

Psychosocial Correlates of Premarital Sexual Behaviour among In-School Adolescents with Hearing Impairment in Oyo State, Nigeria

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Abstract

Adolescents with hearing impairment engage in premarital sexual activities despite their derogatory societal label as asexual. Research has shown that adolescents' involvement in premarital sexual activities exposes them to many unpleasant health consequences. However, past studies focused more on interventions to improve academic skills among adolescents with hearing impairment with little consideration on their sexuality education. This study investigated the psychosocial correlates of premarital sexual behaviour among adolescents with hearing impairment in Oyo State. The sample comprised sixty students with hearing impairment purposively selected from three integrated schools. Four instruments namely Rosenberg's Self-esteem Scale($r=.612$), Parenting styles inventory ($r=.392$), Peer Influence Scale($r=.688$) and Premarital Sexual Behaviour Scale($r=.834$) were used for data collection. Data generated were analysed using Pearson product moment correlation and multiple regression analysis. The findings showed that there was significant relationship between peer influence and premarital sexual behaviour. Similarly, peer influence made significant relative contribution to premarital sexual behaviour but self-esteem and parenting styles did not. However, self-esteem, parenting style and peer influence all made significant composite contributions to premarital sexual behaviour. Parents and teachers should teach the students with hearing impairment sexuality education and monitor the type of friends they keep. Government at all tiers are enjoined to organise regular enlightenment programmes to sensitise the students on matters of sexual importance.

Keywords: *Psychosocial, Hearing Impairment, Adolescents, Premarital Sexual Behaviour*

Introduction

Premarital sex is the involvement in sexual intercourse by persons who are not legally married to each other. It is known as sex before marriage and is generally used in reference to individuals who are not yet of marriageable age, or possibly between adults who will eventually marry but who are engaging in sexual activities prior to marriage (Ramesh and Tgotsne, 2009). According to Cavendish (2010), premarital sex is also known as fornication, non-marital sex, youthful sex, adolescent sex and young-adult sex. In African cultural practice, sexual activity used to be regarded as sacrosanct and restricted to only adult males and females within the confine of holy matrimony. However, the traditional practice which made premarital sex repulsive appeared to have given way with the advent of modern civilisation. Scott (2006) amplified this view, stating that the rise in premarital sex among adolescents and young adults could be traced to sexual revolution occasioned by western culture.

Premarital sexual activity among adolescents represents one of the major global health issues (WHO, 2011). A review of studies of young people's sexual and reproductive health has shown that they are not only sexually active but they also exhibit a high sexual risk behaviour (Anyanwu and Okeke, 2012). Adolescents with hearing impairment can engage in responsible sexual behaviour if they are well-guided and have unfettered access to correct sexuality information. However, the truth is that they are often neglected and left at the mercy of their deviant peers who teach them all sorts of anti-social behaviour including premarital sexual behaviour. Adolescents often dare the consequences of premarital sex to fulfil sexual desire which in most cases have dire effects on their health, education and social lives. Like their normal hearing peers, adolescents with hearing impairment are engaging in premarital sexual activities despite their derogatory societal label as asexual (meaning that they are not sexually active). It has been widely reported that many adolescents with hearing impairment made their sexual debut earlier than 16 years and also engaged in unprotected sex with multiple partners with increased health risk (UNAIDS, 2006). The involvement of adolescents with hearing impairment in premarital sexual activity is assumed to be a fall-out of the normal pubertal period often associated with a surge of sexual interest. Although the onset of sexual activity may occur in the context of marriage for some adolescents, it would appear that many other adolescents are initiating sex before marriage.

