# PERCEPTIONS AND KNOWLEDGE OF PERSONS WITH DISABILITIES ABOUT THE AVAILABILITY AND EFFECTIVENESS OF HIV/AIDS AWARENESS AND INTERVENTION PROGRAMMES IN OYO METROPOLIS

**AFOLABI, A (Ph.D)**
School of Special Education,
Department of Education of Learners with Physical and Health Impairment,
Federal College of Education (Special), Oyo,
Nigeria.

## Introduction

After an initial epidemic mainly among homosexual males in the 1980s, a heterosexual epidemic emerged in the 1990s, peaking at 30 percent among pregnant women around 2005. Until recently, little was known about how HIV/AIDS affects persons with disabilities. There is now a growing body of evidence that persons with disabilities are profoundly vulnerable. Only in recent years have there been attempts to include persons with disabilities in HIV/AIDS programmes, campaigns, and services; although evidence indicates that any efforts to do so have made an important contribution to mainstreaming persons with disabilities into HIV/AIDS responses. There are numerous reasons for the limited attention to the linkages between HIV/AIDS and disability, including the low social status frequently accorded persons with disabilities due to discrimination, stigma, and exclusion; myths associated with sexuality and disability; a lack of disability awareness among Governments, medical personnel, the HIV/AIDS movement, and society in general; and the lack of engagement, until recently, of persons with disabilities and their organizations with HIV/AIDS issues (Umoh, 2005).

Important developments in the last few years provided the impetus for the inclusion of persons with disabilities in HIV/AIDS programmes. First, the 2006 adoption of the Convention on the Rights of Persons with Disabilities (CRPD) by the United Nations General Assembly, which recognizes rights related to health care, such as sexual reproductive health (SRH) care and family planning. Second is the launch of the Africa Campaign on Disability and HIV/AIDS in January 2007 by the African Decade of Persons with Disabilities. The campaign's goals are inclusive national HIV/AIDS policies and equal access for persons with disabilities in Africa to information and services on HIV/AIDS (Africa Campaign on Disability and HIV/AIDS 2008).

Today, the world is facing the HIV/AIDS menace. The pandemic threatens everyone in many parts of the world. This challenging situation has far-reaching health, social, political and economic implications, hence the need for measures aimed at combating the pandemic.

HIV/AIDS awareness campaigns and intervention programmes targeting people of different age groups, both the able-bodied and those with disabilities have been instituted in many countries including Nigeria. The effectiveness of awareness campaigns and intervention programmes is only measurable when the pandemic's prevalence in a targeted population is known. It is unfortunate that there seem to be no clear facts on the prevalence of HIV/AIDS among PWDs in the available literature. There is a dearth of statistics available for HIV/AIDS prevalence among PWDs in Africa (Janssen, 2005). Thus, little is known about HIV/AIDS infection in the population for PWDs (Groce, 2004; Umoh, 2005).

Only a handful of prevalence data for African countries has of late been published. Results from these studies reveal that the HIV/AIDS prevalence rate among PWDs is high. For example, Taegtmeyer, Hightower, Opiyo, Mwachiro, Henderson, Angala (2009) reported a 7% HIV prevalence rate among the deaf in Kenya. Touko (2008) reported a 4% HIV prevalence rate among the deaf population in Cameroon. Lack of HIV prevalence information may result in some assumption that PWDs are not at risk, and thus education is not needed. Janssen (2003) states that PWDs are often seen as human beings without a sexual life and therefore not affected by HIV/AIDS. Umoh (2005) and Rehabilitation International (2007) share similar views when they say that negative attitudes and marginalisation of people with disabilities from mainstream society leads to a general impression that they are not sexually active and therefore not at risk of HIV/AIDS. As a result, HIV/ AIDS service providers do not provide them with services, health workers at clinics refuse to give them free condoms, and policy makers ignore them in their action plans (Mulindwa, 2003; Rehabilitation International, 2007; Yousafzi & Edwards, 2004). As such, the PWDs are not targeted specifically at HIV/AIDS campaigns and are even excluded from receiving HIV/AIDS information (Janssen, 2005). This implies that the PWDs are also left out of HIV/AIDS policies and programmes.

According to Rohleder, Braathen, Swartz and Eide (2009), literature suggests that PWDs are at significant risk for HIV/AIDS infection. For example, Groce (2004), Umoh (2005), WHO (2005), The African Campaign on Disability and HIV/AIDS (2007) and Shisana (2008) argue that individuals with disabilities are at equal or increased risk of HIV/AIDS infection compared with their peers without disability. Groce and Trasi (2004) and Janssen (2005)'s point that the myth that sex with a virgin will cure a man of HIV/AIDS, combined with the assumption that women with disabilities are not sexually active, therefore increases the women's risk to HIV/AIDS infection and also supports literature suggesting that PWDs are at increased risk for HIV/AIDS infection. Groce (2004) quotes the WHO estimate for PWDs as being 10% of any population, giving Nigeria about 3 million PWDs.

