

**AN ASSESMENT ON THE AWARENESS OF HIV/ AIDS ISSUES AMONG THE DEAF
IN SECONDARY SCHOOL, A CASE STUDY OF
WAKISO SCHOOL OF THE DEAF**

BY

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DECLARATION

I AKello Jackie hereby declare that this is my original work and has never been presented to any other educational institution for any award.

Signature 

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APPROVAL

This is to certify that the research of Akello Jackie has been under my supervision and is now ready for submission to the college of education and distance learning for the award of the bachelor's degree of education with special needs education of Kampala International University.

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MR. KYAZZE EDWARD

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DEDICATION

I dedicate my research report to my Mother Mrs. Akwir Christine and Father Mr. Otto Samuel without whom my research as well as education would not have been a success.

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I thank the Almighty God, for providing me the grace and sustaining my interests and the love for learning.

I give my sincere thanks to my father Mr. Otto Samuel and mother Mrs. Akwir Christine who always gave me courage during my research. Secondly I wish to mostly sincerely thank my supervisor Mr. Kyazze Edward also go to all those respondents for making it easy for me in carrying out the research project.

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To all may the good Lord Bless you abundantly.

ABSTRACT

The study was intended to conduct an assessment on the awareness of HIV/AIDS issues among the deaf students, a case study of Wakiso School of the deaf. The study was justified by the need to identify and provide mechanisms of operation that can guide the behavior of deaf students to enable the control of HIV/AIDS amongst the deaf.

The study explored the information pertaining the background of the study that gave an insight on the global, international, continental, county and local perspective of documented literature about the topic with the purpose of conducting an assessment on the awareness of HIV/ AIDS issues the study was guided by research objectives that included examining what the deaf students of Wakiso School of the deaf know about HIV/ AIDS, establishing the attitudes of the deaf students towards HIV/ AIDS and infected people and examining the role of teachers in HIV/ AIDS advocacy for the children.

The research was conducted for a period of 2 months in Wakiso School of the deaf, located in central Uganda, Wakiso district, Kakyiri sub-county the study was significant as it identified the level of knowledge that the deaf students of wakiso have on HIV/ AIDS, established gaps that exist on HIV/ AIDS awareness in schools, providing information that was a basis of government intervention and academic award by the researcher.

Data collection involved 60 respondents that included teachers, students and non teaching staffs who were engaged using a questionnaire, the study conducted involved use of qualitative and quantitative data approaches that identified some key emerging issues such as lack of timetable for HIV/AIDS education to deaf students because it isn't incorporated in the curriculum.

The key findings were that a reasonable number of respondents agreed that students get HIV/AIDS education though it was not often, parents too provide information and that there are various sources of information about HIV which the respondents contend are not reliable. This prompted the researcher to made the recommendations that included including HIV education in curriculum, including its teaching on school time table and sensitizing parents on the nature of HIV/AIDS that will enable them to inform their deaf children to ensure awareness about the scourge

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ACRONOMYS

HIV	-	Human Immune Virus
AIDS	-	Acquired Immune Deficiency Syndrome
WHO	-	World health Organization
NGOS	-	Non Governmental organization
UNAIDS	-	United Nations report on AIDS
SSA	-	Sub Saharan Africa
MDG	-	Millennium Development Goals
PWDs	-	People with Disabilities
SRH	-	Sexual and reproductive health

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter looked at the background of the study, statement of the problem, purpose of the study, specific objectives, research questions, scope of the study, significance of the study, and the conceptual frame work.

1.1 Back ground to the study.

Since 1980s, no disease has ever threatened the world than Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). The disease has been noticed as one of the biggest epidemic in the history of the world. Since the discovery of the disease (HIV/AIDS), about 65 million people is estimated to have been infected with the disease and about 25million is believed to have died of it. Perhaps, it is the most infectious and stigmatized disease in the world's modern history (Sontag 1991)

According to UNAIDS/WHO (2011) report, nearly 7000 people become infected each day with HIV and 5500 people die from AIDS each day. The report continues that an estimated 33.3 million people were recorded to be infected with the disease, annual number of new infection stood at 2.6 million in 2009 and total death in that same year was 1.8 million. The HIV/AIDS epidemic is being recognized to be one of the most deadly in the world threatening the foundation of the world thereby causing global retardation to the progress of nations (Piot, Bartos, Ghys, Walker & Schwartländer 2001). With its threat on the youth and young adults who drive the nations' economic growth, it erases subsequent generation to ensure continuity of human race. In fact, the disease is unveiling hard-won development of success and it is having crippling effects on the future prospects of nations.

