Sexual Violence Among Out-of-School Female Adolescents in Lagos, Nigeria

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Abstract
Sexual violence against females is a public health problem. This descriptive cross-sectional study sought to determine the prevalence of sexual violence among out-of-school female adolescents in Lagos, Nigeria and examine the context in which it occurs. Three hundred and fifty adolescents, between the ages of 10 and 19 years, working in Sandgrouse market, Lagos, were selected using cluster sampling. Data were collected using an interviewer-administered questionnaire. Almost half (42.9%) of the respondents have had sexual intercourse, and median age at initiation was 17 years. Forced initiation was reported by 15.8%, and 36.3% reported that first intercourse was due to coercion. Among the sexually active, only 12.3% stated that “it is what they desire.” Majority of respondents (64.1%) believe that rape is common in their community, and 18% of the sexually active have experienced rape. Out-of-school adolescents in this community are at risk of sexual violence. The factors that make them vulnerable need to be addressed.

Keywords
adolescents, sexual violence, coercion, out of school

Introduction
Violence against women and girls is one of the most widespread and least recognized human rights abuses in the world (Cooperative for Assistance and Relief Everywhere [CARE], 2010). Globally, one out of three women will experience sexual violence in their lifetime (World Health Organization [WHO], 2005). Sexual violence is any sexual act that is forced against someone’s will. It includes coerced sex, sexual abuse, rape, and attempted rape (WHO, 2002). Most rapes are committed by persons known to the victim and most victims of sexual violence prefer not to report (McGregor, 2005; WHO, 2005). Sexual violence has severe short-term and long-term consequences on women’s physical and mental health (WHO, 2003). Rape carries a heavy social stigma sometimes resulting in rejection by families and communities (Alemika, 2013; WHO, 2002). Social attitudes often condone violence against women and stigmatize and blame the survivor. Many countries lack adequate health and counseling services for survivors and strong mechanisms for protection and legal redress (CARE, 2010).

All types of sexual abuse involve victims who do not consent or who are unable to consent or refuse to allow the act. Sexual abuse is a serious offense, yet discussion on the topic is often avoided and the type of sexual abuse that is rarely discussed is sexual exploitation of children and youth (Kevonne & Janine, 2007). One of the most startling aspects of these sex crimes is that many go unreported; therefore, rape and sexual assault prevalence is difficult to determine (WHO, 2002, 2003). In a study in Nigeria, it was reported that only 22.9% of respondents who had experienced rape reported the offense to the police (Alemika, 2013).

In the Nigerian criminal law, rape is defined as unlawful carnal knowledge of a woman or girl without her consent or with her consent if the consent is obtained by force or by means of threat or intimidation of any kind, or by fear of harm or by means of false and fraudulent representation as to the nature of the act. (Criminal Code Act, 1990, S.357)

Despite the existence of the laws, Amnesty international (2012) reported that “rape and other forms of sexual violence against women and girls remains rife.” The authorities consistently fail to prevent and address sexual violence.

Adolescent girls are particularly vulnerable to sexual abuse. The WHO (2005) has reported that “younger women, especially those aged 15 to 19 years, are at higher risk of sexual violence by a partner in almost all settings” (p. 8).

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Out-of-school adolescents are a highly vulnerable group. Whereas the National Population Commission (NPC; Nigeria) and ICF Macro (2009) documented a 6.6% prevalence rate of experience of sexual violence among girls (ages 15-19 years), a study conducted among out-of-school adolescents in Iwaya, Lagos, Nigeria, reported that 18% of the girls in the study population had experienced forced sex and 45% of them had experienced statutory rape (Kunnuji & Esiet, 2015).

Nigeria has the largest number of out-of-school children with a 58% net enrollment ratio for girls in primary school and a net secondary attendance rate of 44% for females. Out-of-school girls are from the poorest wealth quantiles (British Council Nigeria, 2012). Poverty may further increase their vulnerability to sexual violence. This study was conducted to determine the prevalence of sexual coercion, abuse, and rape among out-of-school adolescents in Lagos, Nigeria and to describe the context in which this sexual violence occur.

Method

This descriptive cross-sectional study was conducted in Sangrouse/Sura market, which is one of the major markets in Lagos, Nigeria. A wide variety of items are sold in stalls within the market with each item sold in designated sections within the market. These sections are called “iso” and are named according to what items are sold in that section of the market. There are several out-of-school female adolescents working or serving as apprentices in the market.

