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EFFECT OF EDUTAINMENT ON UTILIZATION OF SEXUAL HEALTH SERVICES AMONG IN-SCHOOL ADOLESCENTS IN SELECTED SECONDARY SCHOOLS IN LAGOS STATE, NIGERIA.

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ABSTRACT: *Background: Adolescents in Lagos State, Nigeria, experience significant barriers in accessing and utilizing sexual health services due to socio-cultural stigma, misinformation, and ineffective traditional health education methods. Innovative approaches such as edutainment—combining educational content with entertainment formats—are promising yet under-explored strategies for addressing these barriers. This study investigated the effect of an edutainment intervention on the utilization of sexual health services among in-school adolescents in selected secondary schools in Lagos State, Nigeria. Methodology: A quasi-experimental design was employed involving 60 adolescents systematically selected from two secondary schools, randomly allocated into experimental (EG) and control (CG) groups. The EG received a four-week edutainment intervention comprising drama performances, interactive discussions, and digital media presentations, while the CG participated in conventional health education sessions on nutrition and exercise. Data on adolescents' utilization of sexual health services were collected using structured and validated questionnaires at baseline, immediate post-intervention, and at the 12th-week follow-up. Descriptive and inferential statistics were employed for data analysis, with a significance level set at $p \leq 0.05$. Results: Results indicated a significant improvement in the utilization of sexual health services in the experimental group from baseline (6.03 ± 1.10) to the 12th-week follow-up (15.17 ± 0.95; $F = 228.10$, $p < 0.05$). Conversely, no significant change was observed in the control group over the same period (5.03 ± 0.89 to 5.03 ± 0.93; $F = 0.11$, $p > 0.05$). Conclusion: The study concludes that edutainment significantly enhances the utilization of sexual health services among adolescents. It is recommended that educational authorities and health policymakers integrate edutainment strategies into existing adolescent sexual health programs to improve service uptake.*

KEYWORDS: Edutainment, Utilization, Sexual Health Services, Adolescents, Lagos State.

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INTRODUCTION

Adolescence is a pivotal stage of life marked by rapid physical, emotional, and social changes, which play a crucial role in shaping an individual's future health and well-being. During this time, adolescents begin to form their identities, develop independence, and make decisions that can have long-lasting effects on their health (Carpena, 2024). As they navigate this complex period, access to appropriate health services becomes essential in supporting their development and helping them make informed choices that will promote positive health outcomes throughout adulthood. Adolescence as defined by WHO, are individuals aged between 10 and 19 years, making up roughly one-sixth of the global population (WHO, 2018).

Globally, there is increasing recognition of the importance of providing adolescents with comprehensive health information and services (Shinde et al., 2023). The World Health Organization (WHO) identifies adolescence as a critical period for intervention, particularly in terms of Sexual and Reproductive Health (SRH), given the high risk of sexually transmitted infections (STIs) and unintended pregnancies (WHO, 2024). Adolescent health issues are a global concern, as adolescent patients are frequently neglected when it comes to planning healthcare services, leaving them vulnerable to missing out on consistent care, not getting timely treatment, and facing a shortage of experienced healthcare professionals who can tailor care to their individual requirements (Garney et al., 2021). While many countries such as Sweden have made strides in embracing Youth-friendly healthcare services with progressive healthcare policies (Thomée et al., 2016), yet still, the global prevalence of poor health outcomes among adolescents highlights the need for innovative, youth-friendly approaches such as edutainment (entertainment-education).

Edutainment uses theatre and other media to give educational messages in an entertaining format. Researchers have explored this type of intervention for varying issues and all assert that drama can serve to educate and stimulate social and moral development (Belliveau, 2020)). Viewing and discussing dramatic presentations can increase sensitivity towards issues and allow critical reflection on what individuals are witnessing or experiencing (Belliveau, 2020).

Health promotion efforts targeting adolescents have emphasized the importance of early diagnosis and prevention (Colizzi et al., 2020). Primary prevention measures, such as health education, vaccination, and promotion of healthy behaviors, (Kisling & Das, 2023) are essential for addressing the root causes of adolescent health issues. Secondary prevention efforts, including early diagnosis of STIs and provision of contraceptives, aim to reduce the progression of health problems among adolescents. However, these interventions are often underutilized due to the aforementioned barriers. Effective interventions are needed to overcome these challenges, with innovative approaches like edutainment showing promise in improving knowledge, attitudes, and utilization of healthcare services among adolescents.

