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3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
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4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, eighteen (18) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: effect of cold compress on the reduction of musculoskeletal pain, swelling and hemarthrosis among orthopaedic patients in Lautech Teaching Hospital, Ogbomoso, Oyo State, Nigeria; Awareness of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria; Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomosho, Oyo State, Nigeria; Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria; Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria; Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria; Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria; Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria; Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria; Nursing In An Age Of Change In Nigeria; Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective; Choice Of Places Of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre; Systematic Review On Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria; Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria And Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria.

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KNOWLEDGE OF HEALTH IMPLICATIONS OF RAPE AND ASSOCIATED FACTORS AMONG MALE UNDERGRADUATES IN AHMADU BELLO UNIVERSITY ZARIA, NIGERIA

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ABSTRACT

Rape is a global public health problem against basic human right with significant physical, emotional, psychological and social complications. This study aimed at assessing factors influencing rape and knowledge of health implications of rape among male undergraduates in ABU, Zaria. The design of this study was descriptive cross-sectional survey. Simple random sampling was used to select 393 respondents. Data were collected using questionnaire. Data collected were analyzed using statistical package for social science (SPSS) version 20.0 and the results obtained were presented using frequencies, percentages and mean. The total population are male (100%), within the ages of 18 – 25 years (64.2%) and Islam by religion (57.1%). Further findings showed that majority of respondents are single (82.8%), from Hausa/Fulani ethnic group (57%), from faculties of education (17.1%), basic medical sciences (11.4%) and engineering (11.4%). Lastly, majority of respondents are 300L students (27.1%) live in Danfodio hostel (37%). The knowledge level of health implications of rape among respondents was very high (87.2%). Findings indicated that associated factors influencing rape among respondents include: the way she dresses ($\bar{\chi}=2.74$), The way she exposing her body ($\bar{\chi}=3.22$), the way she is free and friendly ($\bar{\chi}=2.8$), because she frequently visits ($\bar{\chi}=2.66$), she is always bored alone at home ($\bar{\chi}=2.79$), her body size and shape (2.51), her frequent demand for money ($\bar{\chi}=2.59$), it was under the influence of alcohol ($\bar{\chi}=2.89$), it was for spiritual again that's ritual ($\bar{\chi}=3.01$), it was an act of revenge ($\bar{\chi}=2.75$) and It was as a result of pornography content on social media ($\bar{\chi}=2.89$). There is need to adhere to school dress code and legal prosecution and punishment of perpetrators.

Keywords: Health Implications of Rape; Knowledge; Male Undergraduates

INTRODUCTION

Nigeria faces a significant public health challenge with its maternal and child health care. The country's 40 million women of childbearing age (between 15 and 49 years old) experience a disproportionate burden of health issues related to childbirth. According to the United Nations Children's Fund (UNICEF), Nigeria accounts for 10% of global maternal deaths, despite representing only 2.4% of the world's population. The maternal mortality rate stands at 576 per 100,000 live births, the fourth highest globally. Each year, approximately 262,000 babies die at birth, the second highest national total worldwide. The infant mortality rate is 69 per 1,000 live births, and for under-fives, it rises to 128 per 1,000 live births. Malaria, pneumonia, and diarrhoea account for 64% of under-five deaths. Addressing maternal and child health care is crucial to ending preventable deaths and improving the health and well-being of women, children, and adolescents, as emphasized by the American Public Health Association.

Maternal and child health (MCH) care is the promotive, preventive, curative and rehabilitative health care for mothers throughout the childbearing period and for children from conception through adolescence (Ikechukwu et al, 2020). It is a comprehensive care which includes educational, social, nutritional services coupled with medical care during and post pregnancy (Olonade, Olawande & Alabi, 2019). It serves as an important indicator for describing mortality and infants' conditions, health progress and the overall social and economic well-being of the country. Regular utilization of MCH care reduces maternal morbidity and mortality. MCH care services include family planning, antenatal care, delivery care, postnatal care, immunization, growth monitoring, school health services which incorporate physical examinations, early detection of high-risk mothers, recognizing danger signs to enable

appropriate preventive action, screening measures and procedures that monitor pregnant women from conception to 6 weeks post-delivery (Umahi et al., 2019).

