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EFFECTS OF HEALTH EDUCATION INTERVENTION PROGRAMME ON UTILIZATION OF PREVENTIVE STRATEGIES AGAINST SEXUAL VIOLENCE AMONG FEMALE ADOLESCENT STUDENTS IN SABON GARI, KADUNA STATE, NIGERIA.

BY

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Abstract

*The study examined the **effects of health education intervention programme on utilization of preventive strategies against sexual violence among female adolescent students in** Sabon Gari, **Kaduna State Nigeria.** The study employed Quasi-experimental research design. The population of the study comprised adolescent female students in Sabon Gari local government in Kaduna State which are 19,369. Two purposes, research questions and hypotheses were formulated to guide the study. A multi-stage sampling technique comprising stratified, purposive, simple random convenient and proportionate sampling techniques was used in selecting **200 female adolescent students in public secondary schools in Sabon Gari Local Government Area, Kaduna State, Nigeria.** Two hundred (200) copies of the researcher-developed questionnaire were distributed using convenient sampling technique. Data collected was analysed using the Statistical Package for Social Science (SPSS) IBM version 26. Frequency and simple percentages were used to describe the demographic characteristics of the respondents, while mean and standard deviations were used to answer the research questions. Inferential statistics of two-sample test was used to test the formulated hypotheses at 0.05 alpha level. The findings of the study revealed that there is no significant utilization of preventive strategies against sexual violence among female adolescent students in experimental and control groups at baseline before exposure to health education intervention programme ($p = 0.139$); there is significant utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria after exposure to health education intervention programme ($p = 0.000$). It was concluded that Female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria did not utilize preventive strategies against sexual violence before exposure to health education intervention. It was recommended that the Kaduna State Ministry of Education should enact a law or policy to incorporate sexual violence preventive strategies within the curriculum of health education in secondary education curriculum so as to educate the entire secondary school students' population invariably bringing about reduction in the cases across the nation.*

INTRODUCTION

Sexual violence is a pervasive and devastating issue that affects individuals and communities worldwide. It transcends borders, cultures, and socioeconomic backgrounds, leaving profound scars on survivors and demanding urgent attention. Sexual violence is any sexual act or attempt to obtain a sexual act by violence or coercion, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim (International Committee of the Red Cross [ICRC], 2020). The World Health Organization (2021), defined sexual violence as "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms". It occurs in times of peace and armed conflict situations, is widespread and is considered to be one of the most traumatic, pervasive, and common human rights violations (Holmes, 2017).

Sexual violence is a serious public health problem and has profound short or long-term impact on physical and mental health, such as an increased risk of sexual reproductive health problems, which can also increase the risk of suicide or HIV infection (Human Security Report, 2018). Sexual abuse has been considered a public health issue because of the various health implications resulting from it. The school nurse, teachers and administrators have a responsibility to assist the adolescent girl to prevent victimization (Ogunfowokan & Fajemilehin, 2017). Sexual violence occurs across the world but mainly goes unreported. There is quite a lot of knowledge about the issues of sexual violence but there is a need for improved attitude and reporting by victims (Ogunbode, Bello & Ogunbode, 2020).

Sexual violence can occur to anybody at any age; it is an act of violence that can be perpetrated by parents, caregivers, acquaintances and strangers, as well as intimate partners. It is rarely a crime of passion and is rather an aggressive act that frequently aims to express power and dominance over the victim (Human Security Report, 2018). Sexual violence remains highly stigmatized in all settings, thus levels of disclosure of the assault vary between regions. In general, it is a widely underreported phenomenon, thus available data tend not to project the true scale of the problem. In addition, sexual violence is also a neglected area of research, thus deeper understanding of the issue is imperative to promote a coordinated movement against it.

