

HEALTHCARE PROFESSIONALS' PERCEPTION OF PHYSICAL HEALTH EFFECTS OF RAPE AND INTERVENTIONS IN GOVERNMENT HOSPITALS IN ILORIN METROPOLIS

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Abstract

Rape, a form of sexual assault involving non-consensual sexual penetration, predisposes victims to severe health risks and psychological distress. This study investigated the healthcare professionals' perception of physical health effects of rape and interventions in Government Hospitals in Ilorin Metropolis. Specifically, it examined STIs/ HIV and pregnancy as perceived physical health effects, STIs/HIV screening, and administration of oral contraceptives as professional interventions. A descriptive survey design was employed. The population comprised healthcare professionals in government hospitals, including doctors, nurses, community health extension workers, health educators, and gender-based violence personnel directly involved in rape victim management. Using a multistage sampling procedure, 378 respondents were selected. Data were collected through a validated and reliable questionnaire. Inferential statistics of Chi-Square tested hypotheses at a 0.05 significance level. Findings revealed that STIs/ HIV and pregnancy are significantly perceived as physical health effects of rape; while STIs/HIV screening and administration of oral contraceptives are significantly health-care professional interventions for post rape management. The study concluded that rape victims often experience severe physical effects, and healthcare professionals play a critical role in managing these outcomes through medical and psychosocial interventions. It recommends that healthcare professionals should incorporate routine pregnancy testing and counselling services into post-rape management programs to address survivors' fears of pregnancy, provide necessary follow-up care, and support decision-making about reproductive health.

Keywords: Physical Health Effect, Rape, Health Care and Professional Intervention.

Introduction

Rape is a form of sexual assault that involves sexual intercourse or other forms of sexual penetration carried out without the consent of the individual. It is a major phenomenon that predisposes victims to various health risks and other adverse experiences. The act may be committed through the use of physical force, coercion, abuse of authority, or against individuals unable to provide valid consent, such as those who are unconscious,

intellectually incapacitated, or below the legal age of consent. The term “rape” is often used interchangeably with sexual assault or sexual violence. Individuals who commit the act are referred to as “rapists” or “assailants,” while those who experience it are known as “rape victims” or “survivors.” Rape can be understood through multiple perspectives, including physical, psychological, sociological, and legal viewpoints, which may vary across countries (Lawrence & Van Rensburg, 2016). The United Nations (2012) defines rape as a sexual assault and criminal offence that occurs worldwide, involving the compulsion of a person into sexual activity against their will or consent. Medically, rape is described as an unlawful sexual act, usually sexual intercourse, carried out forcibly or under the threat of injury against a person’s will, typically involving females, or against someone unable to provide valid consent due to age or incapacity (Ewulum, 2020).

There are several categories of rape, including forcible date rape, gang rape, acquaintance rape, spousal rape, prison rape (which may occur between prisoners and guards or among inmates, often involving homosexual acts), war rape, and incestuous rape. Various factors have been identified as contributing to rape, such as lax enforcement of rape laws in Nigeria, indecent dressing, a culture of silence, alcohol consumption, and being alone in isolated or unsafe areas (Burgess et al., 2010). Basile et al. (2021) note that forcible rape is extremely traumatic and physically painful, often representing one of the most severe experiences an individual can endure and survive. Victims of rape frequently experience long-lasting distress that extends beyond the assault itself. The physical consequences of rape may include injuries from beating or choking, such as bruises, scratches, cuts, and broken bones; swelling and bruising around the genital area; injuries to the rectal-vaginal region, such as tearing of the perineum; and sexually transmitted infections (STIs), including herpes, gonorrhea, HIV/AIDS, and syphilis.

The negative effect of sexual violence is manifested in both physical and psychological problems. Survivors of rape are often exposed to reproductive health risks such as STIs and HIV, which are widely perceived as serious physical consequences of the assault. Studies in Nigeria have shown that rape survivors and health workers recognise HIV and other STIs as key health outcomes that require immediate post-exposure prophylaxis and counselling (Okeke et al., 2024; Folayan et al., 2022). Hospital-based studies also reveal that delays in accessing care reduce the chances of preventing infection,

reinforcing the perception that rape is strongly linked to HIV/STI exposure (Jewell et al., 2020). Furthermore, programmatic evaluations indicate that even when post-exposure prophylaxis is provided, poor completion rates remain a major challenge in Nigerian hospitals, which strengthens the concern among providers that HIV infection may result after rape if treatment is not completed (Ogunbajo et al., 2024; Anyaka et al., 2023). Recent research in Kwara State and other Nigerian cities provides evidence that HIV and STIs are consistently regarded as significant physical health effects of sexual assault in clinical settings (James, Bushari, & Jamiu, 2024). In addition, local studies in Ilorin on HIV care confirm that HIV is a major health concern within the city's health system (Abubakar et al., 2023).

