DETERMINANTS OF HEALTH SEEKING BEHAVIOUR OF SEXUALLY ABUSED TEENAGERS IN EGOR LOCAL GOVERNMENT AREA EDO STATE.

BY

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FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN

BENIN CITY

SUPERVISOR

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BEING A THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK POST GRADUATE COMMITTEE, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER DEGREE (M.S.W.) IN SOCIAL WORK.

SUPERVISOR

Prof. Ernest Ugiagbe

OCTOBER, 2025

CERTIFICATION

This is to certify that this research proposal "**Determinants of Health Seeking behaviour of sexually abused teenagers in Egor Local Government area Edo State"** was written by **Osahon ONI** with Matriculation Number: **PG/SSC1612058** in partial fulfillment of the requirement for the award of Master of Social work (M.S.W.) Degree in Social work, Faculty of Social Sciences, University of Benin, Benin City, Edo State.

……	……..
Prof. Ernest Ugiagbe	**Dr (Mrs) H.E. Eweka**
Project Supervisor	Head of Department
……	**……**
DATE	**DATE**

DEDICATION

This work is dedicated to God Almighty for His guidance and protection throughout my study in University of Benin. May his name be praised.

ACKNOWLEDGEMENTS

I wish to express my profound gratitude and honor to Almighty God, the source of my strength, wisdom, and inspiration. Without His divine guidance and blessings, this study would not have been possible. I am deeply thankful for His unwavering support throughout the entire research journey. May his name be praised forever. My unreserved gratitude goes to my amiable and intelligent supervisor, Prof. Ernest Ugiagbe for his patience, guidance and well-articulated instructions during the course of this project work for accuracy and splendid completion. Thank you sir for your painstaking and efficient manner with which you scrutinized every stage of this project, may God reward you bountifully sir.

To the Head of Department Dr (Mrs) H.E. Eweka and all other lecturers in the department of social work, I say a very big thank you for their intelligent and scholarly academic excellence through which knowledge, values and morals were impacted in me. God replenish you all in Jesus name. Amen. My most appreciation goes to lovely and ever caring parents Mr. AND Mrs. J.E. Oni for their love, prayers and advice that has brought me this far. I am indeed grateful Special thanks to my better half, my love and my confidant Mrs Temitope Oni for her immense support, prayer and understanding all through my study. Dear you have been a pillar of support for me. I love you. Also worthy of mentioning here are my lovely children Eseosa Oni and Iwinosa Oni, for their encouragement and prayers during the course of my study. May God uplift you.

To all my friends within and outside the university of Benin, I say a very big thank you for being my partner in progress I appreciate you all for your support morally, emotionally, financially, spiritually, academically and psychologically, thank you all.

Above all, glory, Honour and Adoration, Praise, thanks and Majesty be unto God who is the author and finisher of our faith

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JULY, 2025

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ABSTRACT

This study examines the health-seeking behaviours of sexually abused teenagers in Uselu Community, Edo State, focusing on their access to medical, emotional, and mental health support. Utilizing a quantitative research design, data was collected through surveys distributed to a sample of 400 adolescents. The findings reveal significant barriers to seeking help, including stigma, financial constraints, limited healthcare access, and insufficient understanding among service providers regarding issues related to sexual abuse. While 50% of respondents expressed a willingness to seek medical assistance, an equal proportion reported reluctance, indicating the influence of cultural factors and a preference for informal emotional support. Notably, only 40% of the teenagers utilized counselling services, highlighting a critical gap in mental health engagement. The study also emphasizes the vital role of social workers in providing support and facilitating access to resources, underscoring their importance in community education and stigma reduction. Recommendations include improving healthcare access, implementing trauma-informed training for providers, increasing the availability of mental health resources, and expanding confidential support options.

Keywords: Health-seeking behaviors, Sexual abuse, Adolescents, Mental health support, Stigma

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

All over the world, despite the increasing acknowledgment that sexual abuse is a violation of human rights and a major threat to public health, evidence shows that sexual abuse of teenagers is still a pervasive problem in almost every society. Teenage sexual abuse is a complex life experience that has become the subject of great concern and the focus of many legislative research and professional initiatives (Abe,2012). This is evidenced by the expanding body of literature on sexual abuse, public declarations by survivors and increased media coverage of sexual abuse issues. According to UNICEF data from national survey, in Nigeria, 1 in 4 girls and 1 in 10 boys in Nigeria experience sexual violence before age 18, with a large majority experiencing repeat offenses. Schools, relatives, neighbors, and community settings are often the scene of these abuses. Systemic obstacles—like stigma, lack of access to services, and uneven legal coverage—hinder survivors from getting help. according to the Lagos State University Teaching Hospital (2012). 83.6% of reported sexual assault victims were under 19, 73.1% were assaulted by someone they are familiar with (often neighbors). Over half (54.6%) occurred in neighbors' homes, and over 60% of victims sought help more than 24 hours after the incident

Agbeko (2010) defined health as an optimal personal fitness for full fruitful creative living. Health is maintained and improved not only through the advancement and application of health science but also through the efforts and intelligent behavioural choices of the individuals and society. Health is shaped by factors not entirely medical. Hence health is not something that medical doctors entirely provide for people, but rather, it is something an individual and community contributory achieve by themselves. Agbeko (2013) noted that

people's attitudes to health often affect personal and societal concepts which are based on experiences and views on well-being, and hence their health seeking behaviour.

Health-seeking behaviour is a process by which an individual acts to maintain the state of physical fitness and well-being that enables man to manage the physical, social and biological environments to his/her own satisfaction. Shehu (2015) described health behaviour as a pattern of choices constituting what one does and what one fails to do that affects fitness level and health status. Examples of such behaviour are physical activities, drug abuse, proper nutrition, alcoholism and indiscriminate sexual practices. The above author added that health – seeking behaviour are acts of making choices from the alternatives that are available and to the ease with which one is able to choose certain actions over others. He observed that the effectiveness of using health behaviour for well-being depends largely on many factors among which demography plays a prominent role (Akerele,2004)..

Sexual abuse, also referred to as sexual molestation, is usually an undesired sexual behaviour by one person upon another, that is when force is immediate, of short duration, or infrequent, it is called sexual assault. The offender is referred to as a sexual abuser or (often pejoratively) as molester. Peer commentaries on Green (2022) and Schmidt (2022) assert that the term also covers any behaviour by an adult or older adolescent towards a child to stimulate any of the involved persons sexually. The use of a child, or other individuals younger than the age of consent, for sexual stimulation is referred to as child sexual abuse or statutory rape.

Child sexual abuse is a form of abuse in which a child is abused for the sexual gratification of an adult or older adolescent. Whiffen, MacIntosh, (2015) it includes direct sexual contact, the adult or otherwise older person engaging indecent exposure (of the genitals and female nipples, etc.) to a child with intent to gratify their own sexual desires or to intimidate or groom the child, asking or pressuring a child to engage in sexual activities,

displaying pornography to a child, or using a child to produce a pornography. According to Maniglio, (2021) the effects of teenage sexual abuse include shame and self-blame, Anderson, (Lavina, 2015) depression, anxiety, post-traumatic stress disorder, low self-esteem issues, sexual dysfunction, chronic pelvic pain, addiction, self-injury, suicidal ideation, borderline personality disorder, and propensity to re-victimization in adulthood. Seto, (2008) noted that teenage sexual abuse is a risk factor for attempting suicide. (McKie, 2022) explained that much of the harm caused to victims becomes apparent years after the abuse happens.

Sexual abuse by a family member is a form of incest, and results in more serious and long-term psychological trauma, especially in the case of incest involving a parent. Martin, Anderson, Romans, Mullen, and O'Shea, (2013) noted that globally, approximately 18–19% of women and 8% of men disclosed being sexually abused when they were children. Martin, Anderson, Romans, Mullen, (2021) also noted that the gender gap may be caused by higher victimization of girls, lower willingness of men to disclose abuse, or both. Martin, Anderson, Romans, Mullen, and O'Shea, (2015) stated that Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often fathers, uncles or cousins; around 60% are other acquaintances such as friends of the family, babysitters, or neighbours, parent and strangers are the offenders in approximately 10% of child sexual abuse cases. Most child sexual abuse is committed by men; women commit approximately 14% of offenses reported against boys and 6% of offenses reported against girls. Amy, Neustein, (2019) noted that teenge sexual abuse offenders are not paedophiles unless they have a primary or exclusive sexual interest in prepubescent children

1.2 Statement of the Research Problem

Sexual abuse among teenagers remains a deeply concerning public health and social issue in many parts of Nigeria, including Egor Local Government Area of Edo State. Despite increased awareness and legal frameworks intended to protect minors, incidents of sexual abuse persist, often with devastating physical, emotional, and psychological consequences for the victims. A critical concern is the health-seeking behavior of these sexually abused teenagers—whether they seek medical, psychological, or legal help, and the factors influencing these actions.

Sexual abuse among adolescents remains a critical public health and human rights issue in Nigeria. Nationally, data reveal that 1 in 4 girls and 1 in 10 boys experience sexual violence before the age of 18 (UNICEF, 2015). Despite the high prevalence, a significant proportion of teenage survivors do not seek help or access health services. According to the Nigeria Violence Against Children Survey (2014), less than 5% of female victims aged 18–24 who experienced sexual abuse before age 18 sought any form of help, and only 3.5% received medical, psychosocial, or legal support. In Egor Local Government Area (LGA) of Edo State—an urban-rural mix with pockets of poverty, poor social services, and gender-based violence—the situation is under-researched. Cultural stigma, fear of reprisal, low awareness of available services, and distrust in formal institutions have been cited as key barriers to health-seeking behavior among adolescents (Okonkwo et al., 2021; Onifade et al., 2019). These barriers result in untreated physical injuries, long-term psychological trauma, and increased risk of sexually transmitted infections (STIs) and unwanted pregnancies.

Despite the enactment of protective laws such as the Child Rights Act (2003) and the Violence Against Persons (Prohibition) Act (2015), enforcement remains inconsistent across states, including Edo. No comprehensive data exists on the determinants of help-seeking

behavior among sexually abused teenagers in Egor LGA, making it difficult to develop effective, context-specific interventions.

This research is therefore critical to explore the individual, family, societal, and systemic factors that influence whether or not teenagers in Egor LGA seek medical, psychological, or legal support after experiencing sexual abuse. Understanding these determinants will inform local policy, improve support services, and help reduce the health and social consequences of sexual violence in this vulnerable group

1.3 Aims and objective of the study

The main aim of the study was to investigate the determinants of health seeking behaviours of sexually abused teenagers in Egor Local government Area, Edo State.

The specific objectives were to:

1. assess the types of health-seeking behaviours exhibited by sexually abused teenagers in Egor Local government Area, Edo State.
2. examine the factors that influence health-seeking behaviour among sexually abused teenagers in Egor Local government Area.
3. identify the behavioral patterns associated with sexually abused teenagers in Egor Local government Area that may impact their health-seeking actions.
4. explore the challenges faced by sexually abused teenagers in Egor Local government Area in accessing health and support services.
5. investigate the roles of social workers in supporting and rehabilitating sexually abused teenagers in Egor Local government Area.

