Original Research

Epidemiological Profile of Child Victims of Abuse: Case of The City of Yaoundé, Cameroon

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Abstract:

Background:

Better prevention of child abuse requires knowledge of risk factors and situations. The general objective of our study was to determine the relative frequency of child abuse in Yaoundé and to draw its epidemiological profile.

Method:

We conducted a retrospective cross-sectional study from January 1, 2015 to December 31, 2019, i.e., 5 years, in 4 referral hospitals in Yaoundé. All records of victims of abuse under the age of 18 years were included. The data collected were analyzed using Epi-info TM version 7.2 software. Ethical clearance was obtained to conduct our study.

Results:

Of the 19,187 usable records, child abuse victims represented 0.68% (132). Most of the victims were female (121; 91.7%), under 11 years of age (106; 80.3%), middle siblings (46; 35.0%) and HIV infection was the most common medical history at 17.4% (23). The accompanying person for the first consultation was their mother (72/132; 54.5%). Four (3.0%) children had lost both parents. The main antecedent related to the legal guardian was HIV seropositivity, 70.2% (66/94).

Conclusion:

Child abuse, far from being negligible, concerned primarily girls under 11 years of age. HIV infection was a factor found in both the child victim and the legal guardian in our context.

Keywords: Abuse, Children, Epidemiology, Yaoundé

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Introduction

According to the National Observatory of Social Action (Odas), an abused child is a child who is a victim of physical violence, mental cruelty, sexual abuse, or severe neglect that has serious consequences on his/her physical and psychological development (1). Child abuse is a major public health problem as stated by the World Health Organization (2). Every year, one billion children are subjected to violence with early, severe and lifelong intergenerational repercussions on their physical and mental health (2). In Europe, psychological abuse is predominant, followed by severe neglect and physical abuse (3, 4). In Africa, situations of abuse are very poorly documented and the most common are sexual abuse and abandonment of children of parents who are victims of HIV/AIDS and more recently of children subjected to trafficking and other forms of abuse. Sexual abuse is mainly found among girls under 16 years of age (5-7) and the majority of children are abandoned by their parents (8). Having any type of disability (9), a behavioral and/or learning disability (10), witnessing spousal abuse, the presence of parental psychopathological disorders (5, 11, 12), a history of suspicious or sudden unexplained death, placement and/or proven maltreatment in siblings (5) are significantly associated with the risk of child maltreatment. Even if the figures on child maltreatment are increasing (5, 13, 14), they are still very likely to be underestimated for several reasons such as the difficulties encountered by private physicians in reporting (1). Physical violence inflicted on children in Africa has always been attributed to cultural educational rigor (15, 16). The line between educational particularism, strict correction, or even economic necessity as in the case of child labor, and child abuse remains blurred. Today, this mistreatment is moving from denial to recognition and denunciation (17) due to the awareness and training of child professionals and the birth of non-governmental organizations for the defense of children's rights (17). Better prevention requires knowledge and identification of risk factors and situations associated with a higher incidence of maltreatment (18). The general objective of our study was to determine the relative frequency of maltreatment among children received in some referral hospitals in Yaoundé, and to draw up their epidemiological profile.

Methodology

Type and location of study

We conducted a retrospective cross-sectional study on child abuse recorded in the pediatric wards of some referral hospitals in the city of Yaounde. The study was conducted in all the pediatric wards of several referral hospitals in Yaounde, namely: the Centre Hospitalier et Universitaire de Yaounde, the Centre Mère et Enfant de la Fondation Chantal Biya, the Hôpital Gynéco-Obstétrique et Pédiatrique de Yaoundé, and the Centre Hospitalier d'Essos. These four hospital structures are located in the city of Yaoundé, in the central region, the political capital of Cameroon. Their purpose is to provide quality care, serve as educational support, promote research and limit medical evacuations.

Duration/period of study

The study duration was from November 1, 2019 to May 31, 2020, or 07 months. Data were collected over a 5-year period from January 1, 2015 to December 31, 2019.

Study population

All records of children under 18 years of age who were hospitalized, seen in consultation, or in the emergency department who were victims of abuse during the study period were included in our study. Records with inadequate information on the circumstances of possible

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physical and/or emotional trauma were excluded.

