
**SEXUAL BEHAVIOUR, VULNERABILITIES AND PERCEIVED CONSEQUENCES
AMONG YOUNG PERSONS WITH DISABILITY IN EKITI STATE, NIGERIA: A
QUALITATIVE PERSPECTIVE**

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ABSTRACT

Literature is replete with patterns of sexual behaviour among non-disabled adolescents, but few studies exist on the patterns of sexual behaviour among young persons with disabilities in Nigeria, despite their sexual vulnerabilities. It is based on this background that this study examines the patterns of sexual behaviour, sexual vulnerabilities and perceived consequences of sexual behaviour among young persons with disability in Ekiti State, Nigeria. The objective of this study was achieved through the instrument of an in-depth interview. Data obtained from 13 in-depth interviews were analyzed using manual content and thematic analysis. The outcome revealed that young persons with disability engage in sexual intercourse, experience early age at sexual debut, some males initiate sexual intercourse, both gender experienced rape, and preference are given to single sexual partnership over multiple partnerships due to its perceived negative consequences. Furthermore, an educational guide from non-disabled mentors and social support from non-disabled friends enabled adolescents with a disability to avoid risky sexual activities. It is therefore recommended that young persons with disability should be made aware of the negative consequences associated with risky sexual behaviour while support systems should be provided for them in order to enhance their sexual behaviour and prevent risky sexual behaviour.

Keywords: sexual behaviour, sexual vulnerabilities, sexual intercourse, young persons with a disability, rape

INTRODUCTION

Fifteen percent of people in the world are disabled with a higher prevalence in less developed countries (World Bank, 2019; Enhancing Nigeria's HIV and AIDS Response Programme (ENR), 2015). In addition, statistics from the Nigeria Population and Housing Census conducted in 2006 indicated that out of 140,431,790 persons in Nigeria, 3,253,169 (2.32%) of them had at least one disability. Of the 36 states in Nigeria, eleven states had more than 100,000 persons with disability (PWD) out of which Oyo State ranked eleventh. Furthermore, in the South-west geopolitical zone, Lagos state had the highest number of persons with disability (161,412), followed by Oyo state (101,657) (National Population Commission, 2009). Recent data on the number of persons with disability in Nigeria indicated that there are 25 million persons with disability in Nigeria (World Health Organization (WHO) and World Bank, 2011; Disability Right Funds, 2018) and this figure is close to the 15% world estimate of disability (Disability Right Funds, 2018)

Empirical studies that examined sexual behaviour among PWD are limited. Aderemi, Pillay and Esterhuizen (2013) compared knowledge of HIV and sexual activities of intellectually disabled and non-disabled adolescent learners in Oyo state while ENR studied HIV prevalence and sexual behaviour among PWDs. These are among the few available ones in Nigeria. The latter found: that PWD in Nigeria are sexually active against the general belief that they are asexual; and that 71 percent of them had ever had sex and 74.4 percent of them experienced sexual intercourse twelve months prior to the survey (ENR, 2015). Contrary to the general belief that persons with disability are asexual, empirical studies have shown that they are sexually active and fecund (McCabe & Taleporos, 2003; Greenwood & Wilkinson, 2013; Enhancing Nigeria's

HIV and AIDS Response Programme (ENR), 2015; Mulindwa, 2003; Aderemi, Pillay, & Esterhuizen, 2013). A study in Uganda revealed that 80% of the persons with a disability had experienced sexual intercourse (Mulindwa, 2003) while another study in Nigeria revealed that persons with mild intellectual disability had more experience of sexual intercourse than non-disabled adolescent persons (Aderemi, Pillay & Esterhuizen, 2013).

