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Original Article

"Sex Makes One's Body to be Okay": A Qualitative Perspective of Sexual Behaviour and Consequences Among Persons with Disabilities in Oyo State, Nigeria

Citation: Babalola, B.; Nwokocha, E.; Obasanjo, B. "Sex Makes One's Body to be Okay": A qualitative perspective of sexual behaviour and consequences among persons with disabilities in Oyo State, Nigeria. *Journal of African Population Studies* **2026**, *38(2)*, 5306. https://doi.org/10.59147/4rmm2n88

Academic Editor: Ngianga-Bakwin Kandala

Received: 1 November 2024
Accepted: 30 December 2025
Published: 19 March 2025

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Abstract:

This study examines the sexual behavior and consequences among persons with disabilities (PWD) in Oyo State, Nigeria, a significant yet often overlooked group representing 8.3% of Nigeria's population. With PWD facing challenges in sexual and reproductive health (SRH), including limited access to services, societal stigma, and vulnerability to sexual exploitation, this research analyzed 41 in-depth interviews among PWD aged 18 and above across five local government areas of Oyo state. The findings dispel the misconception that PWD are asexual, revealing diverse sexual behaviors; some participants had multiple or singel partners, while others had none. Contraceptive use varied, with inconsistent adherence due to factors like trust in partners, physiological reasons, and a desire for children, although some used contraception to prevent STIs and unintended pregnancies, aligning with the Theory of Reasoned Action (TRA). The study highlights both positive sexual behavioural consequences, such as good bodily feeling, social connection and childbearing, and negative consequences, including STIs, unplanned pregnancies, and single parenting. These insights emphasize the urgent need for tailored SRH interventions, including education and contraceptive awareness programs, by non-governmental and community-based organizations.

Keywords: Sexual behaviour; contraceptive use; partners, people with disabilities.

1. Introduction

Globally, about 15% of the population lives with disabilities, and the majority of these individuals reside in less developed countries [1-3]. In Nigeria, persons with disabilities (PWD) account for around 8.3% of the population, with 11.4% of adults aged 15 and older living with some form of disability [4]. The 2006 Nigeria Population and Housing Census revealed that 2.32% of the country's population (140.4 million) had at least one disability, totaling 3.25 million people. Eleven states had over 100,000 PWD, with Oyo State ranked eleventh. In the South-west zone, Lagos had the highest number of PWD (161,412), followed by Oyo (101,657) [5].

The 2018 Nigeria Demographic and Health Survey (NDHS) found that among adult men in Oyo State (aged 15 and above), 8.8% had visual disabilities, 6.0% had mobility issues, and smaller percentages had hearing, speaking, intellectual, or hand disabilities. Among adult women, 5.6% had visual disabilities, and 7.5% had mobility issues, with similar smaller percentages for other disabilities. Overall, 20.4% of men and 20.1% of women in Oyo State had at least one type of disability [5].

Individuals with disabilities, based on the severity of their condition, often struggle with choosing and using contraceptive methods [6]. In developed countries, new approaches to reproductive decision-making for PWD have emerged, including assisted decision-making and surrogate decision-making. Assisted decision-making involves PWD participating in their reproductive choices with guidance from someone they trust, particularly someone who influences their reproductive future. Surrogate decision-making applies to those with severe disabilities who are unable to make decisions on their own and must rely on others to do so. In some countries, laws determine whether PWD can undergo permanent sterilization to manage menstruation and prevent pregnancy. Alternatives such as intra-uterine devices (IUDs) can also be used for these purposes [6]. However, these new approaches and laws guiding reproductive choices among PWD are rare or unimplemented.

Mulindwa's study highlighted the challenges PWD face in accessing healthcare services for sexual and reproductive health [7]. To address this, the government should ensure that sexual health services are provided to PWD without discrimination. The Sustainable Development Goals (SDGs) 3 and 7 emphasize global access to sexual and reproductive health services, while SDGs 5 and 6 focus on securing reproductive rights. These rights include individuals' freedom to make informed decisions about the number, timing, and spacing of their children, free from discrimination, coercion, or violence [8]. Despite sexual and reproductive health rights for PWD under the Sustainable Development Goals [8], these rights remain unimplemented, with PWD still facing significant sexual exploitation without proper protection.

Persons with disabilities face greater risks of sexual abuse, unwanted pregnancies, and STIs, including HIV/AIDS, yet their contraceptive usage remains low [9]. Despite this high risk, little research has been done on PWD sexual behaviors and consequences in

Nigeria. This study aims to fill this gap by exploring these aspects, particularly in Oyo State, where social stigmatization, inadequate access to sexual and reproductive health services, and high risks of sexual exploitation are common among PWD.

