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Juvenile Commercial Sex Worker - A Consequence of Unsupervised Parental Care: Case Report

Bassey EU[1], Megbelayin FF[2] Iyanam VE[3]
[1]Department of Paediatrics, [1]Faculty of Clinical Sciences, University of Uyo,
[2] University of Uyo Teaching Hospital, [3]Department of Family Medicine, Faculty of Clinical Sciences, University of Uyo, Uyo Nigeria
Corresponding Author: Dr Eno-Obong U. Bassey

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ABSTRACT

BACKGROUND

Sexual abuse of children occurs at alarming rates worldwide. It is a global public health concern due to its damaging effects on the physical, emotional and psychological health of the child. The consequences often last into adulthood, and could even interfere with the individual's life course. Female children are especially more vulnerable to abuse and exploitation. This threat, is howeverpredictable and preventable.

AIM

This report seeks to highlight certain circumstances or situations that increasingly predispose a child to a higher risk of abuse, especially in view of the prevailing socio-economic hardship, and re-emphasize the importance of proper parental provision, supervision and care as a positive factor in preventing unwholesome child sexual abuse.

METHODS

A report on a fifteen-year old pre-menarchal female who presented at the Children Emergency Unit (CHEU) of the University of Uyo Teaching Hospital, with symptoms and signs of an acute abdomen. This occurred as a medical complication secondary to prolongedand indiscriminate sexual abuse from multiple partners. Patient's elder sister was noted as a significant negative influence on child's social and sexual behaviour. She was managed by the paediatric medical team in collaboration with the gynaecological team. Reports from her treatment and progress were documented.

RESULTS

Pelvic infection with an endometrial collection were confirmed, and treatment instituted. She was counselled during her course of treatment, but left the hospital against medical advice, due to financial constraints and inability to cope with the demands of hospital treatment. Nevertheless, she left in better clinical condition. Consequently, was lost to follow-up by the social welfare unit.

CONCLUSION

Child sexual abuse and inappropriate sexual behavior, can often be caused by inadequate parental care and supervision. Thereforeproper parental provision, guidance and care, all go a long way to prevent undue child sexual exploitation.Empowerment of the girl-child educationally, vocationally and socially with proper lifestyle values and behavioural principles, is also necessary to curb the growing incidence of child sexual abuse in Nigeria.

Key words: Child, female, sexual abuse

I. INTRODUCTION:

Children are highly vulnerable to sexual abuse and exploitation. Sexual abuse of children, is now acknowledged to occur far more frequently than it is assumed. Certain circumstances or situations have also been noted, to increasingly predispose a child to a higher risk of abuse. These include, a difficult home situation/environment due to parental conflict, domestic violence, divorce, separation, or family displacement. Increasing poverty, food shortage, and lack of financial and emotional support are all strong contributory risk factors.[1-4]

Child sexual abuse can have long term damaging effects on the child well into adulthood, and could even interfere with the individual's physical and psychosocial development. Some of the adverse outcome may include major disruptions in physical development, social and educational growth, Mental health problems could also develop in the long term, including anti-social personality disorders and other forms of psychopathology. In severe cases, death can occur.[1-4]

The index case reports on a fifteen-year adolescent female, yet to attain menarche, having multiple sexual partners with arbitrary distribution of sexual prowess as a money-making venture. She was introduced into the perceived business venture, by her immediate elder sister. This report therefore, seeks to highlight the importance of parental provision, supervision and care as a desirable

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element in avoiding child sexual abuse and destructive social behaviours which ultimately affects the entire society negatively.

II. CASE REPORT

OBF, a 15 year old Ibibio female from NsitAtai Local Government Area of Akwa Ibom State,resided with her elder sister at Ikpa Road, within the Uyo metropolis. She, and her elder sister, were the informants.She was admitted throughthe Children's Out Patient Clinicwith complaints of passage of watery stoolsand abdominal pain, both of a month's duration, and fever of a week's duration prior to presentation.

