

CHAPTER ONE

INTRODUCTION

Background

Access to information is a very important aspect in any person's life. It is essential to increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour (Central Statistics Office, 2007). Generally, information is important for use in planning programmes intended to spread knowledge about health and other issues through various media messages. People may access information through television, radio, reading, posters and other modes.

The problem of access to HIV and AIDS information by hearing impaired learners has its genesis from the historical status of hearing impaired people in society. Hearing impaired persons were separated from the main society and even their educational provision was done separately. This was due to the inability by the hearing community to communicate to those who were hearing impaired. They were forced to live in isolation due to language barrier. Consequently, they were denied access to vital information in various aspects of their lives, which concerned them as people (Heward and Orlansky, 1988).

With the advent of HIV and AIDS, the need to access information on the pandemic cannot be over-emphasised. Every person has the right to access accurate and complete HIV and AIDS information to enable them make informed decisions. As the spread of HIV and AIDS pandemic increases, there is need to provide young people, especially the hearing impaired population with adequate information on the deadly virus (Hogan and Palmer, 2005). Information should, however, be age-appropriate, culturally

sensitive and provided in accessible format (Ministry of Education, 2006). Persons with hearing impairments need to have HIV and AIDS awareness information disseminated in a format suited for their specific disability that is sign language. Information on HIV and AIDS can be accessed through reading, watching television, posters, and leaflets and, in most cases, through interaction (Hogan and Palmer, 2005).

Learners who are hearing impaired cannot access information without special help. They acquire a good deal of information about the world but have few symbols or patterns available to help them send and receive messages. As a result, they miss out on a lot of vital information such as information on HIV and AIDS due to communication problems (Heward and Orlansky, 1988).

It is worth noting that, hearing impaired persons may be at risk of HIV infections due to insufficient access to appropriate information on prevention and supportive services. Many might engage in behaviour, which places them at risk of HIV infection such as, unprotected sex and use of syringes to inject themselves with drugs. In addition, a large number of persons with disabilities are subjected to sexual assault or abuse during their life time, with women and girls in specialized institutions, schools or hospitals being at particularly high risk. There is also evidence that in some cultures, persons with disabilities are raped in the belief that this will 'cure' an HIV- positive individual (UNAIDS, 2009).

However, access to HIV and AIDS information in schools for learners with hearing impairments poses a great challenge in the prevention of HIV and AIDS in Zambia. Most educators of hearing impaired learners do not use a sign system as instructional technique. It is difficult for hearing impaired learners to access information in such a case due to language barrier (Quigley, 1990) in Kirk, Gallagher and Anastasiow (1993). In the absence of a vaccine or cure, education and awareness are vital components of

HIV and AIDS prevention programmes. Thus, information remains the main weapon to fight the spread of HIV infection (Kelly, 2005).

Further, research has revealed that, youths remained vulnerable to HIV and AIDS as there was an increase in percentage of the 15-24 years, who reported having sexual intercourse before the age 15 years from 10.3 per cent to 14.6 per cent in 2007 (National Aids Council, 2008). Approximately, one million Zambians are HIV-positive (NAC, 2008). Young people aged 15 to 24 years account for 7.7 per cent of the HIV- positive population. There is no data on HIV prevalence among persons with disabilities. The few existing studies on the hearing impaired population suggest that infection levels equal to or higher than those of the hearing community (UNAIDS, 2009).

Statement of the Problem

Access to information on HIV and AIDS is necessary in the prevention of HIV infection. Although many studies have been conducted in Zambia on access to information on HIV and AIDS, there seems to be little information on specific study on how much access learners with hearing impairments have in Zambian basic schools. Therefore, this study sought to answer the question; ‘how much access do hearing impaired learners have to HIV and AIDS information in basic schools?’

Purpose of the Study

The purpose of the study was to investigate how much access hearing impaired learners had to information on HIV and AIDS basic schools.

Objectives of the Study

The following were the objectives of the study:

- (1) To find out the extent to which learners with hearing impairments access HIV and AIDS information in basic schools.
- (2) To identify factors hindering the access of HIV and AIDS information by learners with hearing impairments in basic schools.
- (3) To find ways of increasing access to HIV and AIDS information for learners with hearing impairments in basic schools.

Research Questions

The study was guided by the following research questions:

- (1) To what extent do learners with hearing impairments access HIV and AIDS information in basic schools?
- (2) What factors hinders access to HIV and AIDS information by learners with hearing impairments in basic schools?
- (3) In which way would access to HIV and AIDS information be increased for learners with hearing impairments in basic schools?

Significance of the Study

It is hoped that the findings of this study would alert educational practitioners and stakeholders on the importance of providing access to information on HIV and AIDS for learners with hearing impairments. It is also hoped that such information may assist the policy makers, school administrators and other stakeholders to come up with appropriate policies and activities that would best meet the needs of learners with hearing impairments in accessing information on HIV and AIDS in schools. This would help in prevention of HIV infection among hearing impaired persons in Zambian schools. Furthermore, it is hoped that the study would stimulate further inquiries by other researchers.

Limitation of the Study

This study was carried out in three Upper basic schools in Central and Northern provinces. This means that, the sample size was small considering the number of the entire population of teachers of learners with hearing impairments and learners with hearing impairments in the two provinces. As a result the findings of this study could not be generalized to other basic schools in the two provinces and also to other provinces in Zambia.

The other limitation the researcher encountered in the course of the study was budgetary constraints because of being a self-sponsored student. As a result, the researcher could not touch other basic schools in other provinces.

Definition of Terms

- Access:* Able to get information or something.
- Information:* It is knowledge acquired through experience or study.
- HIV:* Human Immunodeficiency Virus. It is a virus which undermines the immune system and leads to AIDS (Ministry of Education, 2006).
- AIDS:* Acquired Immune Deficiency Syndrome. It is the final phase of HIV infection and has no cure.
- Learner:* Any child or adult enrolled in an education programme.
- Hearing impairment:* it is the inability to hear sound or a hearing loss. It includes both deaf and hard of hearing conditions (Heward and Orlansky, 1988).
- Basic school:* Lower level of the education system in Zambia, from Grade 1-9.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter covers relevant literature on access to information on HIV and AIDS regarding hearing impaired learners. The literature review has been presented under the following sub-headings: education policy; education of hearing persons; HIV prevalence; HIV and disability; HIV and AIDS and its impact on education; access to HIV and AIDS information; factors that hinder access to HIV and AIDS information by hearing impaired learners and finally, how access to HIV and AIDS information by learners with hearing impairments could be increased.

Education Policy

The importance of education world over cannot be ignored, hence the United Nations Declaration of Human Rights that, everyone has the right to education (UNESCO, 1976 in Kelly, 1996). The significance of education was eloquently emphasized at the World Conference on Education for All (Jomtien, 1990) resulting into the declaration of Universal Primary Education. This implied that all children have the right to basic education. Therefore, basic education should be made compulsory and free. Article 1.1 of the World Declaration on Education for All states that every person, child, youth and adult shall be able to benefit from educational opportunities (UNESCO, 1991 in Kelly, 1996).

Education is also a means for enhancing the well-being and quality of life for the entire society. The process of education usually takes place in school, which is a modern institution that requires full-time attendance of specific age groups in a teacher

supervised classroom and the study of graded curricula (UNESCO, 1976 in Kelly 1996).

The Government's role in education arises from its overall concern to protect the rights of individuals, promote social well-being and achieve a good quality of life for every person. "The Ministry of Education upholds the principle that every individual has an equal right to educational opportunity. This means that every individual, regardless of personal circumstances or capacity has a right of access to and participate in the education system. The guiding principle for education of exceptional children is that to the greatest extent possible they should be integrated into the programmes that are offered in ordinary classrooms" (MoE, 1996:66-67). The policy statement on special education indicates that the Ministry of Education will ensure equality of education opportunity for children with special needs, provide education of particularly good quality to learners with special needs and strengthen the supervision and management of special education across the country (MoE, 1996).

In the changed context of the 1990s, inclusion of learners with special needs has assumed new direction. The guiding principle for the education of exceptional children is that to the greatest extent possible, they should be integrated into programmes that are offered in ordinary classrooms. Learners with special educational needs are exceptional because their difference necessitates special educational provision either in conjunction with the regular class or in a special class or school' (MoE, 1996).

Education of Hearing Impaired Persons

The earlier educational programmes of persons with hearing impairment were primarily 'separated programmes' or conducted in separate buildings. The hearing impaired people were separated from the community. Although there was public awareness concerning this group of people, much of that awareness consisted of superstition, half truths and over simplifications (Heward and Orlansky, 1988). It was also universally

held that individuals who were considerably 'different' from normal in appearance or behaviour were possessed by demons or evil spirits. Historically, society had developed inhumanity as a result of fear and ignorance (Gearheart, Weishahn and Gearheart, 1988).

In the 16th century, teaching of a small group of hearing impaired pupils to speak, read and write was successful. This major breakthrough led to a reversal of the official position of the church that the hearing impaired could not speak and were uneducable (Kirk et al., 1993). In 1760, a school for the hearing impaired was opened in Paris and organised education for hearing impaired learners became a reality. The first school was indeed of great help (Gearheart, Weishahn and Gearheart, 1988). At that time the hearing impaired learners were considered most appropriately served in asylums, special sanctuaries removed from normal society. Many of the private, public and parochial schools for the deaf founded in 19th century were located in small towns away from major centres of populations. Generally, this brought about an increasing isolation of hearing impaired children from the families and society at large (Moores and Kluwin, 1986, in Heward and Orlansky, 1988).

However, the past years have witnessed significant improvements in education, care and treatment of children and adults with hearing impairments. With the advent of the monotheistic religious groups, care and education became outstanding in various fields. Educational programmes have changed significantly, in some cases radically in recent years.

In Zambia, the responsibility of educating hearing impaired children was earlier in the hands of the missionaries. By 1953, the Northern Rhodesia Government (NRG) started paying grants to mission agencies to enable them run institutions. In 1971, the education of the hearing impaired learners became the responsibility of the Government of the Republic of Zambia through the Ministry of Education (MoE, 1977). The current trend regarding the education of the hearing impaired learners has moved towards inclusive

education. But over the past decades, the education system has been confronted with the problem of HIV and AIDS. This poses the education system with challenges of coping with the effects of HIV and AIDS.

According to Central Statistical Office (CSO) (2003), Zambia is among countries in the developing world that has a high number of children with disabilities. In the year 2003, the incidence of disability in Zambia was reported to be at 2.7 per cent (256 690 people) of the total country's population of 9.3 million people. The incidence of disability among children in Zambia was estimated to be 40 000 children, most of whom were not registered. Only 15 772 children were registered as children with disabilities in Zambia. Twenty-four per cent (3 834) of these were physically disabled, twenty-three per cent (3 625) were visually impaired, thirty-four per cent (5 357) had hearing impairments, and nineteen per cent (2 956) had multiple or intellectual challenges (Ndhlovu, 2004). The children are in 110 units attached to ordinary schools and thirty residential special schools (MoE, 1996).

HIV Prevalence in Zambia

Globally, the rising number of HIV and AIDS continues to be a primary concern. A large proportion of infections occur in the Sub-Saharan Africa (Kelly, 1999). The region has 10% of the world's population, but is home to two-thirds of all people living with HIV and AIDS. It is estimated that twenty-five million people under the age fifty years are living with HIV and AIDS in Sub-Saharan Africa (UNAIDS, 2003).

Zambia is one of the Sub-Saharan African countries worst affected by the HIV and AIDS pandemic. The country's population for the reporting period was estimated at 11.8million in 2006 and 12.2 in 2007 (NAC, 2008). Approximately, one million Zambians are HIV positive (UNAIDS, 2009 and NAC, 2008). The first case in Zambia was diagnosed in 1984 (World Health Organisation, 2005). The HIV prevalence among the adult population (15-49 years) currently estimated at 14.3%, decreased by about 2% between 2001/2002 and 2007 (ZDHS, 2007). However, an HIV prevalence of 14.3% is

still high, suggesting that the HIV prevalence is stabilizing at a high level and that the number of new infections will outstrip the number of AIDS related deaths (NAC, 2004 and NAC, 2007).

The vision of the Government of Zambia is to have 'a nation free from the threat of HIV and AIDS by 2030'. The goal is 'to halt and begin' to reverse the spread of HIV and AIDS' (NAC, 2009). The future course of Zambia's AIDS depends on a number of variables including the level of AIDS-related knowledge in general population; social stigmatisation and risk behaviour. In this way, the AIDS control programme in Zambia can target those groups most in need of and at risk of contracting HIV (CSO, 2007).

Youths remained vulnerable to HIV and AIDS due to an increase in percentage of 15-24 years who reported having sexual intercourse before the age of fifteen years from 10.3 per cent to 14.6 per cent in 2007 (NAC, 2008). Young people have been disproportionately affected by the epidemic. Levels of infection peak in the 15-24 year age group. The major mode of HIV transmission in Zambia is heterosexual, through which seventy-eight per cent of the country's infection is transmitted (Siatontola, 2004).

Nonetheless, HIV prevalence is lowest (23.6%) in the 15-19 year age group (window of opportunity and hope) and highest (47%) in the 35-39 year age group (most productive) and is disproportionately higher in females (16.1%) than in their male counterparts (NAC, 2009). Knowledge about HIV and AIDS is universal in Zambia, although knowledge about ways in which one gets infected with HIV is not universal. If interventions are effectively put in place and met with the desired response from the population, coupled with sustained positive behaviour change, it is projected that HIV prevalence will decline by about five percentage points every ten years in each province (CSO, 2003).

HIV and AIDS and Disability

An estimated 650 million people or 10% of the world's population, have a disability (UNAIDS, 2009) and of these, seventy-five per cent lived in the developing world (UNICEF, 1999). Seventy-two million out of school children in the world are excluded from vital sex and reproductive health education, which is often provided in school settings (UNAIDS, 2009).

