International Journal of Research in Social Sciences
Vol. 7 Issue 6, June 2017,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gage as well as in Cabell's Directories of Publishing Opportunities, U.S.A

LEVEL OF HIV/AIDS AWARENESS AMONG LEARNERS WITH PHYSICAL CHALLENGES IN A SPECIAL SECONDARY SCHOOL IN KISUMU COUNTY, KENYA

ADUMAH FESTUS OTIENO*
DR. WASHINGTON WACHIANGA*
DR. BENSON CHARLES ODONGO*

Abstract

Globally there are 34 million people living with moderate to severe disabilities, 80% of whom live in developing countries. For instance, 10% of the Kenyan population has disabilities, while Kisumu County has 4.8%, the highest proportion in Kenya. In addition, Kisumu County records 15.3% prevalence rate of human immune deficiency virus (HIV), double the national rate of 7.4%, and is ranked 3rd in HIV prevalence rate in the region and highest at 1.6% among people with physical disabilities. This study specifically sought to establish the level of awareness of risky sexual behavior among learners with physical challenge in special secondary schools in Kisumu County. The study was guided by the theory of reasoned action behavior, and research design used was concurrent triangulation within a mixed methods approach. Target population was composed of 135 Students, 1School Principal, 12 Teachers, and 1 County Director of Education. Saturated technique was used to select all the 149 out of 149 targeted respondents .Questionnaires was used to collect data from learners, while interview schedules was used to collect data from the principal, the County Director of Education and teachers. Quantitative data was analyzed using descriptive statistics, while qualitative data was analyzed using thematic analysis. The study found that learners with physical challenge do not abstain from sex and exchange sex for money and other favours with multiple partners without using any protection. These learners are also exposed to sexual abuse from non-disabled persons who they are unable to resist due to stigmatization

Keywords:

Physical challenge,
Special education,
Risk sexual behavior,
HIV prevalence
Sexual abuse

* **M.Ed Special Needs Education,Jaramogi Oginga Odinga University of Science & Technology(JOOUST),Kenya.**

emanating from their physically status. The study recommended that ABC slogan of HIV/AIDS campaign be consistently sensitized upon these learners, and a policy guiding sexual relationship between disabled and non-disabled learners to be formulated and imparted to the learners by all stakeholders including parents.

1. Introduction

Approximately 15% of the World's population lives with different types of disabilities, making them unable to access various essential services considering the level of marginalization that they have been subjected to (WHO and World Bank, 2011). Although disabilities have never been inability in any way, negative social attitudes have kept on blocking the integration of persons with disabilities into society. A Baseline Survey on Public Attitudes towards Persons with Disabilities in 1998 indicated that only 52% of the respondents perceived disabilities equality in Hong Kong and a majority (94%) thought that society needed to be particularly concerned and caring towards persons with disabilities (Equal Opportunities Commission, 2010). The World Report on Disabilities states that the prevalence of disabilities is growing due to population ageing and the global increase in chronic health conditions, including HIV and AIDS (WHO and World Bank, 2011).

The HIV/AIDS pandemic is a threat to humanity all over the world today. Since it was discovered in early 1980's, HIV/AIDS has claimed the lives of many people. An estimated 38 million people worldwide are living with HIV/AIDS, two thirds of these are in sub-Saharan Africa (UNAIDS, 2011). Over 2.6 million people worldwide, many in developing countries have died due to AIDS related diseases. The disease has no known cure to date, and has impacted negatively on many aspects of human life. Further, UNICEF (2010) state that HIV/AIDS has had adverse effects on education worldwide, thereby threatening to undermine achievements in literacy and increasing the number of uneducated work force (NACC, 2000). The most affected section is the youth aged between 15-24 years and with physical disabilities (UNAIDS, 2011). It is thus important to determine whether this situation is due to ignorance of information related to HIV/AIDS prevention or not.

Level of awareness of risky sexual behaviour among learners with physical disabilities within inclusive schools has received limited attention from scholars. Aderemi, Pillay, and Esterhuizen (2013) compared the HIV knowledge and sexual practices of learners with mild/moderate intellectual disabilities and non-disabled learners (NDL) in Nigeria. They found that learners with mild/moderate intellectual disabilities were less likely than non disabled learners to have heard about HIV from most of the common sources of HIV information. In addition, learners with mild/moderate intellectual disabilities were significantly more likely to have reported inconsistent condom use with boyfriends/girlfriends, with casual sexual partners and nonuse of condom during last sexual activity. In another study, Groce, Rohleder, Eide, MacLachlan, Mall, and Swartz (2012) used document analysis to summarize what is currently known about the intersection between HIV and AIDS and disability with particular focus on people with pre-existing disabilities. They found that HIV prevalence among deaf and hearing clients at dedicated VCT services is lower among the deaf sample, but this rate was similar to the reported national HIV prevalence rate, and low self-efficacy in negotiating safer sex. However, awareness of risky sexual behaviour among learners with physical disabilities in a special secondary school has not been highlighted in the two studies.

