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Knowledge and Attitude of Condom Use as Preventive Measure for Sexually Transmitted Infections among Learners With Hearing Impairment In Akwa-Ibom State

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Abstract
This study investigated the knowledge and attitude of condom use as preventive measure for sexually transmitted infections among learners with hearing impairment in Akwa Ibom State. The study adopted descriptive survey research design. The population of the study comprised 389 consisted of all students with hearing impairment in the in secondary section in two special education schools. A simple random sampling technique was adopted for selection of 100 students. Knowledge and Attitude of Condom Use as Preventive Measure for Sexually Transmitted Infections Questionnaire" (KACUPMSTIQ) was the instrument for the study. The instrument was validated by three experts and Cronbach's Alpha was used to determine the internal consistency of the instrument which yielded reliability coefficient indices of 0.75 and 0.81 respectively. The hypotheses were tested using t-test and ANOVA. The finding showed that the learners with hearing impairment are significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections; also the learners with hearing impairment significantly show a positive attitude about condom use in the prevention of Sexually Transmitted Infections. The finding of the study further revealed that there is a significant influence of knowledge on attitude of female learners with hearing impairment about condom use in the prevention of Sexually Transmitted Infections. The finding indicated that there is a significant influence of knowledge on attitude of both male and female learners with hearing impairment about condom use in the prevention of Sexually Transmitted Infections, and also learners with hearing impairment significantly practice the use of condom as preventive measure for Sexually Transmitted Infections. Based on the findings of the study, it was recommended among others that secondary school students should be exposed to sex education and be taught about sexual transmitted diseases (STDs). Curriculum planners need to implement peer education in the curriculum of secondary school students to enable students improve on their awareness and attitude towards reducing HIV/AIDS.

Key Words*: Knowledge, Attitude, condom use, Sexually transmitted infections, Hearing Impairemnt*

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I. Introduction

The word knowledge is general awareness or explicit information of a situation or a fact. It also means information in mind; possession of information, facts, ideas, truths and principles. On the other hand, the above dictionary also defines the word "attitude" as personal view of something; an opinion or general feeling about something. In the pre-colonial period and even during the British Colonial time, sex outside of marriage was considered repugnant and forbidden in Africa. The people were generally inhibited and did not openly express their opinions and views pertaining to love, marriage and sex. Moreover, it is considered a taboo for teachers and parents to talk with students/children about sexual matters, such as sexual relationships, and STDs in schools as well as at home because of cultural and religious barriers. In contemporary African society, however, there has been extensive interest, inquiry and curiosity in the phenomenon of sexual relations outside marriage, sex is discussed more freely by the larger society and adolescents in particular.

The term "Attitude is a general feeling, and opinion or personal view about something, Allport (1935) offered 16 definitions of attitude that others before him had generated, only to slip in a 17th of his own that has been so well cited that any student of attitudes is able to recite it even when half asleep: "a mental and neural

state of readiness, organized through upon the individual's responses to all objects and situations with which it is related". McGurie (1968) regarded these definitions to be stifling and yet, since we have to use words when we talk, it probably helps to sketch out occasionally what we mean by our terms". Instead of providing a new one, he brilliantly side-stepped the issue by using Allport's definition and dissecting each of its terms and phrases not only to focus on the various meaning of "mental and neural" and "organized" but also to riff on the philosophical orientations, from positivist to interactionist, that a phrase such "readiness to respond" evokes. McGuire only offered empirical investigations used as a working definition of attitude, "responses that locate object of thought on dimensions of judgment".

