



SOURCES OF REPRODUCTIVE HEALTH INFORMATION AND ATTITUDE TOWARDS REPRODUCTIVE HEALTH PRACTICES AMONG FEMALE ADOLESCENTS WITH HEARING IMPAIRMENT IN LAGOS AND OYO STATES, NIGERIA

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ABSTRACT

Adequate information about sexuality is an important factor that affect attitude towards reproductive health practices. However, female adolescents with hearing impairment have problems of normal adolescents to contend with in addition to the problems occasioned by their hearing disability and unlike their normal counterparts, they acquire less information from various sources such as personal conversation, and through audio materials. It is against this backdrop that this study investigated the sources of and the attitude of female adolescents with hearing impairment towards reproductive health practices. A survey research design and multistage sampling procedure was employed to select 155 female adolescents with hearing impaired in Oyo and Lagos state respectively. Three research questions and one hypothesis were generated for the study. Data were collected through a structured questionnaire with a reliability coefficient of 0.71. Data generated was analysed through descriptive statistics of frequency count and simple percentage and inferential statistics involving pearson moment correlation analysis. The study revealed that female students with hearing impairment obtain reproductive health information from School and family members while the most preferred sources of reproductive health information available to female students with hearing impairment is the school, followed by health workers/ health institutions and their fathers. The finding also revealed that the attitude of female adolescents with hearing impairment towards reproductive health practices is negative. Based on the findings, some recommendations were made.

Keywords: Hearing impairment, attitude, reproductive health, information

INTRODUCTION

An estimated 10 per cent of the world population lives with disability (Word Youth Report, 2003) while approximately 1 in every 1,000 babies is born profoundly deaf, and another 2 to 3 have less severe hearing loss (Mba, 1995 & Smith 2007). Persons with hearing disabilities have some sexual and reproductive health needs as other people. Yet, they often face barriers to information and services. The ignorance and attitude of society and individual including health providers raise most of these barriers not the disabilities themselves. The effect of disability permeates all areas of life of an individual ranging from communication to knowledge acquisition in the society. This leaves persons with disabilities among the most marginalized group when it comes to services they have the same needs for information and services on reproductive health as everyone else. In fact, persons with disabilities may actually have greater needs for sexual and reproductive health education and care than persons without disabilities due to their increased vulnerability to sexual abuse. The attitude arising from lack of information and indifference of the general populace result in exclusion of people with disabilities from full participation in access to information and participation in social services.

They may even be denied the right to establish relationships, forced to unwanted marriage and have little experience relating to and negotiating with potential partner. Persons that are blind, deaf or have intellectual or cognitive impairment find that information on sexual and reproductive is often accessible to them. Moreover, because of lack of disability-related technical and human supports, stigma and discrimination, sexual and reproductive health services are often inaccessible as well (UNFPA, 1993). Irrespective of disability, Olaniyi (2004) asserted that the human development from birth to adulthood is divided into three stages, namely; childhood, adolescence and the adulthood with each stage having its own peculiar characteristics which differentiates it from the others. Among these stages, the adolescence period is the most controversial because of the dramatic changes in the physical structure and mental ability (Kost, Forrest and Harlap, 2001). It is a period of rapid physical and emotional change



characterized by stresses and tension as the child strives to establish independence and adulthood. Moronkola and Aremu (2004) observed that adolescence is at a time of transition and includes an important biological, social, emotional and cognitive change that takes place quite rapidly over a relatively short period of profound changes and, occasionally turmoil.

The physiological and reproductive revolution of adolescents that is associated with puberty such as rapid body growth and sexual maturity forces the young adults to question "all sameness and continuities which were relied and to refight many earlier battles". According to Olaniyi (2004) the internal pressure associating with the pubertal stage gives rise to the development of sexual maturation while the levels of that internal pressure experienced by the adolescents depend on the societal and the peer group influences. Oyewumi and Olajide (2010) opined that, adolescents with have the problems of normal adolescents to contend with in addition to the problems occasioned by the disability which often exposes them to more social stigma that tends to affect their self esteem, social concept and reproductive health practices. As a result of this, they are often alienated or estrange from their peers. In an attempt to achieve a sense of belonging amidst their regular peers they may want to express their sexual prowess. The absence or loss of hearing has a pervasive influence on an individual and the primary disability is communication; both receptive and expressive communication. This communication problem extends to socialization, education and ultimately occupation. Falase and Oyewumi (2008) stated that hearing impairment creates barriers to many types of incidental learning from television, radio, gossip and adult talking. Newspapers and other written materials may be inaccessible, due to the generally lower average reading skills, which is more prevalent among the hearing impaired. When the hearing impairment is in addition to being a female there is a compounding effect. Indeed, female with disabilities are typically seen as helpless, childlike, dependent, needy, victimized and passive. According to the Centre for Research on Women with Disabilities (CROWD, 2013) women with disabilities are often denied reproductive health and other types of healthcare given or given substandard care compared to women with uncomplicated healthcare needs. Many females with disabilities have not had the opportunity to learn about reproductive health and this sometimes serves as a barrier to receiving the reproductive healthcare they need.

