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# RISKY SEXUAL BEHAVIOUR AMONG FEMALES AND THE USE OF REPRODUCTIVE HEALTH COUNSELLING STRATEGIES FOR REMEDIATION IN GWAGWALADA LOCAL COUNCIL (ABUJA), NIGERIA.

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**Abstract**

*Risky sexual behaviuor among females portends many hazards and as a result of libidinal pressure, they become easy preys to tempting sexual advances. Unless adolescents are oriented to develop capacity for bio-physical self-regulation. This study is therefore aimed at investigating reproductive health counselling strategies to mitigate risky sexual behaviour among females in Gwagwalada Local Council of Federal Capital Territory, Abuja. All the counsellors and community health workers constitute the population while 150 respondents based on religion, location and gender, were randomly selected from their organizations. They were served with a self-developed questionnaire to determine the possibility of adopting counselling strategies to manage or cope with risky sexual behaviuor. Three research questions and two null hypotheses were raised based on reproductive health counselling strategies. The null hypothesis were tested at 0.05 confidence level using the data obtained. Findings indicated that reproductive health counselling, community-based counselling, cognitive restructuring, individual and group counselling were found to be adoptable by counsellors on thebasis of gender, religion and*

***KEYWORDS:*** *Risky Sexual Behaviour, Adolescents, Reproductive Health Remediation, Counselling Strategies.*

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*location. Conclusion and recommendations such as sex and sexuality education, family planning, role play and drama be staged and practiced in schools for females to overcome adverse effects of risky sexual behaviour.*

## Introduction

Adolescence as defined by Makinde (2007) is the period in every individual's life which lies between the end of childhood and the beginning of adulthood. Adolescence is generally heralded by final surge of all round physical growth and these changes are usually accompanied by new and often-times confusing emotional responses, a broadening of psycho-social awareness and functioning and when the individual can reproduce his or her kind. (Kaplan, 2004). Adolescence is a critical period to establish a strong and healthy foundation in sexual development for a healthy adulthood and fulfilling family life. Most of the challenges during this phase of life are associated with pubescent characteristics occasioned by significant charges and physiological development of the sexual organs. (Adebayo, 2004 and Molak, 2007). Such challenges include;coping with the changes in the shape of the body, adjusting with increasing sexual desires and managing the sexual thoughts, feelings and attitude around these developments and features. Furthermore, during the transition from childhood to adulthood, adolescents need to develop capacity for self-regulation, take responsibility for their actions, and make wide choices in their decisions to develop and maintain intimate relationship with the opposite sex and to develop robust capacity for healthy use of their sexuality.

Risky sexual behaviour, especially among females portends many dangers that can result in grave consequences if not carefully managed. Such dangers include infection with sexually transmitted diseases which may be deadly, unplanned pregnancies, exposure to the use of hard drugs, low academic achievement, and possible school dropout and avoidance waste of resources, among others. As a result of physiological development and consequence libidinal pressure, females of ten become easy preys to tempting sexual advances from men, who may sometimes be their peers (Akpanand Akpanudo, 2017).

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Some of the risky sexual behaviour female adolescent girls, especially engage themselves in are discussing sexual matters with girls, kissing, caressing, embracing, dancing, watching blue films, reading erotic materials, steamy dressing, and urge for sexual intercourse. Such activities expose females to hazards of inordinate sexual desires and sprees, disease such as HIV/AIDS and other sexually transmitted diseases or infections (Klin, 2013). Some females are lured into drinking, smoking, late night activities, rape, cultism and therefore having little or no time for academic challenges. In this circumstances, there is ardent need to provide adolescent reproductive healthcare information, to reduce their exposure to available health hazards as a result of involvement in unwholesome sexual activities (Molak, 2007).

