

**THE ROLE OF PEER EDUCATION IN THE PREVENTION OF HIV AND AIDS  
AMONGST THE YOUTHS WITH DISABILITIES IN SELECTED SCHOOLS/UNITS  
OF MANSA, ZAMBIA**

**By**

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## **DECLARATION**

I Mutale Gift do declare that this report is my own work and that it has not been submitted for a Masters award at this or any other university. All the rules and regulations regarding citation have been observed.

**Student's signature** :

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**Date** :

**CERTIFICATE OF APPROVAL**

This report by Mutale Gift is submitted as a partial fulfilment of the requirement for the qualification of Master in Science in Counselling program at the University of Zambia

**Signed by** : .....

**Date** : .....

## **DEDICATION**

This document is dedicated to my beloved Children Light, Faith and Harry for their sacrifice in terms of needs. I further extend my dedication to my siblings who encouraged me and above all my God who helped me through and through to the end. To the youngest children Harry and Faith, I extend my heartfelt gratitude for their understanding.

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Most of all I uplift my God almighty for strengthening me spiritually, physically, emotionally, socially and morally throughout my studies at the University of Zambia.

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## **ABBREVIATION**

<b>MOE:</b>	Ministry of Education
<b>NGO:</b>	Non -Governmental Organisation
<b>HIV:</b>	Human Immunodeficiency Virus
<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>PLWHA:</b>	People Living with HIV and AIDS
<b>STI:</b>	Sexually Transmitted Infections
<b>ILO:</b>	International Labour Organisation
<b>PRSP:</b>	Poverty Reduction Strategic Paper
<b>EFA:</b>	Education for All
<b>DEBS:</b>	District Education Board Secretary
<b>VCT:</b>	Voluntary Counselling and Testing
<b>MDGs:</b>	Millennium Development Goals

## **ABSTRACT**

This research endeavoured to establish the importance of peer education in the prevention of HIV and AIDS among the physically impaired learners. It was conducted in four special schools in Mansa of Luapula Province of Zambia. The study used simple random sampling and purposive (typical case) sampling where a sample of sixty (60) respondents was picked to participate in the study. The sample was drawn from four special units hence the disabilities are varied because they are located in ordinary schools. The data was collected using focussed group discussions and interview guides. Thematic analysis was used to analyse qualitative data because major issues were drawn from focussed group discussions and interviews. Responses were coded and grouped to establish emerging themes in the study. Data was then presented manually using tables and figures. The study found that peer education is among the most effective ways in prevention of HIV and AIDS if well implemented amongst the pupils with disabilities pupils. It has been found out that Peer education is an effective strategy to reach out students and teachers in support and prevention of HIV and AIDS. It can positively affect HIV and AIDS education and promotion activities. The presence of an appropriate peer education intervention can help developing lasting partnership and collaboration activities in schools. The importance of peer counseling is increasingly recognized for HIV and AIDS prevention in the school and other work places. However, it was found that the programme was very tasking in terms of organizing various resources, time and equipment for use during peer education in order to transmit and disseminate information about the prevention of HIV and AIDS. In this view it is therefore recommended that special students should be trained as peer educators just like other so-called normal students. If structured, appropriately, peer education program in special schools can be provided to the institutions as it will help to create awareness amongst the youths with disabilities rather than waiting for external peer educators. Peer education in special schools is a fruitful and result oriented approach and can lead to development of innovative program if well implemented in their respective institutions.

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## **CHAPTER ONE: INTRODUCTION**

### **1.0 Overview**

This chapter focussed on the background of the study, statement of the problem, purpose of the study, research objectives, study questions and the significance of the study, delimitation of the study, limitation of study and definition of key terms.

### **1.1 Background to the Study**

The problem of HIV and AIDS is a major issue worldwide and definitely Zambia is not an exception. Individuals and the public are concerned due to the devastating effects of the pandemic. In the 1990s, the Ministry of Education and other line Ministries began to be devastated by HIV and AIDS. The disease has contributed greatly to the mortality of all groups such as professionals, students and others, thereby creating a great threat on the achievement of the Millennium Development Goals (MDGs) and the attainment of Education for All (EFA) by 2030. Statistics indicate that majority of HIV/AIDS victims are at the peak of their reproductive age, thus leaving many children vulnerable, (MOE, 1996).

Causes of HIV and AIDS have been reported in all sectors of society and in all the districts in Zambia. This clearly shows that the epidemic is an extremely serious problem in this country. However, the secrecy, denial and social stigma associated with HIV and AIDS tend to distort the true scope and magnitude of the problem. The entire Zambian population is ultimately affected by the pandemic, although some groups are more vulnerable than others. The disease first manifested itself in the early 1980s with the first clinical tests done at Chikankata Mission Hospital in the Southern Province. It grew to such extents that, the late 1990s, adult prevalence rates were about twice as high in urban areas than rural areas (Kelly, 1999). The implication of such a fact is that among Zambians, people of ages raging between 15 to 49 years are the most affected.

As a result of the pandemic, it was viewed that peer education could play a pivotal role in the prevention of the pandemic. It is therefore vital that awareness and knowledge be imparted to age groups especially the youths who are considered to be the window of hope. This needs to be continuously done through peer education during formal and informal contacts and at all levels. There is need to provide knowledge, promote good behaviour, create an enabling environment, improve care, reduce stigma and help individuals cope with grief (MOE, 2002). All this can be

done theoretically and practically. Thus, this compliments the idea and efforts that peer education should play in endeavouring to inform and protect the individuals and society at large

In Zambia, people can learn the communication strategies to transmit the message across. Peer education provides effective means of transferring information of HIV and AIDS to the multitude using various ways, languages and methods in order to make people understand and prevent the ravaging pandemic. Unless there is an effective medium of communication, the people would not get the right information. Use of languages which people are conversant with, would help people to understand better. For instance, when the aim is to educate people about the dangers of HIV, it is vital that the language used is also put into consideration because people understand better in their language of operation.