The study population was the female out-of-school adolescents who were unmarried and between ages of 10 and 19 years working or serving as apprentices in the market. The minimum sample size was estimated using the Cochran’s (1977) formula $n = \frac{Z^2pq}{d^2}$.

The sampling method used was cluster sampling. The market is grouped into sections (“iso”) depending on the items sold. Each section was taken as a cluster. There were 18 sections (clusters) in the market, including provisions section, yam section, drinks section, ingredients/vegetable section, and toiletries/cosmetics section. Using the clusters as sampling units, our sample frame was the list of clusters. A simple random sample of clusters was selected, and all the units (eligible respondents) in the selected cluster were recruited into the study. Eighty-three percent of clusters in the market were surveyed. A representative sample of 350 respondents was recruited from the clusters to participate in the study.

Data were collected using pretested questionnaires which were administered by trained interviewers. The questionnaire comprised of four sections and was developed guided by review of literature of studies on sexual violence. It consisted of sixty questions to elicit information on socio demographic characteristics, sexual coercion, and violence. The questionnaire was semi-structured and consisted mainly of closed-ended questions. Ten female medical interviewers were trained for 2 days to collect data. The questionnaire was pretested in a similar market. Epi info 6 statistical software was used for data entry and analysis. Ethical approval to conduct the study was obtained from the ethical committee of the Lagos University Teaching Hospital. Informed consent was obtained from the respondents’ parents/guardians and from all respondents.

Limitations

Appropriate measures were taken to reassure respondents of confidentiality and maintain their privacy. However, because of the sensitive nature of the questions asked, there might have been some underreporting and respondents may have given socially accepted responses. Only adolescents attached to stalls were used to ensure a fairly stable population. Therefore, the “mobile” adolescents who hawk goods in the market were excluded from the study. However, they make up a small minority of adolescents in the market.

Results

Three hundred fifty female adolescent respondents were interviewed in the market. Majority (89.4%) were older adolescents between the age of 15 and 19 years (Table 1). Mean age was 17 years. Less than a third of respondents (29%) had completed secondary school. The main reasons given for why they were out of school was because they were unable to afford the cost of formal education (33.0%). Less than half of the respondents lived with their parents; 24.3% live with both parents whereas 3.7% and 20.3% live with their father or mother, respectively. The others live with employers, relatives, and guardians and friends, whereas 2.9% live alone (Table 1). One hundred ninety-four respondents (57.4%) stated that they received enough money from their parents/guardians to meet their basic needs. Some respondents (35.2%) claimed that they are encouraged to find means to supplement what their parents/guardians give.

Half of the respondents (50.6%) believed that sex was only proper (“okay”) among married people, and 35.1% felt it is “okay” to have sex when dating steadily; 1.7% felt it was “okay” among people who are dating occasionally, whereas 12.6% said they are not sure. None of the respondents considered sex as acceptable with a stranger or someone they had just met. Almost half (42.9%) of respondents have had sex (Figure 1). Majority of respondents who have had sexual intercourse first had intercourse between the ages of 15 and 19 years. Median age at initiation was 16 years. A boyfriend was the first sexual partner of majority of respondents (93.6%). When asked for the reason for having sex for the first time, only 43.8% said it was what they desired. Others said it was because they felt they needed to do so to show love/commitment to their partner (20.5%), whereas others (15.8%) said they were forced by their sexual partners. Others stated that they were pressurized into their first act of
sexual intercourse by their partners (6.8%), and for a few others (2.7%), the reason for the first sexual encounter was to receive gifts (Table 2).

Among the 150 respondents who have had sexual intercourse, 134 were currently sexually active and 18.7% had had more than one sexual partner in the preceding 6 months before the study. Majority (77.9%) are having sex in the belief that it is the way to express their love for their partner. For 24.0%, it is because their partner demands it, and for 7.8%, the reason is “because they are forced to do so.” Only 12.3% stated they have sex because it is what they desire. During their last sexual encounter, only 28% used condoms.

Majority of respondents (64.1%) believed that it was common for females to exchange sex for gifts in their community. However, only 2 (1.3%) admitted to currently being engaged in that practice. Most (67.1%) of the girls reported that it is common for girls to be raped in their locality. Twenty-seven of the sexually active respondents (18%) reported that they had experienced rape (Table 3).

