

Sexual Violence in the Zinder Region, about 441 Cases in Reference Motherhoods

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Abstract

Background: Niger is one of the countries that have the highest fertility rate in the world, with 7, 6 children per woman. Zinder is the most populated region of Niger with 5 million inhabitants that is 1/5 of Niger population. The demographic impact that has affected Niger the last 10 years: unemployment poverty and drug use, spawned violence of all kinds in Zinder region (physical and sexual violence). Sexual abuse is a major risk for poor psychiatric and physical outcomes. As sexual violence has serious consequences on the life and future of women and the community and it concerns our field of intervention, we initiated this study whose objective was to determine the socio-epidemiological and lesional aspects, the consequences and appropriate solutions of sexual violence in the Zinder. **Methodology:** This was a retrospective collection study of all cases of alleged sexual violence received over a 12-year period from 1 January 2009 to 30 June 2021 in Zinder's referral maternity wards. **Results:** During the study period, 441 cases of sexual violence were collected; an annual average of 36 cases (441/12). The frequency is 1.29% on the 34,186 consultations. The mean age was 12.31 years with age extremes of 3 to 43 years. Students accounted for 25.39%. Street vendors were found in 224 cases or 50.79%. The predominant reason for admission is rape in 64.63%. The defloration was 52.15%. Pregnancy was found in 118 cases or 26.75%. HIV serology was positive in 1 victim. School dropout was 26.75%. **Conclusion:** The victims of sexual violence were minors, mostly street vendors and school children. The lack of means of repression at the time allowed the expansion of this violence. The consequences of sexual violence were severe. Advocacy has improved the phenomenon of sexual violence in Zinder.

Keywords

Sexual Violence, Zinder, Reference Motherhoods, Niger

1. Introduction

Sexual violence in the Zinder region, about 441 cases in reference motherhoods.

Sexual violence against women is a global problem and remains a major and permanent concern in African countries because of the increasing insecurity due to armed conflicts, terrorism, the expansion of drug traffickers, drug use, in addition to the lack of a specific legal status for women [1]. According to WHO, sexual violence is defined as any sexual act, attempt to obtain a sexual act, comment or advance of a sexual nature, or act aimed at trafficking or otherwise directed against a person's sexuality using coercion, committed by a person regardless of their relationship to the victim, in any context, including, but not limited to home and work [2].

Sexual violence constitutes a serious attack on the physical and psychological integrity of victims and has serious consequences. It is a phenomenon that deeply distresses victims, their families and the community [3]. At the individual level, sexual violence has a profound impact on the physical, emotional, mental and social well-being of the victim... They affect between 20% and 30% of people during their lifetime [3]. Most sexual violence, 81% occurs before the age of 18, 51% before the age of 11 and 21% before the age of 6 [4] [5], prove that young children and adolescents are the main victims. It is estimated that each year 130,000 girls and 35,000 boys have been raped and attempted rape in addition to 94,000 adult women and 16,000 known adult men [6]. In Niger there is not enough data on the prevalence of sexual violence, which is why we initiated this study with the aim of studying sexual violence in the Zinder region, including its epidemiological and lesional aspects, its consequences and appropriate solutions in order to contribute to its fight in Niger.

2. Patients and Methods

This was a retrospective collection covering a period of twelve and a half years from 1 January 2009 to 30 June 2021. The study population consisted of patients who were victims of sexual violence, who were referred to the central maternity ward or the mother and child health center in Zinder by requisitions of the authorities of the national police, the national gendarmerie and/or the judiciary and who were examined in these services during the study period. The definition used to consider cases of sexual violence was that of the WHO namely "any sexual act, attempt to obtain a sexual act, comment or advance of a sexual nature, or acts aimed at trafficking or otherwise directed against the sexuality of a person using coercion, committed by a person regardless of his relationship with the victim, in any context, including, but not limited to, home and work" [2]. All pa-

tients admitted for other reasons were excluded. Data collection was based on admission registers and reports of medical certificates of patient expertise. The variables studied were those relating to the sociodemographic characteristics of patients, the clinical aspect of sexual violence and the consequences. The collection of data was done on anonymous cards and the confidentiality of the data collected was during processing. The data contained in these documents were collected from a survey sheet and analyzed with Epi info 3, 4 and 5 software; Excel 2013; and Word 2013.

