

MAGNITUDE OF CHILD SEXUAL ABUSE AND ASSOCIATED FACTORS AMONG HIGH SCHOOL FEMALE STUDENTS IN ADAMA, EASTERN ETHIOPIA, 2023: AN INSTITUTION BASED CROSS-SECTIONAL STUDY

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ABSTRACT

BACKGROUND: Child sexual abuse is one of the most serious public health issues in Africa, including Ethiopia. Moreover, little has been explored about childhood sexual abuse in the context of high school students in.

OBJECTIVES: The aim of this study was to assess the magnitude of sexual abuse and associated factors among high school female students in Adama, Eastern Ethiopia, 2023

METHOD: An institutional-based cross-sectional study design was employed among 410 randomly selected female students. A pre-tested structured and self-administered questionnaire was used for data collection, and the collected and cleaned data was exported to SPSS 26 for further analysis. Hosmer and Lemeshow model fitness was checked. Both binary and multivariable logistic regression analysis were used to identify independent predictors at (p.value of 0.05) with AOR and 95% CI.

RESULTS: The mean age of the study respondents was 17.2 years. The magnitude of child sexual abuse among female high school students in Adama town was 32.9% (95% CI 27.9, 37.9) who had experienced child sexual abuse. Among the major reported types of child sexual abuse 134 (32.9%) had verbal harassment, 122 (29.8%) had faced touching or body contact harassment, and 79 (19.3%) had child sexual abuse. Cases involving two or more types are considered overlapping. This study identified that overlapping child sexual abuse showed that 24.4% overlapped by at least two and 16.3% overlapped by all three types of harassment. This study identified several factors significantly associated with child sexual abuse: rural residence (AOR = 5.87; 95% CI: 1.91–18.02), family size ≥ 5 (AOR = 2.39; 95% CI: 1.04–5.48), alcohol consumption (AOR = 2.24; 95% CI: 1.05–4.74), sexual debut (AOR = 5.48; 95% CI: 3.21–9.37), non-consensual sexual debut (AOR = 12.9; 95% CI: 5.24–31.76), and lack of parent-child discussion on sexual and reproductive health (AOR = 1.96; 95% CI: 1.23–3.12).

CONCLUSION AND RECOMMENDATION: The magnitude of child sexual abuse among female students in this study was 33%. Factors associated with child sexual abuse were: rural residence, large family size alcohol use, early sexual debut, and poor parent-child communication. Multi-level interventions including school education, family engagement, and raising community awareness must be implemented to address them.

KEY WORDS: Child; Sexual abuse; High school; Female students; Adama

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INTRODUCTION

Child sexual abuse refers to the involvement of a child under 18 in sexual activities that violate societal laws or taboos, which they may not fully comprehend, consent to, or give informed consent to. This can occur by adults, other children in positions of responsibility, trust, or power, or by incest, which involves abuse by a family member or close relative¹.

Children can be sexually abused by both adults and other children who are by virtue of their age or stage of development in a position of responsibility or trust or power over the victim and also by incest which involves abuse by a family member or close relative².

According to Lin et al. (2025), global Child Sexual Abuse (CSA)-related deaths decreased from 260 to 187 (-28%), while Disability-Adjusted Life Years (DALYs) increased from 2.54 million to 3.69 million (+45%). The age-standardized mortality rate declined (EAPC -2.4%), whereas the age-standardized DALY rate rose slightly (EAPC +0.5%). Although males accounted for higher absolute counts, females exhibited a steeper growth in DALYs (+51% vs +40%)³.

In Asia, the prevalence of Child Sexual Abuse (CSA) among females ranges from 3.3% to 42.7% in countries such as China and India, while among males it varies between 4.3% and 58% in regions including Hong Kong and Sri Lanka. Rates differ significantly between contact and non-contact forms of abuse, reflecting variations in cultural, social, and reporting practices⁴. The magnitude of child sexual abuse in Brazil was 41.8%⁵.

