

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF SPECIAL EDUCATION

**TEACHERS' APPROACHES FOR TEACHING REPRODUCTIVE HEALTH
EDUCATION TO ADOLESCENTS WITH HEARING IMPAIRMENT AT ASHANTI
SCHOOL FOR THE DEAF, JAMASI**



**KLOH KWASI FRANK WISDOM
(M.ED SPECIAL EDUCATION)**

DECEMBER, 2013

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**B. ED (HONS) SPECIAL EDUCATION (EDUCATION OF THE HEARING
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DECEMBER, 2013

DECLARATION

Students Declaration

I Kloh Kwasi Frank Wisdom declare that this thesis with the exception of quotations and references contained in published works which have been identified and acknowledge, is entirely my own original work and it has not been submitted, either in part or whole, for another degree elsewhere.

Name of Students : Kloh Kwasi Frank Wisdom

Signature :

Date :



Supervisor's Certification

I hereby certify that the preparation and presentation of the thesis was supervised in accordance with guidelines and supervision of thesis laid down by the University of Education, Winneba.

Supervisor : Professor Grace Yawo Gadagbui

Signature :

Date :

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Finally, I wish to express my hearty thanks to my wife Selina and my children for their support during the study.



DEDICATION

This piece of work is dedicated to the Almighty God with reverence to my sister, Bertha Abimah, my wife, Selina Birago and my Children, Bismark, Stephen, Frank Junior and Edward for their moral support and daily encouragement.



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ABSTRACT

This study was a case study designed to find out the teachers' approaches for teaching reproductive health education to adolescents with hearing impairments at Ashanti school for the deaf, Jamasi. Views were sampled through semi structured interviews for teachers on one -on- one basis and semi – structured interviews for students in focus groups. The teachers' were observed in the classroom for twenty minutes three times each for two weeks. The students were also observed in the classroom, dining hall, break time, sports and games and private studies periods for two weeks. A qualitative approach was used in the analysis and interpretation of interview data and where necessary, verbatim expressions of the respondents were used. It was evident from the study that, reproductive health education has positive impact in the life of adolescents with hearing impairment. However, the study revealed that majority of the teachers' adopt teacher- centered approach in teaching reproductive health education to the adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. Also, relevant and adequate teaching and learning materials are not used during teaching of reproductive health lessons and also majority of the teachers are not adequately trained on reproductive health education to deliver factual information on reproductive health to adolescents with hearing impairment. It was therefore recommended that the Directorate of Ghana Education Service should supply Ashanti School for the deaf, Jamasi with adequate teaching and learning materials to help enhance effective teaching of reproductive health. Also the District Directorate should organize workshop, seminars, and in – service training for the teachers' to enable them vary their teaching methods and provide factual information on reproductive health to the students.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Reproductive health is the condition in which the reproductive process is accomplished in a state of complete physical, mental, and social well-being of an individual. This implies that people have the ability to enjoy sexual relationships and that reproduction is carried to a successful outcome through infant and child survival, growth and healthy development where by women can pass safely through pregnancy and child birth. It is not just merely the absence of disease or infirmity but in all matters relating to the reproductive system and to its functions and processes (UNFPA, 2003). It is an essential component of adolescent's ability to become well-adjusted, responsible and productive members of society.

Reproductive health education however encompasses education about all aspect of human sexuality including information about family planning, reproduction, sexual image, sexual orientation, values, decision making, communication, dating, relationships, sexual transmitted infections and how to avoid them and birth control methods (Collins, 2008).

Adolescents need to be healthy and remain free from early or unwanted pregnancy, unsafe abortion, sexually transmitted infections and sexual violence or correction. These needs of adolescents remain poorly understood or served despite the fact that almost half of the world's population is comprised of young people aged 10 – 24 years. In Ghana, over 30% of the total population of over 24 million is under 19 years (Ghana Statistical Service, 2010). Youth is therefore, a major human resource base of the country for productivity and possible for future leadership position. The neglect of this population has major implications which, if not protected, will impact negatively on Ghana's vision of attaining a middle income status by the year 2020.

Adolescence is the time when the attitudes, values and behaviours that will determine a person's future begin to take shape. This process is marked by exposure and experimentation. These 'first time' experiences have far reaching consequences for adolescents as they develop into adulthood. The World Health Organization estimates that 70.0% of premature deaths in adults are due to behaviour initiated during adolescence (Standards for Youth Care, 2002).

Adolescents face numerous life challenges as they grow into adulthood. These challenges impact negatively on their sexual and reproductive health. Available evidence suggests that pre-marital sex is quite common among adolescents in Ghana as detected by Ghana Demographic Health Survey (GDHS, 2003). Because a large proportion of sexual practices among adolescents take place without any protection, many of them are exposed to diverse reproductive health problems. These problems include unplanned teenage pregnancies, the associated school drop outs, drug and substance abuse, unsafe abortion and sexual transmitted infections.

As the gap between the generations is reinforced by cultural globalization, adolescents are increasingly left to learn about sexual issues from their peers or from the mass media. These have culminated to a significant percentage of Ghanaian youth being sexually active. This trend of increased sexually active behaviour of adolescents is confirmed by the Ghana Demographic Health Survey, (GDHS, 2003), that indicated 9.0% of girls and 4.0% of boys reported having sexual intercourse by age 15. However, by age eighteen, 48.0% of boys and 25.0% of girls have had sexual intercourse. These figures imply that some proportion of first sexual experience occur in pre-marital relationships.

Reproductive health education plays an important role in the life of individuals. Even though majority seems to agree that it should be taught in schools, there is much disagreement about what should be taught and how it should be taught. Others are of the view

that anything related to adolescent reproductive health should be withheld from adolescents until they grow to adulthood to avoid promiscuity (Amesimeku, 1997). Despite these divergent views, everybody seems to agree on its importance in human life.

Educating adolescents with hearing impairment on reproductive health is important for the growth and development in their lives. It provides the necessary information on the changes in growth and development in human life. The provision of requisite knowledge on reproductive health for adolescents with hearing impairment reduce the tension and fatigue that they experience and provide the necessary guide to control it. Reproductive health education gives the accurate knowledge, understanding and skills to develop positive attitudes. It helps adolescents with hearing impairment to be self – confident in their daily experiences. It caters for the various challenges that adolescents with hearing impairment may face in their mind for efficient academic work. It enables them to become more sensitive and aware of their interpersonal relationships.

Reproductive health education as an important tool for growth and development of adolescents has been spread through the curriculum of subjects such as English Language, Mathematics, Integrated Science, Social Studies, Home Economics and Religious and Moral Education in the Junior High Schools in Ghana. The recognition of the importance of reproductive health education necessitated the government to publish a policy document in the year 2000 with the aim of promoting healthy environment and policy framework for adolescents to obtain information on reproductive health.

The increasing rate of sexual abuse, Human Immune Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS), teenage pregnancies, abortion, sexually transmitted infections and other social problems in Ghana of late reduce the learning outcomes of adolescents and sometimes results in school drop-outs. This has drawn the attention of the

Government of Ghana to establish School Health Education Programme (SHEP) in all the basic schools across the country to address the challenges of reproductive health.

Adolescents with hearing impairment experiences a full or partial loss of the ability to detect or discriminate sounds due to an abnormality associated with the physiology, anatomy or function of the ear. This malfunction of the ear isolates them from the public due to communication gap .The educative programmes telecast on television and on radio by institutions such as Ghana AIDS Commission to educate the youth on the causes and effects of Sexually Transmitted Infections (STIs) do not take the hearing impaired adolescents into consideration as no attempt is made to interpret in Sign Language to their benefit. The communication gap between parents and their wards with hearing impairment also denies them the opportunity to discuss matters concerning reproductive health. The teaching of reproductive health in the Ghanaian Special Schools therefore need much attention as the incidence of teenage pregnancies, abortion and sexually transmitted infections is becoming increasingly high among the adolescents with hearing impairment (Asare, 1996).

Teachers are the main adults other than family members with whom young people interact on a daily basis. In an era of HIV/AIDS, teachers play more critical role of being a source of accurate information and a person with whom young people can raise sensitive and complicated issues about reproductive health. As trusted gatekeepers of information, teachers are instrumental in imparting knowledge and skills to young people. Teachers function as role models, advocates for healthy school environments, guides for students in need of services, resources for accurate information, mentors, and effective instructors, hence the need to conduct a study in to the approaches that teachers adopt in teaching reproductive health education to adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. As any other school and members of the society, they have the right to be effectively educated on reproductive health in order to protect themselves against sexually transmitted infections

and teenage pregnancy as they learn to socialize like any other and may be tempted to indulge in sexual activities.

1.2 Statement of the Problem

Adolescent with hearing impairment have equal or even greater risk of engaging in risky and unsafe sexual behaviours and practices than other adolescents due to the communication gap that exists between them and the rest of the public. It is estimated that nearly one third of the childbirths recorded in the public hospitals in Ghana occurred to women less than 19 years of age (GDHS, 2003). It seems also that peer pressure or usual sexual drive of the adolescents coupled with lack of parental education to their wards and gross ignorance and entrenched traditional practices in training children deprive adolescents with hearing impairment of adequate information to protect themselves against sexual transmitted infections (STIs) and teenage pregnancy which results in school drop outs.