Eagly and Chaiken (1993, 1998) provided a simple and intuitive definition that wins on ease and broad endorsement. According to them, an attitude is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour of disfavor". Others have agree that the concept of evaluation is central to the definition of attitude, noting that attitude have been defined in variety of ways, but at the core is the notion of evaluation. (Petty, Wengener, & Fabriger, 1997). Likewise, Crano and Prislin (2006) brought together diverse characterizations of attitude through their definition: "Attitudes are the evaluative judgment that integrates and summarize Cognitive/affective reactions" Among the changes that the concept of attitude has undergone over the century, none is as clear as the stripping away of all ancillary items to leave the core idea of favor and disfavor" intact. The major objection to such a definition comes from those who endorse the position that attitude have been mischaracterized as entities of some permanence. The boldest criticism of the standard view of attitude is found in the position of Schwarz and Bohner (2001) who take their lead from theories of situated cognition (e.g. Barsalou, 2005; Smith, 2004). Their view can be summarized as follows: Attitude theorists have traditionally defined their construct as if it represents fixed "things" that sit in memory waiting to be pulled out, used, and put back in place. Instead, Schwarz and Bohner claim those attitudes are more parsimoniously conceived of as evaluations that are "formed when needed, rather than enduring personal dispositions".The intuitive appeal of the standard definition that attitude represent "a tendency" that is, a thing of stability, he argues, comes from the appeal of all dispositional accounts such as the fundamental attribution error (Ross 1977).

Children with hearing impairment may have partial or full hearing loss on one or both ears Hardman, Drew and Egan (2005). The characteristics exhibited by students depend on the degree of hearing loss and the onset of that loss. According to Chimedza and Peterson (2003) the earlier the hearing loss manifest itself in a child the more difficult he or she will have in developing the spoken language. A hearing handicap or deafness involves not only the loss or impairment of hearing, but the loss or limitation of the ability to acquire language and speech naturally or spontaneously (Kapp, 1991). Impaired or total lack of language has serious implications for the child's development.It is worth nothing that the characteristics of a child with mild hearing loss are in many ways more similar to a hearing child's than to a deaf child's characteristic. It causes a number of other serious problems that are linked to the inability to receive or express message and thoughts (Adoyo, 2008).

Condom is one of the most popular forms of mechanical barriers as it provides protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina (Jain, Behere, Jain, Jain, Joshi, Jain, 2009). The use of the condoms was traced back to several thousand years ago. Condom is one of the most popular forms of mechanical barriers as it provides protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina. Condoms were invented in the fifteenth century in response to syphilis epidemic in Europe. Since then, the texture of condoms was developed from different kinds of materials such as leather and animal gut. During eighteenth century, the technological development improved the quality of condoms. Rubber was developed as material because of its strength and elasticity. The role of male condom for both contraception and prevention of STIs was established in Europe during this century (Lewis, 2000).

Worldwide condom use during sexual intercourse, an estimated 44 million couples use condom for family planning while as many as 60% of all condoms are used outside marriage (Gardner, Blackburn, & Upadhyay, 2001). The effectiveness of condoms in preventing pregnancy or STIs depends on the user. Previous studies showed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. However, when its used every time and in the approved manner it could prevent up to 80 to 95% of Sexually transmitted infection (USAIDS, WHO, 2007). Condoms also reduce the risk of STIs spread by skin to skin contact, such as herpes and Human Papilloma virus. In Egypt, results of a study on the knowledge, attitude of condom use in 2007 showed that although condoms was considered effective method of contraception and prevention of STIs by 60%, only 23% had ever used condoms solely for contraception (Kabbash, 2007).

Sexually transmitted disease (STD) is any disease (such as syphilis, gonorrhea, AIDS, or a genital form of herpes simplex) that is usually or often transmitted from person to person by direct sexual contact. It may also be transmitted from a mother to her child before or at birth or, less frequently, may be passed from person to person in nonsexual contact such as in kissing, in tainted blood transfusions, or in the use of unsanitized

hypodermic syringes (Encyclopedia Britannica, 2008). In a similar thought, Myless, (2001) averred that sexually transmitted diseases are those diseases caused by variety of organisms which are capable of being transmitted sexually. However, sexually transmitted diseases are group of infectious diseases in which the main form of spread is by sexual activity or contact. The researcher defines sexually transmitted diseases as diseases that can be contacted through unprotected sexually activities.

