

**Knowledge and Attitude to Sexually Transmitted Infections
and Premarital Sexual Behaviour of Adolescents with Hearing
Impairment in Selected Secondary Schools in Ibadan**

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Abstract

Adolescents in Nigeria are contributing to unfavorable indices of sexual and reproductive health ranging from sexually transmitted infections, unwanted pregnancies, and unsafe abortions to maternal mortality. Neglect of this population has major implications for the future as the sexual and reproductive behaviour imbibed during adolescence has a way of impacting upon adult life. This study, therefore, focused on knowledge and attitude to sexually transmitted infections and premarital sexual behaviour of adolescents with hearing impairment in selected secondary schools in Ibadan. Descriptive survey research design was adopted for this study. Sixty respondents were selected from public secondary schools using purposive sampling technique. The main instrument used in gathering data was a self-developed questionnaire on knowledge and attitude to sexually transmitted infections and premarital sexual behaviour of adolescents with hearing impairment. Three hypotheses were tested and one research

question was answered. The reliability coefficient of $r = .82$ was obtained using Pearson Product Moment Correlation Coefficient. Ten trained research assistants were used during data collection. Data were analyzed using frequency counts and percentages for the demographic part of the instrument and the research questions, while t-test was used to test the hypotheses formulated for the study. The result showed significant difference (Crit-t = 1.96, Cal.t = 2.387, df=58, $P < .05$) on attitude to sex between male and female adolescents with hearing impairment, while in the other two hypotheses centering on knowledge of sexually transmitted infections and premarital sexual behaviour as it has to do with male and female adolescents with hearing impairment no significant difference was found. On the preferred source of sex information, the result showed that 25 out of the 60 respondents representing 41.7% picked "Friends" as the preferred source. In conclusion, it was found that there is a significant difference in the attitude to sex between male and female adolescents with hearing impairment in selected secondary schools in Ibadan, while no significant difference was found between male and female adolescents with hearing impairment in relation to knowledge of sexually transmitted infections and premarital sexual behaviour. Therefore, it was recommended that hearing impaired adolescents should be assisted to have access to correct and adequate SRH information through the efforts of specialist teachers and counselors.

Keywords: Sexually Transmitted Infections, Premarital Sexual Behaviour, Adolescents, Hearing Impairment

Introduction

Adolescence is a critical period of development with dramatic physical and emotional changes that affect young people's health. All adolescents experience profound physical changes, rapid growth and development, and sexual maturation—often about the same time as they begin developing new relationships and intimacy. For many young people, adolescence is the time when they have their first sexual experience. In addition, young people experience psychological and social changes as they develop attitudes; abstract and critical thinking skills; a heightened

sense of self-awareness; responsibility and emotional independence; communication patterns; and behaviours related to interpersonal relationships (Weiss, Whelan & Gupta, 1996; WHO, 2004).

According to Joint United Nations Programme on HIV/AIDS (2000), Nigeria's birth rate for adolescents is one of the highest in the world, and the prevalent rate of sexually transmitted infections, including HIV, among female adolescents in Nigeria is climbing rapidly. In an effort to reduce its high maternal and infant mortality and high rates of sexually transmitted infections and dropout from school, Nigeria developed a national reproductive health policy in 2000 that focuses on preventing risky sexual behaviours during adolescence (World Health Organization, 2001). The development of a sound intervention programme is only dependent on a complete and up-to-date information on the sexual knowledge, attitudes and behaviours of adolescents in Nigeria.

These developmental changes and challenges are not limited to non-disabled adolescents, they cut across all divides. It is noteworthy that both hearing and hearing impaired adolescents go through the same developmental process with slight individual variability coming as a result of their impairment (Ademokoya and Oyewumi, 2000). The hearing-impaired people in Nigeria are some of the most disadvantaged individuals in society and their Sexual and Reproductive Health (SRH) needs have long been neglected (United Nation Population Fund, 2007). The consequence of the large population of adolescents have also generated considerable concern about the increasing and mounting sexual and reproductive health problems facing young people in Nigeria. According to Akinyemi (1998), hearing impairment, inability to hear and speak often makes it difficult to disseminate sex information to concerned adolescents. This also places a big burden on them in terms of acquisition of information related to sexuality and the attendant consequences of unsafe sexual behaviour. The danger inherent in this unfortunate development is that the uninformed, misinformed or insufficiently informed adolescents with hearing impairment may continue to engage

in unprotected sexual adventures, thereby spreading sexually transmitted infections.