A growing evidence reveals an upsurge of sexual activities among secondary schools adolescents including those with hearing impairment that pose dangers to their well-being and make them prone to reproductive morbidities such as AIDS/HIV, unwanted pregnancies, sexual violence, sexually transmitted infections, unsafe abortions and eventual loss of life (Papaharitou, Nakopoulou, Hatzichristou and Moraitou, 2011; Adhikari, Adhikari and Sulemane, 2018). According to the United Nation's Population Fund (2007), adolescents are at the centre of HIV/AIDS and other sexually transmitted diseases as a consequence of their unbridled engagement in risky premarital sexual activities and they account for the largest percentage of new infections. Adolescents with hearing impairment are particularly more vulnerable to unsafe or risky sexual practices such as premarital sex, given their lack of access to incidental information as well as their lack of access to sexuality and reproductive health information (World Health Organisation, 2009). It is evident from the literature that

adolescents with hearing impairment are more likely to experience challenges in utilising common sources of information relating to sexual issues than their counterparts without hearing impairment (Groce, Yousafzai and Maas, 2007; Fileccia, 2011). Besides, Gubhaju (2002) argued that poverty, increased urbanisation, migration and exposure to mass media may have contributed to the unbridled exhibition of premarital sexual behaviour among adolescents. Shrestha (2019) similarly argued that family and societal environment, cultural and traditional practices, poor economic condition, school environment, negative peer influence, love affairs and social media are at the roots of the increased premarital sexual behaviour among adolescents.

Studies have looked at the influence of rapid urbanisation, social media and poverty on premarital sexual activities among adolescents. However, an important research issue worth investigating is the association of self-esteem, parenting style and peer influence with premarital sexual behaviour among adolescents with hearing impairment. Self-esteem is a psychological construct that has the likelihood of predicting premarital sexual relationships among adolescents. Leary and Baumeister (2000) described self-esteem as an internal or personal observation of one's worth. It is one's feeling of self-respect and the extent to which one holds positive views about oneself. Sufficient self-esteem is extremely important for psycho-social functioning. A high level of self-esteem equips individuals with the ability to accept happy moments, to handle unpleasant situations, to cope effectively with challenges, to engage in close relationships and to improve their strengths. Self-esteem affects all life endeavours such as friendships, academic pursuit and career choice to mention just a few. Undoubtedly, adolescence is a critical period for the development of self-esteem and self-identity. Lower self-esteem may endanger adolescent's emotional regulation while higher self-esteem may serve as a source of resilience or positive adaptation (Lin, Tang, Yen, Ko, Huang, Liu et al., 2008; Moksnes and Espnes, 2012). The period of adolescence is important in the process of self-esteem formation. The formation of self-esteem can be stimulated and encouraged by both parents and teachers. The level of self-esteem is mirrored in the adolescent's attitude and behaviour, both at home and at school (Mogonea and Mogonea, 2014).

It is worth stressing here that the relationship between self-esteem and premarital sexual activities among adolescents has been highly contested by scholars resulting in inconsistent research findings. A key argument is that low self-esteem places adolescents at a higher risk of premarital sexual behaviour while high self-esteem could be a protective factor. However, while some scholars found positive relationship between adolescents' self-esteem and premarital sexual behaviour, others found negative relationship (Walsh, 1991; Gentzler and Kerns, 2004; Herold and Mewhinney, 1993; Paul, McManus and Hayes, 2000). Still, others found no relationship between self-esteem and premarital sexual behaviour (Clark, 2006). In the midst of these contradictions or inconsistencies, Oluyinka (2014) averred that a high level of self-esteem is associated with more permissive premarital sexual attitudes. Likewise, Walsh (1991), in his studies of relationship between self-esteem and premarital sexual activities among college students, found that students with high self-esteem had a higher number of sex partners than those with low self-esteem. Gentzler and Kerns (2004) reported similar results showing that women who had more sexual partners had

higher self-esteem than women with fewer sexual partners. In a sharp contrast, Schimelpfening (2022) contended that adolescents with low self-esteem engage more in premarital or risky sexual behaviour than adolescents with high self-esteem. Schimelpfening (2022) stressed that the core of the problem is that the desire of adolescents with low self-esteem to be popular among their friends and their inability to make wise decisions about the consequences of their actions predispose them to unsafe sexual practice such as premarital sex. Thus, the relationship between self-esteem and pre-marital sexual behaviour among adolescents remains rather unclear.