A review of literature on the prevalence of Child Sexual Abuse (CSA) in Africa found that rates among females range from 2.1% to 68.7% in countries such as Tanzania and Ethiopia, while among males, prevalence varies between 4.1% and 60% in South Africa⁴. Additionally, a study in South Africa reported that 14.61% of girls experienced some form of lifetime sexual victimization². A systematic review and meta-analysis conducted

in Ethiopia reported that the pooled prevalence of child sexual abuse among female students was 36.83% (95% CI: 24.35–49.32)⁶. The magnitude of child sexual abuse in Ethiopia, Addis Ababa 42.7%⁷ and in Dire Dawa 48.9%⁸.

A study in Ethiopia found that 48.2% of children experienced sexual abuse, with 12% being raped completely, mostly female⁹. Sexual abuse exposes children to risky situations, often in isolation with potential abusers. Identifying such abuse is challenging as behaviors may occur in unaffected children. It can occur at any age and can be identified through physical signs, behavioral changes, and emotional changes⁹. Sexual violence can lead to physical injury, sexually transmitted infections, emotional trauma, and even death. To prevent child abuse, strategies like strengthening economic support, changing social norms, providing quality care and education, enhancing parenting skills, and intervening can help reduce harm and prevent future risks¹⁰. Sexual violence has numerous and serious immediate and long-term consequences. These include physical injury, sexually transmitted infections (including HIV/AIDS), emotional trauma and even death¹¹.

Despite its magnitude, CSA remains one of the most overlooked and underreported forms of violence in Ethiopia, particularly among adolescent girls¹². While some studies have explored Child Sexual Abuse (CSA) in Ethiopia, little is known about its magnitude among high school students in Adama town, a rapidly growing urban center with unique socio-cultural dynamics. Addressing this gap is critical for designing targeted interventions and informing national strategies to protect vulnerable adolescents. The aim of this study was to assess the magnitude of child sexual abuse and associated factors among female high school students in the Adama town, Eastern Ethiopia.

Methods

Study setting, population and design

The study was conducted from February 1-20, 2023 at public schools in Adama town, East Showa,

Oromia region, Ethiopia. The town has 25 private and 10 governmental secondary schools, with 7081 students attending at Goro and Adama Secondary School.

Goro Secondary High School has 3,334 students, while Adama Secondary High School has 3,749 students. An institution-based cross-section study design was conducted. All high school female in the academic year 2022/2023 were source populations and study population were high school female students who were randomly selected from the source population and met the inclusion criteria. All regular students at Adama able to give Assent were included and critically ill students, night and weekend students were excluded.

Sample size determination and sampling procedure

The sample size was calculated using a single population proportion formula, referencing a previous study conducted in Dire Dawa town with a prevalence of 48.9% (8) at a 95% confidence level. After adding a 10% non-response rate, the initial sample size was 422. Further calculations considered key factors such as living alone, rural

residence, living with a single parent, age above 15 years with adjusted odds ratios (AOR) of 2.27 and confidence intervals provided for each. Among these, the largest sample size requirement was for the age group above 15 years (445 participants). Therefore, the final sample size for this study was set at 445, ensuring adequate power for both primary and secondary objectives.

Sampling Approach

The study was conducted in Adama town, which has 10 public high schools. From these, two schools Goro Secondary School (total students = 3,334) and Adama Secondary School (total students = 3,749)—were selected. The combined population of female students in these two schools was 4,416 (Goro = 2,227; Adama = 2,189). A proportional allocation method was applied to determine the number of participants from each school, followed by simple random sampling to select the study subjects. Accordingly, 225 female students were sampled from Goro Secondary School and 220 from Adama Secondary School, resulting in a total sample size of 445. See details in figure 1.

