

Leveraging on School Guidance and Counselling to Combat Health-Risky Behaviors in the Niger Delta

by

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Abstract

The current study investigated the role of guidance and counseling in controlling health-compromising behaviors in a sample of undergraduates in Niger Delta, Nigeria. A quasi-experimental post-test-only nonequivalent control group design was used to study the effects of guidance and counseling on measures of health risk behaviors. Seventy-six participants were assigned to groups, with group A representing the experimental group and group B as the control group. An independent-samples t-test was conducted to compare guidance and counseling and non-guidance and counseling conditions. There was a significant difference in the score for G&C ($M = 4.3$, $SD = 1.6$) and no G&C ($M = 3.2$, $SD = 0.33$) groups; $t(74) = 3.89$, $p = 0.020$. These results suggest that G&C does affect health-compromising behavior. The result has implications for school counseling and risky behavior management. The study recommended that counseling psychologists and school counselors be well trained in the use of CBT in addressing risky behaviors, especially among adolescents.

Keywords: G&C, HCB, undergraduates, Niger Delta

Introduction

The intercorrelations between health-compromising habits among teenagers have become a significant source of worry over the years. Evidence suggests that young individuals participate in a variety of health-harming activities. (Ali Abdallah et al., 2020; AMakadma & Ramisety-Mikler, 2015; Curcio et al., 2015; Fulkeson et al., 2004; Govender et al., 2020; Groft et al., 2005; Kaplan et al., 2003; Lapsley et al., 2005; Stang et al., 2005; van Nieuwenhuijzen et al., 2009). Adolescent behaviors tend to follow up into adulthood (Kristensen et al., 2006). Human harmful acts to one's health, such as substance misuse, unprotected sex, reckless driving, drunkenness, and lack of exercise, are health-compromising behaviors. According to research, most chronic illnesses, impairments, and fatalities have been linked to these activities (Danaei et al., 2009; Mokdad et al., 2004; Plessz et al., 2020). Several disparate studies have highlighted the patterns of health-compromising behaviors (Azeredo et al., 2016; Friestad & Klepp, 2006; Keski-Rahkonen et al., 2003; Lastrucci et al., 2021; Lee & Liao, 2021; Loureiro & de Matos, 2014; Neumark-Sztainer et al., 1996; Nol, 2014; Vazsonyi et al., 2006). Excessive drinking, drug use, unprotected sex, and delinquent conduct are frequent co-occurring behaviors.

Actions, activities, or responses that can jeopardize an individual's health (self or others) are referred to as health-compromising behavior (Sun et al., 2021). It may establish a dangerous lifestyle that impacts cognitive performance, emotions, and general quality of life (Abdelsalam et al., 2016).

Adolescents are more likely to engage in many health-harming activities as they progress through life, especially throughout their teenage years. Adolescents' harmful behaviors stem from various causes, including drug experimentation, physical hazards, media exposure, and social conformity. Despite health promotion initiatives, teenagers continue to participate in high rates of health-threatening activities, as reported by (Das & Horton, 2012).

According to a study, university students are at a high risk of engaging in health-risky behaviors, leading to substantial physiological problems, social dysfunction, and psychological concerns (Abdelsalam et al., 2016). Most students enrolling in postsecondary institutions are in their adolescent years in today's schooling. These people are exposed to possibly dangerous activities because of their strong predisposition to sticking to societal standards. As a result, research into the patterns and frequency of this detrimental conduct in educational institutions must continue to prevent and manage risky behavior in teens. According to the evidence, many harmful behaviors permeate many aspects of students' lives in Nigeria. Common habits include alcoholism, risky sex, violent fighting, cultism, and smoking.

Multiple partnering, for example, is linked to risky sexual conduct (Ssekamatte et al., 2020) and higher incidences of relationship violence and sexual abuse. The amount of multi-partnering and sexual practices among teenagers is a significant source of worry. When comparing students to non-students, the likelihood of participating in unprotected sexual practices is much higher (Gebresllasie et al., 2017; Shayo & Kalomo, 2019). This is due to the partnering pattern and the resulting sexual consequence. One feature of risky sexual conduct, such as condomless sex, many sexual partners, rape, and so on, is that it is pleasurable, prompting the individual to desire to repeat the action. As a result, it is more difficult for teenagers to recognize the negative health consequences.

