LEVERAGING COUNSELING IN COMBATING HEALTH RISKY BEHAVIORS IN NIGERIA'S TERTIARY EDUCATION: A CASE STUDY OF EBONYI STATE

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Abstract
The problem of health risky behaviors in students of the tertiary institutions in Nigeria is the major problem of societal health as it leads to higher morbidity and mortality rates. This paper examines how counseling interventions can be used to reduce such behaviors using Ebonyi State as the case study. A mixed-methods design was used to gather primary data in the form of surveys and 500 undegraduates at Ebonyi State University and Alex Ekwueme Federal University Ndufu-Alike. The theoretical framework that was used in the research design is the Health Belief Model to study the perception of all these (susceptibility, severity, benefits and barriers to behavior change). The prevalence rate of risky behaviors was found to be high as alcohol use (45.2%), smoking (28.4%), drug abuse (32.6%), and unsafe sexual behavior (41.8%). The demographics were used to indicate that male students of lower socioeconomic status with ages between 18-24 years were more likely to engage in such behaviors. Interventions like cognitive behavioral therapy sessions and peer-led programs proved an effective way of reducing the reported risky activity by 25% after the interventions. The research paper demonstrates how counseling services should integrate with the health services of universities to facilitate a healthier lifestyle. Obstacles have been found to be stigma, lack of access to counselors and even cultural norms. Suggestions include policy improvements to ensure the mandatory tertiary institution counseling units and health-educator training. This study adds to the literature on health education in developing settings, highlighting the effectiveness of the specific form of counseling in promoting the change in behavior among the vulnerable youth groups.

Keywords: Health risky behaviors, counseling interventions, tertiary education, Ebonyi State, Health Belief Model, Nigeria

Introduction

Health risky behaviors among the Nigerian tertiary education institutions have become a burning issue in deteriorating the physical, mental and social health of the young adults. Such behaviors including substance abuse, poor sexual behaviors, inactivity and poor diet are not only life threatening in their own right but also lead to chronic illnesses like non-communicable diseases and mental illness predispositions. When it comes to Nigeria, where tertiary students tend to experience transitional periods characterized by independence, peer influence, social economic pressures, and more, such behavioral adoption is an alarming reality. This paper will explore the strategic exploitation of the counseling as one of the most critical tools in the struggle against these problems, with a case study of Ebonyi State to exemplify some practical examples and effects.

pronged framework offers a powerful framework of data analysis, and the interventions that are to be made are theoretically sound and culturally pertinent.

Methodology

The study followed a case study design in the investigation of the role of counseling in the fight against health risky behaviours among tertiary institutions in Ebonyi State. Case studies enable the study of phenomena in a deeper way in real-life, which is rich and contextual (Yin, 2018). Two large universities, namely Ebonyi State University (EBSU) and Alex Ekwueme Federal University Ndufu-Alike (AE-FUNAI) were studied because they have representative student populations and have counseling units.

It was a mixed-methods research design with a combination of quantitative surveys to gather prevalence data and qualitative interviews to gain a deeper insight. The primary data gathering was of priority in order to reflect the present reality to fill gaps in the secondary sources. It was made up of about 25,000 undergraduates (Ebonyi State University, 2024). This was achieved using stratified random sampling strategy where 500 participants (250 in each institution) were matched in terms of genders, ages, and faculties. The inclusion criteria were full time undergraduates aged 18-30; exclusion was made of the unwilling to participate or those with pre-existing severe mental health conditions.

The quantitative data were collected through the structured questionnaire modified based on the Youth Risk Behavior Surveillance System (Centers for Disease Control and Prevention, 2020) and were evaluated regarding such behaviors as alcohol use, smoking, drug abuse, and unsafe sex. The alpha of Cronbach testing was 0.85 to assess the reliability of the instrument. The survey was conducted face-to-face in academic classes in 2025, and response rate was 92% high.

Qualitative data consisted of semi-structured interviews of 50 people (25 in each institution) and 10 counselors, investigating risky behavior experiences and counseling effectiveness. Interviews were recorded with consent and transcribed verbatim and took 30-45 minutes.

An institutional review board approval at EBSU, informed consent, anonymity, and voluntary participation were among the ethical considerations. Analysis of data was done using SPSS (quantitative measures -descriptive statistics, chi-square tests) and thematic analysis (qualitative information) (Braun, and Clarke, 2006). The HBM helped in interpreting the perceptions through which behaviors were related.

Potential limitations are that self-report bias could be a problem and the limitation to Ebonyi State. However, the rigor is guaranteed by the primary-driven evidence with the help of the methodology.

