



EFFECTIVENESS OF A NURSE-LED COMPREHENSIVE SEXUALITY EDUCATION AMONG SECONDARY SCHOOL ADOLESCENTS IN IBADAN NORTH-EAST LOCAL GOVERNMENT AREA OYO STATE NIGERIA

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ABSTRACT: *Adolescent pregnancy is a major socio-medical and economic problem in developed and developing countries that is becoming more prevalent in recent times. The specific objectives are to assess the level of pre-intervention knowledge on comprehensive sexuality education for any pre-intervention healthy negotiation skills, administer the adolescents' comprehensive sexuality education emphasizing the healthy negotiation skills, measure post intervention levels of knowledge on comprehensive sexuality education and measure post intervention HN skills of adolescents. The study adopted a pretest-posttest quasi experimental design; made up of experimental and control groups which consisted of 720 adolescents randomly selected from four co-educational secondary schools. A modified questionnaire was used to elicit information from the participants. Interventional CSE program was administered after pretest was given to the participants in the interventional schools. Two research hypotheses were tested and analysed using ANOVA statistical too significant at 0.05 alpha level. Findings revealed that the knowledge of CSE empowered and developed adolescents' sexuality behaviors, and there were increased responses among adolescents who reported they developed HNS at post-intervention as they learnt to defend themselves from environmental peer pressures. Conclusively, the intervention effectively improved knowledge, enhanced better self-esteem, increased self-dignity, assertiveness and sex refusal. Recommendations, CSE to equip adolescents with HNS should be adopted in the schools' curriculum to build assertiveness and improve adolescents' sex negotiation skills.*

KEYWORDS: Adolescents, Comprehensive Sexuality Education, Healthy Negotiation Skills, Unwanted Pregnancy.

INTRODUCTION

Adolescence is the transitional phase of growth and development between childhood and adulthood, when humans become most conscious of their sexuality and may start to express it. Adolescence encompasses elements of biological growth and major social role transitions, which have changed in the past century. Earlier, puberty has accelerated the onset of adolescence in nearly all populations, while understanding of continued growth has lifted its end point age well into the twenties (Sawyer, Susan, Azzopardi, Peter, Wickremarathne, Dakshitha, & Patton, George 2018). In parallel, delayed timing of role transitions, including completion of education, marriage, and parenthood continue to shift popular perceptions of when adulthood begins. Arguably, the transition period from childhood to adulthood now occupies a greater portion of the life course than ever before at a time when unprecedented social forces, including marketing and digital media, are affecting health and wellbeing across these years (Sawyer, Susan, et al 2018).



An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. Rather than age 10–19 years, a definition of 10–24 years corresponds more closely to adolescent growth and popular understandings of this life phase and would facilitate extended investments across a broader range of settings. There is a powerful sexual drive associated with this period and if not addressed properly, can translate to indulging in risky sexual behavior; the consequences of which may have real potential to jeopardize the adolescent's future. (Sawyer, Susan M., et al 2018).

Adolescence, according to the World Health Organization (WHO) refers to the period between the ages of 10 and 19 years in which the individual progresses from the initial appearances of secondary sexual characteristics to full sexual maturity. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24 (WHO, 2019). Likewise, during this period psychological and emotional processes develop from those of a child to an adult. The adolescent may transmit from the state of socio-economic dependence to one of relative independence, therefore adolescent reproductive health needs to be addressed to make a realistic positive transition through comprehensive sexuality education.

In Nigeria today, comprehensive sexuality education is yet to be incorporated into the curricula of secondary school education. Many Nigerians are reluctant to discuss sexuality and sexual health openly. In most African countries, Nigeria in particular, matters relating to sex and sexuality are usually shrouded in secrecy. Neither the adolescent boy nor girl has free access to the information he or she needs on sexuality. Questions bordering on sexuality and girl-boy relationships are usually hushed up and regarded as taboos. The consequence of this action is that Nigerian adolescent boys and girls find answers to sex-related questions on their own, often from questionable sources that are likely to give them wrong information, making them more likely to indulge in reckless and unguarded sexual experimentation. Some adolescents lack adequate communication, assertiveness and skills to negotiate safer sex. Some feel unable to refuse unwanted sex or feel compelled to exchange sex for money. Because young people experiment sexually and because of the consequences of indiscriminate sexual activities on the youth, there is the need to mount sexuality education programs that are geared towards enlightenment and appropriate education about sex and sexuality.

