EFFECTS OF REPRODUCTIVE HEALTH EDUCATION INTERVENTION ON SEXUAL CHOICES OF FEMALE UNDERGRADUATES OF UNIVERSITY OF ILORIN

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How to cite this article: Akorede, S.N., Hajara, A.A., Muhammed, A., & Alapa, J.O. (June, 2019). Effects of reproductive health education intervention on sexual choices of female undergraduates of University of Ilorin. Journal of Physical Education Research, Volume 6, Issue II, 50-55.

ABSTRACT

The study seeks to determine the effects of reproductive health education intervention on sexual choices of female undergraduates of University of Ilorin. Experimental research design (pretest, posttest design) was adopted for the study. The population for the study comprised all female undergraduates of University of Ilorin. A multi-stage sampling technique was used to select 40 respondents across four faculties in the University of Ilorin. The research instrument was a researcher structured multiple choice test items. Hypotheses were tested using inferential statistics of paired sample independent t-test. The results revealed that; I. Reproductive Health Education Intervention has effect on knowledge of contraceptive choices II. Reproductive Health Education Intervention has effect on knowledge of infertility services; III. Reproductive Health Education Intervention has effect on Maternal and Newborn Health; and IV. Reproductive Health Education Intervention has effect on reduction of Sexually Transmitted Infections. The study concluded that Reproductive Health Education had effect on the knowledge of contraceptive choices, infertility services, improving maternal and newborn health, reduction of sexually transmitted infections, elimination of unsafe abortion practice and provision of post abortion care, promotion of healthy sexuality, and elimination of harmful practice such as female genital mutilation.
Keywords: Reproductive health education intervention, sexual choices, female undergraduates, university of Ilorin.

1. INTRODUCTION

Knowledge of Sexual and Reproductive Health (SRH) is essential to the well-being of any person, and is a fundamental aspect of our lives. Nevertheless, despite the importance of the subject matter, it is considered a taboo to talk about SRH within most societies, because of the prevalent cultural and political sensitivity, especially among the poor (Wahba, & Roudi-Fahimi, 2012). Mohamed, Hussain, and Yamaany (2016), however stated that in most developing nations, Reproductive Health (RH) has become an issue, especially in areas where the people have little access to Sexual and Reproductive Health Education (SRHE) facilities. Most communities, are largely centered around religious beliefs and family values, and in many instances, these values and moral dictates are based on protecting one from acting on sexual impulses before marriage. The belief that teaching about SRH will lead to premarital and promiscuous sexual behaviour is an unfortunate barrier to the correct implementation and usage of RH in these communities. However, a review article on 83 studies conducted to measure the impact of curriculum-based sex and HIV education, suggests that 42% of those who received SRHE programme were more responsible in their sexual behavior than those who did not receive such information (Kirby, Laris, & Rolleri, 2007).

The World Health Organization's definition (WHO, 2006) captures the holistic dimension of Sexual Health which goes beyond the medical model of the treatment of diseases. It is a complex web of biological, psychological, cognitive, social, political, cultural, ethical, legal, religious and spiritual factors. The true meaning and understanding of sexual well-being remains culture and content specific, and thus it is difficult to arrive at a universally acceptable definition of the totality of human sexuality (EC- Director General Health & Consumers, 2010).

According to (W.H.O, 2004) outline, five components that are necessary for good Sexual and Reproductive health are; ensuring contraceptive choice and safety, and infertility services, improving maternal and newborn health, reducing sexually transmitted infections, including HIV, and other reproductive morbidities, eliminating unsafe abortion practices and provision of post abortion care, and promoting healthy sexuality, including adolescent health and reducing harmful practices.

Poor knowledge and information on Reproductive Health is a problem faced by millions of people in the developing world, where there are some 200 million couples with an unmet need for contraception, and

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over 350 million people who contract sexually transmitted infections (STIs) due to lack of awareness, and availability of RH utilities every year. It is reported per annum; nearly 80 million women go through accidental or unwanted pregnancies, which results in approximately 45 million abortions and death of 68,000 women due to complications faced in these abortion procedures. Over half a million women die from various other complications related to pregnancy, childbirth and problems in post-partum period (WHO, 2006).

According to the research carried on Right to Sexuality and Reproductive Health Education (Mohamed et al., 2016), it is ascertained that one of the vulnerable groups in need of SRHE is the adolescents. Adolescent are those people between 10 and 19 years of age and has a phase of life with specific health and developmental needs and rights (WHO, 2014). Lloyd (2005) stresses that, adolescent age is also a time to develop knowledge and skills to learn how to manage emotions and relationships, and acquire the characteristics and abilities important for enjoying the adolescent years assuming adult roles.

