



Sexual Behaviors, Experiences and How the Hearing Impaired Guard against HIV/AIDS

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Abstract: One of the sustainable development goals (SDGs), goal 3, is to “ensure healthy lives and promote well-being for all at all ages.” Persons with hearing impairment are among the population groups most likely to suffer further from the HIV/AIDS menace. But data that allow the analysis of the link between the hearing impairment and their sexual behaviours, experiences and how they guard themselves against HIV/AIDS is scarce. This research employed descriptive cross-sectional design methods to examine the link between sexual behaviours and experiences of the hearing impaired and how they are able to guard themselves against HIV/AIDS. Hearing impaired youth exhibit diverse and erratic sexual behaviours, recount wild interesting sexual experiences and adopt weird HIV protection techniques. Rigorous efforts are needed from the Government of Ghana and Development partners to make meaning to the hearing impaired sexual reproductive health situation if SDG 3 is anything to be holistically achieved in Ghana.

Keywords: Sexual Behaviour, HIV/AIDS, Disability, Hearing Impairment, Stigma, Discrimination, Population

1. INTRODUCTION

HIV is the contracted form of Human immunodeficiency virus (Alimatu, 2018) and it is transmitted among humans through specific body fluids. Once it gets into the human immune system it destroys certain T-cells (or CD4 cells) that fight diseases and infections thereby weakening the immune system. Left untreated, HIV reduces the number of T-cells in the body, making the human immune system more vulnerable to infections and other diseases. A vulnerable system leads to the development of an “acquired immunodeficiency syndrome (AIDS).

Several factors account for the vulnerability of the diverse individuals to HIV. Some of the key causes of HIV transmission include: skewed gender relations, poverty, harmful cultural practices, pervasiveness of stigma and discrimination and commonality of violence against some key populations (WHO, 2018). The World Health Organization (WHO) defines key populations as populations who are at higher risk for HIV irrespective of the epidemic type or local context and who face social and legal challenges that increase their vulnerability (WHO, 2018). The communities of key populations are most frequently communities of sex workers and men who have sex with men.

In addition to sexual abuse those who have been discriminated against, such as people living with disabilities (PLWDs), have limited access to food and nutrition care and socioeconomic vulnerabilities such as a compromised right to attend school and relegation to extreme poverty. Discrimination can be institutionalized through existing laws, policies and practices that negatively focus on people living with HIV and marginalized groups, including PLWDs. HIV-related stigma and discrimination add to the barriers and disparities experienced in access to appropriate housing and care, along with adherence to HIV treatment. Consequently, HIV infected people and people at high risk of acquiring HIV often experience overlapping types of stigma. These may be related to gender identity, race or ethnicity, sexual orientation, poverty, homelessness, disability and/or mental health conditions (Minnesota, 2018). A good example of a major barrier is the disability stigma and minority status of persons with hearing impairment globally acknowledged that the greatest life challenge to any persons with disability is social isolation coupled with discrimination. As a result, the majority of persons with hearing impairment may be affected by long cycle of stigmatization and prejudice.

Some socio cultural prejudices are detrimental to the rights of some individuals or groups hindering the development of favourable legal environment. These factors among others become the push factors for behavioural change among individuals culminating into certain unavoidable life styles and experiences. Further choices and decisions are dictated by such behaviours, experiences and life styles including sexual choices and decisions. Unfortunately however, HIV is transmitted through certain body fluids due to lifestyles, choices and decisions. The main transmission channel is seminal discharge during sexual intercourse.

In Ghana, sex related issues are often not discussed openly irrespective of people's educational or socio-economic backgrounds. Discussions on sexual promiscuity among the youth are issues nearly every parent would probably avoid rather than engage their children in. This is largely due to traditional norms and cultural believes which mostly forbid open discussion of sexual issues especially among youngsters. But Sexually Transmitted Diseases (STDs) are real and avoiding discourses on it only puts the youth at risk of contracting them including the dreadful Human Immuno Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) (ACOG, 2017).

The AIDS epidemic has been one of the most devastating health issues in human history (Fiona, 2009) as it ravages all categories of people. In sub-Saharan Africa AIDS is reported to be the leading cause of death among young adults (Aderemi, 2011). The WHO (2018) reported that an estimated 36.9 million people live with HIV globally, with 1.8 million new infections and 940,000 deaths in 2017. So far, HIV has claimed at least 25 million lives worldwide and is thus a great threat to development (UNAIDS, 2018; WHO, 2018). There is an estimated 5,000 new infections per day in 2016 and this included some 160,000 children (<15 years). Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.

The first case of HIV/AIDS in Ghana was diagnosed in 1986 and by 2004, approximately 400,000 Ghanaians were estimated to be HIV positive and this number was expected to reach 500,000 by 2015. According to the HIV Sentinel Survey Report (2016) HIV prevalence crept up from 1.6 per cent in 2014 to 2.4 per cent in 2016. Within this general pattern are considerable variations by geographic regions, gender, age, occupation, and to some degree, urban-rural residence. Nonetheless, Aderemi (2011) contends that HIV infection is likely to have predominant impact on the vulnerable populations particularly the disabled, poor, women and children.