Understanding the importance of health-seeking behaviors is crucial for addressing adolescent health challenges in Nigeria. Adolescents who have the knowledge, support, and resources to seek healthcare early are more likely to prevent the onset of serious health issues, such as STIs or unintended pregnancies (Mohamed et al., 2023). However, many adolescents lack the knowledge and confidence to navigate the healthcare system. Interventions, such as edutainment, can play a pivotal role in addressing these gaps by providing adolescents with the information and motivation they need to take charge of their health. Edutainment has been successfully used in other contexts to improve health outcomes. For instance, in India, a field

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experiment found that health entertainment-education increased knowledge about hygiene by 16%, with the gains persisting for almost a year (Carpena, 2024). In sub-Saharan Africa, edutainment has been utilized to address HIV prevention and SRH education, resulting in improved knowledge and some behavioral change among adolescents (Orozco-Olvera et al., 2019).

Traditional health-seeking behaviors and societal norms often lead adolescents to turn to informal or unsafe sources of care, such as traditional healers or self-medication, increasing the risks of complications and long-term health issues (Anthony et al., 2024). The poor utilization of sexual health care services contributes to adverse health outcomes such as unintended pregnancies, mental problems, infectious diseases, the continued spread of STIs, including HIV and death.

According to Blasco et al. (2019), use of edutainment as a teaching method promotes the type of engaged learning that is required in youth education. Emotions play a significant role in the formulation of new knowledge, attitudes, and behaviour. Therefore, initiatives such as storytelling, theatre, and film have the capacity to target affective domains and enhance learners' understanding of the human experience (Blasco et al., 2019)

It is important to note that there is a gap in understanding why these aforementioned barriers persist despite continuous efforts. Most interventions have focused on raising awareness but have not sufficiently addressed the broader social, cultural, and behavioral factors that prevent adolescents from translating knowledge into action. Additionally, while studies acknowledge the influence of negative attitudes and societal norms on healthcare-seeking behavior, there is limited research on how innovative strategies, such as edutainment, could be used to bridge this gap and actively engage adolescents in health discussions and service utilization.

This study addresses the urgent need to fill this knowledge gap by exploring how edutainment, a strategy that combines education with entertainment can overcome existing barriers, engage adolescents in meaningful health discussions, and promote the effective utilization of SRH services in Lagos State, Nigeria. This research did not only assess the impact of edutainment on knowledge and attitudes but also examined how it influences actual healthcare-seeking behavior, providing valuable insights into improving adolescent health outcomes.

Adolescents in South-West Nigeria face multiple barriers to accessing healthcare, particularly in the areas of sexual and reproductive health (SRH). Despite efforts to improve healthcare services, the utilization of SRH services remains low, primarily due to limited knowledge, cultural stigma, and a lack of adolescent-friendly healthcare environments. The consequences of these barriers are severe, leading to high rates of unintended pregnancies, sexually transmitted infections (STIs), including HIV, and unsafe abortions, all of which contribute to the overall poor health outcomes of adolescents.

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METHODOLOGY

Study Design

For this study, a quasi-experimental design was employed, consisting of one experimental group and one control group, to assess the Effect of edutainment on sexual health services utilization among in-school adolescents in Lagos State, Nigeria. The choice of a quasi-experimental design is appropriate since the groups were not randomly assigned. This design has proven effective for similar studies as it allows for the identification of a comparison group or time period that closely resembles the treatment group or time period in terms of baseline characteristics. Prior to the intervention, a baseline data was collected from both the control and experimental groups. This was followed by the designed intervention in the experimental group for a period of six (6) weeks while the control group was given necessary attention but not the designed intervention. An outcome evaluation was carried out in both the control and experimental groups soon after the intervention. Then, at the twelfth (12^{th}) week, from the date of the first data, an impact evaluation was carried out in the two groups.

A sample size of 30 Adolesents for each group was derived using Cochran's formula. Simple Random sampling selection was used to select two Local Government Areas in Lagos State which are Ikorodu and Eti-osa Ikenne Local Government Areas. This method is appropriate because every Adolescents are at risk of suffering from sexual health related issues. Ikorodu, was selected as the experimental group while Eti-osa was the control group. EG was assigned to health education modules on knowledge on sexual health services s for 1 hour once weekly and CG had training on exercise for 1 hour once a week, both for six weeks. A total of three research assistants were trained to this effect.