It is however depressing to see how little knowledge most of adolescent population has on SRH. This opens these adolescent to risk such as engaging in Unsafe Sexual Activities, STIs, Unwanted Pregnancies, Abortions, Infanticide, and Sexual Abuse. Therefore, to protect these groups, it is critical to educate them on SRH on a formal level. Traditionally, when a child attains puberty, the sole responsibility of informing the child on SRH rested on the parents, while the schools played a minor role. However, it had been found that this system had not been effective as it was observed that in most instances, not enough information, or inaccurate information is given to the children by parents in their attempts to withhold certain information from their children in hopes of keeping them 'innocent' (Mohamed et al., 2016).

Kirby et al., (2007) stated that SRHE programs around the world have been seen to improve the overall health and awareness of the youth by reducing misinformation and increasing their knowledge on SRH. School can be the most effective means of disseminating SRHE information among the youth, as most of communities' judge school to a safe environment for their children, and trust the information it provides to be appropriate. Additionally, schools are expected to equipped with teaching aids, and trained health educators to circulate information to their students, and the teachers, are seen as role models for students' best interest at heart. It has also been observed, that some students find it much easier to communicate their problems with their teachers, rather than their parents. SRHE also make young people more aware of the different forms of sexual abuse, provide them with information on how to prevent such abuse, and guide them on how to report any incidences to relevant authorities. The information they gain at school tend to have a higher overall impact on the development of their moral values, attitudes, and teaches them to treasure each other's well-being while increasing their own awareness to human rights. These values play an influential role in decisions they make as adults, for themselves, and their partners, when making informed choices regarding SRH (Mohamed et al., 2016).

It is however imperative to note that despite the perceived level of sexual awareness among young people, sexual choices among young people is still not satisfactory as sexually transmitted infection still on the rise. In some other cases, many of the female population especially the adolescent has limited access to SRHE information especially from homes, due to some superficial beliefs and orientations by parents. Thus, this study was undertaken to investigate and examine the effects of reproductive health education intervention on sexual health choices among female undergraduates of university of Ilorin.

2. METHODS AND MATERIALS

2.1 Research Design

The design adopted for this study was Pretest, Posttest, 2-group experimental research design. This design is deemed appropriate for the study, because the researcher intends to investigate the Effect of Reproductive Health Education Intervention on Sexual Health Choices, among Female Students of University of Ilorin.

2.2 Sample of the Study

The target population of the study includes all female undergraduate students of University of Ilorin. According to the data on total number of undergraduates from Academic Support Services, University of Ilorin (2018), the total undergraduates' population of University of Ilorin is Forty-three thousand, nine hundred and eighty-three (43,983), while the population of female undergraduates of University of Ilorin stands at Twelve thousand and Nineteen (24,079), which cut across fifteen (15) Faculties of the University of Ilorin. The table below shows the distribution of the total undergraduates' population of University of Ilorin.

The sample size of the study includes forty (40) female undergraduates. A multi stage sampling technique was used to select the sample for the research.

Stage One: Purposive sampling technique was used to select Four (4) faculties from the existing fifteen faculties at the University of Ilorin as at the time of this study. This includes; Faculty of Law, Faculty of Art, Faculty of Social Science, and Faculty of Management Science. These are Faculties presumed to have the least knowledge of reproductive health. This is based on their field of study which is classified under humanities.

Stage Two: Proportionate sampling technique was used to select a fair percentage of participants from each faculty, which resulted in the selection of three (3) students from Faculty of Law, nine (9) from Management Science, eleven (11) from Social Science, and seventeen (17) from Art.

Stage Three: Accidental sampling technique was used to select, the sample from each faculty. The reason for accidental sampling procedure is due to the nature of the study that requires the researcher to administer pretest, treatment, and posttest. Only participant that are willing to be part of the study can be used. Hence, participant consent must be sought before such participant can be enlisted for the study. This is to minimize chances of experimental mortality.

Stage Four: A simple random sampling technique of fish bowl method was used to group the sample selected into treatment and control group.

2.3 Research Tool/Instrument

The instrument for data collection was a multiple choice test item on Reproductive Health Education and sexual choices. The test items covered variables of the study which includes; contraceptive choices and safety, infertility services, maternal and newborn health, abortion practice and post abortion care, sexually transmitted infections, female genital mutilation, and healthy sexuality. The variables were labeled 1-5, variable 1,2, 4, 5 contained eight (8) multiple choice questions, while variable 3 five (5) multiple choice questions making a total of fifty (50) questions that was answered by the participants.

2.4 Procedure

The structured multiple choice test items by the researcher was administered on the sample, which will be divided into a control group and treatment group. A paper ballot numbered one-forty (1-40), was done to achieve this. All even numbers were selected to belong to the experimental group, while the odd numbers made up the control group.