Referral pathway in cases of child abuse

Table 1. Distribution of general characteristics of abused children in our study

Variables	Modalities	Number N=132	Percentage (%)
Gender	Male	121	91,7
	Female	11	8,3
Age range	0-2	31	23,5
	3-5	40	30,3
	6-10	35	26,5
	11-14	19	14,4
	15-17	7	5,3
Position in siblings	1st born	36	27,5
	In the middle	46	35,0
	Last born	20	15,0
	Only child	30	22,5
Medical history Congenital malformation	Premature	3	2,3
	Neonatal hospitalization	9	6,8
	HIV	15	11,4
	Psychiatry	23	17,4
	Other	2	1,5
	No particular history	3	2,3
	In the middle	103	78,0

In each health facility, the circuit of the child in danger or at risk of being so was the same. Indeed, the child could come either from the emergency room, the outpatient clinic or by transfer from one of the pediatric sub-specialties. Whether the case was suspected or confirmed, it was referred directly to the hospital's social center for further investigation. The latter took care of the administrative procedures for the notification of the cases either to the justice system or to the Ministry of Social Affairs, or to the approved centers for the temporary or definitive reception of the child. During the entire procedure, the child was housed in the hospital department that had reported the possibility of abuse or in the care of the social services pending the outcome of the procedure.

Data collection

The files were reviewed in the archives of the various hospital facilities. The data, collected through the patients' files, were recorded in a questionnaire established for this purpose. For each file, the following parameters were collected: age, sex, sibling rank, perinatal history, neonatal hospitalizations concerning the child and age, profession, and pathologies of the legal guardian.

Statistical analysis

The collected data were analyzed using Epi-info TM software version 7.2. The results were presented in tables and figures.

Ethical and administrative considerations

To carry out this work, ethical clearance was obtained from the ethics committee of the Faculty of Medicine and Biomedical Sciences of Yaoundé (FMSB) and the administrative authorizations of each hospital center. The information collected was used exclusively within the framework of this study and in strict compliance with medical confidentiality.

Results

Study flow

Of the 20,345 cases studied, only 271 (1.4%) came to our attention, of which 132 were cases of child abuse (Figure 1).

Prevalence of abuse

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Of the 19,187 analyzable cases, the abused group represented 0.68% (132 cases) and the at-risk group 0.72% (139 cases) (Figure 1).

General characteristics of abused children

The abused children in our study were predominantly female, 91.7% (121) of cases. Children under 11 years of age made up the largest proportion of the population, 80.3% (106). Most of the victims occupied the middle position in the siblings (46; 35.0%). Regarding their medical history, HIV infection, hospitalization during the neonatal period and premature birth of the child were the most common at 17.4% (23), 11.4% (15) and 6.8% (9) respectively. In addition, in the majority of cases, there was no particular history (103; 78.0%) (Table 1).

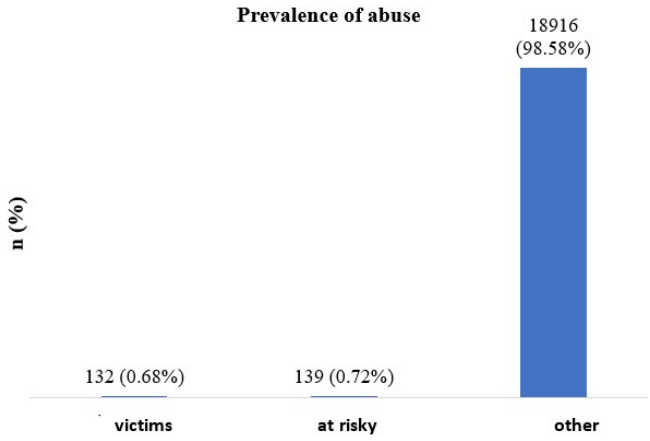


Figure 1. Prevalence of abuse in our study population

Information on parents and/or legal guardian

For the first medical consultation of the abused children in our study, the accompanying person was mostly their mother (72/132; 54.5%). Most of the victims had both parents alive and in a relationship (83.3% (110/132) and 64.1% (82/128) respectively). Four (3.0%) children had no parents. Parents in couples were mainly married in a monogamous or cohabiting relationship (85.4%, 70/82) (Table II).

Regarding the legal guardian, most were between 21 and 35 years old (78/132; 59.1%) and worked in the informal sector (48/115; 41.7%). The main antecedent related to the legal guardian was HIV seropositivity (70.2%; 66/94). In addition, drug addiction and mental illness were present in 2.1% (2/94) each of the legal guardians (Table 2).