Research Instrument and Data Collection

The research method chosen for this study was quantitative in nature. To create a reliable and valid instrument for data collection, the researcher gathered information from various sources including a review of relevant literature, as well as examining instruments used in similar studies. With this information, an appropriate instrument was developed for use in collecting data from the participants. The instrument was designed to ensure that it aligns with the research objectives and the research questions. The instrument measured respondent utilization of sexual health services among adolescents. The same instrument was administered at the baseline, immediate post intervention and 12-weeks follow up. A structured validated questionnaire with Cronbach's alpha reliability index ranging from 0.7 to 0.8 was used to collect data.

Table 1: Description of the Data Collection

Groups	Baseline Data	Interventions	Outcome Evaluation (end of intervention program)	Impact Evaluation (at 12^{th} weeks)
Control Group	O	-	O	O
Experimental Group	O	X	O	O

Key: X = Intervention; O = Outcome

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Baseline data collection

Baseline was the first phase of data collection from the participants. The baseline data served as bases for comparison between the intervention and control. This also served as means of detecting changes attributable to the intervention. Data were obtained from the intervention and control groups with the use of the designed 57-item questionnaire through interviewer administered by the research assistants recruited for the purpose. The instrument comprised of 2 sections that are control variables, independent variables and dependent variables. These variables are; Demographic characteristic and utilization of sexual health services.

Immediate post-intervention data collection

Immediately after the experimental group received the 6-weeks intervention, the same data collection instrument used for baseline data collection was used to get responses from the intervention and control group for the second time. The control group received just a 1-day health talk on exercise, not related to the subject matter as recommended in the principles of ethics that the control group should also benefit from the study (SASLHA, 2011). The variables measured basically were the independent and dependent variables. Socio demographic data were kept throughout the study.

End line data collection

The end line data collection was the third and the last phase of data collection. The end line data was obtained using same data collection instrument and this was done at the 12th week follow up. Focus was more on the outcome variable which was the utilization of sexual health services.

Study Variables

The independent/treatment variable of the study is Edutainment while the dependent variable is Utilization of sexual health services

Data Analyses

The data collected for the study was collated, entered and coded using the Statistical Product for Service Solutions (SPSS) version 23. The data was cleaned by running a frequency analysis on each item and checking responses to ensure that the values were accurately coded. Data was analysed using descriptive, and inferential statistics at 5% level of significance. Effect size (ES) was used to measure the magnitude of the intervention in the Experimental group.

Ethical Clearance

An application for ethical approval for this study was submitted to the Babcock University Research Ethics Committee. The purpose of the study was explained to all participants, after which verbal consent was given by each participant, while they also signed the consent forms. All participants were assured of anonymity and the confidentiality of the information received from them.

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RESULTS

Socio-Demographic Characteristics of the Respondents

Table 2 presents the socio-demographic profile of the 60 participants, evenly distributed between the control and experimental groups. The mean age of participants was 15.70 ± 0.88 years for the control group and 15.50 ± 1.04 years for the experimental group, with no statistically significant difference (p = 0.425). This suggests that age was evenly distributed across both groups, minimizing potential confounding effects.

Gender distribution was also balanced, with the control group comprising 16 males (53.3%) and 14 females (46.7%), and the experimental group comprising 15 males (50.0%) and 15 females (50.0%) (p = 0.798). Academic class distribution was identical across groups (SSS1–SSS3, each representing 33.3%). Ethnic background was predominantly Yoruba (83.3%), with smaller representations from Igbo (10.0%) and Hausa (3.3%) ethnicities (p = 0.748).

Regarding religion, a significant difference was observed (p = 0.047), with Christianity being the dominant religion (61.7%), followed by Islam (36.7%), and a minority practicing traditional religion (1.7%). Parental occupation varied across professional/white-collar jobs (33.3%), business/trading (41.7%), artisanship (18.3%), and unemployment (6.7%) (p = 0.079).

The comparable distribution of socio-demographic variables between groups—except for religion—supports the internal validity of the study, ensuring that differences observed in outcomes can be attributed to the intervention.