HIV/AIDS continue to be a major global health priority. Despite the current progress achieved in the prevention of new cases and in lowering its related deaths, the number of people living with the disease continues to increase. AIDS related illnesses remains one of the leading cause of death in the world and is projected to continue as significant global cause of premature mortality

in the coming decade (WHO 2007). The report continues that even though it is now not a syndrome, global solidarity in AIDS responds will remain a necessity. Notwithstanding the heavy investment on the prevention of HIV/AIDS related issues, it still continues to be the main cause of adult mortality in Africa (WHO 2004). Sub-Saharan Africa (SSA) remains the most heavily infected region in the World. In 2008, African continent accounted for 67% of all HIV infections globally, 68% of new infections among adults, and 91% of new cases among children in the world. The region in all accounted for 72% of all AIDS related deaths in 2008. In that same year, there were an estimated 1.9 million new infections in Africa. The disease is having devastation effects on households, communities, businesses, public services and national economies (UNAIDS 2009).

This situation gives a demean future for Africa since the people heavily infected are the youth who are the window of hope and the productive labour force which should be leading the socio-economic development of its emerging states (Piot et al 2001). In recent years, the correlation between HIV/AIDS and the achievement of Millennium Development Goals (MDG) has been established. It is a catastrophe militating against the achievement of these goals even though one of the goals seeks to address it.

Perhaps, no disease in the history of the world have ever received financial, economic and social support like HIV/AIDS (UNAIDS 2008, 13). The adverse effect of the disease on the individual, communities and nations erodes the prospects of sustainable development which the world is seeking especially for Africa. In fact, the threat of this pandemic scares the world in achieving the needed development it hopes to attain in the coming decade.

Furthermore, the relationship between HIV/AIDS and income has been ascertained (Piot, Greener & Russel 2007). They established that in the worse affected areas, incomes of the infected and affected diminish as a result of care and support exercised on deceased of the affected. According to research conducted by Mishra, Bignam, Greener, Vaesse, Hong, Ghys, Boerma, Van, Khans, & Rutstein (2007), HIV/AIDS infection among women from the higher income families is higher than their counterparts from the low income families. This situation threatens the aims of reducing poverty by 2015 as enshrined in the MDGs.

According to Avert (2010), HIV/AIDS related deaths in the world reduced from 2.2 million in 2005 to 2.0 in 2007, it further reduced to 1.8 million in 2009. However, new infection increased by 2.5 times higher than the number of people being put on the Anti Retroviral Therapy, (ART). The power of HIV in eroding the success nations have achieved cannot be underestimated; it does not respect race, colour, or socio-economic position of a person. The only remedy left for nations is to scale-up their commitment to prevention efforts. This is necessary for the achievement of the MDGs by 2015 and to save mankind from further dangers to be posed by the disease.

Deafness is defined as a degree of impairment such that a person is unable to understand speech even in the presence of amplification. In profound deafness, even the loudest sounds produced by an audiometer (an instrument used to measure hearing by producing pure tone sounds through a range of frequencies) may not be detected. In total deafness, no sounds at all, regardless of amplification or method of production, are heard

In spite of the various interventions by the government of Uganda, the prevalence rate among the youth aged 15-24 years are still very high which makes all school going age people to remain the highest risk group. The effect of the disease among people with disability becomes more gravious as they stand for double; stigma and discrimination of HIV/AIDS and Disability. This situation diminishes the desire for these people to go to school. This makes the bedrock that flow water to the main stream (nations) to grow to be taunted as a result of the disease. The effect of the disease on education is enormous. One major devastation effect of the disease is lack of proper education to groom the younger generation signaling doom for nation states. In fact, HIV/AIDS pandemic is putting all nations on a timing bomb. Education is the best intervention that offers important measure of protection against HIV/AIDS, simply doing more of what it is doing already and doing it better is an assurance (Kelly 2006 b). In other words, good quality education should be made accessible and equitable to all. Indeed, Global Campaign for Education (GCE) maintains that universal education has the power to prevent 700,000 new HIV infections each year (GCE 2004).

The effects of HIV/AIDS in the socio-economic and the achievement of MDGs are quite disturbing. The disease has stretched its tentacles mostly on the vulnerable groups especially disabled, children and women. It is therefore surprising that people with disability, the greatest vulnerable group have been overlooked with regards to HIV/AIDS (Groce 2004). The World Bank estimates that 10-12% of the world population are reported to be disabled and majority of people with disability lives in the developing world (World Bank 2009). However, in spite of the numerous researches that has been done on the issues of HIV/AIDS, little is known about HIV/AIDS and its association with people with disability, and this triggered research to be done in the area.