Women's knowledge of maternal and child health (MCH) care is crucial for its effective utilization (Okpala et al., 2019). A lack of knowledge can manifest in various ways, from not knowing when to start antenatal services and what services to expect at antenatal clinics to being unaware of the benefits of antenatal and postnatal care for both mother and child (Umahi et al., 2019). Clients' perceptions significantly influence their views on the dangers and benefits of care (Umahi et al., 2019). Mothers' perceptions of the quality of maternal healthcare impact their future healthcare utilization decisions and overall trust in the health system (Ansu-Mensah et al., 2020). The utilization of maternal health services, from antenatal to postpartum care, is associated with reductions in maternal mortality and morbidity (Zhao, Han, You et al., 2020; Sharma, Sarathi, Mohanty et al., 2020). Additionally, many infant deaths, due to avoidable causes, can be prevented through basic maternal healthcare interventions, including prenatal care services, skilled delivery, and postnatal care (Kinney, Lawn & Kerber, 2009; Taylor et al., 2016; WHO, 2017).

Utilization of antenatal care services is linked to satisfaction with maternal health services (Emelumadu et al., 2014). However, in Nigeria, there is poor utilization of maternal healthcare services (Faniyi et al., 2020). Rural women in Nigeria are particularly underserved and tend to use skilled healthcare services much less than their urban counterparts (Udenigwe et al., 2022). A significant proportion of maternal, fetal, and newborn deaths could be prevented through the maximum utilization of maternal and child health services (Gülmezoglu, 2016). Several reasons, including cultural, social, economic, and political factors, have been attributed to why many pregnant and nursing mothers choose not to use appropriate antenatal and postnatal care. This suggests that both the natural environment (biological) and the social environment play powerful and critical roles in the healthcare utilization behavior of women across African societies. The utilization of MCH care

services is influenced by women's socio-demographic characteristics, cultural context, and service accessibility.

Despite global efforts, maternal mortality due to pregnancy complications has been increasing in many sub-Saharan African countries (Olawale et al., 2019). In Ethiopia, a significant proportion of women fail to utilize modern healthcare services, with only 41%, 16%, and 13% receiving antenatal, delivery, and postnatal care from health professionals, respectively (Dereje et al., 2017). Similarly, in Nigeria, the perception and utilization of skilled maternal services are poor, leading to high maternal morbidity and mortality (Mesfin, 2018). This study aimed to investigate women's knowledge and perception of maternal and child health care, the level of utilization, and the factors affecting utilization. The findings may contribute to the literature by identifying gaps in the utilization of maternal and child health care services, informing health planning, policy formulation, and implementation to reduce maternal and childhood mortality.

METHODS

Design: A cross-sectional descriptive design.

Setting: The study setting was Ogbomosho, Oyo State. There are 12 primary health facilities in Ogbomosho North Local Government area.

Population: Women in their reproductive ages (15-49 years).

The inclusion criteria: The study population consisted of women attending immunization clinics at selected Primary Healthcare (PHC) centers in Ogbomosho, Oyo State who met specific inclusion criteria. These included having children aged 5 years or below, being willing to participate in the study, being females within the reproductive age range of 15-49 years, and residing in Ogbomosho, Oyo State. Women who declined to participate, those above 49 years of age, and those without children were excluded from the study.

Sample Size Determination: The sample size was calculated using Cochran's (1963) formula for single proportions, resulting in an initial sample size of 241. To account for potential attrition, an additional 10% of the estimated sample size was added, which is approximately 24 (10% of 241 =

24.1). Therefore, the total sample size was increased to 265 to accommodate for potential participant dropouts.

Sampling Technique: Participants were selected using a cluster sampling method. The 12 primary health care centers were grouped into three clusters based on their wards and locations, with each cluster containing four health centers. Two centers were randomly selected from each cluster, resulting in a total of six centers used for data collection. The selected centers included Ibrahim Taiwo PHC, Isale Afon; Okeelerin PHC, Okeelerin; Blind Center PHC, Osupa; Osupa Health Center, Osupa; Ladoke Akintola Katangua PHC, Masifa; and Masifa PHC, Masifa. Purposive sampling was then used to select mothers of under-five children who brought their children for immunization at these centers.

Instrument: Data collection was done using a semi structured questionnaire. The questionnaire contained 96 closed ended questions. The questionnaire had four sections: Section A: sought information on sociodemographic characteristics of the respondents; section B was used to elicit information on knowledge of maternal and child health care; section C contained question items used to explore the perception of the respondents on maternal and child health care. While section D was used to assess the utilization of maternal and child health care among the respondents.

