

Awareness of Health Services Among Sexually Abused Secondary School Teenagers in Rivers State

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Abstract

Background: The study investigated Awareness of health services among sexually abused secondary school teenagers. Teenage sexual abuse is a situation where a teenager suffers from serious mental and physical injury inflicted upon its victim by reason of sexual exploitation. The aim of this study was to establish a greater awareness of the association between sexual abuse and health care utilization.

Methods: The study was conducted in female secondary school students who are within the age range of 13-19 years in Kalabari Kingdom of Rivers State. The study adopted a descriptive survey and correlation research design. The population for the study comprises of 738 female secondary school students. A structured and self-administered questionnaire was the instrument used to collect data for the study. The reliability of the instrument was ascertained through test retest method, using Pearson product moment correlation to ascertain its reliability. Inferential statistics was used to analyze the variables at 0.05 level of significant.

Results: The findings showed that the respondents were aware of the general health services for the sexually abused teenagers with mean score of $\chi = 2.62 \pm 0.54$, the standard error was 0.020. The result showed that the Health services are not significantly been utilized by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State ($t(725,0.025)=0.222, p>0.05$). The R-square value of 0.144 showed roughly the contribution of 14.4% of awareness of healthcare service to the utilization. The R-square value of 0.355 showed roughly the contribution of 35.5% of availability of health service to the utilization.

Conclusion: The study concluded that awareness of health Services were relatively a significant predictor of utilization of health services. Awareness of the health services for the sexually abused teenagers was negatively related with the utilization of health services.

Keywords: Awareness; Health services; Utilization; Sexually abused; Secondary school teenagers

Introduction

Sexual abuse, including sexual assault or rape, of children and adolescents, is a major global public health problem, a violation of human rights, and has many health consequences in the short and long term that needs urgent attention in order to achieve sustainable peace and security for women, the problem of sexual abuse must be given a serious concern. Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent [1]. Immediate reactions to sexual abuse include shock, fear or disbelief. Long-term symptoms include anxiety, fear or post-traumatic stress disorder. Although greater efforts are clearly required to prevent both the primary and secondary effects of abuse, child abuse prevention is not easily achieved. Awareness and utilization of health services is important because samples from clinical settings are not representative of the population as a whole and may give inaccurate estimates due to selection biases. Sexual abuse has plagued virtually in every facet of Nigerian society, such as economic, politics, education vice visa religious sectors. It also involved exposing

a teenage child to pornographic films, child trafficking or prostitution [1].

There are several health effects and implications attached to a teenage child that is sexually abused, these includes physical, mental, emotional and social problems which inflict severe pains, depression, anxiety, behavioural problems, withdrawal from normal activities, difficulty at school, aggression, truancy, running away from school, excessive fears, nightmares, extreme anxiety, drug abuse, substance abuse, alcohol abuse, externalizing symptoms, eating disorders, problems with relationships, prostitution and interpersonal sensitivity [2]. Sexually abused teenagers who go through traumatic events may take some period of time for them to recover from the trauma. The physical impact of sexual abuse can hardly be forgotten in the memories of its survivors, which make it difficult to heal. Others may experience severe effects in the immediate aftermath of the abuse [3].

Teenagers with disabilities may face various risk of sexual abuse especially those with hearing problems and those who has not been taught sign language [4,5]. Sexually abused teenagers experienced the complexity of shame and emotional problems of feeling guilt that keeps them away from other people. The sexually abused teenager is usually coerced not to tell or reveal the abuse to anybody and is not able to visit the health facility.

Sexual abuse among teenagers has emerged as one of the serious vices in our society, with resultant unwanted pregnancy, drop out of school, Maladaptive coping response, abortion, which often result to complications or death, suicide and or suicide attempts as a result of stigmatization and discrimination, sexually transmitted infections (STIs) including HIV/AIDS among others [6].

The physical examination on the sexually abused victim is often delayed due to the time of the event and when the patient visit health service. Even when the abuse does not cause any injury on the abused victim, there is still needed to conduct physical examination to assess the urogenital area, determine the accompanied pains, vaginal bleeding, and the elapse time since the last traumatic event of abuse [7].

