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Assessment of the Implementation of School-Health Program on Prevention of Unsafe Sexual Practices among Students of West Itam Secondary School, Uyo

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Abstract:

Adolescent engagement in unsafe sexual practices remains a public health concern in Nigeria despite the presence of school health programs. This study assessed the implementation of the school-health program in preventing unsafe sexual practices among students of West Itam Secondary School, Uyo. A descriptive design was adopted. A sample of 226 students was selected from a population of 521 using Taro Yamane's formula and stratified random sampling. Structured questionnaires were used for data collection. Findings revealed that 66.4% of students reported the availability of a school health program. Moderate knowledge of sexual health education was most common (44.2%), and 57.5% held a positive attitude. Chi-square analysis showed significant relationships between the prevention of unsafe sexual practices and program availability, knowledge level, program outcomes, and socio-cultural factors. However, no significant relationship was found with student attitude. The study concludes that while implementation is evident, gaps in awareness and delivery persist. Recommendations include improved training for facilitators, enhanced monitoring, peer education, and integration of technology to strengthen program impact.

Keywords: School Health Program, Unsafe Sexual Practices, Adolescents, Sexual Health Education

1. Introduction

Adolescent health represents a significant global public health challenge, with unsafe sexual practices being a critical area of concern. These practices, including unprotected intercourse and multiple sexual partners, elevate the risk of sexually transmitted infections (STIs), HIV/AIDS, and unintended pregnancies, with profound implications for adolescents' well-being and development [1]. In Nigeria, these challenges are exacerbated by pervasive poverty, inadequate access to healthcare, and cultural norms that hinder open discussions about sexual health [2].

School health programs have emerged as pivotal interventions to address these multifaceted challenges by integrating comprehensive health education into the school curriculum [3]. The Nigerian government has implemented policies advocating for comprehensive sexual health education promotion among

young people [4]. However, despite these efforts, risky sexual behaviour persists, and there is a critical need to assess the implementation and effectiveness of these programs at the local level, particularly in contexts like Uyo, Akwa Ibom State.

This study, therefore, aimed to assess the implementation of the school-health program on the prevention of unsafe sexual practices among students of West Itam Secondary School, Uyo. The specific objectives were to assess the availability of the program, determine students' level of knowledge and attitudes, evaluate the program's outcomes, and identify socio-cultural factors influencing its implementation.

2. Methods

2.1 Research Design and Area

A descriptive research design was adopted for this study. The study was conducted at West Itam Secondary School, Uyo, Akwa Ibom State.

2.2 Population and Sampling

The target population consisted of 521 adolescents in SS1 to SS3. The sample size was determined using Taro Yamane's formula, yielding a minimum of 226 students. A stratified random sampling technique was used to select participants proportionally from each class.

2.3 Data Collection

Data were collected over four days using a structured questionnaire. The instrument was validated for content and face validity and tested for reliability. A total of 226 questionnaires were distributed and retrieved, giving a 100% response rate.

2.4 Data Analysis

Data were analyzed using descriptive statistics (frequencies and percentages) and inferential statistics (Chi-square test) to test hypotheses at a 0.05 level of significance. Analysis was performed using the Statistical Package for the Social Sciences (SPSS).

2.5 Ethical Consideration

Ethical approval was obtained from the institution's ethical committee. Informed consent was secured from the school, parents, and students. Confidentiality and anonymity of the respondents were maintained.

3. Results

3.1 Demographic Characteristics of Respondents

Table 1 shows the demographic profile of the 226 respondents. There was a near-equal gender distribution (48.7% male, 51.3% female). Most respondents (55.8%) were aged 16-18 years, and they were well-distributed across SS1 (35.4%), SS2 (34.5%), and SS3 (30.1%) classes.

Table 1: Demographic Profile of Respondents (n = 226)

Variables	Group	Frequency (n)	Percentage (%)
Gender	Male	110	48.7%
	Female	116	51.3%
Age Group	13–15 years	100	44.2%
	16–18 years	126	55.8%
Class	SS1	80	35.4%
	SS2	78	34.5%
	SS3	68	30.1%

3.2 Analysis of Research Objectives

Table 2: Availability of School Health Program

Response	Frequency (n)	Percentage (%)
Yes	150	66.4%
No	76	33.6%
Total	**226**	**100%**

As shown in Table 2, 66.4% (n=150) of students confirmed the availability of a school health program, while 33.6% (n=76)

reported its unavailability.

Table 3: Level of Knowledge on Sexual Health

Knowledge Level	Frequency (n)	Percentage (%)
Low	50	22.1%
Moderate	100	44.2%
High	76	33.6%
Total	**226**	**100%**

Education

Table 3 indicates that 44.2% (n=100) of the students had a moderate level of knowledge regarding sexual health education, followed by 33.6% (n=76) with high knowledge and 22.1% (n=50) with low knowledge.