Several factors can expose females to careless sexual escapades. The effectiveness of parents in monitoring, supervising and controlling their daughters can affect their sexual behaviour. (Boumrind, 2003).Parental support, family cohesion, connectedness, rejection by parents, size of family members and their exposure to social media can bring about risky sexual behaviour. (Popenoe, 2002; Grief 2003 and Skolnick, 2009). Jose (2000) conducted an experimental study on the relationship between family structure and risky sexual behavior among students in Western Cape Townreported that children who lack control in their homes and outside the home environment usually tend to be easily corrupted in the society. Boumrind (2003) in his study discovered that there was significant relationship between parenting style and risky sexual behaviour including, female genital mutilation.World Health Organization (WHO) (2013) in its multi-country study, 28,000 women confirmed that female genital mutilation increased risks for adverse events during birth, higher incidences of caesarian section and post-partum hemorrhage. New findings revealed that death rates among babies during and immediately after birth were higher for those born to mothers who had undergone genital mutilation compared to those who had not with 15% higher for those whose mother had Type I, 32% higher for those with type III and 55% for those with type II genital mutilation.

It is believed that family planning can contribute to nearly all the goals outlined in the United Nation's Millennium Development Goals (MDGs), for which Nigeria is a

signatory including reducing poverty, hunger, promoting maternal health, contacting HIV/AIDS, and ensuring environmental sustainability. (World Health Organization, 2013) WHO also added that family planning can help women to wait at least two years before trying to become pregnant again, thereby reducing newborn, infant and child deaths significantly.Studies such as Kaplon (2004), Molak (2007) and Skolnick (2009) researched into outcome of female genital mutilation and risky sexual behaviour among students. This current study is unique being that it focusedon attributes of risky sexual behaviour of females and the use of reproductive health counselling strategies as remedy among female in Gwagwalada in the Federal Capital Territory (Abuja).

**Statement of the Problem**

The constraints being faced by females in respect of risky sexual behaviour has been a serious source of discomfort in the education of the girl-child. Some girls see themselves as sex objects who are formidable only for satisfaction of chauvinistic sensual desire of men. Such a view tends to make the female gender to see themselves mostly as sex objects that must be exploited inordinately. They therefore, live by such false ideas, and ignore their beautiful potentials for progress and resolve to mortgage their future to the amatory caprices of the men folk. (Skolnick, 2009).

Due to physiological changes in their body make-up during this stage of development, most females seem not to be able to adequately control their sexual propensities. These biological changes signaling maturity in the course of their growth and development, together with other factors, tends to make them misbehave and expose their bodies. Adolescent intention to engage in risky sexual behaviour may be strongly influenced by inheritance, environment, association with peers, mass media, the social context in which conformity to normative behaviour may be the order (Boumrind, 2003).

The circumstance most females manifestin their sexual urge and ignorantly seek sexual satisfaction have made most of them to either drop-out of school, destroy their sexual organs and their future.This happens when females have challenges of sexual harassment, rape and other horrendous assaults. Hence, the purpose of

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this study is to adopt individual and group counselling, community based counselling, pastoral counselling, cognitive restricting, character modification, approaches, shaping, imitation and principally reproductive health counseling. These areflavoured in premarital, marital and family planning strategies, so as to maintain healthy sexual dealings and healthy reproductive life of females.

**Purpose of the Study**

The main purpose of the study was to assess counsellors and community health workers on the following:

- To discover the effectiveness of adopting reproductive health counselling strategies for females in order to cope with risky sexual behaviour on the basis of gender
- To find out how counsellors and community health workers can use reproductive health counselling strategies for females in order to cope with risky sexual behaviour on the basis of religion.
- To examine the effectiveness of using reproductive health counselling strategies by counsellors and community health workers for females to manage risky sexual behaviour on the basis of location.

**Hypotheses**

Based on the above purpose of the study, the hypotheses raised are as follows:-

- **$Ho_1$:** There is no significant difference between the perception of counsellors and community health workers on reproductive counselling strategies to be adopted for females to cope with risky sexual behaviour on the basis of gender.
- **$Ho_2$:** There is no significant difference between the perception of counsellors and community health workers on reproductive counselling strategies to be adopted for females to cope with risky sexual behaviour on the basis of religion.
- **$Ho_3$:** There is no significant difference between the perception of counsellors and community health workers on reproductive counselling

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strategies to be adopted for females to cope with risky sexual behaviour on the basis of location.