Babalola, Nwokocha, and Adewole's study explored vulnerability perception and SB but was limited to younger PWD and focused on perceived rather than actual sexual consequences [3]. Aderemi et al. noted that PWD engage in sexual activities but did not adequately examine their SB patterns in Nigeria [9]. While some studies outside Nigeria, such as Touko et al. and Bach's, looked at contraceptive use and sexual partnerships among PWD [10, 6], they, too, overlooked the consequences of SB. In addition, previous studies that examined sexual behaviour among PWD, particularly young persons with disabilities, such as Aderemi et al [9], Oladunni [10], and Olaleye et. al [11] were mostly quantitative, thus leaving a gap for exploratory and qualitative studies in Nigeria. A qualitative study that captured the sexual experiences of women with disabilities was recently conducted in Nigeria [12], yet this study was limited to only women, thus leaving a gap in knowledge on the sexual experiences of men with disabilities in Nigeria. This study seeks to address these gaps by examining the sexual behaviors and consequences of PWD in Oyo State from a qualitative perspective. The specific objectives include:

i. Describe the patterns of sexual behaviour among PWD in Oyo State
ii. Document the consequences of sexual behaviour among PWD in Oyo State

2. Materials and Methods

A qualitative study was employed to gather data from PWD in Oyo State, Nigeria. This study adopted the interpretivism research design paradigm. The study targeted PWD aged 18 and above who were capable of participating without the aid of a sign language interpreter. These participants were recruited from five local government areas (LGAs): Ogbomosho North, Oyo East, Oyo West, Ibadan South-East, and Ibadan North. The study included both PWD in specialized schools and centers and those in the community who were not in any special institution.

Purposive and snowballing sampling methods were used in this study. Participants with disabilities in these locations were identified and selected purposively. This method was supplemented by snowball sampling, where participants were asked to refer others from their networks. This was necessary due to the difficulty in identifying the total population of PWD in the selected LGAs. This approach helped to ensure diversity in the sample. A total of 41 PWD participated in this study.

This study used data from a primary source. The information was collected from the participants, and the study results only relied on the information gathered from the field. An in-depth interview (IDI) guide was used to elicit information

from the participants. The IDI guide consisted of questions that measured in detail certain socio-demographic characteristics, sexual behaviour, and consequences of sexual behaviour among persons with disability. Forty-one in-depth interviews were conducted in all five local government areas.

The data collection process involved visits to specialized centers, schools for PWD, and communities. Researchers obtained informed consent from participants and their legal guardians (where applicable). Participants were either interviewed directly or completed the questionnaires with the help of research assistants.

Ethics approval was granted by the University of Ibadan Social Sciences and Humanities Research Ethics Committee (SSHREC), reference number UI/SSHREC/2021/0029. The study adhered to other ethical principles, including informed consent, confidentiality, and voluntary participation.

The data was analyzed using thematic analysis with the help of NVivo software. This analysis focused on identifying themes and patterns in the IDI transcripts to provide a more in-depth understanding of participants' experiences and perceptions. The themes were subdivided into sub-themes and codes. This study was discussed following the themes and sub-themes of this study.

This work used the theory of reasoned action (TRA) by Ajzen and Fishbein (1975) to examine sexual behaviour and consequences among PWD in Oyo state. Ajzen and Fishbein (1975) propounded the TRA [14]. The TRA posited that human behaviour is influenced by volitional factors, which include attitude, subjective norms, and intention [15,16]. Attitude towards behaviour is defined as the personal belief about the behavioural consequences and judgment of a person towards such behavioural outcome [16, 17]. Subjective norms are the expectations of other people (significant others) about one's performance of the behaviour, which is being influenced by the impetus to conform to the expectations of others. Significant others are people whose opinions are highly respected and are assumed to be very important in one's decision-making process. It can also be defined as the social expectation of an individual's performance of behaviour [16, 17]. The theory had the following assumptions:

i. Human beings make use of the information they have at their disposal to make decisions
ii. Human beings consider the implications of their actions before performing it
iii. Attitude is only made up of cognitive components and does not contain distinct affective components [17]. This implies that human beings only allow reasoning to affect and form their attitude towards behaviour.

This theory is applicable in this study as it will be used to measure the sexual behavior and consequences of PWD, which is expected to be based on cognitions.

3. Results

3.1 Socio-demographic characteristics of study participants

Table 1 revealed the socio-demographic characteristics of the study participants. The table revealed that 41 PWD participated in the study, the age group ranged from 18 to 40 above, disability type was visual and physical disability, the educational level ranged from primary to higher education, employment status was categorized as employed and unemployed, gender was categorized into male and female, local government included Oyo east, Oyo West, Ogbomosho North, Ibadan South-East and Ibadan North and lastly marital status included single, married and separated. The socio-demographic characteristics of the study participants in Table 1 served as identification for participants' reports.