In Luapula, people also need to learn the communication strategies in order to transmit the message about the pandemic. Peer education is capable of providing effective means of transmitting information of HIV and AIDS to the multitude with disabilities using various ways, languages and methods in order to make people understand and prevent the pandemic. Unless we improve on communication, the people would not get the rightful information. There is need to use the languages which people are conversant with, would equip them with desired information. For instance, when the aim is to educate people about the dangers of HIV, it is important that the language used is also considered because people with disabilities understand better in their language of operation (sign language) as well as ICT Braille materials for visually impaired to be availed. It is in the respect that, the research therefore is intended to provoke people's minds through peer education as a tool to propagate and accelerate the prevention of HIV and AIDS among youths with disabilities. This may help to alleviate myths and barriers the society has on sexual reproductive health towards persons with disabilities for instance myths against albinos.

## **1.2 Statement of the Problem**

The threats of HIV and AIDS are so significant that a number of measures have been put in place to reduce the spread. Specific areas of focus include gender, culture and policy as well as socio-economic and spiritual. Despite all these, new cases continue coming up and the numbers of people infected get alarming as the gap has been noticed in the way information about HIV and AIDS is being disseminated. Emphasis is seen to the other group while the persons with disability receive

information late or never. Hence the need to conduct this study to see how education peer can help promote the prevention of HIV and AIDS among youths with disabilities.

### **1.3 Purpose of the study**

The purpose of the study was to establish how peer education can help in the prevention of HIV and AIDS and seek measures that could be taken to alleviate these challenges amongst the youth with disabilities.

### **1.4 Research objectives**

The objectives of the study will be as follows:

- i. To investigate how education peer can help in the prevention of HIV and AIDS amongst the youths with disabilities.
- ii. To identify the challenges faced when using peer education in the prevention of HIV and AIDS among the youths with disabilities.
- iii. To suggest measures that can be undertaken in the prevention of HIV and AIDS amongst the youths with disabilities.

### **1.5 Research Questions**

- i. How can peer education help in the prevention of HIV and AIDS amongst the youths with disabilities?
- ii. What are the challenges faced in the prevention of HIV and AIDS amongst the youths with disabilities?
- iii. What measures can help in the prevention of HIV and AIDS amongst the youths with disabilities?

### **1.6 Significance of the Study**

The study would be significant because the findings would contribute to body of knowledge on the importance of peer education in the prevention of HIV and AIDS. It would further stimulate enquiries by other researchers. Through the research, the researchers would be able to publish guidelines that educationists, planners and other authorities may learn from to activate and fight towards the prevention of the pandemic. The study will also be of importance because the findings could be used by the government, individuals and non-governmental organizations to address the problems faced by people living with HIV and AIDS (PLWHA).

## **1.7 Delimitations of the Study**

The study covered selected special school/units of Mansa in Luapula Province

## **1.8 Limitations**

The study did not involve all the special schools/units in Luapula province but it only involved four units in Mansa District. The number of participants involved were only 60 hence generalizing the results might not give the true picture of the outcomes on the ground.

## **1.9 Theoretical framework**

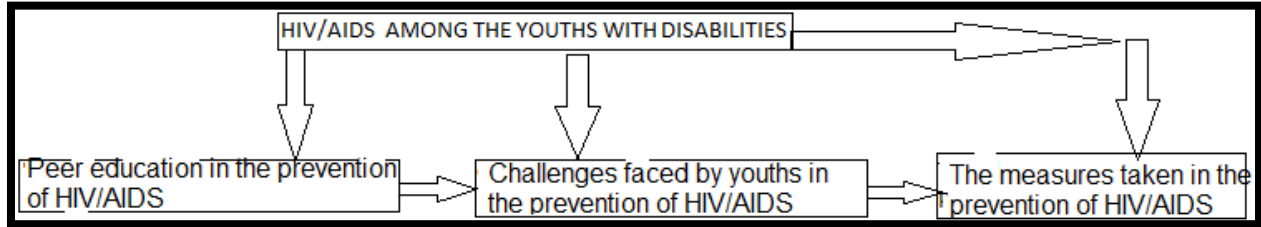
Social learning theory asserts that people develop self-efficacy through direct experience and observation of role models (Bandura, 1986). Peer education is an example of a behavioural change strategy based on this theory. According to Bandura, self-efficacy is defined as a belief that one can perform a specific behaviour (1986). Self-efficacy is not concerned with the skills one has but with judgments of what one can do with whatever skills one possesses (Bandura, 1986).

A person with strong self-efficacy beliefs will expect to succeed and will apply greater efforts to master the task than will persons with weaker self-efficacy beliefs (Bandura, 1986). Social learning theory further asserts that youth can become motivated to adopt preventive behaviours after developing positive attitudes regarding preventive behaviours and negative attitudes toward risky behaviours. Self-efficacy has been found to be an important component in HIV risk reduction (Bandura, 1997).

As a strategy, peer education programs train adolescents to become peer leaders by providing information on adolescent HIV and AIDS. In turn, these peer leaders will communicate this information to their peers and attempt to modify their knowledge, attitudes, and behaviours.