Statement of the Problem

Globally there are 34 million people living with disabilities (WHO, 2011). Among them, significant percentage of people with disabilities live in areas with high HIV/AIDS prevalence rates (UNAIDS, 2009). In Kenya, Kisumu County has the highest HIV/AIDS prevalence rates at 15.3%, more than twice the national prevalence rate at 7.4% (KAIS, Report, 2013), while the percentage of learners with disabilities between 9 – 18 years are youths in the region stands at 4.8%. Out of this, learners with physical challenge learners remain the majority at approximately 60%. The National Health Policy of 2009 states that all people, including the learners with physical challenge, should have access to any relevant information concerning their health. However, learners with physical challenge in Kisumu County continue to contract the virus. Despite of this, there is little information on specific studies on the level of awareness of HIV/AIDS and prevention among learners with physical challenge in special secondary schools, hence prompted this research.

Purpose of the study

The purpose of the study was to establish the level of HIV/AIDS awareness among learners with physical challenge in special secondary schools in Kisumu County.

Objective of the study

To establish the level of awareness of risky sexual behavior among learners with physical challenge in special secondary schools in Kisumu County.

Literature review

There are often particular types of behaviour which contribute to high chances of contracting HIV/AIDS. A study by Samkange - Zeeb (2013) in Germany, assessed basic STI knowledge and awareness and comprehensive Human Papillomavirus (HPV) awareness of school-going adolescence aged 12-20 years using a systematic literature search and a multi-centric school-based survey. Fifteen studies focusing on six STIs were included in the systematic review. A total of 1148 pupils (31% with a migrant background and 55% girls) participated in the school based survey. In the studies included in the review as well as in the school-based survey, HIV/AIDS was the infection most pupils had heard of. In the latter, slightly more than half of the pupils correctly answered at least 2 of the four items used to assess knowledge of sexually transmitted infections. There was a clear difference in knowledge and awareness according to age, sex and migrant background, with better knowledge and awareness scores for girls, older pupils and those without a migrant background. The above study found out awareness of learners on STIs in general not being specific to learners with physical challenges. The current study therefore focused on the level of awareness of risky sexual behavior among learners with physical disabilities. The present study also used a population from learners with physical challenge in a public special secondary school. This was expected to end up with different results given the nature of disability of the population.

Another study by Morrow, Arunkumar, Pearce, and Dawson (2007) assessed factors which enable HIV programs in Manipur and Nagaland in India to be more disabilities-inclusive. The objectives of the study were to: explore HIV risk and risk perception in relation to PWD among HIV and disabilities programmers, and PWD themselves; identify HIV-related education and service needs and preferences of PWD; and utilise findings and stakeholder consultation to draft practical guidelines for inclusion of disabilities into HIV

programming. Data were collected through a survey and the use of interviews and document analyses. The findings revealed that participants believe PWD in these states are potentially vulnerable to HIV transmission due to social exclusion and poverty, lack of knowledge, gender norms and obstacles to accessing HIV programs. Neither HIV nor disabilities organisations currently address the risks, needs and preferences of PWD. Apart from qualitative method of data collection used by the study above (Morrow, et al., 2007), the present study used quantitative and qualitative methods to establish the level of awareness of risky sexual by learners with physical disabilities in a special secondary school Kisumu County.

In another study, Fageeh (2008) investigated the local adolescents' awareness of sexually transmitted diseases, including their level of knowledge regarding the mode of transmission and prevention of sexually transmitted diseases in Saudi Arabia. 536 participants were randomly selected amongst medical and non-medical youth aged 18-25, and questionnaire was used for data collection. Descriptive statistics were used for data analysis. The study showed that the local population of Jeddah lacked awareness of sexually transmitted diseases, and they have incorrect perceptions. Most common sources from which information was obtained were primarily mass media. The current study, however, used both questionnaire and interviews to collect data on the level of HIV awareness to risky sexual behavior among learners with physical disability in a special secondary school in Kisumu County.

