



Research article

Do self-reported data reflect the real burden of lifetime exposure to sexual violence among females aged 13–24 years in Malawi?



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ABSTRACT

Background: Under most circumstances, the lifetime experience of sexual violence (SV) among girls and young women would likely increase with age. However, the empirical data from a retrospective study may not necessarily conform to this belief.

Methods: Data from a nationally representative sample of females aged 13–24 years in Malawi in 2013 ($n = 1029$) were analyzed. SV was defined as unwanted touching or attempted, pressured, or physically forced sex. The distribution of four types of SV among victims was compared between younger (13–18 years) and older (19–24 years) age groups. The strength of association between SV exposure and health outcomes was examined by age group.

Results: The risk of experiencing SV during their lifetime was three times greater for younger than that for older age females (Hazard ratio = 3.32). Among females who had experienced SV, older age females were more likely to report forced or pressured sex (41.2%) as their initial SV experience than younger age females (17.8%). The strength of association between the SV exposure and health outcomes did not differ by age group.

Conclusions: The self-report lifetime and childhood victimization to sexual violence may not necessarily higher among older than that among younger females. The current risk of exposure to sexual violence seems to influence the recall of lifetime and childhood victimization to a great extent. In order to make the field aware of this phenomenon, prevalence estimates from all three time frames (lifetime, childhood, and during the past 12 months) should be reported separately by age group.

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1. Introduction

Sexual violence (SV) against girls and young women is a widespread serious public health and social problem. Effectively addressing this problem requires understanding its nature and magnitude; however, there is little population-level data from

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sub-Saharan Africa on this problem (Lalor, 2004). To begin addressing the issues around child sexual violence the US Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF) and others as part of the Together for Girls partnership, have developed and implemented the Violence Against Children Surveys (VACS) in multiple countries around the world. These national house-hold surveys provide estimates of the prevalence and magnitude of sexual, physical and emotional violence perpetrated against children. In-country stakeholders use survey results to inform and catalyze robust policy and programmatic interventions at the national level (Reza et al., 2009).

Malawi conducted a VACS in 2013 to begin the process of addressing violence against children. Prior to the VACS, the only information available on violence at the population level was from the 2004 Malawi Demographic and Health Survey (DHS) and the Protecting the Next Generation: Understanding HIV Risk among Youth (PNG) 2004 study. The DHS indicated that about 13% of women aged 15–49 years who were married or cohabitating reported sexual violence from their domestic partner (Bazargan-Hejazi, Medeiros, Mohammadi, Lin, & Dalal, 2013). While the PNG study found that 38 percent of Malawi girls, aged 12–19 years, said they were “not willing at all” at their first sexual experience (Moore, Awusabo-Asare, Madise, John-Langba, & Kumi-Kyereme, 2007).

Current practice in VACS assumes that the estimates for self-reported childhood violence victimization can only be reliably obtained from youth who have survived the childhood. This belief is based on the following assumption: (1) the younger and older respondents are from the same cohort; (2) the victimization accumulates over time and older respondents are able to recall reliably what happened in regard to the SV victimization during their childhood in a retrospective study. However, particular concern has been expressed over the possibility that some retrospective accounts of adverse childhood experiences may not be accurate (Ceci, Gilstrap, & Fitneva, 2002; Hardt & Rutter, 2004; Loftus, 1993, 1994). On one hand, it is highly probable that when childhood violence is reported in retrospective studies, these reports are likely reliable due to nature of these types of events. On the other hand, literature shows that even with well-documented serious abuse or neglect, about one-third of individuals do not report its occurrence when specifically asked about it in adulthood (Williams, 1994); in addition, events in early childhood are less likely to be reported than similar events that occur at later ages. One way to control for recall bias is to conduct longitudinal studies in a specific population. Existing violence-focused longitudinal studies are based in developed nations but none in the lower and middle income nations; however these studies are expensive and results are not always quickly available to stakeholders. Due to these limitations, estimating the burden of violence against childhood in low and middle income countries currently relies on retrospective surveys which have respondents recall of the onset, nature, course, and outcome of their experience with violence in childhood (PHDCN, 2015; Add Health Carolina Population Center, 2015; Longitudinal Studies Consortium on Child Abuse and Neglect, 2015; Office of Planning R & E, Administration for Children & Families, & U.S. Department of Health and Human Services, 2015; U.S. Department of Health and Human Services (DHHS), 2015).

In this study, the authors compared prevalence estimates of experience of SV (lifetime, childhood and during the past 12 months) lifetime risk in relation to age using Malawi's VACS female data. The authors also examined how reported SV forms differ by age group among victims in order to probe the cause of age-differential rates. In addition, the authors examined whether the strength of association between victimization to SV and selected physical and mental health outcomes differ by age group.

2. Methods

2.1. Overview of Malawi VACS

The Malawi 2013 Violence against Children and Youth Survey (VACS) was the first nationally representative household interview survey of violence against children in the Republic of Malawi. Conducted between September and October 2013, VACS Malawi interviewed females and males 13–24 years of age based on a four-staged stratified sample design. In the first stage a total of 212 enumeration areas (EAs) was selected with probability proportional to size stratified by region (North, Central, and South). In the second stage, a fixed number of 30 households were selected using equal probability systematic sampling. In the last stage, one eligible respondent (female or male depending on the selected EA) was randomly selected from the list of all eligible respondents 13–24 years of age in each household and administered the questionnaire. For EAs containing greater than 250 households segmentation was conducted to obtain a sample of geographic areas that were of suitable size for the field teams.

The survey included a short questionnaire for an adult in the household to build rapport with the family and to determine current socioeconomics of the household. An individual questionnaire was then administered to the selected eligible individuals. A total of 2162 interviews, 1029 females and 1133 males, were completed (overall response rate was 83.4% and 84.4%, respectively). The survey data allow estimates of experiences of SV during the respondents' lifetime, prior to age 18 and during the past 12 months. The final report can be found at <http://www.togetherforgirls.org>. In this paper, the analysis was conducted using female data only because the age-dependent patterns were very different for males and females.

2.2. Ethics, consent and permissions

World Health Organization (WHO) guidelines on ethics and safety in studies of violence against women were adhered in this national survey (<http://www.who.int/gender/violence/womenfrtseng.pdf>). The U.S. CDC's Institutional Review Board

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