The 2000 Census found that two in five disabled persons had no education. Sixty-two per cent of the hearing impaired population never attended school (CSO, 2003). Few studies have explored the information needs of the disabled. To date, no published data is available evaluating HIV AND AIDS risk in disabled Zambians (Herlity *et. al.*, 2005). There is no data on HIV prevalence among persons with disabilities (UNAIDS, 2009).

HIV and AIDS and its Impact on Education

According to Carmody (2004) over the past decade the educational system has been confronted with the problem of HIV and AIDS. In an attempt to contain the epidemic, the role of education has been identified as pivotal. The current HIV and AIDS situation adds to the complexity of health issues in education. AIDS- affected families may devote so much of their limited resources to the care of a sick individual that they may not be able to afford the costs for school or they may withdraw a child from school to help look after the patient or to undertake domestic chores or supplementary income-related activities that an adult would have discharged. A further dimension of HIV and AIDS problem is that teachers fall within the education age groups that are most vulnerable to infection. The profession has seen the loss of many of its members and may lose many more. Such losses make it increasingly difficult to ensure that existing schools are fully staffed by qualified teachers and reduce the potential for extending educational provision to all eligible children (MoE, 1996).

Given the magnitude of the crisis that HIV and AIDS have brought, the education system has a serious obligation to cooperate with other bodies in stemming the spread of the infection. As one of the socializing forces in society, it has a grave obligation to educate the young on this matter, providing knowledge, fostering awareness, promoting life-asserting attitudes (MoE, 1996).

Therefore the Ministry of Education has developed the Education sector policy on HIV and AIDS, a reflection of the Ministry's commitment to fight the scourge. The HIV and AIDS policy message speaks out to everyone touched by the epidemic; teachers, school children, young people out of school, adult learners and politicians living in the world of AIDS (MoE, 2006). As the rate of HIV and AIDS pandemic increases, there is need to provide young people, especially the handicapped population with adequate information on the deadly virus. This is necessary to enable them make informed preventive measures. Though there have been some campaigns, these intervention programmes for young people often neglect the special and handicapped people who are hearing impaired (<http://allafrica.com/stories/200812040199.html>).

Access to HIV and AIDS Information

Access to HIV and AIDS information is very important in the fight against the AIDS pandemic (UNICEF, 1999). Access to information is essential to increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour. This information is important for use in planning programmes intended to spread information about health through various media messages (CSO, 2007). Exposure to HIV and AIDS information increases knowledge on how HIV is transmitted and may result in a reduction of behaviours that lead to HIV transmission (Pierce et al., 1990; Stroller and Rutherford, 1989 in Munachaka, 2006).

In view of the above, education and awareness are vital components of HIV and AIDS prevention in the absence of a vaccine or cure, a further spread of the disease can be limited by informed decisions. The prerequisites to just sexuality are access to correct information, assertiveness and other life skills, as well as motivation to make use of information and skills. Promotion of just sexuality would require upholding the right information and responsible sex education. Provision of information and education about HIV and AIDS is critical to prevention of HIV infection (Kelly, 2005).

In Zambia, the Ministry of Education directed that HIV and AIDS be integrated into the curricula at all levels. Thus, the Ministry of Education has adopted strategies such as integrating of programmes for promoting HIV and AIDS awareness through school curricula (Carmody, 2004). HIV and AIDS pandemic has an impact on curriculum and the process of education in that there is increased pressure on schools and curriculum to become effective delivery systems for messages about HIV and AIDS. HIV and AIDS prevention information and life skills has been mainstreamed into the existing curriculum and offered across all levels of education. In addition, appropriate learner and teacher support materials, which are gender sensitive, have been developed to support HIV and AIDS curriculum interventions. Through in-service and pre-service programmes, educators are prepared to effectively integrate HIV prevention messages into the lesson and curriculum, to existing curriculum policy (MoE, 2006; Kelly, 1999).

The inclusion of HIV and AIDS education in the curriculum therefore, should be perceived as both an efficient and effective strategy in controlling the HIV and AIDS pandemic. The education sector should ensure that necessary information, skills and attitudes are inculcated in the learners in the manner that can lead to safe sexual behaviour once learners become sexually active. Educators in general and teachers in particular, are capable of initiating instructional strategies that are appropriate in teaching of the HIV and AIDS education over the entire school cycle (Siatontola, 2004). The preventive strategies, should be sensitive to cultural beliefs, religious beliefs and

appropriate to age, gender, language, special needs and context and that these should be in line with the most accurate, factual and current information available. Every learning institution and office must allocate time to provide messages and HIV and AIDS information (MoE, 2006).

A survey conducted by (CSO, 2002:155) revealed that “the majority of the respondents (91%) said that, primary schools should teach pupils about HIV and AIDS”. Siatontola (2004) further says, the second reason why HIV and AIDS should be incorporated in the school curriculum is that school-based programmes also provide the opportunity to start educating children at an early age. In this way, education can be seen as an instrument for sharing information amongst teachers and learners of different ages in the curriculum spiral. The main focus of teaching HIV and AIDS should be on information dissemination to the learners on the dangers of HIV and AIDS; how it is transmitted; how to protect one self and others. The main goal of such lessons should be to ensure that learners form and maintain behaviours that will not put them at risk of contracting HIV and other STIs (Siatontola, 2004).

The Ministry of Education recognises the gravity and devastating effects of the HIV and AIDS pandemic and is committed to adopting a humanitarian approach by promoting a supportive and non discriminatory environment (MoE, 2006). Most people in Zambia already know how HIV is spread and how to protect themselves. In fact, this is the easiest part of HIV prevention to put in place. However, many people are not putting their knowledge into practice and are becoming infected. They also need life skills and a protective physical and social environment. Life skills equip people for positive social behaviour and for coping with pressures (MoE, 2006).

Too often, individuals with disabilities have not been included in HIV prevention and AIDS outreach efforts because it is assumed that they are not sexually active and at little or no risk of HIV infection. The Global survey on Disability and HIV and AIDS conducted by Yale University and World Bank has proved this assumption wrong.

Actually, persons with disabilities have greater exposure to all known risk factors for infection. Adolescents and adults with disability are as likely as their non-disabled peers to be sexually active (UNICEF, 1999). Although there were hardly any HIV and AIDS prevention and mitigation programmes targeted at persons with disability, there were grounds to believe that they were at risk of HIV and AIDS. Like all social groups, disabled persons have sexual relationships which make them vulnerable to HIV and AIDS. Thus, without access to HIV and AIDS information, the disabled people cannot take any preventive or protective measures (NAC, 2006).

A study conducted in Maryland, USA shows that the hearing impaired people are two to ten times as likely as their hearing counterparts to be HIV positive. This has been attributed to the challenges hearing impaired people experience, including poor access to information about HIV and AIDS and safe sex and issues such as confidentiality within the community, difficulty in getting information from the media and lack of preventive programmes aimed specifically at them (Monaghan, 2003)). Zambia Federation of the Disabled (ZAFOD) is quoted to have said, ‘most persons with disabilities do not have access to information through the radio, television and newspaper and other literature, especially the visually and hearing impaired people’ (Kanyengo, 2009).

Hearing impaired people often have limited access to HIV and AIDS as it is presented either in spoken or written language. This communication barrier is also present in medical settings as health providers usually do not know sign language. The result is that typical health education programmes as a means of combating the spread of HIV infection do not reach the hearing impaired communities (Schmaling and Monaghan, 2006).

The Local Community Competence Building (LCCB) baseline Survey report of 2005 revealed that, the physically and mentally challenged persons were not receiving information about prevention and mitigation of HIV and AIDS. Discussion in the

catchment areas of the five health institutions clearly showed that the hearing impaired persons had no access to HIV and AIDS information needed to prevent and mitigate HIV and AIDS. This situation was made worse by lack of HIV and AIDS information in forms in which the hearing challenged persons could access it independently. It was disappointing that there were hardly programmes targeted specifically at hearing impaired persons (NAC, 2006).

The lesson learnt from the study is that current HIV and AIDS strategies employed are often inappropriate and inaccessible to persons with disabilities. Cultural assumptions of how HIV risk for disabled persons result in a lack of targeted educational materials and accessible outreach services. Cultural attitudes of Zambians towards persons with disabilities contribute toward increasing their risk of HIV and AIDS (Herlity et al., 2005).

Persons with disability need to have HIV and AIDS awareness information disseminated in a format suited to their specific disability. In some cases, students are often unable to gain information from written materials because few publications are written at their reading levels (Gibbons, 2002). While some hearing impaired persons can read materials such as pamphlets with HIV and AIDS information, these materials would be ineffective for those with limited English reading skills (UNICEF, 2002). Information Education Communication (IEC) materials should be provided to improve and update knowledge and awareness on HIV and AIDS, sexually transmitted infections, opportunistic infections and to provide guidance on how to achieve and maintain a healthy lifestyle as well as to reduce stigma and discrimination.

One survey with 450 hearing impaired adults in eight US states showed that while most hearing impaired participants had basic knowledge, there were gaps in knowledge about transmission and protection. Another US survey showed, however, that if information

was provided in American Sign Language, hearing impaired people benefitted greatly from the education intervention (Schmaling and Monaghan, 2003).

Another study carried out by LCCB project in Chikankata area relating to HIV and AIDS confirms that, young people mostly discussed with peers of the same sex and other relations but not with their parents. Young people also reported not discussing issues relating to HIV and AIDS with peers of the opposite sex. This was evident from the focus group discussion that had both sexes. In the mixed focus groups, discussions tended to be dominated by young men, with the young women only reacting to the views of their male counterparts (Chileshe and Chisenga, 2006).

Further, UNFPA (2005) reports that young people rely extensively on information shared between peers, with some input from older family members (aunts, uncles and grandparents) but parents were said to be poor sources of information. The boys' sources of information were peers, relatives and teachers. Other sources are the media, initiators and health providers. It is common for people of the same age group to share reproductive and health information. Boys said they felt very comfortable with information from their peers as it was easy to discuss things without embarrassment. They expressed a wish for more information on condom use.

In a study carried out in Lusaka on female school pupils at primary level showed that they identified parents and elders as their main source of advice on sexual and related problems. Secondary school age girls identified teachers as an acceptable source of information. This indicates that young people are not reluctant to obtain information from parents and teachers. The issue is how appropriate and accurate this source of information is. Information from parents and teachers can be classified as insufficient (too little and

incorrect) or misunderstood; whereas group pressure, popular myths, social-cultural norms leads to information being ignored. More information is needed as the level of knowledge was still low (UNFPA, 2005).

The emphasis in actual implementation remains on school-based programmes (World Bank, 1995). Ministry of Education support for the Anti-AIDS Programme and for Anti-AIDS Clubs in schools will continue, as these are spearheading an important awareness movement that is gradually reaching out to every pupil. “When ninety heads were asked in 2002 what their institutions were doing about HIV and AIDS education, practically, all indicated that they had an anti-AIDS club” (Carmody, 2004:131). The main components of school programmes that teachers use in HIV and AIDS education lessons include Anti-AIDS clubs. The provision of HIV and AIDS education in school is based on the assumption that people can change their sexual behaviour if they are informed about the pandemic (Siatontola, 2004). Anti-AIDS clubs have one of its objectives as giving to all young people access to information on AIDS written in a way that she/he can understand (MoE, 1996).

Factors that Hinder Access to HIV and AIDS Information

Access to information is hampered by several factors depending on the severity of the disability, the institution, the society at large and failure to address the needs (Kanyengo, 2009). Reaching disabled individuals with HIV and AIDS messages and other services presents unique challenges (Helander, 1998). People with disabilities, particularly in the developing world, experience barriers to accessing information and services. These can arise from restrictive cultural norms (Smith *et. al.*, 2004) service limitations, lack of communication skills by staff (Ubido *et. al.*, 2002), illiteracy, lack of education (Helander, 1998). Most are poor and relatively few hearing impaired people can attend formal schools, making access to information a serious challenge (<http://www.usaid.gov/stories/tanzania/fp-tz-hiv-deaf.html>).

Any lack of access to HIV and AIDS information and services is a human rights issue for people with disabilities. The limited literature has mainly addressed HIV and AIDS education among persons with hearing impairments (Peinkofer, (1994). Persons with disabilities may not benefit fully from HIV and related sexual and reproductive health services because service providers may lack knowledge about disability issues, or are misinformed; services offered in institutions and other locations may be physically inaccessible, lack sign language facilities or fail to provide information in alternative formats such as Braille, audio or sign language (UNAIDS, 2009).

In a study carried out in Chikankanta in the LCCB report, one researcher said, ‘although we came across a good number of people with hearing impairments, interviews proved difficult in most cases, because none of the researchers and research assistants were competent in sign language’ (NAC, 2006). Persons with disabilities are not reached through conventional HIV and AIDS outreach activities. Firstly, they have limited access to health services. Secondly, information campaigns often lack a strong visual component to engage those with limited literacy skills. A major challenge in sharing information on HIV and AIDS with PWDs is the failure to understand how to communicate with them effectively (UNESCO, 2009).

In addition, literacy is vital to understanding HIV messages and communications are often inaccessible to people who are blind or hearing impaired (UNICEF, 1999). Students are often unable to gain information from written materials, because few publications are written at their reading level (Gibbons, 2002). Even when AIDS messages or information reach disabled populations, low literacy rates and limited education levels complicate comprehension of these messages. Gross levels of illiteracy reduce the likelihood of persons with disabilities to access HIV and AIDS information and programmes (World Bank and Yale, 2004). While some hearing impaired persons can read materials such as pamphlets with HIV and AIDS information, they would be inefficient for those with limited English skills (UNICEF, 2002). In addition, although

there is a lot of information on the internet, disabled people rarely access it because they lack computer skills or transport to the centre (Kanyengo, 2009).