Table 1: Socio-demographic characteristics of the participants

Participant	Age Group	Disability type	Education	Employment Status	Gender	Local Government	Marital Status
1	above 40	Physical disability	Primary	Employed	Male	Oyo East	Separated
2	25-40	Visually impaired	No Education	Employed	Male	Oyo East	Married
3	above 40	Visually impaired	Higher	Employed	Male	Oyo East	Married
4	above 40	Visually impaired	Higher	Employed	Female	Oyo East	Married
5	above 40	Visually impaired	Primary	Unemployed	Male	Oyo East	Single
6	25-40	Physical disability	Secondary	Employed	Female	Ibadan North	Single
7	above 40	Physical disability	Higher	Employed	Male	Ibadan North	Married
8	25-40	Physical disability	Higher	Employed	Male	Ibadan North	Single
9	18-24	Visually impaired	Secondary	Employed	Male	Ibadan North	Single
10	above 40	Physical disability	Higher	Employed	Male	Ibadan North	Single
11	above 40	Physical disability	Secondary	Employed	Male	Ibadan North	Married
12	above 40	Visually impaired	Higher	Employed	Male	Ibadan North	Married
13	above 40	Physical disability	Higher	Employed	Male	Ibadan North	Married
14	above 40	Physical disability	Primary	Employed	Female	Ibadan North	Married
15	25-40	Visually impaired	Higher	Employed	Female	Ibadan North	Married
16	above 40	Physical disability	Primary	Employed	Female	Ibadan North	Separated
17	25-40	Visually impaired	Higher	Unemployed	Male	Ibadan Southeast	Single
18	above 40	Visually impaired	Higher	Employed	Female	Ibadan Southeast	Married
19	25-40	Visually impaired	Higher	Employed	Male	Ibadan Southeast	Single
20	25-40	Physical disability	Secondary	Unemployed	Female	Ibadan Southeast	Single
21	25-40	Visually impaired	Higher	Employed	Female	Ibadan Southeast	Married
22	25-40	Visually impaired	Higher	Employed	Male	Ibadan Southeast	Married
23	above 40	Visually impaired	Higher	Employed	Female	Ibadan Southeast	Married
24	above 40	Visually impaired	Secondary	Employed	Male	Ogbomosho North	Married

25	above 40	Visually impaired	No Education	Unemployed	Male	Ogbomosho North	Separated
26	above 40	Visually impaired	Higher	Employed	Male	Ogbomosho North	Married
27	18-24	Visually impaired	Primary	Unemployed	Male	Ogbomosho North	Single
28	25-40	Visually impaired	Primary	Unemployed	Male	Ogbomosho North	Married
29	25-40	Visually impaired	Secondary	Employed	Male	Ogbomosho North	Married
30	25-40	Visually impaired	Secondary	Unemployed	Male	Ogbomosho North	Married
31	above 40	Physical disability	Higher	Employed	Female	Ogbomosho North	Single
32	25-40	Visually impaired	Primary	Unemployed	Female	Ogbomosho North	Married
33	above 40	Visually impaired	Secondary	Employed	Female	Ogbomosho North	Married
34	25-40	Physical disability	Secondary	Unemployed	Male	Oyo West	Single
35	25-40	Physical disability	Secondary	Unemployed	Male	Oyo West	Single
36	18-24	Visually impaired	Secondary	Unemployed	Female	Oyo West	Single
37	25-40	Visually impaired	Higher	Employed	Male	Oyo West	Single
38	25-40	Visually impaired	Secondary	Unemployed	Male	Oyo West	Single
39	25-40	Visually impaired	Higher	Unemployed	Male	Oyo West	Single
40	25-40	Visually impaired	Higher	Employed	Male	Oyo West	Single
41	25-40	Visually impaired	Higher	Employed	Male	Oyo West	Married

Source: Field work, 2022 [15]

3.2. Emerging themes from this study

The themes, sub-themes, and codes that emerged from this study were summarized in Table 2. The two major themes from this study are sexual behaviour and the consequences of sexual behaviour among people with disabilities. The results are presented following the emerging themes and sub-themes.

Table 2: Summarized themes. Sub-themes and codes

Themes	Sub-themes	Codes
Sexual behaviour among PWD	Number of Sexual Partners	✓ Had experienced multiple sexual partnerships in the past ✓ Interested in Multiple sexual partnership ✓ More than one or multiple sexual partners ✓ No partner ✓ One sexual partner ✓ Partner has more than one or multiple sexual partners
	Contraceptive use	✓ Contraceptive Non-use ✓ Contraceptive Use ✓ Not Using, but the partner is using ✓ Traditional Contraceptive Use

Consequences of Sexual Behaviour among PWD	Consequences of Sexual Behaviour reported by the participants	✓ Childbirth ✓ Fight or quarrel from an admirer ✓ Forceful sex ✓ None ✓ Partner's abandonment of wife and children ✓ Regret ✓ Removal of contraceptive ✓ Sexually transmitted infection ✓ Spousal relationship ✓ Unhappiness ✓ Unplanned childbirth ✓ Unwanted pregnancy

3.2.1. Sexual Behaviour among Persons with Disabilities in Oyo State

The sexual behaviour of study participants was reported in this study. It revealed that PWD are sexually active, as those sexually active among them had at least one sexual partner, and some have more than one sexual partner. It was further revealed that PWD, even though not all of them use contraceptives, those who used them made use of either modern or traditional methods.

3.2.1.1. Number of sexual partners

The study revealed that sexual behavior among PWD is not uncommon, challenging the misconception that PWD are asexual. The study reported that some participants of this study have at least one sexual partner, and some of them have more than one sexual partner. It further revealed that PWD make choices about their sexual partnership behaviour based on their free volition and cognitive reasoning. PWD who maintained a single sexual partnership even though they had an interest in multiple sexual partnerships gave reasons for their actions, which included religion, economy, and search for suitability, while those who engaged in multiple sexual partnerships also gave a common reason for using it to prevent sexual disappointments.

Fig. 1: Number of Sexual Partners among PWD in Oyo state
Source: Fieldwork, 2022

Figure 1 shows the IDI responses on the number of sexual partners among PWD in Oyo State. This report showed that PWD engage in sexual partnerships. Even though some participants do not have a sexual partner, others reported that they have at least one sexual partner. A participant who had one sexual partner said, "*I keep to one sexual partner"* (Male, 58 years, visually impaired, married).