Another study conducted by Maart and Jelma (2010) in South Africa on risky sexual behaviors of adolescents with physical disabilities used a cross –sectional sample drawn from learners with physical disabilities between grade 8 and 9 in Cape Town. Data was collected using the South Africa youth risk behavior survey, adapted by the medical research council of South Africa. The study revealed that disabled adolescents are indulging in risky sexual behavior and are at high risk of getting HIV/AIDS than their non disable peers. Since the study was carried out in South Africa in a different environment, the current study was carried out on sexual behavior of learners with disabilities in Kisumu County Kenya. South Africa is known to have a more advanced economy than Kenya and is likely to allocate more funds for awareness programmes that may include learners with physical disabilities. This could make the findings of the present study different from that

of South Africa. Besides, the current study used structured questionnaires and interview schedule for data collection.

A study by Ogbada (2013) used a cross-sectional study that investigated the determinants of risky sexual behaviour among senior high school students in La Dade-Kotopon Municipality in the Greater Accra region of Ghana. A total of 422 adolescents between the ages of 14-19 years in two senior high schools were selected using a multi stage stratified random sampling technique with probability proportion to school size. It was found that median age at sexual debut was 16.0 (2.3) years. The sexually active were 29.4% of all respondents, of which 83.1% of them were engaged in higher risk sex. The proportions of higher risk sex by gender were 77.9% of the sexually active males, and 91.5% of the females. Logistic regression showed that religiousity was the only predictor of risky sexual behaviour. The main source of information on sexuality was non parental i.e. school teachers (34.7%). Only 9.5% of respondents were aware of youth friendly reproductive health services, although only 20.7% of those who were aware have actually utilised the services. The current study used concurrent triangulation design within a mixed method approach to collect both qualitative and quantitative data which was expected to make the outcome of the study to be different from Ogbada's (2013) study.

In Zimbabwe, Ncube (2014) conducted a study on challenges faced by learners with severe intellectual disabilities in the acquisition of adaptive behavior in Harare. The respondents comprised teachers of learners with severe intellectual disabilities. Ten (10) classrooms were randomly selected from two criterion- sampled schools in Harare. The teachers of the learners were used as units of analysis. The results of the study indicated that learners with severe learning disabilities do indeed have problems in the acquisition of adaptive behavior and this exposed them to the risk of acquiring HIV/AIDS. The present study sought to find out whether learners with physical disabilities are exposed to the risk of acquiring HIV/AIDS in Kisumu County in Kenya. Although Zimbabwe is a developing country like Kenya, it was possible that the agencies concerned with creating awareness among people with physical disabilities are different.

A study conducted in Nigeria by Aldermen, Pillay and Esterhuizen (2014), on the difference in HIV/AIDS knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners used a total of 300 learners with mild/moderate

intellectual disabilities and 300 non-disabled learners in the investigation. A survey design was used in the study with questionnaires being the only data collection instrument. The study revealed that adolescents with intellectual disabilities may be at a high risk of HIV infection than their non-disabled because they don't have enough knowledge on HIV infection. However, this study only contributes to the existing knowledge on learners with intellectual disabilities where as the present study was expected to contribute to the knowledge on physical disabilities. Equally, the current study utilized mixed methods as opposed to a quantitative approach. The inclusion of interview schedules in the study also added an in-depth dimension to the study on level of awareness on risky sexual behaviour of learners with physical disabilities.

Knowledge and awareness of HIV/AIDS has also been studied in Cameroon. Tarkang, Gbogbo and Lutala (2015) sought to investigate the HIV/AIDS related knowledge among persons with physical disability in an urban town of Cameroon, in order to ascertain if this vulnerable population is also a key population in relation to the HIV epidemic. Interview method was used for data collection from a purposive sample of ten (5 male and 5 female) persons with physical disability, aged 18 years and above. The findings indicated that persons with physical disability perceived themselves to have low levels of knowledge regarding HIV/AIDS. However, they manifested their study on accurate knowledge regarding HIV transmission and prevention. The only shortcoming of Tarkang, et al's (2015) study might have arisen from the use of one tool for data collection; this could have denied the study the benefit of corroboration or validation.

In Tanzania, Mtauchila and Kayunze (2014) conducted a study among 180 disabled respondents in Dar es Salaam, with the specific objectives to: determine the level of awareness about HIV/AIDS knowledge, assess sexual practices that are risky for HIV/AIDS transmission, and determine the correlation between the level of knowledge of HIV/AIDS and sexual behaviour among the disabled. The findings indicated that the majority of the disabled (78.9%) had heard about HIV/AIDS; only 12 to 39% of the respondents had correct comprehensive knowledge about HIV/AIDS; 39.4% had common misconceptions about HIV/AIDS transmission; the vast majority of those who were married (96.1%) had risky sexual behaviour in the sense that they had had sexual intercourse with people who were not their spouses after marriage; and there was positive correlation between the number of points scored on an index scale which was used to

determine knowledge about HIV/AIDS and those scored on another index scale about sexual behaviour (r = +0.0045), although it was not significant (p = 0.562). Based on these findings, it was concluded that although knowledge about HIV/AIDS is substantial among the disabled, it is not applied to sexual behaviour change, mainly because of poverty which makes them to have sex for some payment.