In many societies, individuals with disabilities are viewed as being innocent or childlike. Many people are uncomfortable discussing difficult social issues in relation to disability such as sexuality and rape. Nonetheless, such issues are very real in the lives of many individuals with disability and cannot be ignored (UNICEF,1999). Parents who are often times teaching sexuality to their children feel even more insecure teaching a child who has a disability (UNICEF, 2002). Teachers felt that, the topic on HIV and AIDS could be beneficial if introduced by parents at a younger age with teachers providing supporting information (UNFPA, 2005).

Teachers see children on a daily basis, and are theoretically better placed to discuss HIV and AIDS issues. Evidence from affected regions in South Africa suggests that teachers are often reluctant to engage these issues due to feelings of embarrassment, inadequacy or personal value systems and may be compounded by cultural guidelines or traditional roles of teachers. In such a case, teachers cannot be expected to assist learners effectively when they are not fully informed about HIV and AIDS (UNESCO, 2009).

It also has been argued that most teachers, unfortunately, have no formal training in teaching HIV and AIDS issues. Not much has been done to orient them on how to handle such issues. A survey carried out by Kenya National Union of Teachers (KNUT), showed that Kenyan teachers were not generally well prepared for lessons and that many were not well informed about the subject. In India, about seventy per cent of teachers have been given no training or information on HIV and AIDS(<http://www.avert.org/school.htm>).

Carmody (2004: 131) argues that, “while HIV and AIDS has been introduced into various curricula using multidimensional approach, effective instruction on this topic

has faced obstacles as most teachers were unprepared and unwilling to undertake the task of teaching HIV and AIDS in their courses. As late as 2000, it was found that many teachers did not understand HIV and AIDS". Further, sex education is not a topic that many feel comfortable to treat. In certain instances, some teachers found it difficult to teach these subjects because they felt embarrassed to talk about sensitive issues to learners in the presence of their own children. When they did, pupils' reaction to the topic of sex and HIV also made it difficult to teach; girls being shy and reserved, while boys tend to giggle and make jokes (UNFPA, 2005). In agreement, Siamwiza (1999) pointed out that, sometimes, many teachers find themselves in a situation where they are embarrassed to teach about HIV and AIDS because of their own status.

And UNESCO (2009) points out that information on HIV, sexual and reproductive health, constitutes but one of the many competing subject areas in an already overcrowded curriculum, further complicated by teacher shortages and absenteeism. Taken together with the personal attitudes or concerns of the teachers concerned, this may reduce the level of opportunity for learners to acquire the information they need.

One of the reasons that HIV and AIDS has spread so rapidly in Zambia is that people do not talk about it. In this silence, people are afraid to be tested for HIV, afraid to admit that they are infected and reluctant to discuss the factors that lead to the spread of disease. Countries which have seen a decrease in HIV and AIDS incidence, such as Uganda, have had open dialogue between sexual partners, community members and generations. This is necessary in Zambia in order to stop the spread. However, many barriers exist to the open discussion of sexuality and HIV and AIDS. In talking to young people about HIV, we must talk about sexuality and many people feel very uncomfortable with this. There may be cultural taboos around open discussion of sexuality which are difficult for teachers to overcome (MoE, 2006).

There are also fears that integrating the health and HIV and AIDS education into the school curriculum will increase sexual activity among the youths, thereby aggravating rather than alleviating the problem. For some parents, sex education at school has raised the spectre of encouraging sexual activity and promiscuity amongst the young. For teachers who may themselves be parents and share some of these fears, the situation of dealing with angry parents is daunting. Every effort should be made to diffuse tensions, so that the teachers can do their duty of informing learners about matters that affect them (UNSECO, 2009). Studies have confirmed that school programmes that teach learners about safe sexual behaviour do not encourage them to be sexually active. (World Bank, 2004). The UNAIDS study also concluded that “there is little evidence to support the contention that sexual health and HIV and AIDS education promote promiscuity” (UNAIDS, 1997:5).

In another development Schmaling, 2006) revealed that in his feature ‘person with AIDS advocates for deaf’, Andrew Burges of AIDS project Los Angeles, highlights the language barriers involved in transferring HIV and AIDS information to persons who are hearing impaired. Unlike English, sign language is a very visual and emotional language and because of that, it does not translate well into a written language. This language hurdle is a prime concern for HIV educators who have a difficulty reaching out to the hearing impaired.

There has been no effort made to repackage and adapt the AIDS communication approaches into languages that improve access by the disabled community. Failure to address such anomalies puts disabled people at a very great risk. How, for instance, can a hearing impaired person hear an HIV and AIDS public service announcement on radio? (World Bank, 2004). Hence to find ways of increasing access to HIV and AIDS information for hearing impaired learners.

Ways of Increasing Access to HIV and AIDS Information

Other methods of transmitting the HIV and AIDS information must be sought. Melissa, a thirty-nine year-old interpreter, teacher in Tanzania and mother of three, also hearing impaired, described the Voluntary counseling and Testing (VCT) course organised by USAID as important. The course trained leaders and teachers within hearing impaired communities to use sign language to carry out counseling services, thereby overcoming a major barrier to communication among the hearing impaired (<http://www.usaid.gov/Tanzania/fp-tz-hiv-deaf.html>). In agreement, (UNICEF, 1999) suggested that guidance and counseling should be accessible by having sign language interpreters for those who are deaf.

Further, HIV-infected people (PLW HIV) networks assist school teachers to give clear information in a way which is likely to hold the interest of young learners and present accurate information. While not every teacher may feel capable of performing this function, it is very important that every school has someone who is well informed about HIV and AIDS (UNESCO, 2009). People living with AIDS or those infected with the virus should be invited to talk to young people, especially in the school. This is one effective way of getting the information on HIV and AIDS across to young people (World Bank, 2004). Inviting disabled people to form HIV and AIDS training groups and having materials in an accessible format is important. Hearing impaired persons need to have HIV and AIDS awareness information disseminated in a format suited to their specific disability (UNICEF, 2002).

The government should establish age, gender, culture and language-appropriate HIV prevention programmes and provides HIV information tailored for hearing impaired people (UNAIDS, 2009). The HIV and AIDS information should be disseminated in a variety of formats; radio, billboards to ensure that specific groups such as hearing impaired do not miss out. HIV and AIDS posters and billboards that depict hearing

impaired individuals as part of the group scene can be used in disseminating HIV and AIDS among hearing impaired persons (UNICEF, 1999).

A study carried out by Shani Murrell (2000) at Louis Lynch secondary, Barbados in the Caribbean revealed that while seminars and workshops were good, the utilisation of art-forms such as drama and music would be more effective in engaging the mind, scope and attention of young people, thereby facilitating the effective delivery of relevant information pertaining to HIV and AIDS (UNICEF, 2002).

In effect, HIV educators and sign language specialists would benefit from training in how to communicate information about HIV and AIDS to the hearing impaired (UNICEF, 2002). HIV and AIDS educators should be trained or hire staff specialized in the issues related to serving the specific disabled population target (UNICEF, 1999). Teachers require further training if they are expected to teach children with different barriers (UNESCO, 2009).

In Saint Lucia, the Planned Parenthood youth group (Youth Advocacy) was involved in planning and implementation of the communication strategies to reach youth to educate them about HIV and AIDS. The young people used materials which included quarterly newsletters, flyers, a calendar with messages aimed at promoting self-esteem and healthy lifestyle materials including T-shirts. HIV and AIDS television drama to show possible effect of HIV and AIDS and show some of the possible emotions, such as anger, depression, guilt and shame are all involved. It looks at the consequences of HIV infection (Gibbons, 2002).

Education on HIV and AIDS should be done through entertainment such as dramatisation, discussion with group influential members of the community to raise awareness, games for life and youth friendly health services. Other methods may include the use of leaflets and T-Shirts (Siatontola, 2004). Skills needed for HIV

prevention cannot be taught through lecturing. Talking to young girls about assertiveness will not empower them to say no to sex when they are pressured. And lecturing boys on the need to resist peer pressure will not help when their friends are teasing them for not having sex. Young people need to be actively involved in developing and practicing skills. This can be done through participatory methodologies such as role plays, drama, small group work, games and debate (MoE, 2006).

In Lagos, in order to ensure that special people are not left behind in this important HIV and AIDS campaign, Leaders with New Dimensions (LeND) in partnership with MTV-Staying Alive Foundation put together awareness campaign for Wesley School for hearing impaired to create awareness on HIV and AIDS among the adolescents and young people who are impaired in hearing. At a programme held at the school premises, the students and other young people in the same condition came out with paintings and artworks where through sign language, they explained the illustrations. Some of the paintings had these messages; ‘say no to unprotected sex’; parents teach us about HIV and AIDS; screen blood before transfusion; HIV and AIDS is real; stop child abuse and do not share sharp objects, among other messages. There was a drama presentation depicting these messages, which were explained through the use of sign language. The students also did a choreography with the song, which was quite impressive and challenging (<http://allafrica.com/stories/200812040199.html>).

Some of the techniques that have been employed to deliver required HIV and AIDS services to the hearing impaired include participatory approach in HIV and AIDS awareness. Education and awareness on HIV and AIDS enables people with hearing impairments to make informed decisions in relation to living positively or negatively. The use of participatory strategies enables them to share ideas, engage in the construction of messages, activities and come to a consensus as to what they understand by the concepts being explored in fora such as workshops, seminars home visits and mobilisation to disseminate information regarding HIV and AIDS. In these for a, PWDs

are involved in dissemination of HIV and AIDS information, successful approaches include peer education, behaviour change communication (BCC) (Monaghan, 2003).

Peer education has proven to be an effective strategy in global HIV and AIDS prevention. Successful programmes have used both formal and informal approaches to gather and teach the hearing impaired on intersections between sexuality and HIV and AIDS at individual, group and community levels. Through peer educators, training on use of condoms, transmission, care and treatment of HIV and AIDS, counseling and empowerment on communication skills have been facilitated. For example, the HIV awareness project of the deaf in Nairobi started in 2004 under Sahays International to train deaf individuals to become puppeteers, use sign language to convey important message on HIV and AIDS to the audience puppetry show, interactive group games are also employed. Networks project helped the deaf with ability to share information with their peers (Monaghan, 2003).

According to Schmaling and Monaghan (2006), deaf peer health educators (PHAs) formally and informally teach sexuality and HIV and AIDS information to the Gallaudet University campus community on the individual, group and community levels. The PHAs are extensively trained to become knowledgeable and skilled role models. They use a variety of visual approaches, which include presentations, workshops, drama plays, flyers and banners. This has proved to be an effective way to pass information to hearing impaired college students.

In South Africa, Sign Language Education and Development (SLED) are publishing educational video materials for hearing impaired students of all ages in South Africa sign language. These materials reflect both urban and rural real life situations in Africa and are specifically aimed at the hearing impaired learner at school. Training materials/handbooks for master educators (teachers) and peer educators were developed and distributed to local and international deaf communities. The purpose of these

handbooks was to provide deaf youth and adults, teachers, parents with tools for addressing basic health awareness with an independent framework. Drama and sketches acted by disabled people are premised on the edutainment approach which combines education and entertainment and, therefore, often attract large crowds (Monaghan, 2003).

Other methods used to transmit information on HIV and AIDS include, utilisation of mobile phone and television e.g. sending HIV prevention messages through text messaging service on mobile phones; use of video and compact discs; video and compact disc documentaries with HIV and AIDS and STI information have also been produced to teach the hearing impaired on issues pertaining to HIV and AIDS. Sign language interpretation has been used to make the video accessible to deaf audience.

Throughout, literature shows that the outcome of accessing information on HIV and AIDS by hearing impaired learners could increase their knowledge. However, hearing impaired learners have poor access to information on HIV and AIDS. It has been noted that access to information could be increased through drama, training of peer educators among the hearing impaired learners, using sign language interpreters, posters and T-shirts to relay the information. Others include training of teachers in sign language and messages should be in formats accessible to hearing impaired persons.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter presents the research methods which were employed in this study. It constitutes the following: research design, target population, sample size, sampling procedure, research instruments, and data collection procedure and data analysis.

Research Design

The study took a descriptive survey design in conducting this research. The study used mainly qualitative methods of data collection; however, quantitative methods of data were also employed to yield pragmatic data to substantiate the qualitative data. Since the researcher sought to collect data about people's opinions, habits or any other social issue, descriptive research design was ultimate. This is in line with Kombo and Tromp (2006) who explained that, descriptive design could be used when collecting information about people's opinions, habits or any social issue. This design was selected because it follows a method of collecting data by interviewing or administering of questionnaire to a sample of individuals (Orodho, 2003).

Population

The target population comprised all teachers of learners with hearing impairments and learners with hearing impairments in all the three Basic Schools under study in Kabwe, Kapiri-Mposhi and Kasama districts.

Sample

The sample constituted 54 respondents, comprising of 24 teachers of learners with hearing impairments and 30 learners who are hearing impaired in Grades 8 and 9. Eight teachers and ten learners were drawn from each of the three schools; Bowa, Lukolo and Chikandama. The three basic schools with hearing impaired learners were purposively selected. Purposive selection of the schools was ideal because the decision depended on basic schools which had learners with hearing impairments in Upper basic and easy to reach.

Professional qualifications of the teachers

Table 3.1 shows that most of the teachers had a Teacher's Certificate in Special Education followed by those who had a Teacher's Diploma in Special Education, and then those with a Bachelor's Degree in Special Education. The statistics in the table indicates that all the respondents were qualified Special Education Teachers.