Some of the ugly consequences of ill-reproductive health practice as reiterated by Rwakagiri and Okware (1990) include venereal diseases, unwanted pregnancies and death through abortion which leads to terrible consequential effects on the adolescents themselves as well as the society at large. Bad habits and poor hygiene, persistent sexual and behavioral risks, poor basic sanitation, inaccessibility to healthy reproductive health information, new and emerging diseases are contributing to a deadly mix that is changing the classic picture of health adolescent (Mohammed, 1997). Reproductive health behaviour depends largely on societal constrictions and level of cultural permissiveness which dictates the mode of reproductive health practices while biological determinants may have strong influence on individuals' sexual behaviour, the agents of socialization such as family, peers, religious institutions and the mass media have powerful repressive effects on it (Anikweze, 1998; Olaniyi, 2004). Failure to provide adequate and correct information on sexual health issues encourages them to seek information from other sources such as peers, mass media, pornographic films and the internet (Okanlawon, 2004).

Studies of Chiku, Janneke and Dennis, (2009); Dina, Julius, and Kofi, (2006); Abioye, (2004); Kofi, Albert and Akwasi (2004) on sources of information about reproductive health for young people showed that many sources are utilized with one form or the other dominating and depending upon location. Nwagu (2008) submitted that radio, television and friends and relatives constitute great sources of information about reproductive health, each of these sources serves the various group of women, girls who live in the same community differently. According to Kofi, Albert and Akwasi (2004) citing the result of the 1998 Ghana Demographic Health Survey, 26% of 15-19 year- old had heard of family planning, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) from radio and television, 16% from radio only and another 5% from television only. Thirty percent of the young people also reported any print sources and 27% reported posters only. Kofi, Albert and Akwasi (2004) observed that less than half of adolescent males and females had heard or seen anything about family planning in the mass media or via community fora. The study of Chiku, Janneke and Dennis (2009) found that the radio, teachers and television were ranked as the most important sources of reproductive health information, closely followed by church leaders while Newspapers, traditional leaders, friends and



relatives while Guest speakers and workshops/seminars were not an important source of reproductive health information.

Chiku, Janneke and Dennis (2009) observed that orphan and vulnerable children (OVC) also obtain information from sign post (26%), regional councilors (22%), Libraries/resource centre (22%), and politicians and Nongovernmental Organizations (NGOs) (17% each). Posters the internet and memory boxes were each indicated by 13% of the respondents. Abioye (2004) posit that different classes of people avail themselves of the opportunities offered by the new world information order and seek information for diverse purposes. Upadhyay (2001) argues that access to and use of accurate reproductive health information assists targets communities make informed choices which are responsible for use of sexual and reproductive lifestyle. According to Blum and Rinehart (1998), the responsibility of parents to give access to their offspring about personal, physical and social aspects of sexuality, pregnancy, sex roles and sex related matters, including sexually transmitted diseases prevention and management is a major concern in most societies and can be considered an obligation in many traditions. Barnett (1997) observed that in some cultures, parents and family members are influential source of knowledge, beliefs, attitudes and values for children and youth. They are role models who shape adolescent's perception gender roles and influence the choices that they make about their own sexual behavior. Alter (1984) asserted that many feel uncomfortable talking with children and adolescents about the subject, that is, sexual and reproductive health.

Adolescents are reluctant to expose their own lack of knowledge about anatomy, physiology, or other related reproductive health information. Adults may worry about how much information and access to give to adolescents even those adolescents with hearing impairment. Okwilagwe (1993) in his study of bibliotherapeutic influence on sexual attitude of Nigerian female adolescents found that out of 303 female adolescents, 203 (67%) of them indicated that the use to which they have put the knowledge gained from reading books on sex and other related issues have helped them to avoid unwanted pregnancies. Unuigbo and Ogbeide (1999) opined that adult family members tend to shy away from given access to reproductive health information and actively educating adolescents who are deaf about issues relating to sexuality. This can lead to misinformation and the persistence of damaging myths, making young people (Females adolescents with hearing impairment inclusive) vulnerable to unwanted and unprotected sexual experiences which may result in unplanned pregnancy, sexual transmitted infections, and low self-esteem. Oyewumi and Olajide (2010) stated that schools provide little or no sexuality education to adolescents with special needs, hence they learn from their uninformed peers. Access to and use of health information, knowledge about diseases, about bodily conditions and functions are evident determinants of health status and outcomes.