Every individual has the right to live free from the threat of sexual violence, regardless of their gender, sexual orientation, race, ethnicity, religion or any other factor. But, yet still this inhumane act is recorded now and then in our communities. Rape and other forms of sexual violence are prohibited by human rights law at all times and by international

humanitarian law in both international and non-international armed conflict (De Koningh, 2023). Rape and other forms of sexual violence that amount to serious violations of international humanitarian law entail individual criminal responsibility and must be prosecuted. All States are obliged to criminalize these violations under domestic law and to effectively investigate and prosecute any instance of sexual violence.

Historically, sexual violence was considered as only happening to women and as being commonplace and "normal" during both war and peace times from the Ancient Greeks to the 20th century. This led to the negligence of any indications of what the methods, aims and magnitude of such violence were. It took until the end of the 20th century for sexual violence to no longer be considered a minor issue and to gradually become criminalized (Bell, 2018). The focus on awareness rising through public education has been a key activity concerned with preventing sexual violence. Public awareness through campaigns and sensitization will help in reducing sexual violence against women.

Statement of the Problem

The researcher observed that adolescent females of public secondary school in Sabon Gari, Kaduna State, Nigeria are engaging in various delinquent acts (including sexual relationships leading to sexual violence, use of substances like hard drugs that could intoxicate them and eventually \leading to sexual violence) that are dangerous and hazardous to their physical and mental health. The menace of sexual violence has eaten deep into the inner fabric of our society; therefore, causing growing concerns. The researcher further observed that there is an increase in moral decadence, violence, and sexual assault, which is often the case in public secondary schools in Sabon Gari, Kaduna State, Nigeria due to the reported increase in sexual violence. There seems to be an increasing prevalence of substance use amongst adolescents despite the researcher's efforts by concerned bodies to curb this menace through the impact of health education intervention programmes. Anti-social behaviour observed among adolescents in public secondary schools are also detrimental attitudes militating against their health. And this is also why they indulge in sexual violence. The early initiation of substance use has led to the cause of these serious problems which are catching up with the female adolescent today.

Those adolescent females who have suffered from sexual violence suffer devastating short and long-term consequences to their physical and mental health. Women and girls may experience severe physical injuries. Unwanted pregnancies and exposure to HIV or other sexually transmitted infections lead to depression, anxiety, post-traumatic stress disorder (PTSD), the limited ability to complete daily tasks and suicidal thoughts are also common. At its worst, sexual violence can result in death. It is against these problems, the researcher conducted the research.

Purpose of the Study

The study examined:

1. Utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria before exposure to health education intervention programme based on class level.
2. Utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria after exposure to health education intervention programme based on class level.

Research Questions

This study answered the following questions:

1. Do female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria utilize preventive strategies against sexual violence before exposure to health education intervention programme?
2. Do female adolescent students in experimental public secondary schools in Sabon Gari, Kaduna State, Nigeria utilize preventive strategies against sexual violence after exposure to health education intervention programme?

Hypotheses

Based on the research questions, the following hypotheses were formulated to guide the study.

1. There is no significant utilization of preventive strategies against sexual violence among female adolescent students in experimental and control public secondary schools in Sabon Gari, Kaduna State, Nigeria, before exposure to health education intervention programme.
2. There is no significant utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria after exposure to health education intervention programme.

METHODOLOGY

The research design for this study was quasi-experimental with pre-test and post-test experimental and control groups. The treatment groups were exposed to health education intervention programme on utilization of preventive strategies against sexual violence while the control group was not exposed to any treatment but was given a placebo on personal hygiene to engage the group. The two groups of participants were: Group A (Experimental Group) and Group B (Control Group). A quasi-experimental design like a true experimental design aims at establishing a cause-and-effect relationship between an independent and dependent variable. Although the independent variables are manipulated, participants are not randomly assigned to conditions or orders of conditions (Crook & Campbell, 1979).

The population for this study consists of 12,369 female adolescent students in female-only public secondary schools in Sabon Gari, Kaduna State, Nigeria. The sample for this study was (200) respondents. Therefore, a multistage sampling technique was used to arrive at the sample for this study. The instrument used for data collection was a researcher-developed questionnaire named Utilization of Preventive Strategies against Sexual Violence Questionnaire (UPSASVQ).