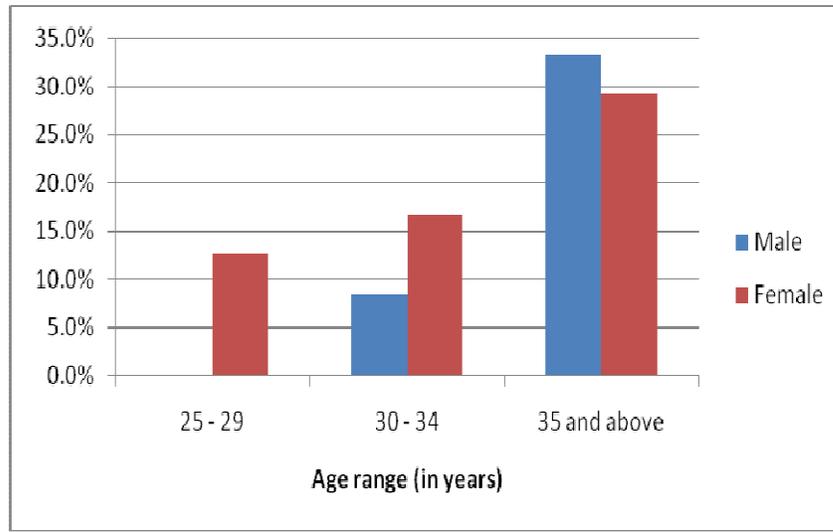
Table 3.1: Highest Teachers' Professional Qualification in Special Education by Gender

Qualification	Gender		Total
	Male	Female	
Master's Degree in Special Education	-	-	-
Bachelor's Degree in Special Education	1	3	4
Teachers' Diploma in Special Education	3	5	8
Teachers' Certificate in Special Education	6	6	12
Total	10	14	24

Age of Respondents

The figure shows that the majority of the teachers were aged 35 years old and above followed by those who were in the age range of between 30 and 34 years old.

Figure 3.1: Age of teachers by Gender



Sampling Procedure

In selecting the three Basic Schools in Kabwe, Kapiri-Mposhi and Kasama districts, purposive sampling technique was used. Thus, two schools from Central province and one school from Northern province. At each school, purposive sampling technique was used to determine learners who participated in the study and also to select teachers of learners with hearing impairments and hearing impaired learners in basic schools who participated in the study.

Purposive sampling allows the researcher to select those who would provide the richest information, those who are the most interesting and manifest the characteristics of interest to the researcher (Best and Khan, 2006). The sampling technique was utilised

because the selected sample was restricted to units considered by the researcher to be especially typical of the population (Sidhu, 2000).

Data Collection Methods and Instruments

It must be mentioned outright, that, a pilot study was conducted prior to the main study based on 9 teachers of learners with hearing impairments (2 males and 7 females) and 10 learners (7 girls and 3 boys) with hearing impairments between 1st June and 30th June, 2009 with permission from the school authorities. The respondents were purposively selected from government schools namely Kamoto High School and Chimoto Girls basic school in Lusaka district. The main aim of the pilot study was to determine whether or not the questionnaire and the FGDs would suit other settings and get the intended responses from the respondents. The other reason was to determine the best way of administering the research instruments during the main study.

In collecting data for this research, the following instruments were used: semi-structured questionnaires and Focus Group Discussions (FGDs). Semi-structured questionnaires were administered to the teachers, while FGDs were held with learners with hearing impairments in sign language with the help of an interpreter to get in-depth information from learners.

Questionnaire

One set questionnaire (Appendix I) was used. It was administered to teachers of learners with hearing impairments. The questionnaire was chosen as an instrument for data collection because it provided an opportunity for the respondent to answer questions at their own time free from others. This minimizes the role and influence of the interviewer and tend to be more objective in obtaining data from the respondents (Cohen et al, 2000).

Focus Group Discussion

FGD (Appendix II) was employed to generate in-depth information from the learners. The data from interviews or focus group discussions consist of direct quotations from people about their experiences, opinions, feelings and knowledge, Patton (1990) in (Best and Khan, 2006).

Data Collection Procedures

The data were collected between 1st and 30th November 2009. An introductory letter was obtained from the Assistant Dean (Post-Graduate studies), School of Education before going in the field to collect data. Before proceeding with the exercise at each of the three basic schools under study, permission was sought from the school administration.

Data collection employed a set of questionnaires and FGDs. The questionnaires were administered to the teachers of learners with hearing impairments with the help of the Heads of Department (HOD) for Special Education Unit. The questionnaire had a number of questions with specific instructions on how to answer them. On the other hand, the FGDs were conducted using the interview schedule to learners with hearing impairments in Upper basic. The learners with hearing impairments were assembled in one classroom with assistance from the HOD at each school under study. However, the aim of the study was clearly explained to the respondents before commencement of the FGDs. The interview schedule consisted of a list of questions that were asked to the learners with hearing impairments in an orderly way through sign language interpreters.

At the end of the exercise the researcher thanked the school administrators and participants and signed in the log book for visitors. As regards the ethical considerations and confidentiality, participants in this study remained anonymous and pseudo names were used.

Data Analysis

The Statistical Package for Social Sciences (SPSS) was used to analyse quantitative data from the questionnaires, while qualitative data, which was obtained through Focus Group Discussions was analysed by coding and grouping the emerging themes. Computer generated tables of frequencies and percentages were used in presenting distributions of the variables, which were presented in form of tables or figures.

CHAPTER FOUR

PRESENTATION OF FINDINGS

Introduction

This chapter presents the findings of the study which aimed at investigating the extent to which learners with hearing impairments accessed information on HIV and AIDS in selected basic schools in Central and Northern Provinces of Zambia. The findings are presented according to the research questions.

To what extent do learners with hearing impairments access HIV and AIDS information in Basic Schools

Teachers were asked to indicate whether learners with hearing impairments had access to HIV and AIDS information in the school. Presentation of the findings in Table 4.1 below show that most of the respondents, 20 (83.3%) said learners had access to information while 4 (16.7%) said they had no access to HIV and AIDS information in basic schools.

Table 4.1: Whether the Hearing Impaired Learners have Access to HIV and AIDS information

Response	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Yes	6 (25.0%)	5 (20.8%)	9 (37.5%)	20 (83.3%)
No	1 (4.2%)	2 (8.3%)	1 (4.2%)	4 (16.7%)
Total	8 (33.%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

The teachers of hearing impaired learners were further asked to give reasons in support of their responses. For the respondents who answered in affirmative, 12 (60.0%) said that in each subject taught, the HIV and AIDS issues were integrated, 3 (15.0%) said

that ‘the learners read posters and brochures around the school’ and the other 3 (15.0%) of the respondents indicated that ‘learners were involved in drama’ while 2 (10.0%) of the respondents, said that learners accessed the needed information through talks in sign language.

In a focus group discussion the learners were asked if they had access to HIV and AIDS information. Hearing impaired learners in the three schools under study collectively indicated that they had access to HIV and AIDS information. This was confirmed by one of learners at Bowa basic school who had this to say, while the rest nodded their heads in agreement:

“Yes, we have access to HIV and AIDS information in school, because teachers teach us about HIV and AIDS during lessons. We are all taught in class. We are also given some reading materials but certain words are difficult to understand,”

This picture was the same in the three schools.

The teachers were asked about how much access hearing impaired learners had information on HIV and AIDS. Table 4.2 below shows that learners with hearing impairments have limited access to information on HIV and AIDS.

Table 4.2: How much Access Hearing Impaired Learners have on HIV and AIDS Information

Response	Name of Basic School			Total
	Bowa	Lukolo	Chikandama	
Very much	-	-	1 (4.2%)	1 (4.2%)
Much	2 (8.3%)	1 (4.2%)	1 (4.2%)	4(16.7%)
Not much	3 (12.5%)	5 (20.8%)	5 (20.8%)	13 (54.2%)
Not very much	3 (12.5%)	2 (8.3%)	1 (4.2%)	6(25.0%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

Taking into account the responses for ‘not much’ 13 (54.2%) and ‘not very much’, 6 (25.0%) in table 4.2 above, it is clear that learners with hearing impairments have very little access to information on HIV and AIDS.

Teachers were further asked to show why they felt that learners with hearing impairments had either ‘very much’ or ‘much’ information on HIV and AIDS or ‘not much’ and ‘not very much’ information on HIV and AIDS. Table 4.3 below shows their responses.

Table 4.3: Reasons for not Having Enough Access to Information on HIV and AIDS by Learners with Hearing Impairments

Reasons	Name of Basic school			Total
	Bowa	Lukolo	Chikanda ma	
There were no sign language interpreters in clubs to disseminate such information to learners in school	1 (4.5%)	2 (9.1%)	-	3 (13.6%)
Teachers reluctance to integrate issues of HIV and AIDS in the lessons they present daily	3 (13.6%)	1 (4.5%)	-	4 (18.2%)
Low reading levels	-	-	2 (9.1%)	2 (9.1%)
Language barrier makes them only have little information about HIV and AIDS	3 (13.6%)	4 (18.2%)	2 (9.1%)	9 (40.9%)
Sometimes learners tend to ignore all the information on HIV and AIDS by fulfilling their own desires	-	-	2 (9.1%)	2 (9.1%)
All sources of information are not adequate	-	-	2 (9.1%)	2 (9.1%)
Total	7 (31.8%)	7 (31.8%)	8 (36.4%)	22 (100.0%)

The table above shows that 9 (40.9%) of the respondents said learners did not receive much information on HIV and AIDS due to language barrier, 2 (9.1%) cited low reading levels, 4 (18.2%) indicated that teachers’ reluctance to integrate the issues of HIV and AIDS in the lessons they presented daily, 3 (13.6%) of the respondents said lack of sign language interpreters in clubs to disseminate such information to them, 2 (9.1%) revealed that sometimes learners tend to ignore all the information on HIV and

AIDS by fulfilling their own desires while 2 (9.1%) indicated that all sources of information are not adequate.

During focus group discussions, hearing impaired learners were asked to indicate how much access they had to HIV and AIDS information. The findings of the study revealed that most learners in the three basic schools under study had very little access to HIV and AIDS information. They said that it was difficult for them to hear what people were say about the disease because they were hearing impaired. They also admitted that they did not know much about HIV and AIDS. They complained that most of the people were unable to talk to them because they did not know how to communicate in sign language.

But one learner who was hard of hearing at Chikandama basic school explained that he was able to mingle with the hearing peers because he had residual hearing. He said that he knew a lot of things because he interacted well with others as revealed during focus group discussions.

“I know a lot about HIV and AIDS because I am able to read books on my own and at home my parents tell me about the disease. In addition, I have friends who are not hearing impaired because I hear a bit so we talk about HIV and AIDS with my friends.

Information obtained from teachers when asked to state whether HIV and AIDS education was taught in basic schools revealed that, all the respondents 24 (100%) of the teachers in all the schools under study, said that HIV and AIDS education was being taught in basic schools as shown in Table 4.4 below.

Table 4.4: Is HIV and AIDS Education Taught in Basic Schools?

Response	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Yes	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100%)
No	-	-	-	-
Total	8 (33.3%)	8(33.3%)	8 (33.3%)	24 (100.0%)

Respondents were further asked to give reasons why they felt that HIV and AIDS education should be taught in basic schools to learners with hearing impairments. The findings in Table 4.5 below revealed that most of the teachers, 12 (50.2%) were of the view that this will make learners be aware of the dangers of HIV and AIDS, 9 (37.5%) of them said it was useful for mitigating the impact of HIV and AIDS among learners while 3 (12.5%) reported that, to help them abstain from sexual intercourse.

Table 4.5: Reasons Why HIV and AIDS Education is Taught in School

Reasons	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
To make learners be aware of the dangers of HIV and AIDS	4 (16.7%)	2 (8.3%)	6 (25.0%)	12 (50.2%)
I order to mitigate the impact of HIV and AIDS among and learners	3 (12.5%)	4 (16.7%)	2 (8.3%)	9 (37.5%)
To help them abstain from sexual intercourse	1 (4.2%)	2 (8.3%)	-	3 (12.5%)
Total	8 (33.3%)	8 (33.3%)	8(33.3%)	24 (100.0%)

During the Focus Group Discussions learners were asked if HIV and AIDS education was taught in school, all the learners collectively agreed that HIV and AIDS education was being taught in basic schools. This helped them to know about the disease although they found it difficult to understand without seeing pictures of what was being discussed.

In confirmation, one of the learners at Chikandama basic school said:

“Yes, HIV and AIDS education was being taught in schools so that we know more about HIV and how it can be prevented, because it kills anyone, but we don’t understand many things because of communication problems that we experience even from the educators.”

As to whether or not their respective schools had an Anti-HIV and AIDS club for learners to access HIV and AIDS information. The presentation of the findings revealed that the majority of teachers 23 (95.8%) said “yes” while one (4.2%) respondent from Lukolo basic school said “no”.

Teachers were further asked to state how the Anti-HIV and AIDS club in the school helped learners with hearing impairments to access HIV and AIDS information in school, the findings show that, 8 (34.8%) of the teachers said ‘through drama and HIV and AIDS talks during assembly through sign language interpreters’, while 6 (26.1%) of them said ‘through issuing material and literature on HIV and AIDS’. On the other hand, 3 (13.0%) of them said ‘by teaching the learners signs for terminologies used in the HIV and AIDS language’ while 2 (8.7%) of them said ‘by providing the learners with more information on HIV and AIDS’. However, 4 (17.4%) of the respondents said the club did not help the learners in any way because of communication breakdown and lack of materials suitable for the hearing impaired.

FDGs with hearing impaired learners, all the respondents indicated that, their schools had an Anti-HIV and AIDS Club as one way of accessing information on HIV and AIDS. During the time the research was being carried out some hearing impaired learners at Chikandama reported that, they were not members of the club. One learner explained that:

“We have Anti-HIV and AIDS Club at school but some of us are not members of the club because every time we went for the meetings there was no one to tell us what they were doing in sign language. We were not getting anything so we decided to stop going there with my friends. And sometimes we were not informed about the club meetings. Thus, it is not possible to have access even if the club is there”.

In a focus group discussion at Lukolo basic school learners also revealed that sometimes the Anti-HIV and AIDS club helped them access information. This was usually through drama, role plays and were given brochures to read. Reading was quite a challenge to them because certain words were difficult for them to understand. They said most of the thing that were being discussed did not make sense because in most cases no one interpreted to them. They wished if the school could find an interpreter if they were to benefit from such initiatives.