Furthermore, persons with disability irrespective of their gender find it difficult to establish stable marital partnership or relationship and many of them end up being used for sex or engage in sex for pay, all of which increase their sexual and reproductive health risks (Handicapp International, 2011; ENR, 2015). Some of the risks include a high rate of sexually transmitted infections (STI) including HIV, unwanted pregnancy and unsafe abortion, sexual abuse which is experienced by men and women alike, though more predominant among women with disability. Also, they experience difficulty in accessing healthcare facility for sexual and reproductive health-related issues (Handicapp International, 2011; Enhancing Nigeria's HIV and AIDS Response Programme (ENR), 2015; (Mulindwa, Study on Reproductive Health and HIV/AIDS among Persons with Disability in Kampala, Katakwi and Rakai Districts , 2003).

The World Health Organization defined young people as those between the ages of 10 to 24 years (World Health Organization, 2021). This categorization includes the ages of the adolescents (10-19) as well as the youths (15-24) (World Health Organization, 2021). Despite being established from the literature that adolescent persons with disability which range from age of 10-19 engage in sexual intercourse (Aderemi, Pillay, & Esterhuizen, 2013), yet patterns of sexual behaviour which includes sexual initiation, sexual negotiations and sexual partnership

among young persons with disabilities are inadequately examined. Questions such as how they request or demand safe sex from their partners and the age of sexual debut are yet to be adequately answered in literature.

However, the gap in knowledge exists about the patterns of sexual behaviour, vulnerabilities and perceived consequences among young persons with disability between the ages of 19 and 24 despite their sexual peculiarities and knowledge about sexual behavioural patterns of persons with disability within age 10 and 19 in Nigeria are limited.

Research Questions

What are the prevalent sexual behaviours among young persons with disability in Ekiti State?

Which risky sexual activities do young persons with disability become vulnerable to in Ekiti State?

What are the consequences of sexual behaviour among young persons with disability in Ekiti State?

Objectives of the Study

The specific objectives include to:

- i. describe the sexual behaviour among young persons with disability in Ekiti State
- ii. assess the risky sexual activities that young persons with disability are vulnerable to in Ekiti State
- iii. reveal the perceived consequences of sexual behaviour among young persons with disability are vulnerable to in Ekiti State

THEORETICAL BACKGROUND

Theories of reasoned action and protection motivation were applied to this study. Ajzen and Fishbein (1975) propounded the theory of reasoned action (TRA) which predicted voluntary and conscious human behaviour (Madden, Ellen and Ajzen, 1992). TRA is useful for predicting

behaviour that is borne out of free volition. The theory of reasoned action argued that easily performed volitional factors predict human behaviour. Such factors include: attitude, subjective norms which passes through intention to influence behaviour (Conner and Sparks, 2005; Trafimow, 2009). The theory posits that attitude towards behaviour, subjective norms, and intention are factors that influence behaviour (Ajzen, 1991; Ajzen, 2006). It further reveals that intention is the major factor that influences human behaviour.

Conducting the research among young persons with physical disability, excluding those with intellectual disability further satisfies the assumption that the participants of the study can make rational and reasonable decision before putting up behaviour. Also, consequences of their sexual behaviour can be predicted using the theory of reasoned action as they are expected to take actions based on proper consideration of the consequences. However, reports that PWDs have higher sexual vulnerabilities exposes that they may be engaged in non-volitional sexual behaviours, which makes TRA inadequate in explaining all dimensions of sexual behaviour among PWDs. Therefore, theory of protection motivation was introduced to explain their sexual vulnerabilities. Sexual behaviour that is influenced by drug use or threats such as rape cannot be referred to as sexual behaviour that occurred from free volition. Therefore in order to predict non-volitional sexual behaviour, protection motivation theory was included. This theory predicted behaviour that is associated with threats and vulnerability to threats which theory of reasoned action and social cognitive theory cannot predict. It opines that individual's perception of the severity of their vulnerability to the threat is seen to inhibit maladaptive responses such as avoidance, denial and wishful thinking. Therefore, if an individual has a high perception of vulnerability to risky sexual behaviour, the person may avoid or

protect himself against such behaviour (Conner & Sparks, 2005).