WHO (2018) reports that people with disability constitute the world's largest minority group with more than a billion people estimated to live with some form of disability, or about 15% of the world's population. Of this number, 80% live in developing nations. Previous studies show that adolescents with disabilities are sexually active, like their peers without disabilities (Kef and Bos, 2006; Wiegerink, Roebroek, Donkervoort, Stam, & Cohen-Kettenis, 2006), and are over three times more likely to be raped than the non-disabled (Groce, 2000). Globally, it is widely acknowledged that the greatest impediment to the lives of young people with disabilities is prejudice, social isolation and discrimination (Adeniyi, 2014). In addition, studies conducted in developing countries suggest that the stigma associated with marrying people with disabilities may lead to serial and multiple sexual relationships because they often end up breaking from one relationship to another (Choruma, 2007; Mulindwa, 2003). Considering the high risk of adolescents' sexual behaviours, this study explores the sexual experiences of adolescents with hearing impairments and the strategies they adopt to safeguard themselves.

2. LITERATURE REVIEW

2.1. Sexual Experiences of Adolescents with Hearing Impairment

Studies (WHO report, 2018; Adeniyi, 2014; Adeniyi and Olubukola, 2015) have shown that major factors responsible for the spread of HIV among women, men, boys and girls include harmful socio-cultural practices that violate their rights as well as the dire economic conditions in which they find themselves. The traditional unequal power and cultural relations between male and female in some cultures in Ghana weakens women's power to negotiate safer sex in marital and other forms of relationships, thereby increasing their level of vulnerability to HIV infection. For instance, the DFID (2018) noted that young girls in many countries seek support from men by trading sex as a result of economic hardship. This practice is encouraged by parental expectation of financial support from their children. In many parts of the world especially in Africa, persons living with disability and HIV/AIDS face double discrimination, that is, discrimination for being disabled and additional discrimination for

being infected with HIV/AIDS. In any of these cases, disabled persons get no support from the society they find themselves (Tun, et al., 2013).

According to Groce (2003) the hearing impaired face the 'increased risk' to be subjected to abuses such as rape, insults, beatings and not eligible for marriage particularly in some African countries. Predators normally abuse the hearing impaired or any such disabled person because victims can hardly report abuses to other people and when they do report little or no action is taken by the public or parent(s) (Groce, 2003). Adeniyi and Olubukola (2014) report that disabled persons like the hearing impaired who are virgins in Nigeria are sometimes raped with impunity because perpetrators give an amazing reason of 'sexual cleansing'. These acts could easily expose the hearing impaired to the risk of contracting STDs including HIV/AIDS.

Much attention has not been paid to the relationship between HIV/AIDS and disability and so there are misconceptions regarding the extent to which disabled people can equally be infected with HIV much as happens to the abled people. Vulnerability to HIV by disabled persons first came into known in 2004 at a German Symposium on Disability and the Global Survey on HIV/AIDS and disability. People who have 'sensory, physical, intellectual, and developmental disabilities' are often seen not to be exposed to the risk of HIV, assuming that such disabled people are not more 'likely to be sexually active, use drugs, or engage in such other risk behaviours' (Groce, 2003). With this misconception, general HIV prevention, care, support, and treatment campaigns and services have not often been much availed to People Living with Disabilities (PLWD) (Tun&Okal, et al., 2013; Groce, 2004). A review conducted on 12,252 references relating to HIV and disability in sub-Saharan Africa revealed that PLWD 'do not have a lower risk of HIV as compared to the general population, and that, women with disabilities are especially affected due to their more exposure to sexual abuse' (United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), 1995).

Impaired persons such as the blind, deaf, dumb, cripple or mentally unstable are typical examples of PLWD subjected to system manoeuvres of the society. Such socially imposed barriers such discrimination in the areas of education, health and economic opportunities make PLWD more vulnerable and expose them to all kinds of mishaps such as diseases including HIV/AIDS, hunger and death (WHO, 2014; Nsamenang & Tchombe, 2011).

2.2. Measures against HIV/Aids Infection

Use of contraception and STD prevention has been reported to vary across adolescents according to the age at which initiation occurs. For instance the Center for Disease Control(CDC, 2017) notes that condoms are more likely to be used if sex is initiated later than earlier. Although the usage of condoms and abstinence have been recommended as a measure for curtailing the spread of STDs among young adults (Family Health International Youth Lens, 2003; Kennedy et al., 2007; Idowu & Omotoso, 2015) their adoption as a preventive measure is found to be low in some West African countries (FMH, 2008). According to Weiss (2007), another recognized HIV preventive measure is male circumcision. In a randomized control research, Wise (2007) found that male circumcision reduces the risk of HIV infection among heterosexual men by up to 66%. The genital regions of the circumcised men tend to be at lower risk of gathering residues after sexual intercourse. However, one disadvantage of this practice is that if circumcision is not done with utmost care and hygiene including negligence of use of medical instruments it can expose men to transmittable infections including HIV (Weiss, 2007).