Table 2: Demographic Characteristics of Participants at Baseline

Variable	Control Group (N=30)	Experimental Group (N=30)	Total (N=60)	p-value
Gender				0.798
Male	16 (53.3%)	15 (50.0%)	31 (51.7%)	
Female	14 (46.7%)	15 (50.0%)	29 (48.3%)	
Academic Class				
SSS1	10 (33.3%)	10 (33.3%)	20 (33.3%)	
SSS2	10 (33.3%)	10 (33.3%)	20 (33.3%)	
SSS3	10 (33.3%)	10 (33.3%)	20 (33.3%)	
Ethnicity				0.748
Yoruba	26 (86.7%)	24 (80.0%)	50 (83.3%)	
Igbo	3 (10.0%)	5 (16.7%)	8 (10.0%)	
Hausa	1 (3.3%)	1 (3.3%)	2 (3.3%)	
Religion				0.047
Christianity	23 (76.7%)	14 (46.7%)	37 (61.7%)	
Islam	7 (23.3%)	15 (50.0%)	22 (36.7%)	
Traditional	0 (0.0%)	1 (3.3%)	1 (1.7%)	
Parent/Guardian Occupation				0.079

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Variable	Control Group (N=30)	Experimental Group (N=30)	Total (N=60)	p-value
Professional/White Collar	10 (33.3%)	10 (33.3%)	20 (33.3%)	
Business/Trading	16 (53.3%)	9 (30.0%)	25 (41.7%)	
Artisan	4 (13.3%)	7 (23.3%)	11 (18.3%)	
Unemployed	0 (0.0%)	4 (13.3%)	4 (6.7%)	
Age (Mean ± SD)	15.70 ± 0.88	15.50 ± 1.04	15.61 ± 0.99	0.425

Utilization of Sexual Health Services Among In-School Adolescents at Baseline

As shown in Table 3, the baseline utilization of sexual health services was low for both groups. The control group recorded a mean score of 5.67 (SE = 0.88; SD = 4.80) and the experimental group 7.43 (SE = 0.58; SD = 3.19), both falling within the "low utilization" category (0–15 points).

An independent sample t-test revealed no statistically significant difference between the two groups at baseline (p = 0.09, t58 = 1.678), suggesting similar starting points before the intervention.

Table 3: Independent Sample t-test on Utilization of Sexual Health Services at Baseline

Variable	Max Points	Control Group (N=30)	Experimental Group (N=30)	p-value
Total Utilization	45	5.67 (SE=0.88) ±4.80	7.43 (SE=0.58) ±3.19	0.09

Post-Intervention Utilization of Sexual Health Services

Post-intervention results at the 12th week revealed a marked difference between the groups (Table 4). The control group's utilization remained low with a mean of 4.60 ± 3.34, while the experimental group achieved a significantly higher mean score of 41.93 ± 1.66, categorized as "high utilization" (31–45 points).

An independent t-test yielded a statistically significant difference (p = 0.000, t58 = 54.849) with a large effect size (ES = 13.72; 95% CI: 35.97 to 38.70), confirming the strong impact of the edutainment intervention.

Table 4: Independent Sample t-test on Utilization at 12th Week Follow-up

Variable	Max Points	Control Group (N=30)	Experimental Group (N=30)	Effect Size (95% CI)	p-value
Total Utilization	45	4.60 (SE=0.61) ±3.34	41.93 (SE=0.30) ±1.66	13.72 (35.97–38.70)	0.000*

(*Significant at p < 0.05)

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Post-Intervention Utilization within the Experimental Group

Further analysis using paired sample t-tests for the experimental group (Table 5) showed a dramatic improvement from baseline to the 12th-week follow-up. The mean utilization score increased from 7.43 ± 3.19 at baseline to 41.93 ± 1.66 after the intervention.

The paired t-test result (t29 = 56.58, p = 0.000) with an effect size of 13.57 (95% CI: 33.25–35.75) confirms that the increase was both statistically significant and practically meaningful.

Table 5: Paired Sample t-test on Utilization within Experimental Group

Variable	Max Points	Baseline (N=30)	12th Week Follow-up (N=30)	Effect Size (95% CI)	p-value
Total Utilization	45	7.43 (SE=0.58) ±3.19	41.93 (SE=0.30) ±1.66	13.57 (33.25–35.75)	0.000*

(*Significant at $p < 0.05$)

DISCUSSION

The findings of this study revealed a generally low level of sexual health services (SHS) utilization among in-school adolescents at baseline. Both the control and experimental groups demonstrated low engagement, with mean utilization scores of 5.67 and 7.43 respectively, which aligns with earlier research in sub-Saharan Africa reporting poor SHS uptake due to cultural stigma, fear of judgment, limited service availability, lack of confidentiality, and misinformation (Uzochukwu et al., 2020; Ogunjuyigbe et al., 2018). Despite a slight difference between groups, the overall low baseline utilization underscores a widespread issue among adolescents in Lagos State, emphasizing the urgent need for interventions to dismantle access barriers and promote positive health-seeking behaviors (Bamidele et al., 2019; Adebowale et al., 2021).