**Methodology**

The survey descriptive design in which self-designed questionnaire was used for data collection in this study. The population for this study were all the counsellors and community health workers in schools and community health centres in rural and urban in Gwagwalada being one of the Local Council Area of Abuja. The study adopted a simple random sampling technique in which ten schools and ten health centres were selected.

From these schools, 60 males and 60 females were randomly selected, making a total of 120 males and females, while 30 were community health workers (male and females) making a total sample of 150 respondents.

**Instrumentation**

An instrument titled "Risky Sexual BehaviourAmong Females and the use of Reproductive Health Counselling" (RSBFRHC) was developed by the researcher for data collection. The instrument had two sections. Section 'A' was meant for demographic data while section 'B' was for statements on reproductive health counselling approaches with twenty items, each weighted on a four point Likert scale of Strongly Agree, Agree, Disagree and Strongly Disagree in the order of 4-3-2-1. The summated scores which ranged from 20 (lowest) to (highest), were used to determine the effectiveness of adopting these strategies for female to cope with risky sexual manifestations they might exhibit, by using t-test statistical analysis. The reliability of the instrument was determine by using the Cronbach alpha statistics to analyse data obtained from administering it on twenty neutral subjects outside the population sample. Since the reliability coefficient obtained was 0.82, the instrument was considered highly reliable for use in the study. 150 copies of the questionnaire were found to have been correctly filled and fit for use in further analysis. The data were collated to obtain mean and standard deviation scores which were then compared using independent t-test statistics to test each hypothesis. Each hypothesis was tested at 0.05 confidence level.

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**Results**

**Hypothesis One:** There is no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies to be adopted for females to cope with risky sexual behaviour on the basis of gender.

**Table 1:** T-test Analysis on Effectiveness of Reproductive Health Counselling Strategies on Risky Sexual Behaviour of Females on the Basis of gender.

| Group | N | Mean | SD | df | t-value | t-critical |
|---|---|---|---|---|---|---|
| M | 30 | 28.99 | 8.06 | | | |
| | | | 148 | -.55 | | 1.96 |
| F | 120 | 29.85 | 9.14 | | | |
| P< .5, df = 148; Crit. = 1.96 | | | | | | |

The analysis in table 1 above produced a t-value of - .55, while the critical t-value of 1.96 was obtained at 0.05 confidence level with 148 degree of freedom. It was found to be less than the critical of 1.96. Based on this analysis, the null hypothesis was retained. This means that there was no significant difference between the perception of the counsellors and those of community health workers based on gender.

**Hypothesis Two**: There is no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies to be adopted for females to cope with risky sexual behaviour on the basis of religion.

**Table 2:** T-test Analysis on Effectiveness of Reproductive Health Counselling Strategies on Risky Sexual Behavior of Females on the Basis of Religion.

| Group | N | Mean | SD | df | t-value | t-critical |
|---|---|---|---|---|---|---|
| Muslim | 60 | 28.44 | 8.99 | | | |
| | | | 148 | -2.88 | 1.96 | |
| Christians | 90 | 29.77 | 11. 64 | | | |
| P< 0.05, Df = 148; Crit. = 1.96 | | | | | | |

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The analysis in table 2 computed a t-value of -2.88. When this was compared with the critical t-value of 1.96 at 0.05 at confidence level with 148 degree of freedom, it was found to be less based on this analysis, the null hypothesis was retained. This means that there was no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies on the basis of religion.

**Hypothesis Three**: There is no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies to be adopted for females to cope with risky sexual behaviour on the basis of location.

**Table 3**: T-test Analysis on Effectiveness of Reproductive Health Counselling Strategies on Risky Sexual Behaviour of Females on the Basis of location.

| Group | Mean | SD | SD | t-value | t-critical |
|---|---|---|---|---|---|
| Rural | 75 | 33.82 | 7.11 | | |
| | | | | -4.095 | 1.96 |
| Urban | 75 | 34.91 | 12. 22 | | |

The analysis in table 3 above computed at value of t– 4.095. When this was compared with the critical t-value of 1.96 at 0.05 at confidence level with 148 degree of freedom, it was found to be less. Based on this analysis, the null hypothesis was retained. This means that was no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies on the basis of location.