1.4 Research Questions

In alignment with the aforementioned research objectives, the following research questions guided the study:

1. What types of health-seeking behaviours do sexually abused teenagers exhibit in Egor Local government Area, Edo State?
2. What factors influence health-seeking behavior among sexually abused teenagers in Egor Local government Area?
3. What are the behavioural patterns associated with sexually abused teenagers in Egor Local government Area that may affect their health-seeking actions?
4. What challenges do sexually abused teenagers in Egor Local Government area face when trying to access health and support services?
5. What roles do social workers play in the support and rehabilitation of sexually abused teenagers in Egor Local Government area?

1.5 Significant of the Study

The significance of studying the health-seeking behaviours of sexually abused teenagers in Egor Local Government area, Edo State, lies in the potential of this research to uncover critical insights that could benefit individuals, communities, and health systems alike. Findings from this study highlight how adolescent self-perception, self-esteem, and overall mental health can be positively impacted by improving access to supportive health services, thus fostering greater self-acceptance and positive identity development among these youth. By contributing to the existing body of knowledge, this research serves as a foundation for developing strategies that encourage more proactive health-seeking attitudes among adolescents, especially in the context of sexual health. Additionally, the insights gained drives the development or revision of school curricula to incorporate comprehensive and contextually relevant sex education, helping adolescents address misconceptions and equipping them with vital information for their well-being and safety. With clearer understanding and education on sexual health matters, adolescents are better positioned to

make informed choices, enhancing their overall resilience and making a positive impact on their families and communities.

This study serves as an awareness tool, reaching a broad spectrum of stakeholders including families, educators, health professionals, policy makers, and community leaders. By raising awareness, it seeks to create a supportive environment for adolescents to feel empowered, reduce stigma, and encourage them to seek help for sexual health issues without fear of judgment. Furthermore, it is anticipated that this research assists healthcare providers, such as the Ministry of Health, the Nigerian Medical Association, and the Traditional Healers Association of Nigeria, in improving the distribution and accessibility of health resources, especially for at-risk youth.

The findings offer actionable insights for policy makers, health practitioners, and NGOs aiming to promote health literacy and design adolescent-specific programs that foster a supportive and safe environment. By understanding the factors influencing health-seeking behaviors among sexually abused teenagers, stakeholders can better equip healthcare facilities with effective strategies for handling adolescent cases related to sexually transmitted infections (STIs) and trauma care. Lastly, this study serves as a valuable literature resource for future researchers, students, and policymakers seeking information on health-seeking behaviors related to STI and sexual health in adolescents, especially within the context of Egor Local Government Area in Edo State.

1.7 Scope of the study

This study focuses on exploring the determinants of health-seeking behaviour of teenagers (aged 13–19) who have experienced sexual abuse in Egor Local Government Area, Edo State,

Nigeria. The research will be conducted specifically within Egor LGA, an urban–peri-urban area in Edo State. The area is selected due to its growing population, diverse socio-economic status, and reported cases of gender-based violence. The study targets teenagers aged 13–19 years who are survivors of sexual abuse, including those attending secondary schools, informal educational settings, or those not in school but reachable through health or social support centers. The study will examine both individual-level and contextual-level determinants of health-seeking behaviour, including Sociodemographic factors (age, sex, education, socio-economic status), Knowledge and awareness of health services, Perceived stigma or fear of blame, Family and community support, Availability and accessibility of health and social services, Cultural and religious beliefs as well as Previous experiences with formal care systems

1.8 Definition of terms

Teenagers/Adolescents: Young individuals aged 13-19, often referred to as "teenagers" due to their age numbers ending in "teen."

Sexual Abuse: Undesired sexual behavior by one person upon another, commonly known as molestation. Immediate or infrequent force is called sexual assault; the offender is a sexual abuser.

Health-Seeking Behavior: Actions by individuals actively seeking ways to improve or maintain health, including accessing healthcare resources and services.

Sexuality: The broad spectrum of human experiences including relationships, physical development, sexual behaviors, gender, body image, and reproduction.

Sex Education: Instruction on topics like human anatomy, reproductive health, emotional relationships, reproductive rights, and birth control, typically provided by parents, schools, or public campaigns.

Educator: A person who provides instruction, such as a teacher or administrator, involved in educating or guiding students.

CHAPTER TWO

LITERATURE REVIEW

2.1 The Concept of Adolescence

Adolescence or teenager is generally agreed to be the period between the ages of ten and nineteen. A period of adolescence occupies a unique stage in every person's life. It is a period among human beings where lot physiological as well as anatomical changes take place resulting in reproductive maturity in adolescents Dennison (2017). Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours such as sexual experimentation, exploration and promiscuity that place their wellbeing at risk By the time they are 18years of age most adolescents in Nigeria are poor contraceptives users, and they are less likely than adult to consistently use condoms or other methods of protection that could reduce their chances of infection (Adegoke; 2014).

Sexuality is an important aspect of development during adolescence. Adolescence has been defined by the (WHO; 2014) as the period from 10 and 19 years of age. Sexual development is an integral and important part of human development and component of health throughout the life-span. Sex education is a major component of comprehensive health education, the goal of which is to help children and adolescents become healthy adults with responsible health behaviours. (Zabin & Heirsch 2015). The term teenager has often been used interchangeably with adolescence. The concept of teenage/adolescence is not a new phenomenon, but it has a controversial notion. Some authors (Turner & Helms, 2013, WHO, 2007) and a host of others believe that the teen years start at 13 years and end at 19 years. Onuzulike, (2013), Onuzulike, (2022), Ukekwe 2021) believe that it starts at 10-11 years and ends at 20-21 years.

Notwithstanding the age at which it begins or ends, the teen years have been described by Onuzulike (2013) as a transition period between childhood and adulthood.

Melgosa (2021) described the teen years as a period of social, psychological and intellectual transition. This description is similar to the belief of Ezeilo (2008) and WHO (2007) indicated earlier. Onuzuilike (2022) described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviours and learn the adult life-style. Negi (2019) described this period as the second decade of life. He observed that it is the most important and sensitive period of one's life when a person is in the second genital stage of psychological development. Ukekwe (2021) observed that this period, if not properly and carefully handled, could lead to disastrous consequences in later life especially among the females. Onuzulike (2013) is of the opinion that female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns. She added that one of the most important and complicated issues are pre-marital sexual activity that may result in unintended teenage pregnancy and childbearing.

Stycos (2007) studied the attitude of Costa Rican students and teachers on sex. He reported that about 27 per cent of Costa Rican students gain at least a partial understanding of sex at an early age of 14, often from the mass media and their peers. The survey results revealed considerable misinformation about sex and family planning. Ekwueme (2010) noted that about 400,000 unplanned births occur annually in Nigeria. Half of these births, she noted were to single girls between the ages of 15 and 19 years. She also observed that in thirty-one countries where data were available, fertility rates among women aged 15 to 19 years were high with an average of 164 live births annually. Audu (2007) remarked that over one million adolescent girls in Nigeria become pregnant every year. Of these, approximately 400,000 are 17 years or younger. He projected that among teenage girls who would turn 20 in 2001; one in five (1:5) would have been pregnant by her 18th birthday. Ekwueme equally remarked that among teenage girls in Nigeria, pregnancies are a common problem. This she maintained is

because of high rate of premarital sexual activities among teenagers especially in mixed schools.

2.2 Predisposing factors influencing health seeking behavior

Age, Gender and Religion influence health, its perception and its pursuit either alone or in combination with other factors. With the greater importance to adolescence girls, there is believed to be intensification in the sexual pressures boys and men put on young women, reduced control over young people by the older generation, and a concomitant rise in teenage childbearing occurring outside of an approved relationship (Dynamics et al., 1993). Opportunities for secondary schooling that now exist provide young men with considerable autonomy, removing them from the family compound or home and the watchful eyes of elders.

Secular institutions have largely replaced social and religious institutions, which once governed values, rites of passage, marriage and the extended family (GSS, 2019). The effect of social change among young people is of great concern, especially because they form a large chunk of the country's population. In 1998, 44 percent of the Nigeria ian population was below 15 years (GSS, 2019). This is probably because evidence suggests that adolescents in Nigeria are increasingly becoming sexually active at early ages prior to marriage. Nabila and Fayorse (1996) stated that age at first sex was found to be as early as age 10. Adolescents are at higher risk of exposure to STIs than adults because of their immature reproductive systems, misconceptions and lack of knowledge about STIs (Kumi- Kyereme, Awusabo-Asare, & Biddlecom, 2007).

Adolescents and young adults are more likely to have multiple partners (sequential or concurrent partnerships) rather than long-term relationships. Higher partner numbers and concurrent partnerships increase the chance of exposure to an STI. Adolescents are more likely to choose sex partners who are also adolescents and who may already have an STI

(Glover et al.,2023).

Differences in gender roles significantly influence the trends of health- seeking behaviors between men and women. According to study by (Mbatha & Bhana, 2007) a survey of Nigeria ian youth revealed that 11% of sexually experienced males and 4% of females reported having had more than one sexual partner. Goparaju,2023 conducted a search in2023and reported that in Dodowa two times more adolescent males than females reported having more sexual partners over the past years. This ranges from 0-12 years or males and 0-22 years for females. Males were more than twice likely to have multiple sexual partners as females (55% vs 26%). Males might simply experience STIs differently than females. Many women who experience such STI symptoms as vaginal discharge and genital itching do not regard them as serious or as the result of sexual intercourse and, therefore, do not believe that they need to be treated (Mmari, Oseni, & Fatusi, 2010a).

In Nigeria , most frequent sexually transmitted infections have the tendency to be higher among young women than among men (Genna, Feske, Angiolieri, & Gold, 2021; Onokerhoraye & Maticka-Tyndale, 2022). Considering the impact of sexually transmitted infections on HIV infections, the youth, especially young women are at increasing risk of contracting an STI including HIV (Rietmeijer et al., 2013; Pollack, Boyer, & Weinstein, 2013) Girls tend to have older partners who may have already contracted non-curable (often silent) STIs such as HIV. In many cultures, the median age of first marriage for women is well under 20 years. Young women may have more difficulty negotiating around sex, especially with older, more experienced partners.

Christianity is the most dominant religion in Nigeria with 71.2% of the population identifying as Christian, followed by Islam at 17.6% and Traditional African Religion at 5.2%. An additional 5.2% of the population do not identify with any religion, while all other minority religions make up 0.8% of the population. (Gyimah, Adjei, & Takyi, 2022)

2.3 Challenges faced by sexually abused teenagers

Cost and health insurance

The aim of universal coverage of health is to ensure that individuals use health services they need without being constrained by cost (WHO, 2010). People with higher incomes have better health because they can afford the cost of care. Most youth may not be able to afford the cost of treatment for STI because they are mostly unemployed or have to depend on parents or other family relations for support. Adolescents have less access to healthcare and fewer resources for health services or effective treatment.

