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# The Effects of Knowledge, Attitude and Awareness of

**Sexually Transmitted Diseases on the Academic Performance of Students with Physical and Health Impairments**

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## Abstract

*This study investigates students with physical and health impairments' knowledge, attitudes, and awareness of sexually transmitted illnesses. It examined how much students with physical and health impairments knew, felt, and were aware of sexually transmitted illnesses using a poll of students. The study's findings show that students with physical and health disabilities have varying levels of knowledge, attitudes, and awareness regarding STDs; some have a thorough understanding, while others do not. Additionally, the study discovered that students with physical or health impairments were more likely than people without such impairments to be aware of and knowledgeable about STDs. Furthermore, the findings imply that students with physical and health impairments have generally positive opinions regarding STDs. There is a discussion of how these findings affect health education and awareness.*

**Keywords:**  Knowledge, Attitude, Sexually Transmitted Diseases, Physical and Health Impairment

## Introduction

Sexually transmitted infections can spread through any type of sexual interaction. Sexually transmitted diseases (STDs) are illnesses and infections that are primarily transmitted through sexual interaction. Certain conditions, such as gonorrhoea, syphilis, and chlamydia, are curable, while others, such as hepatitis B, herpes simplex, HPV, and HIV/AIDS, cannot be treated but can be controlled (Nsuam, Sanders and Taylor, 2010). Sexually transmitted infections (STIs) are another name for sexually transmitted diseases (STDs), which are diseases that are contracted through sexual activity and are caused by the transmission of a disease-causing organism from one person to another. It's critical to understand that sexual contact encompasses more than just anal and vaginal intercourse. Sexual touch includes kissing, oral-genital contact, and the use of sexual "toys" like vibrators. Although there have likely been sexually transmitted infections for thousands of years, the most serious one, known as HIV, has only been identified since 1984. (Melisa, 2019)..

Young people are most at risk, especially those in the 15–24 age range. According to the World Health Organization, one in twenty teenagers may contract a sexually transmitted infection (STI) each year, and twenty percent of those living with HIV/AIDS are in their twenties (Olabode, 2009). Experience, knowledge, and insight are the things that separate one from being aware of something. Although knowledge and awareness are important components of sex education, their ability to change attitudes and behaviour has been found to be limited. Despite this, they do support and teach healthy choices. Sex education should be a part of the regular curriculum in Nigeria, where students must attend school until they are at least 15 years old. This will help students understand the risks associated with sexual behaviour and how to prevent them. The study's findings can help identify areas where adolescents who attend school need to receive better education about the risks associated with sexually transmitted diseases, given the declining age at which people first experience sexual activity and the reportedly rising number of cases that are diagnosed in this age group.

Physical and mental limits that make it difficult to go to school and perform other daily chores are examples of disabilities. Physical restrictions can result from diseases, injuries, or other causes. They can also be brought on by congenital defects. A disease or a chronic illness are two instances of health restrictions (Sanni, 2012). The public's apathy for the sexual behaviour of secondary school (SS) students has been largely due to the existence of a workable and widely acknowledged remedy to the issue. Young people today are less likely to be hindered by concerns about social stigma, STDs, and unwanted pregnancies because of advancements in medicine and related professions. Additionally, parents can move for better employment and leisure opportunities due to the large range of occupations that are available today. Consequently, this made it harder for the teenagers' family and community to watch after them (Mauritius Research Council, 2006).

Adolescents who experiment with sexuality later in life not only risk social rejection but also serious health risks. These include the use of dubious birth control methods, prostitution, abortion by quacks, exposure to venereal illnesses and its medical repercussions as a result of insufficient and delayed treatment, and the early termination of schooling, which increased societal obligations (Warriner, 2006). One way that these sex-related issues are being openly and constructively addressed is by teaching kids about venereal disease around the time they hit puberty. This kind of material ought to be accompanied by advice on the value of exercising restraint and should highlight romanticised notions of a man and woman's partnership. Adequate comprehension and sex education will address teenage pregnancies in Nigeria (United Nations Children's Fund, UNICEF, 2006).

Students in Nigerian secondary schools now are significantly younger than they were a decade ago. This is a result of the shift in Nigerian education, where parents are now more conscious of the need to start their children in school at a younger age. They mature far faster than their classmates, while being smaller. Better food, a higher quality of living, and improved healthcare were the causes of this. It's critical to learn a great deal about teens, particularly their sexual beliefs, in order to assist them in adjusting to the sexual demands of society. (The Nigerian Girls' Education, 2014). Samkange, Spallek, Zeeb et al. (2011) state that sexually transmitted infections (STDs) affect a disproportionate number of young people and are a severe health concern in both wealthy and developing countries. There is a general dearth of knowledge and awareness of STDs, except for HIV/AIDS. Although some evidence on condom usage suggests that knowledge does not always translate into behaviour change, sexual education for teenagers is essential for the prevention of STDs, and the school setting plays a significant role in this regard.