Protection motivation theory opines that various fear appeals and intrapersonal or internal sources of information can instigate two distinct processes which include threat appraisal and coping appraisal. Threat appraisal deals with individual's perception of the severity and the extent to which they are vulnerable to the threat which in turn deters their maladaptive responses. It also states that in certain instances, some factors such as pleasure and social approval may increase the tendency to perform maladaptive behaviours. Coping appraisal reveals that increase in the probability of an adaptive behaviour is a function of response efficacy and self-efficacy. Response efficacy is the belief that the recommended behaviour would be able to reduce the threat and self-efficacy is the belief that one can perform the behaviour (Conner & Sparks, 2005).

METHODS

The population of study is young persons with a form of disability, limited to those with hearing or speech and vision disability. These respondents are within the ages of 10-24 years. The coverage area for this study was Ikere Ekiti. The school of the blind at Ikere Ekiti was visited from which persons with visual and hearing disability were interviewed.

This study used data obtained from an in-depth interview guide. The in-depth interview (IDIs) guide consists of questions that probed into the sexual behaviour of persons with disabilities as well as their vulnerabilities to risky sexual practices. A total of 13 respondents were interviewed in this study. Two research assistants and the principal researcher were involved in interviewing the respondents. One of the research assistants could communicate using sign language and this was used with the deaf respondents. The

blind respondents could hear, so they required no special language for communication. The transcribed data imported into atlas.ti 8.0 software was used to analyse the qualitative data gathered through the IDIs. Quotations were coded and network views were drawn with the codes giving an example of quotations related to each code. This was done to achieve the objective. Manual content analysis and thematic analysis was used in the study.

RESULTS

The result was reported under the following themes: the background characteristics of the respondents, patterns of sexual behaviour which was captured through: first sexual intercourse experience, the subsequent experience of sexual intercourse, outcomes of sexual intercourse; perceived consequences of sexual behaviour and vulnerability experience which was captured through the experience of rape and sexual abuse.

Background Characteristics

In-depth interview information obtained from 12 male and female blind and deaf young respondents was used in the study analysis. Male respondents that were blind were 5 while female respondents that were blind were 4. Male respondent that was deaf was 1 while female respondents that were deaf were 3.

First sexual experience

The majority of the respondents experienced sexual intercourse at one time or the other before the interview, only three indicated never experienced sexual intercourse out of the nine deaf and blind respondents who reported having first sexual intercourse experience. It was further discovered that some of them experienced sex as early as age 8 while some experienced it at later ages of 18 and 20 years. The respondent who experienced first sexual intercourse at the age of 18 was male and blind while another female blind

respondent experienced sex at the age of 20. A female deaf respondent experienced first sexual intercourse at the age of 8.

Respondents: *Yes, it happened about 7 years ago, (2012). The experience was interesting, it made me happy because it was my first experience and the person I was planning to marry then. She came visiting that day and that was how everything started. It was my first experience but for the Lady, I did not think so.*
Male deaf

Respondent: *Yes, I was 18years at that time but I cannot remember the date. The experience was good and I had it with my partner at that time.*
Female deaf

Some excerpts of the discussions are shown below. This is depicted in Figure 1.

Respondent: *Yes, when I was 20 years, I was forced into it.*

Respondent: *It was a painful experience the first time I went into it.* **Female blind**

Respondent: *I felt the pleasure in it as at that time but as soon as I left the place, I was disappointed in myself. As I felt that I had done something that is unlawful. After that, I had couple of sex. The one I was able to control myself I did, and I was forced by my partner in which I don't have option than to do.*
Female deaf