The Nigerian society today has to grapple with many behavioural problems of its adolescents. Such problems include truancy, disobedience, drug offences, assault, rudeness, stealing, violent demonstrations, vandalism, examination malpractices, robbery, and secret cult activities (Nnachi, 2003). Apart from these widely publicized behavioural problems, heterosexual activities are also listed among types of behavioural problems prevalent in Nigerian secondary schools. These are variously named in the literature as sex abuse, sex offences, sexual misconduct, sexual immorality, sexual promiscuity, and sexual maladjustment (Odoemelam, 1996; Adedipe, 2000; Ndu, 2000; and Nnachi, 2003).

Adolescents' sexuality is the most exciting part of life (Ayakoka, 1991; Adebayo, 1996; Freedman, 2000). The foregoing assertion implies that if this aspect of the adolescents' life is not adequately managed, the outcome would be the exhibition of sexual behavioural patterns that are capable of producing such reproductive health problems as unwanted pregnancy, abortions, sexually transmitted diseases, gynecological problems, baby abandonment and single parenthood with all their unpleasant chain effects. Adolescents are the future generation. They thus need to be protected and guided in respect of behaviour molding. Adolescents have sexual and reproductive health needs that remain poorly understood or served in much of the world. The neglect of this population has major implications for the future because sexual and reproductive behaviour during adolescence have far reaching consequences for people's lives as they develop into adulthood (WHO, 2004).

This study therefore, focused on knowledge of sexually transmitted infections, attitude and premarital sexual behaviour among adolescents with hearing impairment in selected secondary schools in Ibadan.

Statement of the Problem

There appears to be a consensus among Nigerian researchers and observers that many traditional values are changing rapidly and for the worse (Naswen, 2001; Ezeh, 2001; Arumala, 2005 and Eruesegbefe, 2005). One area of life in which the decline of traditional values is obvious is in the area of sexuality. One major change has been the acceptance of pre-marital sex in a “love” relationship. The Nigerian culture no longer has a grip on the youths as our society seems to be plagued with decayed moral codes and values and so the sense of right and wrong is eroded. This affects the youths, adolescents inclusive, more than any other group as this is manifested in the acceptance of sex before marriage, homosexual behaviour, lesbianism, abortion, drug addiction and indecent dressing.

The level of sexual activity and the incidence of sexually transmitted diseases (STDs) are high among Nigerian adolescents, but use of reproductive health services is low. Information about their attitudes and experiences is needed for the design of adolescents-friendly programmes. This study is positioned to fill the gap in this regard.

In many previous studies, there are reports that many secondary school adolescents with hearing impairment in Nigeria have inadequate knowledge of reproductive health. Without doubt, lack of knowledge of reproductive health issues influence sexual behaviour which in turn is a major threat to the health of this group of adolescents. Limited knowledge about sexuality and relationships and their implications leave hearing impaired adolescents vulnerable to increased risks from pregnancy, sexual exploitation, and violence. Adolescents in Nigeria are contributing to unfavourable indices of sexual and reproductive health ranging from sexually transmitted infections, unwanted pregnancies, and unsafe abortions to maternal mortality. Neglect of this population has major implications for future as the sexual and reproductive behaviour acquired during adolescence has a way of impacting upon adult life.

Research Question

The study provided answer to this research question:

- I. What is the source of information about sex for adolescents with hearing impairment?

Hypotheses

The following hypotheses were formulated and tested in the study:

- Ho1: There is no significant difference in the knowledge of sexually transmitted infections between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.
- Ho2: There is no significant difference in attitude towards sex between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.
- Ho3: There is no significant difference in premarital sexual behaviour between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.