In another study conducted by UNICEF (2010) on the Impact of HIV/AIDS on education in Kenya and the potential for using education in the widest sense for the prevention and control of HIV/AIDS. The methodology for the study was qualitative. Focus group discussions, interview schedule and observation were used to collect data. Descriptive survey design was used. The study revealed that HIV/AIDS has had wide spread effect on children's learning experiences. The study also found out that a lot of information and messages on HIV/AIDS are not relevant to them, the children felt that these were not relevant to them as they seemed to target adults. There seemed to be knowledge gaps and misconception about HIV/AIDS as pupils and students asked the researcher many basic questions about HIV/AIDS. The study that was carried out focused on children in general not being specific to their diversity. The present study focused on learners with physical disabilities and their level of awareness on HIV/AIDS in Kisumu County Kenya.

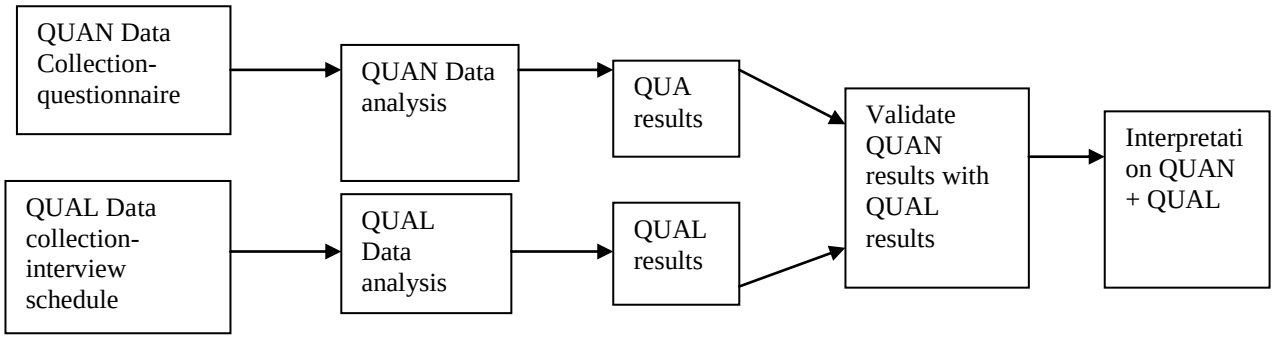
Similarly, Kendi (2010) sought to find out the HIV/AIDS knowledge that the visually impaired and the sighted adolescent pupils possess their perception of risk of infection with HIV/AIDS and their attitude towards safer sex practices. In addition, the study sought to find out differences between visually impaired and sighted pupils HIV/AIDS knowledge, perception of risk of infection and attitude towards safer sex practices. Descriptive survey method was used to collect data. Two schools from Thika Municipality were selected for the study. The sample consisted of 116 pupils. Descriptive statistics such as means and percentages and inferential statistics such as Kruskal - Wallis Non Parametric test were used to analyze the data. The data was collected using questionnaires. The results showed that the learners with visually impaired scored much lower than the sighted pupils on the HIV/AIDS knowledge scale. There were significant statistical differences between the learners with visually impaired and non-visually impaired pupils' knowledge of HIV/AIDS and perception of risk of infection with HIV/AIDS. In spite of the high knowledge levels reported, the learners with visually impairment had less knowledge and more

misconceptions compared to the sighted pupils. However, the need to pay attention to learners with physical challenge instigated the present inquiry.

2. Research Method

This study used the concurrent triangulation design within a mixed methods approach. Creswell (2008) defined concurrent triangulation as a case where the researcher utilizes quantitative and qualitative data in order to provide a comprehensive analysis of the research problem.

Figure: Concurrent Triangulation design



Source: Terrell (2012, p. 261)

The study targeted population consisted of 135 learners in Joyland secondary school, 12 Teachers, 1 Principal, and 1 County Director of Education. This study used purposive sampling to select the only special secondary school for learners with physical challenge in the County. Saturated sampling technique was thereafter used to select the respondents from whom data was collected. Quantitative data was analyzed using descriptive statistics while qualitative data was analyzed using Thematic Analysis.

