkers and apprentices. *Afr J Med Sci.* 2004; 33(4); 347–353.
11. Osinowo OA. Street children and psychological consequences. *IntJ of Rep Health,* 1992; 4; 101–108.

12. Fawole OI, Ajuwon AJ, Osungbade KO. Interventions for violence prevention among female workers in motor parks in South Western Nigeria: a review of effectiveness. *Afr J Reprod Health*. 2003; 7(1): 71–82.
13. Crisma M, Bascelli E, Paci D, Romito P. Adolescents who experienced sexual abuse; needs and impediments to disclosure. *Child Abuse Neglect*. 2004; 28(10): 1035–1048.
14. Fawole OI, Ajuwon AJ, Osungbade KO, Fawaye CO. Prevalence and nature of violence among young female hawkers in motor parks in South Western Nigeria. *Health Education*. 2002; 102(5): 203–235.
15. Odujinrun OMT. Sexual activity, contraceptive practices and abortion among adolescents in Lagos Nigeria. *Int J Gynae Obstet*. 1992; 34: 361–366.
16. Brasin L, Kemp J, Obunge OK. Reproductive tract infections and abortion among adolescent girls in rural Nigeria. *Lancet*. 1995; 345: 300–304.
17. Akpala CO, Uzochukwu BS. Sexual abuse among juvenile street hawkers in Enugu Eastern Nigeria. *Orient J Med*. 2000; 12(1-4): 9–14.
18. Caceres CF, Vanosi Marin B, Sid Hudes E. Sexual coercion among youth and young adults in Lima Peru. *J Adolesc. Health* 2000; 27(5); 361–367.
19. Eruikar ES. The experience of sexual coercion among young people in Kenya. *Int Fam Plan Perspect*. 2004; 30(4): 182–189.
20. Koenig MA, Zablotska I, Lutalo T, Nalugoda F, Wagman J, Gray R. Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *Int Fam Plan Perspect*. 2004; 30(4): 156–163.
21. Ajuwon AJ, Akin Jimoh I, Olley BO, Akintola O. Perceptions of sexual coercion – learning from young people in Ibadan Nigeria. *Rep Health Matters*. 2001; 9(17): 128–136.
22. Ajuwon AJ, Olley BO, Akin Jimoh I, Akintola O. Experience of sexual coercion among adolescents in Ibadan, Nigeria. *Afr J Rep Health*. 2001; 5(3): 120–131.
23. Baker A, Ducare S. Child sexual abuse; a study of prevalence in Great Britain. *Child Abuse and Neglect*. 1985; 457–467.
24. Finkellor D. What's wrong with sex between adults and children? *Am J Orthopsychiatry*. 1979; 49: 144–149.
25. Rajani RR. Child sexual abuse in Tanzania – much noise little justice. *Sex Health Exchange*. 1998; 1; 13–14.