Validity: The instrument was given to expert in the field for tests and measurement for face validity. Unclear and ambiguous items were reframed before using it for data collection.

Reliability: The test-retest reliability method was employed to assess the consistency of the research instrument. The Cronbach's alpha reliability index

was calculated for each construct, and the results showed a high level of reliability. Specifically, the Cronbach's alpha levels were: 0.763 for knowledge of maternal and child health care, 0.761 for perception of maternal and child health care, and 0.815 for utilization of maternal and child health care. Based on these results, the questionnaire was deemed reliable and suitable for use in the study.

Data Collection: The completed questionnaires were checked for completeness and a coding guide was developed to facilitate entry. The data collected were analysed using statistical package for social science (SPSS) software package, version 21.0 using descriptive statistics. Knowledge was assessed by computing the scores of the answers to the knowledge questions. Correct score was given 1, and incorrect score was given 0. A total maximum score was 35 marks. Scores between 19-35 was rated good while scores less than 18 was rated poor.

Ethical approval: For the study, ethical approval was obtained from Bowen University Teaching Hospital Research Ethics Committee. Throughout the research, ethical principles were considered and respected. The researchers ensured that all respondents have the right to determine their participation in the study. It was also ensured that research is not a cause of harm to respondents and was confidentiality was maintained. Verbal informed consent was obtained from all the respondents who voluntarily participated in the study.

RESULTS

A total of 265 questionnaires were administered, and all were retrieved, resulting in a 100% response rate. The sociodemographic data of the respondents is presented in Table 1. The respondents' ages ranged from 18 to 45 years, with a mean age of 29.5

Table 1: Distribution by Socio-demographic characteristics among respondents (n=350)

Variable	Frequency(F)	Percentage (%)
Sex		
Male	350	100
Female		
Age		
18-25	225	64.2
26-30	105	30
31 and above	20	5.7
Religion		
Christianity	150	42.8
Islam	200	57.1
Others		
Marital status		
Married	60	17.1
Single	290	82.8
Divorced		
Ethnic group		
Hausa/Fulani	200	57
Yoruba	45	12.8
Igbo	30	8.5
Other	75	21.4
Faculty		
Arts	20	5.7
Allied Health Science	15	4.2
Agriculture	20	5.7
Basic Medical Science	40	11.4
Business school	25	7.1
Clinical science	20	5.7
Education	60	17.1
Engineering	40	11.4
Environmental design	15	4.2
Life science	20	5.7
Pharmaceutical science	20	5.7
Physical science	15	4.2
Social science	20	5.7
Veterinary medicine	20	5.7
Level		
100	60	17.1
200	80	22.8
300	95	27.1
400	45	12.8
500	50	14.2
600	20	5.7
Hostel		
Dan Fodio	130	37
ICSA Ramat	120	34.2
Dangote	50	14.2
Shehu Idris	30	8.5
Sassakawa	20	5.7

Table 2 reveals that the knowledge level of health implications on rape among respondents is very high (87.2%).

Table 2: Respondents’ knowledge of health implications of rape (n=350)

Variables	Yes		No	
	F	%	F	%
Can substance use aid the perpetration of rape?	300	85.7	50	14.3
Is rape a form of sexual intercourse perpetrated against another person's wish using force, threat or alcohol intoxication or against one’s consent?	310	88.6	40	11.4
Do you know rape can lead to bruise in the female private part after the rape incident?	340	97.1	10	2.9
Do you know rape can lead to emotional trauma in female i.e. guilt self-blame?	315	90	35	10
Do you know rape can lead to psychological trauma in female i.e. night nares depression?	297	84.9	53	15.1
Do you know rape can lead to sexual transmitted diseases in female?	345	98.6	5	1.4
Do you know rape can lead to bleeding from the female private part?	307	87.7	43	12.3
Do you know rape can lead to unwanted pregnancies?	346	98.9	4	1.1
Do you think rape can affect her academic performance?	339	96.9	11	3.1
Do you think rape can affect her marital in future i.e. she doesn't want to have sex with her husband?	330	94.3	20	5.7
Do you know after rape incident can lead to unsafe abortion?	348	99.4	2	0.6
Do you know rape can lead to suicide in female?	330	94.3	20	5.7
Do you know that after rape it can lead infanticide of a child born of rape?	325	92.9	25	7.1