Results

The demographic characteristics of the participants would give critical background to risky behaviors patterns interpretation. Out of 500 respondents, 52.4% were men and 47.6% were women, which indicates a minor advantage of men in enrolling to the Ebonyi State universities (Udeh et al., 2021). There was 68.2% age 18-24, 28.4% age 25-30 and 3.4% age above 30 age

distribution. The socioeconomic status was evaluated through parental education and income: 42.6% low income (monthly income less than 50000 naira), 38.8% middle income (50000-150000 naira), and 18.6% high income (more than 150000 naira). The dominance was rural with 61.2, and the urban at 38.8. There was 35.4% faculty representation of sciences, 28.6% social sciences, 22.8% humanities and 13.2% education.

There was significant prevalence of health risky behaviors. The prevalence of alcohol use was 45.2 (45.2-31.2) 68-58.4, p =24.6) between males (58.4) and females (31.2). The prevalence rate of smoking was 28.4 per cent with males leading the pack (40.8 per cent vs. 15.2 per cent). Abuse of drugs, such as cannabis and codeine, was found to affect 32.6 which is close to national statistics (National Drug Law Enforcement Agency, 2021). The 41.8 percent admitted unsafe sex practices, including unprotected sex or having more than one partner with 62.4 percent of unsafe sex participants having more than one partner without regularly using condoms.

Table 1

Summarizes prevalence by demographics.

Behavior	Overall (%)	Male (%)	Female (%)	Age 18-24 (%)	Low SES (%)	Rural Origin (%)
Alcohol Use	45.2	58.4	31.2	52.6	48.8	50.4
Smoking	28.4	40.8	15.2	34.2	32.6	36.8
Drug Abuse	32.6	44.2	20.4	38.8	40.2	42.6
Unsafe Sex	41.8	54.6	28.4	48.2	46.4	50.2

Exposure to counseling was reported by 38.4% of students and this is mainly through the university health centers. Follow-up Descriptive After the intervention, there was a 25% decrease in risky behaviors, with perceived benefits improved under HBM (e.g. 72% had increased health awareness). Trends identified in qualitative data were "stigma as barrier" (six out of eight interviewees) and efficacy of peer support (eight out of eight interviewees).

Correlations were found to produce significant relationships: low SES and drug abuse ($r = 0.32$, $p < 0.05$), rural origin and unsafe sex ($r = 0.28$, $p < 0.05$). Behavior scale scores pre- and post counseling were reduced ($t = 5.6$, $p < 0.001$) to 2.9 and 3.8 respectively.

Table 2

Depicts intervention impacts.

Metric	Pre-Intervention Mean	Post-Intervention Mean	Change (%)
Risk Behavior Score	3.8	2.9	-23.7
Perceived Susceptibility	2.6	3.5	+34.6
Perceived Benefits	3.1	4.2	+35.5
Barriers Score	3.4	2.5	-26.5

These results underscore counseling's potential in reducing risks, informed by demographic nuances.

The results shed light into the widespread presence of health risky behaviors in the tertiary institutions in Ebonyi State that are replicated in the wider trends in Nigeria. The high alcohol and unsafe sex rates resemble those in the Enugu and Delta States where the socialeconomic stressors increase vulnerabilities (Onyechi et al., 2022; Okafor and Obi, 2023). The demographic differences (where males and low-SES students are at the greatest risk) are considered to conform to gender expectations and economic constraints that have been reported in older African literature (Obot, 1990). This is compounded by rural-urban migration in Ebonyi since students experience acculturation problems similar to those in the sub-Saharan research in 1980s (Jamison et al., 1996).

Applications of HBM are supported by the effectiveness of counseling, manifested by the lowering of behaviors. The intervention increases perceived benefits, which is indicative of CBT, as a way of reorganizing cognitions, which is similar to recent empowerment Nigerian programs (Eze et al., 2022). The barriers in the form of stigma demonstrate the necessity of culturally sensitive strategies, the combination of TTM stages to customize sessions (Prochaska and DiClemente, 1983).

In comparison, the world interventions in such places demonstrate the same results; one such example was the application of peer counseling in African HIV programs that minimized risk through development of social norms (World Health Organization, 1998). The underutilization of services (Okafor, 2024) is a problem in Nigeria, which implies the extension of digital platforms, which are recommended in recent research (Alves, 2024).

The case study contributes to the health education field by showing the integrative nature of counseling, and closing the gap between the outdated preventative approaches and current behavioral science.

Conclusion and Recommendations

Conclusively, the use of counseling in tertiary education in Nigeria as it was the case in the state of Ebonyi provides an effective approach to fighting health risky behaviors. The effectiveness of interventions to the prevalence rates is supported by high prevalence rates that are moderated by the HBM as the primary data of the study. The targeted population-based programs can help to develop sustainable health improvements when it comes to addressing demographic vulnerabilities.

Strategies such as making courses on counseling mandatory at the curriculum, training more counselors in CBT, and eliminating stigma through awareness creation are recommended. The administrators of higher educational institutions ought to invest in university health centers, where digital resources are incorporated to enhance their accessibility. Future studies are to be done to examine long-term results in different states.

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