Even though knowledge and awareness have little effect on changing attitude and behaviour, they are essential components of sex education since they promote making informed, healthy decisions. Sex education, which is currently usually required up until the age of 15, should include a detailed discussion of the health hazards associated with sexual behaviour as well as how to avoid oneself and others. In view of the age at which adolescents have their first sexual experience lowering and the reported rise in the frequency of STD diagnoses among young people, the study's findings may help improve efforts to improve sexually transmitted disease (STD) risk communication for school-aged adolescents. People with impairments frequently have limited mobility. This often makes it more difficult for them to broaden their perspectives through attending conferences, seminars, and workshops.

Every child's mental health and academic achievement are inextricably intertwined. This is so that all the knowledge that a child absorbs during the school day can be "processor" by means of his or her cognitive abilities. According to Raheem (2015), for students to apply what they learn in the classroom in an effective manner, they need to develop the following three skills.

This calls for three different kinds of talents: the capacity for taking in information, processing information, and producing new content. Children need receptive skills like reading and listening to process new information. Cognitive skills are what allow students to reason and make sense of the world around them. The key to a student's productivity is their capacity to apply their receptive and cognitive skills to explain the content they have learned. Rector and Johnson (2005) found that most students who engage in sexual activity perform poorly academically and face a number of obstacles that make it difficult for them to concentrate on their studies. It is well acknowledged that students' sexual interactions negatively affect their academic welfare, as seen by their poor academic performance. This presumption is supported by the theory that people who engage in sexual behaviour could become so engrossed in it that they lose focus on their scholastic goals.

Additionally, a number of problems pertaining to students' sexual interactions were identified, including psychological concerns and guilt feelings, both of which are a result of the way schools handle these relationships. This is because student relationships are inherently fragile and have a finite lifespan, claim Rector and Johnson (2005). This suggests that the student will probably go through emotional turmoil and unhappiness if the connection fails. A student's academic chances are likely to suffer if they are emotionally troubled or depressed. This could lead to a decline in their academic performance or the total loss of the ability to pursue an education. In high school, teenagers who abstain from sexual activity have a significantly decreased chance of being expelled, dropping out, and going and graduating from college (Mylakado & Thimoty, 2014).

It was discovered that students are involved in risky sexual encounters that put them at risk for STDs like HIV or result in unplanned premarital pregnancies (Mlyakado, 2013). Not only that, but students' ability to function properly in their academic studies is also harmed by their sexual interactions. Depending on the neighbourhood or school's location, certain individuals, including teachers, may sexually abuse children in these settings. Academic achievements are impacted by these, either directly or indirectly. Rector and Johnson (2005) found that there is a link between early onset of sexual activity and low academic performance. Additionally, Schvaneveldt (2001) discovered a link between early onset of sexual activity and subpar scholastic achievement. It is said that the drive for academic achievement is likely to decrease when more time and energy are devoted to sexual activities.

## Statement of the problem

Students gave a range of justifications for their involvement in romantic relationships. These explanations fall into four categories: receiving advantages in the form of material products or favours from peers in exchange for sex; satisfying one's own sexual impulses within one's own body; conforming to social standards (peer pressure); and students' socioeconomic level (poverty). Secondary school students continue to have sex despite the fact that addressing students' sexual interactions in schools can lead to a number of problems, including psychiatric disorders and feelings of shame. This is the case even though the incidence of teenage premarital sex is getting intolerably high. Whether or not the participants are aware of the sexually transmitted diseases that are associated with it is the question that keeps coming back to the researcher. The ironic circumstances worsen when rumours circulate that certain educators are helping these pupils become morally tainted. The fact that premarital sex victims include students with learning disabilities makes the situation worse. The state of this decadence persists even if sex education is currently one of the subjects taught in schools. The researcher believes that although while sexually transmitted diseases are widely known in Nigeria, teenagers are still not receiving the education and awareness that they need. The researchers become concerned about this and thus came up with the topic: Compared to their counterparts in the mainstream, some high school students with impairments have a better grasp of STDs.

## Purpose of the Study

The purpose of this study is to find out how much information students with physical and health impairments in a selected secondary school in the Oyo West Local Government of Oyo State know about sexually transmitted diseases (STDs). Through concentrating on this student population, the study aims to examine their knowledge of sexually transmitted infections (STDs), their awareness of preventive strategies, and their general understanding of the hazards and repercussions connected to these illnesses. The study hopes to pinpoint any possible knowledge and awareness gaps, offering insightful information that will help shape educational initiatives and support networks for this susceptible group. The study also aims to ascertain how sexual activity affects secondary school students' academic achievement. It also aims to ascertain the degree of knowledge on STDs (sexually transmitted infections) among students who have physical and health impairments.