Methodology

The descriptive survey research design of *ex post facto* type was used for this study. The population of this study comprised all male and female adolescents with hearing impairment in secondary schools in Ibadan. Sixty male and female adolescents with hearing impairment were purposively selected from two selected secondary schools in Ibadan. A questionnaire was the main instrument and it is divided into four sections A, B, C and D. Section A dealt with the demographic data of the respondents, while section B, C and D were on Knowledge of sexual transmitted infections, attitude and premarital sexual behaviour respectively. The 'Yes' or 'No' format was adopted for Knowledge questions in section B while the four-point likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) was adopted for questions on attitude and premarital sexual behaviour of hearing impaired adolescents. The instrument was validated by experts in Health Education in University of Ibadan, while the reliability coefficient was determined using Pearson Product Moment Correlation Coefficient

which yielded an $r = .82$. Data were collected with the help of ten trained research assistants, while data were analyzed using descriptive statistics of frequency counts and percentage for the demographic data of the respondents including the research question and t-test was used to test the hypotheses formulated in the study.

Results and Discussions

Table 1: Frequency Distribution on Respondents' School

Name of School	Frequency	Percentage (%)
Methodist	43	71.7
Ijokodo	17	28.3
Total	60	100.0

Table 1 indicates the frequency distribution of the respondents based on their schools. It shows that 43 respondents representing 71.7% of the total respondents were from Methodist Grammar school, while 17 (28.3%) respondents were from Ijokodo High school.

Table 2: Frequency Distribution of Respondents by Gender

Gender	Frequency	Percentage (%)
Male	28	46.7
Female	32	53.3
Total	60	100.0

Table 2 above indicates the frequency distribution of respondents by gender. The result shows that 28 (46.7%) respondents out of the total respondents used in the study were male, while their female counterparts were 32 and this represents 53.3% of the total respondents.

Table 3: Frequency Distribution of Respondents by Age

Age	Frequency	Percentage
11-13 years	7	11.6
14-16 years	19	31.7
17-19 years	34	56.7
Total	60	100.0

Table 3 indicates the frequency distribution of the respondents based on age. It reveals that 7 respondents representing 11.6% of the total respondents were within the age range of 11-13 years, while 19 (31.7%) respondents were within the age range of 14-16 years. Also, 34 (56.7%) respondents were found to be within the age range of 17-19 years.

Research Question: What is the Preferred Source of Information about Sex among Adolescents with Hearing Impairment?

Table 4: Preferred Source of Information about Sex among Adolescents with Hearing Impairment

S/N	Information source	Frequency	Percentage (%)
1	Friends	25	41.7
2	Television, Radio and Magazine	15	25.0
3	Teachers	05	8.3
4	Youth Organization	—	—
5	School subject	—	—
6	Health workers	05	8.3
7	Relatives	06	10.0
8	Religious leaders	04	6.7
9	Other sources	—	—
Total		60	100%

The result on Table 4 answers the question on the preferred source of information about sex among adolescents with hearing impairment.

From the table above, the preferred source of information about sex among adolescents with hearing impairment were as illustrated below:

- 25 respondents representing 41.7% of the total respondents indicated that their source of information in relation to sex were from their friends,
- 15 (25.0%) respondents confirmed that the preferred source of information on sex was from television, radio and magazines.
- Furthermore, 5 respondents indicated that the information they had about sex stemmed from their teachers, while those that got their information from health workers were 5 respondents which represents 8.3% of the total respondents.

It is also worthy of note that those that agreed that their preferred source of information in relation to sex is from relatives were 6 (10.0%) respondents, while those that got their information from religious leaders were 4 respondents. None of the respondents picked youth organization and school subjects as preferred sources of information in relation to sex. From the answers obtained, adolescents with hearing impairment picked friends as the most preferred source of information as regards sex. It will not be out of place because at this stage of their lives, the adolescents have more confidence in their peers than their parents.

Ho 1: There is no significant difference in the knowledge of sexually transmitted infection between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.

Table 5: T-test Analysis Showing the Difference between Male and Female Adolescents with Hearing Impairment on Knowledge of Sexually Transmitted Infections

Knowledge of sexually transmitted infection	N	Mean	Std.Dev.	Crit -t.	Cal -t	df	P
Male	28	12.5000	2.4721	1.96	.682	58	.498
Female	32	12.9063	2.1457				

Table 5 shows the t-test analysis on the difference between male and female adolescents with hearing impairment on knowledge of sexually transmitted infections. The result showed that there is no significant difference (Crit-t = 1.96, Cal-t = .682, df = 58, $P > .05$) in the knowledge of sexually transmitted infection between male and female adolescents with hearing impairment in selected special secondary schools in Ibadan. Consequently, the null hypothesis which stated that there is no significant difference between male and female adolescents with hearing impairment on knowledge of sexually transmitted infection is therefore accepted.

