EFFECTS OF SEXUALITY EDUCATION ON KNOWLEDGE OF AT RISK SEXUAL BEHAVIOURS AMONG STUDENTS WITH HEARING IMPAIRMENT IN BENUE STATE, NIGERIA

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Abstract

This study examined the effects of sexuality education on knowledge of at-risk sexual behaviours amongst students with hearing impairment in Benue State. The purpose of the study was to determine the effects of knowledge of sexuality education on rape among students with hearing impairment, find out the effects of unprotected sexual intercourse behaviours on students with hearing impairment and ascertain the effects of pretest and posttest homosexual on students with hearing impairment. The study adopted quasi-experimental research design. The Knowledge of at Risk Sexual Behaviours Test was used for data collection. A reliability of internal consistency coefficient of 0.92 was obtained. Three research questions and three hypotheses were formulated for the study. Mean and standard deviation were used to answer the research questions. The Analysis of Covariance (ANCOVA) were used to test the hypotheses at 0.05 level of significance. The population of the study was made up of all the 233senior secondary school two students with hearing impairment in the five integrated schools in Benue state which consist of male and female respectively. A sample of forty (n=40) males and females' students were involved in the study. Simple random sampling technique was used for the study. The major findings of the study revealed that exposure to sexuality education has increase the knowledge of rape and unprotected sexual behavior of students with hearing impairment, and there is a significance increase in the knowledge of homosexuality behaviours among students with hearing impairment. This implies that as a result of the intervention, the method and procedure used in sexuality education found to be effective and suitable for the students with hearing

Keywords: Sexuality education, Knowledge of at-risk sexual behaviours, Rape, unprotected sex, homosexuality

Introduction

Background of the Study

Sexuality education to students with hearing impairment is an area that requires educational reformation in Nigeria. Students with hearing impairment frequently miss out on proper knowledge for informed decisions and make appropriate recommendations. Sexuality is a developmental process which grows and develops and is affected by environmental and cultural factors. According to Nicholson (2021) sexuality is experienced and expressed in thoughts, fantasies, desires, attitudes, beliefs, values, practice, roles and relationship. It is seen as a process of developing young people's skills and knowledge so that they can make informed choices about their behaviours and feel competent and confident about making choices (Ayua, 2015). Therefore, there is no doubt sexuality education is a large programme that could enrich young people with knowledge, attitude and skills to contribute to safe, healthy, positive relationships, take control and make informed decisions about their sexuality responsibly with minimal risk.

The relevance of sexuality education to the transition of young people to adulthood cannot be overstressed. It promotes structured learning about sex and relationships in manner that is positive, affirming and centered on the best interest of the young persons. Comprehensive sexuality education plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDs, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being (UNESCO, 2018).Therefore, sexuality education primarily focuses on encouraging young people to think about ways to express their sexual feelings that are in line with their values.

At-risk sexual behaviours are behaviours that expose adolescents and students with hearing impairment to risk of contracting sexually transmitted infections (WHO, 2010). These at risk sexual behaviours are; prostitution, unprotected sex, rape, multiple sex partners and homosexuality. Prostitution is a process where people have sex for money, food, shelter or drugs. Unprotected sex is having vaginal, anal or oral sex without a condom while rape is having sex forcefully without the other partner's consent or mutual agreement. Multiple sex partners are the practice of having many sex partners at a time. Homosexuality is any type of sexual activity around the anal area for both men and women. These make one more likely at risk in contracting sexually transmitted infections. Hardford (2015) opined that homosexuality is the measure and incidence of engaging in sexual activities with the same sex or one`s own sex. People who practice homosexuality according to Roberts (2018) could be affected by rejected and remain secretive, hatred, fear and violence, subjected to prejudices, discrimination and intolerance.

In view of the enormous negative effects of at risk sexual behaviours on the future of students with hearing impairment, there is urgent need for a comprehensive intervention programme that could create awareness and help them make informed decisions about their sexual life hence the need of the study.Students with hearing impairment in Benue State who suffer from various degrees of hearing impairment find it difficult to express sexuality in satisfying ways (Igbum, 2018). They are unsure about how to prevent at risk sexual behaviours. These students also have limited opportunities for sexual relationships for a number of reasons, including a lack of privacy and their being dependent on others for daily living.