Another participant who had a single sexual partner said *I have only one partner* (male, 42 years, physical disability, married)

Some of the participants engaged in multiple sexual partnerships, and they stated reasons why they felt it was okay for them. The predominant reason for engaging in multiple sexual partnerships was avoidance of sexual disappointment from sexual partners. A participant who currently practices multiple sexual partners despite previous disinterest in it

cited previous sexual disappointment from a sexual partner as a reason for currently practicing multiple sexual partnerships. He said:

Before, I used to go against it, but later, based on one or another experience, one experience or the other, and even I do go into it based on a series of disappointments. I cannot go against it because there is a reason for everything, and if someone has two partners, if A misbehaves, B will not misbehave at that particular time, but it would have been better if someone had two partners; it should have been better that you should be sincere with the two of them and you should be watching them so that later on you will be able to pick the right one. (Male, 28 years, visually impaired, single).

Another participant with similar multiple sexual partnership experiences and reasons narrated his experience as; thus, he said: "*there are some asewos around and you will just come across if I feel like if I don't feel like. Yes, another sex someone, yes yes.... to have more than one partner, there must be a reason for it, to me to plan for my wife so that she won't just be having unwanted pregnancy all the time, two, to have rest of mind because women somehow behave at times you may wish to have something with them and they will just turn you down unnecessarily and one feels... if you have made that person unhappy the other day it's better to have another one when this one fails you, then the other one, and the other one is not that I want her permanently to be my wife I want her I need to call her if I don't need her she stays away without me"* (Male, 44 years, physical disability, married).

Another participant said, "*I have more than two, but let me say I have two... let me say I have two partners, so both can't tell me on the same day that they are not interested in it" (*Male, 25 years, visually impaired, single)

The study also captured the reports of participants who had previously engaged in multiple sexual partnerships but no longer engaged in the behaviour at the time of the interview due to the difficulties they experienced while engaging in multiple sexual practices. A participant narrated his ordeal with multiple concurrent sexual partnerships, which gave him trouble, but he has decided to stick to one partner at a time; he said:

"In this part of the world, we men are in trouble; I have had a kind of experience in the past …I had it, but it never took time before I could go back to my senses because it's not something I like, one of the things is that it affects my concentration in anything I want to do, I had to think about this, think about that so I don't like it… concurrent, you have like two at the same, yes, at a time whereby you have to, you know, all that kind of things, it's not recent very long time, I think more than five years ago" (Male, 33 years, physical disability, single)

Another participant who used to have multiple sexual partners and had stopped said, "*I used to (it means used to have more than one sexual partner), but ever since I discovered the disadvantages in it, I had to quit"* (Male, 30 years, visually impaired, single)

Some of the participants also reported that they wanted multiple sexual partnerships, but still maintained a single partnership at the time of the interview due to various reasons cited by them. A participant who stated economic and religious factors as reasons for sticking to a single sexual partnership said: *well, I have an interest in having more than one partner, but because of the economic situation and religion, so, I was compelled to marry one wife.... exactly, up till now, one partner* (Male, 44 years, visually impaired, married)

A participant who would have wanted another sexual partner because of physical separation from their partner for a long time, but does not currently have it because she has not found a suitable partner, said:

"Me, I don't like it. But the condition can come along to have more than one partner. But as for me, it depends on the condition you are in. For me, my partner has not been around since two years ago; you know the pain you can have if you don't have a partner to be with you. It's good for me to have another partner so that we can be together. But I've not seen any responsible partner. If I see any responsible and understanding person so that I can be with him. I don't have another partner now". (Female, 42 years, physical disability, married)

3.2.1.2. Contraceptive Use among PWD in Oyo State

This study showed the contraceptive use behaviour among PWD in Oyo state. It revealed contraceptive use experiences among PWD in Oyo state, reporting their usage or non-usage and reasons cited for non-usage or further report about usage of contraceptives.