Africa Campaign on Disability and HIV/AIDS (2008) identifies people with a disability as a "vulnerable and most at risk population" and acknowledges that their access to services and to information is "much more limited" than the general population. It also recognizes the "dual causality of HIV and disability," meaning that "while disability increases vulnerability to HIV infection, HIV infection can also cause various kinds of disability". Shakespear (2012) submitted that persons with disabilities are limited in their

knowledge about awareness and intervention programmes on HIV/AIDS. While there are common risk factors that affect persons with different disabilities, there are also specific experiences unique to different impairments and how they are understood. A number of study respondents emphasized the need to differentiate among various types of disabilities in the context of HIV/ AIDS. For example, the challenges that blind, deaf, and physically impaired people face regarding HIV/ AIDS are not identical. For blind and deaf people, information format is a crucial barrier as it is not available in forms that are accessible to the deaf (sign language and television subtitles, for example) or the blind (such as Braille). On the other hand, people with physical disabilities are more likely to struggle with physical access to service sites and appropriate and affordable transport (Shakespear, 2012).

People with disabilities often face multiple barriers to accessing healthcare. This is, in part, because people with disabilities have not been included in the design and development of these services and hence have not been able to articulate their needs (Moll, 2007). Moreover, people with different types of impairments may experience different barriers when accessing healthcare. Logistical barriers include being reliant on someone else for mobility or communication, support in accessing clinic-based services, or lacking the financial means to travel to a clinic, especially if it is far way (Moll, 2007).

A study by Human Rights Watch (2014) on the barriers to HIV treatment for people with disabilities described how being reliant on others often jeopardised adherence for disabled people. When third-party support was not available, respondents reported being forced to miss scheduled appointments. However, rather than being allowed to reschedule or given longer courses of antiretrovirals (ARVs) to reduce the number of times they needed to attend the clinic, health workers often labelled them as 'defaulters'. This required them to have more frequent appointments and limited their supply of medicine, and increased the overall likelihood their treatment would fail.

Tataryn (2008) stated that for people with disabilities who are able to attend a clinic, a further set of practical barriers may stop them accessing effective HIV services. For instance, many HIV testing and counselling programmes provide limited counselling in sign language for people with hearing impairment or the counselling given may be incomprehensible to people with intellectual impairment. Many people with disabilities also experience a lack of confidentiality when testing for HIV because of communication barriers and the need to involve a third person for interpretation. In addition, many health workers, according to World Health Organisation (2005), lack the necessary knowledge, skills and resources to provide these accessible, appropriate services. As a result, people with disabilities may also be put-off from seeking healthcare because of bad treatment. Globally, more than 10% of women and 23% of men living with a disability reported not returning to seek healthcare because they were treated badly during a previous visit (WHO, 2005).

**Statement of the Problem**

It is commonly assumed that individuals with disabilities are not sexually active and do not engage in risk behaviours that could expose them to HIV infection. But research such as Groce (2004) shows that they are as likely to be as sexually active as their able-bodied peers and equally engage in risk behaviours and they are not in the knowledge of many information related to HIV/AIDS.

Sexual activities and risk behaviours occur at the same rate among people with disability as among the general population. However, they are less likely to receive information about HIV prevention, safe sex, and other risk behaviours that could lead to infection. They are also less likely to have access to prevention methods. This study, therefore, aims to investigate perceptions and knowledge of persons with disabilities about the availability and effectiveness of HIV/AIDS awareness and intervention programmes in Oyo metropolis.

**Research Hypotheses**

The following research questions are generated to achieve the goals of the study:

(1) There is no significant association between religion and perceptions of persons with disabilities about awareness and intervention programes on HIV/AIDS.

(2) There is no significant association between gender and perceptions of persons with disabilities about awareness and intervention programes on HIV/AIDS.

(3) There is no significant association between onset of disabilities and perceptions of persons with disabilities about awareness and intervention programes on HIV/AIDS.

**Purpose of the Study**

The purpose of this study is to investigate perceptions and knowledge of persons with disabilities about the availability and effectiveness of HIV/AIDS awareness and intervention programmes in Oyo metropolis.

**Scope of the Study**

This study is applicable to all categories of persons with disabilities in Oyo. However, the study specifically focuses on adults with disabilities in the areas of hearing, vision, and physical impairment, all of whom are selected from Federal College of Education (Special), Oyo.

## Methodology

**Research Design**

This study adopts the descriptive survey method for the conduct of the study.

**Population**

The population for this study comprises of all persons with disabilities in Oyo metropolis.