Students with hearing impairment in Nigeria constitute about 36 million out of the 120 million people with disabilities (Jinadu, 2016). By implication, they constitute a highly vulnerable group of at risk sexual behaviours which need sexuality education. Obi (2016) asserts that, students with hearing impairment within 15 to 39 years of age form the age bracket where the incidence of at risk sexual behaviours is highest. In recent times, sexual activities among students with hearing impairment seem to be on the increase. Some of these factors that can increase sexual activeness in students with hearing impairment include: experimentation, adventurism, peer pressure, poverty, denial of sexual information by parents and school, high libido, youthful exuberance, materialism and quest for sexual behavior satisfaction (UNAID, 2018).

Most students with hearing impairment have little or no knowledge about at risk sexual behaviours because societies make it difficult for them to obtain information as such; they tend to engage in at risk sexual behaviours like prostitution, unprotected sexual intercourse, rape, multiple sex partners, and homosexuality. Moreover, most students with hearing impairment are unaware of what constitutes sexual risk and do not know how to take measures to avoid such malpractices (Stonewall, 2017). However, Gonzales and Luckner (2016) recommended an educational package of At-risk sexual behaviours for students with hearing impairment considering the fact that this age is a prime stage of infections which this study intend to use. In an attempt to create awareness, Shonibare and Familusi (2016) conducted a study in Lagos, Nigeria among visually impaired, those with hearing impairment and normal students to compare their level of knowledge about ARSBs. Findings showed that those with hearing impairment has the lower scores among those with sensory disabilities. Their sources of information about STIs was through friends, peers and print media. They also have incorrect ideas about protected sex.

States with the highest prevalence of at-risk sexual behaviors in Nigeria are Benue, Akwa-Ibom and Bayelsa. Benue State has the highest sexually transmitted infections prevalence of 12.7% and between the ages of 15 to 25 years old as a result of at risk sexual behaviours, including alcohol and drug use, delinquency and challenging authority (Omudu, 2017, &WHO, 2018). It is evident that few studies have been carried out on sexuality education for students with normal hearing without a corresponding study on students with hearing impairment. Hence, this study intends to investigate the effect of sexuality education on knowledge of at-risk sexaul behaviours among students with hearing impairment in Benue State.

Statement of the Problem

It is observed from records available that a high percentage of students with hearing impairment in Benue State are practicing at risk sexual behaviours which if not checked on time will lead to contacting sexually transmitted infectious diseases such as syphilis, gonorrhea including HIV/AIDs at the same time, these students are struggling to continue with their educational pursuit (Igbum, 2018). Information about all aspects of sexuality is often looked at as something one should not talk about. When mention is made of sexuality education people feel very uncomfortable. More so, moral and religious considerations often overshadow the need to provide accurate sexuality education to both the hearing and the students with hearing impairment (Gail, 2019). Students with hearing impairment suffer this position more than their hearing counterparts. This situation makes these students with hearing impairment more prone and vulnerable to destructive vices that are sexually related including at risk sexual behaviours.

At-risk sexual behaviours encompass a variety of behaviours including premarital sex, multiple sex partners, unprotected sex, rape, prostitution and homosexuality, which likely result in contracting STI, unwanted pregnancies and unsafe abortions. This study desires to examine the effects of sexuality education on at risk sexual behaviours such as: unprotected sexual intercourse, rape and homosexuality among students with hearing impairment in Benue State.

Aim and Objectives of the Study

The aim of this study was to investigate the effects of sexuality education on knowledge of at risk sexual behaviours among students with hearing impairment in Benue State, Nigeria. Specifically, the objectives of the study were to:

1. determine the effects of knowledge of sexuality education on pretest and posttest rape among students with hearing impairment in the experimental and control groups,
2. find out the effects of pretest and posttest unprotected sexual intercourse behaviours on students with learning impairment in the experimental and control groups.
3. And ascertain the effects of pretest and posttest homosexual on students with hearing impairment in the experimental and control groups.