Learners said during Anti-HIV and AIDS club meeting they were usually isolated due to language barrier and contribute nothing All they could see were people laughing or talking without involving them especially if they was no teacher who knew their language.

In the same vein, a learner at Bowa basic school during focus group discussion when asked to say how Anti-HIV and AIDS club assisted the learners revealed that:

“When we go to the Anti-AIDS club the teacher tells us about AIDS; that we should not sleep with girls because we can get sick like those who are slim we see on the

streets, AIDS is a bad disease . They tell us not to use same razor blades and many things but when there is no one to interpret you cannot get anything, ”

Teachers were asked to indicate the activities which the learners with hearing impairments participated in to enhance access to information on HIV and AIDS. Table 4.6 below shows the activities in which learners participated.

Table 4.6: Activities in which the Hearing Impaired Learners Participated

Activities	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Choir and quizzes	1 (4.2%)	-	-	1 (4.2%)
Physical Education like ‘sheep, sheep come home’ (kabushi kalila lila)	1 (4.2%)	-	-	1(4.2%)
Class debates on HIV and AIDS	-	1 (4.2%)	-	1 (4.2%)
Making charts on HIV and AIDS, poetry and songs	1 (4.2%)	-	-	1 (4.2%)
Drama and sketches	3 (12.5%)	5 (20.8%)	-	8 (33.3%)
Red Cross	-	-	1 (4.2%)	1 (4.2%)
Club meetings and class lessons	2 (8.3%)	1 (4.2%)	3 (12.5%)	6 (25.0%)
Watching television and video tapes especially when they were topics concerning HIV and AIDS	-	1 (4.2%)	4 (16.7%)	5 (20.8%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

The study findings in Table 4.6 above revealed that 1 (4.2%) said choir and quizzes, another 1 (4.2%) indicated Physical Education, 1 (4.2%) class debates on HIV and AIDS, making charts on HIV and AIDS, poetry and songs, 8 (33.3%) indicated drama and sketches, 1 (4.2%) Red Cross, 6 (25.0%) club meeting and class lessons whereas 5 (20.8%) of the teachers said watching television and video tapes especially on topics concerning HIV and AIDS.

Learners were further asked to mention activities in which they participated in order to have access to HIV and AIDS in school, during FGDs hearing impaired learners said

they participated in drama, singing and class lessons as explained by one learner at Lukolo basic school:

“We do take part in drama, singing and especially learning in class and teachers teach us about HIV and AIDS but it difficult to understand everything.

Factors Hindering Access to HIV and AIDS information by Learners With Hearing Impairments

Teachers were asked to indicate whether there were any factors that hindered learners with hearing impairments from accessing information on HIV and AIDS in school. According to the presentation of the findings, majority of the teachers, 20 (83.3%) said “yes” while 4 (16.7%) said “no”.

For the teachers who said ‘yes’, a further question was asked to them to indicate the factors which they felt hindered learners with hearing impairments from accessing information on HIV and AIDS. From Table 4.7 below 16 (80%) of the teachers indicated that communication barrier and negative attitude of learners while 4 (20%) indicated lack of specialized training for teachers and proper information to suit their understanding.

Table 4.7: Factors which Hinder Learners with Hearing Impairments From Accessing HIV and AIDS Information

Factors	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Lack of specialized training for teachers and proper information to suit their understanding	2 (10%)	2 (10%)	-	4 (20%)
Communication barrier and negative attitude of learners	5 (25%)	3 (15%)	8 (40%)	16 (80%)
Total	7 (35%)	5 (25%)	8 (40%)	20 (100.0%)

During the focus group discussions learners were asked to indicate if there were factors hindering them from accessing information on HIV and AIDS in basic schools. In agreement learners explained that there were factors hindering them from accessing information on HIV and AIDS. This was evidenced by their hearing peers and some teachers in the school who were unable to communicate to them because of language problem. This was substantiated by one learner at Bowa basic school saying:

“Yes, we face a lot of problems to get information on HIV and AIDS from teachers and our hearing peers because many of them cannot communicate in sign language”.

Reacting to the question another learner from Chikadama basic schools also cited language barrier as the major hindrance to information.

“The biggest problem that stops most us with hearing impairments not get information about HIV and AIDS and other thing is communication. Many people do not know how to speak to us in sign language”.

When asked about their reading levels, all the respondents agreed that their reading level was low as a result they found it difficult to read certain books especially if they had no pictures depicting the details of the contents. In addition, learners had communication problems which also affected social interaction with their hearing peers in school. And one learner who spoke on behalf of the group revealed that:

“The problem we have in getting information in school is that most of the reading books do not have pictures for us to see what is happening and many people do not talk to

us because they don't know our language. This is a big problem".

Teachers were asked to indicate whether or not they found it difficult to teach topics on HIV and AIDS due to their professional status. Responses are shown in Table 4.8 below.

Table 4.8: Whether or not teachers found it difficult to teach the topics on HIV and AIDS due to their professional status

Response	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
No; teachers are experienced and competent to teach the hearing impaired learners	4 (19.0%)	4 (19.0%)	2 (9.5%)	10 (47.6%)
Yes; some teachers still hold the sacredness of what contributes to the transmission of the virus	2 (9.5%)	1 (4.8%)	2 (9.5%)	5 (23.8%)
Yes; when teachers are not very much conversant with sign language (language barrier)	1 (4.8%)	1 (4.8%)	2 (9.5%)	4 (19.0%)
Yes; Some teachers feel shy to fully share information on HIV and AIDS because they have to show the signs for everything	-	-	2 (9.5%)	2 (9.5%)
Total	7 (33.3%)	6 (28.5%)	8 (33.3%)	21 (100.0%)

The table above shows that 10 (47.6%) said no; teachers are experienced and competent to teach the hearing impaired learners, 5 (23.8%) indicated yes; some teachers still hold the sacredness of what contributes to the transmission of the virus; 4 (19.0%) said yes; when teachers are not very conversant with sign language (language barrier) whereas 2 (9.5%) of the respondents indicated yes; some teachers feel shy to fully share information on HIV and AIDS because they have to show the signs for everything.

In a Focus Group Discussions learners were asked to state whether or not teachers found it difficult to teach the topics on HIV and AIDS due to their status. The responses from the learners showed that indeed teachers sometimes found it difficult to teach such

topics due to cultural factors as this was perceived as a taboo in the traditional context for adults to discuss sexual issues with young people. This was confirmed by a learner at Lukolo basic school who said that:

“some teachers fail to say certain things about sex, they sometimes feel shy to tell us, I feel uncomfortable since our culture does not allow such because they are like our parents”.

Teachers were asked to indicate whether learners reacted negatively or not to the topic of sex and HIV and AIDS education in basic schools. Presentation of the findings in Table 4.9 below shows that 15 (62.5%) teachers revealed that learners like the topic very much and participate in discussions while 9 (37.5%) said shy and not willing to participate.

Table 4.9: Learners’ Reaction to the Topic on Sex and HIV and AIDS Education

Reactions	Name of Basic school			Total
	Bowa	Lukolo	Chilkandama	
Shy and not willing to participate	5 (20.8%)	2 (8.3%)	2 (8.3%)	9 (37.5%)
Like the topic very much and participate in discussions	3 (12.5%)	6 (25.0%)	6 (25.0%)	15 (62.5%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

And during FGDs it was discovered that learners’ reaction to sex and HIV and AIDS education was positive especially by boys while, most of the girls reacted negatively to the topic. The responses in the three schools under study were consistent. This scenario was evident during focus group discussions with learners. The boys participated freely whereas most girls were shy and unwilling to participate as observed by a male learner from Bowa basic school who openly said:

“Us boys participate freely in the topics relating to sex and HIV and AIDS but girls are not very free and do not want to talk about such things. Even in class when the teacher is asking them, the girls are quiet, now how can they know if they are not asking?”

Teachers were asked whether or not learners with hearing impairments got involved in open discussions and give reasons for their response. The responses were as follows: most of the respondents 16 (66.7%) agreed that they were able to participate freely during class open discussion, 4 (16.7%) indicated that, some learners were able to explain what happens for one to acquire HIV. On the other hand for the respondents who disagreed; 3 (12.5%) said they were not involved due to difficulties in communication and 1 (4.2%) said because they did not participate in debates.

In focus group discussions Learners were asked whether or not they were involved in open discussions on HIV and AIDS. The findings from the respondents in three basic schools showed that hearing impaired learners were involved in open discussions especially amongst themselves even though this was not possible with the hearing persons who could not communicate using gestural symbols. One of the learners from Chilkandama had this to say:

“We also discuss the issues of HIV and AIDS amongst ourselves, it is easy to understand each other but we find it difficult to discuss issues with our hearing peers due to language problems. Many of them shun us because of the communication difficulties,”

One of the things considered to affect learners' access to HIV and AIDS information was that teachers' lack specialised training particularly in sign language. Teachers were therefore asked to indicate whether teachers lack of specialised training to teach HIV and AIDS education in basic school. The presentation of the findings is shown in table 4.9 below.

Table 4.10: Teachers' lack specialised training in teaching HIV and AIDS Education

Responses	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Yes; they were not trained in issues of HIV and AIDS resulting in incompetence and also lacked new skills in communicating sensitive issues such as HIV and AIDS to the learners.	7 (29.2%)	8 (33.3%)	6 (25.0%)	21 (87.5%)
No; teachers were already trained to teach and competent teach HIV and AIDS education	1 (4.2%)	-	2 (8.3%)	3 (12.5%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

Table 4.10 above shows that 21 (87.5%) of the teachers said yes; they were not trained in issues of HIV and AIDS resulting in incompetence and also lacked new skills in communicating sensitive issues such as HIV and AIDS to learners and 3 (12.5%) indicated no; teachers were already trained to teach and competent to teach HIV and AIDS education.

The findings from the learners in FGDs when asked if lack of specialised training in HIV and AIDS education hindered learners from accessing HIV and AIDS information. Following the FGDs, it was observed that learners agreed that to a certain extent teachers lacked a lot of important current information and communication skills which was very vital especially that many thing had changed. Thus, teachers needed specialised training in HIV and AIDS education to enhance their competence as emphasized by a learner at Bowa basic school.

“Our teachers are trained to teach us but they should also train in HIV and AIDS because it was a new thing. They should still go for further studies in HIV and AIDS at the university. I think they need also to be trained in HIV issues because sometimes they cannot know more on how to communicate certain things which are new in sign language to us ”.

Teachers were asked to state challenges teachers faced in teaching HIV and AIDS education. The responses in Table 4.11 below shows that 13 (59.1%) indicated that teachers are accused of promoting promiscuity amongst learners, 5 (22.7%) said lack of HIV and AIDS materials in formats that were accessible to them in schools, 2 (9.1%) disclosed that low reading levels by many hearing impaired learners while 1 (4.5%) said negative attitude by information disseminators.

Table 4.11: Challenges Teachers Face in Teaching HIV and AIDS Education

Challenges faced	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Lack of HIV and AIDS materials in formats that were accessible to them in schools	1 (4.5%)	3 (13.6%)	1 (4.5%)	5 (22.7%)
Teachers are accused of promoting promiscuity amongst learners	4 (18.2%)	5 (22.7%)	4 (18.2%)	13 (59.1%)
Low reading levels by many hearing impaired learners	1 (4.5%)	-	1 (4.5%)	2 (9.1%)
Negative attitude by information disseminators	1 (4.5%)	-	-	1 (4.5%)
They were no sign language interpreters to assist them in school	-	-	1 (4.5%)	1 (4.5%)
Total	7 (31.8%)	8 (36.4%)	7 (31.8%)	22(100.0%)

How access to HIV and AIDS information could be increased for learners with hearing impairments

Further, teachers were asked to indicate measures that would increase access to information on HIV and AIDS for learners with hearing impairments. Most of the respondents 13 (54.2%) of the respondents indicated that orientation of mainstream teachers in sign language basics, 3 (12.5%) said providing videos on HIV and AIDS for learners to watch, 2 (8.3%) said that specialized teachers should conduct workshops on HIV and AIDS for the hearing impaired learners, 2 (8.3%) said introduction of youth friendly corners in schools, 1 (4.2%) of the teachers said television programmes should have a sign language interpreter and more time allocated to HIV and AIDS talks, while 3 (12.5%) of the respondents said that writing more books with pictures, and encouraging learners to join clubs like the Anti-AIDS club. The findings are shown in Table 4.12 below.

Table 4.12: Measures to increase access to HIV and AIDS information

Measures	Name of Basic school			Total
	Bowa	Lukolo	Chikanda ma	
There should be an orientation of mainstream teachers in sign language basics	4 (16.7%)	3 (12.5%)	6 (25.0%)	13 (54.2%)
Provide videos on HIV and AIDS for learners to watch	1 (4.2%)	1 (4.2%)	1 (4.2%)	3 (12.5%)
Specialized teachers and other stakeholders should conduct workshop on HIV and AIDS for hearing impaired learners	-	1 (4.2%)	1(4.2%)	2 (8.3%)
Introduce youth friendly corners in schools	1 (4.2%)	1 (4.2%)	-	2 (8.3%)
Television programmes should always have a sign language interpreter and allocate more time to HIV and AIDS talks	-	1 (4.2%)	-	1 (4.2%)
Writing more books with pictures , artwork exhibition	2 (8.3%)	1 (4.2%)	-	3 (12.5%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

As regards to how access to HIV and AIDS information could be increased for learners with hearing impairments in basic schools. The outcomes of research findings obtained from the learners during focus group discussion revealed that video shows would help them, printing of information on T-shirts, printing of books with pictures on HIV and AIDS and watch television on HIV and AIDS issues with the help of sign language interpreters. They also felt that use of sign language in schools should be made mandatory for both teachers and learners to ease communication.

“we need video shows here at school so that we can watch then we understand what is happening about HIV and AIDS, and when people are acting we can also understand, sometimes even us we do role plays about AIDS. And the television used to help us but it is not working now. I have seen some write information on T-shirts, that is ok if you know how to read but many of us do not read very well”.

