

Effects of two Counselling Therapies on Risky Sexual Behaviour among Adolescent Students in Oyo State, Nigeria

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Abstract

Risky sexual behaviour is any behaviour that puts an individual at the risk of having a sexual health issue such as contracting a sexually transmitted disease including HIV and AIDS, and unwanted pregnancy among others. Sexually transmitted infections can further lead to serious health issues like infertility, pelvic inflammatory disease and even cancer. This study investigated the effects of two therapies: counter-attitudinal advocacy and emotional coaching on risky sexual behaviours among adolescents in senior secondary schools. Two theories guided this study; The Theory of Planned Behaviour and Problem-Behaviour Theory. Two research questions were raised and two hypotheses were formulated and tested. The quasi-experimental pre-test, post-test control group research design was used for the study. A multi-stage sampling process was used to select 106 adolescents (58 males and 48 females) who engage in risky sexual behaviour, from three local government areas in Oyo State, Nigeria. There were two treatment groups and one control group. Findings from the study revealed that there is a significant difference in the post-test scores on risky sexual behaviour of students after exposure to counter-attitudinal advocacy and emotional coaching therapy and the interaction of gender and experimental conditions did not produce significant effect on the post-test scores on risky sexual behaviour. This study recommended the integration of counter-attitudinal advocacy and emotional coaching by counsellors into interventions aimed at curbing risky sexual behaviours among adolescents.

Keywords: Adolescents, Counter-Attitudinal Advocacy, Emotional Coaching, Risky Sexual Behaviour

Introduction

Risky sexual behaviours are conducts that increase the chances of an individual's exposure to negative consequences related to sexuality and reproductive health. Risky sexual behaviour seems to be the most common challenge in adolescents both in secondary schools and other institutions of learning. Despite measures taken by governmental and non-governmental

institutions to curb this menace, the problem continues to increase at a high rate among in-school adolescents. This behaviour may expose them to permanent social, economic and physical problems. Such behaviours include; early initiation of sexual activities, having multiple sexual partners, high risk alcohol/drug facilitated sexual behaviours, as well as unsafe abortion. According to the World Health Organization (2024), the adolescent population is estimated to be 1.3 billion globally, making up to 16% of the world's population, of which majority are sexually active.

Adolescence is a period of normative transition. According to the World Health Organization (2024), it is the phase of life between childhood and adulthood, from the ages of 10 to 19. It is a unique stage of human development and an important time for laying the foundation of good health. During this stage, individuals experience rapid physical, cognitive and psychological growth. This affects how they feel, think, make decisions, and interact with the world around them. This growth stage is marked by experimentation, exploration and risk-taking which make the adolescents engage in many problem-behaviours.

Adolescents' involvement in risky sexual behaviours pose health and economic burdens and therefore demand the application of behaviour modifying interventions. Two of such interventions namely Counter-Attitudinal Advocacy and Emotional Coaching were used in this study. Counter-Attitudinal Advocacy is a strategy that seeks to elicit in an individual the ability to publicly communicate a belief which runs counter to a previously held opinion resulting in behaviour change. Emotional Coaching is a communication strategy which supports young people to become aware of their emotions, self-regulate their own feelings and manage their behaviours and responses. This study therefore investigated the effects of Counter-Attitudinal Advocacy and Emotional Coaching on risky sexual behaviours among senior secondary school adolescents in Oyo State, Nigeria.

Objectives of the study

The main purpose of this study is was to examine the effectiveness of counter-attitudinal advocacy and emotional coaching on risky sexual behaviours among adolescents in secondary schools in Oyo State, Nigeria.

Specifically, this study is designed to meet the following objectives:

- I. Determine the difference in the post-test mean scores on risky sexual behaviours among participants exposed to counter-attitudinal advocacy (CAA), emotional coaching (EC), and control group.
- II. Ascertain the extent of the difference in the post-test mean scores on risky sexual behaviours due to interaction effects of gender and experimental groups.

Research Questions

In line with the stated objectives of this study, the following research questions were raised and answered during the study:

- I. What is the difference in the post-test mean scores on risky sexual behaviour among participants exposed to counter-attitudinal advocacy, emotional coaching, and the control group?
- II. What would be the extent of the difference in the post-test mean scores on risky sexual behaviour due to interaction effects of gender and experimental groups?