Parenting style has been identified as one of the factors that may predict premarital sexual behaviour among adolescents with hearing impairment. Parenting style refers to various strategies that parents used in controlling, influencing and teaching their children to become civilised and contributing members of society. Maccoby and Martin (1983) identified four types of parenting styles namely authoritative, authoritarian, permissive and uninvolved parenting styles. Each of these parenting styles reflects different naturally occurring patterns of parental values, practices and behaviour. Authoritative parents encourage their children to be independent while maintaining limits and controls on their actions and they are willing to entertain, listen to, and take into account their children's viewpoints which could enhance good communication and proper monitoring. Authoritarian parents are strict disciplinarians who believe that their children should accept, without question, the rules and practices that they have established. Furthermore, permissive parents are indulgent and believe that the way to demonstrate their love is to give in to their children's wishes. Under permissive parenting, the children are allowed to make many important decisions without parental input. Uninvolved parents tend to minimise their interaction and time with their children, and in some cases, they are uninvolved to the point of being neglectful. Having regard to the above parenting styles, it is clear that authoritative parenting style provides the best safeguard against premarital sexual behaviour among adolescents. Evidence reveals that adolescents growing up under authoritative parenting where there is regular parent-child communication tend to postpone sexual activities until the appropriate time (Richards, 2013).

It is obvious from the literature that strict parenting styles, lack of parental control, poor relationship with parents, exposure to family conflict, and not living with parents are associated with premarital sexual behaviour (Ngom, Magadi and Owuor, 2003; Neema, Ahmed, Kibombo and Bankole, 2006). Ability of parents to transmit their values is important for adolescents' sexual development. Parents are considered as primary care-givers of their children and as such they are expected to wield enormous influence over their children's behaviour. Indeed, when parents communicate sexual facts to their children, they also tend to clearly communicate that they disapprove of premarital sexual behaviour (Usher-Seriki, Bynum and Callands, 2008). Adolescents under authoritarian parents may be involved in premarital sexual behaviour once they have the freedom which could result in unwanted pregnancy and sexually transmitted diseases. Permissive parenting may expose a child to many undesirable activities with grave implications for their health and well-being. Adolescents who have permissive parents may be left alone on their own without proper monitoring and in the process, they may stray into the hand of bad friends who will teach them to engage in premarital sexual behaviour with unpleasant consequences (Maccoby and

Martin, 1983). Adolescents with uninvolved parents are susceptible to negative peer influence and could be exposed to sexual abuse from anyone. Besides, they could drop out of school which may eventually mar their future aspirations (Whitebeck, Conger and Ilao, 1993).

Peer influence is another predictor of premarital sexual behaviour among adolescents with hearing impairment. Peer influence is often used to describe the pressure exerted by a peer group on one's attitude, behaviour, morals and values to conform to the group's actions, taste, fashion sense or general outlook in life. Peer influence should not be confused with peer pressure. According to Savin-Williams and Berndt (1990), peer influence includes different aspects of peer relationships, and thus no single definition can capture all the complexity of peer influence on adolescent behaviour. This view implies that peer pressure is just one form of peer influence. Adegoke and Ayoade (2007) highlighted two types of peer influence, namely positive and negative peer influence. According to them, positive peer influence is when someone tries to help an individual change an attitude for the better while negative peer influence is the opposite such as pressure on someone to have sex without using a condom or to engage in other vices such as drugs addiction and substance use. For years, peer influence has reigned as the most important contributor to adolescents' behaviour as well as to other social processes such as group expectations and the development of one's social identity (Jeffrey, 2007). A person affected by peer influence may or may not want to belong to the group. According to Crocket, Rafaelli and Moilanen (2003), peers are assumed to exert a major social influence on adolescents' sexual behaviour. Peers are usually the main source of information about sex, and sexually experienced friends usually serve as role models (Maryatun, 2013). Association with deviant peers has been linked to earlier initiation of sexual intercourse among adolescents (Whitbeck, Kevin, Dan, R and Conger, 1999; Suwarni, 2009).