## 1.10 Conceptual frame work

### CONCEPTUAL FRAMEWORK FOR THE IMPORTANCE OF PEER EDUCATION IN THE PREVENTION OF HIV/AIDS AMONG CHILDREN WITH DISABILITIES.



Source: Youth issues paper No.7. Family Healthy International (FHI),2006, Y-PEER: Peer education training of trainers manual UNIFPA and FHI/YouthNet,2006

## 1.11 Definitions of Key Terms

**Epidemic:** - a serious disease happening at the same time in a particular community or population.

**Pandemic:** - the spread of a disease over the whole country or the whole world.

**AIDS:** -it is an acronym that stands for acquired immune deficiency syndrome.

It is a serious condition that prevents an individual's immune system from defending itself against infections, thereby weakening the body and usually death.

**HIV:** - the letters stand for human immunodeficiency virus. It is a virus that causes the condition called aids.

**Peer education:** - it is education provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background.

**Education** an organized and sustained communication designed to bring about learning.

**Impact:** - opportunity, gains and difficulties for using a certain phenomenon

**Orphan:** - child below the age of 18 that has lost one or both parents.

**Vulnerable child:** - refers to a child who is below the age of 18 who has been in or is likely to be in the situation where he/she is likely to suffer significant physical, emotional or mental stress that may result in the child's rights not being fulfilled.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Overview**

This chapter outlines the empirical literature related to the current study. It covers the definition of peer education, role of peer education in HIV and AIDS prevention education on HIV and AIDS prevention in the workplace.

### **2.1 How Peer Education can help in the prevention of HIV and AIDS amongst youths with disabilities.**

This chapter presents the literature that has been reviewed by leading scholars on this subject and presented under the following headings derived from study objectives

It is not just teachers who can provide education: people's knowledge about HIV and AIDS can be influenced by a variety of different people, including family, friends, and the wider community. Peer education is education provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background.

Peer education is a less formal method of educating, which can be more accessible to people who are not used to or dislike a formal classroom environment. At the same, peer educators are trained on the subject ensuring that the information they provide is accurate and reliable. This makes peer education a very effective way of reaching marginalized groups. For example, peer education programmes have been found to work well in prisons, where authority figures are often distrusted (Family Health International, 2003).

Peer education contributes to solutions of the pandemic by empowering people to know their rights and make informed decisions and choices. Therefore, all groups that are fighting the scourge are working with related institutions such as the health and education sectors. They have come up with prevention campaign strategies which are conducted in schools and in the general society.

Peer education is an effective strategy to reach out students and teachers in support and prevention of HIV and AIDS. It can positively affect HIV and AIDS education and promotion activities. The presence of an appropriate peer education intervention can help developing lasting partnership and collaboration activities in schools. The importance of peer counselling is increasingly recognized for HIV and AIDS prevention in the school and other work places (ILOAIDS, 2008).

After a brief qualitative need assessment survey, the project was started in the year of 1996 by creating awareness among the workers of five institutions in Dhaka with the objectives of reducing the incidence of sexually transmitted disease (STD) and HIV amongst the workers. Many display feelings of ignorance and even prejudice towards this issue. From the project update, many participants felt embarrassed and uncomfortable talking about condom, sexuality, HIV transmission and other risk behaviours. The project recruited and trained peer educators and established a HIV and AIDS as well as STDs peer education programme during 1998. Peer education among the workers has proved to be very effective tool for HIV and AIDS awareness and condom promotion activities. Peer educators are also trained in counselling.

In my experience for all problems, which deal with the sensitive issue of STD and HIV, peer education should be included as an invaluable tool in bridging the gap between the project providers and the client. They have become the best trainers. So, peer education is the most effective way to access, education and support to the workers of the workplace. (Kalichman, 2006). In a case, despite the massive campaign through peer education programmes, there is still a large number of people being infected with the human immunodeficiency virus.

Peer education has helped to instil the practice of using condoms for prevention purposes and developing positive regard towards voluntary counselling and testing to many people so that they can know about their safety during sexual practices and other risk activities. It has also worked out positively in changing behaviour of many people avoiding risk taking ventures where they can be prone to exposure to HIV and AIDS.

Egan (1998) points out that some parents think that family life or sex education which is taught in schools puts their daughters at risk since they believe that the information about sex makes their daughters promiscuous. Therefore, children from such homes are being disadvantaged because they are being withdrawn from school or encouraged to stay away from such meetings pronouncing that it's a taboo to discuss sex openly, making them vulnerable to contracting the virus. Additionally, other parents view the idea of educating the youth about the use of condoms as actually encouraging or promoting prostitution.

## **2. 2. Challenges Faced when using Peer Education in the prevention of HIV and AIDS amongst the youths with disabilities**

The aspect of determining the importance of peer education intervention strategies call for consented efforts so as to find out exactly how much has been put into positive implementation to reduce or prevent the spread of HIV. It was also very tasking to organize various resources, time and equipment for use during the peer education programmes in order to transmit and disseminate information about the prevention of HIV and AIDS(MOE,1996).

The poverty strategic reduction paper (PRSP) identifies and targets a number of programmes in the education sector for economic growth and poverty reduction. Among these programmes are infrastructure development, provision of education materials and bursaries to orphans and other vulnerable children. The issue of orphans and vulnerable children remain one of the big challenges the Zambian society is facing today. Although children have been orphaned today, as a result of losing one or both parents through various causes, the majority of orphans have lost parents due to HIV/AIDS, (MOYCD, 2006).