Research Hypotheses

Based on the research questions, the following hypotheses were formulated tested at 0.05 level of significance.

- I. There is no significant difference in post-test mean scores on risky sexual behaviour among participants in counter-attitudinal advocacy, emotional coaching therapy and control group.
- II. There is no significant difference in post-test mean scores on risky sexual behaviour due to interaction effects of gender and experimental groups.

METHODOLOGY

This study adopted a pre-test, post-test control group, quasi-experimental design. Two treatment groups and one control group were used for this study. One experimental group was exposed to emotional coaching strategy, while the second group was exposed to counter-attitudinal advocacy. The control

group did not undergo any treatment during the study. Pre- and post-tests were administered to the three groups.

The schema of the design was as follows:

Experimental Group 1 R O₁ X₁ O₂ (T1)

Experimental Group 2 R O₃ X₂ O₄ (T2)

Control Group R O₅ — O₆ (C)

O₁ O₃ O₅ are pre-test scores of experimental groups, while,

O₂ O₄ O₆ are post-test scores of experimental groups

X₁ = Counter-attitudinal advocacy

X₂ = Emotional coaching

Where T1 = Experimental group 1

T2 = Experimental group 2

C = Control group

R = Randomization

Three variables examined in this study are:

- I. **Independent variables:** Counter-attitudinal advocacy and Emotional Coaching Therapy.
- II. **Dependent variable:** Risky sexual behaviours
- III. **Moderating variables:** Gender (male and female)

A total of 106 students who met the inclusion criteria were included in the study sample. The sampling was done in three stages. In the first stage, a simple random sampling was used to select three zones out of the six Education Zones in Oyo State using the hat and draw method. In the second stage, purposive sampling technique was used to select one school from each of the three zones totalling three secondary schools. Only co-educational schools with two streams of SS2 classes were used. In the third stage, a

baseline questionnaire; Sexual Risk Survey Scale (SRS) was used to identify 200 adolescent students who engage or have the tendency to engage in risky sexual behaviours. In the last stage, 106 students who score above 50% of the total scores were included in the study. They were eventually assigned into one of the three treatment groups; emotional coaching, counter-attitudinal advocacy, and the control group.

The following research instruments were used to obtain data for this study:

- I. Baseline Questionnaire: Sexual Risk Survey (SRS) by Turchik and Garske, (2009)
- II. Sexual risky sexual behaviour, Beliefs and Self Efficacy Scales (SRBBS) by Enquist, Coyle, Parcel, Banspach and Nodora (1996)

I. Baseline Questionnaire: Sexual Risk Survey Scale (SRS)

The Sexual Risk Survey Scale (SRSS) was developed by Turchik and Garske, (2009), to assess the frequency of risky sexual behaviours in the past six months among college students. The scoring is based on a four-point Likert-type scale with each item being scored based on participants' response as follows: strongly agree = 4 points, agree = 3 points, disagree = 2 points, strongly disagree = 1 point. Scores vary between 0 - 32 with higher values indicating higher levels of engagement in risky sexual behaviours. The scale has high reliability test-retest correlations of 0.78 to 0.89. This instrument was adapted for the study.

II. Sexual Risk Behaviour, Beliefs and Self-Efficacy Scales (SRBBSS)

The risky sexual behaviour, Beliefs and Self-efficacy (SRBBSS) scales were developed by Enquist, Coyle, Parcel, Banspach and Nodora (1996) to measure attitudes, norms, self-efficacy and barriers to condom use. The scales consist of 22 items with 3- or 4-point Likert-type response format. The range of the following scales is 1 to 4; attitudes about sexual intercourse, attitudes about condom use, norms about sexual intercourse, norms about condom use, and barriers to condom use. The range of self-efficacy in refusing sex, self-efficacy in communication about condoms, and self-efficacy in using and buying condoms is 1 to 3. Two items were scored in reverse, that is; attitudes to sexual intercourse and norms about sexual intercourse. The Cronbach alpha measuring internal consistency reliability for each of the scales ranged from

.84 to .61 Concurrent validity was assessed by examining specific relationships between the scales and sexual experience in the high school sample. The researcher adapted the items in this instrument for the study.