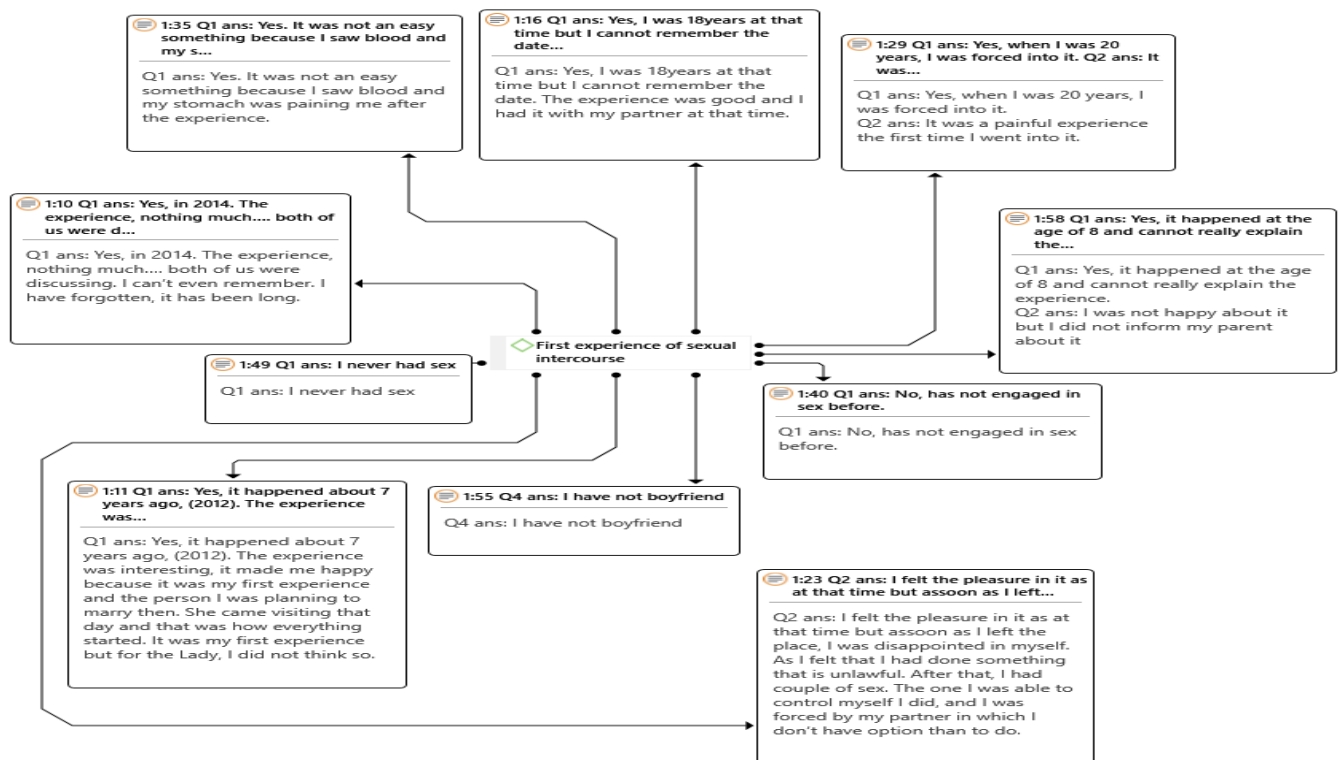


Figure 1 Network Diagram Showing the First Sexual Intercourse Experience of the Respondents

Experience of Sexual Intercourse: The results obtained from the study revealed that persons with disability engage in sexual intercourse contrary to widespread belief. Both male and female persons with disability revealed that they have experienced sexual intercourse. A **female deaf** respondent said: “Yes, it happened at the age of 8 and cannot really explain the experience”. Another **blind female** respondent said: “Yes, when I was 20 years, I was forced into it”. This is shown in Figure 2.

Respondent: *It was actually a rape case with the first person and it was a terrible experience.*

Outcome of first sexual intercourse

Most of the male respondents reported finding it difficult to initiate sexual relationship during their first sexual intercourse. A **male blind** respondent reported that: “It is so difficult. It was difficult then because I don’t relate with people with disability but with people without disability, that make it difficult due to my status” He further said “It was terrible and difficult as I had to persuade the sexual partner. It was somehow stressful and difficult”. This implies that initiation of sexual intercourse is difficult due to their disability, yet male PWDs still initiate sexual intercourse. “Yes, it was couple of years ago. She was a friend then that was introduced to me by another friend in my peer. It was the friend that gave me the girl I had sex with. They told me it is an interesting experience”. He further said “Ever since the first intercourse, it became easy to have initiation with sexual partners”. This experience revealed that social networking system helped in sexual initiation among persons with disability. This is because the respondent revealed that a female friend introduced the person she had sexual intercourse with to him.