And during the FGDs one learner at Bowa basic school explained that:

“Most of the things that we know about HIV and AIDS is by seeing, so in order to increase access to information on HIV and AIDS, me I think us the deaf we need books with pictures, videos that we can see about the disease and even TV where they show these things. But they should be someone to interpret. Even here in school we should have interpreter”.

Lukolo basic school, a learner pointed out the following:

”It is important for everyone in the school to learn sign language for them to be able to communicate with us even our

hearing peers because we want to play with them but how” this is difficult for us”.

Teachers were asked to state whether inviting persons living with HIV and AIDS in school to share their experiences could increase access to HIV and AIDS information for hearing impaired learners. Presentation of the findings revealed that all the respondents 24 (100.0%) said ‘yes’.

Respondents who answered in affirmative were further asked to give reasons for their response. Table 4.13 below shows the responses.

Table 4.13: Reasons for inviting people living with HIV and AIDS

Reasons	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
People living with HIV and AIDS will give more accurate information in a way that would interest learners	4 (16.7%)	3(12.5%)	6 (25.0%)	13 (54.2%)
They will share their real life experience to help learners make informed decisions	3 (12.5%)	4 (16.7%)	2 (8.3%)	9 (37.5%)
They will not benefit due to communication problems	1 (4.2%)	1 (4.2%)	-	2 (8.3%)
Total	8 (33.3%)	8 (33.3%)	8(33.3%)	24 (100.0%)

During the Focus Group Discussions learners were asked whether inviting people living with HIV and AIDS to share their experiences could increase access to HIV and AIDS in basic schools. In agreement with the teachers, learners explained that inviting PLW-HIV and AIDS would give them information that was correct, accurate and be able to see for themselves how people looked when said to be HIV positive. Some learners felt that the idea was good but bemoaned the communication problem if they were not able to use sign language hence the need for sign language interpreters in schools.

“Yes it a good idea to invite persons living with HIV so that they can explain to us the truth. We would like to see

them. I think it will help us very much to know a lot about HIV and AIDS”.

The teachers were asked to indicate whether formation of HIV and AIDS education peer groups among hearing impaired learners could increase access to HIV and AIDS information for hearing impaired learners in basic schools. The findings presented in Table 4.14 below show that the majority of the respondents 23 (95.8%) said ‘yes’ while 1 (4.2%) said ‘no’.

Table 4.14: Formation of HIV and AIDS Education peer groups

Response	Name of Basic school			Total
	Bowa	Lukolo	Chikandama	
Yes	8 (33.3%)	7 (29.2%)	8 (33.3%)	23 (95.8%)
No	-	1 (4.2%)	-	1 (4.2%)
Total	8 (33.3%)	8 (33.3%)	8 (33.3%)	24 (100.0%)

The respondents who said ‘yes’ were asked to give reasons for their responses. Most respondents 18 (75.0%) said young people were more free to discuss sexual issues with their peers than adults, 4 (16.7%) said interaction was easy with their peer and they understood each other well, while one (4.2%) young people had similar experiences and challenges.

During the Focus Group Discussions, Hearing impaired learners were asked whether formation of HIV and AIDS education peer groups among learners with hearing impairments could help increase access to HIV and AIDS information in basic schools. In response, they all agreed that formation of HIV and AIDS education peer groups among the hearing impaired learners could increase access HIV and AIDS because they felt that they were more free to discuss HIV and AIDS issues with their peer than their parents and teachers. In addition, this would remove communications problems which

they were currently experiencing in accessing information. They further said material and financial support from all the stakeholders such as school administration, teachers and government would be required if they were to succeed.

“Yes, formation of HIV and AIDS education peer group was a good thing. Us young people we would be given chance to share information with our friends which is difficult sometime to share with our parents. We feel shy to ask parents about things like sex. We are freer with our age mates than big people”.

CHAPTER FIVE

DISCUSSION OF FINDINGS

Introduction

This chapter discusses the findings of the study, which sought to investigate the extent to which learners with hearing impairments accessed information on HIV and AIDS in selected basic schools. The findings are discussed according to the objectives of the study.

Extent to which learners with hearing impairments access HIV and AIDS information in Basic Schools

The findings of the study shows that, majority of the teachers 20 (83%) indicated that learners with hearing impairments had access to information on HIV and AIDS in basic schools this was because in each subject taught, the HIV and AIDS issues were integrated. The learners also read posters and brochures around the school, were involved in drama and through talks in sign language.

Focus Group Discussions with the learners also revealed that they accessed HIV and AIDS information during class lessons. Teachers also gave them some reading materials although they complained that certain words were difficult for them to understand. As evidenced, learners had access to HIV and AIDS education through teaching as the most efficient and effective way of disseminating information to ensure that they had access. But many hearing impaired youths may miss out on such valuable information as a result of not being in school due to various reasons. The challenge that remains is to see to it that all hearing impaired learners' access the information that is accurate and appropriate easily due to the seriousness of the HIV and AIDS devastating effects on individuals.

The research findings have been supported by Carmody (2004) who said that in Zambia, the Ministry of Education directed that HIV and AIDS be integrated into the curricula at all levels. Thus, the Ministry of Education has adopted strategies such as integrating of programmes for promoting HIV and AIDS awareness through school curricula (Carmody, 2004). The above finding was in line with what Siatontola (2004) highlighted that, the main focus of teaching HIV and AIDS should be on information dissemination to the learners on the dangers of HIV and AIDS, how it is transmitted, and how to protect oneself and others.

Further, with regards to extent of access to HIV and AIDS information by hearing impaired learners, the study revealed that most teachers were of the view that hearing impaired learners had little access to HIV and AIDS information. When one takes into consideration the percentage of the respondents who said ‘not much’ 13 (54%) and ‘not very much’ 6 (25%), it is clear that learners with hearing impairments have little access to HIV and AIDS information.

Findings during FGDs showed that hearing impaired learners from three basic schools under study indicated that they had very little access to HIV and AIDS information as reported by one learner at Lukolo basic school.

“We have little access to information on HIV and AIDS. I know that if someone is slim he/she has AIDS. We don’t know a lot of things on HIV and AIDS because we are deaf. How can we understand when people are talking about when there is no one to explain in the language of the deaf?” he asked.

It is unfortunate that despite a number of HIV preventive programmes having been put in place in schools which included integration of HIV issues in the curriculum, hearing

impaired still had little access to HIV and AIDS information. This put them at risk of HIV infection and yet information remained the most powerful tool to fight the pandemic.

In line with the study findings (Schmaling and Monaghan(2006) explained that hearing impaired people often have limited access to HIV and AIDS as it is presented either in spoken or written language. This communication barrier is also present in medical settings as health providers usually do not know sign language. The result is that typical health education programmes as a means of combating the spread of HIV infection do not reach the hearing impaired communities. This has been echoed by Monaghan (2003) who reported that, a study conducted in Maryland, USA showed that the hearing impaired people are two to ten times as likely as their hearing counterparts to be HIV positive. This has been attributed to the challenges hearing impaired people experience, including poor access to information about HIV and AIDS from the media, and lack of preventive programmes targeted specifically for the hearing impaired.

The outcomes of the study revealed that all the teachers (100%) agreed that HIV and AIDS education was being taught in basic schools to enhance access to HIV and AIDS information for hearing impaired learners. This helped learners with hearing impairments be aware of the dangers of HIV and AIDS, mitigate the impact of HIV and AIDS among educators and learners and be able to learn how to abstain from sexual intercourse. And to a large extent, be a building foundation in the area of discipline as well as inculcate value to cultural morals that have been eroded in the recent past. Focus group discussions with the learners also showed that the learners were in agreement with the teachers' views that HIV and AIDS education was taught in schools so that they could know more about HIV and AIDS and how it can be prevented, because AIDS kills anyone.

One of the learners at Chikandama basic school, in contribution to the discussion said that:

“Yes, HIV and AIDS education was being taught in schools so that we know more about HIV and how it can be prevented, because it kills anyone, but we don’t understand many things because of communication problems that we experience even from the educators.”

The above findings conform to those of Siatontola (2004) who argued that inclusion of HIV and AIDS education in the curriculum should be perceived as both efficient and effective strategy in controlling the HIV and AIDS pandemic. The main focus of teaching HIV and AIDS should be on information dissemination to the learners on the dangers of HIV and AIDS, how it is transmitted, and how to protect oneself and others.

The researcher noted that HIV and AIDS education was taught in basic schools but even then hearing impaired learners had difficulties in accessing it due to communication problems. This was pointed out by hearing impaired learners in FGDs although teachers did not mention that. It is clear fact that where there was communication problems information could not be accessed even though it was available. There is need to ensure that communication skill were improved upon by the teachers in schools. Teaching without HIV and AIDS would be in vain. Educators, in general, and teachers in particular, are capable of initiating instructional strategies that are appropriate in teaching of HIV and AIDS education over the entire school cycle.

The study findings also revealed that, there is overwhelming evidence that all the schools under study had an Anti-AIDS club in place. Teachers disclosed that Anti-HIV and AIDS club in the school helped learners with hearing impairments to access HIV and AIDS information in school, 8 (39%) of the teachers said ‘through drama and HIV and AIDS talks during assembly through sign language interpreters. Others said learners

were also issued with material and literature on HIV and AIDS, teaching them signs for terminologies used in the HIV and AIDS language and providing more information on HIV and AIDS. But 4 (17%) of the respondents said the club did not help the learners in any way because of communication breakdown and lack of materials suitable for the hearing impaired.

In separate FDGs with hearing impaired learners, all the learners indicated that, their schools had an Anti-HIV and AIDS Club as one way of accessing information on HIV and AIDS. At the time the research was being carried out most of the hearing impaired learners were not attending the club meeting as one learner at Chikandama basic school lamented while the rest nodded their heads in agreement.

“We have Anti-HIV and AIDS Club at school but some of us are not members of the club because every time we went for the meetings there was no one to tell us what they were doing in sign language. We were not getting anything so we decided to stop going there with my friends. And sometimes we were not informed about the club meetings. Thus, it is not possible to have access even if the club is there”.

Following the findings of the study, teachers played a pivotal role in ensuring that the governments initiative of Anti-HIV and AIDS club of disseminating information on HIV and AIDS to learners was supported. Despite the good intention many hearing impaired learners either ceased to be or rarely attended the club. This undermined the purpose it was intended for especially for hearing impaired who usually had problems in accessing information. Failure to attend would result in limited access to HIV and AIDS information by the hearing impaired learners in basic school. Therefore, learners

must be encouraged to get involved in participatory activities such as drama or role plays.

In support of the above findings, MoE (1996) explained that Anti-HIV and AIDS clubs have one of its objectives as giving to all young people access to information on HIV and AIDS written in a way that they can understand. The study revealed that teachers said that they helped to promote abstinence and lead a faithful life through the club. This has been supported by MoE (2006:26) who reported that “the role of the teacher was to promote the A, B, C of HIV prevention (Abstinence, Be faithful and correct and consistent Condom use). When working with young people, the emphasis is on abstinence and delayed first sexual intercourse”. Thus the sure way of helping learners prevent HIV infection is by giving them life saving HIV and AIDS information such as abstinence and being faithful even to themselves.

It was further reported that, talking to young girls about assertiveness will not empower them to say ‘no’ to sex whenever they were pressured. Lecturing boys on the need to resist peer pressure will not help when their friends were teasing them for not having sex. “Young people need to be actively involved in developing and practicing skills. This can be done through participatory methodologies such as role plays, dramas, small group work, games and debate” MoE (2006:26).

In contrast, 4 (17%) of the respondents felt that the Anti-HIV and AIDS club did not do much because in most cases there was lack of materials suitable for the hearing impaired pupils. In addition, communication seemed to be difficult because most of HIV and AIDS information needed to be interpreted through in sign language which is may not be the case at the moment. It was not possible for learners with hearing impairments to have enough access to HIV and AIDS through the Anti-HIV and AIDS club if the environment was not friendly to them as observed by few teachers even if most of the teachers indicated that hearing impaired learners benefited from the club. In

agreement with the above revelation, Quigley (1990) in Kirk, Gallagher and Anastasiow (1993) also argued that, most of educators of hearing impaired learners do not use a sign system as instructional technique. It is difficult for hearing impaired learners to access information due to language barrier.

In relation with the study findings teachers said that hearing impaired learners participated in various activities such as, watching television , especially on HIV and AIDS, Physical Education, making charts on HIV and AIDS, poetry and songs, class debates on HIV and AIDS; Red Cross; Club meetings and class lessons; drama, sketches, quizzes and choir. The study established that learners with hearing impairments participated in all these activities, although some who lacked interest and commitment were unable to participate effectively. But most teachers said among these activities, drama and sketches were the most common activity that the learners participated in.

The FGDs revealed that learners took part in drama and discussions although communication was always a big problem. This resulted in having little access HIV and AIDS information. Learners from Chikandama revealed that, they watched Television but it had broken down. They also said that they participated in drawings although some learners indicated that they did not participate in school activities like debate.

However, one learner from Chikandama had this to say:

“We like watching TV because we are able to see the pictures when teachers show us but now the TV has broken down, you see but we like TV, we hope it can be repaired soon. Sometimes we do plays and also drawing but these are not many. But in most cases we do not take part in a lot of activities in the school like school debates

because we are not involved I think because we cannot speak we don't even know what they are talking about."

Although the teachers indicated that there were various school activities in which learners participated, this was not consistent with the learners' views. While there were many activities in schools in which learners were expected to participate, hearing impaired learners only took part in a few activities such as drama and sketches. Many of the activities were shunned because they found it difficult to express themselves in an inclusive setting. This entails the need to disseminate more information on HIV and AIDS through drama and sketches where their participation was encouraging. The school community must realize the importance of involving all learners in school activities because every child had a right to education.