Binge drinking in alcoholism is associated with increased physical fights and aggression (de Carvalho et al., 2018; Svensson & Landberg, 2013). Drinking is commonly associated with the chance of participating in violent behavior such as fighting. Furthermore, alcohol is the most extensively consumed psychoactive drug globally, and its usage remains a significant public health problem (Eze & Uzoeghe, 2015; Olashore et al., 2018). Alcohol is a risk factor for various illnesses and injuries, including non-communicable diseases (Collaborators, 2018). Furthermore, greater alcohol use is linked to academic problems (Abikoye et al., 2014). As a result, continued alcohol consumption among students necessitates more forceful action in modern society.

According to the Problem Behavior Theory, physical fighting is a positive predictor of a variety of risky behaviors, including the ownership of deadly weapons (Pickett et al., 2005). In many nations, youth violence in schools is a common and chronic issue. Students get into physical confrontations, are bullied, threatened with weapons, and leave class due to safety concerns. Furthermore, cultism is undoubtedly one of the social vices prevalent in higher education. The most severe and humiliating problem confronting Nigerian tertiary campuses now is the resurgence and ferocity of cult activity. Cultism is thought to be the root of all evil in higher education. This problem has a detrimental impact on the image of institutions, the quality of learning, the integrity of graduates, and the loss of life.

Indeed, heavy smoking is a doorway to other health-harming activities such as drug usage (Patton et al., 2009). Despite the well-known adverse consequences of smoking on human health

(Ho, 2017; Kyriakopoulos et al., 2021; Tanimowo et al., 2014), current smoking rates among teenagers remain unacceptably high, with smoking beginning at younger and younger ages. At 12, youngsters are most likely to develop a cigarette addiction. Significantly, rates of smoking and drinking have remained high despite the development of substantial intervention initiatives to prevent kids from commencing these activities.

Authors have recently concentrated on identifying characteristics that increase or decrease the probability of teenagers in Nigeria participating in health-compromising activities (Akanni et al., 2017; Alawode et al., 2021; Udigwe et al., 2014). Peer influence (Shuaibu et al., 2020), lower social class and family characteristics (Olorunsola et al., 2021), and socioeconomic position (Olofinbiyi et al., 2019) have all been identified as factors that put teenagers at risk for health-threatening behaviors. The current study investigates the incidence of health-harming behavior at tertiary institutions in Nigeria's Enugu State. Perhaps there have been no recent updates regarding preventing dangerous health behavior, especially in light of rising rates of smoking and drinking and a diverse spectrum of life experiences on campus, including abuse, violence, unfavorable life events, and depressive symptoms.

Guidance and counseling

Because of the variety of challenges that individuals experience in vital fields of life, guidance and counseling have become elevated necessities today. The phrases counseling and guiding are used interchangeably. Counseling is one of the services provided by guidance counselors. It refers to the assistance of counsel in dealing with complicated challenges related to employment, education, personal relationships, and the socioeconomic environment. School counselors play a role in implementing guidance and counseling services to mainstream students (Bali & Othman, 2019). In tertiary institutions, guidance and counseling describe activities that offer a gateway to the existing student's behavioral challenges in the era of complex scientific and technological developments. School guidance and counseling are primarily instituted to facilitate behavior change, enhance coping skills, promote decision-making, improve relationships, and foster students' potential.

The role of school G&C is evident in the numerous approaches, orientation, or techniques used by the counselor to handle the problems of counselees. Indeed, school counselors adopt several methods to understand and find a solution to a problem presented by students. Counseling strategies in tertiary institutions entail the framework for correcting the propensity for risky health behaviors among students. For example, group guidance, group counseling, individual counseling, and responsive services with lecturing methods, discussion, short films, and modeling have been adopted to assist individuals in modifying their behavior, gaining knowledge of and acquiring social values, habits, and promoting healthy attitudes. Thus G&C strategies offer the key to easing the trend of health-compromising behaviors in tertiary institutions. The current paper examines utilizing the strategy in school's G&C units to combat the trend of health-compromising behaviors among undergraduates in tertiary institutions in Enugu State Nigeria

Hypothesis: G&C programs would significantly prevent health-compromising behaviors in tertiary institutions in Enugu state

Method

Participants in the present study included seventy-six undergraduates enrolled in different departments in the Ignatius Ajuru University of Education, Rivers State, Nigeria. The research was conducted in the 2023-2024 academic session and lasted for eight weeks. In particular, the participants included males and females within the age range of 18 – 28 years and mean age of ($M=9.13$) and ($SD= 1.21$) and in all years of study in the institutions. All participants consented to participate in the study. This study adopted a quasi-experimental posttest-only nonequivalent control group design to examine the effects of guidance and counseling on measures of health risk behaviors. The students were assigned to groups, with group A representing the experimental group and group B as the control group.