Researches in the past have been devoted to identify the barriers of women with disabilities face in the society today less has been devoted in their education, employment, security, social support and in their access to sexuality and intimacy. Young women with disabilities are less likely than their non-disabled peers to receive basic sex education covering disability, sexuality and reproductive of issues. Information on management of menstruation, contraception, conception, childbearing, and childrearing with specific reference to disability is virtually non-existent. Undoubtedly, access to and use of reproductive health information by female adolescents with hearing impairment is influenced by a number of barriers which include but not limited to inability to interact freely with others via verbal communication but also the negative attitude being disposed towards individuals with hearing loss as well as some economic and cultural barriers. Hence, due to the peculiarity and the nature of female adolescents with hearing impairment, this study set to investigate into the accessibility and usage of reproductive health information among female adolescents with hearing impairment in Oyo and Lagos states.

Purpose of the study

The main objective of this study is to examine the sources of reproductive health information and their attitude towards reproductive health practices among female adolescents with hearing impairment.

Research Questions

The study has the following questions:

- 1) What are the sources of reproductive health information available to female adolescents with



hearing impairment?

- 2) What is the most preferred source reproductive health information of female adolescents with hearing impairment?
- 3) What is the attitude of female adolescents with hearing impairment towards reproductive health practices?

Hypothesis

The following research hypothesis is generated for the study and it will be tested at $P > 0.05$ level of significance

- 1) There is no significant relationship in the use of reproductive health information and the attitude towards reproductive health practice of female adolescents with hearing impairment.

Research Methodology

The descriptive research design was adopted for the study because it investigated the existing variables, access to reproductive health information, use of reproductive health information and attitude towards reproductive health practices of female adolescents with hearing impairment

Participants

The participants used in the study were 155 in-school female adolescents with hearing impairment, in Lagos and Oyo states, Nigeria. The participants were selected through a multistage sampling technique which involves a purposive and simple random sampling technique to select female adolescents with hearing impairment in the two states.

Instrumentation

The instrument used for this study was a structured questionnaire developed by the researchers. The research instrument tagged "Reproductive Health Information Questionnaire (RHIQ)" is designed by the researchers to elicit information from female adolescents with hearing impairment about access to, use of reproductive health information and their attitudes to reproductive health practices. The reliability of the research instrument was determined using Cronbach Alpha and found to be reliable at 0.71.

Method of Data Analysis

The data obtained from the questionnaire were analysed using descriptive statistics of frequency count, simple percentages, mean and standard deviation and inferential statistics involving Pearson moment correlation analysis.

Results

Research question 1: What are the sources of reproductive health information available to female students with hearing impairment?

Table 1: Sources of information on reproductive health

Source	Most preferred	Second most preferred	Preferred	Mean (\bar{X})	StD	Rank
School subjects	115 (74.2)	40 (25.8)	00 (0.0)	2.741	0.434	1 st
Teachers in my school	35 (22.6)	75 (48.4)	17 (11.0)	1.754	1.002	13 th
Father	84 (54.2)	31 (20.0)	40 (25.8)	2.283	0.850	2 nd
Mother	72 (46.5)	53 (34.2)	16 (10.3)	1.838	0.949	10 th
Brother	62 (40.0)	34 (21.9)	31 (20.0)	1.858	1.142	9 th
Sister	49 (31.6)	55 (35.5)	31 (20.0)	1.754	1.009	13 th
Other Family members	49 (31.6)	50 (32.3)	25 (16.1)	1.754	1.106	13 th

Male friends	79 (51.0)	12 (7.7)	11 (7.1)	2.090	1.378	5 th
Female friends	45 (29.0)	79 (51.0)	31 (20.0)	1.832	0.696	11 th
Doctors	56 (36.1)	45 (29.0)	26 (16.8)	1.967	1.109	7 th
Books/Magazines	54 (43.8)	45 (29.0)	53 (34.2)	1.567	0.878	16 th
Films/Videos	37 (23.9)	28 (18.1)	76 (49.0)	1.871	0.953	8 th
Television/Radio	80 (51.6)	14 (9.0)	22 (14.2)	2.374	1.287	3 rd
Internet	67 (43.2)	79 (51.0)	9 (5.8)	1.767	0.593	12 th
Religious Leaders/Institutions	54 (34.8)	25 (16.1)	62 (40.0)	2.361	1.030	4 th
Health Workers/Health Centers	99 (63.9)	27 (17.4)	15 (9.7)	1.554	0.986	18 th
Posters/Handbills	34 (21.9)	57 (36.8)	25 (16.1)	1.562	1.093	17 th
Libraries	32 (20.6)	38 (24.5)	68 (43.9)	1.648	0.941	15 th
Seminars	80 (51.6)	24 (15.5)	23 (14.8)	2.006	1.181	6 th
Non Governmental Organizations	34 (21.9)	75 (48.4)	15 (9.7)	1.722	1.022	14 th

Note: Percentages in parenthesis.