3. RESEARCH QUESTIONS

The following questions were formulated to guide the study.

- What experiences do adolescents with hearing impairment have about their partners' use of contraceptives?
- What strategies do adolescents with hearing impairment adopt to protect themselves from infection?

4. RESEARCH METHODOLOGY

4.1. Research Design

Descriptive cross-sectional design was considered most suitable because the study sought to accurately describe observations and responses of respondents across the participating schools. The

ability of this design in this quest is one of its numerous advantages (Stangor, 2011; Kumar, 2014; Bryman, 2012; Johnson & Christensen, 2016). The study sought to gather detailed data on sexual experiences of adolescents with hearing impairments and the strategies they adopt to curb the menace. Using the mixed approach method has the advantage of complementing the findings observed by adopting both approaches and conclusions drawn (Kumar, 2014; Cohen, Manion & Morrison, 2011; Creswell, 2014; Gray, 2014).

4.2. The Study Population and Sample

The population for the study involved all students with hearing impairments in the Ghanaian special schools. In Ghana, the special school system is still categorized into the major disability types; schools for the blind, deaf, mental retardation and physical disabilities. The educational needs of students with hearing impairments are mainly cared for in special schools located in all ten regions of Ghana. Currently, there are 15 special schools and units for students with hearing impairment at the basic level. The population at the time of study was (794 [58.3%] boys and 566 [41.6%] girls) (see Table 1). The ages of the students were between 14 and 25 years, and were mostly found at the Junior High School level of education for the deaf. A total of 310 respondents were involved in the study. The total population of hearing impaired across the regions are presented in Table 1.

Table1. *Distribution of special schools for the hearing impaired with respective populations across the country*

Region	School	Boys	Girls	Total
Ashanti	Ashanti school for the deaf (Jamasi)	83	70	153
BrongAhafo	Bechem School for the deaf	25	30	55
Central	Cape Coast School for the deaf	70	43	113
	Salvation Army School for the deaf(Swedru)	22	17	39
	University Practice Unit (Winneba)	21	14	35
	AgonaSwedru School for the deaf	49	28	77
Eastern	Kibi School for the deaf	55	40	95
	Koforidua School for the Deaf	73	49	122
	Demonstration School for the deaf (Koforidua)	24	36	60
Greater Accra	AdjeiKojo School for the deaf	92	61	153
Northern	Savelugu School for the deaf	45	32	77
Upper East	Ggbeogo School for the deaf	61	42	103
Upper West	Wa School for the deaf	71	52	123
Volta	Volta school for the deaf (Hohoe)	44	19	63
Western	Sekondi School for the deaf (Nchaban)	59	33	92
Total		794	566	1360

Source: Mid-Year review meeting of Conference of Heads of Special Schools (COHASS, 2015).

4.3. Selection of Participants for Qualitative Study

Selection of participants is an essential step in qualitative research (Onwuegbuzie & Leech, 2007; Creswell, 2014). Three types of qualitative sampling techniques were used: nested sampling technique, convenience and purposive sampling techniques. Purposive sampling was employed consciously in choosing the special schools from which the sample population were selected randomly. Purposive sampling provides biased estimate because sampling units are selected on purpose. This technique can be used only for some specific purposes (Ajay and Micah, 2014). Convenient sampling technique was chosen because it is inexpensive, fast, and easy. Convenience sampling is a technique which is inexpensive and the choice of subject matter is done based on accessibility, convenience and the researcher’s proximity (Saunders, Lewis and Thorn hill, 2012). The Nested sampling technique was used to select the individuals within the sample population. Nested sampling explores the posterior distribution of a population by maintaining a set of samples from the prior, called live points, and iteratively updating them subject to the constraint that new samples have increasing likelihoods (Higson et al., 2018).

4.4. Data Analysis Method

This research was only to quantify the populations of the hearing impaired in Ghanaian schools and to create the opportunity for the hard-to hear-groups to share their experience and record their sexual behaviours in the process. Therefore this methodology was designed to document the limited existing information and to amplify the voices of the hearing impaired about which they have not been able to

freely speak their mind and possibly be able to share the various ways they have adopted to guard themselves against the HIV/AIDS menace.

5. RESULTS AND DISCUSSION

5.1. Research Question 1

What experiences do adolescents with hearing impairment have about their partners' use of contraceptives?

This question aimed at finding out experiences of adolescent with hearing impairment had about their partners' sexual activities. Data were gathered using in-depth interviews and analysed using interpretive phenomenological analysis and three coding methods of grounded theory methodology (open, axial and selective coding systems).