## Research Questions

1. To what extent does the knowledge and awareness of Sexually Transmitted Diseases motivate the interest of students with physical and health impairments towards their attitude to sex?
2. What are the attitudes of students with physical and health impairments towards teaching Sexually Transmitted Diseases in classrooms?
3. Does sexually transmitted disease/infection have a detrimental impact on the academic achievement of kids who have physical and mental disabilities?

## Concept of Sexually Transmitted Diseases (STDs)

STDs are illnesses that transfer from person to person via sexual activity, which may include anal, vaginal, or oral intercourse. HIV is classified as an STD. Other Sexually Transmitted Diseases include Chlamydia, gonorrhoea, human papillomavirus (HPV) infection, and syphilis. Having an STD makes it simpler to get HIV. An STD, for example, might produce a sore or a breach in the skin, making it easier for HIV to enter the body. HIV infection combined with another STD may enhance the risk of HIV transmission. (Mlyakado, 2014). Mlyakado (2014) added that STIs and STDs are the same. Sexual interaction causes them. Blood, semen, and vaginal secretions may spread sexually transmitted illnesses. Blood transfusions, sharing needles, and mother-to-child transmission may spread these illnesses. Sexually transmitted illnesses may be spread by healthy persons who don't know they're infected. Because sexually transmitted illnesses don't often produce symptoms, doctors prefer "sexually transmitted infections" over "sexually transmitted diseases.”

Mlyakado (2014) emphasized that STIs might have no symptoms. They may go unreported until difficulties or a partner's diagnosis. Sexually transmitted infection symptoms include sores or pimples on the genitals, oral, or rectal areas, Painful or scorching urination, Penis discharge, Unusual or odd-smelling vaginal discharge, vaginal haemorrhage, Lower stomach discomfort, and Fever. Depending on the organism, symptoms may emerge days or years after exposure.

Mlyakado (2014) said that the WHO estimates that over 1 million new sexually transmitted diseases are acquired daily. Half of all new STDs are acquired by 15–24-year-olds, and 1 in 4 sexually active teenage girls have one. Senior STD rates are rising. Most Sexually Transmitted Diseases are symptomless and may spread unknowingly through unprotected sexual contact. Pelvic inflammatory illnesses may cause ectopic pregnancies and infertility. Since their partners are older, female adolescents are more likely to develop an STD than male adolescents (Rector and Johnson, 2005). Rector and Johnson (2005) suggested that the rise in sexually transmitted diseases may be linked to the decreasing age of first sexual contact. Over the previous three decades, the average age of first sexual intercourse has reduced in European nations, with more teenagers reporting sexual engagement before 16. Early sexual engagement raises the likelihood of several sexual partners and STDs. Female teenagers are more susceptible to sexually transmitted infections due to insufficient cervical anatomic development.

## Physical and Health Impairment

Physical and mental impairments are both considered disabilities when they impede education and other aspects of daily life. The causes of physical impairments include congenital abnormalities, diseases, and other causes. Included among health impairments are disease and/or chronic illness. According to the IDEA (2004) Individuals with Disabilities Education Act of the United States Department of Education, a physical and health impairment is classified as an "orthopaedic hindrance" and is defined as a severe orthopaedic impairment that negatively impacts a child's educational performance. The term comprises impairments caused by congenital anomalies, diseases (such as poliomyelitis and bone tuberculosis), and other causes (such as cerebral palsy, amputations, and fractures or injuries that produce contractures).

According to Mettah & Kauffman (2005), physical and health impairments are physical limitations or health issues that impede school attendance or learning to the extent that special services, training, equipment, materials, or facilities are required. At the beginning of the twentyfirst century, approximately 500,000 schoolchildren in the United States were identified as having physical or health impairments for special education. Since 1975 (under the Education for All Handicapped Children Act and since 1990, the Individuals with Disabilities Education Act [IDEA]), federal law has mandated special education and related services for everyone in the class with physical disabilities that interfere with their education. Neurological conditions, musculoskeletal conditions, and other health impairments are major classifications.

## Academic Performance

Academic performance is the level of a student's success in their academics and duties (Hedges, 2009). Grades, which represent a student's success in each subject and across their whole term, are the most well-known metric of academic performance. Academic achievement is the primary metric of success in most educational institutions. In this situation, a student's success or performance is determined by how successfully they satisfy the requirements set by the institution, as well as any external examination bodies established by the government or independent organisations (Ulloa, 2010). According to Adeyemi (2008), performance is a gauge of educational output.

