

Effects of a Nurse-Led Educational Intervention on knowledge of Adolescent Sexuality and Sexual health Among Students of Selected Secondary schools in Ado-Ekiti, Ekiti State, Nigeria.

OLAIYA Foluke, AJAO Ezekiel O and NWOZICHI Chinomso U.

School of Nursing, Babcock University, Ilishan Remo, Ogun State, Nigeria

Corresponding author: OLAIYA Foluke

School of Nursing, Babcock University, Ilishan Remo, Ogun State, Nigeria. olaiyafoluke@yahoo.co.uk.

Abstract: Sexual behaviors among young people have been a focus of health programs worldwide. Adolescent sexuality and sexual behavior remain a challenge in most developing countries including Nigeria. This situation is of great concern because lack of knowledge on reproductive health matters which include sexuality and sexual health implies that adolescents may-be engaging in sexual behaviors that put them at risk of sexual health problems. Therefore this study was to assess the effect of a nurse-led educational intervention on adolescents' sexuality and sexual health.

A quasi-experimental research design of one-group pre-test and post-test was used to examine the effect of a nurse-led educational intervention in four selected secondary schools in Ado-Ekiti, Ekiti State. A purposive sampling technique was used to select 287 participants. A structured questionnaire with a cronbach's alpha reliability co-efficient of 0.70 was used for data collection before and after the intervention. The data collected at two phases in each of the selected schools. After the pre-test, educational intervention was conducted and then the post-test was administered. The returned questionnaires were sorted and coded after which data was entered into the Statistical Package for Social Science (SPSS) software version 23. Participants' knowledge scores were grouped into low (0-12 scores), moderate (13-24), and high (25 -34). Descriptive statistics of frequency, percentages and mean scores were used to provide answers to the research questions while inferential statistics of t-test was used to test the hypotheses.

Findings revealed that participant's knowledge level of adolescent sexuality and sexual health before intervention was poor with a mean score of the knowledge level of the participants to be 12.01, which is equivalent to 35.3%. However, post-intervention mean score of the knowledge level of the participants was 26.39, which is equivalent to 77.62%. Therefore, majority (73.5%) of the participants had high knowledge level on adolescent sexuality and sexual health. Significant gender difference between pre and post intervention knowledge scores of participants was observed (Knowledge gained = 14.38; $t = 19.061$; $P = .000$, sig < .05). Findings also showed no significant difference in the pre-intervention knowledge scores of male and female participants on adolescent sexuality and sexual health ($t = 0.897$; $P = .132$). Results also indicated a significant gender difference between post intervention knowledge scores (Knowledge gained = 4.69; $t = 23.117$; $P = .017$, sig < .05).

In conclusion, this study has found that a nurse-led educational intervention on adolescent sexuality and sexual health in four selected secondary schools in Ado-Ekiti was effective. Therefore, Nurse-led education should be provided to adolescents at schools. Such educational intervention should focus on increasing adolescent s' knowledge, perceived susceptibility and severity of adolescent sexual health challenges and to help them lead a sexually healthy lives during their adolescent ages.

Key words: Adolescent sexuality, Sexual health, Nurse-led educational intervention, Secondary schools.

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I. Background Of The Study

Sexual behaviour among young people has been a focus of health programs worldwide since the International Conference on Population and Development (ICPD) in 1994. Youth sexuality and sexual behaviour remain a challenge to most developing countries including Nigeria. In many countries, youths have been largely recognised as a healthy part of the population. This has resulted in neglect of their reproductive health needs by the available services (UNFPA, 2012). Information and services are not easily accessible to youths to help them understand their sexuality and protect them from STIs and unintended pregnancies. Young people in Nigeria are believed to currently have limited access to information and services depending on where they live or whether they are married or not. This situation is of great concern because lack of knowledge on reproductive health

matters which include pregnancy and STI's means that young people may be engaging in sexual practices that put them at risk of reproductive health problems.