This widespread ignorance among the adolescents with hearing impairment in Ghana concerning the stages in growth and development in human life and the risk involved in unprotected sexual activities. Despite the fact that education on reproductive health is embedded in the curriculum for all schools, for example in subjects such as, Social Studies, Integrated Science, Religious and Moral Education, Home Economics, English Language and Mathematics among others in the basic schools to address the problems facing the adolescents, it appears the impact is not very effective. For instance in Ashanti school for the deaf, students report on sexually transmitted infections (STIs) and teenage pregnancy which eventually make them drop out of school. This may be due to teachers' reluctance to teach reproductive health in details and its consequences as they think that adolescents will eventually get to know whatever they would know about sex as they grow along. If the approach to reproductive health education to the hearing adolescents has lapses, then it will be worse off for the hearing impaired. This lack of reproductive health education among the

adolescents with hearing impairment can result in defilement, rape, teenage pregnancy, abortions, as well as sexually transmitted infections which may affect the learning outcomes of the pupils and terminate their future aspirations. It is upon the bases of these assumptions that this study is taken on to identify the approaches that teachers adopt in teaching reproductive health education to increase the learning outcomes of the adolescents with hearing impairment of Ashanti School for the Deaf, Jamasi.

1.3 Aim

The aim of this study is:

To describe the approaches teachers use in teaching reproductive health to adolescents with hearing impairment.

1.4 Objectives

The objectives of the study sought to:

1. Identify the impact of reproductive health education in the life of adolescents with hearing impairment.
2. Discuss the approaches teachers use in teaching reproductive health education to adolescents with hearing impairment.
3. Examine the challenges teachers encounter in teaching reproductive health education to adolescents with hearing impairment.
4. Asses effects of teachers' attitude towards teaching and learning of reproductive health education to adolescents with hearing impairment

1.5 Research Questions

1. What impact does reproductive health education play in the life of adolescents with hearing impairment at Ashanti school for the deaf?

2. What approaches do teachers use in teaching reproductive health education to adolescents with hearing impairment at Ashanti school for the deaf?
3. What challenges do these teachers encounter in teaching reproductive health education to adolescents with hearing impairment?
4. What are the effects of teachers' attitude towards teaching and learning of reproductive health education to adolescents with hearing impairment?

1.6 Significance of the Study

The result of the study will:

1. Enhance the achievement of educational goals of adolescents with hearing impairment and make complete schooling.
2. Promote healthy behaviours among adolescents with hearing impairment to achieve their life goals such as carrier opportunities, raising of families and parenting.
3. Expose the strengths and weaknesses in the approaches of teaching reproductive health education to adolescents with hearing impairment to improve their learning outcomes.
4. Help adolescents with hearing impairment to acquire the skills necessary to developing and sustaining healthy, happy lives. Create the awareness of the importance of reproductive health educational needs of adolescents with hearing impairment.
5. Provide a framework for policy makers and implementers for assessing teachers' attitude towards teaching of reproductive health to the adolescents with hearing impairment to promote their health needs.

1.7 Delimitation of the Study

Although reproductive health education is taught in all the special schools for the deaf, the researcher confined to only Ashanti school for the deaf. This is due to the distance of the nearest Special school for the deaf (Bechem) and the proximity to where the researcher resides.

Furthermore, the study focuses on the approaches and challenges teachers' face in teaching reproductive health education to adolescent with hearing impairment in Ashanti School for the deaf at Jamasi.

1.8 Definition of Terms

The following are the definition of some terms used in the study:

Adolescents - A period between childhood and adulthood aged between 10-19 years where there is rapid development and growth (Kirby, 2007).

Hearing impairment - damage cause to the ear which brings a level of incapacitation in the function of the ear.

Reproductive Health – Is a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity in all matters related to the reproductive system and to its functions and processes (WHO, 2004).

Reproductive Health Education – It is a broad term used to describe human sexuality including information about family planning, reproduction, sexual image, sexual orientation, values, decision making, dating, relationships, sexual transmitted infections and how to avoid them and birth control methods (Collins, 2008).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter presents a review of relevant literature to the topic under the following subheadings:

1. Concept of reproductive health
2. Impact of reproductive health education on adolescents with hearing impairment.
3. Approaches for teaching reproductive health education to adolescents with hearing impairment
4. Challenges of teaching reproductive health education to adolescents with hearing impairment
5. Effects of teacher's attitude towards teaching and learning of reproductive health education to adolescents with hearing impairment
6. Strategies adopted by Americans in teaching reproductive health to adolescents with hearing impairment.
7. Theoretical Framework of the study
8. Summary of Reviewed Literature

2.1 Concept of Reproductive Health

Reproductive health education is a holistic learning approach which is intended to improve the growth and development of adolescents. Reproductive health education is a process whereby information is given to a group of young ones and which takes into account the development, growth, the anatomy and physiology of the human reproductive system and changes that occur from youth all through stages of adulthood. Reproductive health education is the acquisition of knowledge that deals with human sexuality. It involves providing

children with knowledge and concept that will enable them make informed and responsible decisions about sexual behaviour at all stages of their lives. Adegoke (2003). Reproductive health education is a fundamental to sense of self – esteem and ability to lead a fulfilling life. Reproductive health education is an important tool for growth and development as the youth mature and face decisions that may affect their health and well – being forever (WHO 2002).

Theobald (2011) sees reproductive health education as an important component of general health. It is prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right. It is also a social and economic imperative because human energy and creativity are the driving force for development. Kirby (2008) states that, reproductive health education is fundamental to the social and economic development of communities and nations and key component of an equitable society. Reproductive health education is an age appropriate culturally relevant approach to teaching about sex and relationships is by providing scientifically accurate, realistic, non judgmental information.

Adepoju (2005), noted that, reproductive health education is an integral part of humanity. It is a holistic concept that has intellectual, mental, social, emotional and physical aspects. Reproductive health education is more than physical expression because it is a function of the entire personality. Reproductive health education is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction. It is a lifelong process of building a strong foundation forming attitudes, beliefs acquiring information and relationships and intimacy WHO (2007). Esu (1999) sees Reproductive health education as a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual needs of human sexuality.

Reproductive health education is a combination of attitudes and behaviours which express the “manliness” and “womanliness” of each individual. Brown, Fan and Consoulin (2001) observed that, adolescents often termed the “generation of hope” play a vital role in the health status of any country. Their behaviour, attitudes and beliefs are shaping the societies of the future. Thus, it is imperative to promote healthy practices during adolescence and to prepare them for transition to adulthood. According to Mahoney (1998) the reproductive system of human beings begins to function at puberty when physical changes begin to take place and all the parts of the body begin to grow. Girls grow faster than boys during puberty. Girls experience puberty between 9 to 13 years while boys 11 to 16 years.

2.2 Impact of Reproductive Health Education on Adolescents with Hearing Impairment

There are many aspects of reproductive health which no one bothers to discuss with the adolescents and this lack of information creates predictable anxiety. In order to reduce the unnecessary tension among the adolescents, reproductive health education will play a role in the lives of adolescents (Farzaneh Round-Fahimi & Shereen El Feki 2011). Obi (2001) believes that, ignorance rather than knowledge stimulates inappropriate sexual behaviours. She believes that the feelings of parents and their objection to reproductive health education which has to do with the fear that the more children know about reproductive health, the more likely they are to engage in irresponsible sex is fallacious. According to Nzioka (2001), school based reproductive health education is one of the most important and widespread ways to help adolescents improve their reproductive health needs. Accurate and understandable information diffuses the conflict and mobilizes support for reproductive health education. Such information also helps to allay the unfounded fears of parents and community leaders alike that reproductive health education promotes sexual activity.

Becoming well informed about reproductive health can help adolescents to deal effectively with certain types of problems such as infertility, sexually transmitted infections and sexual dysfunction if they occur in life. The acquisition of accurate information about reproductive health creates the awareness of sexually transmitted infections and builds the skills to resist peer pressure (Shannon, 1998). Comprehensive reproductive health education is effective in improving adolescent behaviours. In a wide range of settings, school based reproductive health education improves important behaviours such as delaying sexual initiation, reducing the number of sexual partners and increasing use of condoms among adolescents who are sexually active. (Katz, Karen & Finger 2002)

Masters, Virginia & Kolodny (1998), states that, in the age of the Human Immune Deficiency Virus (HIV), knowledge on reproductive health helps adolescents to make appropriate sexual choices that are quite lives saving. It helps to increase their tolerance since they become aware that AIDS has no cure. Fayorsey (2002) agrees that, reproductive health education is very vital to the adolescents in order that they will be equipped with enough knowledge about the development of their bodies, reproductive health and the dangers involved in promiscuity. Reproductive health education is an integral part of personality of every human. It is a basic need and aspect of being human that cannot be separated from other aspects of life. Reproductive health education influences thoughts, feelings, actions and interactions and thereby our mental and physical health Esere (2008). Aziriani Rahman (2011) states that, reproductive health is among the fundamental aspect of life and the provision of reproductive health education in schools is cost effective way of reaching adolescent hearing impaired since majority of them are enrolled in schools.

Kirby (2011) states that, Reproductive health education provided to adolescent support them in developing values, attitudes and practices that respect individuals and protect their health and rights. The attitudes they develop during adolescence will influence their

lives as adults, affecting them as individuals in their future relationships as spouses and parents. Reproductive health education reduces misinformation and increases accurate knowledge. It clarifies and strengthens positive values and attitudes. Adepoju (2005) states that, reproductive health education seeks to assist adolescents in understanding positive view of sexuality, provide them with the skills about taking care of their sexual health and making decisions now and in the future. The rationale is to acquaint adolescents with factual and accurate information about the dimensions of sexual knowledge that will enable them understand and clarify personal values. Improve their sexual knowledge and sexual decision making and promote their knowledge about how all these interact with socio-cultural and religious factors to affect personal well-being. It helps adolescents to know themselves and hence relate positively with others.