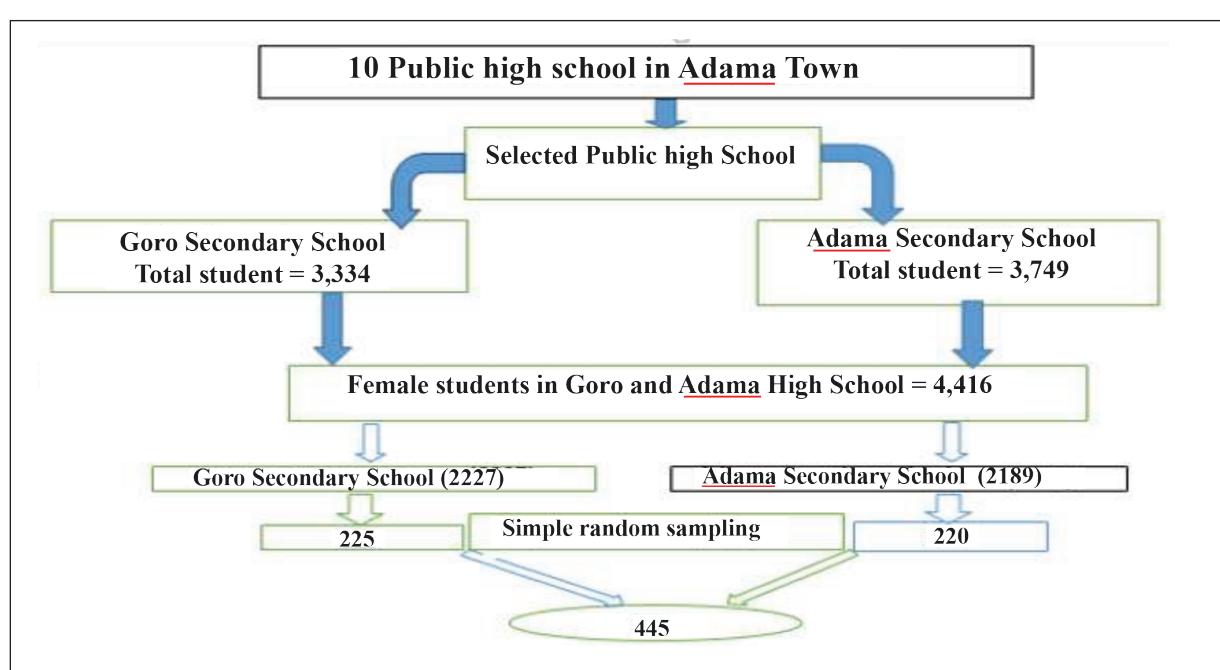


Figure 1: Schematic presentation of sampling procedure of female students at Adama High School 2023

Operational Definitions

Child sexual abuse (CSA) refers to any sexual activity involving a child (typically under 18 years) where consent is not or cannot be given. It includes acts intended for sexual gratification by an adult or older individual, such as verbal harassment, inappropriate touching, or forced sexual intercourse⁹.

Sexual contact: Intentional touching of a victim's, defendants, or the other person's intimate elements for the aim of arousal⁹.

Rape: To commit sex exploitation force that the kid does not need to and is not ready to defend himself/herself⁹.

Incest: human sexual activity between family members or close relatives (blood relations)⁹

Substance abuse: is when children use alcohol, chat, and/or cigarette on their daily basis to relieve from their daily problems encountered⁹

Verbal Harassment: Verbal harassment refers to any sexually explicit comments, propositions, or verbal intimidation directed at a child. This includes, but is not limited to: Sex-related jokes or remarks, insults with sexual connotations, making sexual comments about a person's body or clothing, and unwelcome invitations to date or engage in sexual activity(9). In this study, child sexual abuse (CSA) is measured as the presence of one or more reported experiences of sexual harassment. These include: verbal harassment, defined as sexually explicit comments, propositions, or verbal intimidation directed at the child; touching or body contact harassment, which involves unwanted physical contact with sexual intent such as fondling or groping; and vaginal intercourse harassment, referring to forced or coerced vaginal penetration. A participant is classified as having experienced Child Sexual Abuse (CSA) if they report at least one of the three forms of abuse. Cases involving two or more types are considered overlapping.