Health education and health promotion programmes are designed to help individuals, communities and the society at large to improve the awareness of sexually abused and health service utilization [8]. Counselling and testing for HIV/AIDS and STIs serves as a major tool for its prevention and control for teenagers, substance abusers, gay and bisexual population, sexually abused individuals and also among those who are HIV/AIDS infected [9]. A 2011 systematic review and meta-analysis of the prevalence of child sexual abuse around the world places the prevalence among girls at around 20% and among boys at around 8% [10]. According to the Joint United Nations Programme on HIV/AIDS [11], up to 50% of all new infections that occur worldwide are among young people being the most sexually active, usually those that have more than one sexual partner and do not regularly use condoms. The paper would examine the following hypotheses, that were postulated and tested at 0.05 level of significance.

- Sexually abused secondary school teenagers are not significantly aware of health services in Kalabari Kingdom of Rivers State.
- Health services are not significantly been utilized by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State.
- There is no significant contribution of awareness of health services to their utilization by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State.
- There is no significant relative contribution of availability of health services to their utilization by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State.

Materials and Methods

The study was conducted in female secondary school students who are within the age range of 13-19 years in Kalabari Kingdom of Rivers State. The study adopted a descriptive survey and correlation research design. The population for the study comprises of 738 female secondary school students. Stratified random sampling techniques were used to select schools. A Self- structured questionnaire was the instrument used to collect data for the study. The reliability of the instrument was ascertained through test retest method, using Pearson product moment correlation to ascertain its reliability. Inferential statistics was used to analyze the variables under study which sets at 0.05 level of significant.

Results and Discussion

SN	Awareness	Very Aware	Aware	Fairly Aware	Unaware	N	\bar{x}	\pm
1	General health services available for the sexually abused teenagers	172	295	48	203	718	2.61	1.13
	Sexuality Education services	254	310	72	78	714	3.04	0.95
2	Health Education services are available	262	312	115	22	711	3.14	0.8
3	Counselling and testing for the prevention of HIV/AIDS and STIs are available in the facility	222	235	203	61	721	2.86	0.95
4	Post exposure prophylaxis treatments for the prevention of HIV/AIDS in the facility	91	123	243	261	718	2.06	1.02
5	Medical Health Investigations in the facility	229	233	110	146	718	2.76	1.11
6	Care and support services	127	204	211	176	718	2.39	1.04
7	Mental health and psychotherapy services	66	184	252	214	716	2.14	0.95
8	Social support services	99	294	178	141	712	2.49	0.96
9	Legal support services to protect the right of the sexually abused	141	312	103	154	710	2.62	1.03

10	Referral services in the treatment centers to refer cases of sexual abuse to a higher level of treatment.	148	340	87	147	722	2.68	1.02
11	Confidentiality all through the treatment of the sexually abused.	114	326	165	114	719	2.61	0.93
							2.62	0.54

Table 1: What is the significance Mean () and standard deviation (±) of awareness of health services among sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State. Note: missing cases were deleted from the percentage computations.

Table 1 showed that the respondents were aware of the general health services for the sexually abused teenagers with a rated mean score of ($\chi = 2.61 \pm 1.13$), aware of the health education services ($\chi = 3.14 \pm 0.80$), aware of sexuality education services ($\chi = 3.04 \pm 0.95$), counselling and testing for the prevention of HIV/AIDS and STIs in the facility ($\chi = 2.86 \pm 0.95$). The respondents also indicated that they were aware of the medical health investigations in the facility ($\chi = 2.76 \pm 1.11$), aware of the referral services in the treatment centers ($\chi = 2.68 \pm 1.02$), aware of the legal support services to protect the right of the sexually abused ($\chi = 2.62 \pm 1.03$). The respondents also reported that confidentiality is observed during the treatment of the sexually abused with the rated mean score of ($\chi = 2.61 \pm 0.93$), unaware of the post exposure prophylaxis treatment for the prevention of HIV/AIDS in the facility ($\chi = 2.06 \pm 1.02$). The respondents were not aware of the care and support services in the facility with a mean score of ($\chi = 2.93 \pm 1.04$). While they reported being unaware of the Mental health and psychotherapy services in the facility ($\chi = 2.14 \pm 0.95$) and the respondent reported that they were unaware of the Social support services in the facility with a rated mean score of ($\chi = 2.49 \pm 0.96$). The overall score shows that the mean perception of the students over awareness of health service was ($\chi = 2.62 \pm 0.54$).

Table 2 showed that the mean availability of health services was aaaaaaaaaaaaaa, the standard error was 0.022. The result showed that the health services for the sexually abused secondary school teenagers are significantly available in Kalabari Kingdom of Rivers State ($t_{(725,0.025)}=121.332, p<0.05$). The null hypothesis was rejected at 0.05 alpha level. the mean utilization of health services was aaaaaaaaaaaaaa, the standard error was 0.021. The result showed that the Health services are not significantly been utilized by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State ($t_{(725,0.025)}=0.222, p>0.05$). The null hypothesis was not rejected at 0.05 alpha level.