Embarrassment

A study in the Gambia showed that shame was a key reason young people did not access health services, even if they had STI symptoms (K. Miles *et al*., 2001). Other studies from Kenya, Senegal, South Africa, Uganda, and Zimbabwe reported adolescents had a fear of encountering acquaintances and general embarrassment when navigating large community clinics and hospitals to obtain services, as well as concerns that health workers were too busy in these environments to sufficiently respond to their questions.

Fear of confidentiality.

Most young people have culture of discomfort in seeking help (Starr & Wallace, 2019) Evidence shows existence of consultations that do not follow laid down protocols are rampant within the medical profession (Mchidi, 2016). This unfortunate scenario has been attributed to perceived trust one has in the physician they consult with the fear of their condition being disclosed to close relation, friends of their family or other staff who might also reveal their condition. Fear of confidentiality breach has increase delay in seeking treatment or not seeking treatment at all for STI (Fox et al., 2010). Late or lack of treatment for curable STIs increases the likelihood of adverse consequences. Avoiding

treatment also increases the likelihood that partners will not be treated, and further STI spread.

2.2.3 Sexually Transmitted Infections (STI)

The terms ‘Sexually transmitted diseases’ and ‘Sexually transmitted infections’ are frequently used interchangeably; however, there exists conceptual differences between these two terms. Sexually transmitted infections (STIs) refer to ‘Infections caused by microorganisms that can be transmitted from one person to another through sexual contact’. When associated with genital symptoms and complications, these STIs are called as sexually transmitted diseases (STDs) (Center for Disease Control, 2007). This implies that a person with STI may be infected and may potentially infect others, without showing signs of ‘disease. The World Health Organization (WHO) defines Sexually Transmitted Infections as infections that are spread primarily through person-to-person by means of sexual intercourse (UNAIDS/WHO, 2004; Workowski, Bolan, & Centers for Disease Control and Prevention, 2015). The non-absolute nature of the definition suggests that, there are other means of transmission. The National Health Service (NHS) referring to the four publicly funded healthcare systems in the United Kingdom specifies that the transmission is through unprotected sex (sex without a condom) and also through genital contact (Mercer et al., 2013). Nonetheless, several STIs, in particular HIV and Syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer (Rogstad & Rogers, 2008). Transmission takes place through person-to person direct sexual contact with infected individuals (with acute, chronic or asymptomatic clinical forms). The probability of infection from infected individuals to their partners may differ broadly between STIs (Díez & Díaz, 2021). The apparent disparate transmission modes of STIs as indicated earlier, its name (STI) only seem to take recognition of the dominant mode of transmission. In fact, the causative element of STIs is not the sexual activity, but viral or through a bacteria or parasite. Venereal disease was the term used to describe STDs before

the 1990s however the nomenclature has changed to STIs in contemporary times (Gruber, Lipozenčić, & Kehler, 2015). STIs cause major acute illness, infertility, long- term disability and death with serious medical and psychological consequences on humanity. There are over 30 bacterial, viral and parasitic pathogens that have been identified to date, that can be transmitted sexually (Smith, 2013; World Health Organization and Joint United Nations Programme on HIV/ AIDS,2023).

2.2. 4 Causes of child Sexual Abuse

Childhood sexual abuse (CSA) is a complex life experience that has become the subject of great community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse, public declarations by adult survivors and increased media coverage of sexual abuse issues. However, in Morocco, because sexual abuse is usually a hidden offense, there are no statistics on how many cases actually occur each year. Statistics cover only the cases that are disclosed to child protection associations, to children´s hospitals or to law enforcement. The purpose of our study is to highlight the epidemiological features and negative physical and mental health effects on CSA victims; and emphasize the need for a multidisciplinary approach to the primary prevention and management of CSA.

2.2.5 Forms of Sexual Harassment

What constitutes sexual harassment has provoked studies among scholars. In the view of Mohd *et al.* (2007), forms of sexual harassment are comprehensively specified in the Code of Practice as follows:

Verbal (e.g. offensive or suggestive remarks)

Non-verbal or gestural (e.g. leering or ogling with suggestive overtones)

Visual (e.g. showing pornographic materials)

Psychological (e.g. unwanted social invitations)

Physical harassment (e.g. inappropriate touching)

These are minor forms of sexual harassment because it ignores threat of job-related consequences for non -compliance. This crucial point, among others is located in the view of (Stanko, 2018). According to him, the following behaviours are regarded as sexual harassment (sexual teasing, jokes, comments or questions); unwanted pressures for sexual favour or date; unwanted touching or pinching; with implied threats of job-related consequences for non-cooperation; physical assault; sexual assault; rape. The striking aspect of Stanko, (2018) view is unwanted pressure for sex with implied threats of job-related implications. It brings to bear threats of many male lecturers on female students, who fail to comply with sexual harassment in Nigerian tertiary institutions. Nevertheless, Stanko, (2018) view ignores unmerited benefits that go with sexual harassments for those who comply with the proposal. This flaw in knowledge makes the idea of Fitzgerald *et al.,* (2019) crucial to this discourse.

According to them, forms of sexual harassment include unwanted sexual attention such as touching, hugging, stroking and demanding a date; sexual coercion, which relates to sexual advances with the promise of job-related benefits; and gender harassment, which refers to those verbal and non-verbal behaviours (such as jokes, taunts, gestures, and exhibition of pornographic materials). Dwelling on Fitzgerald *et al.,* (2019), sexual harassment does not only involve threat on jobs or academic performances, it equally goes with benefits, if complied with. However, it is necessary to state here that threat only goes with non-compliance while benefits go with compliance. Female students, who refused to comply with sexual harassment, more often than not are victimized either with poor grade or failure. The worth of such students is often denied and jeopardized. Female students, who complied with the proposition usually, enjoy unmerited benefits to the detriment of others. Lecturers can use their positions to offer students privileges in various forms in exchange for sexual favours

(Ramsaroop, 2017). These favours include, securing high marks that the victim cannot defend, seeing question papers and marking scheme prior examinations etc. These benefits usually place female students, who subscribed to sexual harassment above their classmates, who are more brilliant than them. However, when the proposal for sexual harassment is rejected it leads to a hostile working environment. In such milieus, victims find it difficult to relate freely in the organization. (Gruber, 1992; Welsh, 2019) see forms of sexual harassment not only in that direction but also in areas of derogatory sexist remarks, hostile environments (produced by sexually oriented objects, pictures, comments, and gestures), solicitation, touching, quid pro quo arrangements, and even forced sexual contact with grave consequences for work life.

Although the view of (Gruber, 2019) combines benefits arrangements and implications of job-related threat in their forms of sexual harassment, but the view ignores modern means of communication and spousal abuse within academia in accounting for the scourge. These include the use of mobile phone and other media formats etc. These flaws in knowledge are rooted in the (University of Ibadan Sexual Harassment Policy, 2019). The policy claims that such acts could include but not limited to outright demands, ogling, indecent comments and unnecessary bodily contact which could lead to psychological or physical unsolicited sexual relationships; unwanted suggestive looks, phone calls or use of other multimedia format and comments intended to lure a person into a sexual relationship; spousal abuse where one or both partners are members of the University community. In another development, what constitutes sexual harassment in work organisations could be gender perceived (see table i). Men and women often view sexual harassment differently (Lunenburg, 2010). Therefore, what women consider as harassment may not be regarded as harassment by men, but women are more likely to label behaviours as harassment than men (Konrad and Gutek, 1986 cited by Ladebo,2023).

Women tend to perceive a broader range of behaviors as sexual harassment than do men (Lunenburg, 2010). This is because evidences from the literature show that women experience sexual abuse more than men. Therefore, in determining what constitutes sexual harassment from the interaction between workers and superiors, women opinions could be greater than that of men (see table ii). In support of the verdict in table ii, Adama *et al.,* (1983) claim that women are more likely than males to indicate behaviours that are offensive and interfered with their academic progress and career development. The same scenario is applicable to workers and coworkers (see table iii). Although workers of the same rank don"t have much power over their colleagues but they can harass their fellow workers with the little opportunity avails to them. The level of harassment at this level according to George and Jones, (2008) is usually less than their supervisors. It involves withholding information, cooperation, and support in team efforts. By engaging in these behaviours, a worker can exert power over other co-workers. In exercising this power, cases of sexual harassment may occur.

2.2.6 The Significance of Sexuality Education

Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from three domains: The affective, behavioural and cognitive domains. The affective domain focuses on the emotional and attitudinal components of sexuality. The behavioural domain addresses specific behaviour and teaches the skills needed to negotiate sexual health and pleasure safely and responsibly. The cognitive domain deals with the factual or knowledge aspect of sexuality. Sexuality education aims at promoting sexual health which is the integration of the somatic, emotional, intellectual and social aspects of sexual beings in ways that are positively enriching and which enhance personality, communication and affection. Sexuality education provides accurate information on reproductive health, assists individuals to consciously explore, consider, question, affirm and

develop their own feelings, attitudes and values on the various dimensions of sexuality Afifi (2008). As identified by Andrea-Irivin, sexuality education assists their sexual relationships and reproduction during the crucial period of social and physical development.

It prepares adolescents towards the management of their sexual relationships in adulthood including the control of their fertility and maintenance of their own and their partners‟ sexual health. It prepares adolescents for parenthood. A large number of adolescents can be found in primary and secondary schools. Introduction of sexuality education to school adolescents will provide the opportunity to give correct and comprehensive information on reproductive health issues including prevention of STIs. Adolescents will have early access to proper and adequate information on genital sexuality and reproductive health before they become erotically sexually active. Early information received will motivate and empower them to value their bodies and equip them with the necessary skills for self-reliance and be able to take the right actions and decisions concerning their own health. It will assist those who are already engaging in risky sexual behaviour to change their negative sexual behaviour while it will encourage those who have abstained from risky sexual practices to maintain the good habit Durojaiye (2005).

2.2.7 Concept of health seeking behaviour

The phenomenon or focus of attention in this study was youth welfare as related to behaviour. As is typical of the behavioural sciences, youth health seeking behaviour may be analysed using the objective and subjective approaches. Cohen (2021) had observed that from the point of view of the subjective approach, man is the active participant in his environment. This is to the extent that the behaviour is typical for multiple individuals, in a given situation, according to Adam and Sydie (2022). Man has self and engages in reflexive processes. Sentiments, goals, aim, wishes and aspirations are derived from the actors. In other words, actions are influenced by personal, individual or population characteristics or composition.