**Discussion**

The result of the study in hypothesis one revealed that there was no significant difference between the perception of counsellors and community health workers on reproductive health counselling strategies to make females cope with risky sexual behaviour. The computed t-value of -.55 is less than the critical t-value of 1.96 at 0.05 level. The mean for male respondents of 28.99 is only a little bit less than the mean for female respondents of 29.85. This also answers the first

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research question that the perception of the two cohorts of counsellors and health workers are almost the same. This result is in tune with the studies byAni (2013), Pal, Hande and Khatri (2013) who reported that individual and group counselling, enlightenment campaign strategies and sensitization approaches through the use of media were very effective in making females cope with risky sexual behaviour manifestations in Gwagwalada Local Council Area.

The second hypothesis revealed that there was no significant difference between the perception of counsellors and community health works on the use of reproductive health counselling strategies to make females cope with risky sexual behaviour. The computed t-value of -2.88 is less than the critical t-value of 1.96 at 0.05 level of significance. The mean for Muslims, 28.44, is a little bit greater than the mean for Christians 29.77. This also answers the second research question that the perception of two groups of respondents are almost the same. This result is in line with the findings by Popenoel (2002) Grief (2003) Bernis and Re her (2007), Entisar and Amaal (2015), Skolnick (2009)and Anil, 2013) whose studies reported that the use of cognitive restructuring, discussion, deliberations, conformation, national emotive therapy could influence the management of risky sexual behaviour exhibited by females so as to improve their lives for future development.

The third hypothesis showed the statistical analysis that there was no significant difference between the perception of counselors and the community health workers on the use of reproductive health counselling strategies to enable females cope with risky sexual behavior. The calculated t-value of -4.95. When this was compared with the critical t-value of 1.96 at 0.05 at confidence level with 148 degrees of freedom, it was found to be less. The mean for the respondents in the urban town of Gwagwalada, 34.91, it showed that there was a little gap with the rural respondents with mean of 33.82. This result corroborates with the result studies by Makinde (2007), Oladele (2007), Malik (2007) and Ituah (2017) who reported that interactive sessions and exchange of ideas, sex and sexuality education, community based counselling, pastoral counselling, family planning, debate, role-play and drama in formidable environment like schools, town halls are capable of helping females to manage risky sexual behaviour manifestations.

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It should be emphasized that health is the condition of a person's body or mind. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, in all matters relating to the reproductive system and its functional process. According to Action Health Incorporated (AHD) (2003), reproductive health is the ability to have a satisfying and safe sex, life, capability to reproduce and freedom to decide it, when and how often to do so. Reproductive methods of birth control, health care services, implementation of health education problems regarding pregnancy and child birth are very paramount. International Reproductive Health aims at providing females with the best chance of having healthy infant and preventing reproductive ill-health, which accounts for 20% of the global burden of ill-health for women(WHO, 2013). Therefore, ensuring healthy reproductive life for female would include paying more attention to the maintenance of hygiene, regular breast examination to check for any signs and symptoms of Sexually Transmitted Infections (STIs) and prompt treatment. Due to psychological changes in the body make-up of females, most female students seem not to be able to adequately control their sexual propensities. These biological changes signaling maturity in the course of their growth and development, together with other factors, tend to make females misbehave and sometimes drop-out of school prematurely to satisfy their ego.
Reproductive counselling strategies are preventing approaches for female's health, reproductive needs and challenges, such as biological needs, psychological needs which are viewed as special mental states and mind of individual clients or conscious stress dissatisfaction, discomfort and socio-cultural needs.