Academic performance may be considered as the degree to which each student acts or completes a task, as well as how successfully or poorly he or she completes the duties or tasks included in the learning process. Okediran (2012) claims that before standardisation, the majority of the assessments consisted of teacher observations. Grading systems that were developed in the late Victorian era were quite subjective since some professors placed a higher priority on certain areas of learning than others. However, the standardisation role, which is performed by organisations outside of schools, significantly assisted in keeping this in control (Pedro, 2011).

Academic performance, according to Randy (2010), refers to a student's achievement in achieving short- or long-term educational objectives. Academic success in the broad sense refers to graduating high school or obtaining a college degree. A person's outstanding achievement in a particular academic field may also be referred to as their academic performance (Orton, 2008). A young person who excels academically in science receives honours or high marks.

According to the Cambridge University reporter (2003), academic achievement is typically expressed in terms of exam results. Academic performance is defined as what pupils have learned or the abilities they have acquired, and it is often assessed using tools like standardised examinations, performance evaluations, and portfolio evaluations. The information from descriptive assessments is often translated using a grading system like grade point average (GPA) and course grade. One of the main objectives of a school is to improve academic performance, which is determined by test scores. According to Hoyle (2014), the purpose of schools is to teach students information and skills, and the motivation for all of this is to improve students' academic performance (kyoshaba, 2009).

Academic performance and academic accomplishment are equated in the study paper Annie (2016) submitted to www.wikipedia.org. According to Annie, academic performance is the result of education and measures how well a student, teacher, or organisation has accomplished its educational objectives. The academic achievement of students is often assessed via exams or ongoing evaluation, but Annie went on to say that there is no consensus on the optimal testing methods or which components—procedural knowledge like skills or declarative information like facts—are more important.

Obianju (2013) asserts that achieving academic success requires motivation and, often, singlemindedness. This implies that a youngster or student who enters school to succeed works towards that goal. The academic success of such a pupil reflects his or her efforts. According to Obianju's (2013) contribution, a student's performance is influenced by the attitude they have before starting school. The student's attitude towards their academic endeavours will depend on their mental condition. Unwilling students are likely to fare horribly in their academic endeavours. Such a student can be tardy to class or exhibit bad behaviour towards assignments and exercises. This will undoubtedly have an impact on the student's success in the test.

Since the major emphasis is on student achievement for the specific term, Mushtaq and Khan (2012) highlighted that the Grade Point Average (GPA) is often used to gauge students' academic success. This is also consistent with Andrews University's Working Policy (2:437), which states that a student's academic success is mostly based on their degree of accomplishment in their courses and topics. The linked non-academic areas of professional appropriateness, lifestyle, and clinical competency are also considered for certain topics or courses, however.

## Effect of Sexually Transmitted Diseases on the Academic Performance of Learners with Physical and Health Impairments

Teenagers and young adults between the ages of 15 and 24 are more susceptible to Sexually Transmitted Infections than senior adults. The World Health Organisation estimates that twenty percent of HIV/AIDS patients are in their twenties and that one in twenty adolescents contract a sexually transmitted infection annually. More adolescents engage in unprotected sexual activity, have multiple sexual partners, and engage in transgenerational and transactional sexual activity. The cervical membrane of female adolescents and young women renders them more susceptible to sexually transmitted infections (STIs). In addition, they may have difficulty obtaining the necessary information, services, and supplies to prevent STIs. In addition, they may have trouble accessing STI prevention services because they do not know where to locate them, lack transportation, or cannot afford the services. Even if they have access to STI prevention services, they may not feel secure in non-youthfriendly environments (Tilson, Sanchez, Ford, 2008).

Knowledge of STIs and their complications is crucial for effective prevention and treatment, as individuals who are unaware of the symptoms may not recognise their need and therefore fail to seek assistance. The developing world has a limited understanding of STIs other than HIV/AIDS. According to studies, students' intimate relationships are on the rise and prevalent in the majority of African institutions (Jones & Espey, 2008). The trend is progressively shifting, and the prevalence of student-adolescents and juveniles engaging in sexual relationships is high, posing social, health, and academic problems. Sexual activity among students has led to an increase in unintended pregnancies, poor academic performance, and ultimately school dropouts (Mlyakado, 2013). In Nigeria, however, the effects of intimate relationships on students' academic performance have not been thoroughly studied. The majority of previous research in Nigeria has focused on factors affecting academic performance in general. Teachers' incompetence, students' lack of motivation, teachers' low morale, the level of sexual activity among students, etc. are among the factors examined and summarised by Timothy (2010). Evidence from other nations may aid in understanding the current relationship between intimate relationships among students and academic performance. Numerous studies in the United States indicate that adolescents who abstain from sexual activity are more likely to graduate from high school and enrol in college than their sexually active peers (Sabia & Rees, 2009). This study provides a solid foundation for understanding the sexual behaviours and academic performance of adolescents in various contexts, including Nigeria, despite the fact that the American context is incomparable to Nigeria's due to vast differences in socioeconomic, educational, and technological development.