1.2 Statement of the problem

In spite of the various interventions by the government of Uganda , the prevalence rate among the youth aged 15-24 years are still very high (UNAIDS (2008) which makes all school going age people to remain the highest risk group. The effect of the disease among people with disability especially the deaf becomes more gracious as they stand for double; stigma and discrimination of HIV/AIDS and Disability. This situation diminishes the desire for these people to go to school. This creates an imbalanced situation that makes the deaf especially students susceptible to the disease. The effect of the disease on education is enormous. It was as a result of this that the researcher gained interest in conducting an assessment on the awareness of HIV/ AIDS issues in a secondary school of the deaf in Wakiso district.

1.3 Purpose of the study

The purpose of the study was to carry out an assessment on the awareness of HIV/ AIDS issues in secondary school of the deaf in Wakiso School of the deaf.

1.4 Objectives of the study.

- i. To examine what the deaf students of Wakiso School of the deaf know about HIV/ AIDS?
- ii. To establish the attitudes of the deaf students towards HIV/ AIDS and infected people?
- iii. To examine the role of parents and teachers in HIV/ AIDS advocacy for the children?

1.5 Research questions.

- i. What do deaf students know about HIV/ AIDS?
- ii. What are the attitudes of the deaf students towards HIV/ AIDS and infected people?
- iii. What role do teachers and parents play in HIV/ AIDS advocacy?

1.6 Scope of the study.

1.6.1 Time scope.

The research was conducted for a period of four months and data collection will be on the subject matter strictly focusing on the awareness of HIV/ AIDS issues amongst the deaf students of Wakiso School of the deaf.

1.6.2 Geographical scope.

The research was conducted from Wakiso School of the deaf located in Central Uganda, Wakiso district, Kakyiri sub-county. This was because it holds substantial information necessary and meets the intention of the researcher in regard to having deaf students.

1.6.3 Subject scope

The research was concentrated on assessing the awareness of HIV/ AIDS issues in the secondary school of the deaf in Wakiso district.

1.7 Significance of the study.

The researcher identified the level of knowledge that the deaf students of wakiso have on HIV/ AIDS so as to devise mechanisms for increasing sensitization amongst the deaf students on HIV / AIDS.

The research established the gaps that exist on HIV/ AIDS awareness in schools that will provide recommendations to boost the operations of the HIV prevention and control.

The finding was a basis of operation by government entities especially the ministries of education, health and social development. This streamlined and provided parameters under which the school of the deaf can operate.

The research was a partial fulfillment for the award of bachelors of education with special needs education of Kampala international university. It's upon submission of this research report that bachelors degree is crowned to the researcher.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section discusses the theories that support the study. It also emphasize on the related research that has been done in the field of the study. This study concentrates much on education and HIV/AIDS prevention, HIV/AIDS stigma and discrimination, sex education and disability, Knowledge and behavior change, social construction and Stigmatization.

2.1. Global view on awareness of HIV/ AIDS among the deaf.

In spite of the remarkable increase of global awareness on HIV, there is still a huge amount of work to do to stop the AIDS epidemic. Even though the spread of the epidemic may have stabilised in 2008 (2008 Report on the global AIDS epidemic, UNAIDS), it has done so at a very high level of HIV infections. Therefore, there is urgent need for more action to move towards the 2010 UN target to achieve Universal Access to HIV prevention, treatment, care and support.

According to the World Health Organization 650 million people or 10% of the world's population have a disability and four out of every five disabled persons live in developing countries (Disability and Rehabilitation WHO Action Plan 2006-2011). Within every social group - class, caste, ethnicity, gender, religion, and sexual orientation – people with disabilities are represented. In the context of HIV, they are also found within every high risk group such as sex workers and their clients, injecting drug users, men having sex with men, orphans and prisoners. People with disabilities are therefore exposed to the same risk factors for HIV as every non-disabled person. Moreover, due to their often marginalised and vulnerable position in the community (e.g. lack of access to information, low literacy rate and stigma), people with disabilities are at an even higher risk of contracting HIV. Gulure, M. 2003.