**Discussion**

Although the teenage years should be a relatively healthy life stage, many adolescent girls in developing countries are at risk. For many, their well-being is compromised by poor education, violence and abuse, unsafe working conditions, and lack of autonomy—all manifestations of gender inequality and poverty (Temin, Levine, & Oomman, 2010). All the 350 female adolescent respondents in this study were out of school, and less than a third of respondents (29%) had completed secondary school. Several reasons have been given for the low participation of girls in secondary education in Nigeria, including economic status. According to a report by the British Council in Nigeria (2012), “there is a strong correlation between Nigerian girls’ net school attendance and wealth” (p. 31). The main reason given by the respondents in this study for being out of school was because they were unable to afford the cost of formal education (33.0%). As reported by Lloyd and Young (2009), “the immediate benefits of education during adolescence are greater safety, enhanced social status, and better opportunities for self-actualization and empowerment” (p. 36). Less than half of the respondents lived with their parents. Majority live with employers, relatives, guardians, and friends, or live alone. These social, economic, and environmental factors make these female adolescents vulnerable to sexual coercion and sexual abuse. The person an adolescent resides with
influences their age at initiation of sexual intercourse (Odeyemi, Onajole, & Ogunowo, 2009). Individual factors that protect women or put them at risk include, “the woman’s level of education, financial autonomy, previous victimization, level of empowerment and social support” (WHO, 2005, p. 8).

Almost half (43%) of adolescent females in Nigeria are reported to be sexually active, with 20.3% of them having engaged in sexual intercourse by the age of 15 years (Federal ministry of Health (Nigeria) [FMOH], 2008). Similarly in this study, 42.9% of respondents reported that they had sex. Median age at initiation was 16 years. A boyfriend was the first sexual partner of majority of respondents (93.6%). These adolescents therefore require information, goal setting skills, refusal skills, and decision-making skills to help them make the right choices about their sexual behavior. Young age is risk factor for partner violence. As reported in the WHO Multi-Country Study on Women’s Health and Domestic Violence Against Women (WHOMCS) study,

younger women especially those between ages 15 and 19 years are at higher risk of current sexual violence in most settings. For example in Urban Bangladesh, 48% of 15 to 19 year olds reported physical or sexual violence compared to 10% of 45 to 49 year olds. In urban Peru, the difference was 41% among 15 to 19-year-olds versus 8% of 45 to 49-year-olds. (WHO, 2005, p. 8)

In this study, respondents were asked to indicate whether their first experience of sexual intercourse was forced, or by choice. Less than half (43.8%) said they had their first act of sexual intercourse because it was what they desired. Others had their first act of sexual intercourse because they felt they needed to do so to show love/commitment to their partner (20.5%) or because they were forced (15.8%). Others said they had their first experience of sexual intercourse because they were pressured to do so by their partners (6.8%), and to receive gifts (2.7%). Similar high rates of forced or coerced sexual initiation have been reported in population-based studies conducted in such diverse locations as Cameroon, the Caribbean, Peru, New Zealand, South Africa, and Tanzania. According to these studies, “between 9% and 37% of adolescent females, have reported sexual coercion at the hands of family members, teachers, boyfriends or strangers” (WHO, 2003, p. 1). A WHO (2005) report states,

In 10 of 15 settings studied, over 5% of women who had ever had sex reported their first sexual experience as forced. The figure was 14% or more in Bangladesh, Ethiopia, provincial Peru, and the United Republic of Tanzania. (p. 14)

The wide variation may be a reflection of social attitudes toward female sexuality or real cultural differences.

There is significant underreporting of sexual violence. Therefore, published statistics are unlikely to provide an accurate picture of the true scale of the problem. Sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world. In many cases, it begins in childhood or adolescence and as reported by the WHO (2002, p. 149; 2003, p. 1), “up to one-third of females describe their first sexual experience as being forced.”

