EFFECTS OF COUNTER-ATTITUDINAL ADVOCACY AND EMOTIONAL COACHING ON ATTITUDE TO SEXUAL INTERCOURSE 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 attitude to sexual intercourse among adolescents in senior secondary schools. Two research hypotheses were formulated to guide the study. 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. Data collection instrument was the Sexual Risk Survey Scale, risky sexual behaviour, Beliefs and Self Efficacy Scales. The hypotheses formulated were tested using Analysis of Covariance (ANCOVA). Findings from the study revealed that there is a significant difference in the post-test scores on attitudes towards sexual intercourse among students after exposure to counter attitudinal-advocacy and emotional coaching therapy. The interaction of gender and experimental conditions did not produce significant effect on the post-test scores on attitude to sexual intercourse.. Based on the findings it is recommended that there should be an integration of counter-attitudinal advocacy and emotional coaching in remediating predisposition of adolescents to risky sexual behaviours.

Keywords: Counter-Attitudinal Advocacy, Emotional Coaching, Attitude to Sexual Intercourse

Introduction

This trend in sexual activity at a young age keeps increasing at an alarming rate. In many countries, the majority of young people are known to be sexually active before the age of 20, and premarital sex is common among 15 to 19 year old adolescents. They often practice sex in unsafe conditions which expose them to various sexual and reproductive health problems. Risky Sexual behaviour is defined as any sexual activities that raise the possibility of contracting a sexually transmitted disease or becoming pregnant unintentionally when engaging in sexual contact with another person. Risky sexual behaviours can be in the form of early initiation of sex, sexual intercourse in exchange for resources (sex trade), sexual violence encounters, anal or oral intercourse and any sexual activity under the influence of alcohol. It

also includes, having a high risk partner, that is, one who has multiple sex partners, other risk factors, and who injects drugs (Perera & Abeysena, 2018).

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. Many adolescents become sexually active at this period of growth. It is therefore necessary for them to imbibe healthy sexual awareness and development. This is mandatory for the future health status of the adolescents and may contribute to their holistic personal well-being (Gilbert-Roberts, 2014).

The consequences of these risky sexual behaviours are dire and sometimes contribute to premature deaths. Sexual behaviour includes all activities which gratify an individual's sexual needs. It involves sexual practices, sexual relationships, reproductive health, sexually transmitted infections (STIs) and contraception (Chawler & Sarkar, 2019). There have been many reasons adduced for adolescent engagement in risky sexual behaviours. One of the major reasons is the use alcohol and drugs which impair judgement and make unsafe sex more likely. Adolescents who are vulnerable to risky sexual behaviours seem to be the ones with; negative self-concept, parental divorce, weak religious beliefs and those who are escaping sexual rejection. On the contrary, religion, parental care, education, health literacy and active participation in work activities act as protective factors (Batool, Khodabakhsh & Emad, 2023). Risky sexual behaviours could also be associated with poor social support, living without a family member, and experiencing parental neglect.

Statement of the Problem

Indiscriminate sexual activities have been known as the major cause of high rates of sexually transmitted infections (STIs), such as HIV/AIDS, human papilloma virus among others. They have also led to issues such as, unwanted pregnancies, unsafe abortions, female school dropouts, teen births, and others. Many of the adolescents in secondary schools have been observed to engage in sexual intercourse without any form of protection. A good of them know about condoms, but they do not use them. Adolescent vulnerability to risky sexual behaviours constitutes a variety of consequences which may cause maladjustment throughout life or may be potentially fatal.

Research Questions

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

g) To what extent would there be any difference in the post-test mean scores on attitude to sexual intercourse among participants in the three experimental groups?
h) What is the extent of the difference in post-test mean scores on attitude to sexual intercourse due to interaction effects of gender and experimental groups?

Hypotheses

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

1. There is no significant difference in post-test mean scores on attitude towards condom use among participants in the three experimental groups.
2. 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. The design was chosen because the study involved human beings where proper randomization of subjects may not be permissible. 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 but were taught about effective study habits. Pre- and post-test were administered to the three groups.

The target population of this study comprised all senior secondary school students (SS2) in public schools in Oyo state. 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 ten 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.

The Sexual Risk Behaviour, Beliefs and Self-Efficacy Scales were used for data collection in the study. The instrument was 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- and 4-point Likert-type response format. The range scales include: attitudes about sexual intercourse, attitudes about condom use, norms about sexual intercourse, norms about condom use, and barriers to condom use. Two items are scored in reverse, that is; attitudes to sexual intercourse and norms about sexual intercourse. The internal consistency for each of the scales ranged from 0.84 to 0.61.

The researcher obtained a letter of introduction from the department of Educational Foundations, Faculty of Education, University of Lagos. This was submitted to the Teaching service Commission of Oyo State to seek permission to conduct the research in the selected Education zones. Permission was granted and with copies of the approval letters, the researcher proceeded to the schools for the study.