MOE (2001) has stated that HIV and AIDS has devastating effects on the part of curriculum content because of the following consideration;

- The need for inclusion of peer education in the curriculum is important in preparing those who may be compelled to leave school prematurely, so that they are given life skills such as assertiveness, decision making and others.
- There is need to include HIV and AIDS in the curriculum as well as peer education activities so that knowledge and skills are transmitted in helping promote safer sex behaviors.
- There is also need to develop survival skills which promote positive behavior for coping with challenging social difficulties.

It is therefore important that the curriculum developers include issues of HIV and AIDS in the curriculum form the onset of education, that is, starting at very early childhood education level and run through the whole education system.

World Bank (1997) indicates that most cases people infected with HIV and AIDS are usually in a shock. They experience situations such as denial of being infected. Many of them develop fear of what other people may say regarding their state of being. As a result of the large numbers of cases of HIV and AIDS and the problems that have been brought to mankind, there is need for counselling so that people who are infected may be encouraged to live positively. The ministry of education is not left out in this intervention. It is also endeavouring to seek lasting solutions to the pandemic. Apparently, the ministry has made efforts of incorporating awareness programmes in colleges of education.

### **2.3 Measures to be taken in the prevention of HIV and AIDS amongst youths with disabilities**

Many people are now aware of the dangers of HIV, and yet each millions of people become infected with the virus. It is therefore vital that HIV and AIDS education goes beyond simply providing information and that it is supported by other prevention efforts such as providing condoms and clean injecting equipment, and making testing facilities available and accessible. In order to ensure that people are willing and able to turn the knowledge they gain from HIV and AIDS education into action, they need more than basic scientific facts. HIV and AIDS education needs to motivate people by making them aware that what they are learning is relevant to their lives. Empowerment is also crucial, as people must be in a position where they are able to take control of their sexual behaviour or methods of drug use, (Kalichman 2006).

Education is a crucial factor in preventing the spread of HIV. Given the huge numbers of deaths that might still be prevented, the importance of effective education cannot be overestimated. It also includes

- Prevent sexual transmission of the virus through special emphasis on the youth, women and high-risk behaviors.
- prevent mother to child transmission
- Prevent HIV transmission through blood and blood products
- Prevent HIV transmission in health care and promote access to post-exposure prophylaxis treatment
- Improve access to and use of confidential counseling and testing

- Prevent HIV transmission intravenous drug use
- Encourage circumcision
- Support development and participation in HIV vaccine clinical trials.

MOE is endeavouring to implement policies to prevent the spread of HIV and AIDS. These policies include the introduction of the school guidance services so that psychological counselling is provided. The intention is that every school in Zambia should provide the needed services and MOE directed that HIV and AIDS be integrated into the curriculum at all levels of education (MOE,2008).

Sex education should be taken very seriously where preventive measures can be discussed. For instance, the use of condoms, abstinence and being faithful to one sexual partner "**ONE LOVE KWASILA**." furthermore, it is vital that health education be taught in school to help people to be kept informed about the preventive measures and dangers about the pandemic (MOE,2002).

Integrating programmes for promotion HIV and AIDS awareness through school curricula, peer education programme, anti-aids clubs as well as outreach programmes to equip out of school orphans and street children. Changing people's attitudes especially pupils and teachers so that better awareness is imparted and implemented to help people develop positive attitudes as regards the prevention of HIV and AIDS. Teachers should be able to speak freely about HIV and AIDS in order to bring about the required information regarding the pandemic (Edward and Louw, 1998).

## CHAPTER THREE: METHODOLOGY

### 3.0 Overview

This chapter describes the methodology that was used in carrying out the study. The methodology was organized under the following section: research design population, sample, sampling procedure, instruments for data collection, procedure for data collection, data analysis, ethical considerations, research schedule or time line, proposal budget and references.

### 3.1 Research Design

In order to capture opinions of respondents the research employed a descriptive survey design which used the qualitative approach in the analysis of data collected in order to provide an accurate account of the importance of peer education in the prevention of HIV and AIDS among youths in selected secondary schools in Mansa district of Luapula province.

### 3.2 Study Site

The research was done in 4 selected secondary schools of Mansa in Luapula province because of the varied categories of the youth.

### 3.3 Population

When collecting data, the study targeted, special teachers and the school managers. The target population included the School managers, Special Teachers and special pupils with disabilities.

### 3.4 Sample

The sample of the study was as distributed in the table

School Managers	Special Teachers	Learners
8	12	40

### **3.5 Sampling Procedure**

The researcher used purposeful sampling and simple random sampling. The researcher used the named sampling techniques because both had characteristics to enable her collect the data to be analysed in this study and later find out the true picture on the ground

### **3.6 Data Collection**

The researcher collected data physically in the school after seeking for permission from the District Education Board Secretary (DEBS) who later informed the Head teachers to allow the researcher to carry out the study in their schools. The researcher distributed questionnaires to teachers. She further conducted interviews and focussed group discussions.

### **3.7 Data Analysis**

The researcher analysed data manually using thematic methods. This data has been presented using graphs and tables by the help of SPSS (Statistical Packages for Social Sciences). Which has later been interpreted by the use of words to give the actual meaning of the findings presented inform of graphs and tables.

### **3.8 Research Instruments**

The researcher used focussed group discussions and interview guides. An interview guide is a mechanism used by the researcher to conduct an effective semi-structured interview. This helps researcher to decide on the spot how to word the question in the specific context rather than reading from the script.

