



Effect of Childhood Sexual Abuse on the Sexual Behaviour of Victims Among Undergraduates of the University of Port Harcourt, Nigeria

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ABSTRACT

Background: Childhood sexual abuse (CSA) is a major public health problem with long-term consequences on sexual and psychological well-being. Evidence suggests that CSA may influence later sexual behaviors, increasing vulnerability to risky sexual practices in adulthood.

Objective: This study assessed the effect of childhood sexual abuse on the sexual behaviour of victims among undergraduates of the University of Port Harcourt, Nigeria.

Methods: A descriptive cross-sectional study design was used among 400 undergraduates selected through multistage sampling. Data were collected using a semi-structured questionnaire and analysed using SPSS version 22. Associations between CSA and sexual behaviors were tested using chi-square at 5% significance level.

Results: The prevalence of CSA was 26.2%. A significantly higher proportion of females experienced CSA (63.8%) compared to males (36.2%). CSA was significantly associated with risky sexual behaviors including pornography use ($p = 0.006$), sexual orientation ($p = 0.015$), and history of sexually transmitted infections ($p = 0.037$). Victims of CSA were more likely to engage in risky sexual and health-compromising behaviors compared to non-victims.

Conclusion: childhood sexual abuse significantly influences sexual behaviour in adulthood, increasing the likelihood of engagement in risky sexual practices among victims. Strengthening prevention programmes, counselling services, and sexual health education in universities is essential.

KEYWORDS: childhood sexual abuse, sexual behaviour, undergraduates, risky sexual practices, Nigeria

INTRODUCTION

Childhood sexual abuse (CSA) is a serious violation of human rights and a global public health concern affecting millions of children worldwide ^[1]. It is defined as any sexual activity imposed on a child who is developmentally unable to give informed consent.

Evidence shows that CSA has long-term psychological, emotional, and behavioural consequences, including depression, substance abuse, and risky sexual behaviours in adulthood. According to ^[2], survivors of CSA are at increased risk of engaging in unsafe sexual practices, which may predispose them to sexually transmitted infections (STIs), unintended pregnancies, and unstable relationships.

Studies have linked victims of CSA to long term effects such as post-traumatic stress, substance abuse, and risky sexual behaviour^{[3][4]}.

In Nigeria, CSA remains underreported due to stigma, fear, and cultural barriers. Among University students, exposure to CSA may manifest later in life as maladaptive sexual behaviours, including multiple sexual partners, pornography consumption, and unsafe sexual practices.

Despite growing evidence globally, there is limited data on the effect of CSA on sexual behaviour among Nigerian undergraduates. This study therefore, investigates the effect of childhood sexual abuse on sexual behaviour among undergraduates of the University of Port Harcourt.

MATERIALS AND METHODS

Study design and area

A descriptive cross-sectional study was conducted among undergraduates of the University of Port Harcourt, rivers state, Nigeria.



Study population

The study involved male and female undergraduates from selected faculties who were aged 18 years and above.

Sample size and sampling technique

A total of 400 respondents were selected using multistage sampling technique involving faculty selection, department selection, and stratified sampling by level.

Data collection

Data were collected using a validated semi-structured questionnaire covering socio-demographics, history of childhood sexual abuse, and sexual behaviours.

Data analysis

Data were analysed using SPSS version 22. Descriptive statistics were used, and chi-square test was used to determine associations between CSA and sexual behaviours at $p < 0.05$.

Ethical consideration

Ethical approval was obtained from the University of Port Harcourt ethics committee. Informed consent was obtained from all participants, and confidentiality was maintained.

RESULTS

Table 1: Current Sexual behaviours of victims of CSA

Sexual behaviours	Frequency(n = 400)	Percent (%)
Used alcohol or drugs before sexual intercourse the last time (n = 288)		
Yes	41	14.2
No	247	85.8
Used condom during last sexual intercourse (n = 288)		
Yes	168	58.3
No	120	41.7
Methods respondents used to prevent pregnancy the last time they had sexual intercourse (n = 288)		
None	28	9.7
Condom	168	58.3
Oral contraceptive	31	10.8
Withdrawal method	61	21.2
Persons respondents have had sexual intercourse with during lifetime (n = 288)		
Male (n = 142)	131	92.3
Female	10	7.0
Male	1	0.7
Both		
Female (n = 146)		
Female	11	7.5
Male	130	89.1
Both	5	3.4
How would you describe your sexual orientation? (n = 288)		
Heterosexual	261	90.6