Passage of watery stool was gradual in onset, initially starting as semi-solid stools, and later watery in consistency. Thisoccurred about five times daily with each episode measuring approximately 100 to 150mls in volume, grey coloured, offensive, and non-bloody.

Abdominal pain was gradual in onset, dull in nature and progressively worsened,located at the lower abdominal region. It was not worse at anytime of the day, nor relieved by any known factor.

Fever was low grade initially, intermittent, worse at night and temporarily relieved with Paracetamol tablets.For the above symptoms, she was given over the counter medications and some herbal concoctionswith no relief.

She had no history of previous medical admissions or surgery.Had never received blood transfusion, was not on any routine medication. There was no history ofdrug allergy. Her perinataland immunization historiescould not be ascertained. She had an average of two meals daily, however developedanorexiafrom onset of her illness.

She was a Junior Secondary School(JSS) 3 student in a public Secondary School within the Uyo metropolis, with anuncertain academic performance. She was yet to achieve menarche, but was already sexually active with multiple partners. Her frequency of unprotected sexwas at a minimum of twice a week, to as often as four times weekly,withregular partnerspayinga minimum of 5000 Naira per week. She had no history of any contraceptive use.

Her family and social histories were complicated. The third of three children. Parents had divorced.Mother was a 48 year old hair dresser with primary level of education who had married twice and also divorced twice. Her elder sister who served as the pimp, was a 19 year old female street hawker whom their mother had with the first unemployed spouse, while her second sibling was an18 year old male, a car mechanic. The index patient and her 18-year old brother were from the same father(mother's 2nd spouse) who dealt with local palm wine and goat meat sales.The three siblings lived in a one room apartment in Uyo, while their mother lived in Lagos andoccasional sent them some meagre financial support for feeding and other needs.

Examination at hospital presentation revealed a young adolescent female in painful distress, febrile (38.3^{o}C), with mild pallor, anicteric, acyanosed, and with no signs of dehydration. There was no peripheral lymphadenopathy and no pedal oedema.

Digestive system showed moist oral mucosa, with a full abdomen which moved with respiration.There was marked suprapubic tenderness with guarding, no organomegaly. Bowel sounds were present and normoactive.

Urogenitalsystem revealed a normal female external genitalia with copious vaginal discharge and suprapubic tenderness. Her kidneyswere not ballotable.

Her pulse rate was 100beats per minute, full volume and regular. Blood pressure was 100/60mHg (right arm) in supine position. Apex beat was at the 5thLeft Intercostal space,mid clavicular line with a normal first and second heart sound.

Her respiratory rate was 22cycles per minute, and she was not dyspnoeic.

Chest was symmetrical and moved with respiration. Percussion notes were resonant on all lung fields with vesicular breath sounds.

Central Nervous System showed a conscious and alert female adolescent, well oriented in time, place and person. Her neck was supple, with no signs of meningeal irritation. The tone on all limbs were normal, and Power was at least grade four on all limbs.

Diagnosis was an acute abdomen 2^{o} Pelvic Inflammatory Disease, torule out a septic abortion.

She was admitted in the Children Emergency Unit. An urgent abdominal ultrasound scan done, showed endometrialcollection and hepato-splenomegaly, Human Immunodeficiency virus test wasnegative, blood pregnancy test wasnegative.

A complete blood count, endo-cervical swab for microscopy, culture and sensitivity, Hepatitis B surface Antigen, Anti Hepatitis CVirus, Urine Microscopy/Culture and Sensitivity,Serum Electrolytes/Urea and Creatinine and blood culture were requested but couldnot be done due to her financial constraints.

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She was commenced on Intravenous Ciprofloxacin 200mg 12hourly and received for 24 hours, Intravenous metronidazole 500mg which she received for 48 hours.
Zinc tablets 20mg daily, and a probiotic, Floranorm was administered.
She was subsequently reviewed by the Gynaecological team.