Note: Good knowledge = >70%, Fair knowledge = 50-70%, Poor knowledge = <50%

Table 3. Findings indicated that associated factors influencing rape among respondents include The way she dresses ($\bar{\chi}=2.74$), The way she exposing her body ($\bar{\chi}=3.22$), The way she is free and friendly ($\bar{\chi}=2.8\%$), Because she frequently visits ($\bar{\chi}=2.66$), She is always bored an alone at home ($\bar{\chi}=2.79$), Her body size and shape ($\bar{\chi}=2.51$), Her frequent demand

for money ($\bar{\chi}=2.59$), It was under the influence of alcohol ($\bar{\chi}=2.89$), It was for spiritual again that's ritual ($\bar{\chi}=3.01$), It was an act of revenge ($\bar{\chi}=2.75$) and It was as a result of pornography content on social media ($\bar{\chi}=2.89$) while My parents are always not around ($\bar{\chi}=2.33$) and Her skin color ($\bar{\chi}1.60$) are not factors.

Table 3: Distribution by Factors Influencing Rape among Respondents (n=350)

Variable	SA	A	D	SD	Mean	Remark
The way she dresses	60	205	20	65	2.74	Significant
The way she exposing her body	190	78	52	30	3.22	Significant
The way she is free and My parents are always not around friendly	94	130	102	24	2.84	Significant
Because she frequently visits	40	180	100	30	2.66	Significant
She is always bored an alone at home	70	168	80	32	2.79	Significant
My parents are always not around	50	107	100	93	2.33	Not Significant
Her skin color	0	60	90	200	1.60	Not Significant
Her body size and shape	32	199	34	85	2.51	Significant
Her frequent demand for money	80	108	100	62	2.59	Significant
It was under the influence of alcohol	160	68	44	78	2.89	Significant
It was for spiritual again that's ritual	131	110	89	20	3.01	Significant
It was an act of revenge	68	189	30	63	2.75	Significant
It was as a result of pornography content on social media	108	136	66	40	2.89	Significant

Cumulative mean = 2.67

Discussion

This study determines, the knowledge of health implications and associated factors of rape among male undergraduate students of the Ahmadu Bello University Zaria, Nigeria. The result of the demographic statistics showed that the total population are male, within the ages of 18 – 25years and Islam by religion. Further findings showed that majority of respondents are single (82.8%), from Hausa/Fulani ethnic group, from faculties of education, basic medical sciences Lastly, majority of respondents are 300L students live in Danfodio hostel.

This study reveals that the knowledge level of health implications on rape among respondents is very high. Most of the respondents were in agreement with the description of health implication on rape including physical, emotional and psychological trauma, sexual transmitted diseases, unwanted pregnancy with consequent unsafe abortion, poor academic performance, infanticide of a child born out of rape and future marital problem. This is consistent with the findings of Tenaw et al., (2022) who discovered STIs, pregnancy, unsafe abortion and social rejection as health implication of rape among the studied group. Likewise, Gilbert, et. al., (2019) also reported high prevalence of unwanted pregnancy, unsafe abortions, STIs and physical injuries

among rape victims.

Findings indicated that associated factors influencing rape among respondents include the way she dresses, the way she exposing her body, the way she is free and friendly, because she frequently visits, She is always bored an alone at home, her body size and shape, her frequent demand for money, it was under the influence of alcohol, it was for spiritual again that's ritual, it was an act of revenge and it was as a result of pornography content on social media. This finding is in line with the study of Onasoga, et. al., (2019) who also found alcohol and drug, indecent dress and media portray of women as sex object as causes of rape. Likewise, Oluwaseun, et al., (2021) noted that factors such as having more than one boyfriend, demanding material things from boys or men, excessive alcoholic drinks at a party and lack of preparedness to rape prevention predispose girls to rape.

Conclusion

From the study, respondents had good knowledge of health implication of rape. indecent dress, free relationship with male friends, frequent demand for financial assistance, influence of alcohol and result of pornography content on social media were found to be the factors associated with rape. The study therefore recommends the need for student to adhere to school dress code, a sexual

assault desk or Centre should be available in the University to ease reporting and legal prosecution and punishment of perpetrators.

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