In Nigeria, problems associated with adolescents' sexual health include high rates of teenage pregnancy; a rising incidence of sexually transmitted diseases, high rates of abortion mortality, etc. Medical problems associated with adolescents' sexual behaviour are a major health burden to Nigerians. Problems are not confined to pregnancy but include secondary infertility and development of cervical abnormalities in adolescents. Early sexual activity has negative consequences for young people. Adolescents who become sexually active enter an arena of high-risk behaviour that leads to physical and emotional damage. Each year, influenced by a combination of a youthful assumption of invincibility, and a lack of guidance (or misguidance and misleading information), millions of adolescents ignore those risks and suffer the consequences (Esere 2018).

The emergence of this adolescent problem has been attributed to various factors including early marriage, social permissiveness -favoring early exposure to casual sexual activity, unmet needs for contraceptives, maternal deprivation, pre-existing psychosocial problems in



the family and general non-functioning family unit could be mentioned among others. The problems associated with adolescent pregnancy can be significantly reduced through sex education. “Young people including adolescents in Nigeria constitute a significant proportion of the population and face unique challenges, which may compromise their health and developmental potentials if not addressed,” ARFH president, (OladapoLadipo 2017). The research intends to conduct intervention program on healthy negotiation skills among school adolescents to equip them early enough to refuse sexual advances and prevent coercion. Therefore, this study assessed the effectiveness of healthy negotiation skills through comprehensive sexuality education among secondary school adolescents in Ibadan North-East Local Government Area of Oyo State, Nigeria.

Research Hypotheses

1. There is no significant difference between pre and post intervention knowledge level of comprehensive sexuality education on healthy negotiation skills among adolescents.
2. There is no significant difference in the pre and post intervention skills of comprehensive sexuality education on healthy negotiation skills among adolescents.

METHODOLOGY

Research Design: The study design was pre-test, post-test control group quasi-experimental design (quasi-experimental two group pre-post-test) that assessed the effectiveness of comprehensive sexuality education on healthy negotiation skills, among secondary adolescents of Ibadan North East Local Government Area, Oyo State.

Study Population: The study population was 9477 from the selected Secondary School students of ages 10-16 years from JSSI to SSS2.

Sample: An estimated sample size was calculated adapting the formula by Kirkwood and Sterne, 2003, 2015 and the prevalence of teenage pregnancy of 22.9% was found in a similar study carried out in a town in Western Nigeria (Amaran, 2015). A sample of 720 was calculated and used for the study.

Instruments: A self-structured 95 item questionnaire was designed. This questionnaire has five different but related sections which are: **Section A:** information about the demographic data of the participants; **Section B:** items on pre- intervention knowledge level on comprehensive sexuality education among adolescents; **Section C:** items on pre-intervention healthy negotiation skills among adolescents; and **Section D:** items on the adolescents' comprehensive sexuality education emphasizing the healthy negotiation skills.

Method of Data Collection: Data collection was in three major phases which include:

1. A pre intervention visit session
2. Intervention Session
3. Post intervention session



Method of Data Analysis: The completed test paper was coded and analyzed using the Statistical Package for Social Science (SPSS) version 21. The two research hypotheses of the study were tested using inferential statistics of Analysis of Variance (ANOVA). All the two hypotheses were tested at 5% level of significance.

Ethical Consideration: Ethical approval for this study was obtained from Babcock University Health Research Ethics Committee (BUHREC).

RESULTS

Table 1: Comparison of pre and post intervention knowledge level of comprehensive sexuality education on healthy negotiation skills among adolescents (Baseline and Follow up)

Variable	N	Mean±(SD)	X(SE)	F	P
Pre-test					
Experimental	350	1.18±0.43	0.023	0.850	0.357
Control	350	1.21±0.47	0.025		
Total	700	1.20±0.45	0.017		
Post-test					
Experimental	350	2.89±0.43	0.426	1785.893	0.000*
Control	350	1.41±0.50	0.498		
Total	700	2.15±0.87	0.873		

*Significant at p -value is <0.05

The result shows that there was a significant different between baseline result and follow-up intervention baseline Exp (1.18±0.43) and intervention Exp (2.89±0.43) ($p<0.05$); while baseline control (1.21±0.47) ($p>0.05$) intervention control (1.41±0.50) remain constant ($p>0.05$). Also, at the intervention there was significant different between Exp group (2.89±0.43) and control group result (1.41±0.50) ($p<0.05$) respectively.