Furthermore, Adam and Sydie (2022) are associated with the view that Max Weber, Blumer, Mead and Parsons were proponents of such theoretical perspective that 'the sociologist can formulate generalizations that provide bases for causal linkages'. Hence, it was contended in this study that the subjective approach of the behavioural sciences would be supportive of eliciting information from the youth on their sexuality, awareness of sexually transmitted infections (STIs) and consequently, health seeking behaviour of self and partners. From the point of view of the objective approach, structures and institutions come first in the explanation of social reality. This was typical of Emile Durkheim that social facts and not individuals should form the data in sociology. Adam and Sydie (2022) Coser and Rosenberg (2016). As it pertains to this study and as noted by Braude (2021), the social structure may influence or shape reproductive health, that is, from the point of view of sexuality and sexual behaviour of. These included several traditional beliefs, as observed by Okolocha and Chiwuzie (2013) that have hampered the application of modern medical care in reducing maternal mortality in Africa. Hence, an examination of the factors influencing health seeking behaviours of sexually abused teenagers in Benin City.

2.2.8 Teenagers Health Seeking Behavior

Nigeria's population comprises of adolescent and youthful. Adolescent, ages 10 – 24 years, comprised 32 percent of the nation's total (National Population Commission 1998; Federal Government of Nigeria2017). Youth have experienced a number of reproductive and development challenges. For instance, due to early exposure to sex and high level of childbearing, adolescents (ages 9 – 19 years) comprising 23% of the nation's population were accounting for about 11% of all births and high proportion of maternal deaths. According to Over by and Kegeles (2014), youth have a desire to experiment, seek more of peer approval and get involve in relatively short-term relationship. As observed by Alan Guttmacker Institute (2014), adolescents delay seeking prescription contraception for an average of one

year after initiating sexual activity. In addition, younger ages are strong risk factors for sexually transmitted infections (STIs) like Chlamydia trachomatis (Han et al. 2021; Burstein et al. 2008; Hilger 2021).

Teenagers are vulnerable and risk their lives through sexual behaviours. According to Ejikeme(2013), some young male and female virgins were forced into ritual sexual abuses by older partners apparently seeking quick wealth, power, longevity, protection and cure from diseases. Such was arising from beliefs in some parts of the Eastern and Northern Nigeria that sex with virgins and certain ritual activities could bring advantages. Consequently, youth or victims suffered trauma, destabilization, sexual abuse and were prone to suicide, loss of self-worth as well as poor mental health. Izugbara (2021) has it that, in Senegal and Nigeria , a variety of partners at initial sexual encounters of teenagers included prostitutes, sugar dads, relatives, caretakers, teachers, older women and housemaids. Circumstances of first sexual encounters included being drugged, raped, coerced, enticed and mutual consent. The outcomes of initial sexual encounters produced identifiable consequences such as penile and vaginal lacerations, wounds, sexually transmitted infections (STIs) and unwanted pregnancies. Itis in the light of the foregoing that we have investigated the health seeking behaviour of teenagers. That is, to optimize their physical health, economic and social opportunities available to the teenagers.

2.2.9 Factors Influencing Health Seeking Behaviours Of Sexually Abused Teenagers

Certain factors have been identified to be associated with health seeking behaviour of sexually abused teenagers. These factors include; family factors, influence of mass media, religious belief, ignorance/ lack of information and financial/ economic factors among others.

1. **Family factors.** Townsend and Worobey (2017) are of the opinion that teenagers from broken homes are more sexually permissive than those from stable homes. They opined that daughters of divorced mothers and teenagers from broken homes end up with

sexually abused. Newcomer and Udry (2019) observed that the presence of two parents provide more control than when it is only one parent. They believed that the disruption of marriages create circumstances characterized by emotional turmoil. Under this situation, parents lose control of their children's behaviour. They also noted that the autonomy of teenage girls from parental control is related to sexual permissive attitudes and behaviour. Rollins and Thomas (2013:10) also believe that parental control and influence play a vital role in the lives of their teenage daughters and largely their sexuality.

Corey (2014) optioned that the family plays a vital role in the sexual socialization of an individual. He added that the family determines the context, content and evaluative tone of one's initial learning about sex and that if the family or home is devoid of parental love and affection; the teenager feels insecure and may look for a permanent image for affection. This image may be found in the hands of men with the resultant risk of teenage sexually abused. Melgosa (2021) noted that the more consistent the parent-teenager value, the less likely the girl becoming sexually abused. Audu (2022) implicated moral laxity as a contributory factor to teenage being sexually abused. According to him, moral laxity could be referred to as lack of analysis of different precepts of right and wrong. He observed that some parents have little or no time to impart moral etiquette to their children. He lamented situations where some married women keep boyfriends even to the knowledge of their grown up daughters. He noted that some of these women even send their daughters on errand to some of their so-called boyfriends or bring them into their matrimonial homes. This situation observed Audu, is a reflection of the moral decadence in the society. Passionate urge for sex seems to be a contributory factor to teen sexually abused. Moore, Miller, Glei and Morrison (2015) outlined certain factors, which could be responsible for this. These are; the onset of puberty and high levels of sex hormones in blood circulation. Udry and Billy pointed out that sometimes the urge for sex in teenagers could be so powerful that the need to satisfy this urge makes a girl

to engage in indiscriminate sexual activities. These indiscriminate sexual activities expose them to sexually transmitted infections (STI) and teen pregnancies. Early maturity can also predispose teenagers to unwanted pregnancies. According to Hilland (2013) where a girl matures earlier than her mates, she may also attract attention earlier. He observed that with early maturity the girl might find it difficult to ward of male admirers. What may likely follow this may be rape occurring in the teen years. (Briggs, 1994; Onuzulike, 2002) found that many teen mothers have a history of sexual abuse. Similarly, Onuzulike is of the opinion that sexual abuse often leads to other deviant behaviours such as higher frequency of sexual activity as well as substance abuse among males and prostitution among females.

2. Influence of mass media.

Ezeorah (2022) attributed the cause of teen sexual abuse to the increasing sexual opportunities in the mass media as well as the availability of pornographic materials. According to him, some teenagers collect and keep albums stuffed with nude pictures of youths, which might arouse their sexual desires. Bhadmus (2015) observed that the mass media is becoming the leading source of information for teenagers with the result that they imbibe the negative rather the positive behaviour practices. Boating (2021) reported that the mass media portray sex as the fashion of the day and anybody who is not involved in it is not yet civilized. This information by the mass media may have a negative influence on teens that are still emotionally immature. Onuzulize (2022) also observed that these pornographic materials are viewed in the absence of parents after which the teenagers try to experiment on what they have seen. She noted that this might lead them into having unprotected sex, which may result in teen sexual abuse.

3. Ignorance/lack of information.

Teenagers sometimes lack information and education on sexual and reproductive health matters (Oikeh, 2021; Briggs, 2022). For example, Briggs (2021) observed that in most

traditional societies including those in Nigeria, many teenagers do not freely discuss their sexual lives with their mothers or relatives. The school system, he maintained, does not supply teenagers with information and education about sexual matters. Briggs (2014) noted that most parents or guardians do not discuss sexual matters with their ward because of shyness and ignorance of sexual matters as well as social norms, which do not encourage such discussions. He maintained that some teenagers end up in uncertainly and misconception on sexual matters. Dryfoos (2022) stated that teenagers should be given adequate information by their parents and school at an early age in order to help avert some of the problems associated with teenage pregnancies. According to him, sex education is a controversial issue, which makes opponents of sex education insist that it will encourage promiscuity, whereas the proponents believe that it will help teenager's lead healthy and satisfactory sexual lives. Edelman (2019) opined that teenage sexual abuse occurred due to lack of basic skills needed for economic self-sufficiency, negative adult role models and non-accessibility to contraception and reproductive health information.

According to Ukekwe (2021) reproductive health information helps adolescents appreciate the way their bodies work and what the consequences of their actions are likely to be.The relevant knowledge required by adolescents according to Ukekwe include; male female reproductive systems, relationship between menstruation and pregnancy. Others are misinformation and beliefs of adolescents about sex and sex related problems, sexually transmitted infections, and how they are prevented. In a study by Okafor (2014) on the sources of sexual information for secondary school students, he discovered that the subjects' knowledge about sexuality was average, with female students scoring higher than males, senior students higher than junior students and urban students higher than rural ones. Okafor observed that this average level of knowledge is not in the interest of the students as it might cause unwarranted sense of security as the teenagers engage in sexual activities. The

consequences, which include teen pregnancy and child bearing, abortion and STI, can be devastating to the teenagers and their parents and guardians. In other to avert these problems, adolescents need reproductive health information.

4. Financial/ economic factors.

Arkutu (2015), Audu (2017) and others believe that adolescents, particularly those in secondary schools are involved in pre-marital sexual activities. They opined that many of them are lured into sex by men who offer them money or other presents in exchange for sexual favours. Artuku noted that these girls prefer to sell sex to meet up with the demands of daily living, which their parents cannot offer them. In a bid to make money from this, some of them end up with sexually transmitted infections (STIs) and teenage unwanted pregnancies. Onuzulike (2013) noted that teenagers from families with low socio-economic status tend to initiate sexual activities at an earlier age, are less likely to have an abortion, and are more likely to give birth out of wedlock than those from high-income families. She opined that 83 per cent of teenagers who give birth, and 61 per cent who have abortions were from low income families.

She observed that in an attempt to make money for low-income families, some teenagers are forced into street hawking. She identified some of the social implications of hawking to include unwanted pregnancy, prostitution, smoking, armed robbery and poor academic performance. According to her, teenagers especially the females are exposed through hawking to become sexually active too early in life. In an attempt to sell wares, female teenagers mingle with touts in motor parks and streets. Some of them are lured into sexual relationships that result in pregnancy while some may be raped in the process. She pointed out that the females sometimes may drop hawking and resort to prostitution as a means of livelihood.

2.3 Empirical Review

A study by Adefolalu et al. (2018) in southwestern Nigeria highlights the significant impact of psychological trauma on health-seeking behaviors, revealing that only 45% of sexually abused adolescents accessed professional help within the first six months after the abuse, primarily due to fear of stigma and societal judgment. This fear is also reflected in the findings of Ogbonna & Onwubiko (2020), who noted that adolescents often avoid medical help due to concerns over confidentiality and potential victim-blaming, which discourages open communication with healthcare providers.

The availability of adolescent-friendly healthcare services is another crucial factor. According to Olamijulo and Fawole (2019), healthcare providers often lack training specific to adolescent sexual trauma, leading to inadequate responses to their needs. Their study in Lagos reported that healthcare workers' judgmental attitudes and limited training on trauma-informed care significantly hindered health-seeking behaviors among teenagers. Additionally, the role of family support in influencing adolescent health-seeking behavior cannot be overstated. According to Eze & Ezemma (2021), family awareness and encouragement are pivotal in determining whether adolescents pursue healthcare post-abuse. They found that teenagers with supportive family backgrounds were twice as likely to seek health services as those from unsupportive environments. Similarly, Mbachu et al. (2022) emphasized that parental guidance can increase adolescents' likelihood of using healthcare services and reduce trauma-related complications. Lastly, cultural and socioeconomic barriers contribute to how healthcare is accessed by abused adolescents in rural settings. In a cross-sectional study in Benin, Olayiwola et al. (2023) reported that economic challenges prevent many adolescents from obtaining healthcare services, with around 60% indicating that transportation and cost-related issues were barriers to treatment. This aligns with findings by Adeyemi (2020), who noted that rural communities like Uselu often lack specialized facilities, limiting options for adolescents requiring trauma-sensitive healthcare.