There are several risks involved with STIs that go untreated or are treated inadequately. Epididymitis is a complication of gonorrhoea and chlamydia trachomatis infection that may lead to long-term infertility in men. Inadequate management of gonococcal urethritis may also lead to the development of inflammatory urethral stricture in the long run. If not treated, this might cause urine retention and chronic renal failure. Future reproductive competencies in women can be jeopardised by pelvic inflammatory disease, dyspareunia, infertility, chronic pelvic pain, an increased risk of ectopic pregnancies, abortions, stillbirths, and perinatal and neonatal morbidities (Adegun, Solomon, Adegoke, Ade-Ojo, & Fape, 2013). Having a solid grasp of academic information is crucial for success in school. But in Nigeria, that has not been the case. Over time, the quality of education in Nigeria has dropped (Mlyakado, 2013). Concern has been raised, particularly among parents, over the low academic performance of Nigerian pupils, as seen by a high rate of dropouts from secondary schools. To measure the state of secondary education in Nigeria, the 'Certificate of Secondary Education' (CSE) scores have been a disappointing barometer. This research isn't meant to shed light on widespread failure rates in Nigeria; rather, it seeks to determine whether or not sexual relationships among students have an impact on their academic success. Sex relationships among college students have been linked to better grades (Sabia & Rees, 2009). High school students who were romantically involved had considerably and persistently lower levels of academic success and academic motivation compared to their non-dating peers. Another study looking at the correlation between adolescent sexual abstinence and academic success found that students who did not engage in sexual activity while in high school were 60% less likely to be expelled, 50% less likely to drop out of high school, and almost twice as likely to graduate from college. In support of these findings, the following arguments were offered:

1. when greater energy and interest were invested in sexual activity, the drive for academic performance was likely to decrease;
2. sexually active teens may become preoccupied with the present—sexual activity, and then long-term—academic goals may have diminished importance;
3. teenage sexual relationships are inherently short-term and unstable, the breakdown of intimate relationships is likely to result in emotional turmoil and depression, which, in turn, may have a negative impact on academic performance. Good academic performance is a fundamental goal for any educational institution that seeks to provide a high-quality education. It should also be noted that students are in school to attain academic success. The adolescent years are a crucial period in the development of a young person's life, including academic and eventually career decisions. On the other hand, most adolescents experiment with their sexual fantasies around the same time (Kelly, 2001), which may compromise their academic life and negatively impact their academic performance. Garbut (2019) asserts that adolescents with physical and health impairments are susceptible to academic difficulties due to their health issues. This is because they may not be able to avoid abuse at the hands of able-bodied individuals, and as a result, they may easily contract STIs that can destroy their lives in general. In addition, they may be unable to receive regular checkups at the hospital, which may result in a lack of focus in the classroom.

## How to Aid Knowledge and Awareness of Sexually Transmitted Diseases among Learners with Physical and Health Impairments

Young individuals are more vulnerable since they are sexually active and tend to travel a lot. The elderly is less likely to develop an STD because they are more devout and less influenced by Western culture. Unfortunately, most nations place a low focus on preventing and controlling STDs, particularly among young people. Public health policymakers have been slow to address sexually transmitted diseases because of a combination of factors, including a lack of awareness of the problem, competition for resources to control other important health problems, and reluctance. In a similar vein, until recently, the primary emphasis of most STD prevention programmes was on the reduction of secondary infections. It was found that (David et al., 2016). As a result of the worldwide pandemic of HIV/AIDS and the discovery of various Sexually Transmitted Diseases as risk factors for the spread of HIV, primary prevention is now gaining considerable attention. Most participants had heard of both HIV and genital herpes. A sizeable minority did not know that genital warts, hepatitis B, gonorrhoea, and syphilis are all sexually transmitted diseases. In addition, few people understand that Chlamydia is a sexually transmitted disease. Even though it is common knowledge that South Africa is the nation worst hit by STDs, this does not alter the reality that no community is safe from contracting these diseases. Adolescents' knowledge of how to avoid contracting sexually transmitted diseases is relatively low. Some worry that encouraging condom usage may lead to people being more comfortable with taking risks, which might lead to an increase in the occurrence of risky sexual behaviour. (David et al., 2016). The core tenets of screening and prevention are undermined by the fear of knowledge about illnesses. Fear of this activity is evident in the fact that many respondents said they would seek medical attention promptly if they had signs of a sexually transmitted disease; this finding distinguishes the importance of education and prevention above treatment. Since the chosen age group now relies on these sources more than ever before, it stands to reason that information targeting them may be better received and awareness could be promoted via peer-to-peer education, the internet, and the media. It was found that (David et al., 2016).To provide young people with better and more accurate information on Sexually Transmitted Diseases and HIV/AIDS, it is crucial to strengthen educational initiatives at schools. Over ninety-five percent of participants in the current survey agreed that STD education should be mandated in schools. Due to media coverage and visibility, people were found to know more about HIV/AIDS than the other Sexually Transmitted Diseases. It was found that (David et al., 2016). Secondary school pupils' understanding of STDs was found poor. Young people continue to learn about STDs mostly via formal education, peer education, the Internet, and the media. This means that focusing on primary prevention of STDs is crucial. Sexually transmitted disease (STD) education programmes should begin in middle schools to increase demand for premarital screenings and thereby mitigate the risk of STD spread across the state (David, Catherine, Julie, Elizabeth, Katherine, Lorretha, & Michael, 2016).