Data collection tools, collection procedures, and quality control

The tool was adopted from reviewing different literatures, previous similar studies, which organized

according to the objectives of study. A pre-tested structured and self-administered questionnaires were used as a data collection instrument which was partly adapted from the standard "childhood experience of care and abuse Questionnaire (CECA.Q)¹³. Data were collected by using self-administered pre tested structured initially prepared in English. The tool was prepared was in English language and then translated into Afan Oromo and Amharic by language experts and again translated back to English to maintain consistency. Data was collected using self-administered structured questionnaire. Three data collectors and three data facilitators were recruited from fourth year Midwifery students; training was given on how to encode and refill data on questionnaires, for one day prior to data collection period, by the principal investigator.

Data Processing and Analysis

The data was checked for completeness, compiled, coded, entered and cleaned by Epi-data version 4.6 and exported to SPSS 26 version for further analysis. Descriptive statistics was used Hosmer and Lemeshow model fitness was checked. Both binary and multivariable logistic regression analysis were used to control the effects of confounding variables and to identify independent predictors of child sexual abuse experience. At statistical significance level cut off of ($p < 0.05$) was used.

Results

Socio demographic characteristics of participants
The completed response rate was 92% (410/445). The mean age of the study respondents was 17.2 years old with age range from 15 to 20 years old. The majority were single (89.8%), 71.1% lived in urban areas, 65.9% lived with both parents, and 52.7% slept with their mother at home. The average monthly family income of the study participants was 7,457.32 Birr. Income distribution showed that the majority of households (63.2%) earned 7,801 Birr or more per month while smaller proportion reported lower incomes: 8.5% earned 3,200 Birr or less (Table 1).

Table 1: Socio-demographic Child Sexual Abuse among female high school students at Adama town, Eastern Ethiopia, 2023

Variable	Response	Number(N)	Percent (%)
Age			
	14-15	59	14.4
	16-17	156	38.0
	18-19	160	39.0
	≥20	35	8.5
	Mean age 17.2+ 1.377 Std. Deviation		
Marital status	Single	368	89.8
	Married	42	10.2
Residence	Urban	316	77.1
	Rural	94	22.9
Living condition	Both parents	270	65.9
	Single parent	80	19.5
	Friends	38	9.3
	Alone	22	5.4
With whom slept together at home	Mother	216	52.7
	Sister/s	71	17.3
	Alone	123	30
Who support for learning	Parents	116	40.5
	Siblings	88	21.5
	Relatives	106	25.9
	Husband/boyfriends	50	12.2
Family sizes	<5	307	74.9
	≥5	103	25.1
Family income	<=3200 birr	35	8.5
	3201-5250 birr	36	8.8
	5251-7800 birr	80	19.5
	>=7801 birr	259	63.2

Substance use among female students

This study identified that female students with substance use status reported that 103 (25.1%) had ever chewed chat previously, 40 (9.8%) were chewing

chat currently, 18 (4.4%) were chewing once per week, 45 (11%) had ever drunk alcohol previously, 11 (2.7%) were drinking alcohol currently, and 11 (2.7%) were drinking alcohol once per week (Table 2).

Table 2: Substance utilization status of respondents among high school female students in Adama town, Eastern Ethiopia, 2022

Variable	Response	Number(N)	Percent (%)
Ever chewed Khat	Yes	103	25.1
	No	307	74.9
Chewing khat currently	Yes	40	9.8
	No	370	90.2
Chat chewing frequency	Once in a week	18	4.4
	Twice a week	12	2.9
	Once in a month	10	2.4
Ever drunk alcohol	Yes	45	11
	No	365	89
Drinking alcohol currently	Yes	11	2.7
	No	399	97.3
Alcohol drinking frequency	Once in a week	11	2.7
Friend drink alcohol (chewing) or both	Yes	44	10.7
	No	366	89.3

History of child sexual abuse experiences

The majority of participants (280; 68.3%) reported having ever had a boyfriend, with 66.65% of these having only one boyfriend. Additionally, 261 (63.7%) of the study participants had a history of sexual intercourse. Among those who had sexual intercourse, the most commonly reported consequences were abortion, followed by bleeding,

unwanted pregnancies, and sexually transmitted infections (STIs). Regarding the age at first sexual experience, 151 (36.8%) participants reported initiating sexual activity between 14 and 17 years. among those who had ever engaged in sexual intercourse, 124 (47.5%) indicated that their first sexual experience was not based on their will, which constitutes rape. (Table 3).