Steinberg (2008) submitted that adolescents are more likely to take risks such as experimentation with drugs, alcohol and unprotected sexual intercourse with the active encouragement of their peers. Steinberg and Monahan (2007) found out that peer influence was observed as a primary contextual factor contributing to adolescents' tendency to take risky decisions including engagement in premarital sexual activities. Peers like roommates, classmates, club associates and other members of adolescents' social group are commonly the cited sources of negative influence. Thus, premarital sexual behaviour commonly found among the adolescents with hearing impairment is linked to negative peer influence primarily through relationships, communication, interactions, connection and control within peer groups. It is a known fact that social interactions with peers often expose adolescents to the cultural norms and values that are more likely to facilitate premarital sexual behaviour. Young people particularly in deprived areas where opportunities for social mobility are restricted may be more vulnerable to the negative influence of peers and others in their communities.

It should be noted that factors predicting the involvement of premarital sexual behaviour among adolescents with hearing impairment have not been well researched by scholars. Earlier studies in this direction are either inconclusive or contradictory and most of them were conducted among regular adolescents population with little consideration on adolescents population with little consideration on adolescents with disabilities including

those with hearing impairment. Besides, many of these studies were carried out beyond Nigeria's shore. The current study therefore became necessary to fill this yawning gap.

Statement of the problem

Studies have shown that adolescents with hearing impairment, like their typically developing counterparts, are increasingly engaging in risky premarital sexual activities with negative implications for their health and well-being.

The fact that adolescents are in the age of high sexual drive makes many of them prone to risky premarital sex. Adolescents with hearing impairment unguarded engagement in premarital sexual activities is, thus, deemed to be a consequence of the normal but highly stressful pubertal period. Adolescents with hearing impairment face considerable obstacles related to socio-cultural and gender norms that negatively impact their access to essential sexual information and services. They also contend with restrictive legislation and policy as well as weakly implemented programmes such as comprehensive sexuality education and youth friendly health services.

Furthermore, available data suggest that adolescents with hearing impairment are more likely to face difficulties utilising common sources of sexuality information than their counterparts without hearing impairment. Beyond that, they encounter communication barriers in the healthcare system because healthcare providers typically find it difficult to engage in a meaningful communication with them. Given the paucity of studies on adolescents with hearing impairment sexual behaviour in Nigeria and the high level of HIV infection and poorer sexual and reproductive health outcomes among them, it becomes imperative to identify the factors that predispose them to premarital sexual behaviour to inform policy makers and public health practices. Therefore, this study investigated the psychosocial correlates of premarital sexual behaviour among secondary school adolescents with hearing impairment in Oyo State, Nigeria.

Research questions

The following research questions were answered in the study:

- i. What is the relationship among self-esteem, parenting style, peer influence and premarital sexual behaviour of adolescents with hearing impairment?
- ii. What is the relative contribution of self-esteem, parenting style and peer influence to premarital sexual behaviour of adolescents with hearing impairment?
- iii. What is the joint contribution of self-esteem, parenting style and peer influence to premarital sexual behaviour of adolescents with hearing impairment?

Method

Research Design

This study adopted correlational research design as it enabled the researcher to determine the relationship between the independent variables and the dependent variable.

Sample and Sampling Technique

The sample for this study consisted of sixty (60) adolescents with hearing impairment from three schools namely Andrew Forster Christian Mission for the Deaf Onireke, Ibadan; Methodist Grammar School Bodija, Ibadan and Ijokodo High School, Ibadan. The students were selected based on their age range between 10 years and 21 years; students above 21 years were exempted from the study while the classes used were JS1 to JS 3. Twenty students were selected from each school. Purposive sampling technique was adopted for this study because of the characteristics (Hearing impairment) of the target population of interest and their proximity to the researcher.

Respondents

The respondents for this study were sixty students with hearing impairment from three schools namely Andrew Forster Christian Mission for the Deaf Onireke, Ibadan, Methodist Grammar School Bodija Ibadan and Ijokodo High School Ibadan.

Instrument

Data for the study were collected through Parenting Styles Scale adapted from Parenting Styles Inventory by Baumrind (1991) with reliability coefficient of .39, Self-esteem Scale by Rosenberg (1965) with reliability coefficient of .61, a Self-developed Peer Influence Scale with reliability coefficient of .69 and premarital sexual behaviour scale with reliability coefficient of .83.

Procedure

The researcher visited and sought the consent of the management of the three schools used for the study. Two research assistants were engaged to help administer the questionnaire. The respondents were informed about the study and their rights regarding participation. The administration of the questionnaire to the respondents took about two weeks.