Siatontola (2004) noted that, education on HIV and AIDS should be done through entertainment such as dramatization, discussion with group influential members of the community to raise awareness, games for life and youth friendly health services. In the same vein MoE (2006) reported that, talking to young girls about assertiveness will not empower them to say no to sex when they are pressured. Lecturing boys on the need to resist peer pressure will not help when their friends are teasing them for not having sex. Young people need to be actively involved in developing and practicing skills. This could be done through participatory methodologies such as role plays, dramas, small group work, games and debate.

Factors hindering access to HIV and AIDS information for learners with hearing impairments in Basic Schools

The findings clearly showed that majority 20 (83%) of the teachers agreed that there were factors hindering hearing impaired learners from accessing information on HIV and AIDS in basic schools whereas 4 (17%) did not agree. Study findings from FGDs

also revealed that they were factors hindering learners from accessing HIV and AIDS information in basic schools. It is a clear fact that there were factors hindering hearing impaired learners from accessing HIV and AIDS information easily due to the nature of the disability.

The above findings have been supported by Kanyengo (2009) who pointed out that, access to information is hampered by several factors depending on the severity of the disability. In the same vein Smith et. al. (2004) explained that people with disabilities, particularly in the developing world, experience barriers to accessing information and services.

The research findings indicated majority of the teachers 16 (80%) cited communication barrier and negative attitude of the learners among the most notable ones. And during focus group discussions learners disclosed that some reading books did not have pictures for them to understand what was taking place because of their low reading levels. This posed a great challenge in getting information from books. In addition, many people did not talk to the hearing impaired due to the fact that they did not know sign language. This came out strongly in all the three schools under study.

And one learner at Lukolo basic school confirmed the sentiments expressed by the other learners that:

“It is true that there are many things that stop us who are deaf not to get enough information on AIDS unlike our hearing friends here in school as we not able to read most of the books in school because many deaf learner have poor reading skill.”

Another learner at Bowa basic school stated that:

“Yes, we face a lot of problems to get information on HIV and AIDS from teachers and our hearing peers because many of them cannot communicate in sign language”.

It has been observed that there were a number of factors hindering hearing impaired learners from accessing information on HIV and AIDS. It seems as though no particular attention has been paid to their major tool of communication. In such a case has also affected even other academic areas in general. This language should be given the serious attention it deserves if education is to be inclusive. Language is a major tool for communicating information, in this case, sign language. Thus, there was need to break this language barrier if the fight against HIV infection was to be won. Furthermore, Curriculum developers are yet to develop relevant materials in sign language which were beneficial learners with hearing impairments require in order to access such information.

The findings were consistent with Chileshe and Chisenga (2006) who reported that, in a study carried out in Chikankanta in the LCCB report, one researcher said, “although we came across a good number of people with hearing impairments, interviews proved difficult in most cases, because none of the researchers and research assistants were competent in sign language”. In such a case it case, the right to access information by hearing impaired persons was infringed upon. With the advent of HIV and AIDS everyone needs to have access to HIV and AIDS regardless of one’s condition if the fight against HIV infection is to be won.

From the study findings, over half of the respondents 11 (52%) of the teachers disclosed that teachers found it difficult to teach the topic on HIV and AIDS because they were expected to show the signs for everything which proved to be difficult. They admitted

having difficulties to teach due to the fact that they were not very conversant with sign language and also still held the sacredness of what contributes to the transmission of the virus. On the contrary 10 (48%) some teachers felt that it did not affected them in teaching the topic given that they were experienced and competent to teach hearing impaired learners.

The focus group discussions with hearing impaired learners showed that some teachers failed to say certain things about sex for the reason that they sometimes felt shy.

Although teachers have been tasked to teach sensitive issues such as HIV and AIDS they were still affected by the cultural norms. This made it difficult for them to fully explain certain issues on HIV and AIDS to the learners whom they regarded as they own children despite their training in teaching. However, teachers have a responsibility to give life saving information to the learners to help them make informed decisions in fight against HIV infection. Therefore, teachers need the support of the government, school and the community as they carry out this daunting task.

Carmody (2004:131) argued that, “while HIV and AIDS has been introduced into various curricula using multidimensional approach, effective instruction on this topic has faced obstacles as most teachers were unprepared and unwilling to undertake the task of teaching HIV and AIDS in their courses. As late as 2000, it was found that many teachers did not understand HIV and AIDS”. In support of the above finding UNESCO (2009) reported that, evidence from affected regions in South Africa suggests that teachers often reluctant to engage HIV and AIDS issues due to feelings of embarrassment, inadequacy or personal value systems and may be compounded by cultural guidelines or traditional roles of teachers.

The study outcomes also showed that 15 (63%) of the teachers said learners’ reaction to the topic of sex and HIV and AIDS was positive and that they participated freely in

discussions. But 9 (37%) of respondents indicated that the learners felt shy as they regarded the topic to be more adult oriented. This has been supported by Carmody (2004) who ascertained that sex education is not a topic that many feel comfortable to treat.

Following the FGDs, learners from the three basic schools under study openly said, that boys participated more freely in the topics relating to sex and HIV and AIDS than girls as they were shy. And one boy at Chileshe Chepela basic school explained that:

“We like to learn about HIV and AIDS we have no problem. The teachers sometimes ask question but girls do not want to talk about such things in class, they just look down or keep quiet because they are shy to tell the teacher maybe they pretend”.

Generally, going by the above statistics, one can safely say that learners liked the topic and were able to participate freely. Nevertheless, they felt very uncomfortable to discuss sexual issues with the teachers and were usually shy due to cultural norms. This scenario was also evident during focus group discussions with the learners. The researchers’ observation during FGDs regarding the reaction of learners showed that the boys participated freely unlike the girls. The situation maybe similar to what went on in the classroom. Thus, learners should be encouraged to participate freely especially if parents and guardians were equally involved at family level. Negative reaction of learners to sex and HIV and AIDS issues would definitely hamper dissemination of information as this would be discouraging on the part of the teachers.

In the same vein UNFPA (2005) pointed out that in certain instances, some teachers found it difficult to teach these subjects because they felt embarrassed to talk about sensitive issues to learners in the presence of their own children. When they did, pupils’

reaction to the topic of sex and HIV also made it difficult to teach; girls being shy and reserved while boys tend to giggle and make jokes.

The research findings significantly show that the majority 21 (88%) of the teachers agreed that they lacked training in HIV and AIDS education which resulted in incompetence. They explained that they did not have the new skills needed to communicate sensitive issues of HIV and AIDS to the hearing impaired learners.

In focus group discussions findings of the study were consistent with that of the teachers. one learner from Broadway plainly said the teachers needed further training in, especially at the University of Zambia. It was also revealed that due to lack of specialized training, teachers found it difficult to teach learners about HIV and AIDS. There have been new terminologies introduced following the outbreak of HIV and AIDS which need to be incorporated in the sign language.

It is imperative to note that specialization leads to efficiency and effectiveness in the delivery of services. For instance, a person trained in law cannot be expect to be effective in accountancy in which he/she was not trained but would require orientation it he/she was to perform well. Equally, teachers have been trained in various teaching fields but not in HIV and AIDS education. HIV and AIDS was a very sensitive and life threatening issue which needed intensive training to ensure effective delivery. Lack of training on the part of the teacher to a great extent could affect dissemination of information especially to the hearing impaired learners. Teaches need to learn the new terminologies in order to teach effectively. Thus, teachers need to be oriented on the new trends regarding the issue of HIV and AIDS if they were to be effective and efficient.

These findings were in line with what (<http://www.avert.org./school.htm>) highlighted that, it has been argued that most teachers, unfortunately, have no formal training in

teaching HIV issues. Not much has been done to orient them on how to handle such issues. A survey carried out by Kenya Nation Union of Teachers (KNUT) showed that Kenyan teachers were not well prepared for lessons and that many were not well informed about the subject. Carmody (2004:131) argued that, “while HIV and AIDS has been introduced into various curricula using multidimensional approach, effective instruction on this topic has faced obstacles as most teachers were unprepared. As late as 2000, it was found that many teachers did not understand HIV and AIDS”.

The outcomes of this study revealed that the, majority 21 (92%) of the teachers faced challenges in teaching HIV and AIDS education in basic school which included lack of HIV and AIDS materials in formats that were accessible to learners in school, accusations that teachers were promoting promiscuity among learners, low reading levels by many hearing impaired learners, negative attitude by information disseminators and lack of sign language interpreters to assist them in school. The study indicated that over half of the teachers 13 (59%) said they were accused of promoting promiscuity among the learners.

As evidenced from the study findings teachers faced challenges in teaching of HIV and AIDS education. This maybe as a result of lack of sensitization campaigns for the learners and the community on the issue of teaching sex and HIV and AIDS in schools. Accusations that teachers promoted promiscuity were quite disheartening and could affect the delivery of HIV and AIDS information to the learners in schools. How could teachers teach effectively when they lacked material that was beneficial to the learners? Nonetheless, teachers need to be protected from unwarranted criticism by all stakeholders. Studies have confirmed that school programmes that teach learners about safe sexual behaviour do not encourage them to be sexually active. It is unfortunate that in the quest to disseminate information on HIV and AIDS to the learners, their role has not been appreciated by society.

The findings of this study were consistent with UNESCO (2009) who reported that there are fears that integrating the health and HIV and AIDS education into the school curriculum would increase sexual activity among the youths, thereby aggravating rather than alleviating the problem. For some parents sex education at school has raised the spectre of encouraging sexual activity and promiscuity amongst the young. For teachers who may themselves be parents and share some of these fears, the situation of dealing with angry parents is daunting.

MoE (2006) also explained that research from around the world, including Africa, clearly shows that comprehensive sexuality and HIV education do not increase promiscuity. In fact, young people who have been exposed to programmes which address sexuality and improved negotiation and communication skills are more likely to begin sexual activity at a later age and when they do have sex, to use condoms.

Ways of increasing access to information on HIV and AIDS for learners with hearing impairments

Generally, this study revealed that measures that would increase access to HIV and AIDS information for hearing impaired learners should be put in place. The findings of this study showed that more than half (54%) of the respondents indicated that that orientation of mainstream teachers in sign language basics would be the most appropriate method of increasing access to information for learners with hearing impairments.

The above view was supported by UNICEF (2002) who reported that HIV educators and sign language specialists would benefit from training in how to communicate information about HIV and AIDS to the hearing impaired. In addition UNESCO (2009) ascertained that teachers require further training if they are expected to teach children with different barriers.

Teachers cited provision of videos on HIV and AIDS for learners to watch, allowing specialized teachers to conduct workshops on HIV and AIDS for the hearing impaired learners, introducing youth friendly corners in schools, to have sign language interpreters on television and allocating more time in class lessons for HIV and AIDS talks, writing more books with pictures and artworks exhibition.

In a focus group discussion, a learner at Chikandama said that:

“we need video shows here at school so that we can watch then we understand what is happening about HIV and AIDS, and when people are acting we can also understand, sometimes even us we do role plays about AIDS. And the television used to help us but it is not working now. I have seen some write information on T-shirts, that is ok if you know how to read but many of us do not read very well”.

Another learner at Bowa basic school explained that, most of the things they knew about HIV and AIDS was through sight. Thus they needed books which had pictures in them, videos to watch so that they could see for themselves the impact of HIV and AIDS. The respondent also said there was need to have a sign language interpreter especially at school level.

As evidenced following the study findings, hearing impaired learners got a lot of information through sight. Pictorial information could be more beneficial to them than bare print due their low reading levels and the nature of their disability. Disseminators of HIV and AIDS information must be sensitized on the plight of the learners in basic schools.

UNESCO (2009) reported that persons with hearing impairments were not reached through conventional HIV and AIDS outreach activities. Firstly, they had limited access to health services. Secondly, information campaigns often lacked a strong visual component to engage those with limited literacy skills. Monaghan (2003) observed that other methods used to transmit information on HIV and AIDS include utilization of mobile phone and television e.g. sending HIV prevention messages through text messaging service on mobile phones; use of video and compact discs. Video and compact disc documentaries with HIV and AIDS and STI information have also been produced to teach the hearing impaired learners on issues pertaining to HIV and AIDS. Sign language interpretation has been used to make the video accessible to deaf audience.

In the same vein Schmaling and Monaghan (2006) reported that in South Africa, Sign Language Education and Development (SLED) were developing training materials, handbooks for master educators (teachers) and peer educators and distributed to local and international deaf communities. The purpose of these hand books was to provide hearing impaired youths and adults, teachers, parents with tools for addressing basic health awareness with an independent framework.

Findings of this study showed that most of the teachers 22 (92%) felt that persons living with HIV and AIDS would give more accurate information in a way that would be interesting to the learners and this would help the learners make informed decisions.

In agreement with the teachers, learners with hearing impairments during focus group discussions indicated that, people living with HIV and AIDS should be invited to share their experiences as a way of increasing access to HIV and AIDS information. This sentiment was supported by a learner from Chikandama basic who said that:

“I think asking people living with HIV and AIDS to come here and tell us about the disease is a good thing for us the deaf but they may find it be difficult to communicate with us if they do not know sign language”.

People living with HIV infection could be a valuable source of information in the dissemination of HIV and AIDS information to the young people. The schools should be encouraged to invite People living with HIV. Hearing impaired could benefit from such initiatives because they would see and also get accurate information from those infected by the virus as they their real life experiences which may be similar to the learners’. This would leave a lasting impression on minds of the learners thereby help them to make good informed decisions.

The findings of this study were consistent with UNESCO (2009) who reported that HIV – infected people (PLW HIV) networks assist school teachers to give clear information in a way which is likely to hold the interest of young learners and present accurate information. While not every teacher may feel capable of performing this function, it is very important that every school has someone who is well informed about HIV and AIDS. In the same vein Mclean (2002) pointed out that people living with HIV or those infected with the virus should be invited to talk to young people, especially in school. This is one effective way of getting the information on HIV and AIDS across to young people.