Table 1 above shows that female students with hearing impairment obtain reproductive health information from School subjects (74.2%), Teacher (22.6%), their father (54.2%), Mother (46.5%), Brother (40.0%), Sister (31.6%), Other family member (31.6%), Male friends (51.0%), Female friends (29.0%), Doctors (36.1%), Books/magazine (43.8%), Films/Videos (23.9%), Television/Radio (51.6%), Internet (43.2%), Religious leaders/Institutions (34.8%), Health workers/Health centres (63.9%), Posters/Handbills (21.9%), Libraries (20.6%), Seminars (51.6%) and NGOs (21.9%) respectively.

Research question 2: What is the most preferred source of reproductive health information available to the female students with hearing impairment?

The table 1 revealed that the most preferred sources of reproductive health information available to female students with hearing impairment is the school subjects with 74.2% of the respondents, followed by Health workers/ Health Institutions (63.9%), Fathers (54.2%), Television/radio and Seminar at 51.6%, Male friends 51.0%, while Mother, Books/ Magazines and Internet account for 46.5%, 43.8% and 43.2% respectively.

Research question 3: What is the attitude of female students with hearing impairment towards reproductive health practices?

Table 2: Attitude towards reproductive health practices

Items	Agree	Don't know	Disagree	Mean (\bar{X})	StD
I believe it is right for unmarried boys and girls to date each other	26 (16.8)	109 (70.3)	3 (1.9)	1.632	0.702
I believe it is all right for boys and girls to kiss, hug and touch each other	81 (52.3)	36 (23.2)	21 (13.5)	1.393	0.856
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other	19 (12.3)	98 (63.2)	21 (13.5)	1.793	0.811
A boy and a girl should have sex before they become engage to see whether they are suitable to each other	29 (18.7)	91 (58.7)	15 (9.7)	1.651	0.826
It's all right for boys and girls to have sex with each other provided that they use methods to stop pregnancy	12 (7.7)	94 (60.6)	32 (20.6)	1.909	0.847

I would never contemplate having an abortion myself or for my partner.	12 (7.7)	97 (62.6)	15 (9.7)	1.619	0.913
I would refuse to have sex with someone who is not prepared to use a condom	56 (36.1)	67 (43.2)	15 (9.7)	1.516	0.816
I believe that boys and girls should remain virgins until they marry	18 (11.6)	90 (58.1)	30 (19.4)	1.858	0.856

Note: Percentages are in parenthesis

Table 2 above presents the attitude of the respondents towards reproductive health practices. 16.8% of the respondents believed that it is right for unmarried boys and girls to date each other, 1.9% disagreed with the statement, 70.3% of the total respondent were undecided on the item at $\bar{X} = 1.632$. 52.3% agreed that it is right for boys and girls to kiss and hug each other, 23% were undecided and 13.5% disagreed with the statement at $\bar{X} = 1.393$. 12.3% and 9.7% agreed and disagreed with item 3 while 58.7% were undecided with item 5 which states that "it is right for both boys and girls to have sex with each other provided that they use contraceptive method to pregnancy at $\bar{X} = 29.90$. 7.7%, 36.1% and 11.6% agreed with items 6, 7 and 8 at $\bar{X} = 1.619$, 1.516 and 1.858 respectively. Therefore, the result on table 2 revealed that the attitude of female students with hearing impairment towards reproductive health practices is relatively poor. This thereby implies that female adolescents with hearing impairment do not have the required reproductive health information needed to engage in acceptable reproductive health practices.

Research hypothesis 1: There is no significant relationship between use of reproductive health information and attitude towards reproductive health practice of female students with hearing impairment.