Table 3: History of child sexual abuse experiences among high school female students in Adama town, Eastern Ethiopia, 2023

Variables	Category	Frequency (n)	Percentage (%)
Have you ever had boyfriend	Yes	280	68.3%
	No	130	31.7%
	Total	410	100.0%
Number of boyfriends ever had in their life	Only one	258	92.1%
	Two or more	22	7.9%
	Total	280	100.0%
Have ever had history of sexual intercourse	Yes	261	63.7%
	No	149	36.3%
	Total	410	100.0%
Was sexual intercourse based on your will(n=261)	Yes	137	52.5%
	No	124	47.5%
	Total	261	100.0%
Have you had any discussion with their parents about SRH	Yes	181	44.1%
	No	229	55.9%
	Total	410	100.0%
Consequences of ever had sexual intercourse	Abortion	Yes	45
	No	216	82.8%
	Bleeding	Yes	51
	No	210	80.5%
	STI	Yes	56
	No	205	78.5%
	Un wanted pregnancy	Yes	89
	No	172	65.9%
	Total	261	100.0%

Magnitude of child sexual abuse

This study determined that the magnitude of child sexual abuse among female high school students in Adama town was 32.9% (95% CI 27.9, 37.9) who had experienced child sexual abuse (Figure 2).

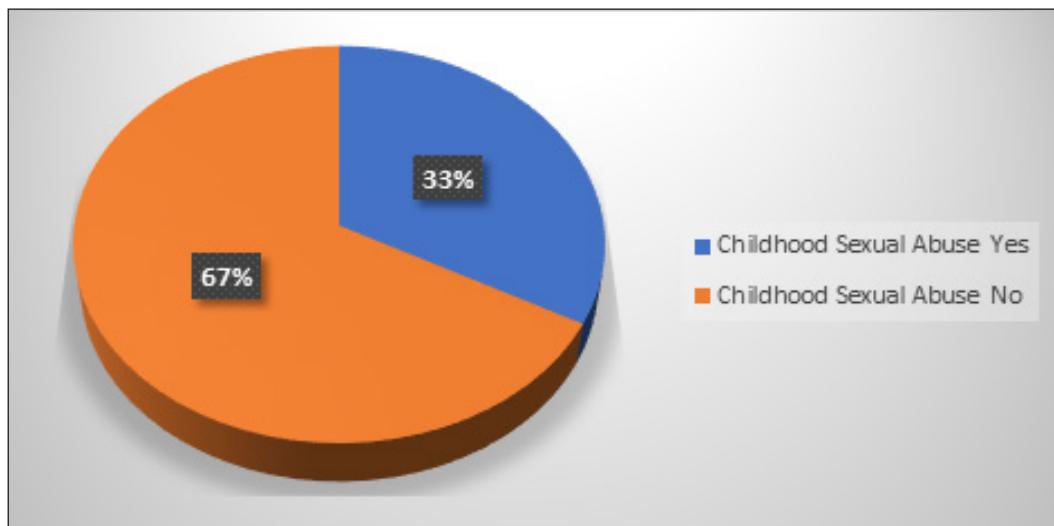


Figure 2: Magnitude of female sexual abuse among female students at Adama Town, 2023

Types of sexual abuse

Of total victims of child sexual abuse, the reported types of sexual abuse revealed that 134 (32.9%) had verbal harassment, 122 (29.8%) had faced touching or body contact harassment, and 79 (19.3%) had child sexual abuse without their consent/rape.

Cases involving two or more types are considered overlapping. This study identified that overlapping child sexual child abuse showed that 24.4% overlapped by at least two and 16.3% overlapped by all three types of harassment (Figure 3).