Research Questions

The following research questions were raised to guide the study:

1. What are the pretest and posttest mean scores of students with hearing impairment on knowledge of rape in the experimental and control groups?
2. What are the pretest and posttest mean scores of students with hearing impairment on knowledge of unprotected sexual intercourse in the experimental and control groups.
3. What are the pretest and posttest mean scores of students with hearing impairment on knowledge of homosexuality in the experimental and control group?

Hypotheses

The following hypotheses were formulated for the study and tested at 0.05 level of significance:

1. There is no significant difference in the mean scores of students with hearing impairment on knowledge of rape in the experimental and control groups.
2. There is no significant difference in the posttest mean scores of students with hearing impairment on the knowledge of unprotected sex in the experimental and control groups.
3. There is no significant difference in the mean scores of students with hearing impairment on the knowledge of homosexuality in the experimental and control groups.

Significance of the Study

The findings of this study will hopefully be of benefitto students with hearing impairment, parents, teachers, counsellors, ministries of health, school administrators, curriculum planners, psychologists and to future researchers. Due to its practical significance, the findings of this study when completed would hopefully enable curriculum planners to plan appropriate and effective methods of sexuality education to all level of education.

Theoretical Framework

This study is hinged on the Social Learning Theory (SLT) propounded by Albert Bandura(1987). Bandura depicts Social learning theory based on the assumption learning is a social activity and it results from an individual's relationship with the social environment. The differences in background tend to affect the nature of the relationships one engages in and the influence that such relationships exert on the individual`s personality.

The fourprinciples in social learning theory are; attention, retention, production process and motivation. Therefore, the relevance of this theory to the present study was acquisition of knowledge and skills from observing, imitating and modeling the at risk sexual behaviours of their models.

Review of Literature

As presented in the review of empirical studies, various research studies revealed that literature in sexuality education teaching in Benue state are scare and unavailable. Various studies have revealed that teenagers want more information about sex than they are getting. When asked how they would choose to learn about sex, nine out of ten said they would learn from their parents (Disturbing Facts, 2019). When asked if they actually talk to their parents about sex, only about one in ten teenagers answered in the affirmative (Ayua, 2015). The reason according to most teenagers is that their parents avoid such discussions.

Ogundele, Akingbade and Akinlabi (2016) conducted a study on sexuality education as a strategic tool for eradication of at risk sexual behaviours in Lagos state Nigeria. The result revealed that sexuality education should be introduced at all levels of education in order to alleviate at-risk sexual behaviour. Chukwuemeka (2018) conducted a research on Effects of ARSB on Students with Hearing Impairment in Awka, Enugu State. The findings revealed that government absence from special education contributed to slow pace of curbing at-risk sexual behaviour.

Research Design
This study adopted the quasi-experimental research design, specifically the non-randomised pre-test, post-test, control group. In this research design, there were no randomization of subjects in a group. This design is most appropriate because the main thrust of the design is to establish the cause and effect link (Adeosun and Dada, 2018). The adopted design further eliminates or reduces the threats to the experimental validity.

Population
The population of this study comprised of all the senior secondary two students with hearing impairment in the five-integrated senior secondary school in Benue State. A total of 233 male and female were in senior secondary two in Benue State.

Sample
A total number of forty (n=40) students with hearing impairment were sample from two out of the five integrated senior secondary schools in Benue State. This consists of 20 students each from the two schools. The students were between the age of 13-19 years and their degree of hearing impairment were from mild to moderate (40-55dB) (Adopted from Michael, Cliford & Winston, 2022). The choice of the schools waspurposely due to the fact that they have the requires number of students with mild to moderate hearing loss.

Sampling Technique
The Simple random sampling technique was used for the study. Thissampling technique is most appropriate for this study because of balloting system and involved examining sub-groupwithin the population of students with hearing impairment who audiogram show a bilateral hearing loss, ranging from mild to moderate as defined by American National Standard Institute(ANSI) and International Standard Organization (ISO). The students were assigned into school A(experimental) and school B(control) groups respectively.