RESULTS

Hypothesis One: There is no significant difference in post-test scores on risky sexual behaviour among participants in counter attitudinal advocacy, emotional coaching therapy and control group.

This hypothesis was tested with one-way analysis of covariance. The results of the analysis are presented in tables 1, 2 and 3.

Table 1: Descriptive Analysis of risky sexual behaviour based on Experimental Group

Experimental Group		Pre-test	Post-test	Mean Difference
Counter Attitudinal Advocacy	Mean	12.76	1.79	-10.97
	N	33	33	
	SD	4.16	0.42	
Emotional Coaching Therapy	Mean	14.74	1.50	-13.24
	N	38	38	
	SD	3.30	0.51	
Control Group	Mean	17.11	1.46	-15.65
	N	35	35	
	SD	5.09	0.51	
Total	Mean	14.91	1.58	-13.33
	N	106	106	
	SD	4.54	0.50	

The results in Table 1 show the following pre-test mean scores for participants in each group: Counter Attitudinal Advocacy: Mean = 12.76, SD = 4.16, Emotional Coaching Therapy: Mean = 14.74, SD = 3.30 and Control Group: Mean = 17.11, SD = 5.09. After treatment, participants in the intervention programs had lower mean scores for risky sexual behavior as follows; Counter Attitudinal Advocacy: Mean = 1.79, SD = 0.42, Emotional Coaching Therapy: Mean = 1.50, SD = 3.30 and Control Group: Mean = 1.46, SD = 0.51. The effectiveness of the intervention programmes is indicated by the mean differences: Counter Attitudinal Advocacy: -10.97 and Emotional Coaching Therapy: -13.24

Table 2: ANCOVA Result on Post-test Risky Sexual Behaviour based on Experimental Group

Source	Sum of Squares	Df	Mean Square	F	p value
Corrected Model	1294.490 ^a	3	431.497	50.673	.000
Intercept	42.214	1	42.214	4.957	.028
Covariate	970.405	1	970.405	113.959	.000
Group	367.405	2	183.702	21.573	.000*
Error	868.567	102	8.515		
Total	2163.057	105			

P (0.000) < 0.05; F (1, 102) = 3.934253; F (2, 102) = 3.085465

The data in Table 2 reveals significant differences in post-test scores on risky sexual behavior among the three groups. Specifically, after exposure to counter attitudinal advocacy and emotional coaching therapy, students' post-test scores on risky sexual behavior differed significantly. The calculated F-value of 21.573 is greater than the critical value of $F(2, 102) = 3.085465$ at a 0.05 level of significance. To determine which groups differed from each other in risky sexual behavior, a Post-Hoc analysis was conducted using the Bonferroni method. This analysis helped identify the trend of the differences between the groups.

Table 3: Multiple Comparisons of Experimental Groups on Risky Sexual Behaviour

(I) Experimental Group	(J) Experimental Group	Mean Difference (I-J)	Std. Error	p value
Counter Attitudinal Advocacy	Emotional Coaching Therapy	-.801	.703	.257 ^{n.s}
	Control Group	-4.334*	.708	.000*
Emotional Coaching Therapy	Counter Attitudinal Advocacy	.801	.703	.257
	Control Group	-3.533*	.692	.000*
Control Group	Counter Attitudinal Advocacy	4.334*	.708	.000
	Emotional Coaching Therapy	3.533*	.692	.000

From Table 3, the pair-wise comparison of the group showed that counter attitudinal advocacy group and emotional coaching therapy group significantly differ from control group in risky sexual behaviour among students ($P=0.000$ and $0.000 < 0.05$). However, counter attitudinal advocacy group does not significantly differ from emotional coaching therapy group in risky sexual behaviour among students ($P=0.257 > 0.05$).

Hypothesis Two: There is no significant difference in post-test scores on risky sexual behaviour due to interaction effects of gender and experimental groups.

The hypothesis is tested using the 2-Way Analysis of Covariance (ANCOVA). The results of the analysis are presented in tables 10 and 11.