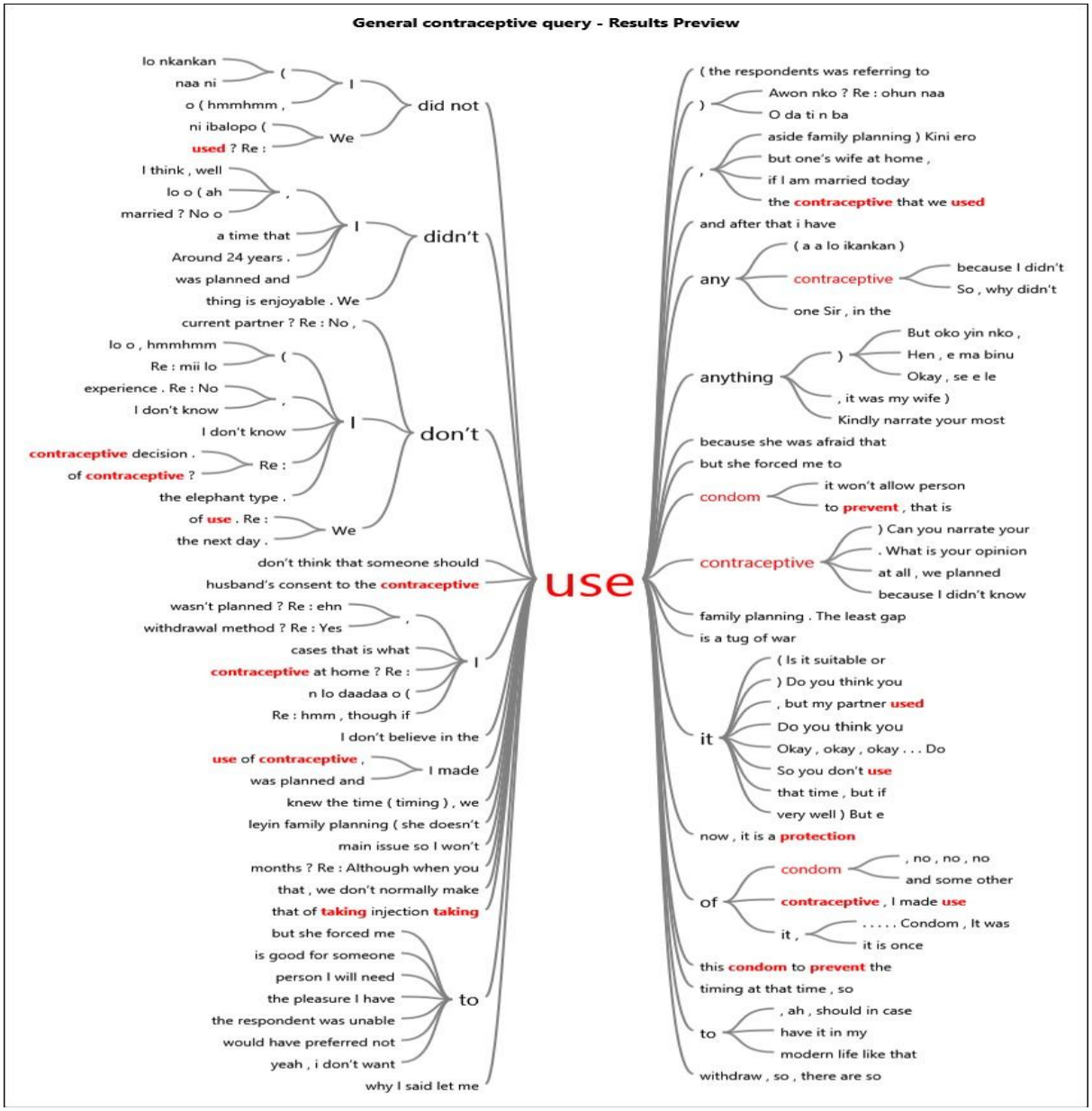

Fig. 2: Pattern of Contraceptive Use among PWD in Oyo state
Source: Fieldwork, 2022

Figure 2 shows the IDI reports of the pattern of contraceptive use in most recent times, especially in the past twelve months before the interview, among PWD in Oyo state. The participants who did not use contraceptives were captured in this study. These participants who did not use contraceptives can be categorized into three groups: some who did not use and did not report whether their partners used or not, those who did not use at all, some who did not use but their partners used and some who used traditional method such as withdrawal, family planning, timing, but because they did not use modern method said they did not use.

PWD who did not use contraceptives stated their experience and gave reasons such as being in a marital partnership, physiological make-up of the body and having desire for more children.

A participant who did not use contraceptives because he engages in a sexual relationship with his wife said: "*I don't use. I think it is good for someone to be using if, to say, someone just met a lady that does not have any relationship with someone. It is good for someone to use, but for one's wife at home, I don't think that someone should use anything*…" (Male, 54 years, physical disability, separated)

A participant who did not use contraceptives because she has a physiological make-up that does not support frequent conception said: "*We don't use contraceptives... I've never used it. Yoruba believes that for a woman, there are different body types; one like a pig, that whenever a man moves close, she gets pregnant, another like an elephant. I think I belong to the elephant type. I don't use family planning. The last gap between my children is five (5) years. I don't get pregnant anyhow. I pray for like two years whenever I want to get pregnant"*. (Female, 47 years, physical disability, married)

A participant who is not using contraceptives because of the desire for more children and having sexual relationships with only his wife said: "*I didn't use any contraceptive. I am having sex only with my wife; that is the reason why I am not using it, and we are still expecting a child, so that's why using contraceptives does not even have any meaning to me as of now because having sex with my wife, no any other person that is what I can say for now and we are still trying to get more child that is why it's not even necessary, it's not even necessary for now"*. (Male, 42 years, physical disability, married)

This study further revealed PWD who are not using contraceptives, but their partner used. A participant said: Another participant said, "*I didn't use it, but my partner used, and I think it was suitable for her because she has not lodged any complaint"* (Male, 44 years, visually impaired, married)

The study revealed the usage of traditional instead of modern contraceptives among PWD. A participant who did not use a modern contraceptive but uses the traditional method of withdrawal because he does not believe in the modern method of contraceptives said: "*No, don't use it… I have the plan, I have stopped, I have four children, and that is all. You know there are so many methods in having sexual intercourse; you have withdrawal method, you have so many methods, since I don't believe in the use of condoms and some other family planning, injection and some other things because of their side effects, I don't believe in those things. Yes, I use withdrawal, so there are so many methods*…" (Male, 40 years, visually impaired, married).