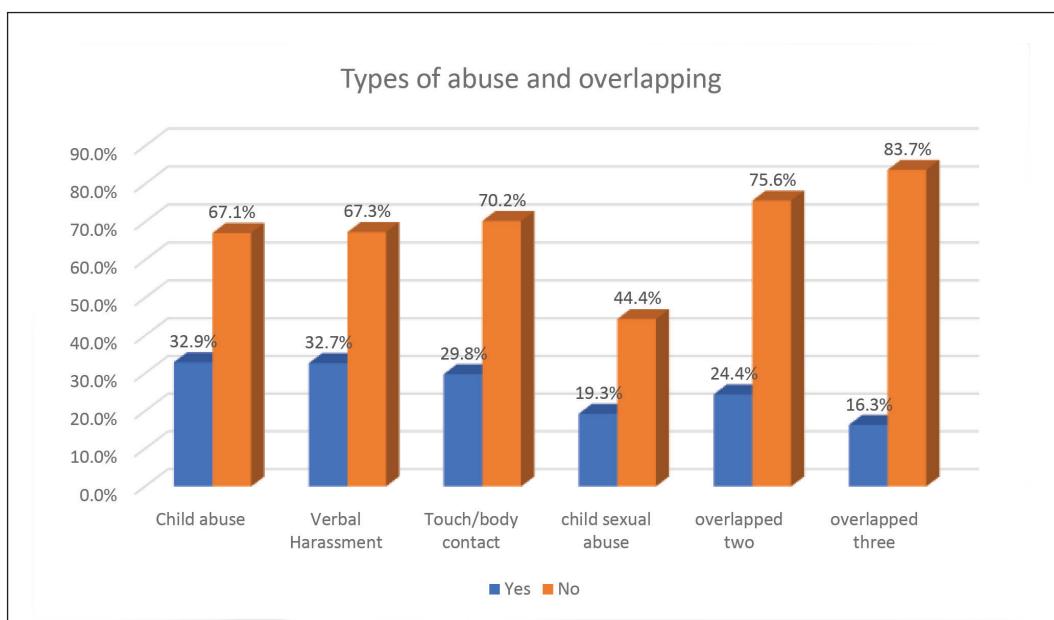


Figure 3: Magnitudes of overlapping and type of sexual abuse among high school female students at Adama, 2023

Factors associated with child sexual abuse among female high school

Binary logistic regression analysis showed that variables like family size, alcohol drinking and chewing chat (both), having a boyfriend, history of sexual intercourse, sexual intercourse based on their will, and having discussions with parents about sexual and reproductive health had a p-value < 0.25 and entered into multivariable logistic regression analysis.

This study revealed several significant predictors of childhood sexual abuse among female students. Those from rural areas were nearly six times more likely to experience childhood sexual abuse compared to their urban counterparts (AOR = 5.87; 95% CI: 1.914-18.02). Female students from larger families, with five or more members, had 2.4 times higher odds of experiencing sexual abuse than

those from smaller families (AOR = 2.39; 95% CI: 1.04-5.48). Alcohol use was also associated with increased risk, as students who had ever consumed alcohol were twice as likely to report childhood sexual abuse compared to those who had never drunk alcohol (AOR = 2.24; 95% CI: 1.05-4.74). Additionally, students who had ever initiated sexual activity had 5.5 times higher odds of childhood sexual abuse (AOR = 5.48; 95% CI: 3.21-9.37), and those whose sexual debut occurred without their consent had a markedly elevated risk, with thirteen fold higher odds (AOR = 12.9; 95% CI: 5.24-31.76). Furthermore, lack of communication about sexual and reproductive health with partners increased the likelihood of childhood sexual abuse twofold compared to those who engaged in open discussions (AOR = 1.96; 95% CI: 1.226-3.12). See details in Table 4.