Sexually transmitted diseases usually affect initially the genitals, the reproductive tract, the urinary tract, the oral cavity, the anus, or the rectum but may mature in the body to attack various organs and systems. Tertiary syphilis, or paresis, for example, may affect skin, bones, the central nervous system, the heart the liver, or other organs. Persons infected by an AIDS virus may remain outwardly healthy for years before the disease takes hold within the immune system. Sexually transmitted diseases have a long history. The best known of these diseases, syphilis, is caused by the bacterium Treponema pallidum. Syphilis was first widely reported by European writers in the 16th century, and some medical historians assume that it was imported into Europe by explorers returning from the New World. Other authorities believe that syphilis is of ancient origin and may at one time have been mistakenly identified as leprosy. At any rate, syphilis first became widely recognized and reported about the year 1500, when a virtual epidemic swept Europe (Billings, 1998). Urethritis is the infection and inflammation of the urethra (the passage that transmits urine from the bladder to the exterior of the body). Most cases of urethritis are in fact sexually transmitted. Urethritis that is caused by the gonococcus bacterium (Neisseriagonorrhoeae) is called gonorrhea and is one of the best-known sexually transmitted diseases. Gonorrhea was named by the Greek physician Galen and is thought to have been known to the ancient Chinese and Egyptians. A disease that became especially widespread beginning in the 1960s and '70s was genital herpes. Herpes infections are significant not only in terms of the discomfort they cause but also for the potentially serious illness that might occur in infants born to mothers with genital herpes infections. A variety of treatments have been used for genital herpes, but none have been entirely satisfactory. (Encyclopedia Britannica, 2008).

The sexually transmitted disease that caused perhaps the greatest alarm in the late 20th century was acquired immune deficiency syndrome, or AIDS. From the time of its first clear identification in 1981, AIDS spread rapidly, with reported cases rising at a high rate, especially among homosexuals and intravenous drug users in the United States and Western Europe and among heterosexuals in tropical Africa. The high mortality rate from AIDS and the absence of a cure or vaccine against the disease had a sobering effect on sexually permissive societies. Nearly a score of other sexually transmitted diseases are known. All have reasonably effective drug cures. About half of all cases of urethritis that are not gonorrhea are chlamydia, which is caused by an infection with Chlamydia trachomas. The latter bacterium is also the infecting agent in pelvic inflammatory disease and in still another sexually transmitted disease, lymphogranulomavenereum. The cause for the remaining 50 percent of nongonococcal urethral infections is not known; no organism has been definitely related (Wenger, 1995).

Trichomoniasis is an infection of the urogenital tract caused by a protozoan, Trichomonasvaginalis; males usually have no symptoms with this infection, and only a portion of infected females have a vaginal discharge. Candidiasis (yeast infection) is caused by Candida albicans (sometimes called Monilia albicans), which produces in women a thick, whitish vaginal discharge and causes irritation and itching in the genital area. Males may have irritation of the glans or skin of the penis. Because this yeast is ubiquitous in the environment, these infections are not always sexually acquired. Warts occurring in the genital areas are caused by certain types of papilloma viruses, and these types of warts can be transmitted to other people by sexual contact. Most often, genital warts are nothing more than a nuisance, but occasionally they can become so numerous or so large as to interfere with urination, bowel movements, or vaginal delivery. There is also mounting evidence that papilloma viral infections of the genital tract are a factor in the development of cancer of the cervix and possibly of the genitals themselves.

The fight against STIs has shown that the exclusion of people living with disabilities (people with disabilities) is an influential vulnerability factor that may slow down prevention measures. Stigmatization and discrimination, generally associated with living with a disability, constitutes an important sexual vulnerability factor that adds to other inherent bio-psychosocial factors of disability. Research has constantly proved that people with disabilities are victims of exclusion in the management of the health crisis generated by the AIDS pandemic (AIDS Consortium, 1997, Hull S, 2007).

As indicated by a number of studies, most people assume that people with disabilities are asexual, or less sexually active, and that they are less exposed to such sexual risks as sexually transmitted infections (STIs) (Groce, 2004). On the same note, many non-governmental organization officials, programme directors and other influential people at the operational level rarely design projects with the thought of positioning people with disability at the centre of their interventions.Furthermore, there is very little evidence of the engagement of international donors in programmes that target people with disabilities (African Campaign on Disability and STIs, 2008). Thus, while considerable efforts have been made to reduce the dramatic and disabling effects of STIs in the general population, there have been very few measures to build intervention programmes that minimize the impact of this disease on people with disabilities.