The regression equation showed that any changes in maturity will lead to a change in utilization of health services. This showed that level of maturity will not significantly influence the utilization of health services by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State ($F_{1, 724}=3.149, p>0.05$). The null hypothesis was not rejected at 0.05 alpha level.

The regression equation showed that any increase in the value of awareness of health services will lead to an increase in utilization of the facilities.

N	Mean	SD	SEM	df	p-value
726	2.6166	0.58107	0.02157	725	0
ANOVA^a					
Model	Sum Squares	df	Mean square	f	sig.
Regression	27.227	1	27.227	98.454	0.000 ^b
Residual	200.22	724	0.277		
Total	227.447	725			
Regression	32.785	1	32.785	121.934	0.000 ^b
Residual	194.662	724	0.269		
Total	227.447	725			
Regression	80.839	1	80.839	399.213	0.000 ^b
Residual	146.608	724	0.202		
Total	227.447	725			

Table 2: Summary of one sample t-test on the significance of awareness of health services among secondary school students in Kalabari Kingdom of Rivers State.

This showed that there is significant relative contribution of awareness of health services to their utilization by the sexually abused secondary school teenagers in Kalabari Kingdom of Rivers State ($F_{1, 724}=121.93, p<0.05$). The null hypothesis was rejected at 0.05 alpha level.

Discussion of the Findings

Awareness of health services by sexually abused secondary school teenagers

Based on a representative sample the findings showed that the mean perception of the respondents on awareness of health service was above the criterion mean score of 2.5. The respondents strongly indicated that they are aware of the following; general health services, the health education services, aware of sexuality education services, counselling and testing for the prevention of HIV/AIDS and STIs in the facility, medical health investigations in the facility, referral services in the treatment centers to refer cases of sexual abuse to a higher level of treatment and legal support services to protect the right of the

sexually abused. They are also of the opinion that confidentiality is maintained all through the treatment of the sexually abused. When analyzed on t test, the result showed that sexually abused secondary school teenagers are significantly aware of the health services in Kalabari Kingdom of Rivers State ($t_{(725,0.025)}=129.39, p<0.05$). The null hypothesis one was rejected at 0.05 alpha level. The present study is consistent with Ogunlayi [12], that information's and knowledge of health services were not provided for them to be aware of the content of sexual health services. However, the study further shows that 36.5% of students and 59% of none student's respondents were fully aware of the health services for the sexually abuse. It also shows that the difference between these variables and knowledge of what adolescent sexual and reproductive health services are seen as the major factor identified by respondents for not utilizing the health services.

The summary of one sample t-test results on Table 2 showed that the health services for the sexually abused secondary school teenagers are significantly available in Kalabari Kingdom of Rivers State ($t_{(725,0.025)}=121.33, p<0.05$). The null hypothesis two was rejected at 0.05 alpha level. The present finding is consistent with Yahaya, Soares, De Leon and Macassa [13] whose analysis report shows that cases of sexual abuse were highest in Nigeria and Zambia and the abused persons were not willing to disclose the abuse to anyone hence, they found it difficult to access the health services when they are sexually abused even when they know that these services are available. Ahumuza [14] conducted a work on how health services are not utilized by the sexually abused especially the physically challenged persons.

Utilization	Adequately utilized	utilized	fairly utilized	Not utilized	N	Mean	SD ±
General health services available for the sexually abused teenagers	85	334	152	150	721	2.49	0.95
Sexuality Education services	127	337	176	78	718	2.71	0.88
Health Education services are utilized	168	331	158	61	718	2.84	0.88
Counselling and testing for the prevention of HIV/AIDS and STIs are available in the facility	110	185	257	167	719	2.33	1
Post exposure prophylaxis treatments for the prevention of HIV/AIDS in the facility	60	98	278	285	721	1.91	0.93
Medical Health Investigations in the facility	79	165	333	141	718	2.25	0.9
Care and support services	63	110	355	187	715	2.07	0.87
Mental health and psychotherapy services	42	108	302	261	713	1.9	0.86
Social support services	65	129	276	236	706	2.03	0.94
Legal support services to protect the right of the sexually abused	49	107	287	270	713	1.91	0.89
Referral services in the treatment centers to refer cases of sexual abuse to a higher level of treatment.	48	224	225	221	718	2.14	0.93
Confidentiality all through the treatment of the sexually abused.	73	247	226	173	719	2.31	0.95
						2.24	0.56

Table 3: Mean and standard deviation on the utilization of health services among secondary school teenagers in Kalabari Kingdom of Rivers State. Note: missing cases were deleted from the percentage computations.