Table 4: Pre-test and Post-test Scores on Risk Sexual Behaviour Based on Gender

Gender		Pre-test	Post-test	Mean Difference
Male	Mean	16.91	14.62	-2.29
	N	58	58	
	SD	4.07	3.81	
Female	Mean	19.44	15.25	-4.19
	N	48	48	
	SD	4.76	5.31	
Total	Mean	18.06	14.91	-3.15
	N	106	106	
	SD	4.55	4.54	

Table 4 shows the pre-test and post-test scores on risky sexual behaviour based on gender. For male participants, the results show that pre-test mean scores of the participants were (Mean=16.91, SD = 4.07). For female participants, the results show that pre-test mean scores of the participants were (Mean=19.44, SD = 4.76). After the treatment, male and female participants exposed to intervention programmes had a lower mean score of (Mean=14.62, SD =3.81) and (Mean=15.25, SD =5.31) respectively on risky sexual behaviour. The observed mean difference of -2.29 and -4.19 on risky sexual behaviour among participants, indicated the influence of gender.

Table 5: 2-Way ANCOVA Result on Post-test Risky Sexual Behaviour based on Gender and Experimental Group

Source	Sum of Squares	df	Mean Square	F	p value
Corrected Model	1306.396 ^a	6	217.733	25.162	.000
Intercept	27.197	1	27.197	3.143	.079
Covariate	835.238	1	835.238	96.524	.000
Gender	8.409	1	8.409	.972	.327
Group	323.765	2	161.882	18.708	.000
Gender vs. Group	3.580	2	1.790	.207	.813 ^{n.s}
Error	856.661	99	8.653		
Total	2163.057	105			

P (0.813 and 0.327 > 0.05; 0.000 < 0.05); F(1, 99) = 3.937117; F(2, 99) = 3.08824

The data in Table 5 shows post-test mean scores on risky sexual behaviour due to gender and experimental group. From the results, there is no significant difference in post-test scores on risky sexual behaviour due to interaction effects of gender and experimental groups, because the calculated F-value of 0.207 is less than the critical value F (2, 99) = 3.08824 at 0.05 level of significance. Similarly, there is no significant difference in post-test scores on risky sexual behaviour due to gender, because the calculated F-value of 0.972 is less than the critical value F(1, 99) = 3.937117 at 0.05 level of significance. However, there is a significant difference in post-test scores on risky sexual

behaviour due to experimental groups, because the calculated F-value of 18.708 is more than the critical value $F(2, 99) = 3.08824$ at 0.05 level of significance. Hence, it can be concluded that there is no significant difference in post-test scores on risky sexual behaviour due to interaction effects of gender and experimental groups, therefore, the null hypothesis is accepted.

Summary of Findings

The summary of findings of this study are:

- I. There is a significant difference in the post-test scores on risky sexual behaviour of students after exposure to counter attitudinal advocacy and emotional coaching therapy. The counter attitudinal advocacy group and emotional coaching therapy group significantly differed from control group in the tendency to engage in risky sexual behaviour among students
- II. There is no significant difference in post-test scores on risky sexual behaviour due to interaction effects of gender and experimental groups.

Discussion of Findings

The findings from hypothesis one revealed that there is a significant difference in risky sexual behaviour among participants exposed to counter-attitudinal advocacy, emotional coaching and the control group. Thus, hypothesis one was rejected. Both CAA and EC proved to be effective in the reduction of risky sexual behaviours as a result of students' participation in the treatment sessions. In this study, the group exposed to Emotional Coaching (EC) had a higher reduction in risky sexual behaviour than the counter-attitudinal advocacy (CAA) group, while the CAA group had a higher reduction in risky sexual behaviour than the control group. This could be attributed to EC's self-awareness, self-regulation, self-motivation, empathy, problem-solving, and assertiveness skills which were employed during the treatment sessions.

Findings from hypothesis two revealed that there is no significant difference in risky sexual behaviour among participants due to interaction effects of gender and experimental groups. Consequently, hypothesis two was retained. This in accordance with the study conducted by Rogers, Ranganathan, Kajula, Collins, Livingston and Palermo (2023) which concluded that there is a complex and concurrent influence of individual, relational, community and

societal factors on one another. It further states that simply educating an individual or groups of individuals, such as adolescents, in isolation from the community will not drive lasting change. The study conducted by Odimegwu and Somefun (2017) provides further evidence that in order to promote protective sexual behaviours among the youth in Nigeria; social, cultural and gender-specific tactics should be put in place.