Data Analysis

Data were analysed using frequency count, simple percentage, Pearson product moment correlation (PPMC), and multiple regression analysis.

Results

Table 1. Socio-demographic characteristics of the respondents

Classification	Sub-groups	Frequency	Percentages
Gender	Male	26	43.3
	Female	34	56.7
	Total	60	100
Class	JSS 1-3	47	78.3
	SSS 1-3	13	21.7
	Total	60	100
School Type	Public	34	56.7
	Private	26	43.3
	Total	60	100

Table 1 shows the socio-demographics characteristics of the respondents. From the table, it is revealed that the proportions of male respondents were 43.3% while female respondents were 56.7%, implying that more female respondents participated more in the study than male respondents. Regarding the class of the respondents, the table shows that 78.3% respondents were within JSS 1-3 while the respondents within SSS 1-3 were 21.7 %. It is shown in the table that the percentage of students in public school was 56.7 while that of private school was 43.3.

Answers to research questions

Research question one: What relationships exist among self-esteem, parenting style, peer influence and premarital sexual behaviour among students with hearing impairment in Oyo State?

Table 2: Analysis of Pearson product moment correlation of the relationship among self-esteem, parenting style, peer influence and premarital sexual behaviour involving students with hearing impairment

Variable	Mean	SD	N	Df	R	P	Remark
Sexual behavior	36.6167	8.47547			-	-	-
Parenting style	34.9667	5.96875	60		-.009	0.946	Not sig
Self Esteem	29.3500	4.51673			.037	.778	Not sig
Peer Influence	27.0833	4.62598			.331**	.010	Sig

**Correlation significant at 0.05

Table 2 reveals the significant relationship of the three independent variables to the dependent variable viz: Parenting style ($r = -0.009$, $p > 0.05$) not significant; self-esteem ($r = 0.037$, $p > 0.05$) not significant; peer influence ($r = 0.331$, $p < 0.05$) significant relationship existed.

Research question two: What is the relative contribution of self-esteem, parenting style and peer influence to premarital sexual behaviour among adolescent with hearing impairment in Oyo State?

Table 3: Summary of regression analysis of the relative contribution of parenting style, self-esteem and peer influence to pre-marital sexual behavior among students with hearing impairment

Variable	Unstandardised Coefficients		Standardised Coefficients		Sig	Remark
	(B)	Std error	Beta	T		
Model						
Constant	26.199	8.042		3.258	.002	-
Parenting style	-0.107	.223	-.076	-.481	.633	Not Sig
Self-esteem	-.208	.316	-.111	-.657	.514	Not Sig
Peer influence	.748.	.260	.408	2.883	.006	Sig

Dependent variable: Sexual behavior

Table 3 shows the relative contribution of independent variables (parenting styles, self-esteem and peer influence) to dependent variable (premarital sexual behaviour) of students with hearing impairment sexual behaviour. The relative contribution of each of the independent variable to premarital sexual behaviour is shown as follows: parenting style had

$\beta = -0.107$, $t = -0.481$, $p > 0.05$, self-esteem had $\beta = -0.208$, $t = -0.657$, $p > 0.05$ and peer influence had $\beta = 0.748$, $t = 2.883$, $p < 0.05$. This indicates that the only peer influence made significant relative contribution to pre-marital sexual behaviour among the respondents while parenting style and self-esteem did not.

Research question three: What is the composite contribution of self-esteem, parenting style, peer influence and premarital sexual behaviour among adolescent with hearing impairment in Oyo State?

Table 4: Summary of multiple regression analysis of composite contribution of parenting style, self-esteem and peer influence to pre-marital sexual behavior of students with hearing impairment

R	R square	Adjusted R square	Std Error of the estimate
.363a	0.132	0.085	8.10602

SUMMARY REGRESSION ANOVA						
	Sum of Square	Df	Mean Square	F	P	R
Regression	558.557	3	186.186	2.834		
Residual	3679.627	56	65.708		.046	Sig
Total	4238.183	59				

Table 4 shows the composite contributions of independent variables (self-esteem, parenting styles and peer influence) to dependent variable (premarital sexual behaviour). It is revealed in the table that self-esteem, parenting style and peer influence all had significant composite contributions to premarital sexual behaviour ($F(3,56) = 2.834$, $R = 0.363$, $R^2 = 0.132$, Adj. $R^2 = 0.085$, $P < 0.05$).