Pregnancy is one of the most widely recognised physical health effects of rape. Survivors of sexual assault frequently perceive the risk of unwanted pregnancy as an immediate and long-term consequence of the trauma. Global health authorities note that rape can result in forced conception, with serious social and medical implications for survivors (Centres for Disease Control and Prevention [CDC], 2024). Studies in Nigeria consistently report that pregnancy is not only a biological outcome but also a strongly perceived threat among rape victims and the communities where they live (Okeke et al., 2024; Uwaegbute & Unachukwu, 2022). Hospital-based evidence also highlights that women presenting after rape often request emergency contraception or pregnancy testing, indicating that pregnancy is a central concern in post-assault clinical management (Anyaka et al., 2023). In addition, qualitative studies conducted among women in Nigeria reveal that pregnancy is one of the first consequences mentioned when discussing the effects of rape (Ogunwale et al., 2024). Specifically, in Kwara State, recent studies examining the psychosocial effects of rape among women and adolescents highlight pregnancy as a major problem linked to sexual violence (James et al., 2024). Against this backdrop, the study examined the healthcare professionals' perception of physical health effects of rape and interventions in Government Hospitals in Ilorin Metropolis.

Statement of the Problem

Rape continues to present serious health challenges to survivors and poses indirect threats to families. In many cases, medical care focuses mainly on treating physical injuries, while preventive measures against STIs/HIV and unintended pregnancies are

neglected, often leading to severe complications. From the researcher's workplace observations, several cases of unsafe abortions and suicide attempts were linked to both the immediate and long-term consequences of rape, many of which could have been prevented with timely medical interventions. Such outcomes include infertility caused by untreated genital injuries or complications from unsafe abortions. Similarly, a co-researcher shared an experience during a female cancer screening exercise in a school where a young girl refused examination due to a history of rape at the age of eight, leaving her traumatised and resistant to any genital contact. Most perpetrators were strangers who attacked victims in residential areas or isolated locations. Previous studies on rape have examined various dimensions, such as Olaitan et al. (2020) on knowledge and perception of marital rape in Oyo State, Burgess et al. (2010) on stereotypes and implications for elderly rape victims, and Sezgin & Punamaki (2021) on traumatic events and posttraumatic cognitions among women in Eastern Anatolia. However, the present study focuses on healthcare professionals' perception of physical health effects of rape and interventions in Government Hospitals in Ilorin Metropolis.

Research Hypotheses

The following hypotheses were tested:

1. STIs/ HIV will not significantly be a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
2. Pregnancy will not significantly be a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
3. STIs/HIV screening will not significantly be a healthcare professional intervention for post-rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
4. Administration of oral contraceptives will not significantly be a healthcare professional intervention for post-rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Methodology

A descriptive research design of survey type was adopted for this study. The population of this study comprises all healthcare professionals in government hospitals in

Ilorin Metropolis with the total number of 3489 (Kwara State Hospital Management Board (2024), Human Resources Department, University of Ilorin (2024), Offices of the HOD Health, Ilorin West, South, East LGA (2024), while the target population for the study consists all the health care professionals (doctors, nurses, CHEW, health educators, GBV personnel) who are involved directly in the Management of rape victims in Government health facilities in Ilorin metropolis which are 2780 (fieldwork).

Multistage sampling procedure of stratified sampling technique, purposive sampling technique, proportionate and convenience sampling technique were used in the study.

Stage 1: A stratified sampling technique was used to group all health facilities in the government hospital in Ilorin Metropolis into three groups by location: Ilorin West, Ilorin South, and Ilorin East Local Government health facilities.

Stage 2: A purposive sampling technique was used to select fifteen health facilities with the highest number of health professionals from across the three local government health facilities in Ilorin metropolis.