3. Results

During the study period (from January 1, 2009 to Juin 30, 2021) (**Figure 1**), we had recorded 34,186 consultations including 441 cases for sexual assault, a frequency of 1.29%. The average age of our series was 12.31 years, with extremes of 3 years for the oldest and 43 years for the oldest. The socio-demographic characteristics show that the age category most concerned was that between 11 - 20 years (65.08%). They were girls, girls and adolescent girls in majority 96.37% (n = 425), from the city of Zinder in 97.05% (n = 428), sellers in 50.79% (n = 224), and they were students in 25.39% (n = 112) (**Table 1**). The mode of admission, were 100% (n = 441) addressed by the authorities (the national police, the national gendarmerie and justice), Clinically, the reason for admission was rape in 64.63% (n = 285), the lesion found was mainly defloration in 52.15% (n = 230) and attempted rape was in 35.14% (n = 155), the hymen had old lesions in 68.79% (n = 303) and recent lesions in 31.21% (n = 138), genital bleeding was present in 21.31% (n = 94), pregnancy was found in 26.75% (n = 118) with HIV and syphilis positive serology which was 0.1% (n = 4) and 2.26% (n = 10 respectively). The consequences of this sexual violence were: school dropout in 26.75% (n = 117), unwanted pregnancies, contamination by sexually transmitted infections and psychological trauma (**Table 2**). Clinically, the reason for admission was rape in 64.63% (n = 285), the lesion found was mainly defloration in 52.15% (n = 230) and attempted rape was in 35.14% (n = 155), the hymen had old lesions in

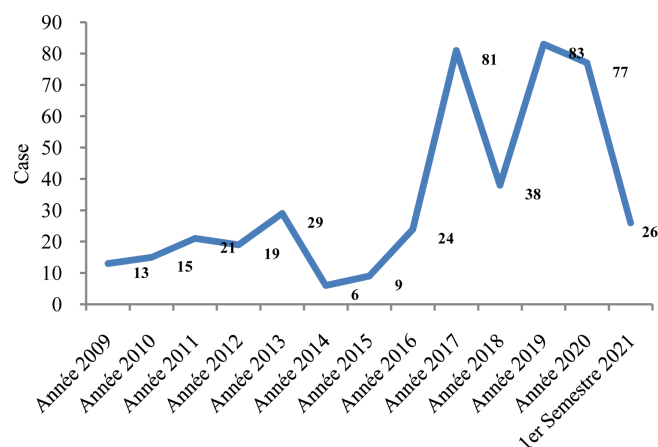


Figure 1. Shows the annual evolutionary aspect of sexual violence.

Table 1. Presents the distribution of sociodemographic characteristics of patients.

Variables		N	%
Age (year)	<18	328	74.37
	18 and over	113	25.63
Sex	Male	0	0
	Female	441	100
Origin	Urban	428	97.05
	Rural	13	2.95
Profession	Saleswoman	224	50.80
	Student	112	25.39
	No profession	105	23.81

Table 2. Presents the reason for consultation, the para-clinical and clinical aspect, and consequence of sexual violence.

Reason for consultation	Rape	285	64.63
	Rape of a minor	144	32.64
	Attempted rape	4	0.91
	Gang rape	4	0.91
	Immodest act	4	0.91
Clinical and paraclinical assessment	Old lesions	303	68.79
	Recent lesions	138	31.21
	Deflowering	230	52.16
	Genital bleeding	94	21.31
	HIV-positive serology	4	0.1
	Syphilis serology positive	10	2.26
Social consequences	School Dropout	117	26.65
	Unwanted pregnancy	118	26.75

68.79% (n = 303) and recent lesions in 31.21% (n = 138), genital bleeding was present in 21.31% (n = 94), pregnancy was found in 26.75% (n = 118) with HIV and syphilis positive serology which was 0.1% (n = 4) and 2.26% (n = 10 respectively). The consequences of this sexual violence were: school dropout in 26.75% (n = 117), unwanted pregnancies, contamination by sexually transmitted infections and psychological trauma (**Table 2**).