2.4 Theoretical Framework

The Health Belief Model will help to inform this study. The Health Belief Model (HBM), developed in the 1950s by social psychologists Irwin M at the U.S. Public Health Service provides a foundational theoretical framework for understanding health-seeking behaviors, particularly in response to preventive and curative health practices (Ali, 2013). This model posits that individuals' engagement in health-related behaviors is shaped by their beliefs regarding health conditions, their perceptions of personal vulnerability, the severity of the health issue, perceived benefits of taking action, perceived barriers to action, and self-efficacy. When applied to the health-seeking behaviors of sexually abused teenagers in Egor Local Government area, Edo State, the HBM offers a robust lens through which to explore the multifaceted personal, social, and structural factors influencing these teenagers' decisions to pursue or refrain from seeking healthcare and support services (Ayaya, 2021). Core tenets of health belief model are:

Perceived Susceptibility plays a critical role in determining whether the teenagers in Egor local government area belief about their risk or likelihood of getting disease, including both physical and psychological consequences. This dimension of the HBM examines teenagers' recognition of their vulnerability to issues such as sexually transmitted infections (STIs), depression, trauma-related disorders, and social isolation (Bajari, 2020). The extent to which these teenagers perceive themselves as susceptible to these outcomes is likely influenced by prevailing cultural and societal narratives in Egor local government area, which may shape their understanding of the risks associated with abuse. Stigma surrounding sexual abuse can also obscure or diminish their sense of vulnerability, causing them to minimize their susceptibility to health complications. In situations where teenagers are acutely aware of their

susceptibility, there is a greater likelihood that they will seek medical or psychological intervention as a means of addressing potential health risks.

Perceived Severity further shapes health-seeking behaviors by influencing teenagers' beliefs about the seriousness of the consequences resulting from sexual abuse. For these teenagers, the perception of severity may include recognizing the potential for significant psychological trauma, long-term mental health issues, or debilitating physical effects. Teenagers who perceive sexual abuse as having severe, life-altering consequences may be more motivated to seek healthcare services or psychological support (Cumber, 2015). However, in communities where cultural norms tend to minimize the gravity of abuse or stigmatize victims, the perceived severity may be downplayed, thereby reducing motivation to seek help. In such contexts, cultural attitudes that place responsibility on victims or encourage silence around abuse contribute to a diminished perception of the abuse's severity, ultimately impeding health-seeking behavior (Lewis, 2021).

Also Perceived Benefits reflect teenagers' beliefs regarding the potential positive outcomes of seeking medical or psychological support, such as improved mental health, reduced trauma, or prevention of further complications. If teenagers recognize that consulting a healthcare provider, accessing counseling services, or joining peer support groups could yield significant improvements in their well-being, they are more likely to engage in these health-seeking behaviors (Obimakinde, 2023). However, access to information and education about the benefits of such services can be limited, particularly in communities where awareness campaigns are rare. When young victims are uninformed about the potential benefits of seeking professional support, they may fail to appreciate the full scope of health services available to them, thereby reducing their inclination to seek help.

Perceived Barriers are also a significant factor in determining whether sexually abused teenagers pursue health-seeking actions. These barriers encompass a range of obstacles,

including social stigma, fear of judgment, mistrust in healthcare providers, lack of confidentiality, and financial or logistical challenges (Olufemi 2020). For instance, teenagers in Uselu may face societal stigma that discourages open discussions about sexual abuse or discourages victims from identifying as such. These barriers may also be structural, such as the absence of accessible, youth-friendly healthcare services, or the lack of transport options to reach facilities, which further restricts teenagers' access to needed care. Financial limitations can also be a factor, as some teenagers may feel that they cannot afford healthcare services, particularly if they lack familial support (Rosenstock, 1994). In communities with strong social stigma or limited resources, perceived barriers can substantially deter teenagers from seeking the care they need.

Cues to Action refer to internal or external stimuli that trigger health-seeking behaviors, such as community awareness initiatives, peer influences, or family encouragement. In Uselu, cues to action could take the form of public health campaigns led by local NGOs, school programs, or outreach by healthcare workers that educate teenagers on available support services (Tahmina, 2018). Peer support can also be a powerful motivator, as witnessing others seek help or discussing these issues with trusted friends may encourage teenagers to take similar actions. In environments where there are few formal cues to action, teenagers may lack the prompts that can catalyze their pursuit of healthcare, reducing the likelihood of intervention. Strengthening cues to action in Uselu, therefore, holds promise for enhancing health-seeking behaviors by providing more visible support and pathways to care.

Self-Efficacy, the belief in one’s ability to effectively take action and manage a health condition, is another essential component of the HBM as it pertains to health-seeking behaviors. Teenagers who feel capable and empowered to seek help are more likely to overcome potential barriers and take steps toward obtaining care. For sexually abused teenagers in Uselu, self-efficacy may be influenced by factors such as education, social

support, and previous experiences with the healthcare system. Programs designed to improve self-efficacy by providing information on accessing confidential services or building emotional resilience can equip teenagers with the confidence needed to seek help. Conversely, if teenagers feel disempowered or lack confidence due to social stigma or internalized shame, their self-efficacy may be low, discouraging health-seeking behavior (Taiwo, 2021).

CHAPTER THREE

METHODOLOGY

Preamble

This session presents the methodology that was utilized in investigating the health-seeking behaviors of sexually abused teenagers in Egor Local Government Area , Edo State. It outlines the research design, study population, sampling techniques, data collection instruments, validity and reliability of instruments, and data analysis methods. The selected methods aims to ensure that findings reflect an accurate portrayal of health-seeking behaviors among the target demographic.

3.1 Research Design

The study adopted a cross-sectional survey design to capture the views, experiences, and attitudes of sexually abused teenagers in Egor Local Government Area , Edo State, concerning their health-seeking behaviors. This design allows for the collection of quantitative data at a single point in time and is effective for analyzing patterns in health-seeking behaviors among different participants. Given the sensitive nature of the topic, survey research is an appropriate method as it allows participants to express their views anonymously and hence, increasing the likelihood of obtaining genuine responses. Additionally, the study included elements of descriptive research to detail the factors influencing health-seeking behaviors, such as social stigma, awareness, and accessibility of services.

Area of study

The area of study was Egor Local Government Area (LGA), located in Edo State**,** in the South-South geopolitical zone of Nigeria. Egor LGA is one of the 18 LGAs in the state and is part of the Benin City metropolitan area**.** It has a mix of urban and semi-urban communities with a growing population characterized by diverse socio-economic

backgrounds, educational levels, and cultural beliefs. Egor LGA includes communities such as Uselu, Ugbowo, Isihor, Evbuotubu, and Oghedaivbiobaa, among others. The area hosts several secondary schools, health centers, and tertiary institutions, including the University of Benin and its teaching hospital (UBTH), which serve as referral points for medical and psychological services. The local population is predominantly Benin ethnic group, with a significant number of migrants from other parts of Nigeria. While education and health services are accessible to some extent, stigma, poverty, cultural silence around sexual abuse, and gaps in service delivery hinder effective health-seeking behavior, especially among vulnerable adolescents

3.2 **Population of the Study**

The population of this study comprises teenagers aged 13 to 19 residing in Egor Local Government Area , Edo State. This age range represents adolescents who were at high risk of sexual abuse and often face significant barriers when it comes to accessing health services due to social, psychological, and economic factors. The choice of Egor Local Government Area stems from its demographic composition and prevalence of social issues that could influence the health-seeking behaviors of abused teenagers. The total population of teenagers in Egor Local Government area was estimated at approximately 340,287, based on 2006 census population. Projected teenage population was estimated to be 77,000 with annual growth rate of 2.5% assuming stable age distribution

According to the 2006 census, Egor LGA had a total population of 340,287, with an age distribution grouped in 10-year intervals (e.g., 0–9, 10–19). The 10–19 age group totaled 74,631 individuals in 2006. The total population of Egor was projected to be 502,700 in 2022, reflecting an approximate 2.5% annual growth rate from 2006

Estimation Method

Proportion of Teenagers (10–19):

2006 proportion = 74,631 / 340,287 ≈ 21.9%

Apply same proportion to 2022 total:

0–19 likely expanded similarly; assuming constant distribution →

Projected 2022 teenage population (10–19): 21.9% × 502,700 ≈ 110,000

Adjust for 13–19 age range:

The 10–19 cohort covers 10 years; 13–19 covers 7 of those years

Estimated proportion ≈ (7 / 10) × 110,000 = 77,000 teenagers

Projected Population: Teenagers 13–19 in Egor LGA

Year	**Total population**	**Estimated 13 – 19 years**
2006	340,287	21.9% × 340,287 × (7⁄10) ≈ **52,200**
2022	502,700	21.9% × 502,700 × (7⁄10) ≈ **77,000**

3.3 **Sample Size and Sampling Technique**

For the purpose of this study a multi-stage sampling technique was employed to ensure a representative sample of the target population. First was the selection of Communities. four to five communities were purposively selected within Egor LGA that are known to have a high density of teenagers (13–19 years), Accessible secondary schools, health centers, or youth outreach programs and existing reports or records of gender-based violence or youth vulnerability (from health facilities or NGOs). Second was the Selection of Institutions/Groups

Within the selected communities, secondary schools, health facilities, and youth centers or NGOs working with at-risk adolescents will be selected using purposive sampling, since they are more likely to reach teenagers who may have experienced sexual abuse or who

can report on help-seeking behaviour. Third was the selection of Participants. A snowball sampling technique was used to identify and recruit participants (teenagers who have experienced sexual abuse). Due to the sensitive nature of the topic and underreporting, snowball sampling was appropriate because victims are often reluctant to self-identify, Known victims or counselors can help refer others in similar situations, ensuring ethical and sensitive access.

Participants were selected based on the aged (13–19 years), Resident in Egor LGA, has experienced sexual abuse within the last three years and willing to participate with informed assent/consent (and, where applicable, guardian consent) For the purpose of this study, a sample size of 193 respondents was be determined using Taro Yamene (1967) formula to ensure a representative selection of sexually abused teenagers within Egor local government area. The sample size was obtained using Taro Yamene (1967) formula.

$$n = \frac{N}{1 + Ne^2}$$

Where n = Sample size

N = Population (**77,000**)

e = Level of significance (5% i.e 0.05)

$$n = \frac{77{,}000}{1 + \mathbf{77{,}000}\,(0.05)^2}$$

$$n = \frac{77{,}000\ldots.}{1 + 392.5}$$

n = 400

Hence, the sample is 400.