Table 3: Factors associated with child sexual abuse among female high school students at Adama town, Eastern Ethiopia, 2023

Variable	Category	Sexual Abuse		AOR(95%CI)	P- value
		Yes	No		
Residence	Urban	111	205	1:00 5.87(1.914- 18.02)	0.002**
	Rural	24	70		
Family size	<5	91	44	1:00 2.39(1.04- 5.48)	0.039*
	≥5	216	59		
Have ever drunk alcohol	Yes	12	33	2.24(1.057- 4.74)	0.035*
	No	123	242		
History of sexual intercourse	Yes	113	22	5.48(3.21- 9.37)	0.000***
	No	148	127		
Sexual intercourse based on their will	Yes	35	100	1:00 12.9(5.24- 31.76)	0.000***
	No	115	16		
Discussion with parents about SRH	Yes	46	89	1:00 1.96(1.226- 3.12)	0.005**
	No	135	140		

DISCUSSION

This study assessed the magnitude of child sexual abuse (CSA) and associated factors among female high school students in Adama town, Eastern Ethiopia, in 2023. The prevalence of CSA was found to be 32.9% (95% CI: 27.9–37.9). Although this figure indicates a substantial public health concern, it is lower than the prevalence reported in previous studies conducted in Brazil (41.8%), Addis Ababa (42.7%), and Dire Dawa (48.9%)^{5,7,8}. The observed discrepancies may be attributed to several factors, including socio-cultural differences, fear of stigma, and variations in awareness and reporting practices. Urban settings such as Addis Ababa and Dire Dawa, as well as Brazil, are larger metropolitan areas with different social dynamics, which may influence both exposure risk and disclosure patterns.

The prevalence of CSA in this study (32.9%) was higher than the rate reported in Nepal¹⁴. This variation may be explained by differences in study settings, cultural norms, and methodological approaches. However, the finding is consistent with a study conducted in Butajira, which reported a prevalence of 32.9%¹² suggesting similar risk patterns in comparable to other parts of Ethiopian contexts.

Regarding the types of sexual abuse, the most frequently reported form was verbal harassment, experienced by 32.7% of participants. This aligns with findings from Ethiopia, where verbal harassment accounted for 20.4%, followed by unwanted touch/body contact (20%) and rape (19.1%)⁵. Our results also correspond with studies in Nepal (35.7%)¹⁴, in part of Ethiopia like Bahir Dar (35.8%), and Butajira (32.9%)^{15 & 12}. These patterns highlight the persistent burden of CSA across diverse settings and underscore the need for context-specific interventions. Proactively, strategies should focus on school-based awareness programs, confidential reporting mechanisms, and community engagement to address both verbal

and physical forms of abuse. Strengthening these measures is essential to reduce CSA prevalence and mitigate its long-term psychological and physical consequences.

Among female students who experienced CSA, the most commonly reported forms were verbal harassment followed by unwanted touching or body contact, and forced vaginal intercourse. Furthermore, this study identified significant overlap among these forms of abuse: 24.4% of victims experienced at least two types, and 16.3% reported all three types of harassment.

These findings are comparable to previous research in Ethiopia, which reported verbal harassment as the most frequent form of CSA (20.4%), followed by unwanted touch (20%) and rape (19.1%)⁸. The higher prevalence of verbal harassment in our study may reflect differences in social norms, communication patterns, and reporting practices in urban settings like Adama town.

This study found that female students from rural areas were six times more likely to experience child sexual abuse compared to those from urban residences. This finding is consistent with previous studies conducted in Bahir Dar and Dire Dawa City^{8,15,16}. A plausible explanation for this disparity is that students in urban settings generally have better access to information and support services through youth associations, youth centers, mass media, and community programs. These resources promote awareness and open discussion about reproductive and sexual health issues. This lack of exposure and education may increase vulnerability to abuse and reduce opportunities for timely reporting and intervention.

Family size ≥ 5 increased 2.4 times the odds of sexual abuse as compared to family size less than five in the study area. This finding was supported by study done in Lebanon¹⁷. This suggests that children were victimized by family members, when asked

to specify a perpetrator, they reported unrelated individuals. This may reflect a discrepancy in reporting or reluctance to report family members as perpetrators.