Reproductive health education is an important component of overall health and well-being. It is a major positive part of personal health and healthy living and should be taught to all students as an important component of health promotion and services. In order to ensure that adolescents are equipped with the necessary information and skills to protect their reproductive health, it is imperative that schools play a major role in reproductive health education. Schools are the only formal educational institution that has meaningful contacts with the adolescents. The school is therefore in the unique position to provide adolescents with the knowledge and skills they will need to make and act upon decisions that promote reproductive health throughout their lives (Health Canada 2003).

UNFPA (2000) confirms that, when adolescents are equipped with accurate information on reproductive health and have access to counseling and other services that are non-judgmental, comprehensive and affordable, they are better able to avoid unwanted pregnancies, protect themselves against sexually transmitted infections (STIs), care for their sexual and reproductive health needs and take advantage of educational and other

opportunities that will affect their lifelong well-being. WHO (1998) agrees that, reproductive health education for adolescents play an important role in their health and decision making. It helps to educate adolescents before they start having sex, and increase their motivation to delay sexual intercourse and use contraception consistently to increase their longevity. According to Kirby (2001), access to reproductive health education helps adolescent to keep their bodies in good health. It is also crucial to help improve the health and sanitation status. It facilitates adolescents with the tools and materials they need in order to seek further counseling and assistance on reproductive health issues. It lowers the rate of child marriage, infections of HIV AIDS and other Sexual Transmitted Infections and improves nutritional status. Clear and adequate information on reproductive health guide adolescents to explore concepts of education, career and marriage and examines how their role fit into the future. Physically, adolescents experience rapid growth and maturation of their sexual organs and become more interested in their sexuality. These physical and emotional changes can be overwhelming and intensify the need for information, support and experimentation. (Thompson and Rudolph 2000).

Dilley (2009) states that, reproductive health education is centered on sex related issues such as the reproductive organ, pre-marital sex, teenage pregnancy, abortion, family planning and sexual transmitted infections. The teaching of reproductive health helps recipients to avoid sexual pitfalls such as pre-marital sex and teenage pregnancy. Knowledge in reproductive health guides adolescents to stay longer in their education and attain their set goals. Reproductive health education exposes adolescents to certain life threatening facts on irresponsible sex. It presents abstinence as a positive choice and guides adolescents on how to prevent teenage pregnancy and sexually transmitted infections, should they engage in sexual activity.

The teaching of reproductive health in the Ghanaian Special Schools leaves much to be desired. According to Asare (1996), the failure to educate the youth about their reproductive health needs has resulted to the high prevalence of teenage pregnancies, abortion and sexually transmitted infections. The incidence is becoming increasingly high among the adolescents with hearing impairment and much attention need to be paid to it seriously. WHO (1998) stated that, there is substantial evidence to show that education has a profound effect on the reproductive health of adolescents. Research shows that an extra year of schooling for girls reduces fertility rates by 5-10 percent. Young women who are in school generally delay marriage and childbearing which enables them to develop their decision making and negotiating skills, self esteem and economic earning potential. According to Amesimeku (1997) there is the need to disabuse the reason made by the adults that teaching of reproductive health education would rather cause a lot of vices and for that matter withholding information from the youth. There are various institutions including churches and youth organizations that have set up youth programmes to deal with some youth programmes including reproductive health education and there is the need to extend this programme to the pupils with hearing impairment at Ashanti school for the deaf, Jamasi.

2.3 Approaches for Teaching Reproductive Health to Adolescents with Hearing Impairment

Teachers can function as healthy role models, advocates for healthy school environment, gatekeepers for student's need of services, resource people for accurate information and effective instructors if they continuously participate in extensive in-service courses and intensive seminars (WHO 1998). In order for reproductive health education to be effective, there must be sufficient time devoted to teaching of reproductive health. Teachers need to provide high quality reproductive health education to guide students to explore their own values and attitudes to acquire the personal skills they need to maintain healthy

behaviours Kirby (2001). Teachers are supposed to transmit clear messages about sexual conduct, the value of school and adverse consequences of risk taking sexual behaviours. These risk reduction behaviours include delayed sexual debut, consistent condom use, ability to discuss HIV/AIDS in sexual relationships and more able to communicate with teachers and parents when faced with problems regarding reproductive health. (Center for Disease Control 2009). According to Katz (2002), teaching of reproductive health education does not demand higher grades for effective teaching. Teachers need to be trained to have the requisite skills to deliver adequate information. Smith and Calvin (2000) agree that, the most basic requirement for effective teaching of reproductive health education is a curriculum that has proved to make a difference in student knowledge and behavior. For this reason, in-depth knowledge of the school environment is essential to teacher motivation and successful implementation. It is evident that, professionals thoroughly familiar with schools should manage and implement reproductive health education. Satis and Muhenza (2001) states that, reproductive health education is paramount in effort to read adolescent of ignorance on reproductive health issues since adolescents are known to be vulnerable to peculiar reproductive health challenges such as initiation of sexual activity, teenage pregnancy, unsafe abortion and sexually transmitted infections. Reproductive health is an evolving life experience. It needs to be age appropriate both in content and teaching methods and take into account changing physiology and sociology (UNESCO, 2001). A comprehensive reproductive health education should focus on sexual health beyond pregnancy, contraception and abortion. It should include gynecological services and child health care. The ultimate goal is to achieve mutual caring, respectful, and responsible sexual relationships. Smith, Kippax and Aggleton (2000).

Asare (1996) suggests that, the commonest approach to teaching reproductive health education has been the introduction of Family Life Education (FLE) in schools. Family Life Education has been taught in schools for several years now, but the only problem about it is

that, it is taught to the youth in the regular schools without much emphasis in the schools for the hearing impaired. School years are the most appropriate time for shaping attitudes and changing behavior. Messages disseminated in schools should be age specific and tailored to the student's needs. School is safe source of information and teachers are respected and trusted by pupils and is often role models for adolescents. Teachers therefore, need to be sensitized to feel comfortable enough to talk about reproductive health needs of their children Adepoju (2005). Gawlinski (2007), states that, the school needs to educate adolescents on parenting relationships, marriage and child care. Lessons on reproductive health should focus on the family as the basic unit and the challenges adolescents face such as sexually transmitted infections, teenage pregnancy and early marriage.

Teachers must lay more emphasis on the use of contraceptives as teaching of abstinence is seen as the only means of pregnancy and sexual transmitted infection prevention. Much attention should be given to more comprehensive and balanced reproductive health education and greater access to condoms and other forms of birth control (Sonfield & Gold 2001). Kwamekayi (2002), states that reproductive health education is a planned process that fosters the acquisition of factual information of positive attitude, beliefs and values as well as the development of skills to cope with the biological, socio-cultural and spiritual aspects of reproductive health. And as such effective approach to reproductive health education should involve programs focus on reducing one or more sexual behaviours that lead to unintended pregnancy and or sexual transmitted infections. Programs should be focused on theoretical approaches that have been demonstrated to be effective in influencing health related risky behaviour. Clear message should be given to adolescents about sexual activities and condom or contraceptive use and continually reinforce the message. Peterson, Cooper & Laird (2001) states that, accurate information about the risks of sexual activity and about method of avoiding intercourse or using protection against pregnancy and sexual

transmitted infections should be targeted in the teaching of reproductive health education. This shares the view of Alford (2003) that teaching of reproductive health that exclusively based on sexual abstinence and do not provide information and skills related to consistent contraceptive use and safer practices are inappropriate and ineffective. Teachers should set a positive classroom climate in which students feel comfortable learning about sexual health topics. Lesson plans may help educators establish ground rules for discussion and a classroom climate that is open to free inquiry and respectful of various points of view. These ground rules or classroom discussion guidelines should include appropriate listening and speaking skills, respecting students who are reluctant to share personal information in group settings, and agreeing to maintain confidentiality if sharing of personal information occurs. Teachers should actively promote critical thinking and open mindedness, and refrain from taking sides on one point of view. They should also develop and discuss with the students the procedures that they will use in their classroom related to recording and using personal information. This information may be collected as part of students' work for certain lessons. For example teachers can ask their students to keep a Personal Health Journal that will include "public sections" that will be handed in for assignments as well as private reflections and notes that the students will keep. Teachers should explain, for each lesson why they record such information, why the information is being collected, what the information will be used for, where the information will be kept and who can access it. A sincere attitude will make any communication easier. The teacher should be able to express his/her reservations about certain topics. Teachers should not be afraid to express any discomfort. Expressing it will create a more relaxed atmosphere.

Listening is an essential part of authentic and efficient communication. The teacher must impart his/her knowledge while being attentive to students' questions, lack of understanding, concerns, worries and thoughts. The teacher must show an open attitude so

that the students feel comfortable expressing themselves more freely. The teacher should, for example, accept to hear students' opinions, value the students and be aware that their opinions can change over time. The teacher should be flexible and try to respond to concerns and needs that may arise during the lesson even if doing so does not perfectly correspond to the content. It is preferable that the teacher answer questions as they arise. Should the teacher, however, be unsure of the proper answer he/she should look it up rather than give out the wrong information (Peterson, Cooper and Laird 2001).

2.4 Challenges of Teaching Reproductive Health Education to Adolescents with Hearing Impairment

A major function of education is to prepare children to accept their eventful roles in the family and the community, however, the question of reproductive health education in schools has generated a fierce debate within the public. It is argued that children should learn about reproductive health education only from their parents. Opponents feel that children need moral guidance when being taught about reproductive health and that only parent that can provide this guidance. They also feel that most teachers who handle reproductive health education do not possess the requisite knowledge to teach efficiently (Gordon & Everly 1999). WHO (2007) observes that even though parents recognize that sexual norms are changing and that pre-marital sex has become common and unavailable among adolescents, they are however, torn between their desire to adhere to traditional norms to keep information from their wards.