Four research assistants with a Bachelor of Science in Education, Degree in Health Education were appointed and instructed by the researcher. They were instructed in two sessions for one hour a week for two weeks on how to administer and score the instruments.

Intervention Programme: The research instrument was administered in three phases to the participants by the researcher with the help of research assistants. The phases were as follows:

Phase 1: Pre-intervention Assessment: The researcher with the help of four (4) research assistants administered 200 copies of the research instruments. 100 copies of the research instrument were administered to the experimental group on Monday between the hours of 2:00 pm-3:20 pm in the school environment as a pre-test and another 100 copies of the research instruments were administered to the control group as a pre-test a week before the treatment session on Wednesday between the hours of 2:00-3:30 pm within the school premises.

Phase 2: Intervention Assessment: This phase was for the implementation of the intervention and delivery of the treatment package to participants. The treatment lasted for six weeks. The health education programme was carried out every Friday between the hours of 9:00 am-10:00 am in the school examination hall.

Phase 3: Post-Intervention Assessment: The goal of health education intervention was to instruct the participants who were at risk of sexual violence and may lack utilization of preventive strategies against sexual violence to help them improve the utilization of preventive strategies against sexual violence.

Frequency counts and percentages was used to describe the socio-demographic information of the respondents. Mean and Standard Deviation was used to answer research questions. Inferential statistics of independent sample t-test was used to test all the hypotheses. All hypotheses was considered significant or not significant using the alpha level of 0.05.

RESULTS

Table 1: Two samples t-test on utilization of preventive strategies against sexual violence among participants in experimental and control before exposure to the intervention

Groups	N	Mean	Std. Dev.	Std. Error	t-value	df	p-value
Experimental	100	2.42	0.597	0.060	1.484	198	0.139
Control	100	2.53	0.403	0.040			

(t-critical = 1.96, p < 0.05)

Table 1. The observed t-value for the test was 1.484 with a p-value of 0.139 (p > 0.05) obtained at 198, degree of freedom (df). These observations did not provide sufficient evidence for rejecting the null hypothesis, the null hypothesis that there is no significant utilization of preventive strategies against sexual violence among female adolescent students in experimental and control public secondary schools in Kaduna State, Nigeria, before exposure to health education intervention programme is therefore retained. The result implied that the participants' utilization of preventive strategies against sexual violence in the state did not differ significantly without educational intervention.

Table 2: Two samples t-test on utilization of preventive strategies against sexual violence by participants in the experimental group before and after the intervention

Intervention	N	Mean	Std. Dev.	Std. Error	t-value	df	p-value
Before	100	2.42	0.597	0.060	4.041	198	0.000
After	100	2.71	0.367	0.037			

(t-critical = 1.96, p < 0.05)

The result in Table 2 revealed that the health education intervention significantly improved the utilization of preventive strategies against sexual violence among participants exposed to the intervention. This is indicated by an observed t-value of 4.041 and a p-value of 0.000 (p < 0.05) obtained at 198, degree of freedom (df). These observations provided enough evidence to reject the hypothesis. The hypothesis that there is no significant utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria after exposure to health education intervention programme is therefore rejected. The result implied that the use of the health education intervention significantly improved the participants' utilization of preventive strategies against sexual violence.

DISCUSSION

Hypothesis one revealed that there is no significant utilization of preventive strategies against sexual violence among female adolescent students in experimental and control

public secondary schools in Sabon Gari, Kaduna State, Nigeria, before exposure to health education intervention programme ($p = 0.139$). Markus, Aliyu and Anyebe (2021) found a remarkably poor utilization of preventive strategies against sexual violence among secondary school students regarding sexual and reproductive health information in Sabon Gari, Kaduna State, with the majority reporting their sexual and reproductive health information needs were not met. This supports the baseline finding of low utilization of preventive strategies.