Table 3: Relationship between use of reproductive health information and attitude towards reproductive health practice

Variable	Mean (\bar{X})	Std	N	df	R	Sig	Remark
Use of RHI	9.032	3.797	155	153	0.736	0.00	S
Attitude towards RHP	13.374	5.082					

NB: RHI = Reproductive Health Information
RHP = Reproductive health Practice

The table above shows a relationship between use of reproductive health information and attitude toward reproductive health practice among female students with hearing impairments. Use of reproductive health information has a positive significant relationship with attitude towards reproductive health practices ($r = 0.736$, $p < 0.05$). The relationship implies that increase in the student's use of reproductive health information brings about increase in their attitude towards reproductive health practices. Hence, the null hypothesis is rejected.

Discussion of results

Research question one states that what are the sources of reproductive health information available to female students with hearing impairment? From the table 3 above, the result revealed that female students with hearing impairment obtains reproductive health information from School, Teacher, their fathers, Mother, Brother, Sister, Other family member, Male friends, Female friends, Doctors, Books/magazine, Films/Videos, Television/Radio, Internet, Religious leaders/Institutions, Health workers/Health centres, Posters/Handbills, Libraries, Seminars and NGOs. This finding corroborate that



of Jato, Simbakalia, Kilungs, and Ngirwa (1999), Aisha, Phindile, Groce and Sheila (2004), and Michelle, et al. (2008) who all concluded that school and family members constituted the major sources from where adolescents obtain reproductive health information. The finding however does not conform to the findings of Ogoh, Kola and Angela (2002) and Kofi, Albert and Akwasi (2004) who contend that mass media, religious organization and peers as sources where they reproductive health information.

Research question two states that “what is the most preferred source of reproductive health information available to the female students with hearing impairment” The findings revealed that the most preferred sources of reproductive health information available to female students with hearing impairment is the school, followed by Health workers/ Health Institutions, Fathers, Television/radio and Seminar, Male friends, while Mother, Books/Magazines and Internet. This finding support the findings of Michele, Nneka, Julius and David (2008), Aisha, Phindile, Groce and Sheila (2004) who observed that the most employed source of reproductive health information are Parents, Teacher and health care professionals. The study negates the findings of Chiku, Janneke and Dennis (2009), Ogoh, Kola and Angela (2002), Kofi, Albert & Akwasi (2004) and Abioye (2004) who noted that young adult with or without special needs prefer to get reproductive health information from mass media, friends and religious organizations.

Research question 3 states that ‘what is the attitude of female students with hearing impairment towards reproductive health practices?’ The findings revealed the attitude of female adolescents with hearing impairment towards reproductive health practices is relatively poor. This finding corroborates the finding of Jimoh (2002); Mulindwa (2003); Oyewumi and Olajide (2010) as well as Ajayi (2011) who asserted that the reckless reproductive health behavior, early sexual debut and inconsistent use of contraceptives among adolescents with disabilities with its attendant consequences will not only hamper the health of a single generation but a robust indicator of the level of social development in any population.

Hypothesis one states that there is no significant relationship between use of reproductive health information and attitude towards reproductive health practice of female students with hearing impairment. The table 3 shows a significant relationship between use of reproductive health information and attitude toward reproductive health practice among female students with hearing impairments. Use of reproductive health information has a positive significant relationship with attitude towards reproductive health practices. The relationship implies that increase in the student’s use of reproductive health information influence the attitude of adolescents with hearing impairment towards reproductive health practices. Hence, the null hypothesis is rejected. The result of this finding corroborates the findings of Okwilagwe (1993) who noted that use of information gained from reading of books on sexual health and contraceptives is related to avoidance of unwanted pregnancy and other risky reproductive health practices.

Conclusion

The study revealed the various sources of reproductive health information available to female adolescents with hearing impairment in both Lagos and Oyo states. The result showed that school subjects and family has a prominent role in the dissemination of reproductive health information to female adolescents with hearing impairment while they preferred to receive more reproductive health information from school than any other avenue. Similarly, it was observed that the use of available reproductive health information aid positive reproductive health practice among female with hearing impairment.

Recommendation

Based on the findings of this study, it is recommended that;

The school should intensify their effort to enhance the effective teaching of reproductive health practices which will give opportunity to female adolescents with hearing impairment to fully express their mind and to have a healthy sexual relationship with the opposite gender. Parents of female adolescents with hearing impairment should be enlightened on the benefit of sex education for their girls and they should allow access to reproductive health information via books, attending seminars/symposium on sexual



health issues. Information regarding various issues in reproductive health practices such as use of contraceptives, and HIV/AIDS should be reader friendly and made in sign language video format. Ways in which the reproductive health information programme is implemented should be reviewed and be strengthened through the use of information communication technology, mobile phones such text messaging, branding so as to effectively reach adolescents with hearing loss. Health care professionals should be trained on the use of sign language and sign language interpreters can be employed in medical centers in other to ease the communication problems between the health practitioners and the hearing impaired.

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