Fatma (2012), states that training teachers is the key to the success of school based reproductive health education because their knowledge, attitudes, and motivation affect their ability to teach sensitive subjects. Training helps teachers to enhance their knowledge about reproductive health matters and improve their communication skills so that they are confident

in managing classroom discussion and answering questions. Kirby (2001), shares the view that, inadequate training of teachers make them uncomfortable to teach adolescents reproductive health effectively and more so, lack of effective curricular and teaching and learning materials discourages teachers from adequately preparing towards teaching of reproductive health.

Ashford (2007) is of the view that, reproductive health education provided for adolescents in Ghana do not adequately respond to their needs. The educators continue to concentrate on awareness creation while much attention is focused on adolescents in the urban centres. The most effective programmes in education on sexual and reproductive health are those that help to reduce misinformation and provide correct information, to clarify values and reinforce positive attitudes, and to strengthen decision-making and communication skills. Evaluation research has further confirmed that education on reproductive health does not lead to increased sexual activity. One challenge to education on reproductive health is its limited reach to adolescents at the appropriate time. It is important that education on reproductive health begin at a young age and continue through adolescence to reinforce messages over time with age appropriate content and methodology.

Pedagogical research, including theories and standards backed by evidence, is needed to inform the development of curricula. Norms around gender and sexuality, equality, empowerment, non-discrimination and respect for diversity are scarcely addressed in curricula of educational programmes on reproductive health. Yet programmes that take gender and power relations into account have been shown to positively impact health-related behaviours (e.g. use of condoms and contraception, number of sexual partners). Additionally, many programmes do not provide scientifically accurate information in ways that are age-appropriate. Another challenge is a lack of teachers who possess the necessary knowledge and training to teach appropriate and correct information on reproductive health. Additional

barriers include opposition from cultural and religious leaders in some communities, as well as the absent or inadequate linkages between reproductive health education and general health or other relevant services (UNESCO, 2001).

2.5 Effects of Teachers' Attitude towards Teaching and Learning of Reproductive Health Education to Adolescents with Hearing Impairment

Attitudes have traditionally been categorized into affective, behavioural and cognitive (ABC) components (Mlomo-Ndlmn, 2000). Teaching and learning of reproductive health issues could also be done using this classical ABC model. In every learning situation, instructions target one, two or all of these aspects. The affective emphasizes the feelings and emotions that learners have towards the subject. It deals with motivation and willingness to participate in a subject and often targets the growth of attitudes. It addresses the importance that learners attribute to a subject and how this is ultimately translated into their way of life.

Meyer, John, Frank, Kirsty and Lynanne (2008) state that, there is strong empirical connection between students' academic outcomes and self-reported motivation, beliefs and values. This emphasizes the need of incorporating understandings of student motivation into research to enhance educational outcomes in the behavioural domain. However, motivations influenced by other variables like student's sex, age, class, family background and teachers' attitude and beliefs. The affective domain is usually implicit in the learning process, and as such, it is sometimes difficult to measure learners' effectiveness in a given situation. From a broader perspective, other research has proven that both unpleasant and pleasant moods can influence one's evaluation and that positive effects will always have positive outcomes. Exceedingly strong feelings may have such a powerful influence on ones thoughts and inclinations that they overcome whatever ideals one holds regarding the necessity of fair and objective assessment (Berkowitz, 2000).

In the same vein, Gow and Desmond (2002) assert that, while many attitudes are naturally acquired outside school, schools are often expected to establish socially approved attitudes towards issues like knowledge and learning and self-efficacy. The authors added that, if school instructions are able to instill basic positive attitudes in learners, it will definitely modify their attitudes in a particular direction. However, the choices that students will have to make towards persons, events or things may be stronger in one student than in another.

In the behavioural domain, learning is context specific, behaviour – centered and more process oriented because behaviour change does not occur at the end of the lesson. According to Gawlinski (2007), the definition of any given behaviour includes at least four elements; the action, the target, the context and the time period during which the behaviour is observed or expected. Gawlinski (2007) added that, changes in one of these elements also change the behaviour being observed. The author elaborates on these elements with typical examples in reproductive health education, arguing that effective health interventions should focus on specifics rather than at multiple behaviours, because behaviour is unique and the substantive factors influencing one's behaviours are often very different to those influencing another (Gawlinski, 2007). In the context of reproductive health education, behaviour change is usually the target outcome. In this regard, interventions could be very specific and given a time frame during which change may or may not occur. There should also be monitoring and evaluation to see if learning has had any impact on desired outcome.

The cognitive domain is directly concern with actual knowledge, comprehension and intellectual skills like thinking, perceiving, recognizing, judging and reasoning (Greenwell 2010). According to Lorin, David and Benjamin (2001) schooling can be expanded to include a broader range of cognitive processes, making learning more meaningful by enforcing the educational goals of retention (the ability to use what was learned to solve new problems and

answer new questions). This could well be applied in the context of HIV/AIDS education so that learners' knowledge would influence their ability to change attitudes and behaviour. All three objectives discussed earlier are essential because they help teachers focus on what to teach and students on what to learn. Although all three ABC aspects are intertwined, it is often useful to focus on one at a time (Ito, Gizlice, Owen, Foust & Leone, 2006).

2.6 Strategies adopted by Americans in teaching Reproductive Health to Adolescents with Hearing Impairment

Reproductive health knowledge is essential for adolescents in general and hearing impaired in particular. Due to language and knowledge limitation, adolescents with hearing impairment are more disadvantaged than other peers. The basic aim of teaching reproductive health to adolescents in general and the hearing impaired in particular is to encourage physiological maturity and mental readiness to deal with the emotions that characterize their development (Kirby, 2008).

The adolescents' birth rate in United States is declining but remains higher than in other developed countries, Centre for Disease Control and Prevention (CDC, 2011). Even in states with the lowest adolescent's birth rates, those rates are nearly three to five times higher than in developed countries with the lowest birth rates; in state with the highest rate, the adolescents birth rate is approximately ten to fifteen times higher than in other developed countries with the lowest birth rates (CDC, 2011).

The National Association of School Nurses are in the agreement that age-appropriate reproductive health education should be included as part of a comprehensive school health education program and be accessible to all students in schools. Teachers also play a vital role in the development and implementation of instructional programs that utilize evidence-based strategies to prevent unintended pregnancies and sexually transmitted infections including HIV. Reproductive health behaviours and academic achievement are related. Students in

grades 9-12 in the United States who initiate sexual intercourse before the age of 13 and those adolescents with four or more sexual partners are more likely to have grades of Ds and Fs and are less likely to graduate from high school compared to their peers who are not sexually active.(CDC2009).

Reproductive health education must be accessible as well as developmentally and culturally appropriate for all students. Health disparities and higher risk behaviours are evident in specific populations. These disparities highlight the importance of providing reproductive health education that is accessible for all students. An extensive review of school health initiatives found that programmes that included reproductive health education had a positive effect on overall academic outcomes, including reading and mathematics scores (Dilley, 2009). Research overwhelmingly supports a comprehensive approach to reproductive health education (CDC, 2011), Kirby, Coyle, Forrest, Roller, & Robin, 2011). A key strategy outlined by the National HIV and AIDS Strategy for the United States notes the importance of providing baseline information that is grounded in the benefits of abstinence and delaying sexual activity, while ensuring that adolescents who make the decision to be sexually active have the information they need to take steps to protect themselves (The White House Office of National AIDS Policy, 2010). Researcher's examination of the National survey of family Growth to determine the impact of reproductive health education on sexual risk-taking for young people ages 15-19 found that adolescents who received comprehensive reproductive health education were 50% less likely to report a pregnancy than those who received abstinence-only education (Kohler, Manhart, & Lafferty, 2008). According to the National Sexuality Education Standards (2012), the most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment and health education, which includes reproductive health education. The national group of experts recommends a

reproductive health education programmes that is planned, sequential, and part of a comprehensive school health education programmes (National Sexuality Education Standards,2012).

2.7 Theoretical Framework of the study

This study is driven by the theory of Reasoned Action (Aronson, Willson & Akert, 2003) Theory of Reason Action suggest that a person behavior is determined by his or her intention to perform the behavior and that this intention is in turn a function of his or her attitude toward the behavior of his or her subjective norm. The best predictor of behavior is intention. Intention is the cognitive representation of a person's readiness to perform a given behavior and it is considered to be immediate antecedent of behavior.

The theory of reasoned action explains how and why attitude impacts behaviour, why people's beliefs change the way they act. The theory states that a person's behaviour is determined by their attitude towards the outcome of that behaviour and by the opinions of the person's social environment. Main constructs of this theory are attitudes, subjective norms and intentions. Attitudes in this case are beliefs that a person accumulates over his life time, formed from direct experiences and outside information, and others inferred or self-generated. If a person has positive beliefs about the outcome of his behaviour then he is said to have positive attitude and if a person has negative beliefs about the outcome of his behaviour, he is said to have negative attitude. A person's subjective norms are his beliefs about what others will think of the behaviour. They are perceptions about how family and friends will perceive the outcome of the behaviour and the degree to this influences whether the behaviour is carried out. Intentions are the probability that the individual will perform the behaviour. The intention is influenced by the attitude and the subjective norm and the behaviour is the transmission of the intention into action.

The reproductive health behaviour change model on the other hand was adapted from the health belief behaviour change theoretical framework, Askew, Ian and Ndugga Baker Maggwa 2002, the model has since been adapted to explore a variety of health behaviours including reproductive health risk behaviours and HIV/AIDS transmission among people.