3. Results and Analysis

The study found out that the sampled learners do not engage in deep oral kissing, anal sexual intercourse, and use of intoxicants before sex. Additionally, these learners were also found not to entirely abstain from sexual intercourse, not to stick to one partner, and also to have no problem with multiple sex partners.

Conversely, most the sampled learners were found to engage in exchanging sex for social favours or money. These learners were equally found to have been having sex without

protection on one hand, and to have been engaging in multiple sexual intercourses on the other hand.

4. Conclusion

This study concludes that learners with physical challenge do not entirely abstain from sexual intercourse and have multiple sexual relationships. These learners however do not use intoxicants or other overt sexual practices. Conversely, most learners with physical challenge also engage in exchanging sex for social favors or money, without using any protection.

References

[1] Aderemi.T.J, Pillay.J.B,Esterhuizen. T.M (2014). *Difference in HIV Knowledge and sexual practices of learners with intellectual disabilities and non- disabled learners in Nigeria*.

[2] Aggleton, P., Homans, H. Y., Mojsa, J., Watson, S. & Watney, S. (1989). AIDS: *Scientific and social Issues. A resource for health educators*. New York: Churchill Livingstone.

[3] Equal Opportunities Commission. (2012). *Study on Equal Learning Opportunities for Students with Disabilities under the Integrated Education System. Centre for Special Educational Needs and Inclusive Education*. The Hong Kong Institute of Education.

[4] Groce, Nora Ellen (2005). HIV/AIDS and Individuals with Disabilities, http://v1.dpi.org/files/uploads/hiv/Health%20and%20Human%20Rights%20-%20Published%20version.pdf

[5] Groce, Nora Ellen and ReshmaTrasi (2004), Rape of Individuals with Disabilities: AIDS and the Folk Beliefof Virgin Cleansing.

[6] Groce, N E. (2003): HIV/AIDS and Disabilities Global Survey; HIV/AIDS and People with Disabilities. The Lancet, April, 2003.

[7] Groce, N.E., Rohleder, P., Eide, A.H., MacLachlan, M., Mall, S., and Swartz, L., (2012) HIV issues and People with Disabilities: A Review and Agenda for Research, Social Science & Medicine; doi: 10.1016/j. Accessed on 14/05/2015.

[8] Kenya AIDS Indicator Survey (KAIS) Report (2013) [Online] Available at http://www.prb.org/pdf09/kaiskenyadatasheet.pdf (Accessed on 10 January 2015)

[9] Kendi, L. (2010*). HIV/AIDS Knowledge, Risks Perception, and Attitude toward Safer Sex Practices of Visually Impaired and Sighted Pupils in Thika Municipality, Kenya.*Unpublished Thesis Submitted to the school of Education of Kenyatta university

[10] Kenya AIDS Indicator Survey (KAIS) Final Report (2013), Nairobi, http//www.aidskenya.org.

[11] Kenya National Survey For Persons with Disabilities, Report,(2013), Nakuru.(http://www.afri-can.org/CBR%20information/KNSPWD%20prelim%Report%20-%20Revised.pdf.

[12] Maart .S,Jelma.J.(2010),The Sexual behavior of physically disabled adolescent in South Africa.

[13] Morrow, M., Arunkumar, M.C., Pearce, E., and Dawson, H.E. (2007). Fostering disabilities-inclusive HIV/AIDS programs in northeast India: A participatory study; *BMC Public Health*; doi: 10.1186/1471-2458-7-125

[14] Ncube,C.A(2014*). Challenges Faced by learners with severe intellectual disabilities in the Acquisition of adaptive Behavior in Zimbabwe*.

[15] NACC (2012). *Kenya National HIV/AIDS Strategic Plan. Nairobi*: The Government Printer.

[16] Tarkang, E.E, Gbogbo, S, and Lutala, P.M. (2015). HIV/AIDS-Related Knowledge among Persons with Physical Disability in Cameroon: *A Qualitative Study. Journal of AIDS and HIV Infections* 1(2): 1 – 6.

[17] Teddie,C. (2008). Introduction to mixed method and mixed model studies in the social And behavioural Science. In V.L. Plano-Clark& J.W. Wreswell (Ed), The mixed methods reader.

[18] Terrell, S.R. (2012). Mixed-Methods Research Methodologies. *The Qualitative Report* 17 (1) 254-280.

[19] UNAIDS: Disabilities and HIV Policy Brief (2011).[http://www.who.int/disabilities/jc1632_policy_brief_disabilities_en.pdf] web cite.

[20] UNDP (2011); human rights inKenya @http://www.hdr.undp.org,accessed March, 24, 2011.

[21] World Health Organization.(2009). *Global Survey on HIV/AIDS*. [ONLINE].Available:www.globlesurvey.edu