Some of the respondents also reported dissatisfaction while some were satisfied with their first sexual intercourse, revealing a mixed feeling of satisfaction and dissatisfaction. A respondent has this to say: “I felt bad, it was not good, because it was my first time”. Another respondent said: “it was not an easy something, I saw blood” while another reported that: “I feel so good about my first sexual intercourse”.

Some of the respondents also reported that their first sexual intercourse encouraged them to continue having sex while some reported that it did not encourage them to continue having sex frequently. It was deduced from the responses that those who were satisfied with their first sexual experience felt encourage to continue while those not satisfied with their first sexual experience were not encouraged to continue. One of the respondent said: “I felt bad, it was not good..... it did not encourage me to have sex frequently”. This respondent referred to a dissatisfied first sexual experience and in addition reported not encouraged to have sex frequently after. A respondent reported a counter view saying: “No, my first sexual experience did not encourage me to have sex frequently...because I lost interest in any girl when my fiancée suddenly broke up with me two weeks before our wedding. That made me to lose interest in sex”. Some more excerpts from the discussions are shown below:

Respondent: *No, my first sexual experience did not encourage me to have sex frequently. The experience that happened to me then did not encourage me, because I lost interest in any girl when my finance suddenly broke up with me 2 weeks to our wedding. That made me to lose interest in sex.*

Respondent: *I feel so good about my first sexual intercourse. Yes, my first experience encouraged me to have sex frequently.*

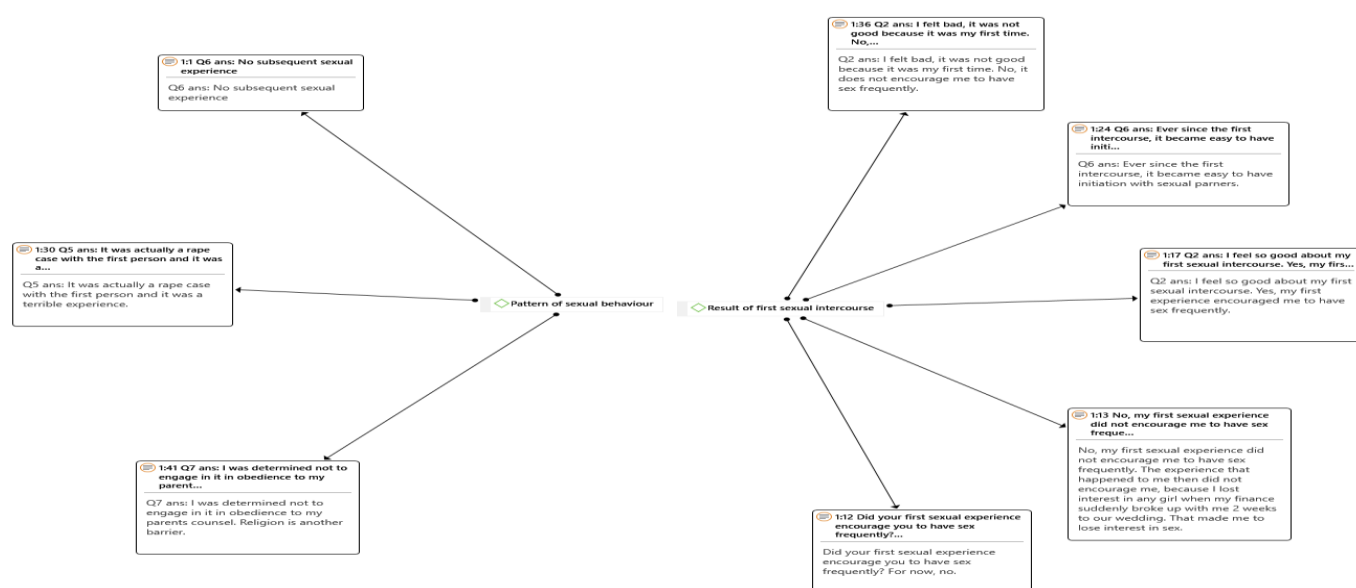


Figure 2 Network Diagram Showing the Pattern of Sexual Behaviour and the Result of the Respondents Sexual Behaviour