In this model, factors of behaviour change are referred to as cues to action and catalysts promote the feasibility of applying the new behaviour. This model is found to be related to this study due to its contextual and efficacy in providing principles that guide studies such as this. Relative to this, the model identifies key factors that address bothering issues about adolescent reproductive health. In the reproductive health behavioural change model, Sexually Transmitted Infections, HIV and AIDS are the potential illness and discussing these matters with adolescents is a desired behaviour. Teachers need to discuss reproductive health matters with adolescents hearing impaired which is partly the focus of this study. Thus, addressing the reproductive health needs of adolescents with hearing impairment through reproductive health education. Perceived benefits of adopting effective approaches to the teaching of reproductive health to adolescents with hearing impairment included outcomes such as improved levels of education of such individuals, avoiding embarrassment from teenage pregnancy, avoiding inconveniences of unwanted children from early pregnancies and avoiding suffering and early deaths of children from AIDS or complications of early pregnancy.

2.8 Summary of Reviewed Literature

With reference to this literature review, it appears that there is lack of education on reproductive health of adolescents with hearing impairment. This lack of information affects the growth and development of adolescents hearing impaired and the society as a whole. It is evidently clear that effective teaching approaches and accurate information on reproductive health increases the life opportunities of adolescents. I believe that there is a direct correlation between adolescents with hearing impairment experiences in reproductive health education and their levels of engagement in risky sexual behaviors. It is believed that the more comprehensive reproductive health education adolescents with hearing impairment receive and how consistent the approaches are adopted by teachers to convey this messages, the more likely they will be to be protected from sexually transmitted infections, teenage pregnancy etc.

In view of the literature review, I tend to compromise with the statement made by Ashford (2007) that inaccurate approaches by teachers to disseminate information on reproductive health and inability of parents to comfortably discuss issues of reproductive health with their adolescents with hearing impairment increase the risk of contracting sexually transmitted infections or experiencing unwanted pregnancies and abortions. It is my opinion that the teachers owe it a duty to provide the adolescents with the necessary information they need in order to make informed choices about actions that will help them to achieve their life goals.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter consists of research design, the population, sample and sampling technique, instruments, data collection procedure and data analysis.

3.1 Research design

Case study research design approach was used for the study. Case study investigates a single discrete social unit such as a family, club, social institution, community, or gaining in-depth. Ary, Jacobs and Razavieh (2002), Zhang and Aikman (2007), defined case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. This design was used because it involves an empirical investigation of a particular contemporary phenomenon within its real context using multiple sources of evidence. It involves an in depth study of instances of a phenomenon (Robson, 2002). In case study, the researcher observes the subject's reaction to naturally occurring events. The design enabled the researcher to explore the approaches teachers' adopt in teaching reproductive health education to adolescents with hearing impairment at Ashanti school for the deaf. The case study design provided a platform for the researcher to develop insight into the approaches of teaching reproductive health to adolescents with hearing impairment at Ashanti school for the deaf Jamasi.

3.2 Population

The population of the study comprised all the 30 teachers and the 119 students in the Junior High School (JHS) level of Ashanti school for the deaf, Jamasi in the Ashanti region.

3.3 Sample and sampling techniques

Thirty respondents constituted the sample for this study. The sample consists of ten (10) teachers, five (5) males and five (5) females) and twenty (20) students ten (10) boys and ten (10) girls drawn from the Junior High School (JHS3) -- classes. This class was selected because the researcher assumed that the students in that class might have had some experience in the curriculum for at least two years to make meaningful assessment and comment on it. The sampling method used for selecting participants was the purposive sampling method. The reason being that, the student respondents were categorized as JHS 3 students who are 13 years to 19 years. The teacher respondents are all social science teachers who teach Religious and Moral Education, Social Studies, Home Economics, Integrated Science and English Language hence the purposive sampling technique being used.

Dane (1990), points out that, purposive sampling allows the researcher to narrow down on people or events, which have good grounds in what they believe and will be critical for the research.

3.4 Research Instrument

The instruments used for data collection were interview and observation. These tools were appropriate for case study design which offers a researcher the opportunity to gather pertinent data about the case involved in the study (Hancock, 2002). Tape recorder was used during the interview with the teacher respondents.

3.4.1 Interview

Interview is a systematic way of talking and listening to people. It is a way of collecting data as well as gaining knowledge from individuals through conversations. Kvale (1996) regarded interview as an interchange of views between two or more people on a topic of mutual interest. Interviews are particularly useful for getting the story behind a participant

experiences. The interviewer can pursue in-depth information around the topic. It is widely used because it is a powerful means of both obtaining information and gaining insight.

Semi-structured interview was conducted for the teacher respondents and students. Semi-structured interview was used as a guide with questions and topics that must be covered. The interviewer has some discretion about the order in which questions are asked and probes may be provided to ensure that the researcher covers the correct material Bernard and Russel (2000).

The teachers' interview was conducted on one – on- one basis while that of the students' was conducted in focus group. The interview was conducted at the conclusion of the observations in order to minimize any influence from the teachers' answers. The responses of the teachers' were handwritten alongside the tape recording for easy analysis after having sought permission from them. The students were grouped in five (5) focus groups where the interview was administered by the researcher through the help of sign language teacher.

3.4.2 Observations

In this study, the researcher acted as a participant observer. According to (Woods, 1998), the primary method of ethnography is participant observation. Participant observation is a process of establishing rapport within a community and learning to act in such a way as to blend into the community so that its members will act naturally, then removing oneself from the setting or the community to immerse oneself in the data to understand what is going on and able to write about it. The five commonly known levels of participation are non-participation, passive participation, moderate participation, active participation and complete participation (Fine 2003). In this study, the researcher acted on a moderate level of participation where he used an observation guide to collect data. This level of participation

allowed the researcher to maintain a balance between” being an insider and outsider, between participation and observation”

Classroom observations were conducted by the researcher. The observations were undertaken in class for twenty minutes each for two weeks. Each teacher’s lesson was observed three times of the two weeks observation to ensure balanced picture. Prior to each observation, the teachers’ informed the researcher of the subject and lesson to be treated. The researcher also observe the students for twenty minutes thrice during break time, at the dining hall, sports and games and private studies periods of the two weeks. The observation enabled the researcher to judge general classroom climate.

3.5 Validity and Reliability of instrument

Validity is the extent to which a test measures what it purports to measure, whereas reliability, according to Cohen, and Manion & Morrison (2003) is a statistical characteristic of a score and is independent of content.

In order to test the validity and reliability of the instruments used for the study, the researcher piloted the study on six (6) teachers and ten (10) students at Bechem school for the deaf, Bechem in the Brong Ahafo region of Ghana who teach social sciences which include Social Studies, Religious and Moral Education, English Language and Home Economics at JHS3. Ten (10) students with hearing impairment who are 13 years to 19 years in JHS3 at Bechem School for the deaf were purposively sampled. The breakdown shows three (3) male teachers and three (3) female teachers and five (5) boys and five (5) girls. The instrument used was semi-structured interview guide. The teachers’ interview was conducted on one - on- one basis while the students were grouped into two focus groups for the interview.

A nine (9) item semi-structured interview guide was used for teachers which consist of;

- a. How do you perceive teaching of reproductive health education to your students?

- b. Do you think reproductive health education is appropriate to your students at their age?
- c. Do you educate your students on family planning methods and the consequences of pre-marital sex?
- d. What teaching and learning materials do you use in teaching reproductive health to your students?
- e. Do you think reproductive health education has impact on the life of your students?
- f. And what challenges do you encounter in teaching reproductive health to your students?

Ten (10) item semi- structured interview guide for students with hearing impairment was used. Highlights of which comprised of:

- a. Do you think reproductive health education is appropriate to be taught to you in school?
- b. Do you think reproductive health education has any impact on your life?
- c. Do you ask questions concerning reproductive health needs in class?
- d. Were you satisfied with the answers provided by your teachers?
- e. Have you ever indulge in sexual act?
- f. Do you know the consequences of pre-marital sex?
- g. Have you ever experience any sexual transmitted infection before?

3.5.1 Results of the Pilot Study

Results from the pilot study informed the researcher of the necessary corrections to ensure further improvement of validity of the instrument. The researcher revised the interview questions based on the suggestions of the respondents and colleagues in order to validate the instruments. The responses of the respondents led to the restructuring of few of the interview questions and thus arrived at the final instrument for use in the actual study.

3.6 Ethical Considerations

Some basic ethical considerations were taken since it involved teachers and students to help protect their rights. A letter of introduction was obtained from the Department of Special Education of the University of Education, Winneba indicating the intentions of the researcher and willingness to conduct a study on the topic. The letter was copied to the authorities of the school and the participants were given information about the study.

3.7 Data Collection Procedure

The researcher followed the following processes to collect data from the respondents.

Access

The researcher obtained introductory letter from the Department of Special Education to the head of the school where the research was carried out. The researcher met the 10 teachers, 5 males and 5 females and 20 students, 10 boys and 10 girls and explained to them the purpose of the study in order to solicit their cooperation and assistance. They were assured of the necessary confidentiality on the information to be given.

Interview with teachers

The teachers' interview was conducted with ten teachers' on one – on- one basis. The interview was conducted at the conclusion of the observations in order to minimize any influence from the teachers' answers. The responses of the teachers' were handwritten alongside the tape recording for easy analysis. A tape recorder was used during the interview. The interview was conducted in a narrative style to allow the respondents to express himself or herself in a comfortable way. The researcher audio taped and transcribed the interviews with the teachers after having sought permission from them. The questions were focused on

the reproductive health needs of adolescents with hearing impairment, the impact of reproductive health education on adolescent with hearing impairment, the approaches they used in teaching reproductive health, and the challenges they encounter in teaching reproductive health education.