Adolescence, epitomises a period when childhood behavioural, and psychological changes take place to prepare the individual for the responsibilities of adulthood (Okonofua & Olagbuji, 2014). These changes have the propensity to influence the sexuality of the adolescent with sometimes, severe consequences on their sexual and reproductive health. Although adolescents are a physically healthy and agile population, regarded as the future of any society, they are susceptible to several unique sexual and reproductive health challenges such as early sexual initiation, early child bearing/early marriage, unwanted pregnancies and its consequences and an increased vulnerability to sexual coercion and violence (Okonofua & Olagbuji, 2014; Morris & Hamid, 2015). Also, they are vulnerable to the consequences of unsafe abortion, harmful traditional practices, sexually transmitted infections including HIV/AIDS and death resulting from unintended pregnancy.

Attitudes toward premarital sex among adolescents have become increasingly more permissive in the last three decades (Akindele-Oscar & Ayodele, 2017). Research documenting the propensity of sexual permissiveness is well documented in previous research. Adolescents get exposed to sexual and pornographic materials much earlier than their counterparts' yesteryears. This is particularly true with internet access via cell phones, videos, CDs, magazines, cable network, films which has led teenagers or adolescents to engage in sexual activities to experiment what they have seen on the electronic, print and social media (Musa, 2017). Unfortunately, they do not take necessary precautions, rather they engage or put themselves at risks most of the time. The recent globalization and technological development have become the instrument of change for adolescents' indecent dressing, night clubbing, drug abuse or misuse, multiple sex partnerships and gangsterism (Musa, 2017, Oladeji, 2013).

In addition to the risk of sexually transmitted infections (STIs), risk of unplanned pregnancy increases with frequency of unprotected sexual intercourse. Estimates have suggested approximately 23% of adolescent girls have begun childbearing while 54% have given birth to a child by age 20. Hospital based studies also show that adolescent girls make up over 60% of women treated for complications from unsafe abortion—many resulting in death or permanent injury or infertility (Federal Ministry of Health, 2009).

However, various orientations, guidance and counselling services must have existed in one form or another to reduce the rate at which adolescents engaged themselves in sexual risk behaviours. Many African countries have also embraced the need for a more formal education process type of guidance and counseling to help adolescents deal with sexuality issues as a tool of fighting STIs, HIV/AIDS, unwanted pregnancies, early marriages and school dropout cases (Songok, Yungungu, & Mulinge, 2013). Teachers thus, play an even more critical role of being sources of accurate information and persons with whom young people can raise sensitive and complicated issues about sexuality. Aladenusi and Ayodele (2017) noted that even after the establishment of the guidance and counselling unit in schools, the wastage of youth as potential resources of our countries is still deeply lamented as majority of them turn to self-destruction through decadent acts.

Recent report shows that about 28% of adolescent in Nigeria are sexually active and the median age of sexual debut is about 15 years (Nnebue, Chimah, Duru, Ilika, & Lawoyin, 2016). Many adolescents in Nigeria lack the skills to negotiate safe sex and delay the onset of sexual activities (Ayodele & Akindele-Oscar, 2015). However, the issue of risky sexual behaviour among youths is still a topic that causes discomfort. There are still challenges arising from sexual behaviours among youths which include teenage pregnancies, STI's, HIV and AIDS and abortion despite the intervention programmes in place and high knowledge of HIV and AIDS among youths.

This study, then, is aimed at educating the adolescents on their sexuality and sexual health and making them to understand the various aspects of their sexual life that put them at risk. Hence it becomes clear that adolescent sexuality and sexual health is a major neglected health problem in Nigeria. Thus, there is a great need to find out the effect of a nurse-led educational intervention on adolescents' sexual behaviour in four selected secondary schools in Ado-Ekiti, Ekiti State.