Literacy rates for PWDs are exceptionally low – one estimate cites an adult literacy rate of only 3% globally thus making communication of information and messages about HIV/AIDS all the more difficult (Cambridge P, 1997). In terms of gender, disabled women face unique challenges because they run a high risk of gender-based violence; they lack access to sexual and reproductive health (SRH) services such as family planning and maternal health, are not aware of

mother-to-child HIV transmission and have lesser access to rehabilitation services (Kirby, D., Obasi, A. & Laris, B. 2006)

Vulnerability to HIV/AIDS is further compounded by the social exclusion of PWDs from mainstream HIV/AIDS services and poor access to treatment. For instance, majority of existing HIV Testing and Counselling (HTC) services are physically inaccessible; do not offer counselling using sign language; IEC materials on HIV/AIDS are not availed in Braille for the visually impaired; complex or vague messages do not reach those with intellectual impairments, while the physically handicapped people often depend on their sexual partners to put on condoms. Importantly, most PWDs are not aware of their reproductive health rights and the existing sexual and reproductive health (SRH) services are often inaccessible to them

Most organizations working in the area of HIV have not included PWDs in their programmes, or do not know how to do this while disability targeted organizations rarely have HIV on their agenda, or do not know how to develop HIV/AIDS programs and projects. Consequently, sex education programmes for those with disability are rare (Collins P. et al, 2001). Almost no general campaigns about HIV/AIDS focus on the needs of, or include disabled populations, and there are few rehabilitation services, especially in rural areas with an estimate of only 3% of disabled individuals getting access to the rehabilitation services they need (UNICEF, 1999).

Globally, there is a growing momentum for addressing the human rights of PWDs. However, governments and policy makers have rarely considered the needs of disabled people when formulating their HIV/AIDS policies. As such, PWDs are often excluded from consultation processes while major HIV/AIDS donors, aid agencies and specialised NGOs do not consider disability a concern that should be prioritized in the allocation of funding. Where HIV/AIDS interventions have been inclusive of PWDs, governments, civil society and the private sector have rolled-out programs at regional, national and community levels.

2.2 International view on HIV/ AIDS Awareness.

Approximately about 10% of adult population in Sub-Saharan Africa are infected with HIV/AIDS and the primary mode of transmission is heterosexual sex. On accounts of this,

behavior change is one of the best means of preventing further extension of the disease and also understanding the change in behavior will help in predicting the future for the policy makers. Apparently, most creative writing points to the fact that there is a limited change in the sexual behaviour of an African adult. Bat-Chava, Y., Martin, D. & Kosciw, J. G. 2005

Sex and sexuality education among person with disability is limited or nonexistence, this has influenced their knowledge about the best means of protection against HIV. Empirical evidence has indicated that knowledge about HIV transmission among disabled persons is low (Munthali, Mvula & Alli 2004) and lower than their counterparts who are non-disabled persons (Yousafzai, Dlamini,

According to Largrade, E., Gilles, P. & Catherine, E. 1996, knowledge about HIV/AIDS among the Deaf in sign language users is very low. In this study conducted by Bat-chava and colleagues, they also observed that few Deaf persons who participated in the study knew their HIV status. On the contrary, Doyle (1995) earlier on in his study found that there is high level of HIV/AIDS knowledge among the Deaf who participated in his study. However, the respondents within the two studies were not the same, while Doyle's participants were college students, Bat- Chava and friends study involved participants who were diverse and they noted variation in levels of HIV knowledge as a result of their level of education.

Sexuality education for persons with disability is minimal, (Gulure, M. 2003), Enright, Gilpin, Cathers, & Bukovy 1999). McCabe (1999) established that 50% of people living with disability lack sex education. In a related study conducted on Deaf in USA, it came to light that teachers were not having materials that could be used to communicate the message of sexuality education (Getch, Young & Denny 1998). In many instances where students with disability are given the sexuality education, it only increases their knowledge but lacks the power to evaluate its effectiveness. Milligan & Neufeldt (2001) have established that sexuality education such as counselling and testing among disabled women are insignificant or most often, they lack it out right. Munthali, Mvula, & Alli (2004) on their part contended that low level of sexuality education or lack of sexuality education for persons with disability influences their knowledge on safe sex practices and prevention thereby making them more allergic to HIV. Moreover, the

knowledge level of disabled persons concerning sexuality education has been proven to be lower than their counterpart, the non-disabled persons (Berman, H., Harris, D., Enright, R., Gilpin, M., Cathers, T & Bukovy, G. 1999) found out in their research that there is low level of sexuality and HIV/AIDS education among the Deaf particularly signs language users. However, the author found that most of the Deaf have participated in HIV/AIDS voluntary testing and counseling. On a related development, Yousafzai & Edwards (2002) found out that persons living with disability lack ability to access HIV/AIDS counseling and testing.