Table 4: Attitude towards School Health Program

Attitude	Frequency (n)	Percentage (%)
Positive	130	57.5%
Neutral	60	26.5%
Negative	36	15.9%
Total	**226**	**100%**

Majority of the students (57.5%, n=130) had a positive attitude towards the SHP. Regarding outcomes, 61.9% (n=140) reported that the program had improved their understanding and practices related to unsafe sexual practices.

Table 5: Outcome of School Health Program

Outcome	Frequency (n)	Percentage (%)
Improved	140	61.9%
Not Improved	86	38.1%
Total	**226**	**100%**

The program led to improvement for 61.9% of students, showing it has a positive impact. However, 38.1% reported no improvement, revealing a substantial gap in its effectiveness for a large group of students.

Table 6: Socio-Cultural Influence on Implementation

Influence	Frequency (n)	Percentage (%)
Significant Influence	160	70.8%
Not Significant	66	29.2%

Influence	Frequency (n)	Percentage (%)
Total	**226**	**100%**

A significant 70.8% (n=160) of respondents indicated that socio-cultural factors significantly influence the implementation of the SHP.

3.3 Hypothesis Testing

The results of the chi-square tests for the hypotheses are summarized in Table 4. Significant relationships were found between the prevention of unsafe sexual practices and program availability (H1), knowledge level (H2), program outcomes (H4), and socio-cultural factors (H5). However, there was no significant relationship between students' attitudes and the prevention of unsafe sexual practices (H3).

Table 4: Chi-Square Test Results for Research Hypotheses

Hypothesis	Variables Examined	χ^2	p-value	Decision
H1	Availability vs. Prevention of Unsafe Sexual Practices	5.23	0.022	Reject H0 (Significant)
H2	Level of Knowledge vs. Prevention of Unsafe Sexual Practices	7.45	0.024	Reject H0 (Significant)
H3	Attitude vs. Prevention of Unsafe Sexual Practices	4.10	0.128	Fail to Reject H0 (Not Significant)
H4	Outcome vs. Prevention of Unsafe Sexual Practices	6.89	0.009	Reject H0 (Significant)
H5	Socio-Cultural Factors vs. Program Implementation	8.12	0.004	Reject H0 (Significant)

4. Discussion

This study provides valuable insights into the implementation of the SHP at West Itam Secondary School. The finding that 66.4% of students were aware of the program indicates a reasonable level of implementation, which is a foundational step for any school-based intervention [5]. However, the fact that one-third of the students were unaware highlights a significant gap in program visibility or consistent delivery across all student groups.

The predominance of moderate knowledge (44.2%) suggests that the program has been partially effective in disseminating information. This aligns with studies that note the potential of SHPs to improve knowledge but also point to common deficiencies in depth and retention of information [6]. The significant relationship between knowledge level and the prevention of unsafe practices (p=0.024) underscores the importance of knowledge as a precursor to behavior change, consistent with the individual level of the Social Ecological Model that guides this study [7].

A crucial finding was the non-significant relationship between student attitude and the prevention of unsafe sexual practices (p=0.128). This indicates that positive attitudes, while present in the majority of students, do not directly translate into safer behaviors. This disconnect suggests the presence of other mediating factors, such as peer pressure, lack of self-efficacy, or limited access to sexual health services, which can override positive attitudes [8].

The strong influence of socio-cultural factors (70.8% reported significant influence, p=0.004) reaffirms that the broader community and cultural environment profoundly shape the reception and effectiveness of sexual health education. Cultural taboos and religious beliefs can create resistance, hinder open discussion, and lead to the censoring of content, thereby diluting the program's comprehensiveness [9].

5. Conclusion

The school-health program at West Itam Secondary School demonstrates considerable potential but operates within significant constraints. Its availability has fostered a baseline of knowledge and generally positive perceptions among students. However, the program's effectiveness in directly preventing unsafe sexual practices is more strongly linked to the depth of knowledge delivered, the tangible outcomes it produces, and the management of socio-cultural barriers than to students' attitudes alone. The study concludes that while implementation is evident, critical gaps in awareness, delivery depth, and cultural integration persist, limiting the program's overall impact.

6. Recommendations

Based on the findings, the following recommendations are proposed:

1. **Enhanced Teacher Training:** Implement continuous professional development for educators to build confidence and competence in

delivering comprehensive, culturally sensitive sexual health education.

2. **Strengthened Monitoring & Evaluation:** Establish a robust framework to regularly assess program reach, quality, and student outcomes, enabling data-driven improvements.
3. **Integration of Peer Education and Technology:** Leverage peer educators and digital tools (e.g., educational apps, videos) to make learning more relatable, engaging, and accessible to youth.
4. **Proactive Community Engagement:** Involve parents, community leaders, and religious figures in program planning and sensitization to build trust, reduce resistance, and ensure cultural relevance.

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