Following the intervention, there was a remarkable increase in the utilization of SHS among the experimental group. At the 12th-week follow-up, the experimental group's mean score rose significantly to 41.93, compared to the control group's persistently low mean of 4.60. The statistically significant difference (p = 0.000) and large effect size (ES = 13.72) indicate the profound impact of the edutainment intervention. This substantial increase corroborates findings from previous studies, demonstrating that educational interventions that are engaging, culturally relevant, and youth-focused can significantly enhance adolescents' utilization of sexual health services (Akinmoladun et al., 2020; Mgbekem et al., 2021).

The study's results affirm that educational interventions rooted in edutainment not only improve knowledge and attitudes but also translate into actionable behavior changes among adolescents. These outcomes align with the broader body of literature advocating for the use of innovative strategies that resonate with adolescents' realities, reduce stigma, enhance confidentiality, and foster trust in healthcare systems. Thus, this study reinforces the value of formal educational settings as critical platforms for delivering comprehensive sexual health education and catalyzing behavioral change among adolescents in Lagos State.

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CONCLUSION

This study highlights the pivotal role that targeted educational interventions, specifically edutainment-based approaches, can play in improving adolescents' utilization of sexual health services (SHS) in Lagos State, Nigeria. At baseline, both control and experimental groups exhibited low levels of SHS knowledge, unfavorable attitudes, and poor service utilization. However, the intervention led to significant improvements across all measured variables within the experimental group, demonstrating the intervention's efficacy in addressing barriers such as misinformation, cultural stigma, and lack of awareness.

The findings emphasize the critical need for school-based health education programs that are interactive, culturally sensitive, and adolescent-centered. By positively influencing knowledge and attitudes, such interventions create enabling environments that empower young people to make informed decisions regarding their sexual health. Furthermore, the results underscore the necessity for strategic collaborations between health and education sectors to institutionalize edutainment strategies within the curriculum to ensure sustainability and broader impact.

Scaling up edutainment interventions holds the potential to significantly reduce the sexual and reproductive health burden among adolescents, foster healthier behaviors, and improve overall adolescent well-being. This study provides compelling evidence to support policy shifts toward more innovative, engaging, and evidence-based approaches to adolescent health education in Nigeria.

RECOMMENDATIONS

1. **Integration of Edutainment into School Curricula:**

Educational policymakers should integrate edutainment strategies into the junior and senior secondary school health education curriculum. Drama, digital media, interactive discussions, and peer-to-peer learning should be employed to make sexual health education engaging, relatable, and effective.

2. **Expansion of Adolescent-Friendly Sexual Health Services:**

To address barriers of accessibility and confidentiality, more adolescent-friendly clinics should be established. Existing health facilities should adopt flexible approaches, including mobile health units and community-based outreach programs tailored to adolescents' specific needs, such as family planning, STI screening, and sexual health counseling.

3. **Capacity Building for Healthcare Providers:**

Healthcare providers should undergo regular training to enhance their ability to deliver adolescent-centered services in a non-judgmental, confidential, and culturally appropriate manner. Friendly attitudes and trust-building practices are crucial to encourage adolescents' service utilization.

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4. **Community and Parental Engagement:**

To dismantle sociocultural taboos, parents and community leaders should be actively engaged through workshops and media campaigns. Resources should be provided to parents to facilitate open, supportive conversations with adolescents about sexual health. Religious and traditional leaders should be sensitized to promote positive narratives around adolescent health.

5. **Mass Media Campaigns:**

Strategic media campaigns should be launched to promote SHS utilization, emphasizing confidentiality, accessibility, and the non-judgmental nature of services. Adolescents should be exposed to positive messages via social media, radio, television, and community theater performances to normalize health-seeking behavior.

6. **Monitoring and Evaluation:**

Ongoing assessment of sexual health education programs should be instituted to measure their effectiveness in improving adolescents' knowledge, attitudes, and utilization of SHS. Feedback from adolescents, teachers, healthcare workers, and other stakeholders should be incorporated to refine and improve interventions continuously.

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