### **3.9 Ethical Considerations**

With respect to ethical considerations and confidentiality the privacy of respondents was not revealed to anyone. All information from respondents was treated with importance and confidentiality.

## CHAPTER FOUR: PRESENTATION OF FINDINGS

### 4.0 Overview

The chapter presents research findings in line with the 3 objectives being how peer education can help in the prevention of HIV and AIDS, the challenges faced in the prevention of HIV and AIDS and measures that can help prevention of HIV and AIDS.

FIGURE1

TEACHERS BY GENDER

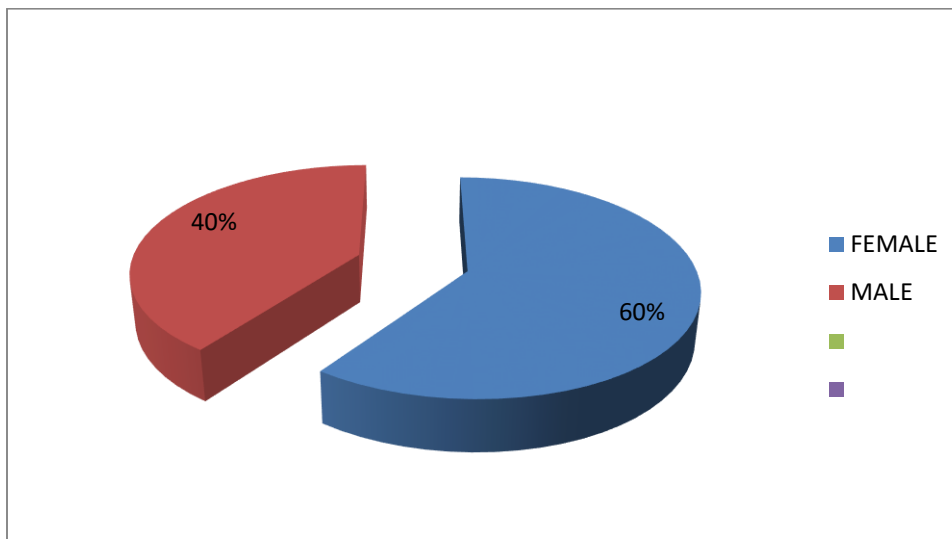


Figure 1 shows that eight (8) members of staff were male who participated in the research which reflects the total of 40% while twelve (12) members of staff were female representing 60%.

### 4.1 AGES OF TEACHER RESPONDENTS

TABLE 1

Age range	23 t0 30	31 to 40	41 t0 55	
Number of respondents	3	8	9	20
Percentage	15%	40%	45%	100%

TABLE 2

AGES OF PUPIL RESPONDENTS

Age range	10-15	15-20	20-25
Number of respondents	08	30	02
Percentage	20%	75%	5%

FIGURE 2

AGES FOR TEACHER RESPONDENTS

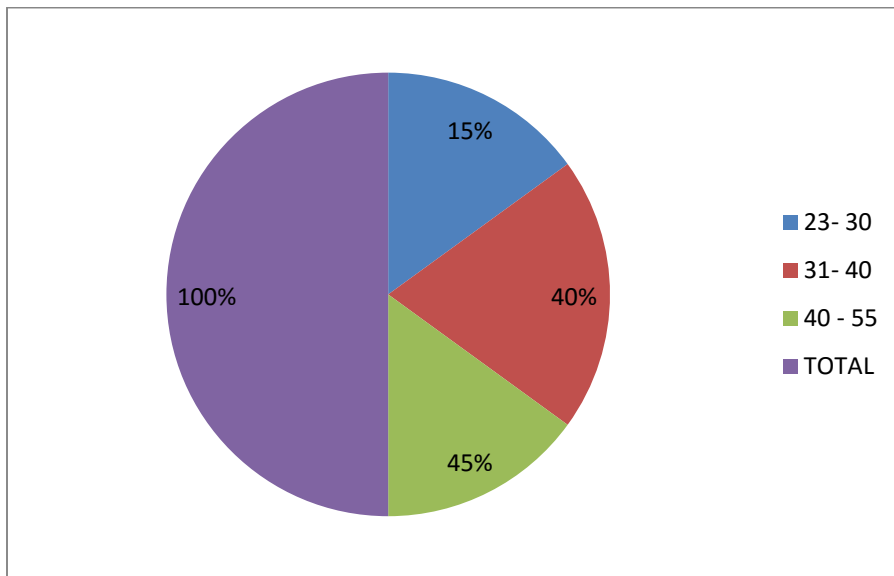


Figure 2 above indicates that 15% in blue of the teachers who participated were in the range of 23 to 30 of age, 40% in brown were between 31 and 40 of age, while 45% in green were in the range of 40 to 55 years. This is represented by a 100% total participation which is in purple.

## 4.2 EDUCATIONAL LEVELS OF TEACHERS

TABLE 3 shows educational levels of the teacher respondents.

Certificate holders	2 teachers
Diploma holders	12 teachers
Degree holders	6 teachers

On the education background, 30% of the respondents had university qualifications, 10% had certificates and 60% had diploma certificates.

## 4.3 RELIGIOUS DENOMINATIONS.

TABLE 4

The table below tabulates participation of the respondents regarding their denominational affiliation.