Currently, while official discourse on the universal character of the fight against the AIDS pandemic is becoming more persistent, there exist, paradoxically, very few prevention, care support and STIS treatment initiatives targeting people with disabilities. Yet this social minority constitutes 10% of the world's population, according to World Health Organization and World Bank estimates (WHO, 2002;). This represents more than 400 million people living with a physical, sensory, intellectual or mental health disability in the developing world (web.worldbank.org, 2009). Sadly, the situation is more dramatic in women with hearing disabilities, who are also victims of social inequalities and violence (Brownridge, 2006; Kvam and Braathen, 2008) as far as sexual practices are concerned. Marginalization of people with hearing disabilities is conspicuous in the domain of research with limited information available, as observed through a literature review, and with scanty scientific exploration of the relationship between AIDS and disability (Winningham, 2008) One of the first large-scale studies to highlight this situation was conducted about five years ago within the framework of the World Bank's Global STIs Program of Action (World Bank/Yale University, 2004). The results confirmed that people with disabilities have been excluded from efforts in the fight against AIDS, although this disease represents a serious threat to them. In this light, it is clear that this pandemic cannot be overcome without systematic involvement of people with disabilities.

It should also be noted that the few efforts that have been undertaken towards the integration of disability as a vulnerability factor in the fight against STIs are unequally dispersed in different parts of the world. In contrast to the experience in many countries in North and South America (especially the USA and Canada) and in Europe, many developing countries are yet to include disability in their STIs programming initiatives, as noted by the Kampala Declaration (African Campaign on Disability and STIs, 2008). This is particularly the case in Africa, where there is a high degree of stigmatization and discrimination, although South Africa seems to be playing a leading role in this regard (Hanass-Hancock, 2009).

A thorough review of literature on disability and STIs in Africa indicated that the only African countries in which at least three studies on STIs and disability have been conducted are: South Africa (13 cases of research work); Zimbabwe (six cases); Kenya (four cases); Uganda (three cases); and Nigeria (three cases) (Hanass-Hancock, 2008). No country from west and central Africa is mentioned, suggesting that the information gap is more critical there. Lack of data darkens an already blurred area.

Statement of the Problem

Obviously, persons with hearing impairment are vulnerable to so many vices in the society. One of such is unprotected sexual activities that have accounted for the spread of STIs worldwide. The reason can be adduced to dramatic change in societal value due to modernization and economic depression. Apart from the universal predisposing factors, adolescents with hearing impairment are further plagued with limited and or inadequate information about STIs and how it spread. This is because of societal disposition which conspicuously reflect in planning and implementation of various programmes targeted towards improving sexual health of adolescents with hearing impairment.

Adolescents with hearing impairment, especially those in secondary schools are likely to engage in risky sexual practices and this increase their chances of contacting sexually transmitted diseases or infections. It is no longer an old tale about the existence of sexually transmitted diseases (STDs) as it used to be relegated as superstitious. Just like the popular slogan that "AIDS is real" similarly, sexually transmitted diseases abound but the problem is that adolescents and especially, hearing impaired students in secondary school who indulge in sexual practices seem to have little or no knowledge of STDs and the right attitude towards it. In a bid to explore and experiment on sex and its related activities, adolescents with hearing impairment seemingly lurk in total ignorance of the existence, symptoms, mode of transmission, control and right attitude towards sexually transmitted diseases. However, ignorance, they said, is not an excuse to grave consequences of contacting STDs.

This is obvious in the depth of their knowledge of attitude to STIs and inability to gird their sexual activities which has made the issue of the global epidemic to be difficult to control among adolescents generally. Therefore, this research work is necessary at this particular period when there is groaning concern for reduction and elimination of STIs among entire population of the world. The present study is a response to this situation intends to evaluate the knowledge and attitude of condom use as preventive measure for sexually transmitted infections among learners with hearing impairment in Akwa-Ibom State.