**Sampling Procedure**

The stratified random sampling method was used to select one hundred and twenty (120) persons with disabilities at Federal College of Education (Special), Oyo, for the study.

**Instrumentation**

A questionnaire titled Perceptions about Awareness and Intervention on HIV/AIDS Questionnaire was used for this study. The questionnaire was tagged PAIHAQ and it consisted of two sections. Section A was on demographic data of the respondents while section B made up the main questionnaire, comprising of twenty (20) items.

**Procedure for Administration**

The researcher employed the use of three (3) research assistants to administer the questionnaires. One hundred and twenty (120) copies of the questionnaire were distributed, and instructions on how to fill them were provided. All the one hundred and twenty (120) copies of the questionnaire were returned for data analysis.

**Method of Data Analysis**

The information gathered was statistically analysed through the use of chi-square statistical methods.

## Result

**Analysis and Interpretation of Research Hypotheses**

**RQ1:** There is no significant association between religion and perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS.

**Table 1:** Chi-Square Showing the Association between Religion and Perceptions of Persons with Disabilities about Awareness and Intervention Programmes on HIV/AIDS

| **Variables** | **Agree** | **Disagree** | $\chi^2$ | **df** | **P** | **Remark** |
|---|---|---|---|---|---|---|
| Christianity | 32 | 28 | 13.37 | 1 | 0.000 | Sig. |
| Islam | 12 | 48 | | | | |

The results from table 1 shows that the chi-square value is 13.37, degree of freedom (df) is 1 and P = 0.000. Since P = 0.000 < 0.05, it implies that religion plays a significant role

in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS.

**RQ2:** There is no significant association between gender and perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS.

**Table 2:** Chi-Square Showing the Association between Gender and Perceptions of Persons with Disabilities about Awareness and Intervention Programmes on HIV/AIDS

| **Sex** | **Agree** | **Disagree** | $\chi^2$ | **Df** | **P** | **Remark** |
|---|---|---|---|---|---|---|
| Male | 37 | 23 | 7.58 | 1 | 0.011 | Sig. |
| Female | 23 | 37 | | | | |

From table 2 chi-square value is 7.58, degree of freedom is 1, and P = 0.011. Since P = 0.011 < 0.05, it implies that gender plays a significant role in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS.

**RQ3:** There is no significant association between onset of disabilities and perceptions of persons with disabilities about awareness and intervention programes on HIV/AIDS.

**Table 3:** Chi-Square Showing the Association between Onset of Disability and Perceptions of Persons with Disabilities about Awareness and Intervention Programes on HIV/AIDS

| **Status** | **Agree** | **Disagree** | $\chi^2$ | **df** | **P** | **Remark** |
|---|---|---|---|---|---|---|
| Congenital | 30 | 30 | | | | |
| Adventitious | 28 | 32 | 0.15 | 1 | 0.855 | NS |

The information on table 3 indicates that chi-square is 0.15, degree of freedom is 1, and P = 0.855. Since P = 0.855 > 0.05, it implies that onset of disability does not play any significant role in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS.

**Discussion**

Research hypothesis one stated that there is no significant association between religion and perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. The result in table 1 showed that the chi-square value is 13.37 and P = 0.000 less than 0.05. Based on this, the null hypothesis was rejected and the alternative hypothesis was

retained. This implies that religion plays a very important role in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. Chan (2009) believes that there is a lack of awareness of the issue of information on HIV/AIDS by persons with disabilities on the part of AIDS advocates, therefore, religion should be in the forefront of spreading information about awareness and intervention programmes on HIV/AIDS to persons with disabilities in general since they are often excluded from campaigns by other organizations.

Research hypothesis two stated that there is no significant association between gender and perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. In table 2, chi-square value is 7.58 and P = 0.011 less than 0.05. Based on this, the null hypothesis was rejected and the alternative hypothesis was retained. This implies that the research hypothesis on whether gender plays a significant role in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS is significant. This finding buttresses the work of Hanass-Hancock and Alli (2015) when they found that the manner of getting information on HIV/AIDS by males and females with disabilities may be different. They are of the opinion that in many societies females with disabilities may be instructed on appropriate sexual behaviour, as well as management of reproductive health, however, they assume that males will acquire the information informally.

Research hypothesis three stated that there is no significant association between onset of disabilities and perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. Table 3 revealed that while the chi-square value is 0.15, P = 0.855. Since P = 0.855 greater than 0.05, the null hypothesis was accepted and the alternative hypothesis was rejected. It implies that onset of disability does not play any significant role in the perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. This supports the view of Namagulu (2008) who stated that whether a person is congenitally or adventitiously disabled, persons with disabilities always almost face or experience the same problems, as there is just a thin thread that separates both groups.