This study also revealed that PWD did not use any contraceptive but reported that their partners used a traditional method of contraceptive. A participant whose partner used the timing method said: I did not use anything; "*it was my*

wife, we did not use, the contraceptive that we used was that we knew the time (timing); we used timing at that time, so, the period that she had hatched, for menses o, that she has completed her menstrual cycle, after that time that it has closed, that was when we now had sexual intercourse" (Male, up to 40 years, visually impaired, married)

Even though modern contraceptive non-usage, non-usage of modern contraceptives by the participant but usage by the partner and usage of traditional methods of contraceptives were reported, modern contraceptives were also being used by PWD. This study revealed the pattern of contraceptive use among PWD to include inconsistent usage, forced usage, planned usage and negotiated usage. The reasons for usage were also revealed to include the prevention of STI and unwanted pregnancy.

A participant who used contraceptives inconsistently with the partner due to the inconveniences experienced by the partner during sexual intercourse said: "*with my partner, it's not suitable for her because she does say that it does pinch her, and as a result I can't say because of my interest or my benefit alone I should not consider her because we must reach a consensus and as a result of that, we don't normally make use of it, it is once in a while*". (Male, 28 years, visually impaired, single)

A participant who used contraceptives forcefully and not willingly because of the need to be protected from contracting STI and unwanted pregnancy said: "*yeah, I don't want to use, but she forced me to use it because she was afraid that she didn't want to have any. But for me, I have to protect myself, and I would have preferred not to use; if I am married today, I won't be using contraceptives again; now, why will I be using that because it's not as when you are doing it without contraceptive, so, it's just to protect one against STI and unwanted pregnancy"* (Male, 42 years, physical disability, single). This decision to eventually use contraceptives affirmed that it was not really forced on the participant, but because of the need to protect himself, the participant yielded himself to the usage of contraceptives, thereby confirming the theory of reasoned action.

The study also revealed that PWD planned their modern contraceptive usage. A participant said: "*yes, that was planned, and I made use of contraceptive, I made use of it, Condom"* (Male, 33 years, physical disability, single)

Another participant who planned his usage of contraceptive to avoid unwanted pregnancy said: "*sure, sure o, that is why I said somebody must plan his way after five years. I put another six. Ah, no no. Is it that you have the contraceptive at home? Re: I used to, ah, should in case of any emergency.... all the time except you have the plan that you want to go for the main issue, so I won't use it that time, but if it is just for the pleasure, I have to use it"* (Male, 44 years, physical disability, married)

This study further revealed negotiated contraceptive use by PWD. It further revealed the ability of the PWD to win the negotiation for contraceptive use with the partner, even though it was a difficult process. The reason given for the usage of contraceptives was family planning. The participant said: "*we used contraceptive Copper T insertion for three years. I don't want to have more than two children that I won't be able to take care of. To have my husband's consent to the contraceptive use was a tug of war that involved the intervention of our fathers, but at the end of the day, I was able to cajole him. Say, let me just have it for now, you understand? I can still remove it tomorrow. I can get pregnant now; just remove it, no problem"* (Female, 37 years, visually impaired, married)

3.2.2. Consequences of Sexual Behaviour among PWD

This study showed the actual and not perceived consequences of sexual behaviour. The PWD experienced the consequences reported in this study experienced the consequences reported in this study experienced the consequences reported in this study. Figure 3 shows the IDI responses on the consequences of sexual behaviour among PWD in Oyo state.

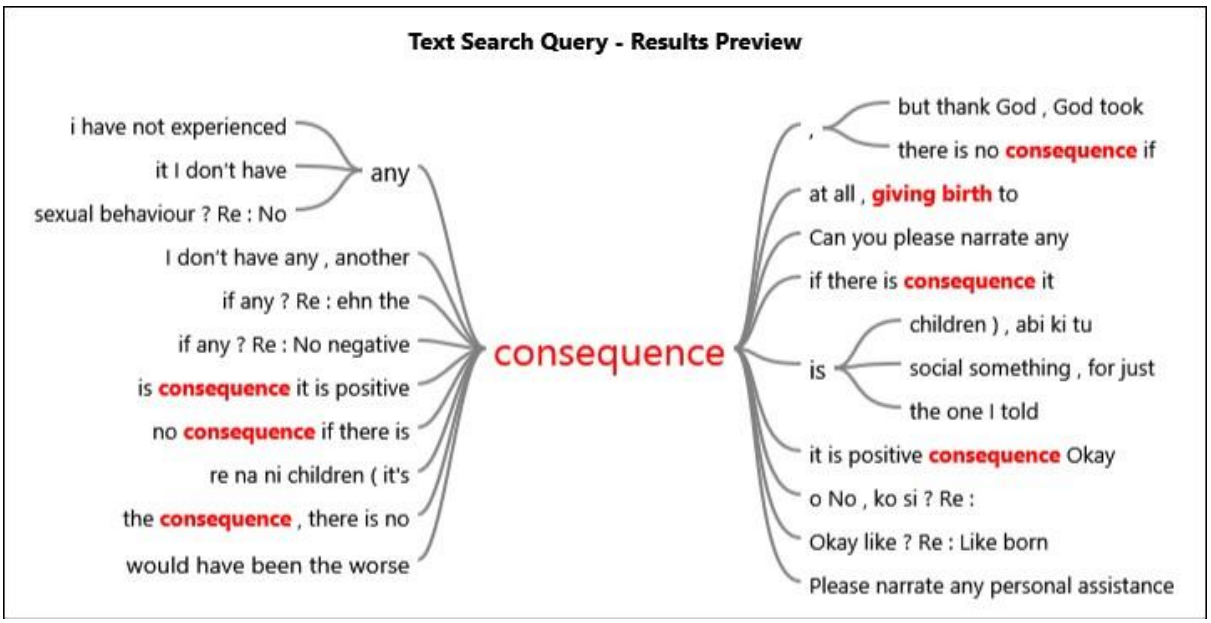

Fig 3: Consequences of Sexual Behaviour among PWD in Oyo state
Source: Fieldwork, 2022