Physical examination still showed an acutely ill looking adolescent female, febrile with generalized abdominal tenderness marked at the suprapubic region and an abnormal copious whitish vaginal discharge. The diagnosis of Pelvic Inflammatory Disease was maintained.IntramuscularPentazocine 30mg 8hourly and Intramuscular diclofenac 75mg 12hourly were added to ease her painful distress.
Her temperature ranged from 36.6^{o}C to 40^{o}C in the first 48 hours of admission, till it gradually settled to normal values,and pulse from 84 to 90 beats per minute while her respiratory rate ranged between 22 to 25cycles per minutethroughout admission.

She was duly counselled on reproductive health and use of contraceptives. She was also reviewed by the social workers who were to subsequently follow her up. Few days into admission, she left against medical advice due to severe financial constraint and inability to sustain hospital admission and care. Was consequently lost to follow up.

III. DISCUSSION

The incidence of teenage commercial sex workers, otherwise known as teenage prostitution varies from country to country. In Nigeria, various reports across the western, eastern and southern parts revealed varying increasing incidences between 23.91% to 37.54%. [3-9]Female adolescent prostitution is now so rampant andconstitutesa great social embarrassment to well-meaning citizens of the country. This takes different forms and trends such as brothel workers, street walkers, call girls, part-time or floating prostitutes.[3-9]

Some children have however, been seen to be at a higher risk of sexual abuse. The abusersseem to target children who are being neglected by their parents or caregivers. If a family is going through a tough time, they may be unable to give their child sufficient attention or supervision, thereby putting them in unsafe situations of vulnerability to abuse of various kinds, including sexual.[13]With the increasingly harsh economic situations in recent times, survival in Nigeria amidst the prevailing food scarcity may now often mean that an unsupervised adolescent femalewith a disjointed family situationcould be forced into a life of prostitution for survival.[4,5,7,9]

The index patientis a practical description of the alarmingly increasingevolvement of female adolescent prostitution in Nigeria.If not addressed early, by well-meaning individuals and appropriate government andsocial health parastatals, could grow deeper and ultimately erode proper societal norms and values.[9-11]

Historically, premarital virginity was expected, respected and honoured in Nigeria. Gradually, this tradition is fast eroding as female adolescents now take pride in indiscriminate sexual activities.Sadly,it is now noted that guardians are aware, but take a stand-offish approach.[4-6]

An investigative Nigerian journalist revealed that in Awka, the Anambra state capital in south eastern Nigeria, most of the teenage girls are brought into the business by the more established and older prostitutes, while others are lured into it through dubious promises of supposed job offers.[12]This report is similar to the index case, where the older sister served as the pimp. Further investigative report noted that the reason for the seemingly new trend of having brothelswith under-ageteenage girls, could be because many older men seem to prefer younger girls, while classifying the older ladies as being ‘over used’ and thus unable to provide greater sexual satisfaction. The men were also reported to attesting thatthe girl-child prostitutes often charged lesser amounts of money, and were less likely to embarrass their clients,if promises went awry, unlike the older prostitutes.[12]

Moreso, older female-sex workers now recognize that clients prefer younger ones, so newer trends are that theylure the girls from interior villages to town, in the guise of securing a good job, but end up forcing them into prostitution, even against their wishes. This was partly the narrative in our index patient, but regrettably the older sex worker, was her sister, who should rather have been playing a protective family/social role.