Interview with students

Twenty (20) students' were interviewed in 5 focus groups (FG). The groups were categorized between the ages of 13 and 15 and 16 and 19. The students were grouped in one of the classroom in the school during school hours where the interview was administered by the researcher through the help of a sign language teacher. The sign language teacher was briefed on the purpose of the study and the interview questions were discussed with him which made him conversant with the interview questions. The medium of communication for the interview was sign language. The students used sign language to express themselves to correspond to the interview questions. The semi- structured interview was intended to allow the students' to engage in conversation and freely express their knowledge about what they know about reproductive health. The researcher took notes during the interview. Some of the interview questions for the students included whether they think reproductive health education is appropriate to be taught to them in school. What have they learnt about reproductive health, whether the teaching of reproductive health has any impact on their lives, what questions do they ask concerning reproductive health in class and whether they are satisfied with the answers provided by their teachers? Whether they have ever indulged in sexual act and know the consequences of pre- marital sex.

3.8 Data Analysis

For the purpose of effective examination of the views of the teacher respondents regarding the approaches they adopt in teaching reproductive health to the adolescents with

hearing impairment, the interview data was analyzed using content analysis. The researcher studied the field notes, reduced the tapes into transcripts and carefully read through them. This was done to look for themes and similar ideas or responses to the questions posed to the respondent's. Respondents' information was translated into specific categories for the purpose of analysis. Qualitative approach was used in the analysis and interpretation of interview data. The verbatim expressions of the respondents' were used within the thematic context of the discussion. The data obtained from the observation was recorded and themes that were similar to that of the interview were narrated alongside the interview analysis.



CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter comprises the presentation, analysis and the discussion of findings of the study obtained from interview and observation for both teachers and students. These are presented according to the four main research questions raised to guide the study.

Bio-data results

In response to the interview questions, ten (10) teachers which include five (5) males and five (5) females who were all social science teachers who teach Religious and Moral Education, Social Studies, Home Economics, Integrated Science and English Language were purposively sampled. The bio-data indicated that three of the teachers were within the age range of 30 – 35 years. Four of the teachers were within the age range of 36-40 years and the rest three teachers were within the age range 41-45 years. Seven (7) of the teachers were graduates with Bachelor Degree in Special Education (B.Ed) from University of Education, Winneba while the rest three (3) were graduates with Masters Degree in Special Education (M.Ed) from University of Education, Winneba. Three of the teachers were Assistant Directors and the rest were Principal Superintendents in professional grade.

4.1 *Research Question 1*

What impact does reproductive health education play in the life of adolescent hearing impaired?

The transcription below highlights the teachers' and students views on the impact of reproductive health education to adolescents with hearing impairment.

From the analysis of the interview results, it was general opinion by both teachers and students that reproductive health education has positive impact on the life of adolescents with hearing impairment and should be taught to adolescents with hearing impairment. Teacher A commented:

Reproductive health education is the key to the success of adolescents since it is a very controversial stage in the life of every human. It needs to be carefully treated because it helps to improve the growth and development of the adolescents.

Teacher B acknowledged:

The teaching of reproductive health education to the adolescents with hearing impairment provide them with adequate information and helps to reduce the misinformation they receive from their peers and other sources.

Teacher C remarked:

Teaching of reproductive health education to the adolescents with hearing impairment help the girls to understand their menstrual cycle and pubertal changes and how to address the challenges.

Teacher D shared the view that:

Reproductive health education to adolescents with hearing impairment creates the awareness of the consequences of pre-marital sex that lead to teenage pregnancy and the importance of the use of contraceptives

Teacher E remarked:

Adolescents need accurate information to help them make informed decisions in life. It creates the awareness of things to do and not to do in life to help promote better understanding of life to make life choices.

Teacher F stated:

Reproductive health education is of great importance to adolescents because it informs them about the stages in life and how to confront the challenges of reproductive health during adolescent stage in life in order to make good decisions.

Teacher G is of the view that:

Teaching of reproductive health to adolescents hearing impaired would help protect them against the rampant teenage pregnancies among the adolescents and also become conversant with the sexually transmitted infections and the appropriate quarters to report to when they experience such infections.

Teacher H commented that:

Teaching of reproductive health to the adolescents with hearing impairment is of great importance to the adolescents. This is because, it creates awareness at the early stage and when they grow with it to adulthood it helps them to take good decisions about their health which protect them from sexually transmitted infections.

Teacher I shared the view that:

Reproductive health education is a major positive part of personal health and healthy living. It should be taught to adolescents with hearing impairment as an important component of health promotion programs and services to help adolescents take advantage of educational and other opportunities.

Student's responses:

Students also gave the following responses in the various focus groups (FG): on the impact of reproductive health education in their lives.

The best place to learn reproductive health education is the school and the teachers are the best people to educate us

on our reproductive health needs. This helps us to know the growth and development of our bodies and become conversant with the changes that occur with the growth and development of the body. (Focus Group 1).

Reproductive health education is important at our stage to assess the diverse information we receive from friends and the elderly in order to take good decisions to achieve our goals in life. (Focus Group 2)

The accurate source of information to understand life and how to live a successful life is through reproductive health education. Our teachers are the best people to let us know about our reproductive health and educate us on family life before we grow and marry. (Focus Group 5)

We were taught by our teacher how to avoid teenage pregnancy and other sexually transmitted infections. Teachers are the best source of information to become conversant with the changes in growth and the consequences of indulging in sexual activities. (Focus Group 4)

Reproductive health education gives us the knowledge on how to protect ourselves and keep ourselves clean during our menstruation periods. (Focus Group 3)

4.2 Research Question 2

What approaches do teachers use in teaching reproductive health education to adolescents with hearing impairment?

The transcription below highlights the teachers' views on the approaches they adopt in teaching reproductive health education to adolescents with hearing impairment. It has emerged from the observation and interview that majority of teachers' adopt teacher-centered method in teaching reproductive health education topics. Teacher A remarked:

I normally talk to them on the changes that occur on the growth and development of their body and how they must cope with the changes. I sometimes help them to dramatize the whole lesson for better understanding of the lesson.

Teacher B:

Due to the sensitive nature of the topic, I usually talk to them on the consequences of indulging in sexual acts and how to keep themselves clean and healthy to avoid sexual infections.

Teacher C:

Reproductive health education is a sensitive topic that needs to be carefully taught to the students to avoid exposing them to things that are not supposed to know. I normally explain to them but not in to details for the fear that they will be tempted to practice what they have learnt.

Teacher D:

Reproductive health education needs to be taught but I am always careful when .treating the sensitive aspects of the topic because children of today are very sensitive and always want to experiment what they learnt. I normally adopt discussing method to create awareness on their reproductive health.

Teacher E:

I usually adopt discussion method to access the views of the students and what they have already known about the topic.

Teacher F:

I normally use questions and answers in teaching reproductive health lessons but I don't entertain unnecessary questions that generate argument in class and sometimes divert the lesson to something else.

Teacher G:

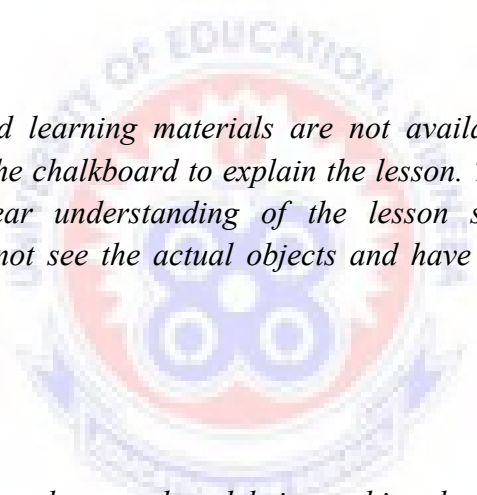
I usually adopt group work method where the students are grouped to discuss the topic and come out with correct answers

4.2.1 Use of teaching and learning materials

The analysis of the interview results confirms the observations made by the researcher that majority of the teachers' use inadequate teaching and learning materials during reproductive health education lessons. Although there are a lot of teaching and learning materials such as diagrams, text books and magazines that can aid teaching and learning of reproductive health, the majority of the teachers do not use them.

The responses below highlights teacher's views on the use of teaching and learning materials in teaching reproductive health education.

Teacher A commented that;



Teaching and learning materials are not available so I usually use the chalkboard to explain the lesson. This does not give clear understanding of the lesson since the children do not see the actual objects and have a feel of them.

Teacher B:

I normally use charts and models in teaching the topic and sometimes use the computer to explain the lesson. This enables the students to get deeper understanding of the lesson and actively involve themselves in the lesson.

Teacher C:

I don't like using real objects in teaching reproductive health lessons due to its sensitive nature. These students always try to experiment whatever you show them.

4.3 *Research Question 3*

What challenges do teachers encounter in teaching reproductive health education to adolescents with hearing impairment?

It was evident during the observation and the results from the interview that, teachers face challenges in teaching reproductive health to adolescents with hearing impairment.

The transcriptions below highlights the challenges teachers encounter in teaching reproductive health to adolescent with hearing impairment.

Teacher A stated:

The behaviour of the students is a great concern to me. They always make noise when treating those sensitive areas of the topic. They do not see the importance of listening attentively to make good decisions from the lesson.

Teacher B explained:

Students do not want to respond to questions or ask questions for fear of tagging them as bad. They do not actively involve themselves to bring out their experiences and challenges they go through in order to help them find solutions.

Teacher C commented:

The non-availability of teaching and learning materials to teach reproductive health lessons is of great concern to him. I normally use the chalkboard which does not give vivid explanation of the topic.

Teacher D remarked;

The socio-cultural beliefs surrounding the teaching of reproductive health education discourages me from giving detailed information of the topic to students.