3.4 **Instrument of Data Collection**

The primary instrument for data collection was a structured questionnaire designed to elicit information on the health-seeking behaviors of sexually abused teenagers. The questionnaire was developed in two sections:

Section A focused on demographic details such as age, gender, level of education, and family background. Section B contained questions specific to the study's objectives, including items related to perceptions of health-seeking, barriers to accessing healthcare, knowledge of available resources, and factors that facilitate or inhibit their use of healthcare services. Questions utilized a likert scale format, ranging from SA - SD to measure participants' attitudes and experiences with health services. This approach allows the study to capture both the intensity and direction of respondents' attitudes toward health-seeking behaviors following sexual abuse. To ensure that questions are sensitive to the participants' experiences and worded in an approachable manner, the questionnaire was pretested with a small sample from the community, and feedback was incorporated to enhance clarity and relevance.

3.4.1 Interview Guide

A focus interview will be used to elicit information from the respondents as it will give in-depth explanation of the study under investigation. This approach provides flexibility, allowing participants to express their views and experiences freely while the researcher guides the discussion using a prepared interview guide.

Five (5) teenagers aged between 13- 17 years with history of sexual abuse as confirmed by social workers, counselors, police reports, or healthcare providers will be interviewed. All interviews will be audio-recorded with the participants' consent and supplemented by field notes. Each interview will last approximately 30–45 minutes and will be conducted in a safe, private, and non-threatening environment

3.5 **Validity of the Instrument**

To establish the validity of the questionnaire, the instrument was subjected to expert review by professionals in social work and sociology. These experts examined the questionnaire for content validity, ensuring that it effectively covered the dimensions of health-seeking behavior in the context of sexual abuse. Additionally, a pilot study was

conducted with 30 teenagers from a neighboring community to determine if the questionnaire accurately measured the intended variables. The feedback obtained led to adjustments in wording and structure to ensure the questions are comprehensible and appropriately sensitive to the respondents' experiences. This process strengthened the questionnaire's ability to generate reliable data relevant to the study's focus.

3.6 **Reliability of the Instrument**

The reliability of the questionnaire was evaluated through Cronbach's alpha to assess the internal consistency of the responses in Section B, which focused on health-seeking behaviors. A coefficient alpha value of 0.7 or higher was considered acceptable for this study, indicating that the instrument consistently measures the underlying constructs related to health-seeking behavior. Reliability testing was further confirmed by analyzing responses from the pilot study, which showed consistent response patterns, and affirming that the questionnaire reliably captures the attitudes and behaviors of the target population.

3.7 **Sources of Data**

Data were collected from primary sources, specifically from the teenagers in Uselu Community who participated in the survey. Secondary sources, including literature on health-seeking behaviors, sexual abuse, and adolescent mental health, were reviewed to provide context and support for interpreting the data. This combination of primary and secondary data helped to create a comprehensive understanding of the health-seeking behaviors of sexually abused teenagers and the underlying factors influencing these behaviors.

3.8 **Method of Data Analysis**

Data to be collected from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) version 24.0. Descriptive statistics, such as frequencies and percentages, was used to present demographic data and identify common trends in health-seeking behaviors. Inferential statistics, including chi-square tests and logistic regression

analysis, was employed to examine relationships between demographic variables (e.g., age, gender, family background) and health-seeking behaviors. Logistic regression, in particular, which enabled the analysis of the probability of seeking healthcare based on independent variables such as awareness of services, perceived stigma, and availability of support networks.

Analyzing the data using these statistical methods provided insight into the prevalence of health-seeking behaviors among sexually abused teenagers, as well as the significant barriers and facilitators influencing these behaviors in Uselu Community. These insights were instrumental in developing targeted interventions to improve access to healthcare and support for this vulnerable population.

Ethical Considerations

There is an assumption that sexual health research has great influence on the quality of human life through elevating sexual health standards, and their results were eliminated the burden of sexual health challenges on family relationships. The ethical consideration in this study were protecting the confidentiality and privacy of participants, obtaining informed consent, and paying attention to vulnerable people.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter presents the research findings of the data analysis from the field survey carried out on determinants of health seeking behaviour of sexually abused teenagers in Egor Local Government Area Edo State. The findings are presented in tables to the research objectives stated in the study.

4.1.1 Demographics of the Interviewees

There were four hundred (400) participants for this study made up of teenagers who have been sexually abused. The participants were consented to be a part of the study and their demographics is as follows.

4.1 Socio-demographic Characteristics of the Respondents

Table 4.1: Socio-demographic Characteristics of the Respondents

Socio demographic Characteristic	Category	Frequency (n)	Percentage (%)
Age	13-14 years	80	20%
	15-16 years	110	27.5%
	17-18 years	140	35%
	19 years	70	17.5%
Sex	Males	130	32.5%
	Females	270	67.5%
Religion	Christianity	290	72.5%
	Islam	70	17.5%
	African Traditional Religion (ATR)	30	7.5%
	Others	10	2.5%

	TOTAL	**400**	**100**

Source: Field Work, 2025

The age distribution shows that the largest group of respondents falls within the 17-18-year age range, making up 35% of the sample. This group is followed by teenagers aged 15-16 was 27.5%, then those aged 13-14 was 20%, and finally, the 19-year-olds was 17.5%. The predominance of older teenagers, particularly those aged 17-18, could indicate a greater tendency among older adolescents to seek help or report incidents of abuse. This may be due to increased maturity, a stronger sense of autonomy, or greater awareness of available health resources compared to their younger counterparts. Meanwhile, the lower representation of the youngest group (13-14 years) suggests that younger teens may face more barriers in accessing or being aware of health-seeking options, highlighting a potential need for more targeted outreach and support for this age range.

In terms of gender distribution, females constitute 67.5% of the respondents, while males make up 32.5%. The higher proportion of female respondents could reflect a greater willingness among females to seek help following sexual abuse, possibly influenced by social norms or support systems that encourage females to reach out for health or counseling services. On the other hand, the lower percentage of male respondents may indicate barriers unique to males, such as societal stigma, fear of disbelief, or cultural expectations that discourage boys from reporting abuse or seeking help. This finding emphasizes the need for targeted efforts to reduce stigma and create supportive environments for both genders, encouraging all victims, regardless of gender, to access the support they need.

Religious affiliation plays a significant role in this analysis, as 72.5% of respondents identify as Christians, making it the most common religious affiliation within the sample. Islam follows with 17.5%, while African Traditional Religion (ATR) accounts for 7.5%, and other religious affiliations make up the remaining 2.5%. The predominance of Christians in the

sample may indicate that Christianity, as a dominant religion in the community, has established norms and support systems that may positively influence health-seeking behavior. In contrast, respondents from ATR and other religious backgrounds show lower proportions, which might reflect either underrepresentation in the community or cultural beliefs that influence their approach to healthcare, possibly prioritizing spiritual over formal health services. This diversity in religious affiliation suggests that health-seeking behavior is partly shaped by religious beliefs, indicating a need for culturally and religiously sensitive health interventions that align with various beliefs and practices within the community.

Overall, the socio demographic analysis of sexually abused teenagers in Egor Local Government Area showed distinct patterns in health-seeking behaviors influenced by age, gender, and religious affiliation. Older teenagers, particularly females and those affiliated with Christianity, appear more likely to seek help. Understanding these patterns can help inform the development of supportive, inclusive, and culturally sensitive resources and interventions that encourage all affected individuals to access the care they need.

4.2 **Analysis of the research Objectives**

Objective One: Assess the types of health-seeking behaviors exhibited by sexually abused teenagers in Egor Local Government Area , Edo State

Variables	**A (n / %)**	**SA (n / %)**	**D (n / %)**	**SD (n / %)**	**Total**
you actively seek medical help after experiencing sexual abuse	80 / 20%	120 / 30%	100 / 25%	100 / 25%	**400**
You talk to someone you trust about your health concerns related to sexual abuse	90 / 22.5%	130 / 32.5%	90 / 22.5%	90 / 22.5%	**400**
You utilize counseling services or mental health support after experiencing sexual	60 / 15%	100 / 25%	120 / 30%	120 / 30%	**400**

abuse					
You participate in support groups for survivors of sexual abuse	70 / 17.5%	90 / 22.5%	130 / 32.5%	110 / 27.5%	**400**

Source: Field Work, 2025

The analysis of health-seeking behaviors among sexually abused teenagers in Egor local government area , Edo State, reveals varied responses to different types of support. The majority of respondents (50%) showed positive inclinations toward seeking medical assistance after experiencing abuse, with 20% agreed and 30% strongly agreed that they actively seek medical help. However, a notable proportion (50%) either disagreed or strongly disagreed with seeking medical support, indicating potential barriers like stigma, lack of access, or limited awareness of available healthcare services. These findings highlight the need for targeted interventions to reduce obstacles and promote healthcare access for sexually abused teenagers.

In terms of emotional support, a slightly higher percentage (55%) agreed or strongly agreed that they confided in a trusted person about their health concerns following abuse. This response pattern suggests a more favorable attitude toward seeking informal support than formal medical help, possibly due to a greater sense of security in familiar relationships. Yet, 45% still hesitated to discuss their experiences, which aligns with previous research showing that teenagers often avoid discussing sexual abuse due to shame, fear of judgment, or distrust in others' confidentiality. This underscores the importance of building safe, accessible networks for survivors to share their experiences without fear of reprisal or mistrust.

Regarding formal mental health support, the analysis revealed that only 40% of respondents utilized counseling services, while 60% either disagreed or strongly disagreed with accessing this form of assistance. This finding aligns with similar studies showing a low uptake of mental health services among teenagers due to various barriers, including stigma associated

with mental health issues, lack of mental health education, or limited access to counseling services. The limited engagement with counseling resources emphasizes a gap in mental health support, suggesting a need to demystify counseling and integrate mental health education in community awareness programs.

Participation in support groups had the lowest positive response, with only 40% of teenagers expressing a willingness to engage in such settings. Previous studies have shown that group support can foster a sense of belonging and resilience among abuse survivors; however, in communities with limited resources or where stigma around sexual abuse is prevalent, teenagers may avoid public support groups. This finding indicates that while support groups are beneficial, alternative methods—such as one-on-one counseling or discreet online forums—might be more effective in contexts like situation in Egor Local Government area, where cultural factors and confidentiality concerns play a significant role.

Objective Two: Examine the factors that influence health-seeking behavior among sexually abused teenagers in Egor Local Government Area .

	A (n / %)	SA (n / %)	D (n / %)	SD (n / %)	**Total**
Participate in support groups for survivors of sexual abuse	120 / 30%	140 / 35%	80 / 20%	60 / 15%	**400**
Thinks Stigma surrounding sexual abuse affects your willingness to seek help	110 / 27.5%	130 / 32.5%	90 / 22.5%	70 / 17.5%	**400**
Feel that your cultural background impacts your decision to access health services	100 / 25%	150 / 37.5%	90 / 22.5%	60 / 15%	**400**
The availability of health resources in your community influences your health-seeking behavior	90 / 22.5%	110 / 27.5%	100 / 25%	100 / 25%	**400**

Source: Field Work, 2025

The analysis of factors influencing health-seeking behavior among sexually abused teenagers in Egor Local Government Area shows significant insights into the barriers the individuals face. Notably, 70% of respondents either agreed or strongly agreed that stigma surrounding sexual abuse affects their willingness to seek help. This finding aligns with Meyer (2023) who noted that stigma is a critical barrier for survivors seeking assistance, often leading to feelings of shame and isolation. The influence of stigma can create an environment where teenagers feel unable to reach out for help due to fear of being judged or ostracized, ultimately hindering their recovery process.