4. Discussion

Sexual violence accounted for 1.49% of admissions at Zinder's central maternity ward and mother and child health centre. African authors found frequencies less

than ours Sawadogo and *et al.* [3], Faye and *et al.* [7], Bambara and *et al.* [8], had found respectively 0.2%, 0.4% and 0.15% while other authors had found higher incidences Amah [9] with 4.37% in Lomé and Traoré [10] 3.12% in Mali found a higher frequency. This variation in frequency could be explained by the fact that many victims do not present themselves to health services [1]. According to the WHO, reasons include inadequate support systems, shame, fear or risk of reprisal, fear or risk of being blamed or accused, to avoid bringing shame or stigma to the family and for other victims investigated, sexual assault was a private life [1] [9] [11]. The best prevalence data on sexual violence come from population-based surveys [1]. The age of the victims ranged from 3 years to 43 years with an average of 12.31 years which is identical to that of MBacké [12] and Amah [9], with an average age of 12.3 and 12 years respectively. In our study sexual assaults frequently affected minors (age < 18) in 74.37%, Amah [9] in his series reported 91% minors, and Martin [13] in France 68.4. The young age, less than 15 years old was constantly found in the literature [14] [15]. Minors are a target group for abusers because of their physical vulnerability and naivety [9]. School children were affected in our study, in 25.39%. Other authors had found more school children; Diallo [14] in Senegal with 51.4% and Bambara [8] in Mali with 43%. Several factors such as poverty, insecurity on the way to school, the influence of the media and “sexy” clothing can promote the occurrence of sexual violence among students [14]. The observation of street vendors in our study 50.80%, is linked to the context of sale, which creates the favorable moment of rapprochement between the victim and his aggressor, because the latter manifests himself as a customer to be able to isolate the victim. The annual evolution of cases for sexual violence, during the 8 years (2009 to 2016) an annual showed the average number of cases admitted was from 17 cases, whereas the annual average number of cases admitted during four and a half year (2017 to June 2021), was from 67.77%, the rate of sexual violence case admitted was 4 times higher. This situation could be explained at the time by the weakness and insufficiency of means of repression, which led unemployed youth to engage in all kinds of delinquency, commonly called the phenomenon of “Palace” in the city of Zinder. The creation of police stations in the communes and the strengthening of these services in human resources and logistics had reduced sexual violence in Zinder, from 2021. In our series, genital-genital contact was the most common type of sexual assault (52.16%), our rate is lower than those found in Togo, Dakar and Mali [9] [15] [16] with percentages of 62.5%, 67.3% and 64.9% respectively. HIV and syphilis positive serology were found in 0.1% respectively in our study. The proportion of HIV is higher in the Amah study [9] which found 2.4%. Unwanted pregnancy occurred in 26.75% and school dropout in 26.65%, but the appropriate psychological assessment and induced consequences in the short and medium term were not applicable due to the limitation of the study carried out on patient records. It would therefore be important that the psychosomatic and emotional state be properly assessed from the outset after sexual violence and receive adequate supervision. The impact of psychological violence

may prove more destructive than physical sexual assault itself. Sexual violence has the sad privilege of sharing with torture the list of the most serious, destructive and least denounced violence, with the most lasting and important psychological and physical consequences [17] of patients. During this study about sexual violence, we have highlighted a great evil of society, also we met some difficulties, like inaccessibility to data on the aggressor, impossibility of long-term follow-up, insufficient information on the document stand of motherhoods because the document is not too well informed. We make recommendations: Draw up a very well-informed document at the maternity to have enough data on the victim to access data on the attacker to improve a better medical care of the victim the job creation and the fight against youth unemployment would improve this phenomenon and sensitize the population to denounce and break the taboo about sex abuse.

5. Conclusion

The victims of sexual violence were minors, mostly street vendors and school-children. The lack of means of repression at the time allowed the expansion of this violence. The consequences of sexual violence were severe, with physical psychological sequelae due to unwanted pregnancies, contamination of victims by diseases and dropping out of school. The mechanism of struggle through repression in recent years has improved the phenomenon of sexual violence in Zinder.

Ethics Approval and Consent to Participate

Local ethics approval was obtained from the joint decision of the Scientific Council of the Faculty of Health Sciences of the University of Zinder and the Advisory Technical Advisory Council of Zinder referral motherhoods.

The data collection sheet is anonymized.

Conflicts of Interest

The authors declare that they have no competing interests.

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