Perceived Consequences of Sexual Behaviour

The respondents were asked if there are any effects of risky sexual behaviour. Most of the respondents do not have personal experiences of consequences of risky sexual behaviour, but reported their perceived opinions about it. It was revealed that the consequences of risky sexual behaviour are HIV, unwanted pregnancy, and being charmed. A **blind male** respondent said: *“No personal experience but unwanted pregnancy and HIV/AIDs are some of the risks”*. Another **blind male** respondent said *“I have not experienced any consequence, but there are consequences such as HIV/AIDs, unwanted pregnancy, magun (charm), etc.”*

Most of the respondents perceived that having multiple sexual partners is problematic. Instead they showed preference for single partnership. A respondent said: *“having multiple partners at times can cause problem. It may lead to quarrel or madness”*. Another said: *“it is better to stick to only one partner so as to prevent the spread of disease”*. Another

respondent said: *“Having multiple partner at times can cause problem. It may lead to quarrel or madness”*. Some of the excerpts is highlighted below and also depicted in Figure 3.

Experience of Rape and Sexual Abuse

The study also revealed that persons with disability are exposed to rape. It was revealed that both male and female respondents have reported either being forced to have sex. A **blind male** respondent reported having the experience of being forced to have sex. The respondent said: *“After that, I had couple of sex. The one I was able to control myself I did, and I was forced by my partner in which I don’t have option than to do”*

Two of the female respondents reported rape and one reported attempted rape. A **deaf female** respondent has this to say. *“Actually, it was a case of rape and she did not inform her parent about it. It was a bitter experience”*. A **blind female** respondent reported that: *“Yes, when I was 20 years, I was forced into it”*. Another person with disability reported attempted

rape. A **female visually impaired** person has this to say: *“Yes, an individual wanted to force me trying to take advantage of my vision impairment. He entered the house while I was in the toilet and held me but I shouted which made him to run away”*.

Another **blind female** respondent reported a case of attempted rape. She stated that: *“There was a time like that, my friend and I went to a birthday party and they were doing some games... In the process, one person picked a paper and the person was asked to bring a girl and take her out, in the process everything scattered and they wanted to be harming the girls, there me and my friend left in the night.... My friend called me, ran to me and held my hands, so we left, and called a bike and left..... The person is sighted. Our principal said: afoju to n lead ara won, where would they be heading to? The pit... This means that a blind that is leading another blind will fall into the pit. Yes, I go out with my friends”*. This experience revealed that social network system also helped this blind female respondent to escape danger or rape. It also revealed that having good education can also help persons with disability to avoid social danger. This

blind female remembered what her principal told her that two blind persons cannot lead themselves and that helped her during danger. This is the effect of proper mentoring and adequate education.

Persons with disability have reported that other people wanted to take advantage of them sexually or sexually abuse them due to their disability. A **blind female** respondent reported a case of someone who wanted to take advantage of her. She has this to say *“there is someone who I went to and asked him to help me financially to go to school. The person now asked to allow him to sleep with her, that he will give her hundred thousand naira”*.

This **blind female** respondent has not established any relationship yet despite some pressures from interested partners on social media. She has this to say *“... they even call you on video...they just feel it is right to chat unnecessary things like demanding for sex on social media...I can't allow them. I don't have the time for now”*. This female blind respondent is in school and that may be the reason why she does not have the time for sexual relationship now.

