



Childhood sexual abuse and adult sexual health among indigenous Kanak women and non-Kanak women of New Caledonia[☆]

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ARTICLE INFO

Article history:

Received 2 October 2008

Received in revised form 3 February 2010

Accepted 11 February 2010

Keywords:

Child sexual abuse

Adult sexual health

Women

New Caledonia

ABSTRACT

Objectives: Few studies have addressed the long-term consequences of adverse childhood experiences among women in Oceania, in particular among indigenous women. This paper aims to report prevalences of childhood sexual abuse (CSA) and to assess the negative sexual health consequences in adulthood by comparing indigenous Kanak to non-Kanak women in New Caledonia.

Methods: Data come from a population survey on violence against women and health. Face-to-face interviews were conducted in 2002–2003 with adult women randomly selected from the electoral list. Separate models for Kanak ($n = 329$) and non-Kanak women ($n = 426$) were performed. Regression models adjusted for relevant socio-demographics factors were conducted to estimate the odds ratios for the associations between childhood sexual abuse and adult sexual health outcomes.

Results: A non-significant difference between Kanak (11.8%) and non-Kanak women (14.4%) was found for the prevalence of CSA. Among Kanak women, CSA increases the risk of sexually transmitted infections, of non-desired sexual intercourse with an intimate partner and of experience of adult sexual violence. However, use of modern contraception as an adult was more frequent among CSA Kanak victims, as compared to other Kanak women. Among non-Kanak women, only abortion appeared significantly associated with CSA.

Conclusions and Practice implications: The findings show that in all ethnic communities of New Caledonia, a history of child sexual abuse is not rare among women. They also shed light on the long-term consequences of CSA, suggesting that the effect of CSA may differ according to ethnic membership and subsequent social stratification and gender norms. Efforts to break the silence around violence against girls and establish a stronger foundation are required in New Caledonia. Prevention programs on violence against women and sexual health that take into account the cultural and social heterogeneity are needed.

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Introduction

Violence against women is increasingly recognized as a major public health concern in Oceania. Studies relating to this issue, mostly carried out in countries of the region with populations of predominantly European origin, have revealed the

[☆] This study received funding from the Agence Nationale de Recherches sur le Sida et les hépatites virales (National Agency for Research on AIDS and Viral Hepatitis), Ensemble Contre le Sida (Together Against AIDS), Mission Interministérielle de Lutte contre les Toxicomanies (Interministerial Committee against Drug Abuse), the Government of New Caledonia and the three provinces of New Caledonia.

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impact of abuse suffered by girls and women on their sexual and reproductive health (Fanslow, Robinson, Crengle, & Perese, 2007; Fergusson, Horwood, & Lynskey, 1997; Secretariat of the Pacific Community, 2003; Taft, Watson, & Lee, 2004). However, very few studies have described the long-term consequences of gender-based violence on indigenous women's sexual health, even though women within these communities have often been described as being at higher risk from abuse and in poorer health compared to other groups (Anderson, Crengle, Kamaka, Chen, Palafox, & Jackson-Pulver; Bramley, Hebert, Tuzzio, & Chassin, 2005; Salomon et al., 2003). This paper aims to analyze the associations between childhood sexual abuse (CSA) and adult sexual health among indigenous Kanak and non-Kanak women in New Caledonia.

Epidemiological studies have revealed an association between CSA and a long-lasting alteration in the capacity of victims to manage their fertility and sexuality. Studies focusing on sexual risk behavior in adult women are less concordant than those focusing on sexuality and reproductive health in adolescence (Littleton, Breitkopf, & Berenson, 2007). Nevertheless, numerous other studies suggest that, along with factors linked to a context of both gender inequalities and globally unfavorable social and economic conditions, adult sexual and reproductive health also depends on adverse personal experiences in childhood, especially CSA. Indeed, CSA has been found to be associated with reduced condom use (Maman, Campbell, Sweat, & Gielen, 2000; Molitor, Ruiz, Klausner, & McFarland, 2000), less contraceptive use (Heise, Ellsberg, & Gottmoeller, 2002), unintended pregnancy (Dietz et al., 1999; Steel & Herlitz, 2005), abortion (Russo & Denious, 2001; Wingood & DiClemente, 1997) and sexually transmitted infections (STIs) (Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000; Petrak, Byrne, & Baker, 2000). Abused women were also found to be at significantly higher risk of experiencing dissatisfaction in their sex lives and of presenting sexual difficulties in adulthood (Loeb et al., 2002; Mullen, Martin, Anderson, Romans, & Herbison, 1996). Finally, early sexual abuse has been found to be a major risk factor for sexual assaults occurring in adult life and for abuse suffered from partners (Fergusson et al., 1997; Fleming, Mullen, Sibthorpe, & Bammer, 1999; Steel & Herlitz, 2005).