Two graduate students of Guidance and Counselling from a recognized university were appointed and trained by the researcher. The training included how to administer and score the instruments. The training was done twice in a week for 2 weeks.

This study lasted for a period of eight (8) weeks during which the intervention packages were delivered to the participants by the researcher with the help of the research assistants. This

study was carried out in four phases. The researcher and the research assistants administered all the research instruments to the participants as a pre-test. This was done one week before the treatment session. There were two treatment groups and one control group. Group one was exposed to counter-attitudinal advocacy, while group two was exposed to emotional coaching. Group three was exposed to control condition. The treatment lasted one hour per session for eight weeks. All the research instruments were re-administered as post-tests to the respondents in the three experimental groups.

Counter-attitudinal advocacy seeks to elicit in an individual, the ability to assert a position which is in opposition or counters their previously held opinions. It is a process of publicly communicating a belief which runs counter to a belief that an individual holds. This helps the individual to change their original belief, in order for it to be in accordance with their statement. It is based on the concept that "beliefs and attitudes" must maintain a degree of consistency.

The main goal of emotional coaching therapy in this study is to counsel adolescent students on emotion identification, control, and management when faced with decision-making on critical issues such as involvement in risky sexual behaviours. Emotional coaching is a future-oriented transformational process where the coach and the client work together to develop a plan to reach goals which have been identified as being important for the well-being of the client. It relies on positive communication and non-disciplinarian collaborative relationship.

The participants in this group did not receive any of the two treatments after the pre-test.

Descriptive and inferential statistics were used to analyse the data collected. Analysis of covariance (ANCOVA) was used to test the hypotheses formulated. All hypotheses were tested at 0. 05 level of significance

Results

Hypothesis One

There is no significant difference in post-test scores on attitude to sexual intercourse among participants in the three experimental groups. This hypothesis was tested with One-Way Analysis of Covariance. The result of the analysis is presented in table 1.

Table 1: Descriptive Analysis on Attitudes to Sexual Intercourse based on Experimental Group

Experimental Group		Pre-test	Post-test	Mean difference
Counter Attitudinal Advocacy	Mean	11.48	8.36	-3.12
	N	33	33	
	SD	2.37	2.34	
Emotional Coaching Therapy	Mean	12.53	9.24	-3.29
	N	38	38	
	SD	3.09	2.54	
Control Group	Mean	11.11	11.00	-0.11
	N	35	35	
	SD	2.64	2.68	
Total	Mean	11.74	9.55	-2.19
	N	106	106	
	SD	2.78	2.73	

Table 1 is showing analysis of attitudes towards sexual intercourse based on experimental group. The results show that pre-test mean scores of the participants were (Mean=11.48, SD = 2.37) in counter attitudinal advocacy; (Mean = 12.53, SD = 3.09) in emotional coaching therapy; and (Mean = 11.11, SD =2.64) in control group respectively. After the treatment, participants exposed to intervention programmes had lower mean scores of (Mean=8.36, SD =2.34) in counter attitudinal advocacy; (Mean = 9.24, SD = 2.54) in emotional coaching therapy respectively than the control group with (Mean = 11.00, SD = 2.68) respectively. The observed mean difference of -3.12 in counter attitudinal advocacy and -3.29 in emotional coaching therapy indicated the effectiveness of the intervention programmes.

Table 2: ANCOVA Result on Post-test Attitudes towards Sexual Intercourse based on Experimental Group

Source	Sum of Squares	Df	Mean Square	F	p value
Corrected Model	453.694[a]	3	151.231	46.948	.000
Intercept	18.789	1	18.789	5.833	.018
Covariate	329.934	1	329.934	102.423	.000
Group	177.316	2	88.658	27.523	.000*
Error	328.571	102	3.221		
Total	782.264	105			

* Significant, p value (0.000) < 0.05

The data in Table 2 shows the difference in post-test scores on attitudes towards sexual intercourse among the three groups. From the results, there is a significant difference in the post-test scores on attitudes towards sexual intercourse of students after exposure to counter

attitudinal advocacy and emotional coaching therapy, because the calculated F-value of 27.523 is greater than the critical value F (2, 102) = 3.085465 at 0.05 level of significance. Based on the significant F-value obtained, a Post-Hoc analysis was done using Bonferroni method to determine which of the groups differs from the other in attitudes towards sexual intercourse, and the trend of the difference.

Table : Multiple Comparison of Experimental Groups on Attitudes towards Sexual Intercourse

(I) Experimental Group	(J) Experimental Group	Mean Difference (I-J)	Std. Error	p value
Counter Attitudinal Advocacy	Emotional Coaching Therapy	-.192	.432	.658n.s
	Control Group	-2.879*	.436	.000*
Emotional Coaching Therapy	Counter Attitudinal Advocacy	.192	.432	.658
	Control Group	-2.687*	.430	.000*
Control Group	Counter Attitudinal Advocacy	2.879*	.436	.000
	Emotional Coaching Therapy	2.687*	.430	.000

* Significant, p value < 0.05
n.s. = not significant p value > 0.05.