Stage 3: A proportionate sampling technique was used to select 13.71% of the targeted population in the government health facilities in Ilorin metropolis to select a sample size of 378 respondents for the study, which was determined by Calculator.net (2024), which recommended 378, including 10% attrition rate.

Stage 4: To ensure the participants were not coerced into participating in the study, a convenience sampling technique was employed to select 378 respondents for the study. Questionnaires were administered by the researcher and eight research assistants to the health care professionals who were present and consented to participate in the study at the time of administration.

The instrument for data collection was a researcher's structured questionnaire. The questionnaire contains 16 items, four items on each variable. The response modes of the questionnaire were closed-ended based on Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The face and content validity of the instrument were ascertained by three experts in the Department of Health Promotion and Environmental Health Education, University of Ilorin. Reliability was ascertained using the split-half method of reliability, whereby 20 copies of the research instrument were administered at

the Specialist Hospital Centre, Igboro, Kwara State. The data was analysed using Cronbach's Alpha, which generated a coefficient of 0.75. The researchers administered the questionnaire to the respondents with the help of eight instructed research assistants. No identifier, such as name of respondents, was required, and all information provided was kept confidential. All information provided was used for the purpose of research only. Verbal consent was obtained from respondents. A letter of ethical approval was collected from the University of Ilorin Ethical Review Committee (UERC). The obtained data were analysed using inferential statistics of Chi-Square (χ^2) was used to test the postulated hypotheses.

Results

Hypothesis 1: STIs/ HIV will not significantly be a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Table 1: Chi-Square Analysis on STIs/ HIV as a Perceived Physical Health Effect of Rape

Variable	N	df	Cal. χ^2 value	Crit. table value	Remark
STIs/ HIV as a perceived physical health effect of rape	378	9	103.11	16.92	Ho rejected

@ 0.05 level of significance

Table 1 showed hypothesis one, which stated that STIs/ HIV will not significantly affect the physical health effects of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis. The hypothesis, which has a calculated chi-square value of 103.11, is greater than the critical table value of 16.92 @ 9 degrees of freedom. This showed that the hypothesis was rejected, which implies that STIs/ HIV are significantly a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Hypothesis 2: Pregnancy will not significantly be a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Table 2: Chi-Square Analysis on Pregnancy as a perceived physical health effect of rape

Variable	N	df	Cal. χ^2 value	Crit. table value	Remark
Pregnancy as a perceived physical health effect of rape	378	9	87.09	16.92	Ho rejected

@ 0.05 level of significance

Table 2 showed hypothesis two, which stated that pregnancy will not significantly be a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis. The hypothesis, which has a calculated chi-square value of 87.09, is greater than the critical table value of 16.92 @ 9 degrees of freedom. This showed that the hypothesis was rejected, which implies that pregnancy is a significant physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Hypothesis 3: STIs/HIV screening will not significantly be health-Care professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Table 3: Chi-Square Analysis on STIs/HIV Screening as an Intervention for Post Rape Management among Rape Victims

Variable	N	df	Cal. χ^2 value	Crit. table value	Remark
STIs/HIV screening as an health-Care professional intervention for post rape management among rape victims	378	9	327.46	16.92	Ho rejected

@0.05 level of significance

Table 3 showed hypothesis three, which stated that STIs/HIV screening will not significantly be health-care professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis. The hypothesis, which has a calculated chi-square value of 327.46, is greater than the critical table value of 16.92 @ 9 degrees of freedom. This showed that the hypothesis was rejected, which implies that STIs/HIV screening is not a healthcare

professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Hypothesis 4: Administration of oral contraceptives will not significantly be health-Care professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Table 4: Chi-Square analysis on Administration of oral contraceptive as an intervention for post rape management among rape victims

Variable	N	df	Cal. χ^2 value	Crit. table value	Remark
Administration of oral contraceptives as a healthcare professional intervention for post rape management among rape victims	378	9	345.32	16.92	Ho rejected

@ 0.05 level of significance

Table 4 showed hypothesis four, which stated that administration of oral contraceptives will not significantly be health-care professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis. The hypothesis, which has a calculated chi-square value of 345.32, is greater than the critical table value of 16.92 @ 9 degrees of freedom. This showed that the hypothesis was rejected, which implies that administration of oral contraceptives is a significant healthcare professional intervention for post rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Discussion of Findings