**Conclusion**

This study revealed that risky sexual behaviour among females can be managed by the adoption of reproductive health counselling strategies. These include individual and group counselling, enlightenment, sensitization, advocacy campaign through the media, cognitive restructuring, discussion, deliberations, confrontation, rational emotive therapy, family planning, pastoral counselling, debate, role-play and drama among students in schools, community-based counselling and sexuality education. Counselling can help clients to take rational

control over their bodily feelings. Different strategies can help clients to regain their self-confidence she has lost as result of risky sexual behaviour so that she can utilize her potentials for the development of self and the society.

**Recommendations**

Based on the findings, the following recommendations are proffered:

- Community health workers should be increased in various community centres, particularly in rural areas so as to make females mitigate their risky sexual behaviour and also cope with reproductive health challenges.
- Government should establish community health centres so that the health workers could be posted to these centres to be of good help to urban and rural dwellers, particularly to cope with risky sexual behaviour and reproductive health issues.
- Counsellors should collaborate with community health workers so that they can collectively intervene in areas of need of students and other community members, in respect of risky sexual behaviour and reproductive health problems.
- Government should adequately equip all health and counselling centre to enable the professionals discharge responsibilities as at when due.
- Risky sexual behaviour exhibited by females should be cautioned by parents and elders or school counsellors for counselling and health centres for necessary action, if it is reproductive health challenges.
- Victims of risky sexual behavior among females should be rehabilitated and be encouraged for continuing education to enable female citizens exercise their rights to education, health, security and nation building.

**References**

Action Health Incorporated (AHI) (2003) *Comprehensive Sexuality Education:Trainer's Resources Manual*. Lagos. AHI Publications.

Anil, B.S.C (2013) Climacteris symptoms among women in rural area in kerala. Journal *of Evolution of Medical and Dental Sciences;* 2, 19, 08-13.

Bernis, C. & Reher, D. (2007) Environmental aspects of menopausal aspects of menopause in Spain: Comparative result from recent research. *Menopause;* 14, 777-786.

Boumrid, D (2003) Effective parenting during the early adolescent transition. *Family Transition Journal of Science Issues* 34(2), 1-14.

Entisar, A.E.E & Amaal, M. A. E. (2015) knowledge of women in reproductive age about menopausal problems and preventive health behaviours in Tanta city. *Journal of Nursing and Health Science* 4, 3, 11, Retrieved from 28/12/019 from www.iosrjournals.org 51 page

Grief, E. (2003) building protective factors to offset sexual risky behavior among black youth: A rationalized control trail. *Journal of Behavioural Science*, 19 (12), 110-112.

Ituah, N.R.O (2017) Consequences of female genital mutilation in Women's health and reproductive needs in Lagos State Nigeria. *The Counsellor*, 36(1), 223-225.

Jose, F. (2000) HIV/AIDS knowledge, behavior and beliefs among South African University Students. *Journal of Social Aspect of HIV/AIDS*, 8(4), 163-168.

Kaplan, A. (2004) *Deviant behavior in defense of self*. New York: Academic Press

Klin, F. (2013) *Holding the line with a watchful eye: The impact of perceived parental permissiveness and parental monitoring on risky sexual behavior among adolescents.* Retrieved from hht://guilfordjournals.com/doc/abs/10.1521/aeap 14.2.13823899 on 5th of May, 2019.

Makinde, B.O. (2007) *Understanding adolescence*. Lagos: Mandate Communications Ltd.

Malik, N. (2007) Associated factors military undergraduate students of Ekiti State University. *Journal of Education* 5(3) 20-22

Oladele, J.O (2007) *Guidance and counselling: A functional approach,* Lagos: Johns-Lad Publishers

Pal, A., Hande, D. & Khatri, S. (2013) Assesment of menopausal symptoms in pre menopause and post menopause women above 40 years in rural area. *International Journal of Health & Biomedical Research;* 1, 3, 166-172.

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Popenoe, D. (2002) *Life without father;* New Jersey; NCFR Publishers.

Skolnick, A.S. (2009) *Family in transition.* New York: New York University Press.

WHO (2013) *Management of Pregnancy, child birth and the post parturn period in the presence of genital mutilation*. WHO Publications.