## Methodology

Descriptive survey methodology was used for this investigation. Students from the Oyo West LGA of Oyo State make up the study's population. The participants were selected at random from the population of Oyo West Local Government, Oyo State, using a basic random selection procedure. Five schools were visited for this study. Thirty students were randomly selected from each school making a total number of 150 respondents. The name of the schools is Ladigbolu Grammar School, Oyo, Salamat Olaniyan Memorial College, Sawmill, Oyo, Treasure Model College, Alagbon, Oyo, Army Children Secondary School, Ojongbodu and EACOED Model College, Isokun. The research instrument used for this study is a questionnaire. One hundred and fifty (150) copies of the questionnaire were administered to the respondents. Researchers, in conjunction with research assistants, distributed the instruments to targeted respondents in Oyo West Local Government, Oyo State. The questionnaires were collected immediately upon completion. The data collected for the study were analyzed using Chi-square to enable ease of understanding of the findings of the study.

## Results

**Research Question 1**: To what extent does the knowledge and awareness of Sexually Transmitted Diseases motivate the interest of students with physical and health impairments towards their attitude to sex?

## Table 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **c**  | **Fo**  | **Fe**  | **Fo-Fe**  | **(Fo-Fe)2**  | *X* 2 =åæç *FoFo*-*Fe*2ö÷øè |
| 1  | 125  | 93.4  | 31.6  | 998.56  | 10.7  |  |
| 2  | 99  | 93.4  | 5.6  | 31.36  | 0.32  |  |
| 3  | 78  | 93.4  | -15.4  | 237.16  | 3.04  |  |
| 4  | 97  | 93.4  | 3.6  | 12.96  | 0.13  |  |
| 5  | 58  | 93.4  | -35.4  | 1253.16  | 21.61  |  |
| 6  | 98  | 93.4  | 4.6  | 21.16  | 0.22  |  |
| 7  | 103  | 93.4  | 9.6  | 92.16  | 0.89  |  |
| 8  | 89  | 93.4  | -4.4  | 19.36  | 0.22  |  |
| 9  | 25  | 56.6  | -34.6  | 1197.16  | 47.89  |  |
| 10  | 51  | 56.6  | -5.6  | 31.36  | 0.61  |  |
| 11  | 72  | 56.6  | 15.4  | 237.16  | 3.29  |  |
| 12  | 53  | 56.6  | -3.6  | 12.96  | 0.24  |  |
| 13  | 92  | 56.6  | 35.4  | 1253.16  | 13.62  |  |
| 14  | 52  | 56.6  | -4.6  | 21.16  | 0.41  |  |
| 15  | 47  | 56.6  | -9.6  | 92.16  | 1.96  |  |
| 16  | 61  | 56.6  | 4.4  | 19.36  | 0.32  |  |
|   | 1200  |   |   |   | 105.47  |  |

## Decision Table Analysis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group**  | **Size**  | **X2 calculated**  | **X2 tabulated**  | **Df**  | **The decision of the hypothesis**  |
| Agree  | 747  | 105.47  | 14.067  | 7  | The hypothesis rejected  |
| Disagree  | 453  |

With 7 degrees of freedom and a 0.05 threshold of significance, the chi-square computed value of 105.47 is more than the chi-square table value of 14.067, hence the hypothesis is rejected. Because of this finding, we may conclude that students with physical and health impairments have an interest in learning about and discussing sexually transmitted illnesses. This is consistent with the assertion of (Arago, 2016) that disabled individuals are susceptible to adverse situations that can increase their risk of contracting a sexually transmitted disease (WHO, 2018). In addition to contributing to the discrimination process, this misrepresentation of the sexuality of physically impaired people also increases their susceptibility to situations involving STIs. Regarding their sexuality, physically disabled individuals frequently encounter social prejudices and discrimination based on the false belief that they are asexual, incapable of producing healthy progeny, and do not have or cannot experience sexual rights. This misrepresentation of the sexual orientation of physically incapacitated individuals not only makes them susceptible to discrimination but also increases their susceptibility to situations involving STIs.