The participants reported having no consequence for their sexual behaviour, while others reported either positive or negative consequences. Participants reported childbearing as a positive consequence of sexual behaviour, with the exception of those who reported it as unplanned. Other positive reports included: keeping a relationship with one's wife

(i.e., partnership) and good something for the body as created by God between married partners. Negative consequences were reported, which included: Contraction of STI, unplanned child, fight from an admirer, unhappiness, single parenting (i.e. single-handedly caring for the children) and the sudden removal of condoms during sexual intercourse, which generated fear.

A participant who never experienced any consequence of sexual behaviour said: "*I have not experienced any consequence"* (Male, 28 years, visually impaired, single)

Another participant who had the positive sexual behaviour consequences of childbearing and social activity said: "*its consequence is children, apart from that I don't have any, another consequence is social something, for just to keep relationship with our spouse"* (Male, 50 years, visually impaired, married)

Further, the negative consequences of unplanned children were reported. A participant said: "*The consequences are the third, you know I told you that initially, we planned to have only just two children, but it was when there was no plan, it was that the third child came"* (Male, 44 years, visually impaired, married)

A negative consequence of a quarrel with an admirer was reported. A participant said: "*Except for a lady not in Nigeria here in the Ivory Coast, maybe she loves me or something, but I do not give her face, that one had to fight with me seriously that it is as if I am not a man"* (Male, 54 years, physical disability, separated)

A negative experience of contracting a sexually transmitted infection was reported. A participant said: "*The first experience, it is the one I cannot forget forever, till I die, I contracted infection.... The first infection I had was that people could not move close to me, all my body, in fact, all my neck down; there were infections there, and there was no vacant space there, if not for people and God that delivered me that I became normal again"* (Male, 21 years, visually impaired, single)

It was reported in this study that sex makes one's body to be okay; that is, it gives good satisfaction. It was noted that a sexual relationship with one's marital partner brings good consequences. A participant said that "*every sex that is from one wife to one man usually results in good consequences. Good things, firstly, it is usually something good as God has prepared it, and then it makes one's body okay*" (Male, up to 40 years, visually impaired, married)

The negative consequences of neglect by a partner, which resulted in the burden of single parenting and raising children, were reported. A participant said: "*The consequences I have now is that single-handedly bearing the burden of caring for the children, that is the first one, the second is that if someone is having sexual intercourse with another person that the person does not know the father or the mother of such person if the person leaves someone, the person will be carrying the burden alone there will*

not be another man with someone, but if someone takes the appropriate step both partners will stay together forever". (Female, about 50 years, visually impaired, married)

Further, a negative consequence of unhappiness was reported as a consequence of sexual behaviour in this study. A participant said: "*I was not happy that day"* (Female, 20 years, visually impaired, single).

This study revealed the consequences of contraceptive removal during sex. A participant said: "*One day, I think I have protected myself as well, the thing now removed, the circle removed so I was afraid"*. (Male, 27 years, visually impaired, single)

4. Discussion

This study revealed that PWD is not asexual but sexually active as they engage in sexual relationships with at least one sexual partner. Some PWD desired to have more than one sexual partner but still had one at the time of the interview either because of economic reasons, religion or because the participant had not found a suitable partner; some have had more than one sexual partner in the past and have stopped because of the negative consequences experienced and only a few have more than one sexual partner at the time of the interview. The reasons given for the practice of multiple partnerships include the appropriate choice of partner, prevention of sexual disappointment from a sexual partner and planning for a partner to prevent unwanted pregnancy. This agrees with previous authors who reaffirmed that PWD is not asexual as believed by many, but they are sexually active. Enhancing Nigeria's HIV and Aids Response Programme (ENR), study revealed that PWD in Nigeria are sexually full of life as more males practiced multiple sexual partnerships than females [2]; Maart and Jelsma's study also showed that it is incorrect to perceive that PWD are sexually inactive and are not vulnerable to HIV [19] and Umoren and Adejumo negated the mistaken belief that PWD are asexual [20].

The pattern of contraceptive use among PWD was revealed in this study. It showed that PWD who had sexual partners did not use contraceptives. It further showed that PWD, either male or female, did not use contraceptives because they trusted their partner. They are in a marital relationship (i.e. some participants said "she or it is my wife"). Their partner does not like it, their physiological frame does not conceive often, and they still desire more children. Others who used it had different reasons for using contraceptives, which include being forced to use it by a partner to protect themselves from STIs and prevent unwanted pregnancy. PWD who used contraceptives used condoms, copper T, timing, and family planning. This result agreed with the ENR study that found that there was low usage of condoms among PWD in Nigeria [2] and also Aderemi, Pillay, and Esterhuizen's study, which showed that there was low condom utilization among the mildly intellectually disabled adolescents compared to non-disabled learners in Oyo state [9]. It also agrees with Mugi's study that 53% of sexually active students with disability engage in unprotected sex [21].