Teacher E stated:

I sometimes feel uncomfortable to mention some of the things to the children. And they always make noise and disturb the class. They distract the lesson and do not make students to concentrate on the lesson

Teacher F:

Some students show no concern when you are teaching the topic because they feel they have not yet reached that stage.

Teacher G believed:

...Reproductive health education should not be made to be taught at a particular stage but rather start at a younger stage to reach students at appropriate time and continue through adolescence to make students adequately prepare towards life.

4.4 Research Question 4

What are the effects of teacher's attitude towards teaching and learning of reproductive health to adolescents with hearing impairment?

Effects of teachers' attitude towards reproductive health education were evident in the interview with the teachers and students:

The transcription below highlights the views of teachers' on the effect of their attitude towards teaching and learning of reproductive health to adolescents with hearing impairment.

Teacher A commented:

At times inadequate preparation of the teacher before delivering such reproductive health education lessons negatively affects the lesson and this equally affects the children interest and knowledge of the topic.

The entrenched traditional practices make it difficult for me to expose the student to some adequate information that they will need to promote healthy life. Even at times my own colleagues complain why I am exposing the children to such things. This attitude negatively affects the teachers' performance in teaching the topic. A teacher remarked:

Teacher B remarked:

The society and my religion frown against the detailed explanation of such topics to students with the believe that teaching such lessons into details will spoil the children. This affects the children understanding of the lesson.

Teacher C stated:

I sometimes feel shy to mention some of the things to the students and this affects the effective teaching of the lesson.

Student's responses:

The students made very interesting remarks on the effect of teacher's attitudes towards teaching and learning of reproductive health with affects their interest in learning the topic.

Two students from two separate focus groups 1& 3 (Focus Group 1& Focus Group 3) made similar comments that:

I don't like the way some of the teachers respond to questions during reproductive health education lessons. They sometimes shout on you when you ask question concerning the reproductive health organ and its functions.

Another student stated that:

Some of the teachers ignore questions when you enquire for detailed explanation of a particular issue concerning reproductive health. (FG4)

Another student lamented that:

Teachers perceive you as bad when you ask them questions on issues concerning reproductive health. (FG2).

4.5 Discussion of the Results

The study sought to investigate mainly the approaches teachers' adopt in teaching reproductive health education to adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. In the earlier section of this chapter, results from data were analyzed based on the research questions raised in the study. This section presents detailed discussion of the findings under themes derived from the research questions.

From the analysis of the data on the impact of reproductive health education in the life of adolescents with hearing impairment, it became clear that reproductive health education has positive impact on the life of adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. For instance, transcription from the teacher "E" interview on the impact of reproductive health education on the life of adolescents with hearing impairment revealed that;

Reproductive health education helps to inform adolescent with hearing impairment about the stages of growth in life and how to confront the challenges of reproductive health during adolescence in order to make good decisions.

This finding was consistent with UNFPA (2000) that, when adolescents are equipped with accurate information on reproductive health, they are better able to avoid unwanted pregnancies, protect themselves against sexually transmitted infections, care for their

reproductive health needs and take advantages of educational and other opportunities that will affect their lifelong well-being.

Also, data from the teacher “B” interview indicated that;

Teaching of reproductive health to adolescents with hearing impairment provide them with adequate information and prevent them from accepting wrong information from their peers and other sources

This confirms the assertion by Adepoju (2005) that, effective reproductive health education reduces misinformation and increases accurate knowledge. It strengthens positive values and attitudes and increases the skills needed to informed decisions.

More so, the analysis of the data of the teacher’s interview revealed that reproductive health education positively impact on the life of adolescent with hearing impairment as was shown from the transcription of interview with teacher “D”;

Reproductive health education creates the awareness of the consequences of indulging in sexual activities that result in teenage pregnancy.

This finding was consistent with Fayorsey (2002) that, reproductive health education equip adolescent with enough knowledge about the development of their bodies and the dangers involved in promiscuity and effective use of contraceptives.

Furthermore, the analysis of the data from the student’s interview shows that, reproductive health education has positive impact on their lives. For instance, the analysis of the student’s interview in Focus Group 3 revealed;

Reproductive health education helps them to have knowledge about the menstrual cycle and how to keep themselves clean during their menstrual period.

This confirms the assertion made by Kirby (2001) that, access to reproductive health education helps adolescents to keep their bodies in good health and it is crucial to help improve their health and sanitation status.

The data from the student's interview also confirmed that, reproductive health education plays an important role in their lives. For instance, the interview with Focus Group 4 revealed;

Information on reproductive health helps me to take good care of myself and avoid indulging in any sexual activity.

This confirms WHO (1998) assertion that, education has profound effect on reproductive health of adolescents as an extra year of schooling for girls reduces fertility rates by 5–10 percent. Adolescent who are in school generally delay marriage and child bearing which enables them to develop their decision making and negotiating skills, self esteem and economic earning potentials.

With regard to approaches for teaching reproductive health education to adolescent with hearing impairment, it was evidence from the analysis of the data of the teacher's interview and the observations on the approaches teacher's adopt in teaching reproductive health to the adolescents with hearing impairment that, majority of the teachers adopt teacher-centered approach in teaching their lessons. For instances, transcription from interview with teacher "B" on the approaches teachers adopt in teaching reproductive health to adolescents with hearing impairment revealed;

Due to the sensitive nature of the topic, I usually talk to them on the consequences of indulging in sexual acts and how to keep themselves clean and healthy.

This revelation was in contrary to Kirby (2001) assertion that, in order for reproductive health education to be effective, there must be sufficient time devoted to teaching of reproductive health and provision of high quality reproductive health education to guide students to explore their own values and attitudes to acquire the personal skills needed to maintain healthy behaviours.

More so, the analysis of the data from the teacher's interview and the observations made by the researcher revealed that more than half of the teachers were not confident enough to educate the students on matters concerning sexual activities and the use of contraceptive to avoid teenage pregnancy. This is due to the fear that the students will practice what they have learnt. For instance, transcription from the interview with teacher "D" revealed;

Reproductive health education needs to be taught but I am always careful when treating the sensitive aspects of the topic because children of today are very sensitive and always want to experiment what they have learnt.

These findings confirm Ashford (2007) view that, reproductive health education provided for adolescent do not adequately respond to their needs. The educators continue to concentrate on awareness creation while much attention is focused on adolescents in the urban centres. This author stated that, the most effective programmes in education on reproductive health are those that help to reduce misinformation and provide correct information to clarify values and reinforce positive attitudes and to strengthen decision making and communication skills. Furthermore, the above author stated that research has shown that education on reproductive health does not lead to increase in sexual activity.

It was also evident from the analysis of the data of the teachers interview that only three (3) out of the ten (10) teachers had training on reproductive health education, even though all of them are graduate teachers with several years of teaching experience, hence the lack of confidence to teach the sensitive aspects of reproductive health.

This confirms Katz (2002) assertion that teaching does not demand higher grades for effective teaching. Teachers need to be trained to have requisite skills to deliver adequate information.

The researchers observation on the approaches teachers' adopt in teaching reproductive health to adolescents revealed that even though majority of the teachers adopt

teacher-centered approach in educating the students, all the teachers effectively use the sign language to communicate with the students for effective teaching and learning. This may be due to the teacher's professional qualification as majority of the teachers are graduates who are specially trained in sign language from the University of Education, Winneba.

In the case of using teaching and learning materials for teaching reproductive health education such as posters, photographs and textbooks to create effective and meaningful teaching and learning of reproductive health. The analysis of the data revealed that majority of the teachers' use inadequate teaching and learning materials in teaching reproductive health to the adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. For instance transcription from the interview with teacher "A" revealed;

Teaching and learning materials are not available, so they usually use the chalkboard.

This revelation of inadequate use of teaching and learning materials in teaching of reproductive health to adolescents with hearing impairment is in contrary to the opinion of Mankoe (2007) who stated that, the use of teaching and learning materials is one of the important requirements for effective teaching of any topic in any subject. He further stated that the use of adequate teaching and learning materials encourage and maximizes interaction between teachers and students. It makes lesson attractive and easy to understand. These teaching and learning materials need to be displayed in the classroom to frequently remind the students of the lessons taught.

In view of the challenges teachers' encounter in teaching reproductive health to adolescents with hearing impairment from the analysis of the data, it was evident that, teachers' in the Ashanti school for the deaf who are trusted gatekeepers of information encounter challenges in teaching reproductive health to adolescent with hearing impairment. The transcriptions from the teachers' interview revealed that, teachers' lack requisite skills

and knowledge to adequately impart knowledge to their students. For instance transcription from the interview with teacher “D” revealed;

The socio – cultural beliefs surrounding the teaching of reproductive health discourages me from giving detailed information of the topic to the students.

This finding was consistent with Regan’s (2001) assertion that, teachers’ who are concerned about reproductive health education are faced with challenges of educating students about their reproductive health which will empower them to make wise choices and stick to them.

More so, the analysis of the data from the teachers’ interview revealed that teachers’ feel reluctant disseminating information on reproductive health to the students due to unnecessary noise made by the students which distract the lesson.

For instance, the transcription from the teacher “D” interview revealed;

I sometimes feel uncomfortable to discuss some of the things with the students. They always make noise and disturb the class which do not make students concentrate on the lesson.

This confirms Fatma (2002) view that, training teachers is the key to the success of school based reproductive health education because their knowledge, attitudes and motivation affects their ability to teach sensitive subject.

Also, the analysis of the data from the teacher’s interview on the challenges they encounter in teaching reproductive health education to adolescents with hearing impairment revealed that reproductive health education should start at early stage to help students acquaint themselves with the requisite knowledge at appropriate age through to adolescence.