Key themes that emerged from the investigation included: *Unprotected sexual intercourse; sex with multiple partners; embarrassment in purchasing and using contraceptives; condom use as a sign of infidelity/promiscuity; and condom insertion error and reduction of sexual pleasure.* The results are presented below:

5.1.1. Unprotected Sexual Intercourse

Most of the students agreed that although they would not have unprotected sex with strangers and multiple sex partners, their partners preferred to have unprotected sexual intercourse with them. From this study, it was revealed that male students were more generally unprepared to use contraceptives than their female counterparts. A narrative by a female respondent who's been in an intimate relationship for five years states:

I used not to allow my boyfriend to have sex with me without a condom. But this was not easy; he does not understand me whenever I tell him to use a condom. We sometimes fight because of that. But the point is that he does not like to use it. And if I don't allow him, he will get another one. I love him and I don't want him to go somewhere. But I will not have unprotected sex with someone I don't trust or someone who dates many girls. But for now I have unprotected sex with my boyfriend because we agree that he will not have sex with any other partner. I will like my partner to use condom but he does not like using it. As for me I do not know the women contraceptive (Verbatim comment by BSDR 2).

Another respondent was a 16-year-old male student who separated from his two girlfriends because they refused to have unprotected sex with him. First, he quarrelled with the first girlfriend for denying him sex because he did not have money to buy a condom that day. The second girlfriend ended the relationship with him because he could not control himself and did it many times without a condom. He narrated his experience as:

I always blame myself for losing them. They were good girls. They were already in school before I was admitted. So, they had information about HIV/AIDS and how to use condom. But I didn't know. My first girlfriend didn't trust me and always wanted me to use a condom. I refused to use it and she was very angry with me and texted me later that our relationship was over. I thought she was joking and that was it. But I didn't learn from it. The second girlfriend also left me because of the same reason. But the problem I have is that I do not demand to know my partner's HIV status before having sex with her because we cannot know. How can you ask this question? Now, I have only one girl friend but I do not know if she has boyfriends because you cannot trust girls. Today, they will say you and another time they will be sleeping with other boys. That is the problem (Verbatim comment by GSDR 3).

5.1.2. Sex with Multiple Partners

Multiple sexual partners appeared to reflect the experiences of most adolescents with hearing impairments in this study. Both female and male students with hearing impairment did not trust one another when the issue of multiple sexual partners was raised. Most female students tended to accuse their male friends of betrayals and promiscuous lifestyles. A 22-year-old female student described the treatment she got from her boyfriend:

My boyfriend and I love each other very much. However, there is a very serious problem. He can't stay without a girl. He has many girlfriends. I'm very sure of that. Before we became friends he used

to have three girlfriends. But I accepted him like that because I love him. I know it is dangerous to stay with such a person. But I'm in love with him deeply. I only pray that he doesn't bring me diseases (Verbatim comment by BSDR 8).

Similar concerns were raised by male students with hearing impairments. They also accused their female colleagues of going after boys without hearing impairment. One of the male students narrated how his girlfriend was snatched away by a boy without hearing impairment:

We had been together, for two years. Her parents knew that we were friends because I used to go to their house. Her parents were happy about our relationship because we learned together and used to go to school together. But because she is very beautiful, many hearing boys were also chasing her. At first she was hiding that from me. But I saw her with them many times and I advised her many times but she didn't care. Then it even came to a point that when I sent a text she will not reply and when I asked why she said she had no credit in her phone. She knew I didn't have money to buy credit for her. Then she started going to school alone until I caught them. I was very angry and she told me not come to their house. Now many hearing boys are using her. It is painful but I can do nothing about it. She doesn't pay attention to me (Verbatim comment by SSSDR 3).

Another student said:

I will not have sex with more than one partner because I don't want to get HIV/AIDS. I use condom when I do not trust my partner. It is only when I do not have condom that I have unprotected sex (Verbatim comment by WSDR 8).

5.1.3. Embarrassment in Purchasing and Using Contraceptives

Further analysis of students' responses reveals that most students with hearing impairment did not only feel embarrassed to buy contraceptives such as a condom, but also they felt embarrassed using them. A 20-year old female student who had her first sexual experience at the age of 11 narrated how her boyfriend felt embarrassed to buy a condom:

I asked him we should be using a condom since he has many girlfriends. His reply was that who is going to buy the condom. He said "I can't buy it. I feel embarrassed to even mention the name condom. Those who sell condoms can't understand sign language. So I have to write it and give it to them. Because we are not many everybody knows us. So, they will be talking about us and laughing whenever they see us". Because of that he feels shy to buy a condom (Verbatim comment by SDR 5).

In a focused group discussion, similar issues were raised. Most group members believed that one of the barriers to condom use among most students with hearing impairments was the embarrassment. They said:

Most students feel embarrassed to use condom especially after sexual intercourse, they contend that one has to remove it and make sure that you take care of it. All these processes are so embarrassing. The best way is not to use it (Verbatim comment by GSDR 3).

5.1.4. Condom Use as a Sign of Infidelity/Promiscuity

From the study, it was clear that most sexually experienced students with hearing impairment complained of being unfaithful and promiscuous for insisting on condom use. For example, a 15-year old student, who complained bitterly about her boyfriend's behaviour, said:

Promiscuity, unlawfulness and infidelity are those words my boyfriend uses whenever I insist that he must use a condom. But because he doesn't like to use it, he finds excuses anytime I insist on condom. You see, I can't trust him. He is such that you see him with this girl today and another girl tomorrow. That is why I want him to use condom. I am afraid if I sleep with him without a condom, I can get the disease. Because our teacher said we can get HIV/AIDS if you don't use a condom. But if you use a condom there is no day you can get the disease. I am afraid because he doesn't stay with me alone. He has many girlfriends. So any time I ask him to use condom he insults me and says that I don't trust him. But I also love him. He is the only boyfriend I know. I have never slept with anybody apart from him. But he is also not correct (Verbatim comment by WSDR 3).