Discussion

Situations of child abuse are very poorly documented in Africa. Far from being a myth, it is a reality that needs to be explored and better diagnosed in our context. In our study, the aim was to determine the relative frequency of child abuse among children seen in some referral hospitals in Yaoundé, and to draw up their epidemiological profile. Out of 19,187 files examined, 271 (1.41%) met the criteria of children being either victims (132; 0.68%) or at risk of any form of abuse (physical, psychological, sexual or abandonment). These relative prevalences were well below those in Africa. Indeed, it is estimated that 50% of the child population have experienced or witnessed some form of violence (19). One of the reasons for this minimization of violence is that it is perceived as taboo and rarely reported (20). As a result, children are seldom seen in medical consultations, which means that health workers are only very poorly represented among whistleblowers (21). Furthermore, the lack of knowledge or awareness of this violence could explain this variation in the figures. In fact, corporal punishment is massively used as a method of education (both parents and teachers) (22). Girls were the majority of victims of violence. This highlights the vulnerability of women to violence. In terms of age groups, children under 5 years of age are represented by 53.8%. In France, 75% of children who were victims of violence were under 3 years of age (23). In comparison, according to the WHO, the death rate in the world due to maltreatment among children aged 0 to 4 years is approximately 5.2 per 100,000 and is half that for children aged 5 to 15 years. Children in this age group are more represented because of their almost non-existent capacity to express themselves and

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defend themselves. Violence by siblings did not show a clear trend, although in our study, children with siblings in the middle were more represented with 35.0%.

Table 2. Distribution of information on parents and/or legal guardians of abused children in our study

Variables	Modalities	Number	Percentage (%)
Accompanying person in medical consultation (N=132)	Father	9	6,8
	Mother	72	54,5
	Brother/Sister	1	0,8
	Aunt	12	9,1
	Grandparents	6	4,5
	Neighbors	1	0,8
	Guardian	1	0,8
	Unknown	20	15,1
	Law enforcement	9	6,8
	Social assistance staff	1	0,8
Living relatives (N=132)	Father	2	1,5
	Mother	16	12,1
	Both	110	83,3
	Neither	4	3,0
Parents in a relationship (N=128)	Yes	82	64,1
	No	46	35,9
Type of parental union (N=82)	Monogamous marriage	35	42,7
	Polygamous marriage	3	3,7
	Blended family	9	11,0
	Cohabitation	35	42,7
Age of legal guardian (years) (N=132)	Under 21	24	18,2
	21-35	78	59,1
	36-45	18	13,6
	Over 45	12	9,1
Legal Guardian's Work Sectors (N=115)	Public employee	32	27,8
	Private	11	9,6
	Informal	48	41,7
	None	24	20,9
Medical history of legal guardian (N=94)	HIV positive	66	70,2
	High blood pressure/diabetes	13	13,8
	Substance abuse	2	2,1
	Mental health conditions	2	2,1
	None	11	11,7

One possible interpretation is that older and younger siblings and only children receive more attention than middle siblings. For medical history, HIV was found in 17.4%. Children with HIV infection are most often abandoned because of the stigma that exists around the infection. In fact, in Kenya, for example, children infected with the HIV/AIDS virus (mother-to-child transmission) are, for the most part, abandoned at birth by their close relatives, notably because of the fear shown by the people (24). In the African context, and therefore in Cameroon, in addition to the importance of culture in society, a poorly developed health system (and therefore poorly effective care) can encourage the abandonment of premature infants. In terms of parental history, we found that 84% of the parents were

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hypertensive, diabetic or HIV-infected. Children of HIV-positive parents may be stigmatized by society or relatives whether or not they are infected. With regard to diabetes and high blood pressure, the indirect link that can be made is that these diseases are expensive and therefore would expose these children to various risks. The same would be true for children whose parents are in the informal sector and therefore exposed to risks of violence due to their precariousness. In terms of type of marriage, our study highlighted monogamous families and cohabiting families among the cases of abused children (42.7% each), with reconstituted families coming in third place with 11.0%. In the study conducted by Kouassi Kouakou N.D., out of a total of 48 households studied, for a total of 45.83% of violence recorded, 33.33% was in reconstituted families as against 12.50% in non-reconstituted families (25). The author explains that one of the reasons for abuse is the child's non-acceptance of the change in the family configuration. However, in some cases, it may also be the child's rejection of his or her partner.

Conclusion

Our study focused on determining the prevalence of child abuse in the city of Yaoundé: a reality that is far from negligible despite the low number of cases in our study: "a total of 1.4% at risk, of which 48.71% were victims of abuse, i.e., 0.68% of the total study population. This figure is far below the African average of 50%. This is related to the fact that the subject is not well known and is faced with certain taboos, difficulties in reporting, and physical violence seen as a normal phenomenon. Thus, our results show that the main victims are girls under 11 years of age, with sexual violence being the main type of violence. Several main causes could explain this phenomenon, including the child's status (born out of wedlock), the type of family (blended families).

Conflicts of Interest

The authors declare no conflicts of interest.

Contributions of the authors

ABBA-KABIR Haamit designed the study. NSEME ETOUCKEY Eric and MEGUIEZE Claude-Audrey collected the data. VOUNDI VOUNDI Esther carried out the statistical analysis. KOKI NDOMBO Paul critically read the manuscript. ABBA-KABIR Haamit wrote the manuscript. All the authors have given their approval for publication.

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