II. Research Methodology

A quasi-experimental research design of one-group pre-test and post-test was used to examine the effect of a nurse-led educational intervention on knowledge of adolescents' sexuality and sexual health in four selected secondary schools in Ado-Ekiti, Ekiti State. The setting of this study is Ado-Ekiti, Ekiti State. Ekiti State is in Southwest region of Nigeria. The sample size was determined using Leslie Kish formula for sample size determination. Therefore, the sample size of 310 was used. Questionnaire was used for data collection for this investigation. The questionnaire was made up of three sections. Section A contain items that measured the personal information about the respondent such as age, gender, religion, class. And it contains 6 items, Section B assessed the general knowledge adolescent sexuality containing 17 questions, while Section C assessed their knowledge on adolescent sexual health containing 17 questions. A structured educational intervention was used to deliver information on sexuality and sexual health to the students. The validity of the study instrument was

ensured through face and content validity. For reliability, Cronbach’s Alpha coefficient of 0.89 was obtained. The data collected at two phases in each of the selected schools. The first phase of data collection was when the pre-test and educational intervention were conducted while the second phase was the post-test phase, which was administered 4 weeks after the intervention program. A post-test was carried out to determine the results. This was carried out after four weeks of the completion of the programme. The questionnaire for data collection was re-administered on participants to determine the changes in participants’ knowledge of the different aspects of adolescent sexuality. Statistical Package for Social Science (SPSS) software version 23 was used for data analysis.

III. Result

Table 1. Socio-demographic data of participants

Variable		Frequency	Percent (%)
Age	10-12 Yrs	59	20.56
	13-15 yrs	140	48.78
	16-18 yrs	88	30.66
	Total	287	100.0
Mean age = 14.1, SD = 2.93			
Gender	Male	114	39.7
	Female	173	60.3
	Total	287	100.0
Religion	Christianity	159	55.4
	Islam	118	41.1
	ATR	10	3.5
	Total	287	100.0
Class	JSS	121	42.2
	SSS	166	57.8
	Total	287	100.0
Dating Status	No dating	59	20.6
	Not seeing but looking	34	11.8
	Dating	99	34.5
	6 months/more with one person	95	33.1
	Total	287	100.0

In Table 1, the age of the respondents ranged between 10 and 18 years, with a mean age of 14.3 and standard deviation was 2.93. Majority (48.8%) of the respondents were between the ages of 13 and 15 while the lowest number 59 (20.6%) was recorded between ages 10-12. The respondents' gender revealed that females were 173 (60.3%) while males were 114 (39.7%). Majority of the participants (55.4%) were Christians, and 166 (57.8%) in Senior Secondary School. The study revealed further that 34.5% were dating, 33.1% of the participants were in six months or more with one person in their relationship status, while 20.6% were in no relationship at all and the remaining 11.8% were not presently in any relationship but earnestly looking out for one.

Table 2. Participants' pre-intervention knowledge mean score of adolescent sexuality and sexual health among male and female participants

Pre-knowledge	Category of scores	Male		Female	
		Frequency	Percent (%)	Frequency	Percent (%)
Low	1-12	73	64.03	136	70.47
Average	13-24	23	20.18	36	18.65
High	25-34	18	15.79	21	10.88
Total		114	100	193	100
Mean		12.13		11.94	
Percentage (%)		35.68		35.12	
Standard dev.		8.19		7.86	

Table 2 above presents the pre-intervention knowledge mean score of sexuality and sexual health among male and female participants. The pre-intervention mean scores of the knowledge mean scores of sexual behavior among male (12.13 ± 8.19) and female (11.94 ± 7.86) participants. Majority of male participants (64.03%) and female participants (70.47%) had low knowledge of adolescent sexuality and sexual health before the intervention. It could be said that the pre-intervention knowledge mean score of adolescent sexuality and sexual health among male and female participants was poor.

Table 3: Participants' post-intervention knowledge mean score of adolescent sexuality and sexual health among male and female participants

Pre-knowledge	Category of scores	Male		Female	
		Frequency	Percent (%)	Frequency	Percent (%)
Low	1-12	-	-	-	-
Average	13-24	48	42.11	28	14.51
High	25-34	66	57.89	165	85.49
Total		114	100	193	100
Mean		21.88		26.57	
Percentage (%)		64.35		78.15	
Standard dev.		5.01		4.65	

Table 3 above presents the post-intervention knowledge mean score among male and female participants. The post-intervention mean scores of the knowledge mean scores of adolescent knowledge of sexuality and sexual health among male (21.88 ± 5.01) and female (26.57 ± 4.65) participants. From the data above, Majority of male participants (57.89) and female participant (85.49%) had high knowledge scores. It could be said that the post-intervention knowledge mean score of sexual health among male and female participants was high.