Among indigenous women, although the association between early sexual violence and heavy alcohol use has been investigated (Hamelin, Salomon, Sitta, Gueguen, Cyr, & Lert; Koss et al., 2003; Kunitz, Levy, McCloskey, & Gabriel, 1998; Libby et al., 2004), very few studies have focused on sexual health indicators linked to childhood sexual abuse. Work carried out by Young and Katz (1998) in Canada, made the distinction between aboriginal and non-aboriginal women. In both groups, a history of sexual abuse was associated with an increase in the probability of STIs, sexual intercourse before the age of 12 years, and multiple sexual partners. While no association was observed with the conjugal or social situation of indigenous women, divorce or separation from a partner, as well as unemployment was associated with a previous history of sexual abuse in non-indigenous women. Yuan, Koss, Polacca, and Goldman (2006) studied physical assault and rape in adults from six US Native tribes. They found that, as in the general population, childhood victimization was a predictor, whereas other predictors (e.g., level of tribal affiliation) were group specific.

New Caledonia is still a French ruled country, where the indigenous Kanak population is neither an overwhelming majority, as it is the case in the neighboring Melanesian states, nor a small minority as in Australia and New Zealand. The Kanaks represent 44% of the total population of 230,000 inhabitants while Europeans (i.e., born in France or of European descent) account for 34%, Polynesians 12% (Wallisians and Futunians, and Tahitians), Asians 5% and persons from another community 5% (Institut Territorial de la Statistique et des Etudes Economiques, 2001). In the 1980s, a nationalist rebellion for Kanak independence forced concessions from France and a process of re-balance of power in favor of the Kanak community (Matignon Accords, 1989 and Nouméa Accord, 1998). The political and economic transformations that have taken place since then have led to increasing social heterogeneity within the Kanak community and have fostered significant changes for women: consolidation of a female urban population, increased level of girls' education, subsequent better access to employment and opportunity to earn a personal income, and implementation of gender parity in politics (Berman, 2005; Hamelin, 2000; Salain, 2009). However, these major ongoing changes are not sufficient to counterbalance more than 150 years of colonial domination. Significant socio-economic inequalities persist today. The Kanak population, who lives mainly in rural areas and islands, still holds a socio-economically disadvantaged position in New Caledonian society. The 2004 census indicated that in the Northern Province and in the Loyalty Islands, where Kanaks are the overwhelming majority, the proportion of women aged 14 and over with no diploma was respectively 56% and 63%. In the Southern Province, which is home to a mainly non-Kanak population, this proportion was 32% (Institut de la statistique et des études économiques, 2007).

The non-Kanak population resides mostly in the Noumea metropolitan area but is quite heterogeneous regarding socio-economic characteristics and ethnicity. It is composed of successive migration waves, from the initial French convicts and settlers, and from the descendants of the Oceanian and Asian labor trade in the 19th and first part of the 20th century to more recent immigration from Polynesia and France (Merle, 1995). The Europeans, particularly wealthy French expatriates, have the highest position in terms of education, employment, and economic resources. The Polynesian and Asian inhabitants are well represented in certain segments of the local economy (as construction workers or small entrepreneurs for example), though their socio-economic position is lower than the Europeans'.

Although there is a certain amount of cultural mixing between the different communities several distinct cultural contexts and sets of social features exist. In particular, male domination remains a central element of gender relations among Kanaks. This is mostly evident in the division of daily activities, and the confining of women within the domestic sphere and obligatory maternity, as well as in obstacles faced by women wishing to escape an unhappy union, since divorce is almost impossible in Kanak rules and separating from a partner means leaving the children with him. These patterns, the value placed on reproduction and the license previously given to men to appropriate women's reproductive capacities through marriage and to impose discipline, as well as the scale of gender violence, all contribute to explain the narrow margins within which Kanak women can negotiate their sexuality (Berman, 2006; Salomon, 1998, 2002).

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