Table 2: Comparison in the pre-post intervention skills comprehensive sexuality knowledge on healthy negotiation skills among adolescents between Experimental group and control group

Variable	N	Mean±(SD)	X(SE)	F	P
Pre-test					
Experimental	350	0.55±0.499	0.027	0.701	0.105
Control	350	0.58±0.495	0.026		
Total	700	0.56±0.497	0.019		
Post-test					
Experimental	350	0.28±0.448	0.024	61.202	0.000*
Control	350	0.56±0.497	0.027		
Total	700	0.42±0.493	0.019		

*Significant at p -value is <0.05



The ANOVA table revealed the significance level of the pre-post intervention skills comprehensive sexuality knowledge on healthy negotiation skills among adolescents; Between Experimental group and control group from which it was shown that there was significance difference on respondents' experience of utilising negotiation skills to handle sexual relationship between pre-test (0.55 ± 0.50) and post-test (0.28 ± 0.45) at experimental group ($F=61.202$; $p=0.000$). At the same time there was significance difference on respondents' experience of handling sexual relationship at post-test experimental (0.28 ± 0.45) and control groups (0.56 ± 0.50). However, there was no significant difference comparing pre intervention of both experimental (0.55 ± 0.50) and control groups (0.58 ± 0.05) ($F=0.701$; $p=0.105$). Even though there was slight change in the number of respondents who engaged in sexual relationship at the baseline of the control group (0.58 ± 0.05) compared with post intervention result of the same group (control) (0.56 ± 0.50), yet there was no significant difference in both. Based on this result, the researcher therefore failed to accept the null hypothesis stated above ($p < 0.05$).

DISCUSSION

Comparison of overall knowledge mean score of sexuality education at Baseline and Follow up revealed a significant difference. This supports Haberland's assertion that the social environment exerts a powerful effect on young people's sexual health and rights, both in reinforcing norms and by shaping opportunities and challenges. UNESCO has noted the synergy between Comprehensive Sexuality Education, schooling in general, and gender equality measures positive outcomes (Haberland, 2017).

The result revealed a significant level of sexual advancement among adolescents and nurses' sexuality education between Experimental group and control group. It was shown that there was great reduction in sexual risk behaviour of the participants after the intervention as there was significance difference between participants' means of preventing sexual advancement among adolescents at pre-test and post-test at experimental group. At the same time there was significance difference on respondents' sexual advancement among adolescents when nurses' sexuality education was used. This in tandem with Agha, Van Rossen and Ankomah (2017) effective sex refusal and negotiation skills have been shown to result in significant delays in the onset of sexual intercourse. They also have moderate effect on improving upon the use of contraceptives among adolescents who are sexually active.

CONCLUSION

This study demonstrated the effectiveness of nurse-led sexuality education on healthy negotiation skills of adolescents in secondary schools in Ibadan North-East Local Government Areas of Oyo State. The study utilized behavioural change strategies for the intervention which parent-child communication and classroom instruction educational interventions. This study confirms the fact that schools are major socializing institution in Nigeria. It also demonstrated that early school-based sexuality education, knowledge and risk reduction delivered through schools is one of the ways through which the adolescents could be helped to avoid risk taking behaviour and adopt healthier life-style. The results of the study were found to be consistent with Social Cognitive Theory which has successfully



established in this study the relationship between the adolescents' sexuality, negotiation skill, and risky sexual reduction behaviour. Self-efficacy element of the vital role in increasing sexuality education and sexual risk reduction practices evidenced by the respondents' ability to talk to their peers. This suggests that early adolescents can equally influence their peers in comprehensive sexuality education on healthy negotiation skills. This also suggests that the result of this study can be generalized to in-school adolescents in similar urban or rural communities.

RECOMMENDATIONS

- 1). It was observed that sexuality education centered towards healthy negotiation skills of adolescents' intervention proved to be important in prevention of adolescent pregnancy, abortion, reducing the HIV risk behaviours. It is therefore recommended to be adopted in school system in the study area.
- 2). Building the skill and capacity of the adolescent to be assertive and exercise self-agency and choice in order to negotiate, take informed decisions about their sexual and reproductive health and rights (SRHR) and to report cases when their sexual rights are infringed or violated;
- 3). Life- building skills (Life–skills): These skills are found significant in this study, as they increased the adolescents' ability to protect themselves against risky sexual behaviour, (e.g. refusal, assertive etc), they are also recommended for inclusion in sexuality education in the schools.

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