Research Question II: What are the attitudes of students with physical and health impairments towards teaching Sexually Transmitted Diseases in classrooms?

**Table 2:** *Attitudes of students with physical and health impairments towards teaching Sexually Transmitted Diseases in classrooms*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N**  | **Fo**  | **Fe**  | **Fo-Fe**  | **(Fo-Fe)2**  | *X* 2 =åæç *FoFo*-*Fe*2ö÷øè |
| 1  | 82  | 93.4  | -11.4  | 129.96  | 1.58  |  |
| 2  | 87  | 93.4  | -6.4  | 40.96  | 0.47  |  |
| 3  | 110  | 93.4  | 16.6  | 275.56  | 2.5  |  |
| 4  | 95  | 93.4  | 1.6  | 2.56  | 0.03  |  |
| 5  | 84  | 93.4  | -9.4  | 88.36  | 1.05  |  |
| 6  | 106  | 93.4  | 12.6  | 158.76  | 1.50  |  |
| 7  | 90  | 93.4  | -3.4  | 11.56  | 0.13  |  |
| 8  | 68  | 56.5  | 11.5  | 132.25  | 1.94  |  |
| 9  | 63  | 56.6  | 6.4  | 40.96  | 0.65  |  |
| 10  | 40  | 56.6  | -16.6  | 275.56  | 6.9  |  |
| 11  | 55  | 56.6  | -1.6  | 2.56  | 0.05  |  |
| 12  | 66  | 56.6  | 9.4  | 88.36  | 1.34  |  |
| 13  | 44  | 56.6  | -12.6  | 158.76  | 3.61  |  |
| 14  | 60  | 56.6  | 3.4  | 11.56  | 0.19  |  |
|   | 1050  |   |   |   | 21.94  |  |

## Decision table analysis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group**  | **Size**  | **X2 calculated**  | **X2 tabulated**  | **Df**  | **Decision of the hypothesis**  |
| Agree  | 654  | 21.94  | 12.59  | 6  | The hypothesis rejected  |
| Disagree  | 396  |

From the contingency Table Analysis above, the result shows the chi-square calculated value, which is 21.94, is greater than the chi-square table value of 12.59 at 6 degree of freedom and 0.05 level of significance, we equally rejected the hypothesis. This result therefore reveals that there is a significant relationship between the influence of attitude of students with physical and health impairment and knowledge and awareness of sexually transmitted diseases. This is in support of the opinion of Anwar (2010) that knowledge of STIs and their complications and the attitude of the young generation toward sexual health are important in planning preventive and treatment strategies. Most people may be aware of HIV/AIDs because of the awareness created by media and government programs; however, knowledge about STIs other than HIV/AIDS is low in developing countries.

**Research Question III: D**oes sexually transmitted disease/infection have a detrimental impact on the academic achievement of kids who have physical and mental disabilities?

**Table 3:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N**  | **Fo**  | **Fe**  | **Fo-Fe**  | **(Fo-Fe)2**  | *X* 2 =åæç *FoFo*-*Fe*2ö÷øè |
| 1  | 117  | 100.6  | 16.4  | 268.96  | 2.3  |  |
| 2  | 109  | 100.6  | 8.4  | 68.04  | 0.62  |  |
| 3  | 95  | 100.6  | -5.6  | 31.36  | 0.33  |  |
| 4  | 99  | 100.6  | -1.6  | 2.56  | 0.026  |  |
| 5  | 83  | 100.6  | -17.6  | 309.76  | 3.73  |  |
| 6  | 33  | 49.4  | -16.4  | 268.96  | 8.15  |  |
| 7  | 41  | 49.4  | -8.4  | 70.56  | 1.72  |  |
| 8  | 55  | 49.4  | 5.6  | 31.36  | 0.57  |  |
| 9  | 51  | 49.4  | 1.6  | 2.56  | 0.05  |  |
| 10  | 67  | 49.4  | 17.6  | 309.76  | 4.62  |  |
|   |   |   |   |   | 22.116  |  |

## The Decision table analysis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group**  | **Size**  | **X2 calculated**  | **X2 tabulated**  | **Df**  | **Decision of the hypothesis**  |
| Agree  | 503  | 22.116  | 9.488  | 4  | The hypothesis rejected  |
| Disagree  | 247  |