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Purpose of the Study

The main purpose of this study is to investigate knowledge and attitude of condom use as preventive measure for sexually transmitted infections among learners with hearing impairment. Specifically the study intends:

i. To determine the knowledge of learners with hearing impairment towards condom use in the prevention of sexually transmitted infections.
ii. To determine the attitude of learners with hearing impairment towards condom use in the prevention of Sexually Transmitted Infections.
iii. To determine whether male and female learners with hearing impairment differ in their knowledge and attitude towards condom use in the prevention of Sexually Transmitted Infections.
iv. To determine if learners with hearing impairment practice the use of condoms as preventive measure for sexually transmitted infections.

Research Hypotheses

The following hypotheses were formulated to get the investigations:

1. The learners with hearing impairment are not significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections.

2. The learners with hearing impairment do not significantly show a positive attitude about condom use in the prevention of Sexually Transmitted Infections.

3. There is no significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections.

4. The learners with hearing impairment do not significantly practice the use of condom as preventive measure for Sexually Transmitted Infections

Scope of the Study

The study focused on knowledge and attitude of condom use as preventive measure for sexually transmitted infections among learners with hearing impairment. It was carried out in two (2) special schools in Akwa Ibom State. The schools are Government Special Education Center Mbiabong, Uyo and St. Louis Inclusive School, Ikot Ekpene Local Government Area.

II. Research Method

Research Design

The descriptive survey research design was adopted for the study. This design was suitable for this study because it helps the researcher to gather, organize, present and analyze data for the proposed of describing the opinion of the respondents regarding the knowledge ,attitude and practice(as independent variable) towards condom use(as dependent variable)in the prevention of Sexually Transmitted Infections in this study.The researcher adopted this design because it allows samples to be draw from the population for the purpose of providing descriptive analysis and inference.

Population of the Study

The population of the study consisted of all students with hearing impairment in secondary section in two special education schools in Akwa-Ibom which are Government Special Education Center, Mbiaobong, Uyo and St. Louise Special School, Ikot Ekpene Local Government Area estimated at 389 students.

Sample and Sampling Technique

A sample size of 100 students with hearing impairment selected through simple random sampling technique was used for the study.

Instrumentation

A researcher-made instrument known as "Knowledge and Attitude of Condom Use as Preventive Measure for Sexually Transmitted Infections Questionnaire" (KACUPMSTIQ) was used for the study. The instrument has section A, B and C. section A covers respondents personal bio-data, section B comprised five (5) items elicited information on Knowledge of Condom Use and section C comprised five (5) items elicited information on Attitude toward Condom Use. The instrument was structured on 4-point Likert type Scale of strongly agree (4 points), Agree (3 points), Disagree (2 points) and strongly disagree (1 point).

Reliability of the Instrument

To establish the reliability of the instrument for this study, the instrument was pilot test on Twenty (20) hearing impaired students, who were not part of the main study. Cronbach's Alpha statistical analysis was used

to determine the internal consistency of the instrument which yielded reliability coefficient indices of 0.75 for Knowledge of Condom Use and 0.81 for Attitude toward Condom Use respectively.

Administration of the Instrument

Prior to the commencement of the study, the researcher visited each of the sampled schools for the administration of the questionnaire. This was personally done by the researcher with the help of some teachers who will serve as research assistants. Before the administration, permission was sought from each Principal and the researcher explained the purpose of the study and the contents of the questionnaire to the respondents. The questionnaires were filled and returned on the spot with100% return rate.

Method of Data Analysis

Data collected for the study was analyzed using t-test and ANOVA at 0.05 level of significance. whenever the t-calculated value or F-calculated value is greater than the t-critical or F-calculated value, the null hypotheses were rejected and vice versa the null hypotheses were accepted.

III. Results

Hypothesis One

The learners with hearing impairment are not significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections.

Table 1: t-test analysis of significant level of knowledge about condom use in the prevention of Sexually Transmitted Infections of learners with hearing impairment

Response	n	$\bar{x}$	SD	df	t-cal	t-crit		Decision
Agree	55	14.53	8.37					
				99	3.812*	2.00		Reject $H0_1$
Disagree	45	12.02	3.36					

* = Significant at .05 level of significance

The result in Table 1 shows the learners with hearing impairment are not significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections.t. Since the t-calculated value (3.812) is greater than the t-critical value (2.00), this means that the learners with hearing impairment are significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections. Therefore, the hypothesis one is rejected.