## Conclusion

This study was carried out to investigate perceptions of persons with disabilities about awareness and intervention programmes on HIV/AIDS. From the findings of this study it can be concluded that although PWDs claimed to be aware of the HIV/AIDS pandemic, they perceived the availability and effectiveness of HIV/AIDS awareness and intervention programmes negatively. They perceived the programmes as discriminatory and inaccessible to them.

**Recommendations**

Based on the findings of this study, the following recommendations are made:

1. There is a need to sensitise able-bodied people more about HIV/ AIDS issues for PWDs so that they do not discriminate against them. Able-bodied people need to understand that PWDs may be at equal or increased risk of the HIV/AIDS pandemic, hence the need for accessibility to HIV/AIDS intervention programmes.
2. Government should consider nominating a minister responsible for disabilities so that he/she can take a leading role in the sensitisation programmes for PWDs on HIV/AIDS issues.
3. Increased training of PWDs on HIV/AIDS issues should be done with more vigour and should involve the PWDs themselves. As such, trained PWDs HIV/AIDS peer educators should disseminate HIV/AIDS information among the disabled community.
4. More workshops and seminars should be run at sub-county level in order to bridge the gap created by insufficient mass media.
5. Those championing the mainstreaming of disability into HIV/ AIDS programmes should ensure that communication between PWDs and HIV/AIDS service providers is diversified with the view to catering for all types of disabilities.
6. HIV/AIDS messages and programmes should be easily accessed by all PWDs as well as being disability user friendly.

**References**

Africa Campaign on Disability and HIV & AIDS.( 2008). The Kampala Declaration. http://www.africacampaign.info.

Chan, F., J. (2009). "The World Health Organization ICF Model as a Conceptual Framework of Disability." In Understanding Psychosocial Adjustment to Chronic Illness and Disability: A Handbook for Evidence-Based Practitioners in Rehabilitation, ed. F. Chang, C. Da Silva, and J. A. Chronister, chapter 2. New York: Springer Publishing.

Groce, N. (2004). A Population at Risk: HIV/AIDS and Disability; Capturing Hidden Voices. Findings of the Yale/World Bank Global Survey of HIV/AIDS and Disability. Washington, DC: World Bank.

Groce, N., & Trasi, R. (2004). Guidelines for the Inclusion of Individuals with Disability in HIV/AIDS Outreach Efforts. New Haven: Yale University.

Hanass-Hancock J, Alli F. (2015) Closing the gap: Training for healthcare workers and people with disabilities on the interrelationship of HIV and disability. Disabil Rehabil. 37(21): 2012–21.

Human Rights Watch. (2014) "We are also dying of AIDS": Barriers to HIV services and treatment for persons with disabilities in Zambia. USA: Human Rights Watch

Janssen, M. (2005). HIV/AIDS and Disability: The Long way from exclusion to inclusion. Observation from Southern Africa. Sexual Health Exchange, 1- 6.

Moll, K. (2007). Too Few to Worry About? Or Too many to ignore? The Exclusion of People with Disabilities from HIV Programmes in India. Department for International Development. Final Report.

Mulindwa, I.N. (2003). Study on Reproductive Health and HIV/AIDS among Persons with Disabilities in Kampala, Katakwi andRakai Districts (Knowledge, Attitudes, and Practices). Kampala: Disabled Women's Network and Resource Organisation

Namagulu, J. (2009). 1st Draft: Disability Stakeholders HIV/AIDS Committee – DSHAC-Report, http://www.docstoc.com/docs/5734929 (Accessed 15/12/09).

Rohleder, P., Braathen, S.H., Swartz, L. & Eide, A.H. (2009). HIV/AIDS and disability in Southern African: a review of relevant literature. Disability and Rehabilitation, 31(1), 51-59.

Shakespeare T. (20120 Still a health issue. Disabil Health J. 5(3): 129–131.

Taegtmeyer, M., Hightower, A., Opiyo, W., Mwachiro, L., Henderson, K., Angala, P. (2009). A peer-led HIV counseling and testing programme for the deaf in Kenya. Disability and Rehabilitation, 31 (6), 508-514.

Tataryn, M. (2008). Forgotten Voices: Women with disabilities and the AIDS pandemic. AIDS-Free World. http://www.aids-freeworld.org/

Touko, A. (2008). Sexual behaviour and HIV prevalence among the deaf population in Cameroon. Paper presented at the XVII International AIDS conference, Mexico City, 3-8 August. http://www.aids2008.org/Pag/Abstracts. aspx (Accessed 7/08/08).

WHO (2005). Disability, including Prevention, Management and Rehabilitation: Report by the Secretariat. Geneva, World Health Organization. World Bank (2004). Disability and HIV/AIDS at a glance. Washington D.C,

Yousafzai, A.K & Edwards, K. (2004). Double burden: A situation analysis of HIV/AIDS and young people with Disabilities in Rwanda and Uganda. Save the Children.