The result of hypothesis one revealed that STIs/ HIV are significantly perceived as a physical health effect of rape in Government Hospitals in Ilorin Metropolis. This is because health professionals linked a late report at the hospital predispose rape victims to infections for rape victims. This result is in line with the findings of Okeke et al. (2024) and Folayan et al. (2022), who reported that survivors of rape are often exposed to reproductive health risks such as STIs and HIV, which are widely perceived as serious physical consequences of the assault. Studies in Nigeria have shown that rape survivors

and health workers recognise HIV and other STIs as key health outcomes that require immediate post-exposure prophylaxis and counselling. Jewell et al. (2020) discovered that hospital-based studies also reveal that delays in accessing care reduce the chances of preventing infection, reinforcing the perception that rape is strongly linked to HIV/STI exposure.

The result of hypothesis two revealed that pregnancy is significantly perceived as a physical health effect of rape in Government Hospitals in Ilorin Metropolis. The result indicated that when rape victims do not visit the hospital for adequate intervention, they are likely to be pregnant. This result is in line with the findings of the Centres for Disease Control and Prevention [CDC] (2024), which reported that survivors of sexual assault frequently perceive the risk of unwanted pregnancy as an immediate and long-term consequence of the trauma. Global health authorities note that rape can result in forced conception, with serious social and medical implications for survivors. Okeke et al. (2024) and Uwaegbute & Unachukwu (2022) reported that pregnancy is not only a biological outcome but also a strongly perceived threat among rape victims and the communities where they live.

The result of hypothesis three revealed that STIs/HIV screening is a significant healthcare professional intervention for post-rape management among rape victims in Government Hospitals in Ilorin Metropolis. Therefore, the respondents expressed that they generally test the victims for the possibility of STIs and HIV. This finding is consistent with established protocols that advocate for comprehensive medical care following sexual assault. According to Del Romero et al. (2019), the importance of STI/HIV screening is emphasised in reducing the risk of infection and providing appropriate treatment. Thompson et al. (2014) report that Nigerian healthcare facilities have incorporated STI/HIV screening into their post-rape management protocols, although access remains limited. However, challenges persist. David et al. (2018) noted that inadequate resources and infrastructure can hinder the implementation of comprehensive screening programs. Muhindo et al. (2021) highlight that survivors' fear of stigma and lack of awareness can impede participation in screening.

The result of hypothesis four revealed that administration of oral contraceptives is a significant healthcare professional intervention for post-rape management among rape

victims in Government Hospitals in Ilorin Metropolis. Health professionals show that they administer emergency oral contraceptives for victims as part of the standard procedure of post-rape care to prevent cases of unwanted pregnancy. This finding is consistent with established protocols that advocate for comprehensive medical care following sexual assault. According to Munro et al. (2015), the importance of emergency contraception as a standard component of post-rape care is emphasised, noting its effectiveness when administered within 72 hours of the assault. Additionally, Okunola et al. (2022) report that Nigerian healthcare facilities have integrated emergency contraception into their post-rape management protocols, although access remains inconsistent.

Conclusion

From the results of this study, it was concluded that:

1. STIs/ HIV are a physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
2. Pregnancy is a perceived physical health effect of rape as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
3. STIs/HIV screening is a healthcare professional intervention for post-rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.
4. Administration of oral contraceptives is a health-care professional intervention for post-rape management among rape victims as perceived by healthcare professionals in government hospitals in Ilorin Metropolis.

Recommendations

Based on the conclusions of the study, the following recommendations were made:

1. Healthcare providers in government hospitals should be adequately trained and equipped to conduct STI/HIV screening for rape victims. This includes immediate post-rape testing, provision of post-exposure prophylaxis (PEP), and proper counselling to minimise anxiety and prevent long-term complications.
2. Healthcare professionals should incorporate routine pregnancy testing and counselling services into post-rape management programs. This will help address

survivors' fears of pregnancy, provide necessary follow-up care, and support decision-making about reproductive health.

3. Government hospitals should institutionalise comprehensive post-rape care protocols that combine HIV/STI prevention, pregnancy management, and trauma-informed care. This includes establishing multidisciplinary teams (medical staff, counsellors, and social workers) to ensure survivors receive holistic and continuous support.
4. Government hospitals should ensure the availability and timely administration of oral contraceptives and other emergency contraceptive methods for rape survivors. This will reduce the risk of unwanted pregnancy and support the reproductive health rights of survivors.

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