Accusations and counter accusations of being promiscuous appeared to cloud the use of condom and other contraceptives among students with hearing impairment. Among sexually experienced male students, who claimed to be using contraceptives before sexual intercourse with their girlfriends, said

that their girlfriends could not be trusted. To clarify their point, a-21-year-old male student whose girlfriend left him two months prior to the study complained:

These days you cannot trust the girls. If you trust them they will give you AIDs. They are more than ready to sleep with any man or boy who is ready to give them money. They don't care. What they care for is money. When they are doing that they don't even think of you the boyfriend. They forget of the promises between you and them. That is why I will not sleep with any girl even my own girlfriend without a condom. They can give AIDs anytime. But with condom you are safe (Verbatim comment by SDDR 7).

It was clear from the extracts of the responses made by students on their experienced adolescents with hearing impairments have about their partners' use of contraceptives to protect themselves from HIV/AIDS. These students appeared to have a wealth of experiences of sexual relationships and they have been educated on HIV/AIDS. Those students with less experience of sexual relationship and information about HIV/AIDS indulge themselves in other protective mechanisms.

5.1.5. Condom Insertion Error and Reduction of Sexual Pleasure

As part of the experiences of students with hearing impairments, errors of condom insertion and reduction of sexual pleasure were among sexual behaviours that dominated in the findings. Sexually experienced students with hearing impairments reported that their partners were reluctant to use condoms because of its tendency to reduce sexual pleasure. They claimed that their partners complained of reduced sexual pleasure when condoms are used during sexual intercourse.

My boyfriend said he doesn't like condom because it is difficult to use. He doesn't even know how to use it. Health workers came to school and taught us how to use a condom. But the way my boyfriend uses it is not the way they taught. They taught us to leave space at the tip of the condom. But he does not do it like that. He doesn't leave any space at the tip of the condoms (Verbatim comment by SDDR 3).

Another student said:

The satisfaction one gets without a condom is not the same when we use condom. So, that is why I don't like using it because I don't become satisfied. Even when I insert the condom I kind of losing my erection but my girlfriends don't get (Verbatim comment by GSDR 3).

Most male students who reported dislike for condom use emphasized that they did not get sexual pleasure when they used condoms. However, most female students, who were not happy about this behaviour, said they were upset that their boyfriends could contract STDs if they continued having sex with multiple partners without using condoms. Furthermore, the study also uncovered that both female and male students with hearing impairments appeared not to have much knowledge of female condoms. They also reported embarrassment, insertion errors and an indication of infidelity in using female condoms.

5.2. Research Question 2

What strategies do adolescents with hearing impairment adopt to protect themselves from infection?

The aim of this research question was to find out how adolescents with hearing impairment guard themselves against HIV/AIDS infection. Data were gathered using in-depth interviews and analysed using interpretive phenomenological analysis and the three coding methods (open, axial and selective coding) of grounded theory methodology. The key thematic areas the responses focused included: having total abstinence from sex or sex with only virgins; washing genitals after sex; avoidance of high-risk sexual activities/relationship; persuading sexual partners to use condom; the use of traditional medicine and engaging in reduced frequency of sexual intercourse with strangers.

5.2.1. Having Total Abstinence from Sex or Sex with Only Virgins

The analysis of the responses reveals that most students with hearing impairments had multiple views of HIV/AIDS transmission, its cure and prevention strategies. While some of the students were fully aware of the fact that HIV/AIDS had no cure and could be contracted through sexual intercourse, others had little or no knowledge about this. For this reason, quite a number of them believed that the best way to prevent HIV/AIDS was to avoid sexual intercourse completely until they were ready to marry. However, some of them also said since they could not abstain from sexual intercourse, the best

way to guard against HIV/AIDS infection was to have sex with partners who were virgins or trusted. With this strong sense of belief, one respondent said:

Our peer educator told us that there is no cure for AIDS. He said that even the Western and traditional medicine have no cure for AIDS. But my friends also said that there is cure. There are some strong Western medicines that can cure AIDS now. They also said that once you have sex with virgins, there is no way you can get AIDS because virgins don't have AIDS (Verbatim comment by WSDR 8).

Another participant who experienced his first sexual intercourse when he was 14 years old said:

For me, I believe that the only way to avoid AIDS virus is to have virgin partners. I don't do sex with girls who are not virgins or pure. Those pure girls are free from AIDS. When I am going to marry, I will marry those who are virgins. I believe that even if you get AIDS and marry a virgin, the AIDS will go away (Verbatim comment by BSDR 3).