Table 4: Independent t-test showing the difference between pre and post intervention knowledge scores of participants on adolescent sexuality and sexual health

	N	Mean	Std. Deviation	Std. Error Mean	df	T	Mean gained	Sig
PRE	287	12.01	8.39	4.97	285	19.061	14.38	.000
POST	287	26.39	4.78	2.36				

Table 4 indicated a significant difference between pre and post intervention knowledge scores of participants on adolescent knowledge of sexuality and sexual health (Knowledge gained = 14.38; t = 19.061; P = .000, sig < .05). Therefore, the null hypothesis that states that there is no significant difference between pre and post intervention knowledge scores of participants was rejected while the alternate one was accepted. It could be deduced from this findings that the difference observed between pre and post intervention knowledge scores of participants' knowledge of sexuality and sexual health could not have occurred by chance but as a result of the educational intervention the participants were exposed to. Going through the knowledge mean scores as shown in Table 4.3.1, one can say that there is an improvement between pre-intervention knowledge (12.01) and the post-intervention knowledge (26.39).

IV. Discussion

The outcome of the research questions measuring the pre and post knowledge mean score of adolescent sexuality and sexual health among the participants revealed the pre-intervention mean scores of the knowledge level of the participants on adolescent sexuality and sexual health sexual to be 12.01 (35.3%). The participant's knowledge level of adolescent sexuality and sexual health before intervention was poor. This result implies that most adolescents have little knowledge about adolescent sexuality and sexual health, and know little about the natural process of puberty, sexual health, pregnancy or reproduction. This is in tandem with the report of Godia, Olenja, Hofman and Broek, (2014), Bedho (2014) that knowledge has remained a problem in the effort to address the youths' sexual behaviour and reproductive health needs.

This is in line with the findings of Changach (2012) who reported that teenagers who are not knowledgeable about sex are more likely to have a high propensity of risky sexual practices. Ilesanmi, Ezeokoli, Obasohan, Ayodele and Olaoye (2015) reported young males and females are confronted with sexual health issues stemming from preventable problems of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs) like HIV/AIDS due to poor knowledge of safe sexual practices. William (2010) noted that teens with unintended pregnancy may get incorrect information from friends, videos, sitcoms and/or movies, and many times, do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life. Ebuehi, Ekanem and Ebuehi (2016) equally found that poor knowledge is related to the risk related to the high rates of sexual activity among Nigerian students are among the most serious health risk issues that young people face, which endanger not only their physical health but also their economic, emotional and social well-being.

Therefore, poor knowledge or lack of knowledge among the adolescents have made them to be have high levels of risky sexual practices and particularly made them vulnerable to and at risk of STI and HIV infections, and hence, the reason why evidenced-based interventions should be directed at this age group

The findings on the post-intervention knowledge mean score of sexuality and sexual health among the participants revealed the post-intervention mean score of the knowledge level of the participants to be 26.39, which is equivalent to 77.62%. It could be said that the participant's knowledge level of sexuality and sexual health at post-intervention was good. The implication of this result is that early sex training among the youths is

very vital because young people have the right to be exposed gradually to proper and responsible education on sexual health, fertility awareness and safety. An informed adolescent about sexuality will be able to make a meaningful decision about their sexual life and wellness. This study corroborate the findings of Ayodele and Adebosun (2018) on the effectiveness of sexuality education and enhanced thinking skills in preventing teenage pregnancy among secondary school Students in Ogun State. They reported that sexually inexperienced or sexually experienced groups of youth exposed to the training significantly improved in their sexual abstinence. The abstinence was confirmed in a six-month follow-up programme after intervention. Also, this is in tandem with the findings of previous researchers like Petra and Singh (2013), Ogori (2013), and Adebayo (2014) who in their various studies reported that effective sexuality education programmes encourages teens to postpone sexual involvement and gratification, decreases sexual activity and increase contraceptive use among those already sexually active, and increases responsible sexual behaviour.