Among the 150 respondents who have had sexual intercourse, 134 (89.3%) were currently sexually active and 18.7% stated that they had more than one sexual partner in last 6 months. Majority (77.9%) are having sex in the belief that it is “the way to express their love for their partner”; 24.0%, because their partner demands it; and 7.8%, because they are forced to do so. Only 12.3% stated they are sexually active because that is what they desire. This demonstrates that many of these adolescents are in sexual relationships for the pleasure of their partners; they feel they have no other choice and perceive that it is the right thing to do. This attitude may be an expression of the way these females have been socialized, as evident from the finding in the Nigerian National HIV/AIDS and Reproductive Health Survey (NAHRS) in which many of the females interviewed were of the opinion that “a wife has no right to refuse sex and deserves to be beaten if she refuses to have sex with her partner” (FMOH, 2008, p. 143). The touchstone of coercion is an individual woman’s lack of choice to pursue other options without severe social or physical consequences (Heise, Moore, & Toubia, 1995). According to WHO (2002), “sexual violence is more likely to occur where beliefs in male sexual entitlement are strong and where gender roles are more rigid” (p. 162). In Ethiopia and Thailand, a large number of women reported having intercourse because they are afraid to refuse and report being coerced out of fear (WHO, 2005). Studies in Bangladesh have also reported that women feel that it is “natural” for a man to have sex with his partner against her will and the woman always has to conform to his requests. In the provincial sites of Bangladesh, Peru, Tanzania, Ethiopia, and Samoa, between 10% and 20% of women felt that “women do not have the right to refuse to have sex with their partners under any circumstances” (WHO, 2005, p. 11). The reported lifetime prevalence of sexual violence by a partner ranged between 6% in city sites in Japan, Sergio, and Montenegro and 59% in Ethiopia with rates in most places falling between 10% and 50%. The proportion of women physically forced into intercourse varied from 4% in Serbia and Montenegro to 46% in Ethiopia and Bangladesh. These high rates of forced sexual intercourse are particularly worrisome in the light of the HIV pandemic and the long-term challenges faced by those who are victims. It is therefore important to challenge the social norms that condone and perpetuate violence against women. During adolescence, girls need accurate information about risks and choices offered in a nonjudgmental manner, peer and other social support to make healthy choices, and tools to deal with risks to their health (Temin et al., 2010).

Majority of respondents in this study (64.1%) believed that it was common for females to exchange sex for gifts in their community. This is not surprising considering the
socioeconomic status of these respondents and the finding that 42.6% of the respondents stated that they do not receive enough money from their parents/guardian to meet their basic needs, and some respondents (35.2%) claimed that they are encouraged to find means to supplement what parents/guardians give. These situations make these adolescents vulnerable. Availability of funds to meet basic needs has been reported to be associated with initiation of sexual activity among adolescents (Odeyemi et al., 2009). However, only a few respondents (1.3%) admitted to currently being engaged in the practice of exchanging sex for gifts, which is likely to be underreporting due to the stigma associated with transactional sex. From the report of the FMOH (2008), the proportion of respondents who have ever received gifts or favors for sex is higher in the younger age group (15-29 years).

Data from country and local studies published by WHO in 2003 indicate that “in some parts of the world at least, one woman in every five has suffered an attempted or completed rape by an intimate partner during her lifetime” (WHO, 2003, p. 1). Poverty, living in a community with a general tolerance for sexual violence, and weak sanctions against perpetrators have been identified as being contributory factors (WHO, 2002). In Nigeria, concerns have been raised about the prevalence of violence against women and girls, including sexual harassment. In this study, most (67.1%) of the girls reported that it is common for girls to be raped in their locality. Twenty-seven out of the 150 respondents (18%) who have had sexual intercourse reported that they had experienced rape. Victims are unwilling to report certain types of violence, such as rape, because of shame and social stigma, and so very few cases are brought to court in Nigeria, and a conspiracy of silence conceals the nature and extent of the problem (British Council Nigeria, 2012). The inadequate social and legal sanctions create an environment that allows sexual violence to occur. Support needs to be provided for the victims, and the legal environment needs to be conducive for adolescents who desire legal action against perpetrators. Sexual violence has both physical and psychological effects on health and well-being; these can be short- and/or long-term. The potential reproductive and sexual health consequences are numerous, including unwanted pregnancy, sexually transmitted infections (STIs), HIV/AIDS, and increased risk for adoption of risky sexual behaviors (e.g., early and increased sexual involvement, and exposure to older and multiple partners; WHO, 2003). According to WHO (2003),

Further studies need to be done to document the effects of sexual abuse on women in this environment.

**Conclusion and Recommendation**

Out-of-school adolescents are at high risk of sexual coercion and sexual abuse; 15.8% of respondents stated that their first act of sexual intercourse was forced, whereas among the sexually active, 18% reported that they have experienced rape. These are acts of sexual violence. Appropriate social and legal sanctions must be put in place to reduce the prevalence of sexual violence, and support should be provided for the victims. Gender norms that promote violence against women need to be addressed, and young women need training on negotiation skills. A national campaign should be initiated to tackle gender violence and raise awareness of its detrimental impacts on society.

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