Although majority of students with hearing impairment in this study were fully aware that AIDS had no cure, some few students still believed that sex with virgins, some western medicine and powerful traditional medicine can cure HIV/AIDS.

5.2.2. Washing Genitals after Sex

Some students with hearing impairment in this study also said that best way they could prevent HIV/AIDS infection was to wash their genitals after sexual intercourse. This belief appeared to be deeply rooted in the sexual life of some respondents. One of those students who believed in washing their genitals after sex said:

I don't like using condom. I used it two times and it was not good for me. I got some itches after sex. So I went back to my usual practice which is, washing my genitals after sex. This is very safer than using a condom. I don't mind using a condom, but I must know what is inside it. When I am washing my genitals I use soap and water, and I am okay with it. I have never had problems with that. I think is pretty safe (Verbatim comment by GSDR 5).

A female student, who had been in a relationship for almost seven years, disclosed that although students with hearing impairments have had information on HIV/AIDS several times, most of them still believe in washing their genital area after engaging in sexual intercourse. “*What they normally do is that they wash their penis before and after sex. But girls usually wash the genital area or bath after sex, and they think that is safe enough*” said the 19-year old girl. Another male student of 14 years said:

To prevent ourselves from getting HIV/AIDS, one can quickly withdraw your penis and wash immediately after sex. As for mother to child, yes, our teacher told us that the baby can get it from the mother. That one nobody can prevent it from happening. The washing of genitals after sex and withdrawal can prevent HIV/AIDS because the sperm will not enter the woman (Verbatim comment by WSDR 5).

Despite these beliefs, some of the students were optimistic that the best way to prevent HIV/AIDS infection is to avoid anything that could expose them to AIDS virus.

5.2.3. Avoidance of High-Risk Sexual Activities/Relationship

Students with hearing impairment in this study had multiple views of what constituted high-risk sexual relationship and activities. Some argued that most high-risky sexual relationships were those who engaged in multiple sexual intercourses with many partners. Some mentioned unprotected sexual intercourse and sexual intercourse with unfamiliar persons, while others disclosed that deep kissing and genital fondling were all part of high risk sexual activities. Majority of the students with hearing impairment believed that HIV/AIDS could be prevented if they avoid engaging in high risky sexual activities. Although most of the students were aware of some of the risky sexual activities, yet they engaged in the risky sexual activities. A sexually experienced female student narrated:

I do not demand to know my partner's HIV status before having sex with him because we cannot know. But what I am sure of is that I will not have sex with more than one partner because that will make me vulnerable to contracting HIV/AIDS. I use condom when I do not trust my partner, it is only when I do not have condom that I have unprotected sex. I do not know how to find out about my sex

partner's status because we are told that it can only be done in the hospital and we cannot always be going there anytime we want to meet (Verbatim comment by BSDR 8).

Also, a 17-year old sexually active male student, who had multiple partners, disclosed:

I have had sex with more than one partner and this is because the two are not at the same place. They have agreed to stay with me alone. I have ever used contraceptives, but stopped when we agreed that they will not have sex with any other person. I will like to know my partner's HIV status but cannot because we cannot know. Personally I don't like kissing (Verbatim comment by SSDR 1).

In spite of the fact that the students in this study had numerous views of high risk sexual activities, they were all confident of preventing themselves from acquiring the HIV/AIDS virus.

5.2.4. Persuading Sexual Partners to Use Condom

Unwillingness to and inconsistent use of condoms were prominent behaviours exhibited among students with hearing impairments. Nevertheless, some of them said that they were committed to encouraging and persuading their sexual partners to use condom consistently in order to guard themselves against HIV/AIDS infection. For example, a 17-year male student with hearing impairment, who supported condom use and had great self-efficacy to persuading his female sexual partner to use female condom, said:

It is not once, not twice when I told my girlfriend to buy the female condom but she is always reluctant to do so. She is often embarrassed of what people say about us. But I don't mind, because it is better to use it than to get AIDS (Verbatim comment by GSDR 9).

GSDR 9 explained that he had to put conscious efforts before his girlfriend agreed for him to use condom. He said:

At first she thought I did not trust her. But that was true. I didn't trust her at first because she was dating two of us. So, I didn't trust her because I didn't want to take chances. The boy she was dating doesn't have good behaviour. He was chasing many girls in school and in town. At the time, the boy had a hearing girlfriend who was also not correct. So, I didn't want to take any chance at all. So, the first time I used condom my girlfriend was very angry with me. But as she got to know my life, she agreed to the condom (Verbatim comment by WSDR 5).

5.2.5. The Use of Traditional Medicine

In spite of the fact that some students with hearing impairments acknowledged that peer educators and some relatives informed them about the deadly nature of HIV/AIDS and its lack of cure, a handful of them believed that traditional medicine could cure HIV/AIDS and could prevent them from contracting HIV/AIDS virus. Some of them said that AIDS virus could also be inflicted upon by spiritual forces through 'traditional medicine men and women, witches and magicians'. For example, a student, who hailed from a village in Volta Region, disclosed during a group discussion:

Yes, witches can do everything. They are very powerful people who can use AIDS to hurt others. They can also use their medicine to protect you from anything including sickness like AIDS. Our peer educator told us that the witches can kill people but cannot give us HIV/AIDS. Me I don't believe him. If they can kill through their medicine, they can also give you AIDS (Verbatim comment by SSDR 5).