The experimental group (group A) was exposed to cognitive-behavioral counseling in the post-test. The experimental group received the counseling two times a week for eight weeks. The sections mainly were conducted after school hours and lasted for two hours. Cognitive-behavioral group counseling (CBGC) is a group counseling approach encompassing behavioral, cognitive, relational, and group procedures to tackle social and interpersonal challenges. The CBGC has extensive evidence from large and vigorous studies on effective counseling models. Cognitive-behavioral counseling provides a pathway to overcome psychological problems and couple the counseling to improve competencies needed for successful academic and life (Suranata et al., 2017). The cognitive-behavioral group counseling model has been widely used as an intervention to promote students' mental health, including resilience development, reduce test anxiety, enhance self-esteem, and promote coping (Dantes & Suranata, 2020; Hosseini et al., 2020). Notably, the control group was engaged in other school activities devoid of counseling-related tasks. For example, the control group was mainly exposed to different patterns of health-compromising behaviors, but they were not counseled.

Measure

A standardized questionnaire developed to measure the perception of health-related risk behaviors, which account for the majority of mortality, illness, and social crises among young people, was used to assess health-compromising behavior. The questionnaire assesses six dangerous health behaviors: smoking, drinking and other drug use, unsafe sexual conduct, food habits, and physical activity. Each of the hazardous health activities was evaluated by the respondents. The 40-item Likert-type instrument is graded on a 5-point scale. Following a pilot investigation, the scale's dependability was determined. The Cronbach's alpha coefficients demonstrated acceptable levels of instrument internal consistency reliabilities that are above the cutoff rules-of-thumb of .70 as advised for study purposes (Kaplan & Saccuzzo, 2013).

Result

Comparative research was employed in the study. Health-compromising behavior was assessed for the two groups after the post-test. Data were analyzed using the statistical package for social sciences (SPSS, Version 23). An independent-samples t-test was conducted to determine differences between the two groups on health-compromising behaviors. There was a significant difference in the score for G&C ($M = 4.3$, $SD = 1.6$) and no G&C ($M = 3.2$, $SD = 0.33$) groups; $t(74) = 3.89$, $p = 0.020$

Table: 1

Table showing the t-test comparison for the groups.

Source of variation	N	Mean	SD	df	<i>t</i>	Sig
Group A	39	4.3	1.6			
Group B	37	3.2	0.33	74	3.89	0.020

Discussion

The current study investigated the role of guidance and counseling in controlling health-compromising behaviors in a sample of undergraduates in Niger Delta. A quasi-experimental post-test-only nonequivalent control group design was used to study the effects of guidance and counseling on measures of health risk behaviors. Seventy-six participants were assigned to groups, with group A representing the experimental group and group B as the control group. An independent-samples t-test was conducted to compare guidance and counseling and non-guidance and counseling conditions. There was a significant difference in the score for G&C ($M = 4.3$, $SD = 1.6$) and no G&C ($M = 3.2$, $SD = 0.33$) groups; $t(74) = 3.89$, $p = 0.020$. These results suggest that G&C does affect health-compromising behavior. Specifically, the results suggest that when students receive adequate guidance and counseling, their awareness of risky health behavior increases. In other words, the ever-increasing prevalence of health-compromising behaviors among undergraduates may be combated using school guidance and counseling. Thus, the finding presupposes that effective school counseling is required if risky behaviors are controlled in younger individuals. The result corroborates previous findings that indicated the effectiveness of counseling in risky behaviors (Rakhmawati et al., 2018; Sari et al., 2021). For example, Toyin and Elizabeth (2019) found that cognitive behavior intervention was useful in reducing risky sexual behaviors among in-school adolescents. The present result reflects the usefulness of G&C in behavioral adaptation.

Conclusion

This present study examined guidance and counseling as a panacea for health-compromising behaviors in undergraduates. An independent t-test analysis demonstrated a significant difference between the experimental and control condition in health-compromising behavior. Thus, the study confirms that school guidance and counseling services are effective for student development and provide partial support for behavioral change, awareness of risky behaviors, and counseling delivery strategies in terms of actual service effects. While paying attention to the differences in delivery strategies, school administrators are advised to consider the indirect

impact of guidance and counseling on student development, which benefits the development and integration of comprehensive guidance services (Xiong et al., 2021). The findings of this study have crucial implications for school health educators and other health professionals who work to promote positive, healthy behavior and prevent other negative behaviors among school students. The preventive interventions in schools should include but not be limited to providing adolescents with skills and support to enhance positive change in their behaviors. The study recommended that counseling psychologists and school counselors be well trained in CBT in addressing risky behaviors, especially among adolescents.

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