From the contingency Table Analysis above, the result shows the chi-square calculated value, which is 22.116, is greater than the chi-square table value of 9.488 at 4 degree of freedom and 0.05 level of significance, we rejected the hypothesis. This result therefore reveals that there is a significant relationship between sexually transmitted diseases and negative effects on the academic performance of students with physical and health impairment. This is in line with the suggestion of Aral and others 2006 that if left untreated, common STIs may cause complications, including pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility, and chronic abdominal pain in women; adverse pregnancy outcomes, including abortion, intrauterine death, and premature delivery; neonatal and infant infections and blindness; urethral strictures and epididymitis in men; genital malignancies; proctitis, colitis, and enteritis in MSM; arthritis secondary to gonorrhoea and chlamydia; liver failure and liver cancer secondary to hepatitis B virus (HBV); myelopathy and lymphoma or leukaemia due to human T-cell lymphotropic virus type 1; and central nervous system disease or meningoencephalitis secondary to syphilis or herpes simplex virus (HSV) infection.

## Discussion of Result

This study examined the impact of physical and health impairments on academic performance on the knowledge and awareness of sexually transmitted diseases among students with physical and health impairments. There were 20 questions on the questionnaire, and 150 students were sampled. Their responses indicated that the majority of pupils are knowledgeable about sexually transmitted diseases. Moreover, they are aware that unprotected sexual activity can result in the transmission of sexually transmitted diseases. In addition, the majority of respondents are aware that discharge from the genital area is a common symptom of sexually transmitted diseases.

However, the majority of respondents disagreed that sharing a plate with an infected person can cause sexually transmitted diseases. It has been confirmed that these respondents' knowledge and awareness of sexually transmitted diseases have altered their attitudes towards unrestricted sexual activity. As a result of learning about sexually transmitted diseases in class, these respondents' knowledge and awareness have grown. Additionally, the majority of respondents have been exposed to the use of medications to prevent sexually transmitted diseases. The majority of their knowledge on these topics comes from media channels such as radio, television, and the Internet.

Additionally, those who have contracted an STD are stigmatized by their peers. These pupils engage in sexual activity because they do not wish to experience failure. As a result, they favour engaging in sexual activity with their instructors in order to receive high grades. The majority of these respondents are aware of the various varieties of STDs. However, they prefer to use condoms instead of abandoning sexual activity in order to avoid contracting STDs. They are also aware of the negative effects of STDs, such as skin damage, HIV transmission, infertility, and other fatal diseases, yet they continue to engage in sexual activity. It was also discovered that these students are aware that engaging in sexual intercourse can negatively impact their academic performance due to classroom distractions and that contracting an STD can destroy their academic career due to health and emotional issues. These findings are consistent with David, Catherine, Julie, Elizabeth, Katherine, Lorretha, and Michael's (2016) assertion that young people are particularly vulnerable due to their prime sexual activity and extensive international travel.

Being more religious and less influenced by the West, the elder generation is less likely to contract an STD. In the majority of nations, the prevention and control of Sexually Transmitted Diseases, particularly among young people, is a low priority. Lack of awareness of the problem of Sexually Transmitted Diseases and their complications, competition for resources to control other significant health problems, and the reluctance of public health policymakers to address sexually transmitted diseases have all contributed to this neglect. Similarly, until recently, the majority of programmes for the prevention of Sexually Transmitted Diseases focussed on the prevention of complications (secondary prevention).

## Conclusion

In this study, the focus revolves around exploring the knowledge and awareness of sexually transmitted diseases (STDs) among students with physical and health impairments in selected secondary schools. The research methodology employed the use of questionnaires to gather responses from the sampled students, thereby capturing their perspectives and insights. Additionally, scholarly literature was extensively reviewed to incorporate expert opinions and scholarly viewpoints on the topic of knowledge and awareness of STDs among students with physical and health impairments. By combining both primary data from the questionnaire and insights from existing scholarly works, this study aims to provide a comprehensive understanding of the subject matter, shedding light on potential gaps and contributing to the existing body of knowledge on this important issue.

## Recommendations

Based on the findings of this study, the researcher recommended adopting the research on Knowledge and Awareness of Sexually Transmitted Diseases Among Students with Physical and Health Impairments and Their Academic Performance to improve the standard of education for individuals with physical impairments. This is because a body with sound health can learn and understand better.

Also, the Federal government should support persons with physical and health impairments by creating awareness on Knowledge and Awareness on sexually transmitted diseases among students with physical and health impairments. This will prove to the world that persons with physical and health impairments are also useful for the development of the nation.

Parents should take greater responsibility and spend more time with their children, teaching morals in order to discourage them from getting the wrong source.

Schools should sensitize students to Sexually Transmitted Diseases to promote healthy living among adolescents.

Students at all levels of education should be given adequate information on the knowledge, attitude and awareness of sexually transmitted diseases among students with physical and health impairments to promote healthy relationships among male and female students.

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