Another student from the Northern Region said:

My people say that AIDS is not a new sickness. It has been there for decades. Mostly, people get AIDS, when they happen to cough while having sexual intercourse. But they used to treat it. So, I don't understand why they say it has no cure. If you ask any old people in the northern region, especially Dagbombas, they will tell you that they have the medicine (Verbatim comment by SSDR 1).

Some of the students narrated that their parents prepared them spiritually when they were of age. This spiritual medicine prevents them from all forms of sexually transmitted diseases. For example, one of them said:

Traditionally there is a medicine known as 'daðiretim' which I have taken so that I will not get this disease. Traditionally we believe that when you having sex and lady coughs on you, you and the lady will get this sickness and so you will grow lean. This is a common knowledge in our area; so when

one becomes an adult your father give that medicine to you and so anytime you have such a problem you take some and give some to the lady as well (Verbatim comment by SDR 1).

Others said that they resort to prayers before having any sexual intercourse with their partners. The following statements exemplified some of their narratives:

Anytime one is to have sex, I pray to God to prevent all evil things and spirits from getting to me. We believe that when one is in that impure state, then one can easily be attached by these evil spirits and bad diseases (Verbatim comment by GSDR 1).

Also traditionally we perform the traditional form of sex where the woman lies down and the man is on top; this form of sex does not bring diseases. However, these modern forms of sex and all of its other forms bring sickness (Verbatim comment by GSDR 6).

Others also said that the witches and traditional medicine people could only inflict sickness like AIDs to other people but had no power to prevent one from AIDs virus. What is important about the above revelation is that there are some students with hearing impairment who still believe that HIV/AIDs could be transmitted through spiritual means.

5.2.6. Engaging in Reduced Frequency of Sexual Intercourse with Strangers

In an effort to understand how students with hearing impairments guard themselves against HIV/AIDs infection, sex with strangers was further explored. The study unveiled that some students reported having no sex with stranger, whereas some reported having lower frequency of sexual intercourse with unfamiliar people. For example, one of the students said:

Not having sex with strangers is my boyfriend song he sings anytime I accuse him of unfaithfulness. Sometimes I accuse him intentionally to be sure that he doesn't flirt around. Because AIDs doesn't have mercy for anyone, I want to be sure who he meets besides me. Because whether you can hear or not, AIDs doesn't have mercy. So, I always accuse him so that he doesn't mess around. But anytime we talk about it he tells me that as for him he will never get AIDs because he doesn't sleep with strangers. I have only one person and that person is me. He said he is not the type who sleeps with anybody in the skirt (Verbatim comment by BDR 2).

Although statements such as *"I don't mess my life with strangers; I mess with only boys I know; and I sleep with only few unknown people"* were recurring statements in students with hearing impairments' narratives, the sexually experienced, who were deeply involved in messing around with very new face in their communities, said they reduced the frequency of sexual intercourse with unfamiliar people.

I try as much as possible to avoid sexual intercourse with someone I don't know very well or someone I don't trust. So anytime I meet someone I try to drag the courtship process for a while before I allow myself into sexual relationship. I also pray to God take away all people with troubles and problems including the opposite sex from coming my way. As much as possible I pray so that such people with bad omen do not come my way ((Verbatim comment by BDR 3).

It is not easy to use condom. I also try as much as possible to use condom. However, these days it has become so expensive that it is difficult to buy it anytime I need it. I have also tried to limit myself to one sexual partner at a time. This is also difficult because there are times that one sees very attractive girls of which they also seem to be interested in me. In cases like that once in a while I am not so faithful to my partner. It is in these cases that I also try to use condoms (Verbatim comment by GSDR 6).

Some also claimed that because some hearing people have difficulties with sign language; it reduced their sexual encounter with the hearing people. One of the students said: *Generally, because many people cannot speak the sign language of the deaf, this also serves as an impediment which helps to check the number new female friends I meet and therefore sexual encounters (Verbatim comment by GSDR 6).*The above theme suggests that students with hearing impairments considered abstinence from and a reduction in a sexual intercourse with strangers as among measures to guard them against HIV/AIDs infection.

6. DISCUSSION

Key themes that emerged from the findings of the research question three included: unprotected sexual intercourse; sex with multiple partners; embarrassment in purchasing and using contraceptives; condom use as a sign of infidelity/promiscuity; and condom insertion error and reduction of sexual

pleasure. Among other things that were revealed during the interview indicate that female adolescent with hearing impairment complained of their sexual partners' insistence to have unprotected sexual intercourse. The analysis further revealed that their partners often had sexual intercourse with multiple partners. It also emerged that their sexual partners experience embarrassment when purchasing contraceptives such as condom. Others considered the use of condom as a sign of infidelity/promiscuity. Partners also encountered formidable challenges in inserting condom correctly. Some of them felt that condom use reduces sexual pleasure. This is an indication that most male students detest the use condom. Furthermore, the study has also uncovered that both female and male students with hearing impairments appeared not to have much knowledge of female condoms. The emerging findings of could be essentially important in explaining the experiences of adolescent about their partners' use of contraceptive. Perhaps their experiences may have relationship with current factors responsible for the spread of HIV among women, men, boys and girls.