Recommendations based on Findings

In view of the findings of this study, the following recommendations are put forward for consideration:

- I. Counsellors should integrate both counter-attitudinal advocacy and emotional coaching into interventions aimed at curbing risky sexual behaviours among adolescents in senior secondary schools.
- II. The two interventions should be employed by counsellors to prevent teenagers from early involvement in risky sexual activities.

Conclusion

Risky sexual behaviours among adolescents impact their lives severely, leading to tremendous health and economic burdens, such as sexually transmitted diseases, unwanted pregnancy, HIV and AIDS. These leave very negative long-lasting effects on adolescents' sexual experience well into adulthood. The findings of this study provide significant evidence of the effectiveness of counter-attitudinal advocacy and emotional coaching in curbing risky sexual behaviour among adolescents in secondary schools.

Reference

- Ajzen, I. (1991). The Theory of planned behaviour. *Journal Of Organisational Behaviour And Human Decision Processes* 50, 179-211.
- Akumiah, P.O., Sugho, J.N., Sebire, S.Y. (2020). Early life exposures and risky sexual behaviours among adolescents: A cross study in Ghana. *Nigerian Medical Journal*, 61(4):189-194.
- Awoke, K., Bogale, M., Nadgu G. (2018). Assessment of risky sexual behaviour and practice among Aksum University students, Shire

campus, Shire Town, Tigray, Ethiopia. *BMC Research Notes*. 11:88
<https://doi.org/10.1186/S13104-018-3199-7>

Chawla, N., & Sarkar, S. (2019). Defining “High risk sexual behaviour” in the context of substance use. *Journal Of Psychosexual Health*, 1(1), 26-31.

Dorison, C.A., and Minson, J.A. (2022). You can’t handle the truth! Conflict counterparts over-estimate each other’s feelings of self-threat. *Organizational Behaviour and Human Decision*. 170 (2022) 104147.
<https://doi.org/10.1016/j.obhdp.2022.104147>

Gilbert, L. (2024). Promoting social and emotional learning (SEL) in settings through emotion coaching practice: A model of engagement for practitioner use. *Pastoral Care in Education*, 1-26
<https://doi.org/10.1080/02643944.2024.2402735>.

Gilbert-Roberts, T.A. (2014). CARICOM governance of youth development: Prospects for regional citizenship. *Journal of Social and Economic studies*, 63 (344): 59 - 106.

Mengesha, S., Enguday, T. (2020). Risky sexual behaviour and associated factors among adolescents aged 15-19 years at Governmental High Schools in Aksum Town, Tigray, Ethiopia, 2019: An institution-based, cross-sectional study. *Biomed Research International*. 2020:1-7
<https://doi.org/10.1155/2020/3719845>

Nhuong, T.N., Asvini, K.S., John, D.W., Reavley, N. & Garland, S.M. (2017). Psychological distress and risky sexual behaviours among women aged 16 - 25 years in Victoria, Australia. *Journal of the Royal Australian College of General Practitioners*. Vol. 46. No. 12.

Nicholson, J., Marcum, C.D., Higgins, G.E. (2019). Predictors of Risky Sexual Behaviour among High School students in the United States. *Journal of Deviant Behaviour*. 41(1):1-13
[doi:10.1080/0163925.2019.1656774](https://doi.org/10.1080/0163925.2019.1656774)

Odimegwu, C., Somefun, D.O. (2017). Ethnicity, gender and risky sexual behaviour among Nigerian Youth; an alternative explanation. *Journal of Reproductive Health* 14(6) [doi.10 1186/S12978-017-0284-7](https://doi.org/10.1186/S12978-017-0284-7).

Rogers, K., Ranganathan, M., Kajula, L., Collins, R.L., Livingston, J.A., and Palermo, T. (2023). The influence of gender-equitable attitudes on sexual behaviour among unmarried adolescents in rural Tanzania: a longitudinal study. *Sexual and Reproductive Health Matters* 18; 31 (1): 2260169 doi:10.1080/26410397.2023.2260169.

Thepthien, B.O., Celyn (2022). Risky sexual behaviour and associated factors among sexually-experienced adolescents in Bangkok, Thailand: Findings from a school web-based survey. *Journal of Reproductive Health* 19, 127(2022) <https://doi.org/10.1186/12978-022001429-03>