Instrument for Data Collection
One instrument was used in the collection of data for this study tagged 'Knowledge of At-Risk Sexual Behaviours Test (KARSBT). The instrumentKARSBT was developed by the researcher and validated by experts.

Procedure for Data Collection
Two research assistants were trained for two days week prior to the commencement of the intervention on objectives, and the principles of teaching sexuality education and prevention of at risk sexual behaviours.The senior secondary two students with hearing impairment were assign into experimental and control groups respectively. The instrument At-risk Sexual Behaviours (ASB) was administered as pretests on the students. After the intervention, the ASB was administered to both groups as posttest. The intervention was a ten-weeks instructional unit. Each question answered correctly carry 4 marks giving a total of 100 marks.

Method of Data Analysis
Data collected for this study were subjected to descriptive and inferential statistics. Research questions were answered using mean and standard deviation. The hypotheses were analyzed using Analysis of Covariance (ANCOVA) at 0.05 Level of significance. The reason for the use of ANCOVA is to correct initial differences between the experimental and control groups due to non-randomization of subjects into groups.

Results and Discussion

Research Question One: What are the pretest and posttest mean scores of students with hearing impairment on knowledge of rape sexual behaviours in the experimental and control groups?

Test		Pretest		Posttest			
	N	Mean	SD	Mean	SD	Mean Gain	B diff.
Experimental	20	30.90	9.910	68.90	12.247	38	15.45
Control	20	25.15	7.293	47.70	10.844	22.55	

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Figure 1: Pretest and Posttest Mean Scores on Knowledge of Rape Sexual Behaviours of Students with Hearing Impairment in the Experimental and Control Group

Figure 1 reveals the experimental group pre-test mean score of 30.90 with a standard deviation of 9.91, while the post-test mean score is 68.90 with a standard deviation of 12.25 higher than the pre-test mean score with a mean gain of 38, indicating that there was a change in the knowledge of students after treatment. Also, for the control group the mean score was 25.15 and a standard deviation of 7.29 at the pretest. At the post-test, the mean score was 47.70 and a standard deviation of 10.84 with a mean gain of 22.55 and a mean difference of 15.45. This implies that sexuality education does increase students' knowledge on rape sexual behaviors of students with hearing impairment.

Research Question Two: What are the pretest and posttest knowledge of unprotected sexual intercourse of students with hearing impairment in the experimental and control groups.

Test		Pretest		Posttest			
	N	Mean	SD	Mean	SD	Mean Gain	B diff.
Experimental	20	35.25	11.607	63.80	10.486	28.55	3
Control	20	22.70	7.512	48.25	13.59	25.5	

Table 2: Pretest and Posttest Knowledge of Unprotected Sexual Intercourse of Students with Hearing Impairment in the Experimental and Control Groups

Figure 5 reveals the pretest and posttest at risk unprotected sexual intercourse of students with hearing impairment in the experimental and control groups. The result from experimental group showed the pre-test mean score is 33.25 with a standard deviation of 11.61, while the post-test mean score is 63.80 with a standard deviation of 10.49 higher than the pre-test mean score with a mean gain of 28.55, indicating a change in the knowledge of students after treatment. The control group mean score was 22.70 and a standard deviation of 7.51 at the pretest. At the post-test, the mean score was 48.25 and a standard deviation of 13.59 with a mean gain of 22.55. and a mean difference of 3. This implies that sexuality education does increase students'knowledge on unprotected sexual behaviors of students with hearing impairment.

Research Question Three: What are the pretest and posttest knowledge of homosexual behaviours mean scores of students with hearing impairment in the experimental and control group?