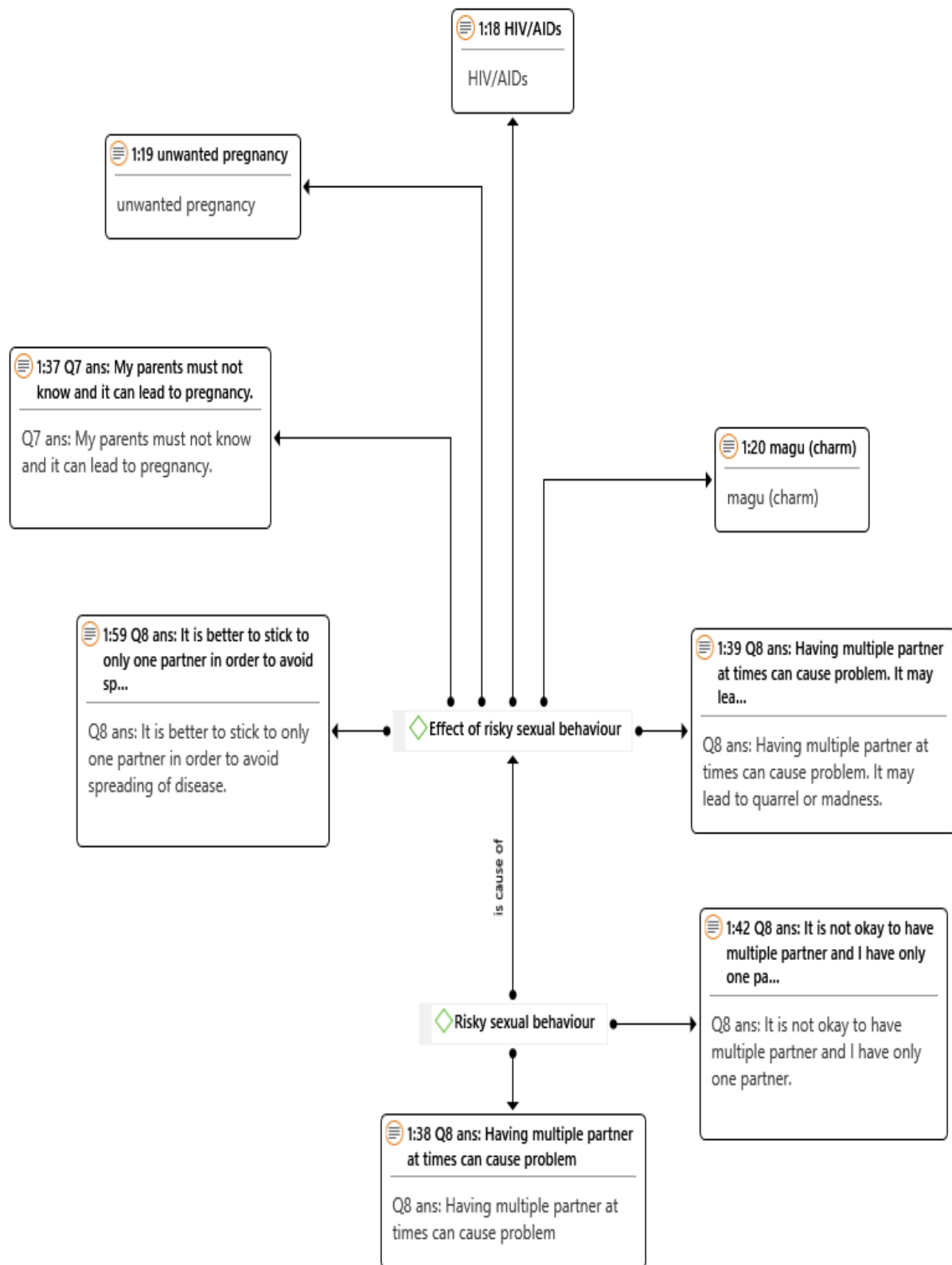


Figure 3 Network Diagram Showing the Risky Sexual Behaviour and their Effects

DISCUSSION

This study showed that young persons with disability are sexually active. This agrees with previous studies that stated that persons with disability are sexually active (Mulindwa, 2003; Aderemi, Pillay and Esterhuizen's 2013) and engage in sexual intercourse as against the norm that they are asexual (Enhancing Nigeria's HIV and AIDS Response Programme (ENR), 2015; Aragão, de França, Coura, Medeiros, & Enders, 2016; Disability Right Funds, 2018).