Table 3 showed that general health services for the sexually abused teenagers were not adequately utilized with a rated mean score of ($\chi = 2.49 \pm 0.95$), health education services are utilized

($\chi = 2.84 \pm 0.88$), sexuality education services were utilized ($\chi = 2.71 \pm 0.88$). Counselling and testing for the prevention of HIV/AIDS and STI were not utilized in the facility ($\chi = 2.33 \pm 1.00$), and

post exposure prophylaxis treatments for the prevention of HIV/AIDS in the facility were not utilized ($\chi = 1.91 \pm 0.93$), Medical health investigations were not utilized in the facility ($\chi = 2.25 \pm 0.90$), Care and support services were not utilized ($\chi = 2.07 \pm 0.87$), Mental health and psychotherapy services were not utilized ($\chi = 1.90 \pm 0.86$), Social support services were not also utilized ($\chi = 2.03 \pm 0.94$). Legal support services to protect the right of the sexually abused were not utilized ($\chi = 1.91 \pm 0.89$). Referral services in the treatment centres to refer cases of sexual abuse to a higher level

of treatment were not utilized in the facility with a mean score of ($\chi = 2.14 \pm 0.93$), confidentiality is not adequately utilized during the treatment of the sexually abused ($\chi = 2.31 \pm 0.95$). However, the overall score shows that the mean perception of the students over the utilization of health services for the sexually abused teenagers in Kalabari Kingdom of Rivers state was ($\chi = 2.24 \pm 0.56$). This shows that health service for the sexually abused teenagers were not adequately utilized in Kalabari Kingdom [15,16].

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	N	Mean	SD ±
Health services for the sexually abused are utilized despite the location of the services.	101	380	126	117	724	2.64	0.91
The location of health services makes it difficult for the sexually abused teenagers to utilize the services.	136	343	122	121	722	2.68	0.96
Utilizing the health services for the sexually abused located in one's community can bring about stigma and discrimination.	207	317	143	52	719	2.94	0.88
Sexually abused teenagers in the rural areas find it difficult to utilize the health services due to the distance in reaching the location of the health services.	181	361	114	64	720	2.92	0.87
Location of health services contribute to delayed treatment of the sexually abused teenagers.	244	304	121	49	718	3.03	0.88
Grand mean and SD						2.84	0.6

Table 4: Mean and standard deviation on the location of health services among secondary school teenagers in Kalabari Kingdom of Rivers State. Note: missing cases were deleted from the percentage computations.

Table 4 showed that the health services for the sexually abused are utilized despite the location of the services with a rated mean score of ($\chi = 2.64 \pm 0.91$), location of health services makes it difficult for the sexually abused teenagers to utilize the services ($\chi = 2.68 \pm 0.96$), health services for the sexually abused located in one's community can bring about stigma and discrimination ($\chi = 2.94 \pm 0.88$). Also, sexually abused teenagers in the rural areas find it difficult to utilize the health services due to the distance services ($\chi = 2.92 \pm 0.87$). Health services contribute to delayed treatment of the sexually abused teenagers ($\chi = 3.03 \pm 0.88$). However, the overall mean and standard deviation on the location of health services for the sexually abused secondary school teenagers were ($\chi = 2.84 \pm 0.6$).

Conclusion

Based on the findings, the study revealed that majority of the Students were aware of the health services in the area that were adequately available, but the health services were not significantly utilized by the sexually abused teenagers in Kalabari Kingdom of Rivers State. Lack of Confidentiality was almost posing problems for the sexually abused teenagers as it was led to stigma and discrimination thereby preventing them from utilizing the available health services.

Recommendations

Based on the findings of the present study, the following recommendations were made:

- Community health workers should collaborate with schools to create more awareness of the health services available for utilization.
- All schools should have a unit where counselling and testing will be carried out especially for the sexually abused to avoid stigmatization and discrimination and also prevent lost to follow up in the course of referral.
- Government should continue to make available all the necessary health services in the interior areas including the hard to reach areas in Kalabari for the teenager or students to use in case sexual abuse thus, location should not determine the provision of access to health services.
- All sexually abused secondary school teenagers should be provided with the available health services in order to safeguard their lives against potential infections.

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