Female students who have ever drunk alcohol have twice times odds of child sexual abuse as compared to those who haven't. This finding is supported by the study done in Bahirdar, and Dire Dawa town, Ethiopia^{8, 15}. This could be due to Alcohol can decrease an individual's decision-making capacity regarding their sexual and reproductive health matters.

This finding is consistent with study conducted in Dire Dawa, and Arbaminch town where the odds of experiencing child sexual abuse were much higher among students who never had open discussions with parents on SRH^{8, 18}. This leads to missed opportunities for teenagers to acquire experiences and life skills from their parents on how to prevent sexual abuse. These evidences revealed that the importance of parent-adolescent communication about sexual and reproductive health is very crucial as preventive measures.

Participants who had history of child sexual intercourse, those whose sexual intercourse was not depend on their willingness were significantly associated with child sexual abuse. This study was in line with study done Dire Dawa⁸, and systematic review and meta-analysis conducted in Ethiopia¹⁹.

Limitations of the Study

This study has several limitations that should be considered when interpreting the findings. First, due to its cross-sectional design and the results are not strong enough to draw cause-and-effect relationships. Second, there is a potential for recall bias, as participants were asked to report past experiences, Third, underreporting of sensitive issues related to sexuality is likely, particularly among out-of-school female adolescents, due to fear of stigma and cultural norms that might have

discourage open discussion of sexual matters. These limitations highlight the need for future research using longitudinal designs and strategies to minimize reporting bias.

Conclusions

This study revealed a moderate prevalence of child sexual abuse (CSA) among female high school students in Adama town, Eastern Ethiopia. Key risk factors included rural residence, large family size, and alcohol consumption, history of sexual intercourse, non-consensual sexual experiences, and lack of open communication on sexual and reproductive health issues with parents. The most common forms of CSA were verbal harassment, unwanted body touching, and coerced sexual intercourse, with notable overlap among these types.

Recommendations

To effectively prevent childhood sexual abuse (CSA), the Ministry of Health and the Ministry of Women and Children Affairs should prioritize CSA prevention by integrating targeted awareness campaigns into national adolescent health programs, while strengthening multi-sectoral collaboration among regional health bureaus, NGOs, educational institutions, and community leaders to ensure a coordinated and comprehensive response. School-based health education programs that emphasize CSA prevention, early reporting mechanisms, and help-seeking behaviors should be widely implemented, alongside incorporating CSA awareness sessions into parent-teacher meetings and youth clubs to enhance community-level vigilance. Encouraging open and age-appropriate communication between parents and children on sexual and reproductive health issues is essential to building protective family environments. In addition, promoting community sensitization programs can help reduce stigma, challenge harmful norms, and foster safer spaces for adolescents. To further inform policy and intervention strategies, longitudinal and qualitative studies are recommended to explore the

underlying causes, context-specific risk factors, and long-term consequences of CSA.

Abbreviations and Acronyms

AOR	Adjusted Odds Ratio
AIDS	Acquired Immune Deficiency Syndrome
CSA	Child Sexual Abuse
CI	Confidence interval
COR	Crude Odds Ratio
IRB	Institutional Review Board
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
WHO	World Health Organization

Declarations

Ethics approval and consent to participate
The study obtained ethical approval from the Santé Medical College Research and Publication Committee (Ref. No. SM/03/1719/15) and was conducted with official support from the Adama Education Bureau. Participants and their families were informed about the study's purpose, provided consent and assent, and were assured of their right to withdraw or refuse participation at any time. Confidentiality and privacy were strictly maintained throughout the research process, with all data and records securely stored.

Consent to publish: Not applicable

Availability of data and materials: Datasets used in the current study are available from the corresponding author upon reasonable request.

Competing interests: Authors declared that they have no competing interest

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Author Contributions

KJ & DBD, contributed to the conception, design, and conduct of the study, analyzed and interpreted the data, and prepared the manuscript contributed to the conception, design, and conduct of the study, analyzed and interpreted the data, and prepared the manuscript DBD & KJ contributed to the design and conduct of the study, analyzed and interpreted the data, and prepared the manuscript. All authors read and approved the final manuscript.

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