Similarly, Mtaita et al. (2021) found that despite sensitization about the strategies of combating gender-based violence, utilization remained low among adolescent girls. Only 30.7% of participants demonstrated the utilization of available services, and even among those who received education, only 66% accessed the services. This pattern of low utilization before and after intervention mirrors the current study's findings. The finding also corresponds with Ogunfowokan and Fajemilehin's (2021) study, which found that before their sexual abuse prevention education intervention, high school girls had poor utilization of preventive strategies. Their study demonstrated that education was necessary to improve utilization of prevention strategies.

The effectiveness of subsequent interventions shown in studies like Esere (2018) and Daboer, Ogbonna and Jamda (2018) supports the implication that the low baseline utilization of preventive strategies can be improved through targeted educational interventions. These studies demonstrated significant positive changes after implementing educational programs, suggesting that the initial low utilization of preventive strategies is a common starting point that can be addressed through appropriate interventions. Fawole, Ajuwon and Osungbade's (2017) findings also support this pattern, showing significant improvements in knowledge and preventive behaviours after intervention, indicating that the low baseline utilization of preventive strategies is a common challenge that requires targeted intervention programs.

Hypothesis two revealed that there is significant utilization of preventive strategies against sexual violence among female adolescent students in public secondary schools in Sabon Gari Kaduna State, Nigeria after exposure to health education intervention programme ($p = 0.000$). This finding aligns with several previous studies' conclusions. This positive impact of educational interventions is particularly consistent with Ogunfowokan and Fajemilehin's (2021) study, which demonstrated that sexual abuse prevention education led to a significant increase in knowledge among high school girls in Nigeria. Similarly, Daboer, Ogbonna and Jamda (2018) found that health education interventions were effective in reducing sexual risk behaviours among secondary school students in Jos, Nigeria.

The effectiveness of educational interventions is further supported by Esere (2018), whose study showed that sex education programs significantly reduced at-risk sexual

behaviours among school-going adolescents in Ilorin, Nigeria. The intervention group demonstrated better outcomes compared to the control group, similar to the positive results found in the current study. The findings also align with Akuiyibo, Anyanti and Pio's (2021) research, which showed that peer education interventions improved sexual health knowledge and preventive behaviours among young people in Northwestern Nigeria. Their study demonstrated that sustained exposure to educational sessions could lead to comprehensive improvements in knowledge and the adoption of positive behaviours.

However, it's worth noting some nuanced differences from studies like Mtaita et al. (2021) in Tanzania, which found that despite good knowledge about gender-based violence, the utilization of preventive services remained low. This suggests that while education can improve knowledge, additional factors may influence the actual implementation of preventive strategies.

The positive impact of educational interventions is also supported by Fawole, Ajuwon and Osungbade's (2017) study in Ibadan, which showed that skills training workshops led to improved utilization of prevention strategies and reduced violence prevalence. Similarly, Decker et al.'s (2018) research in Malawi demonstrated that empowerment and self-defence training effectively reduced sexual violence victimization among school students.

However, Winegust's (2015) study in Canada showed mixed results, with significant positive changes in some areas but not others, suggesting that the effectiveness of interventions may vary across different outcome measures and contexts. This highlights the importance of considering cultural and contextual factors when implementing and evaluating such interventions. The current finding also aligns with Reuben, Mohamed and Mutasa's (2021) research in Tanzania, which emphasized the importance of awareness-raising and education in preventing sexual violence. Their study showed that community-based prevention mechanisms, including educational components, improved the child protection environment.

CONCLUSION

1. Female adolescent students in public secondary schools in Sabon Gari Kaduna State, Nigeria did not utilize preventive strategies against sexual violence before exposure to health education intervention.

2. Female adolescent students in public secondary schools in Sabon Gari, Kaduna State, Nigeria utilized preventive strategies against sexual violence after exposure to health education intervention.

RECOMMENDATIONS

Based on the conclusions drawn, the following recommendations were made:

The Kaduna State Ministry of Education should enact a law or policy to incorporate sexual violence preventive strategies within the curriculum of health education in secondary education curriculum so as to educate the entire secondary school students' population invariably bringing about reduction in the cases across the nation.

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