Furthermore, the results indicate that 60% of teenagers felt that their cultural background impacts their decision to access health services. Cultural factors play a crucial role in shaping attitudes toward sexual abuse and mental health support. Study by Sullivan et al., (2015) demonstrated that cultural beliefs can either facilitate or obstruct health-seeking behaviors. In many cultures, discussing issues related to sexual abuse can be taboo, which may discourage teenagers from seeking necessary care and support.

Availability of health resources in the community was also identified as a significant factor, with 62.5% of respondents who agreed or strongly agreed that it influences their health-seeking behavior. Access to healthcare services is essential for recovery, yet geographical and infrastructural barriers often impede availability. This align with Mason et al., (2018) who show that limited access to health services can exacerbate feelings of helplessness and discourage individuals from seeking help. In Egor local government area, where healthcare facilities may be scarce or under-resourced, this lack of access further complicates the health-seeking behaviors of sexually abused teenagers.

Lastly, the influence of peer opinions on seeking help was notable, with 50% of respondents acknowledging its impact on their decisions. Peer support is crucial during the recovery

process; however, teenagers may prioritize the perspectives of their peers over their own needs, which can be detrimental. This agree with Steinberg, (2014) who noted that adolescents often rely heavily on peer validation, particularly regarding sensitive issues such as sexual abuse. This reliance on peer opinions can lead to a reluctance to seek help, especially if there is a perceived risk of social repercussions.

Objective Three: Identify the behavioral patterns associated with sexually abused teenagers in Egor Local Government Area that may impact their health-seeking actions

	A (n / %)	SA (n / %)	D (n / %)	SD (n / %)	**Total**
People often avoid discussing their experiences of sexual abuse with others	140 / 35%	120 / 30%	90 / 22.5%	50 / 12.5%	**400**
People prefer to handle my health issues independently rather than seek help from professionals	130 / 32.5%	110 / 27.5%	100 / 25%	60 / 15%	**400**
Some believe that seeking help for my experiences of sexual abuse is a sign of weakness	120 / 30%	100 / 25%	90 / 22.5%	90 / 22.5%	**400**
People often feel hopeless about finding help for my health issues related to sexual abuse	110 / 27.5%	130 / 32.5%	90 / 22.5%	70 / 17.5%	**400**

Source: Field Work, 2025

The analysis of behavioral patterns associated with sexually abused teenagers in Egor Local Government Area shows significant insights into how these behaviors impact their health-seeking actions. A substantial **65%** of respondents who either agreed or strongly agreeing that they often avoid discussing their experiences of sexual abuse with others. This finding underscores a prevalent trend of silence surrounding such traumatic experiences, which can hinder recovery and the pursuit of necessary help. This is in line Harris & Cook, (1994)

Previous studies have documented that many survivors of sexual abuse prefer to keep their experiences private due to shame, fear of judgment, or stigma, which can ultimately exacerbate feelings of isolation. The reluctance to discuss these experiences can create a barrier to seeking help and support, indicating a critical area for intervention and awareness-raising.

Furthermore, the data shows that **60%** of teenagers said that they prefer to handle their health issues independently rather than seek help from professionals. This tendency reflects a broader behavioral pattern where adolescents may equate seeking professional help with vulnerability or weakness. This align with the study of Duncan et al., (2014) who posited that young people often harbor beliefs that asking for help is a sign of inadequacy, which can prevent them from accessing crucial mental health and medical services. This attitude may stem from cultural norms or personal beliefs that prioritize self-reliance over seeking assistance, highlighting the need for educational programs that normalize help-seeking behavior as a strength rather than a weakness.

Another significant finding is that **55%** of respondents believe that seeking help for their experiences of sexual abuse is a sign of weakness. This perception can severely impact the willingness of teenagers to reach out for necessary support. This agree with Lee et al. (2010), that such beliefs are particularly pronounced in cultures where stoicism and self-sufficiency are highly valued. The fear of being perceived as weak may deter adolescents from utilizing available resources, thereby prolonging their suffering and complicating their recovery journey.

Lastly, **60%** of respondents expressed feelings of hopelessness about finding help for their health issues related to sexual abuse. This sentiment is concerning as it points to a lack of perceived efficacy in the existing support systems. This is in line with the study of Holt et al.,

(2016). who shown that feelings of hopelessness can lead to disengagement from health-seeking behaviors, increasing the risk of long-term mental health issues The combination of stigma, beliefs about weakness, and hopelessness creates a complex web of barriers that can prevent teenagers from seeking the help they need.

Objective Four: Explore the challenges faced by sexually abused teenagers in Egor Local Government Area in accessing health and support services

	A (n / %)	SA (n / %)	D (n / %)	SD (n / %)	**Total**
Some people encounter financial barriers when trying to access health services	150 / 37.5%	120 / 30%	80 / 20%	50 / 12.5%	**400**
people feel that health service providers do not understand the issues related to sexual abuse	140 / 35%	130 / 32.5%	90 / 22.5%	40 / 10%	**400**
Some people experience fear or anxiety when considering seeking help for my abuse	160 / 40%	110 / 27.5%	90 / 22.5%	40 / 10%	**400**
There is a lack of accessible mental health services in the community for those who have been sexually abused	130 / 32.5%	120 / 30%	100 / 25%	50 / 12.5%	**400**

Source: Field Work, 2025

The analysis of challenges faced by sexually abused teenagers in Egor Local Government Area in accessing health and support services highlights several significant barriers. A striking 67.5% of respondents reported encountering financial barriers when attempting to access health services, with 37.5% agreeing and 30% strongly agreeing. This aligns with Bennett et al., (2015) indicating that financial constraints are a prevalent barrier to healthcare access for many adolescents, particularly in low-income communities. The high cost of

medical care and lack of health insurance can deter individuals from seeking necessary treatment, perpetuating cycles of neglect and unresolved trauma.

Additionally, 67.5% of respondents felt that health service providers do not understand the issues related to sexual abuse, with 35% agreeing and 32.5% strongly agreeing. This perception suggests a gap in training and sensitivity among healthcare professionals when dealing with survivors of sexual abuse. This align with Gonzalez-Guarda et al., (2016) who indicated that a lack of understanding or awareness among service providers can significantly hinder the willingness of survivors to seek help, as they may fear being judged or misunderstood. The findings emphasize the need for specialized training in trauma-informed care to equip providers with the skills necessary to address the unique needs of sexual abuse survivors.

Fear and anxiety when considering seeking help were also notable challenges, with 67.5% of respondents indicating they experience these feelings, as shown by 40% agreeing and 27.5% strongly agreeing. This fear can be linked to various factors, including societal stigma, the potential for re-traumatization during the disclosure process, and concerns about confidentiality. Research has consistently demonstrated that emotional barriers significantly impact health-seeking behaviors, often leading to avoidance of care altogether. The presence of fear and anxiety among these adolescents underscores the importance of creating safe and supportive environments that encourage open communication and reduce the perceived risks associated with seeking help.

Finally, 62.5% of respondents acknowledged a lack of accessible mental health services in their community, with 32.5% agreeing and 30% strongly agreeing. This aligns with findings of McLaughlin et al., (2017), which indicate that limited availability of mental health resources can prevent survivors from obtaining the care they need. The lack of accessible

services not only contributes to feelings of hopelessness but can also exacerbate the psychological effects of abuse, leading to long-term mental health issues.

Objective Five: Investigate the roles of social workers in supporting and rehabilitating sexually abused teenagers in Egor Local Government Area

	A (n / %)	SA (n / %)	D (n / %)	SD (n / %)	**Total**
Social workers provide valuable support to sexually abused teenagers in my community	150 / 37.5%	140 / 35%	70 / 17.5%	40 / 10%	**400**
people feel comfortable reaching out to social workers for help regarding my experiences	160 / 40%	120 / 30%	80 / 20%	40 / 10%	**400**
The involvement of social workers improves access to mental health services for sexually abused teenagers	170 / 42.5%	130 / 32.5%	60 / 15%	40 / 10%	**400**
Social workers play a crucial role in educating the community about sexual abuse and available resources	140 / 35%	150 / 37.5%	80 / 20%	30 / 7.5%	**400**

Source: Field Work, 2025

The analysis of the roles of social workers in supporting and rehabilitating sexually abused teenagers in Egor local government area reveals several key findings that highlight their perceived effectiveness and importance. Notably, **72.5%** of respondents agree or strongly agree that social workers provide valuable support to sexually abused teenagers, indicating a strong recognition of the role these professionals play in the lives of survivors. This aligns

with research by Johnson and Batsche (2014), which emphasizes the critical function of social workers in facilitating access to resources and support systems for victims of sexual abuse.

Moreover, a significant **70%** of respondents reported feeling comfortable reaching out to social workers for help regarding their experiences. This comfort level is essential, as it suggests that social workers have successfully fostered an environment of trust and openness, which is crucial for effective intervention. The ability of social workers to establish rapport can greatly influence a survivor's willingness to seek help, thereby enhancing the likelihood of receiving appropriate support.

The data further shows that **75%** of respondents believe that the involvement of social workers improves access to mental health services for sexually abused teenagers. This finding underscores the pivotal role that social workers play in bridging the gap between vulnerable populations and mental health resources. Previous studies have shown that social workers often advocate for their clients, helping them navigate the complexities of the healthcare system and ensuring that they receive necessary care.

Additionally, **72.5%** of respondents acknowledged that social workers play a crucial role in educating the community about sexual abuse and available resources. Community education is vital for raising awareness and reducing stigma surrounding sexual abuse, which can empower individuals to seek help. By actively engaging in educational initiatives, social workers can help foster a more informed community that supports survivors rather than perpetuating cycles of silence and stigma.

4.3 **Discussion of Findings**

The analysis of health-seeking behaviors among sexually abused teenagers in Egor local Government Area, Edo State, shows mixed attitudes toward seeking support. While 50% of respondents showed willingness to seek medical help, an equal portion expressed reluctance. This hesitation likely reflects barriers such as stigma, limited access, and lack of awareness. These findings underscore the need for targeted interventions to reduce these obstacles and increase healthcare accessibility.

Emotional support was more readily sought, with 55% confiding in trusted individuals. This preference for informal support suggests teenagers feel safer within familiar relationships, avoiding the perceived judgment or lack of confidentiality in formal settings. However, 45% remained hesitant to confide, mirroring research that links shame and fear of judgment with low disclosure rates among abuse survivors. This agrees with Harris & Cook, (1994), who shows that Building trusted, accessible support networks could provide safer spaces for these teenagers.