DENOMINATION	FREQUENCY	PERCENTAGE
Catholic	5	25%
Seventh Day Adventist	2	10%
Jehovah Witnesses,	3	15%
Winners Ministries	5	25%
United Church of Zambia	5	25%
TOTAL	20	100%

This shows the percentage of the respondents according to their Christian denominational affiliation. It records 5 respondents who are catholic, 2 seventh day Adventist, 3 Jehovah witnesses, 5 winner's ministry and 5 united church of Zambia representing 25%, 10%, 15%, 25%, and 25% respectively.

#### **4.4 HOW PEER EDUCATION CAN HELP IN THE PREVENTION OF HIV and AIDS**

Measures such as organizing workshops through formal and non-formal approaches in order to train and sensitize stakeholders, trainer of trainers and later peer educators within the disabled community. Also, the activities to foster behavior change to be promoted such as drama, role play and anti-AIDS clubs amongst youths with disabilities and such programs should be sustained in order to avoid draw backs as the community keep increasing and new members are supposed to be updated with the information. It can also help through evaluation and operational research where issues of concern are raised and worked on by stake holders.

#### **4.5 CHALLENGES FACED WHEN EDUCATING PEOPLE ABOUT HIV and AIDS**

Challenges such as low literacy levels amongst persons with disabilities affect the dissemination process for instance reading braille. Also, self-isolation and self-pity affect their social status as they tend to down grade their social status and hence, they isolate themselves. It is a very big challenge also as materials such as braille and other modified resources are difficult to access and the language of operation such as sign language is also a challenge. There is a challenge in accessing sign language interpreters

#### **4.6 PREVENTIVE MEASURES**

TABLE 5.

The table shows the preventive measures indicated by the teacher respondents.

Measure	Abstinence	Condom use	Faithful
Respondents	4	8	8
Percentage	20%	40%	40%

FIGURE 5

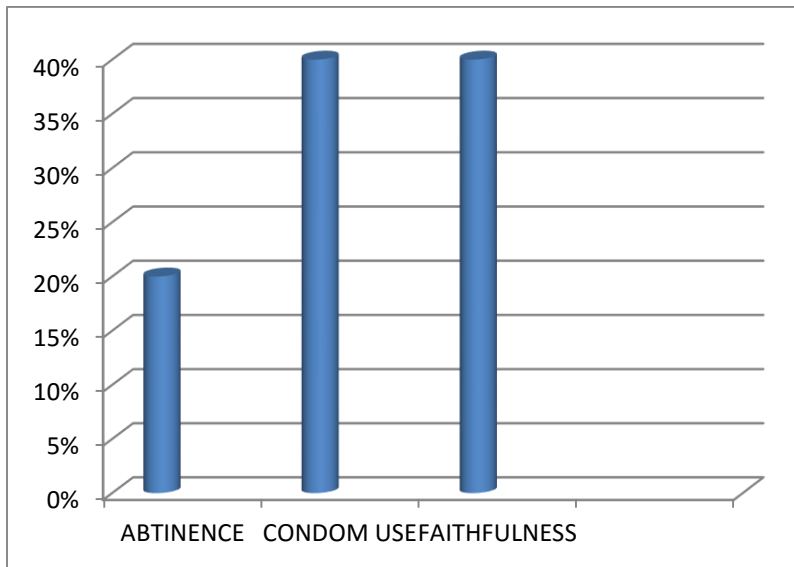


Figure 5 shows that 40% of the respondents thought beings faithful would help in the prevention of HIV and AIDS, 40% were for condom use while the other 20% were for abstinence.

## **CHAPTER FIVE: DISCUSSION OF FINDINGS**

### **5.0 Overview**

This chapter focuses on the discussion of findings based on the previous chapter. The comments and any suggestion made will reflect what the findings revealed as well as looking at the objectives of what have been attained

### **5.1 FINDINGS FROM INTERVIEWS OF THE PUPILS WITH DISABILITIES**

An opinion was sought from learners on how they found peer education in the prevention of HIV and AIDS. The findings revealed that peer education is the most effective and enjoyable measure as children find it easier to learn from peers than elders and teachers. Those who are shy find peer education applicable due to the fact that they share freely with their peers unlike elders. This was represented by 32 pupils representing 80% while 8 pupils said they enjoyed being taught by teachers as they believe that teachers bear true knowledge hence peers know nothing to teach others. This is because pupils have a belief that they are supposed to learn from the teachers who are believed to bear the divine truth representing 20% of the pupil respondents. Thus, the majority went for peer education as the best measure of disseminating HIV and AIDS information and prevention of HIV and AIDS among pupils with physical impairments.

When asked the challenges they encounter in terms of peer education, 80% of the pupil respondents stated that issues of tradition and culture where they are not allowed to talk about sexual matters in presence of people is a major challenge. It was reviewed that they find it difficult to become peer educators because they are in a dilemma whether to disobey their cultural beliefs. 20% of the pupil respondents stated that its challenging even when talking about the use of the condom as it paints a picture that peer educators are immoral and they practice the act as such they are referred to as prostitutes because of demonstrating how to use condoms to others

When asked how peer education would help in the prevention of HIV and AIDS among themselves. It was reviewed that they share information freely with their peers without bias. It was discovered that 80% of the pupil respondents supports peer education because they mingle freely and probe more from peers about the act unlike from other personnel.

When asked why they preferred to learn from peers, it was revealed that issues like sexuality are not easy to be discussed with people or educators who are not of your age. 80% of the pupil

respondents was for peer education and stated that through plays such drama and role play it is easy to capture pupil's attention. Such measures enable pupils to learn and retain measures of combating HIV and AIDS.