Test		Pretest		Posttest			
	N	Mean	SD	Mean	SD	Mean Gain	B diff.
Experimental	20	30.60	10.81	63.20	9.47	32.6	10.25
Control	20	21.40	7.415	43.75	14.08	22.35	

Table 3: Pretest and Posttest Knowledge of Unprotected Sexual Intercourse of Students with Hearing Impairment in the Experimental and Control Groups

Figure 3 presents the result of analysis on the pre-test and post-test knowledge of homosexual behaviour of students with hearing impairment in the experimental and control groups. The experimental group pre-test mean score is 30.60 with a standard deviation of 10.81, while the post-test mean score is 63.20 with a standard deviation of 9.47 higher than the pre-test mean score with a mean gain of 32.6. Indicating an increase in the Knowledge of students after treatment. The control group mean score was 21.40 and a standard deviation of 7.42 at the pretest. The post-test mean score was 43.75 and a standard deviation of 14.08 with a mean gain of 22.35. This implies that sexuality education does increase students' knowledge on homosexual behaviours of students with hearing impairment.

Hypothesis One: There is no significant difference between the posttest knowledge of rape sexual behaviours of students with hearing impairment in the experimental and control groups.
Table 1

The ANCOVA Analysis for Posttest Knowledge of Rape Sexual Behaviour of Students with Hearing Impairment in the Experimental and Control Groups

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4498.630[a]	2	2249.315	16.384	.000	.470
Intercept	11827.875	1	11827.875	86.152	.000	.700
Covariate	4.230	1	4.230	.031	.862	.001
Group	4115.335	1	4115.335	29.975	.000	.448
Error	5079.770	37	137.291			
Total	145534.000	40				
Corrected Total	9578.400	39				

a. R Squared = .470 (Adjusted R Squared = .441)

Table 1 revealed the ANCOVA result on the difference between the post-test knowledge of rape sexual behaviour of students with hearing impairment in the experimental and control groups. From Table, $F(1,37) = 29.98$, $P < 0.05$, since the P-value of 0.000 is less than 0.05 level of significance, the null hypothesis was rejected, indic5ating that there was a significant effect of sexuality education on knowledge of rape sexual behaviour of students with hearing impairment. The result further reveals an adjusted R squared value of .441 which means that 44.1 percent of the variation in the dependent variable. This implies that sexuality education does increase the knowledge of rape sexual behaviour of students with hearing impairment in Benue state.

Hypothesis Two: There is no significant difference between the posttest knowledge of unprotected sexual behaviours of students with hearing impairment in the experimental and control groups.

Table 2
The ANCOVA Analysis for Posttest Knowledge of Unprotected Sexual Intercourse Behaviours of Students in the Experimental and Control Groups

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3651.404 [a]	2	1825.702	15.481	.000	.456
Interc ept	20752.401	1	20752.401	175.966	.000	.826
Covariateprotected	1233.379	1	1233.379	10.458	.003	.220
Group	3646.177	1	3646.177	30.917	.000	.455
Error	4363.571	37	117.934			
Total	133567.000	40				
Corrected Total	8014.975	39				

a. R Squared = .456 (A djusted R Squared = .426)

Table 2 revealed the ANCOVA result on the difference between the post-test knowledge of unprotected sexual behaviour of students with hearing impairment in the experimental and control groups. From Table, F (1,37) = 30.92, P < 0.05, since the P-value of 0.000 is less than 0.05 level of significance, the null hypothesis was rejected. indicating that there was a significant effect of sexuality education on knowledge of unprotected sexual behaviour of students with hearing impairment. The result further reveals an adjusted R squared value of .426 which means that 42.6 percent of the variation in the dependent variable. This implies that sexuality education does increase the knowledge of unprotected sexual behaviour of students with hearing impairment in Benue state.

Hypothesis Three: There is no significant difference between the posttest knowledge of homosexual behaviours mean scores of students with hearing impairment in the experimental and control groups.
Table 3

The ANCOVA Analysis for Posttest Knowledge of Homosexual Behaviours of Students in the Experimental and Control Groups

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3930.773[a]	2	1965.387	13.666	.000	.425
Intercept	14999.283	1	14999.283	104.295	.000	.738
Covariate	147.748	1	147.748	1.027	.317	.027
Group	3639.040	1	3639.040	25.303	.000	.406
Error	5321.202	37	143.816			
Total	123635.000	40				
Corrected Total	9251.975	39				

a. R Squared = .425 (Adjusted R Squared = .394)

Table 3 revealed the ANCOVA result on the difference between the post-test knowledge of homosexual behaviours of students with hearing impairment in the experimental and control groups. From Table, F (1,37) = 25.303, P < 0.05, since the P-value of 0.000 is less than at 0.05 level of significance. The result further reveals an adjusted R squared value of .394 which means that 39.4 percent of the variation in the dependent variable which is students' knowledge of homosexual behaviours is explained by variation in the treatment of sexuality education. This implies that sexuality education does increase the knowledge of homosexual behaviours of students with hearing impairment in Benue state.