The findings of this study is contrary to that carried out by Adolescence Education (2006) in India which revealed that the awareness about sexually transmitted infections (STIs) among boys and girls is much lower than about HIV/AIDS, and that boys are more aware than girls. The consequences of these behaviors may be exacerbated by a health-related knowledge deficit; adolescents with hearing impairment often possess low levels of accurate sex-related knowledge and gross misconceptions about reproduction and STIs.

Ho 2: There is no significant difference in attitude to sex between male and female adolescents with hearing impairment in selected schools in Ibadan.

Table 6: T-test Analysis Showing the Difference between Male and Female Adolescents with Hearing Impairment on Attitude towards Sex

Attitude to sex	N	Mean	Std. Dev.	Crit-t	Cal-t	df	P
Male	28	17.7857	2.5871	1.96	2.387	58	.020
Female	32	16.0000	3.1315				

Table 6 shows the t-test analysis on the difference between male and female adolescents with hearing impairment on attitude to sex. The result showed that there is significant difference (Crit-t = 1.96, Cal.t

=2.387, df=58, $P < .05$) between male and female adolescents with hearing impairment in relation to their attitude towards sex in selected special secondary schools in Ibadan. The null hypothesis which stated that there is no significance difference between male and female adolescents with hearing impairment on their attitude to sex is therefore rejected.

The result of this study negates that of Schmitt (2005) who stated that men should possess more positive attitudes toward unrestricted, low commitment sex than women do; that is, they should on average have a more unrestricted socio-sexuality than women do. These results on Table 6 show a little departure from the study of Schmitt (2005) who stated that men should possess more positive attitudes toward unrestricted, low commitment sex than women do; that is, they should on average have a more unrestricted socio-sexuality than women do.

Ho 3: There is no significant difference in pre-marital sexual behaviour between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.

Table 7: t-test Analysis Showing the Difference between Male and Female Adolescents with Hearing Impairment on Pre-marital Sexual Behaviour

Pre-marital sexual							
behaviour	N	Mean	Std.Dev.	Crit-t	Cal-t	df	P
Male	28	23.8571	4.3861	1.96	1.014	58	.315
Female	32	22.7188	4.2973				

Table 7 shows t-test analysis on the difference between male and female adolescents with hearing impairment on pre-marital sexual behaviour. The result showed that there is no significant difference (Crit-t = 1.96; Cal.t = 1.014; df=58; $P > .05$) between male and female adolescents with hearing impairment in relation to pre-marital behaviour in selected

special secondary schools in Ibadan. Consequently, the null hypothesis which stated that there is no significant difference between male and female adolescents with hearing impairment on premarital behaviour is not rejected.

The results of this study runs contrary to that of Calves, Cornwell and Enyegue (1996) and Orubuloye, Caldwell and Caldwell (1994), when they stated that men are more likely to engage in sexual relationships before marriage for sexual experience and sexual satisfaction. Having multiple partners is often a means for a young man to gain social status and respect among his peers.

Conclusion

The study focused on knowledge and attitude to sexually transmitted infections and pre-marital sexual behaviour among adolescents with hearing impairment in selected secondary schools in Ibadan. Based on the findings of the study, the following conclusions were made:

1. Male and female adolescent with hearing impairment did not differ significantly on knowledge of sexually transmitted infections.
2. There is a significant difference in the attitude to sex between male and female adolescents with hearing impairment in selected secondary schools in Ibadan.
3. There is no significant difference in the pre-marital sexual behaviour between male and female adolescents with hearing impairment.
4. The most preferred source of information in relation to sex among adolescents with hearing impairment is their friends, while television, radio and magazine follow respectively.

Recommendations

Based on the conclusions made in this study, the following recommendations were proffered:

1. There should be no discrimination in dissemination of sex information whether male or female adolescents with hearing

impairment. Both male and female adolescents need to be knowledgeable in matters related to sex.

2. Hearing-impaired children and adolescents should be assisted to have access to correct and adequate SRH information through the efforts of specialist teachers and counselors because they face many challenges due to their lack of Sexual and Reproductive Health knowledge (SRH).
3. Since there is absence of standard sign language teachers who are equipped with a specific SRH education curriculum for hearing-impaired students, it is necessary to train more teachers in this area so that they can reach the hearing impaired through sign language.

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