The same report attributed the rampancy of teenage prostitution in the society to the level of hardship in the country.[12] “Many families cannot feed their children, so they lack the right to caution their female children. Some adolescent females, initially indulge in commercial sex, with some sense of fear, but later grow to enjoy what they do, because it is viewed as an easier money-making venture, and before long, it is easy to convince them to move into brothels as full-time prostitutes. It is therefore important, that parents give their girl children special attention.[6,7,12]

The health implication of teenage commercial sex workers is of great importance,

assexually transmitted diseases (STD) could result from such trade. This causes significant morbidity and mortality worldwide, particularly in developing countries.[16,18-20]A variety of medical illnesses which can result from these unwholesome practices, ultimately affects the reproductive health of the girl-child. These include: cervicitis,pelvic inflammatory disease (PID), ectopic pregnancy and infertility.This was the case in our index patient. Furthermore,multiple sexual partners, can facilitate human immunodeficiency virus (HIV) transmission**.**[8,16,18-20]

Some likely reasons for increased risk of PID among adolescents and young adults, include increased cervical mucosal permeability, a larger zone of cervical ectopy, a lower prevalence of protective anti-chlamydial antibodies and increased risk-taking behaviours.[15-20] Developing PID at this stage puts the patient at risk of its sequelae, such as chronic pelvic pain, ectopic pregnancy and infertility later in life when they eventually marry and desire to get pregnant.

A survey by some authors revealed an average age of 15 years, with a range of 13-19 for adolescent commercial sex, with 20% as junior secondary school dropouts, 55% from polygamous homes, 40% from single parents while 5% were orphans.[15] This survey conducted in Edo state, the southern part of Nigeria, depicted a similar picture to that of our index patient. Children who lack supervised parental care are particularly predisposed to engaging in practices that puts them at an increased risk of developing PID.Most of them are adolescents and young adults who are adventurous and tend to experiment when they perceive freedom from direct parental control.[1-4,11,12]

The higher incidence of PID in females of lower socio-economic classes, may be attributed partly to low level of education and awareness of health and disease associated withpoor healthcare seeking behaviours.[15-20] Studies have also noted that those men who make the decisions that affect sexual risk almost universally do not like to use barrier contraceptives, thus sex in this vulnerable group is most likely to be unprotected.[20] This was the case in our index patient, which increased her susceptibility to a pelvic infection. Lack of access to good health care facilities for patients with sexually transmitted infections from low socioeconomic backgrounds may also facilitate progression to PID in this group. They are also at higher risks of unwanted pregnancies, which makes them engage the services of quacks likely, under unsanitary conditions for abortions further increasing their susceptibility to PID.[15,16]

The higher level of active sexual engagement among those from low socio-economic statusis not surprising because they are likely to require more financesfor survival.[15,16] The index patient and her siblings only received ocassional stipends from the mother who resided far away from them. This most likely increased their risky sexual behaviours.

Early coitarche is a significant risk factor for PID.[16,18]Various studies across several countries have found age at first intercourse to be a significant risk factor for the occurrence of PID.[16,18,20]The studies also found most of the women with PID attaining coitarche between the ages of 15 and 19 years.[19.20] This is similar to the finding in our index patient.

Studies have noted a low contraceptive-use prevalence among Nigerian women of child-bearing age, especially those in the low socio-economic class compared to the women in the higher socio-economic class.[22] This is attributed to their inability to negotiate safer sex with their older partners for fear of losing out on the money.[16]A lower level of awareness could also be contributory, considering the fact that many of these children may have parents who haven't had much formal education.[15] Our patient seemed to belong to this group.

The index patient was yet to attain menarche at the age of 15 years. While this may not be so unusual, a study from the southern part of Nigeria had also seen a pattern where girls born to parents of lower socio-economic status attained menarche at a slightly later age than those born to parents in the higher income group. This was attributed to better nutrition, family size, environmental factors, genetics and other health related factors.[21]

Non-continuation of hospital care was intricately linked with finances and inability to cater for her health needs.

IV. CONCLUSION

Child sexual abuse and inappropriate sexual behavior,can often be a direct consequence of inadequate parental care, provision and supervision, especially in dysfunctional homes. It is thereforeimportant, for parents to ensure regular and adequate physical supplies, especially for girl-children including guidance and discipline. This would go a long way to prevent undue child sexual exploitation.Empowerment of the girl-child educationally, vocationally and socially with proper lifestyle values and behavioural principles, is also necessary to curb the growing incidence of child sexual abuse in Nigeria.

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