Discussion of Results

The computed value from the study revealed that sexuality education has an impact on students' knowledge on rape and sexual behaviors of students with hearing impairment and there is significant difference in the mean scores of students with hearing impairment on knowledge of rape in the experimental and control groups. Finding revealed a statistically significant difference between the experimental (68.90) and control (47.70) groups. A study conducted by Browne (2015); Lopez, Bernholc, Chen and Tolley (2016). Concurs with the findings of this study which revealed that Sexuality education primarily focuses on encouraging young people to think about ways to express their sexual feelings that are in line with their values. Studies have shown that sexuality education has positive effects on the reduction of risk factors like unintended pregnancy, HIV and STIs.

The findings also showed that there is a significant difference in the posttest mean scores of students with hearing impairment on the knowledge of unprotected sex in the experimental and control groups. From ANCOVA table, F (1,37) = 30.92, P < 0.05, since the P-value of 0.000 is less than at 0.05 level of significance, the null hypothesis was rejected, indicating that there was a significant effect of sexuality education on knowledge of unprotected sexual behaviour of students with hearing impairment. These findings are Synonymous with (Stonewall, 2017) who ascertained that most students with hearing impairment have little or no knowledge about at risk sexual behaviours because societies make it difficult for them to obtain information as such; they tend to engage in at risk sexual behaviours like prostitution, unprotected sexual intercourse, rape, multiple sex partners, and homosexuality. On the contrary, Obi (2016) asserts that, students with hearing impairment within 15 to 39 years of age form the age bracket where the incidence of at risk sexual behaviours is highest. Therefore, the vulnerability could be linked to their sexual behaviours. Accordingly, UNAID (2018) ascertained that some of these factors that can increase sexual activeness in students with hearing impairment include: experimentation, adventurism, peer pressure, poverty, denial of sexual information by parents school, high libido, youthful exuberance, materialism and quest for sexual behavior satisfaction.

Similarly, the findings of this study were also in agreement with the study of Roberts (2018) who opined that People who practice homosexuality could be affected by: Rejection and remain secretive. Table revealed the ANCOVA result on the difference between the post-test knowledge of homosexual behaviours of students with hearing impairment in the experimental and control groups. From Table, F (1,37) = 25.303, P < 0.05, since the P-value of 0.000 is less than 0.05 level of significance. The result further showed an adjusted R squared value of .394 which means that 39.4 percent of the variation in the dependent variable which is students' knowledge of homosexual behaviours is explained by variation in the treatment of sexuality education. Therefore, there was a significant effect of sexuality education on knowledge of homosexual behaviour of students with hearing impairment.

Recommendations

Based on the findings of this study, the following recommendations are presented:

1. The study showed is that sexuality education is found to be valid, reliable and be should be taught as other social science subjects.
2. Specials and intergreted schools should adopt the use of sexuality education for students with hearing impairment exposure to knowledge of unprotected sexual behaviours.
3. There should be effective planning, reorganization and modification of the curriculum to include sexuality educationin order to accommodate the emerging need of at-risk sexual behavior among learners with hearing impairment.

Conclusion

The finding of the study indicated that the knowledge of sexuality and knowledge and atrisk sexual behaviours among students with hearing impairment will significantly curb rape, and unprotected sexual behaviours. Finally, the study showed that students with hearing impairment who are exposed to sexuality knowledge and effects of at risk sexual behaviours showed obvious improvement in academic performance. Therefore, sexuality knowledge and at risk sexual behavior is an effective strategy in the education of students with hearing impairment that enable them fully access the curriculum and also benefit maximally from meaningful learning.

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