The PWD in this study who used contraceptives also reported prevention of pregnancy as a reason for the usage of contraceptives, as explained in Greenwood and Wilkinson's study, which explained that women with intellectual disability use contraception for different purposes, which include prevention of pregnancy and management of menstruation [22].

The study revealed that PWD sexual partnership and contraceptive use behaviours were volitional- that is, they were not forced. It further revealed that these behaviours were also cognitive- that is, they were based on personal reasoning and choice. These agreed with the theory of reasoned action, which explains that human behaviour is cognitive and volitional [16].

The study also revealed that PWD weighed the consequences of their sexual behaviour before engaging in it. For instance, in the study, it was reported that PWD decided to desist from engaging in multiple sexual behaviours because of the consequences experienced from previous practice. This further justified the position of the theory of reasoned action that attitude towards a behaviour is based on the personal belief about the behavioural consequences and judgment of a person towards such behavioural outcome [16,17].

The report from the IDI showed that PWD reported not having any consequences of sexual behaviour; some reported negative consequences, while others reported positive consequences of sexual behaviour. Positive consequences included giving birth to a new child or childbearing, social activity or relationship with your spouse, and sexual intercourse with one wife, making one's body okay (bodily satisfaction). Negative consequences included an unplanned child (which must have resulted from an unwanted pregnancy), a serious fight with an admirer, contraction of an STI, single parenting and child-caring due to a partner's neglect or separation. This agrees with the findings from Haruna's study that the effect of stigmatization and exclusion of PWD in society can include self-harm, low self-esteem, inability to relate well in society, isolation and depression [23]. Some of the reported consequences of sexual behaviour among PWD, such as unplanned childbearing, serious fights with an admirer (or quarrel), and contracting STI (which includes HIV), are similar to the findings of Babalola, Nwokocha, and Adewole's study that showed that young PWD perceived that madness or quarrel could be the outcome of multiple sexual partnerships and RSB could lead to having an unwanted pregnancy, contracting HIV and being charmed [3]. However, this study reported actual instead of perceived consequences revealed in Babalola et al. 2021's study. It, therefore, filled the knowledge gap on the actual consequences of sexual behaviour among PWD.

It also agrees with the study that explained that young PWD are more exposed to ill-sex including prostitution, pornography, sexual violence, unintended pregnancies and sexually transmitted diseases (STDs) than those without disability, which is a consequence of poorer sexual knowledge and education among young PWD when compared to those without disability that results from public oppression and non-visibility of PWD sexual life [24]

5. Conclusions

In conclusion, this study revealed the sexual behaviour patterns and consequences among PWD in Oyo State, Nigeria. It highlighted the sexual behaviour of PWD by revealing that PWD is sexually active, not asexual, that PWD makes sexual decisions cognitively and with free volition and reported both positive and negative consequences of sexual behaviour, which include bodily satisfaction, childbearing, keeping a relationship with spouse, unplanned child, quarrel, contraction of STI, the burden of single parenting and child caring due to partner's neglect or separation.

This study, therefore, recommends that the sexual behaviour of having a single sexual partner, trust among married partners, and sexual restraint among PWD without partners should be maintained and encouraged among PWD through sexual orientation programs to prevent risky sexual outcomes and enhance sexual satisfaction.

Furthermore, sexual education programs among PWD that would be targeted at increasing their knowledge and utilization of contraceptive methods should be developed by non-governmental organizations, community-based organizations, and PWD groups in Nigeria. This will increase their awareness about the different available methods of contraceptives and also increase the level of contraceptive use among them, thereby reducing the negative consequences of sexual behaviour among PWD, as identified in this study.

Also, PWD should be educated on their international reproductive rights and choices to ensure proper sexual and reproductive behaviour in line with global practices, policies, and advocacies. This will help PWD to prevent, avoid, and reduce the negative consequences of sexual behaviour among them in Nigeria.

Author Contributions: Conceptualization, Blessing I. Babalola and Ezebunwa E. Nwokocha.; methodology, Blessing I. Babalola.; ; formal analysis, Blessing I. Babalola.; investigation, Blessing I. Babalola; data curation, Blessing I. Babalola.; writing—original draft preparation, Blessing I. Babalola; writing—review and editing, Bolarinwa Obasanjo.; supervision, Ezebunwa E. Nwokocha; project administration, Blessing I. Babalola.; funding acquisition, Blessing I. Babalola. All authors have read and agreed to the published version of the manuscript." Please turn to the Credit taxonomy for the term explanation. Authorship must be limited to those who have contributed substantially to the work reported.

Funding: This research was funded by Nigeria Tertiary Trust Fund (TETFUND) Academic & Staff Development Training.

Ethics approval was granted by the University of Ibadan Social Sciences and Humanities Research Ethics Committee (SSHREC), reference number UI/SSHREC/2021/0029. The study adhered to other ethical principles, including informed consent, confidentiality, and voluntary participation.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board (or Ethics Committee) of the University of Ibadan, Social Sciences and Humanities Research Ethics Committee (SSHREC) (UI/SSHREC/2021/0029 and 10/11/2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest: The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

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