A pretest was administered on both (treatment and control) group with the aid of the structured multiple choice test items on reproductive health education and sexual health choices. Afterwards, the treatment group was engaged in a reproductive health education intervention tagged "reproductive health education, a tool for better health choices among undergraduate students". Twenty minutes was spent explaining each variable, which summed up the total time spent on the intervention to about two hours, fifteen (2:15) minutes, while the control group was engaged in other activities, with no relevance or connection to reproductive health education. External and content validity of the instrument was ascertained with the assistance of the research supervisor, and three experts of the department of Health Promotion and Environmental Health Education, University of Ilorin, Nigeria. Observations, comments, and suggestions from the experts were carefully studied and used to improve the quality of the research instrument.

In ensuring the reliability of the instrument, split- half method was used. The correlation obtained was 0.72 coefficients. This is seen reliable enough to carry out the study. Finally, a posttest was conducted on both (treatment and control) group, with the same structured multiple choice answer item. Data were collated and compared for both test.

2.5 Data Collection and Analysis

The administration of the test item was preceded by seeking the consent of the respondents from the various faculties. The test was administered with the help of three other research assistants, and also with the use of two lecture rooms in the department of human kinetics education. The pretest, intervention, and posttest were run concurrently. Hence, the test items were retrieved right at the venue of the test. This was done to avoid data mortality. Data collected for the study was analyzed using, paired sample t-test to check the difference between the pretest and posttest of the two groups (treatment and control group). All analyses were carried out at 0.05 alpha level through the use of statistical package for social science (SPSS) version 20.0.

3. RESULTS AND DISCUSSION

Table 1: Paired sample *t*-test representation of pretest and posttest of contraceptive choice and safety

Contraceptive Choice And Safety	N	Mean Difference	SD	*t*	*df*	Sig.
Pretest	20	3.45	1.27	12.08	19	0.000
Posttest	20					

@ 0.05 alpha level of significance

Table 1 documented that reproductive health education intervention have significant effect on the knowledge of contraceptive choices among female undergraduates of University of Ilorin. It is because the *p* value of 0.000 is found less than *t* value of 12.08. Also the mean score obtained for pretest was 4.00 while the posttest mean score was 7.45 which has a significant difference of 3.45 in the mean score, the result thus reveals that Reproductive Health Education Intervention has significant effect on the knowledge of Contraceptive choices among Female Undergraduates of University of Ilorin. This is in accordance with the statement of Pazol et al. (2015) that Contraceptive counseling provided by trained healthcare professionals may help prevent unintended pregnancy by encouraging sexually active individuals and couples to adopt and correctly use contraceptive methods that are the most appropriate and effective for them. Contraceptive education aims to provide clients the basic information they need to make informed decisions about their use of contraception and to effectively use the contraceptive methods they have selected.

Table 2: Paired sample *t*-test representation of pretest and posttest of infertility services

Infertility Services	N	Mean Difference	Standard Deviation	*T*	*df*	Sig.
Pretest	20	3.85	1.22	14.04	19	0.000
Posttest	20					

@ 0.05 alpha level of significance

Table 2 documented that reproductive health education intervention have significant effect on the knowledge of Infertility Services among Female Undergraduates of University of Ilorin. It is because the *p* value of 0.000 was less than 0.05 (0.000<0.05) *t* value of 14.04. Also the mean score obtained for pretest was 3.600 while the posttest mean score was 7.45 which has a significant difference of 3.85 in the mean score, the result therefore reveals that Reproductive Health Education Intervention has significant effect on the knowledge of Infertility Services among Female Undergraduates of University of Ilorin. This is in correlation with Nargund (2015) assertion that Fertility education needs to be at the top of the agenda if we want to make a major impact in preventing infertility. We need to empower our young people with education on fertility so that they can stand a better chance of falling pregnant when they choose to. It further agrees with Nouri et al. (2014) statement that Education is vital, for it is known that fertility awareness is much lower in non-medical students compared to medical students.

Table 3: Paired sample independent *t*-test representation of pretest and posttest of maternal and newborn health services

Maternal and Newborn Health	N	Mean Difference	Standard Deviation	*T*	*df*	Sig.
Pretest	20	2.45	1.19	9.20	19	0.000
Posttest	20					

@ 0.05 alpha level of significance

Table 3 documented that reproductive health education intervention have significant effect on knowledge of Improving Maternal and Newborn Health Services among Female Undergraduates of University of Ilorin. It is because the *p* value of 0.000 was less than 0.05 (0.000<0.05) t. value of 9.20. Also the mean score obtained for pretest was 2.30 while the posttest mean score was 4.75 which has a significant difference of 2.45 in the mean score, this reveals that Reproductive Health Education Intervention has significant effect on knowledge of Improving Maternal and Newborn Health Services among Female Undergraduates of University of Ilorin. This is in line with Otolorin, Gomez, and Currie (2015) statement that the availability of EmOC services, availability of skilled health workers and their knowledge in the provision of maternal and newborn care services are essential components for improved maternal and newborn care services. Gender equality,

including in education, is a condition for development. Schooling in itself has been a powerful tool to influence health, and its impact is clearly seen in maternal and child health benefits (Luthra, 2007).