On the other hand 2 (8%) of the respondents felt that people living with HIV and AIDS would not enhance access to HIV and AIDS by hearing impaired learners due to communication problems as reported by UNESCO (2009) that persons with disabilities were not reached through conventional HIV and AIDS outreach activities. Firstly, they have limited access to health services. Secondly, information campaigns often lacked a strong visual component to engage those with limited literacy skills. A major challenge

in sharing information on HIV and AIDS with PWDs is the failure to understand how to communicate with them effectively.

Learners with hearing impairments have had many challenges in accessing of information generally and HIV and AIDS information in particular due to language barrier. Despite the good idea of inviting PLW –HIV and AIDS to share their valuable experiences with learners was good it may yield the expected results if the message is not conveyed in its original state because of language problems.

In the same vein Schmling (2006) pointed out that in his feature ‘Person with AIDS advocates for deaf’, Angeles, highlights the language barriers involved in transferring HIV and AIDS information to persons who are hearing impaired. This language hurdle is a prime concern for HIV educators who have difficulty reaching out to the hearing impaired. Language is a vital tool for communication. Thus the importance of communicating with the hearing impaired learners in sign language in the dissemination of HIV and AIDS information as the most effective way should not be ignored.

The research findings of this study also revealed that most of the teachers 23 (96%) indicated that formation of HIV and AIDS education peer groups for hearing impaired would increase access to HIV and AIDS information. They said that young people were more free to discuss sexual issues with their peers than adults. And learners’ interaction was easy with their peers and understood each other well because they had similar experiences.

And during the focus group discussions, learners disclosed that formation of HIV and AIDS education peer groups among themselves could also help to increase access to HIV and AIDS information in basic schools. They stated that, it was imperative that formation of peer groups amongst the hearing impaired learners was supported and encouraged because at times they found it difficult to discuss certain issues with fellow hearing peers as a result of language barrier. The respondents further indicated that they

were more free to share certain information amongst themselves as young people than with the elderly persons.

One hearing impaired learner at Bowa basic school was of the view that they would get more information on HIV and AIDS from their fellow deaf peers than their hearing counterparts as they were able to communicate easily.

“we get a lot of information on HIV and AIDS amongst ourselves as deaf children, because we are able to communicate easily amongst ourselves. Thus, forming groups to talk about HIV and AIDS is important but where do we find the information on HIV and AIDS? First they should give us what to use or train us but it is okay. It is difficult to talk about issues of HIV and AIDS and sex with our parents and other big people even teachers because as children we feel shy to ask certain things”.

From the above findings of this study, it should be clearly stated that young people learn a lot of information from the peers whether good or bad. And hearing impaired learners were in a habit of isolating themselves due to the nature of their disability. Formation of HIV and AIDS education peer groups should be encouraged in schools. However, they would still need the support of the school administrators and other stakeholders in terms of materials, funding other logistics. But this can be very beneficial to the hearing impaired learners.

The findings of the study were also supported by Monaghan (2003) who reported that PWDs are involved in dissemination of HIV and AIDS information, successful approaches include peer education. Peer education has proved to be an effective strategy in global HIV and AIDS prevention. Through peer educators, training on use of

condoms, transmission, care and treatment of HIV and AIDS, counseling and empowerment on communication skills have been facilitated. Network project helped the hearing impaired with ability to share information with their peers.

In addition, Schmaling and Monaghan (2006) at Gallaudet University in Washington DC, deaf peer health educators (PHAs) formally and informally teach sexuality and HIV and AIDS information to Gallaudet University campus community on the individual, group and community levels. The PHAs are extensively trained to become knowledgeable and skilled role models. They use a variety of visual approaches which include presentations, workshops, drama plays, flyers and banners. This proved an effective way to pass information to hearing impaired college students.

In line with the findings of the study UNFPA (2005) reported that young people rely extensively on information shared between peers, but parents were said to be poor sources of information. It is common for people of the same age group to share reproductive and health information. Boys said they felt very comfortable with information from their peers as it was easy to discuss things without embarrassment.

A study carried out by LCCB project in Chikankata area relating to HIV and AIDS confirms that, young people mostly discussed with their peers of the same sex. This was evident from the FGDs that had both sexes. In the mixed FGDs, young men tended to dominate the discussions with young women only reacting to the views of their male counterparts (Chileshe and Chisenga, 2006).

The findings of the study in chapter five have revealed that despite the hearing impaired learners having access to HIV and AIDS information in basic schools it was not adequate. There were however, several factors that hindered learners from accessing HIV and AIDS information in basic schools. These included the following: communication barrier; lack of reading books with pictures; low reading levels;

teachers' status of not being conversant in sign language and inability to express themselves as they were required to show everything when teaching and that teachers still held the sacredness of what contributed to the transmission of HIV virus; reaction of the learners to sex and HIV and AIDS topics and challenges faced by teachers in teaching HIV and AIDS education such as accusations that they promoted promiscuity among learners. The factors impeded easy access to HIV and AIDS information for learners with hearing impairments in sampled basic schools. It was suggested that measure such as provision of videos on HIV and AIDS; writing more books with pictures; having sign language interpreters in schools; workshops; inviting PLW-HIV and AIDS to share their experiences with learners and formation of HIV and AIDS information peer groups among the hearing impaired learners could increase access to HIV and AIDS information in basic schools.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

Introduction

The conclusion and recommendations presented in this chapter were based on the outcomes of the study.

Conclusion

The study has revealed that majority of the teachers and learners indicated that learners with hearing impairments had little access to HIV and AIDS information.

The study also revealed that agreed that HIV and AIDS education was taught to hearing impaired learners in basic schools to ensure that they accessed information on HIV and AIDS. This is important as it would make learners with hearing impairments be aware of the dangers of HIV and AIDS, and it would also help mitigate the impact of HIV and AIDS among educators and learners. It is worth to note that some teachers were of the view that, through educational talks on HIV and AIDS, learners would be able to learn how to abstain from sexual intercourse and to a large extent, be a building foundation in the area of discipline as well as inculcate value to cultural morals that have been eroded in the recent past.

Furthermore, the study revealed that all the schools under study had an Anti-AIDS club in place considering that out of the 24 teachers, 23 said they had an Anti-HIV and AIDS club. The club was another way through which hearing impaired learners accessed information on HIV and AIDS. Nonetheless, most of the learners said that they were not able to benefit from the club due to communication problems.

The study discovered that there were a number of factors hindering the hearing impaired from accessing information on HIV and AIDS in school. These included: low reading levels by learners, lack of reading books in sign language, lack of training for teaching HIV and AIDS education and negative reaction of learners to sex and HIV and AIDS topics. Teachers also faced challenges such as accusation that they promoted promiscuity among learners by teaching sex and HIV and AIDS education. Most teachers 16 (80%) said among the most notable ones was communication barrier. This was due to the fact that disseminators of HIV and AIDS information were not able to communicate effectively in sign language. The research findings during focus group discussions disclosed that learners also echoed the views of the teachers that communication barrier significantly hindered hearing impaired learners from accessing HIV and AIDS information in basic schools.

And some measures of increasing access to HIV and AIDS information cited by the teachers and learners included: provision of videos on HIV and AIDS for learners to watch, allowing specialized teachers to conduct workshops on HIV and AIDS for the hearing impaired learners, introducing youth friendly corners in schools, to have sign language interpreters on television and allocating more time in class lessons for HIV and AIDS talks, writing more books with pictures; and artworks exhibition. Others were; inviting PLW-HIV and AIDS to share their experiences with the learners in school and having sign language interpreters in school.

The research findings of this study also revealed that formation of HIV and AIDS education peer groups amongst hearing impaired learners would increase access to HIV and AIDS information as they would be able to interact easily and freely. This was because young people were more free to discuss sexual issues with their peers than adults, interaction was easy with their peers and understood each other well because young people had similar experiences.

Due to the nature of the disability hearing impaired learners found difficulties in accessing information on HIV and AIDS related issues as most of this information was not in sign language and visual formats. In view of this, it was prudent for the government and all disseminators of information print HIV and AIDS information in sign language and pictorial. Therefore, all stakeholders were encouraged to take keen interest in learning sign language if the hearing impaired learners were to have greater access to information on HIV and AIDS related issues and be able to protect themselves from the deadly disease.

Recommendations

Based on the findings of the study, the following were recommended:

1. The sign language training should not just be restricted to teachers but be extended to the media and medical personnel, Non Governmental Organisations promoting HIV and AIDS awareness campaigns.
2. The media, especially television should ensure that all programmes, especially on HIV and AIDS should be interpreted in sign language.
3. The Ministry of Education should embark on printing materials in sign language if the hearing impaired pupils are to realize the full potential and access to information on HIV and AIDS.
4. Ministry of Education should ensure that each school had a sign language interpreter.
5. The Ministry of Education should come up with a policy regarding teaching of sign language in school to all teachers and hearing learners.

6. Schools should introduce more friendly corners where learners with hearing impairments could access information on HIV and AIDS through posters and brochures.
7. The schools should initiate and intensify the formation of HIV and AIDS education peer groups through provision of the necessary materials on HIV and AIDS in schools as most of the learners are freer to have discussions within their age groups.
8. School administrators should encourage all the teachers and learners in basic school to learn sign language.

Future research

Since the study confined itself to Kabwe, Kapiri-Mposhi and Kasama Districts, generalization of the findings may not be possible as the findings from the three districts may not be the same for the rest of the districts in Zambia. Therefore there is need for future research which should cover the whole country to look into the issue of access to information on HIV and AIDS information by learners with hearing impairments.

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APPENDICES

APPENDIX I

QUESTIONNAIRE FOR TEACHERS OF LEARNERS WITH HEARING IMPAIRMENTS

Dear Respondent

You have been selected to participate in this research which is part of my studies.

This questionnaire is intended to collect information on **‘The extent to which learners with hearing impairments access information on HIV and AIDS in Zambian Basic Schools’**. You may be rest assured that the information you will give shall be treated with HIGHEST DEGREE OF CONFIDENTIALITY and will be used for academic purposes only. Answer questions as sincerely as you can.

The questionnaire is designed in such a way that certain questions require you to tick [] in the appropriate box for your responses while others require you to write brief responses to the questions in the spaces provided in this questionnaire.

DEMOGRAPHIC DATA

1. What is your gender?
Male [] Female []
2. What is your age?
 - (a) 20 or below []
 - (b) 21 -24 []
 - (c) 25 – 29 []
 - (d) 30 – 34 []
 - (e) 35 or above []

3. What is your marital status?

- (a) Single (b) Married (c) Divorced
(d) Widowed (e) Separated

4. What is the highest special education qualification? Tick only the highest qualifications you possess.

- (a) PhD Degree in special Education
(b) Masters Degree in special Education
(c) Bachelors Degree in special Education
(d) Diploma in special Education
(e) Certificate in special Education

5. Are learners with hearing impairments at risk of HIV infection?

- Yes No

Give reasons to your response.

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6. Do learners with hearing impairments have access to information on HIV and AIDS in school?

- Yes No

Give reasons to support your response.

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7 How much access do learners with hearing impairments have to information on HIV and AIDS in schools?

Very much []

Much []

Not much []

Not very much []

Give details for your response.

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.....

8 Is HIV and AIDS education taught in basic schools?

Yes [] No []

Give reasons to support your response

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9 Does your respective school have an Anti-HIV and AIDS club?

Yes [] No []

If yes to question 9, what is its role in school?

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10 How does the Anti-HIV and AIDS Club in school help learners with hearing impairments access information on HIV and AIDS?

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11 What are some of the school activities that learners with hearing impairments participated in to ensure that they have access to information on HIV and AIDS?

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12 Are there any factors that hinder learners with hearing impairments to access information on HIV and AIDS in school?

Yes [] No []

If yes to question 12, mention the factor that hinder access to information on HIV and AIDS in schools?

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13 Do teachers sometimes find it difficult to teach topics on HIV and AIDS in school due to their status?

Yes [] No []

Give reasons for your response.

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14 What is the reaction of learners to the topics on sex and HIV and AIDS?

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15 Are learners with hearing impairments involved in open discussions on HIV and AIDS in schools?

Yes [] No []

Give reasons to your response.

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16 Do teachers lack specialized training to teach HIV and AIDS education to learners with hearing impairments in school?

Give reasons to support your response.

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17 What measures should be put in place to increase access to information on HIV and AIDS in school for learners with hearing impairments? List them.

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18 Should persons living with HIV and AIDS be invited in school to share their experiences with learners with hearing impairments in as a way to increase access ?

Yes [] No []

Give reasons to support your response.

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19 Would the formation of HIV and AIDS education peer groups for learners who are hearing impaired help to increase access to information on HIV and AIDS in school?

Yes [] No []

If yes to question 19 give reasons to support your response.

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Thank you for participating in this study!!!

APPENDIX II

FOCUS GROUP DISCUSSION GUIDE (FDG) FOR LEARNERS WITH HEARING IMPAIRMENTS

- 1.** Are you at risk of HIV infection?
- 2.** Do you have access to information on HIV and AIDS in school?
- 3.** How much access do have on HIV and AIDS information in school?
- 4.** Is HIV and AIDS education being taught in schools?
- 5.** Does the school have Anti- HIV and AIDS club?
- 6.** How does the Anti-HIV and AIDS club help the hearing impaired learners to access HIV and AIDS information in school?
- 7.** Which school activities do hearing impaired learners participated in order to have access to HIV and AIDS?
- 8.** Do you get involved in open discussions with your hearing counterparts or not?
- 9.** Are there any factors that hinder you from accessing information on HIV and AIDS in school?
- 10.** What are some of the factor that hinder you from accessing information on HIV and AIDS in school?
- 11.** Are you able to read books on issues related to HIV and AIDS?

- 12** Do teachers sometimes find it difficult to teach topics on sex and HIV and AIDS in school?
- 13** What is your reaction like as learners' topics of sex and HIV and AIDS education?
- 14** What measures should be put in place to increase access to information on HIV and AIDS in school for hearing impaired learners?
- 15** Would the formation of hearing impaired HIV and AIDS peer group educators help to increase access to information on HIV and AIDS in school?