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 attitudes towards sexual intercourse 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 attitudes towards sexual intercourse among students (P=0.658>0.05).

Hypothesis Two

There is no significant difference in post-test scores on attitude to sexual intercourse 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 presented table 4.

Table 4: Pre-Test and Post-Test Scores on Attitudes towards Sexual Intercourse Based On Gender

Gender		Pre-test	Post-test	Mean Difference
Male	Mean	11.95	9.81	-2.14
	N	58	58	
	SD	2.77	2.47	
Female	Mean	11.48	9.23	-2.25
	N	48	48	
	SD	2.80	3.01	
Total	Mean	11.74	9.55	-2.19
	N	106	106	
	SD	2.78	2.73	

Table 4 shows the pre-test and post-test scores on attitudes towards sexual intercourse based on gender. For male participants, the results show that pre-test mean scores of the participants were (Mean=11.95, SD = 2.77) on attitudes towards sexual intercourse. For female participants, the results show that pre-test mean scores of the participants were (Mean=11.48, SD = 2.80) on attitudes towards sexual intercourse. After the treatment, male and female participants exposed to intervention programmes had lower mean score of (Mean=9.81, SD =2.47) and (Mean=9.23, SD =3.01) in attitudes towards sexual intercourse respectively. The observed mean difference of -2.14 and -2.25 in attitudes towards sexual intercourse indicated the effectiveness of the gender.

Table 5: ANCOVA Result on Post-test Attitudes towards Sexual Intercourse based on Gender and Experimental Group

Source	Sum of Squares	Df	Mean Square	F	p value
Corrected Model	460.125a	6	76.688	23.568	.000
Intercept	22.150	1	22.150	6.807	.010
Covariate	296.945	1	296.945	91.258	.000
Gender	.154	1	.154	.047	.828
Group	181.211	2	90.606	27.845	.000
Gender Vs. Group	6.326	2	3.163	.972	.382$^{n.s}$
Error	322.139	99	3.254		
Total	782.264	105			

n.s. = not significant, p value (0.382) > 0.05.

The data in Table 5 shows the post-test attitudes towards sexual intercourse due to gender and experimental group. From the results, there is no significant difference in post-test scores on attitudes towards sexual intercourse due to interaction effects of gender and experimental

groups, because the p value of 0.382 greater 0.05 level. It can be concluded that there is no significant difference in post-test scores on attitudes towards sexual intercourse due to interaction effects of gender and experimental groups, because null hypothesis failed to be rejected.

Discussion of findings

Findings from hypothesis one reveal that there is significant difference in attitude towards sexual intercourse among adolescents after exposure to counter-attitudinal advocacy, emotional coaching therapy, and the control group. Consequently, hypothesis two was rejected. Findings from this study also revealed that emotional coaching had a higher effect than counter attitudinal advocacy on attitude to sexual intercourse among participants, while counter attitudinal advocacy had a higher improvement when compared with the control group. This study is in agreement with the study carried out by Weiler, Zhou, Krafchick, Zimmerman, Haddock, Frank, Joseph, and Mickelson (2025),which showed that EC was rated as highly feasible, acceptable, appropriate, and effective strategy for achieving attitudinal and behavioural changes in youths and their adult mentors.

Findings from hypothesis two revealed that there is no significant difference in attitudes towards sexual intercourse due to the interaction effects of gender and experimental groups. Consequently, the null hypothesis was retained. This is supported by the study conducted by Lefkowitz, Shearer, Gillen, and Espinosa-Hernandez (2014) which suggests the importance of examining gender roles in sexual behaviours and beliefs by assessing multiple gendered attitudes, rather than simply considering biological sex. On the contrary, the research conducted by Czaderny (2024) claimed that gender differentiated the relationship between sexual knowledge and sexual activity. It revealed that the moderating effect could reflect gender differences in the motives of sexual activity of adolescents. It concluded that the early and intense sexual activity exhibited by boys with limited sexual knowledge exposed them to sexually transmitted diseases and unintended parenthood.

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. Emotional coaching therapy significantly reduced students' attitude to risky sexual activities due to the emotion regulation skills that they were exposed to. The study also established that there are no significant gender differences due to the treatment outcomes.

Recommendations

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

1. Both counter-attitudinal advocacy and emotional coaching should be integrated into interventions aimed at curbing risky sexual behaviours among adolescents in senior secondary schools.
2. Emotional coaching should be employed more by counsellors and other stakeholders to improve the sexual health of their adolescent clients who have the tendency to engage in risky sexual behaviours. This is because emotional regulation will assist the adolescents in their inter-personal relationships later in life.
3. The two interventions should be employed by counsellors to prevent teenagers from early involvement in risky sexual activities.

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