The only reason for the difference between pre and post intervention knowledge scores of the participants' sexuality and sexual health was as a result of the educational outcome they were exposed to. It is therefore believe from the outcome of this study that the training programme will help and encourage students to postpone sex until they are older, and promote safer-sex practices.

The outcome of the study on the pre-intervention knowledge mean score of sexuality and sexual health among male (12.13) and female (11.94) participants, which were equivalent to 35.68% and 35.12% respectively. It could be said that the pre-intervention knowledge mean score of sexuality and sexual health among male and female participants was poor. This confirms the previous studies by Okonofua and Olagbuji (2014); Morris and Hamid, (2015), Akindele-Oscar and Ayodele, (2017) that sexual activities of male and female adolescents predispose them to adverse effects including unwanted pregnancies, unsafe abortions and sexually transmitted diseases including HIV/AIDS. Also, Ayodele and Akindele-Oscar (2015) reported that many adolescents in Nigeria lack the skills to negotiate safe sex and delay the onset of sexual activities.

After the intervention, knowledge mean score of sexuality and sexual health among male (21.88) and female (26.57) participants, which were equivalent to 64.35% and 78.15% respectively. It could be said that the post-intervention knowledge mean score of sexuality and sexual health among male and female participants was high and in much more in favour of the female participants. The knowledge concerning sexual behavior seemed to improve in the follow-up measures in the intervention group. One possible explanation for this is that participating in the study and answering questionnaires is also an intervention in itself, and might serve to motivate participants to seek information about questions they were unsure of. However, these results are encouraging because it seems that adolescents are willing to take on board information about issues concerning sexual behaviour. In the previous studies it has been found that sexual health interventions improve knowledge among participants (Mesheriakova & Tebb, 2017).

V. Conclusion

Based on the findings of the study, the comprehensive nurse-led educational program, which was guided by Cognitive Learning Theory, positively enhanced participants' knowledge on adolescent sexuality and sexual health. It was concluded that female students are more conscious of their sexuality education than their male counterparts. Also, male students are not totally differing from their female counterparts in terms of knowledge gained.

Also, determining the effectiveness of nurse-led education on adolescent sexuality and sexual health is a way to equip the young girls and boys about their sexuality, as well as to try and improve the current intervention within the sexuality education offered in the schools. The nurse-led education intervention they were exposed to was believed to have provided the teens with necessary information that equipped them with knowledge of a healthy sexual behaviour. The information would be used when they decide to explore their sexuality.

In order to improve sex life and education in Nigeria, the realities of adolescent sexual behaviour must be accepted. It is imperative for their health and the health of the nation to build a sexuality education program with adolescents' best interests in mind. The need to look beyond school-based sexuality education must be considered as communities may be better equipped to fill in the gaps of school-based sexuality education or completely take on the role of providing sexuality education to young people. It is concluded that nurse-led education should contain a package of information about life skills, reproductive health, safe sex, pregnancy and STI's including HIV/AIDS. The study also concludes that adolescent boys and girls need sound and correct knowledge about their sexuality.

VI. Recommendations

Based on the conclusions of this study, the following recommendations are call for:

On the basis of the findings of the study, the following recommendations are made:

1. Nurse-led education should be provided to adolescents at schools. Such educational intervention should focus on increasing adolescent s' knowledge, perceived susceptibility and severity of adolescent sexual health challenges
2. Sexual fantasy should be discouraged among youths while chaste and self-discipline should be encouraged.
3. Sex education inculcated into Nigerian secondary school curriculum should be taught as a subject with the inclusion of some sexual behaviours that are dangerous and immoral.
4. The teaching of sexual education should be activity oriented and personalized to touch on the emotions of the students. There is need to divorce it from the normal examination curriculum and teach it independently as a life skill subject with the aim of achieving specific behavioural goal.

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