This study also reported that young persons with disability experience rape. This agrees with (Greenwood & Wilkinson, 2013) study that stated that women with intellectual disability may be disallowed from using contraceptive by their caregiver due to risk of rape and also the study conducted by Aderemi et al in 2013 which stated that 68.3% of the female mild intellectually disabled participants who reported being sexually active experienced rape compared to only 2.9% of the non-disabled female sexually active adolescents. However, this report diverged a little from these other studies as it further extended rape among PWDs to other categories like deaf and blind and not only persons with intellectual disability. It also reported the experience of forced sex among blind male respondent.

The study further reported that young persons with disability are exposed to sexual abuse due to their disability. This agrees with findings from handicap international in 2011 that persons with disability are exposed to increased risks of sexual abuse (Handicapp International 2011) and Greenwood & Wilkinson, 2013 findings that adults with intellectual disability are exposed to a higher risk of sexual abuse when compared to their non-disabled counterparts (Greenwood & Wilkinson, 2013). However, the study reported that proper educational mentoring or guide and adequate education served as

a preventive measure against rape and sexual abuse. This is similar to Touko, Mboua, Tohmu, & Perrot, 2010 study that revealed that low education is a social vulnerability among the deaf (Touko, Mboua, Tohmu, & Perrot, 2010). This implies that if persons with disability have high education, then, they would no longer be socially vulnerable.

It was reported that young persons with disability do not engage in multiple sexual partnership and they perceive engaging in it as problematic. This is contrary to the findings that adolescents with disability engage in multiple sexual partnerships than their counterparts without disability in South Africa (Maart & Jelsma, 2014). It also contradicts the report by Touko, Mboua, Tohmu, & Perrot, 2010 that deaf persons engage in multiple concurrent sexual partnerships more than non-disabled persons as a way of validating their sexual attraction. All these contradictions could be explained by the difference in culture and limitation in study size. A contrary finding may be discovered if a larger sample and a quantitative analysis is used in future studies.

The study further revealed interesting perceived consequences of risky sexual behaviour to include: multiple sexual partnerships may lead to madness or quarrel; and that risky sexual behaviour can cause unwanted pregnancy, HIV/AIDs or the person can be charmed. The report on the perception of multiple sexual partnerships as bad with a preference for single partnership due to its consequences agrees with the theory of protection motivation. It opines that individual's perception of the severity of their vulnerability to the threat are seen to inhibit maladaptive responses such as avoidance, denial and wishful thinking (Conner & Sparks, 2005). Therefore, it can be deduced that the perception of risks associated with multiple sexual partnerships among young persons with

disability in the study area makes them avoid such behaviour

Conclusion and Recommendation

In conclusion, this study has reported the patterns of sexual behaviour, risky sexual activities and consequences of sexual behaviour among young persons with disability in Ekiti State. It has been revealed that young persons with disability engage in sexual intercourse, are exposed to rape and sexual abuse, prefer single partnership over multiple sexual partnerships due to its negative consequences, obtain an educational guide or mentoring and social support from non-disabled persons which enabled them to avoid risky sexual behaviour, and have knowledge of the unpleasant consequences of risky sexual behaviour which also helps them to avoid risky sexual behaviour. This study recommends that proper educational guides and training should be given to young persons with disability and awareness about the consequences of risky sexual behaviour should be provided regularly so as to improve their sexual behaviour and prevent risky sexual experiences among them. This study serves as the basis for further studies to be conducted among young persons with disability to know the factors that make them vulnerable to risky sexual behaviour.

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