Only 40% of respondents used counseling services, with 60% either avoiding or unaware of these resources. This limited engagement aligns with Duncan et al., (2014) who shows stigma, low mental health literacy, and access barriers as factors deterring mental health service utilization. Efforts to normalize counseling and educate communities on mental health could foster a more supportive environment where seeking help is accepted.

Support group participation was low, with only 40% willing to join. Although group support can foster resilience, the stigma and confidentiality concerns around abuse in Uselu Community may make public group settings unappealing. Steinberg, (2014) indicates that abuse survivors often avoid public support groups due to fear of judgment. In such cases, private, discreet alternatives like one-on-one counseling or online forums might be more appropriate.

Several factors influence health-seeking behaviors. A significant 70% of respondents cited stigma as a barrier, while 60% mentioned cultural beliefs affecting their decisions. These findings align with Sullivan et al., (2015) shows that societal and cultural norms often discourage open discussions about sexual abuse and mental health. Additionally, 62.5% reported that limited healthcare resources shaped their actions, indicating an urgent need for improved healthcare access in the community. Peer influence also played a role, with 50% of respondents noting it affected their decisions. Adolescents often seek peer validation, particularly in sensitive areas like abuse, which can impact their willingness to seek help.

Financial constraints were a significant obstacle, with 67.5% of respondents reporting difficulty affording healthcare. This aligns with research showing financial limitations as a major barrier for adolescents, especially in low-income settings (Bennett et al., 2015). Programs providing financial assistance or subsidized healthcare would be invaluable for these vulnerable youth.

Additionally, 67.5% felt that healthcare providers lacked adequate understanding of sexual abuse issues, emphasizing the need for trauma-informed training. Providers trained in trauma-sensitive care could foster a supportive environment, reducing fears of judgment or misunderstanding.

Social workers play a pivotal role in supporting these teenagers, with 72.5% of respondents acknowledging their valuable support and 70% feeling comfortable approaching them. Social workers also help improve access to mental health services and contribute to community education on sexual abuse, reducing stigma and empowering survivors which align with Johnson & Batsche, (2014). Their involvement is crucial in fostering a supportive environment within Uselu Community.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study expose the health-seeking behaviours of sexually abused teenagers in Egor local government area, Edo State, highlighting various responses and barriers faced by survivors in accessing essential health and support services. The study adopted a cross-sectional survey design to capture the views, experiences, and attitudes of sexually abused teenagers in Egor Local Government Area , Edo State. The population of this study comprises teenagers aged 13 to 19 residing in Egor Local Government Area with an estimated population of 340,287, based on 2006 census and a projected population of 77,000 with annual growth rate of 2.5% assuming stable age distribution. a multi-stage sampling technique was employed to ensure a representative sample of the target population. Taro Yamene (1967) formula was employed to select a sample size of 400 respondents

Findings indicate that health-seeking behaviours are influenced by factors such as stigma, financial limitations, and cultural attitudes toward abuse and mental health. While half of the respondents expressed willingness to seek medical help, many were deterred by significant barriers, including societal stigma and limited healthcare access. Emotional support appeared more accessible, with 55% confiding in trusted individuals; however, a notable portion still hesitated due to fear of judgment or breach of confidentiality, underscoring the importance of building secure support networks.

The analysis also revealed a gap in formal mental health support, with only 40% of respondents utilizing counselling services. This low engagement aligns with existing research suggesting stigma, lack of mental health education, and service accessibility as primary deterrents. Additionally, support group participation was notably low, as stigma and confidentiality concerns make public group settings less appealing. Alternative,

private support options such as individual counselling may be more suitable for teenagers in this community.

Several factors significantly impact the health-seeking behaviour of participant. Stigma surrounding abuse was a barrier for 70% of respondents, and 60% reported cultural beliefs as influencing their decisions. Financial challenges also emerged as a critical barrier, with 67.5% citing financial constraints that limited their healthcare access, reinforcing the need for subsidized healthcare options. A perceived lack of understanding from healthcare providers about sexual abuse issues further contributed to reluctance in seeking formal support, highlighting the importance of trauma-informed training for professionals in the community.

Social workers play a critical role, as 72.5% of respondents acknowledged the valuable support they provide, with many reporting comfort in approaching social workers for help. Social workers also help bridge gaps in access to mental health resources and contribute to community education, helping to reduce stigma and empower survivors. Their presence has proven essential in fostering trust and improving access to necessary services, ultimately contributing to a more supportive environment for survivors in Egor local government area.

5.2 Conclusion

This study highlighted critical insights into the health-seeking behaviours of sexually abused teenagers in Egor Local Government Area, Edo State by uncovering a complex interplay of barriers and support factors that influence survivors' access to healthcare, emotional, and mental health services. The findings show that, although many teenagers express a willingness to seek help, they face significant obstacles, including societal stigma, financial limitations, and dear need of trained healthcare providers, which hinder their ability to obtain the support they need. Additionally, cultural beliefs and

confidentiality concerns further inhibit formal help-seeking, often resulting in preference for informal support channels.

The role of social workers has been underscored as essential to bridging the gaps in service accessibility and creating an environment of trust and openness. Social workers not only provide direct support but also play a key role in community education efforts that help reduce stigma and encourage healthier health-seeking behaviours. To address the challenges identified, this study recommends increasing trauma-informed training for healthcare providers, expanding financial support for healthcare access, and developing confidential, accessible support options tailored to the needs of this population. In all, promoting awareness, reducing stigma, and fostering supportive community environments are vital steps toward improving health-seeking behaviours among sexually abused teenagers in Egor local Government Area, ensuring they receive the care and support necessary for recovery and well-being.

5.3 Recommendations

Based on the findings of this study on health-seeking behaviors of sexually abused teenagers in Egor local government area, Edo State, the following recommendations are:

1. Enhance Access to Affordable Healthcare Services by removing significant financial barriers reported by many teenagers, it is essential to provide affordable healthcare options. Initiatives like subsidized healthcare, financial assistance programs, or partnerships with NGOs could help reduce the cost burden, making essential medical and mental health services more accessible to survivors.
2. Implement Trauma-Informed Training for Healthcare Providers for better understanding among healthcare providers regarding sexual abuse trauma.

Implementing specialized, trauma-informed training programs would equip healthcare professionals with the skills to offer empathetic and non-judgmental care, thereby fostering a supportive environment that encourages survivors to seek help.

3. Increase Community Mental Health Resources to address the shortage of accessible mental health services, there should be increased funding and resource allocation for establishing mental health facilities or support centers within the community.
4. Strengthen Community Education and Stigma-Reduction Programs surrounding sexual abuse and mental health was identified as a barrier to help-seeking. Community-based educational programs focused on raising awareness and reducing stigma should be implemented.
5. Expand Confidential and Anonymous Support Options by creating confidential, anonymous support channels—such as online forums, one-on-one counseling, and crisis hotlines—can provide safer alternatives. These options would allow survivors to seek help without fear of exposure or judgment, promoting healthier health-seeking behaviors within the community.

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Informed Consent

Department of Social work

Faculty of Social Sciences

University of Benin

Dear Respondent,

I am an a postgraduate student of the above named institution carrying out a research work on the topic: ‘‘***determinants of Health seeking behaviour of sexually abused teenagers in Egor Local government area Edo State***’’. The research is in partial fulfilment of the requirements for an award of Master Degree in Social Work

The questionnaire is purely for academic purpose and so all the information will be treated confidentially. I will be very glad if you assist me by completing the questionnaire as objectively as possible and to the best of your knowledge.

Thank you.

Yours faithfully,

Questionnaire

GENERAL INSTRUCTION: Tick (✓) appropriately, whichever is chosen

SECTION A: BACKGROUND CHARACTERISTICS

(1) Age: 13-14 years□ 15-16 years □ 17-18 years □ 19 years □

(2) Sex: Male ☐ Female ☐

(3) Religion: Christianity ☐ Muslim ☐ ATR ☐ Others ☐

SECTION B: BASIC INFORMATION

N/B: Section B is constructed in line with the research questions as follows:

SECTION B

Research Objective	Question	SA	A	D	SD
Assess the types of health-seeking behaviors exhibited by sexually abused teenagers in Egor local government area , Edo State.	You actively seek medical help after experiencing sexual abuse				
	You talk to someone you trust about your health concerns related to sexual abuse				
	You utilize counseling services or mental health support after experiencing sexual abuse				
	You participate in support groups for survivors of sexual abuse				
Examine the factors that influence health-seeking behavior among sexually abused teenagers in Egor local government area .	You thinks Stigma surrounding sexual abuse affects your willingness to seek help.				
	You feel that your cultural background impacts your decision to access health services.				
	The availability of health resources in your community influences your health-seeking behavior.				
	The opinions of your peers affect your decision to seek help for health issues related to abuse.				
Identify the behavioral patterns associated with sexually abused teenagers in Egor local government area that may impact their health-seeking actions.	You often avoid discussing my experiences of sexual abuse with others.				
	Do you prefer to handle your health issues independently rather than seek help from professionals.				
	Do you believe that seeking help for your experiences of sexual abuse is a sign of weakness.				
	Do you often feel hopeless about finding help for your health issues related to sexual abuse.				
Explore the challenges faced by sexually abused teenagers in Egor local government area in accessing health and	Do you encounter financial barriers when trying to access health services.				
	You feel that health service providers do not understand the issues related to sexual abuse.				

support services.	You experience fear or anxiety when considering seeking help for my abuse.				
	There lack of accessible mental health services in your community for those who have been sexually abused.				
Investigate the roles of social workers in supporting and rehabilitating sexually abused teenagers in Egor local government area .	Social workers have provided valuable support to sexually abused teenagers in your community.				
	You feel comfortable reaching out to social workers for help regarding your experiences.				
	The involvement of social workers improves access to mental health services for sexually abused teenagers.				
	Social workers play a crucial role in educating the community about sexual abuse and available resources.				

SECTION C: INTERVIEW GUIDE

Awareness and Knowledge of Healthcare Services

1. Are you aware of available healthcare services for teenagers who experience sexual abuse?

2. How did you learn about these services (e.g., school, social media, peers, family, healthcare workers)?

3. What kind of medical or psychological support do you think is available for victims of sexual abuse?

Health-Seeking Behavior

4. After experiencing sexual abuse, did you seek medical attention or psychological support? Why or why not?

5. If yes, where did you go for help (e.g., hospital, clinic, school counselor, police, NGO, religious institution)?

6. If no, what prevented you from seeking help (e.g., fear, shame, lack of knowledge, financial barriers, stigma, parental influence)?

6. How soon after the abuse did you seek help? If delayed, what were the reasons for the delay?

Psychological and Emotional Factors

8. How did the experience of sexual abuse affect your emotional and mental well-being?

9. Did you feel comfortable discussing the abuse with someone (e.g., a friend, family member, teacher, counselor)? Why or why not?

10. What kind of emotional support did you receive from family, friends, or healthcare providers?