The key thematic areas emerged from the study regarding the research question included: having total abstinence from sex or sex with only virgins; washing genitals after sex; avoidance of high-risk sexual activities/relationship; persuading sexual partners to use condom; the use of traditional medicine and engaging in reduced sexual intercourse with strangers. These findings are partially consistent with Idowu and Omotoso (2015) who posit that, the use of contraceptive is basically for the prevention of unplanned pregnancy, early age pregnancies, death from illicit abortion, and sexually transmitted infections (STIs). An increase in availability of contraception will lead to decrease in the number of births by the teenage youths. The findings further corroborate the assertions of Family Health International Youth Lens (2003) which suggests that although the usage of condoms and abstinence have been recommended as a measure for curtailing the spread of STIs among young adults, their adoption as a preventive measure is found to be low (FMH, 2008). Perhaps the claim of Kehinde et al. (2014) that condom were found to be difficult to use for the sexually inexperienced, detract from sensual pleasure as well embarrassing to suggest are the main reasons why adolescent with hearing impairment find it difficult using it to protect themselves.

Avoidance of high-risk sexual activities/relationship; persuading sexual partners to use condom; the use of traditional medicine and engaging in reduced sexual intercourse with stranger are all indications that adolescent with hearing impairment are somewhat aware of the dangers of contracting HIV and AIDS through unprotected sex and that HIV/AIDS has no cure. Contrary to the findings of the study Weiss (2007) argues that another recognized HIV preventive measure is male circumcision. Paradoxically, most African men are known to be circumcised yet HIV is rapidly spreading in Africa more than perhaps any other region in the world. Some explanation to this anomaly may be due to the traditional mode of circumcision. That is using crude tools to circumcise as many people as possible without sterilizing the tools thoroughly avoid increasing risk of infections including HIV/AIDS virus infection (Weiss, 2007).

Use of contraception and STD prevention has been reported to vary across adolescence according to the age at which initiation occurs. Condoms are more likely to be used in later sex (Kraft, Rise & Træen, 1990; aulkenberry, Vincent, James & Johnson, 1987; Mosher & Bachrach, 1987; Zelnik & Shah, 1983). Education on these topics has been found to modify that pattern and appears to be more effective if given prior to first intercourse. Highly beneficial gains will be derived from the following health interventions: comprehensive condom and lubricant programming; behavioural interventions; HIV testing and counselling; sexual and reproductive health services; HIV treatment and care; substance use related harm reduction interventions; prevention and treatment of tuberculosis (TB); prevention and treatment of viral hepatitis (UNAIDS, 2014).

Apart from socialization of the young ones, low utilization of contraception has also been attributed to limited capacity of the health care system and structure within which family planning services are offered (Masoda & Govebder, 2013). Furthermore, individual factors such as risk perception, fear of side effects, opposition from male partners, health service limitations and insufficient knowledge needed to make informed choices have been reported as barriers for utilization of contraception (Abiodun & Balogun, 2009; Haggan, 2012). One way of preventing STI's is by abstaining from sexual relationship. Another approach that is more pragmatic is the use of condom. Contraception is the act of preventing conception; this is made possible with the use of birth control methods (Alarape et al. 2008). Studies have suggested that people engage in unprotected sex with little or no regard for STIs and unwanted pregnancies (Ekanem, et al., 2005). Weiner (2006) reported that young women whose

partners use condoms every time they have sex are 70% less likely to contract STI's than women whose partners use condom less than 5% of the time (Alarape, et al. 2008: 237). Consistent and correct condom use has been shown to be an effective preventive strategy for HIV, STIs, and unwanted pregnancy prevention.

7. CONCLUSIONS

The findings of the study showed that although adolescents with HIV were aware of HIV/AIDS, awareness alone does not mean absolute knowledge of the modes of transmission of the disease, because adolescent with hearing impairment in the study demonstrated gaps in their knowledge.

Another conclusion drawn from the study is that once it is established that adolescents with hearing impairment had limited knowledge of HIV/AIDS, it is possible to conclude that limited knowledge is responsible for engaging in sexual behaviours that placed them at high risk of contracting HIV. Erratic

Lack of courage and fear of being labelled as promiscuous puts some female adolescents with hearing impairment at risk and most sexually active students with hearing impairment complained of being unfaithful and promiscuous for insisting on condom use.

8. RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made

- The heads of special schools should work with agencies responsible for AIDS Education to intermittently organize workshops to educate hearing impaired students on risky behaviours that places them at risk of contracting HIV and AIDS
- Workshops could be organized for parents of children with hearing impairment so that they in turn educate their wards on the rightful use of contraceptives and the need to protect themselves

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