For instance the transcription of the interview with teacher “G” revealed;

Reproductive health education should not be made to be taught at a particular stage but rather start at a younger stage to reach students at appropriate age and continue

through adolescence to make students adequately prepared towards life.

This finding is consistent with Ashford (2007) view that, one challenge to education on reproductive health is its limited reach to adolescents at the appropriate time. It is important that education on reproductive health begins at a younger age and continue through adolescence to reinforce message overtime with age appropriate content and methodology.

With regard to the effects of teachers' attitude towards teaching and learning of reproductive health to adolescents with hearing impairment, the analysis of the data revealed that majority of the teachers' believed that teachers' attitude towards teaching of reproductive health could either influence positively or negatively their students' knowledge and interest in reproductive health education. For instance, the transcription from the interview with teacher "A" revealed;

The society and my religion frown against detailed explanation of such topics to students with the believe that teaching such lessons into details will spoil the students.

This confirms Gow and Desmond (2002) view that, while many attitudes are naturally acquired outside school. Schools are often expected to establish socially approved attitudes towards issues like knowledge and learning and self efficacy. The authors added that if teachers are able to instill basic positive attitudes in students, it will definitely modify their attitudes in a particular direction.

With regard to the students view on the effect of teachers' attitudes towards teaching and learning of reproductive health education to adolescent with hearing impairment, all the students thought that teacher's attitudes towards teaching of reproductive health could influence their interest in learning the topic. For instance analysis of data from focus group (FG4) revealed;

Some of the teachers ignore questions when you enquire for detailed explanation of a particular issue concerning reproductive health.

This confirms Madeod (1999) view that, even though the school and its curriculum are considered as a tool for educating the adolescent about their reproductive health, the attitudes of some teachers could influence student's knowledge and interest in reproductive health education. .

Also, from the analysis of student's data revealed that;

Some teachers perceive you as bad when you ask them questions on issues concerning reproductive health (FG4)

According to Peterson, Cooper and Laird (2001) teachers' need to be aware that listening is an essential of authentic and efficient communication. Teachers' need to impart knowledge while being attentive to students' questions, concerns, worries and thoughts. There is the need for an open attitude so that students feel comfortable expressing themselves more freely and should be flexible to respond to concerns that may arise.

Limitation of the Study

The main limitation to the study was the inability of the researcher to include other special schools for the deaf. Also some of the student's participation does not directly respond correctly to the questions asked them.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides the summary of findings, conclusion, recommendation and suggestions for further research.

5.1 Summary

The purpose of the study was to find out teachers' approaches for teaching reproductive health education to adolescents with hearing impairment at Ashanti school for the deaf, Jamasi. The design used was case study. The sample size was thirty (30) participants consisted of ten (10) teachers, five (5) males and five (5) females and twenty (20) students, ten (10) boys and ten (10) girls. Purposive sampling technique was adopted for selecting the samples. Semi-structured interview and observation check list were used to generate data for the study.

The study specifically examined the following:

The impact of reproductive health education on adolescents with hearing impairment. It was revealed that both teachers' and students believed that reproductive health education is relevant and appropriate to be taught to help impart skills necessary for sexual well being and to encourage positive attitudes towards reproductive health.

Concerning the approaches teachers' used in teaching reproductive health education to adolescents with hearing impairment, it was discovered that majority of the teachers' adopt teacher-centered method and do not use adequate teaching and learning materials during teaching. However, the researchers observation revealed that, all the teachers' were effective in the use of sign language in teaching the students. This may be due to the fact that all the teachers were professional teachers trained from University of Education, Winneba and have taught for many years using sign language.

On the question of what challenges teachers' encounter in teaching reproductive health education to adolescents with hearing impairment, It was revealed that teachers' lack the skills of confidence to facilitate the teaching of reproductive health education to adolescents with hearing impairment. Teachers' also do not use adequate teaching and learning materials in teaching reproductive health lessons to sustain the interest of the students.

The study also finds out the effects of teachers' attitude towards teaching and learning of reproductive health by adolescents with hearing impairment. Both teachers' and students believed those teachers' attitude affect teaching and learning thereby influencing student's knowledge and interest in reproductive health education.

5.2 Conclusion

Based on the results of the study, it was possible to conclude that both teachers and students were of the view that reproductive health education has positive impact on the adolescent with hearing impairment and was appropriate to be taught to adolescents to help change risky reproductive health behaviours. However, despite the fact that reproductive health education is embedded in the syllabus of almost all the subjects in Basic schools in Ghana, teachers face challenges to adopt varied approaches in teaching reproductive health education to adolescents with hearing impairment to enhance their knowledge, attitude and behaviours. Provision of adequate training for teachers in teaching lessons on reproductive health and effective use of teaching and learning materials will facilitate reproductive health education to adolescents with hearing impairment at Ashanti school for the death, Jamasi.

5.3 Recommendations

Based on the findings of the study, the following recommendations were made to Ghana Education Service:

- First of all, reproductive health education should begin at younger age before adolescents reach puberty since provision of information depends on the physical, emotional, and intellectual development of children as well as their level of understanding. Giving adolescents basic information from an early stage provides the foundation on which more complex knowledge is built overtime.
- The Directorate of Ghana Education Service should provide adequate and relevant teaching and learning materials to teachers at Ashanti school for the deaf, Jamasi to promote effective teaching and learning of reproductive health education.
- Effort should be made by Sekyere East District Directorate to organize, workshops, seminars and in-service training to empower teachers' with skills to handle lessons with confidence and provide factual information on reproductive health to adolescent with hearing impairment.
- Adequate training should be given to teachers on reproductive health education in the various teacher training colleges and universities to facilitate the teaching of reproductive health to adolescents.
- Parents of adolescents with hearing impairment at Ashanti schools for the deaf, Jamasi should be provided with information and skills to enable them overcome the communication barriers relating to talking about reproductive health issues with their children. This can be done through involving parents in programmes such as seminars to acquire basic information on adolescent reproductive health.

5.4 Suggestion for further Research

Further research could be conducted to find out the approaches teachers adopt in teaching reproductive health education to adolescent with hearing impairment in other special schools for the deaf in Ghana since this research is limited to only Ashanti school for the deaf, Jamasi. A study could further include challenges students with hearing impairment face in learning reproductive health education in Ghana.



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APPENDIX A



APPENDIX B

Semi Structured Interview for Students

1. Do you think reproductive health education is appropriate to be taught to you in school should be taught in schools?
Prompt: Who do you think should teach you reproductive health?
Why do you think so?
2. Do you think reproductive health education has any impact on your life?
Prompt: What impact do you think reproductive health education has on your life?
3. Do you ask questions concerning your reproductive health needs in class?
Prompt: What questions do you ask concerning your reproductive health?
Why do you ask such questions?
4. Were you satisfied with the answers provided?
Do you have sexual partner?
5. Are you aware of the infections you are likely to encounter in your sexual life?
Prompt: Who taught you this?
Have you experience any sexual transmitted infection before?
6. Do you know the consequences of pre-marital sex?
Prompt: What are some of the consequences?
Have you experience pregnancy or make someone pregnant before?
7. What are you suppose to do to avoid pregnancy or sexual transmitted infections?
Prompt: Do you protect yourself during sexual intercourse?
8. How do you protect yourself?
9. Who taught you this?
10. What do you think teachers should do during reproductive health education lessons?
Prompt: Why do you think so?

APPENDIX C

Semi – Structured Interview for Teachers

1. How do you perceive teaching of reproductive health education to your students?
2. Do you think reproductive health education is appropriate to your students at their age?

Prompt: Why do you think so?

3. Have you ever had any training on reproductive health education?

Prompt: How often do you attend this education programmes?

Do you think you need adequate training on reproductive health education?

Why do you think so?

4. Do you inculcate family planning methods in your teaching?

Prompt: How do you do this?

5. Do you educate your students on the consequences of pre-marital sex?

Prompt: How often do you do this?

6. Do you use teaching and learning materials in your lessons?

Prompt: What teaching and learning materials do you use in teaching reproductive health to your students?

7. Do you encounter any challenge in teaching reproductive health to your students?

Prompt: What challenges do you encounter in teaching reproductive health to your students?

8. Do you think reproductive health education has any impact on the life of your students?

9. Do you think the attitude of teachers towards teaching of reproductive health could influence the knowledge and interest of students towards reproductive health education?

Prompt: Why do you think so?

APPENDIX D

Checklist for observing teachers' and students in the classroom

Items	Often	Not often
Teachers uses pupils – centered method in teaching reproductive health		
Teachers uses teacher – centered method in teaching reproductive health lessons		
Teachers actively involved students in reproductive health education lessons		
Teachers uses discussing method to educate the students on family planning and consequences of pre – marital sex		
Teacher comfortably discussing matters concerning menstruation, ejaculation and the use of contraceptives		
Teachers allowing students to ask questions on matters concerning their reproductive health		
Teachers providing adequate answers to the questions asked by the students		
Teachers using adequate teaching and learning materials during reproductive health education lessons		
Students freely sharing their experiences concerning their reproductive health		
Teachers integrating sexually transmitted infections (STI), Human Immune Deficiency Virus (HIV) reproductive health lessons		

APPENDIX E

**Checklist for observing Adolescents with Hearing Impairment in the Dining Hall,
Sports and Games, Private Studies and during Break Time.**

	Often	Not often
Do students work closely with the opposite sex?		
Do the students sit and closely converse with the opposite sex		
Do the students behaviours such as; Kissing Tapping the breast and buttocks of the opposite sex		
Do the students use profane language during conversation with the opposite sex		
Do the students sit in hidden places during private studies time		