In summary, findings from the study show that:

There was no significant relationship among self-esteem, parenting styles and premarital sexual behaviour but there was significant relationship between peer influence and premarital sexual behaviour.

1. There was no significant relationship among self-esteem, parenting styles and premarital sexual behaviour but there was significant relationship between peer influence and premarital sexual behaviour.
2. Peer influence made significant relative contribution to premarital sexual behaviour while self-esteem and parenting style did not.

3. Self-esteem, parenting styles and peer influence all made significant composite contributions to premarital sexual behaviour.

Discussion of Finding

The results reveal no significant relationship among self-esteem, parenting style and premarital sexual behaviour. However, there was significant relationship between peer influence and premarital sexual behaviour. This finding is in line with Crocket, et al (2003) whose study revealed that peers exert a major social influence on adolescents' sexual behaviour. To corroborate this finding, Jeffrey (2007) noted that peer influence has been for a long time as the most important contributor to adolescents' sexual behaviour as well as to other social processes such as group expectations and the development of one's social identity. The finding negates Ngom, Magadi and Owuor (2003) and Neema, Ahmed, Kibombo and Bankole (2006) who showed that strict parenting styles, lack of parental control, poor relationship with parents, exposure to family conflict, and not living with parents are associated with premarital sexual behaviour. Meanwhile, Richards (2013) found negative relationship between authoritative parenting style and premarital sexual behaviour. According to him, there is evidence that adolescents growing up under authoritative parenting where there is regular parent-child communication tend to postpone sexual activities until the appropriate time.

Research question two investigated the relative contribution of self-esteem, parenting style and peer influence to premarital sexual behaviour. The result showed that there was significant relative contribution of peer influence to premarital sexual behaviour but there was no significant contribution of each of parenting style and self-esteem to premarital sexual behaviour among the participants. This finding aligns with the submission of Steinberg and Monshais (2007) that peer influence is often the primary contextual factor contributing to adolescent's tendency to engage in risky activities including premarital sex. Evidence reveals that peers like roommates, classmates, club associates and other social groups' members could exert either positive or negative influence on adolescents' sexual behaviour. As regards parenting styles, literature reveals that only authoritative parenting style discourages premarital sexual activities, implying no relationship between them while in other parenting styles, studies such as those of Whitebeck, Conger and Ila (1993), Ngom, Magadi and Owuor (2003) as well as Neema, Ahmed, Kibombo and Bankole (2006) revealed that adolescents are prone to premarital and other risky sexual activities.

The result reveals significant composite contribution of self-esteem, parenting style and peer influence to premarital sexual behaviour. On the one hand, this finding aligns with the submissions of Walsh (1991), Gentzler and Kerns (2004), Herold and Mewhinney (1993), Paul, McManus, and Hayes (2000), Olayinka (2014) and Schimelpfening (2022) who found both positive and negative relationships between self-esteem and premarital sexual behaviour. The study argues that parenting styles such as authoritarian, permissive and uninvolved are implicated in the increased premarital sexual activities among adolescents and this position was confirmed by the findings. However, authoritative parenting style is associated with responsible sexual behaviour among adolescents as indicated by Richards (2013). Moreover, the finding is in agreement with Maryatun (2013)

who submitted that peers are usually the main source of information about sex, and sexually experienced friends usually serve as role models. The finding similarly confirms Whitbeck et al, (1999) and Suwarni (2009) whose works revealed that association with deviant peers was linked to earlier initiation of sexual intercourse among adolescents. Likewise, Steinberg (2008) submitted that adolescents are more likely to take risks such as experimentation with drugs, alcohol and unprotected sexual intercourse with the active encouragement of their peers. It is a common knowledge that social interactions with peers often expose adolescents to the cultural norms and values that are more likely to facilitate premarital sexual behaviour.

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