Hypothesis Two

The learners with hearing impairment do not significantly show a positive attitude towards condom use in the prevention of Sexually Transmitted Infections.

Table 2: t-test analysis of significant attitude towards condom use in the prevention of Sexually Transmitted Infections of learners with hearing impairment

Response	n	$\bar{x}$	SD	df	t-cal	t-crit.		Decision
Agree	49	13.32	3.50					
				99	3.741*	2.00		Reject $H0_2$
Disagree	51	12.02	3.36					

* = Significant at .05 level of significance

The result in Table 2 shows the learners with hearing impairment do not significantly show a positive attitude towards condom use in the prevention of Sexually Transmitted Infection. Since the t-calculated value (3.741) is greater than the t-critical value (2.00), this means that the learners with hearing impairment significantly show a positive attitude towards condom use in the prevention of Sexually Transmitted Infections. Therefore, the hypothesis two is rejected.

Hypothesis three

There is no significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections.

Table 3: Analysis of variance (ANOVA) on the significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	122.283	3	40.761	7.043*	.000
Within Groups	1134.337	196	5.787		
Total	1256.620	199			

* Significant at .05 level of significance

The result in Table 3 shows that an F-ratio of 7.043 with an associated probability value of 0.000 was obtained with regards to the significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections. Since the associated probability of 0.000 was less than 0.05, the null hypothesis five which states that there is no significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections was rejected. This implies that there is a significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections. The significance of the result caused Post Hoc Scheffe test to be conducted in order to find the independent groups between which the significant difference lie. **Hypothesis four**

The learners with hearing impairment do not significantly practice the use of condom as preventive measure for Sexually Transmitted Infections.

Table 4: t-test analysis of significant practice the use of condom as prevention of Sexually Transmitted Infections of learners with hearing impairment

Response	n	$\bar{x}$	SD	df	t-cal	t-crit.	Decision	
Agree	71	14.09	3.27	99	6.038*	2.00	Reject $H0_6$	
Disagree	29	12.02	3.36					

* = Significant at .05 level of significance

The result in Table 4 shows the learners with hearing impairment do not significantly show a positive attitude about condom use in the prevention of Sexually Transmitted Infection. Since the t-calculated value (6.038) is greater than the t-critical value (2.00), this means that learners with hearing impairment significantly practice the use of condom as preventive measure for Sexually Transmitted Infections. Therefore, the hypothesis six is rejected.

The following were the major findings of the study:

i. The learners with hearing impairment are significantly knowledgeable about condom use in the prevention of Sexually Transmitted Infections.
ii. The learners with hearing impairment significantly show a positive attitude towards condom use in the prevention of Sexually Transmitted Infections. .
iii. There is a significant difference between the male and female learners with hearing impairment in their knowledge and attitude about condom use in the prevention of Sexually Transmitted Infections.
iv. The learners with hearing impairment significantly practice the use of condom as preventive measure for Sexually Transmitted Infections.

IV. Conclusion

This study found that the learners with hearing impairment in this study were reasonably knowledgeable with regards to condom use as preventive measure for sexually transmitted infections and that their attitudes were also largely positive in nature. Further both male and female participants were more likely to have positive attitudes. In the light of these findings, it is recommended that ensuring access of HIV/AIDS counseling and testing services for people with hearing impairment is crucial to improve condom use as preventive measure for sexually transmitted infections.

V. Recommendations

On the basis of the findings of this study, the researcher therefore makes the following recommendations:

i. Secondary school students should be exposed to sex education and be taught about sexual transmitted diseases (STDs).
ii. Curriculum planners need to implement peer education in the curriculum of secondary school students to enable students improve on their awareness and attitude towards reducing HIV/AIDS.
iii. More control methods for the STDs should be brought to the knowledge of the students.

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