## **5.2 PERSONAL INFORMATION BASED ON FINDINGS.**

Concerning the respondent's findings on the background information, the findings revealed that there was a minimal gap in gender participation where female respondents reflected 45% participation in the study while 55% represented male. Therefore, according to the findings, it implies that the majority of the respondents were male but this was due to reduced numbers in schools due the pandemic of COVID 19. Carmody (2004) supports that fairness in gender participation despite the availability of the people involved in any study are vital.

In Table 2 and figure 2 indicates that 15% in blue of the respondents who participated were in the range of 23 to 30 of age, 40% in brown were between 31 and 40 of age, while 45% in green were in the range of 41 to 55 years. This is represented by a 100% total participation which is in purple. In this essence, it implies that all the age groups of the teaching staff that was anticipated were catered for in the study. This clearly shows that it is important that people of all ages take part in the prevention of HIV and AIDS. All age groups should be active because this fight affects every members of society.

Educational levels should always be regarded important in the fight HIV and AIDS. The findings therefore, revealed that 30% had university qualifications, 60% were diploma holders while 10% were certificate holders. This shows that each and every respondent has some level of qualification which plays a very critical role in the fight against HIV and AIDS. It has been observed that through the level of education, people are able to make informed decisions in all matters of HIV and AIDS, in communicating on the role of education that education should contribute to a solution of the pandemic by empowering people to claim their rights and make informed choices (Watkins, 1999).

Religious affiliation is another issue that was presented in the findings. It records that three respondents were catholic, one seventh day Adventist, two Jehovah witnesses, three winner's ministry and one united church of Zambia which represented 25%, 10%, 15%, 25%, and 25% respectively. With the findings of every respondents being a Christian, it would be an easy thing

to educate people about HIV and AIDS. For instance, if you tell the church that no member should practice polygamy. People will not find it difficult to such a thing because they know this is what is expected of them. This would only be a problem if people educating them about HIV/AIDS tell them to use condoms as preventive measure, as some Christians will deny this and will result in having problem with how the message can be preached.

### **5.3 FINDINGS ON THE STUDY BASED ON THE OBJECTIVE OF THE STUDY**

#### **HOW PEER EDUCATION CAN HELP IN PREVENTION OF HIV and AIDS**

It was found that peer education would be helpful in the prevention of HV and AIDS by organizing workshops through formal and non-formal approaches. This is in line with kalichman (2006) who states that as a result of our experience for all problems, which deal with the sensitive issue of STI/HIV, peer education should be included as an invaluable tool in bridging the gap between the project providers and the client through workshops and seminars. Therefore, peer education is one of the most effective ways to access, educate and support workers of the workplace. It was also found that, integration of HIV and AIDS Peer Education with Other Interventions from other sectors such as health programmes society for family health can effectively influence the prevention of HIV and AIDS.

However, the study also revealed that it is vital to develop training and Supervising Peer Educators in order to equip them with the necessary tools, skills and knowledge in devouring to transmit HIV and AIDS information to the general public. One of the ways to support skill development and training is to program activities which would foster behavior change by letting people play certain duties like sensitizing the community on how to prevent the pandemic through media, drama being performed by pupils and teachers, also through sports activities that are organized by schools or communities carrying themes on HIV and AIDS. When people learn about the causes, effects and many other issues relating to HIV and AIDS, they will then become part of the preventive squad. Further the findings indicated that programs of peer education in the fight of the pandemic should be sustained in order to seal up gaps of transmission of information to the public. This calls for appropriate evaluation of programs and intensify operational research.

#### **5.4 CHALLENGES FACED WHEN EDUCATING PEOPLE ABOUT HIV/AIDS**

The findings revealed that there were challenges experienced when educating people about the prevention of HIV and AIDS. The challenges were tradition and culture, religion, poverty and literacy levels. Tradition and culture proved a challenge in that, views of different people would clash with views of people involved in the sensitization programme. These included views such as polygamy, which in certain traditions were regarded as normal and the method of cleansing a person after the death of a spouse such as sleeping with the surviving spouse is still in practice. Therefore, any message not in support of tradition and culture was not condoned. In addition, the language used during information dissemination does not correlate with certain cultural beliefs and norms of some societies because it compromises respect, such as the language used when demonstrating how to put on a condom.

Religious beliefs have contributed where certain churches would not want to have more than one wife, but others believe it's normal such as a church for polygamy and also Muslims believe that one man can marry as many wives as he can, as long as he can manage to provide for them.

Poverty as mentioned in the various occasions, it is important that every person manages to get basic needs. This may contribute to the challenges faced when educating them about HIV and AIDS prevention because the sexual activities that they do regardless of sensitization efforts could be risky as a result of poverty. There is also the issue of literacy levels. The more educated an individual is, the more able they are to make proper decisions, unlike one who has not gone to school, because one who is not educated fails to make informed decisions even on important issues such as HIV and AIDS prevention.

#### **5.5 MEASURES OF PREVENTION**

Figure 5 from the findings shows that 40% of the respondents through being faithful would be the best way of preventing HIV and AIDS, 40% of the respondent chose condom use and 20% were for abstinence.

MOE (2000) endeavors to implement policies to prevent the spread of HIV and AIDS. These policies include the introduction of the school guidance services psychological counselling is provided. The intention and hope are that every school should provide such services to help those

infected and affected by HIV and AIDS pandemic. Ministry of Education has also directed that HIV and AIDS education be integrated into the curriculum at all levels.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATION**

### **6.0 Overview**

This chapter focuses on the conclusions based on the findings and recommendations.