Bisexual	6	2.1
Homosexual	21	7.3
Do you watch/view pornographic content?		
Yes	132	33.0
No	268	67.0
Number of times respondents watched pornography in the past 30days (n = 132)		
None	33	25.0
1-9 times	72	54.5
10-19 times	12	9.1
20-39 times	8	6.1
>39 times	7	5.3

From table 1, respondents who had alcohol or drugs the last time they had sexual intercourse was 41(14.2%) and others who did not were 247 (85.8%). Also, respondents who used a condom the last time they had sexual intercourse were 168 (58.3%) while those who did not use a condom was 120 (41.7). From the table, 261 (90.6%) are heterosexual, while 6 (2.1) are bisexual, also 21 (7.3%) are homosexual. Additionally, 132 (33%)of the respondents watch pornographic films while 268 (67%) of the respondents do not.

Table 2: Sexual Behaviours of Respondents

Sexual behaviour	Frequency (n = 400)	Percent (%)
Sexual intercourse with more than one partner at the same time (n = 288)		
Yes	25	8.7
No	263	91.3
Number of times respondents have been involved in sexual intercourse with more than one partner at the same time (n = 25)		
1-9 times		
10-19 times	21	84.0
20-39 times	2	8.0
>39 times	0	0.0
	2	8.0
Do you know your HIV status?		
Yes	248	71.0
No	152	38.0
Ever been tested for HIV infection?		
Yes	316	79.0
No	84	21.0
Reasons for not been tested for HIV infection? (n = 84)		
Fear	5	5.9
Laziness	1	1.2
No reason	76	90.5
Reluctant	1	1.2
Did not find it necessary	1	1.2



Ever had an STI? (n = 288)

Yes	61	21.2
No	227	78.8

Had STI during the past 12 months (n = 61)

Yes	32	52.5
No	29	47.5

Table 2 shows that 25 (8.7%) of the respondents have had sexual intercourse with more than one partner at the same time while 263 (91.3%) had not. Of the respondents, 248 (71%) know their HIV status while 152 (38%) of the respondents do not know their HIV status. Respondents who have had STI in the past 12 months were 32 (52.5%), while those who did not have STI in the past 12 months were 29 (47.5%).

DISCUSSION

In this study, CSA was significantly associated with several sexual behaviours; Pornography consumption ($p = 0.006$) Sexual orientation ($p = 0.015$) History of sexually transmitted infections ($p = 0.037$). This study demonstrates that childhood sexual abuse is significantly associated with risky sexual behaviours among undergraduates. The prevalence of CSA (26.2%) is consistent with findings from other Nigerian and African studies reporting CSA as a persistent public health issue among young adults. Overall, victims of CSA were more likely to engage in risky sexual behaviours compared to non-victims.

The higher prevalence among females aligns with previous studies suggesting that females are more vulnerable to sexual victimization during childhood due to gender power imbalance and cultural factors.

The significant association between CSA and pornography use, sexual behaviour patterns, and sexually transmitted infections supports evidence that CSA may lead to long-term alterations in sexual development and behaviour regulation. Victims may develop maladaptive coping mechanisms such as increased sexual experimentation or risky sexual engagement.

These findings are consistent with trauma-related behavioural theories, which suggest that early sexual trauma can disrupt normal sexual development and increase vulnerability to risky sexual behaviours in adulthood.

CONCLUSION

Childhood sexual abuse has a significant effect on the sexual behaviour of victims among undergraduates. Victims are more likely to engage in risky sexual behaviours, including pornography use and exposure to sexually transmitted infections. CSA remains a major determinant of unhealthy sexual behaviour among young adults in University settings.

RECOMMENDATIONS

1. Universities should strengthen sexual and reproductive health education programmes.
2. Counselling and psychological support services should be made easily accessible for survivors of CSA.
3. Policies on child protection and sexual violence prevention should be strictly enforced.
4. Early identification and support systems should be established for students with histories of abuse.
5. Further longitudinal studies should be conducted to establish causal relationships between CSA and sexual behaviour outcomes.

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