Table 4: paired sample independent *t*-test representation of pretest and posttest of sexually transmitted infections (STIs)

Sexually transmitted infections	N	Mean Difference	Standard Deviation	*t*	*df*	Sig.
Pretest	20	3.80			19	0.000
Posttest	20		0.95	17.86		

@ 0.05 alpha level of significance

Table 4 documented that reproductive health education intervention has significant effect the reduction of Sexually Transmitted Infections (STIs) among Female Undergraduates of University of Ilorin. It is because the *p* value of 0.000 was less than 0.05 (0.000<0.05) *t* value of 17.86. Also the mean score obtained for pretest was 3.750 while the posttest mean score was 7.550 which has a significant difference of 3.80 in the mean score, this reveals that Reproductive Health Education Intervention has significant effect on the reduction of Sexually Transmitted Infections (STIs) among Female Undergraduates of University of Ilorin. This correlates with Vivancos, Abubakar, Phillips-Howard, and Hunter (2013) statement that School-based sexual education is effective at reducing the risk of unprotected intercourse and STIs in early adulthood, and reduced risky sexual behaviour and sexually transmitted infections in young adults

Table 5: Paired sample independent *t*-test representation of pretest and posttest of abortion practices, and provision of post abortion care

Abortion practice and post abortion care	N	Mean Difference	Standard Deviation	*t*	*df*	Sig.
Pretest	20	4.10	1.46	12.70	19	0.000
Posttest	20					

@ 0.05 alpha level of significance

Table 5 documented that reproductive health education intervention have significant effect on the elimination of unsafe abortion practices, and provision of post abortion care among female undergraduates of University of Ilorin. It is because the *p* value of 0.000 was less than 0.05 (0.000<0.05) *t* value of 12.70. Also the mean score obtained for pretest was 3.50 while the posttest mean score was 7.65 which has a significant difference of 4.10 in the mean score. This reveals that Reproductive Health Education Intervention has significant effect on the Elimination of Unsafe Abortion practices, and Provision of Post Abortion Care among Female Undergraduates of University of Ilorin. This agrees with Awoyemi and Novignon (2014) assertion that there is the need for policymakers to intensify public education against indiscriminate abortion and to reduce unwanted pregnancies.

Table 6: Paired sample *t*-test representation of posttest for control and experimental group

Control and experimental posttest	N	Mean	Standard deviation	*t*	*df*	Sig.
Posttest control	20	23.15	3.42	30.25	19	0.000
Posttest experimental	20					

@ 0.05 alpha level of significance

Table 6 shows the *p* value of 0.000 is lesser than 0.05 alpha level of significance at degree of freedom 19, thus there is significant difference between the Control (without intervention) group and Experimental (with intervention) group in determination of the Effect of Reproductive Health Education Intervention on sexual health choices among Female Undergraduates of University of Ilorin.

4. CONCLUSION

Based on the findings, it was concluded that-
- Reproductive Health Education Invention improves the knowledge of contraceptive Choices among Female Undergraduates of University of Ilorin.
- Reproductive Health Education Intervention enhances the knowledge of Infertility Services among Female Undergraduates of University of Ilorin.

- Reproductive Health Education Intervention increases the knowledge of Improving Maternal and Newborn Health Services among Female Undergraduates of University of Ilorin.
- Reproductive Health Education Intervention helps in reduction of Sexually Transmitted Infections (STIs) among Female Undergraduates of University of Ilorin.
- Reproductive Health Education Intervention helps in the Elimination of Unsafe Abortion practices, and Provision of Post Abortion Care among Female Undergraduates of University of Ilorin.

Further it is recommended that WHO, and other related agencies such as United Nations International Children Emergency Fund (UNICEF), United State Agencies for International Development (USAID), United Nations Educational, Scientific and Cultural Organization (UNESCO) and parastatals should work together with health educators and schools both in rural and urban areas towards empowering the youths with skills, knowledge and attitudes necessary for making effective contraceptive choice and safety, possess adequate knowledge of infertility services, improving maternal and newborn health services, prevention and reduction of the risk of sexually transmitted infections (STI), elimination of unsafe abortion practice, and provision of post abortion care, promotion of healthy sexuality, and elimination of harmful practices such as female genital mutilation (FGM).

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