HIV and AIDS has left no corner of the country unaffected. All the sectors of the economy have been negatively impacted on, including the education system. The pandemic continues to take away productive and energetic men and women including the young ones, called the future leaders. It is for this reason that MOE should work hand in hand with other ministries and Non-Governmental Organizations (NGOs) to educate the people about this deadly disease. The vaccine against the HIV virus and cure for AIDS remains a great challenge, the world community has no option but to open up and teach children about sex and its precarious side effects. Educational institutions at all levels should provide students with more sex education especially on the transmission and spread of HIV and AIDS. Once people are taught about HIV and AIDS, they can make informed and better decisions in life.

### **6.1 CONCLUSION**

It is not just teachers who can provide education; people's knowledge about HIV and AIDS can be influenced by a variety of different people, including family, friends, and the wider community. Peer education is education provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background. Hence, peer educators should be trained on the subject, ensuring that the information they provide is accurate and reliable. This makes peer education a very effective way of reaching marginalized groups. For example, peer education programmes have been found to work well in prisons, where authority figures are often distrusted.

### **6.2 RECOMMENDATIONS**

The following recommendations are made based on the findings of the study.

- All special schools should provide comprehensive sexuality education at early age to reinforce awareness about HIV and AIDS.
- Special students to be trained as peer educators just like other so-called normal students. If structured, appropriately, peer education program in special schools can be provided to the institutions as it will help to create awareness amongst the youths with

disabilities rather than waiting for external peer educators. At special schools it's a fruitful and result oriented approach and has led to development of innovative program by the peer educators in their respective institutions.

- More counsellors should be trained and be equipped with sign language and braille to help counsel students with disabilities infected with HIV virus and those affected.
- Infrastructure especially counselling rooms in special schools to be made user friendly in order to accommodate all persons of disability regardless of the degree or nature of disability.
- More social and community workers should be employed and trained to help communities with the education on HIV/AIDS.
- Government should extend VCT programs to persons with disabilities as these people face challenges in mobility issues.
- Government to increase programs of inclusion in hospitals and other line ministries
- The government should increase efforts in empowering people in communities to help cushion the impact of poverty which is a great compromise to the prevention of HIV/AIDS.
- More people should be given the opportunity to access the education to help them develop the ability of making informed decisions.

### **6.3 FUTURE STUDIES**

Future studies should be putting the interest of persons with disabilities as a priority for inclusion purposes. This should be their plight as documented in the disability act of 2012. Future studies should regard inclusion as the persons with disability are also prone to the dangers of HIV and AIDS and they are even more vulnerable the people we seem to consider first.

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## **APPENDICES**

### **APPENDIX (I)**

#### **INTERVIEW GUIDE FOR STAFF MEMBERS**

Topic: the effectiveness of peer education on HIV and AIDS prevention among the youths with disabilities

Instructions

#### **SECTION A**

##### **PART A. PERSONAL INFORMATION OF RESPONDENTS (FOR RESEARCHER TO ENTER CHECKLIST)**

1. Gender of the respondent

Male

Female

1. Age of respondent

23-30

31-40

41-55

2. What is your level of education?

Certificate

Diploma

Degree

3. Religion

Catholic

- Seventh day [ ]
- Jehovah witnesses [ ]
- Winners ministries [ ]
- United church of Zambia [ ]

**SECTION B**

**PART B. HOW CAN PEER EDUCATION HELP IN THE PREVENTION OF HIV/AIDS**

4. What is the best way of educating people about HIV and AIDS?

- Media [ ]
- Drama [ ]
- Music [ ]
- Literature [ ]

5. Does the level of education influence the prevention of HIV and AIDS?

- Yes [ ]
- No [ ]

6. Is the education sector doing enough in the prevention of HIV and AIDS?

.....

7. Do you think the message or knowledge on HIV and AIDS is being well addressed?

- Yes [ ]
- No [ ]

Support your answer

.....

.....

**SECTION C**

**CHALLENGES FACED WHEN SENDING THE MESSAGE OF PREVENTION ABOUT HIV/AIDS**

8. What are some of the challenges faced in the prevention of HIV and AIDS?

.....

.....

9. In your opinion, how would you describe the current situation on HIV and AIDS

.....

.....

10. Do the people at a later stage come to realize that preventive measure would be of help to them?

Yes

No

Support your answer

.....

.....

**SECTION D**

**PREVENTIVE MEASURES**

11. What would be the measures that would contribute to the prevention of HIV and AIDS?

.....

.....

**APPENDIX II**

**INTERVIEW GUIDE for pupil respondents**

1. What is the best way of educating people about HIV and AIDS in your own view?

Media [ ]

Drama [ ]

Music [ ]

Literature [ ]

2. Does the level of education influence the prevention of HIV and AIDS?

Yes [ ]

No [ ]

3. Is the education sector doing enough in the prevention of HIV and AIDS especially among you the disabled learners?

.....

4. Do you think the message or knowledge on HIV and AIDS is being well addressed in your case?

Yes [ ]

No [ ]

Support your answer

.....

.....

5. What are some of the challenges faced in the prevention of HIV and AIDS?

.....

.....  
6. In your opinion, how would you describe the current situation on HIV and AIDS in your case? Are you included or you feel left out?

.....  
.....

7. Do the people at a later stage come to realize that preventive measures would be of help to them?

Yes [ ]

No [ ]

Support your answer

.....  
.....

8. What would be the measures that would contribute to the prevention of HIV and AIDS

Do the minor corrections and submit the green bound copies.