The adolescence sexuality has generated a lot of research. It has been shown that there is a gap between HIV/AIDS knowledge, attitude or intention pertaining to sexuality, and the behavior of the adolescent (Boler, T. 2006). This is compounded by the fact that adolescents' sexual live are difficult to modify or change completely. Their studies acknowledged that even though there have been a lot of interventions design to ensure HIV/AIDS free society, whether these interventions are yielding good results among the youth remains a mirage in its effectiveness.

2.4 National view on HIV/ AIDS awareness among the deaf

Uganda is inarguably the most cited success story in sub-Saharan Africa in terms of fighting the HIV/AIDS epidemic, partly due to responsible political leadership and a well-coordinated national and local response. However, HIV/AIDS is still a major cause of disease and mortality especially for young adults, putting additional stress on the already strained health system. HIV infection significantly varies according to factors such as gender, age and place of residence.

The national response to HIV/AIDS has resulted in several policies and institutions. Currently Uganda's response and its national priorities are guided by the Revised National Strategic Framework (NSF) for HIV/AIDS Activities in Uganda 2003/04-2005/06 and 2007/2012. To make the fight against HIV/AIDS more effective and informed, a National Monitoring & Evaluation (M&E) Framework was put in place by 2003 designed to measure and evaluate progress in the implementation of the

Persons with disabilities are at increased risk However, persons with disabilities had not been given specific attention under the developed policies and frameworks. Persons with disabilities are at increased risk of HIV infection and are less likely to access HIV prevention, care and

treatment services than their non disabled counterparts due to low levels of HIV/AIDS awareness, vulnerability to sexual abuse, ignorance or discriminatory attitudes among health workers and educators, inaccessible service facilities, and lack of institutional and human capacity of the disability movement in Uganda to address HIV/AIDS. Mulindwa, I. N. 2000

The National Union of Disabled Persons of Uganda (NUDIPU), an indigenous umbrella NGO of people with disabilities, is now implementing a three year project on promoting and mainstreaming a disability perspective into Uganda's HIV/AIDS National response. In partnership with other Disabled People's Organizations (DPOs) in Uganda² the project is piloted in three districts of Gulu, Soroti and Masaka. It is funded by DANIDA through the Danish Council of Disabled People's Organizations (DSI). One outcome of the project was to initiate a national forum through which issues of major concern for persons with disabilities are discussed and harmonized (Disability Stakeholders' HIV/AIDS Committee). This forum acts as a uniting factor and the planning board for the disability fraternity in Uganda.

2.5 Local views about HIV/ AIDS awareness about the deaf

Persons with disabilities, like any other children and young people in our society, are at high risk of contracting the HIV virus leading to HIV/ AIDS in the findings of the WORLD Bank and Yale Study (2008), strongly argued that people with disability can and should be included in all HIV and AIDS outreach and service efforts and performances. This is also echoed Kirby, D., Obasi, A. & Laris, B. 2006 who focused on the need to carry out AIDS Education in order to raise the level of HIV awareness in communities.

2.6 Personal view about HIV / AIDS awareness among the deaf

My view on the topic depending on the literature provided by the global perspective, international, national, and local perspectives, and the awareness of HIV/AIDS by the deaf despite attempts by organizations like World health organizations and other international and national organizations is on a limited range. The curriculum for Ugandan may need to include sex education so as to provide aspects of HIV/ AIDS to student, there should be sensitization for communities especially those of disabilities on the AIDS scourge. This is intended to provide awareness at the community level and individuals.

The reasons for taking on the research was to fill the existing gaps for example providing advice to the government and necessary stakeholders to provide information about HIV/AIDS to all categories of people including the deaf do change the status quo in the country as regards to AIDS control.

The research was intended to establish the level of responsibility that schools have in providing HIV/ AIDS to the deaf in schools so as to provide parameters for improvement if required.

The research was to examine the role of parents in providing HIV/ AIDS information to their children and ascertain parameters for effective provision of HIV education to children by parents if lacking.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains and describes how the research was carried out. It focuses on the research design, target population, sampled population, sample size, data collection instruments, validity and reliability of research instrument ,data analysis, ethical consideration and limitations of the study.

3.1 Research design

The researcher used both quantitative and qualitative approaches in data collection, however, quantitative method of data collection dominated or was largely used and emphasizes in the collection of data because it is more accurate in terms of data collection and yet again more reliable in terms of research results. This means that quantitative research design was only used for expressing the numerical information captured during the study which could not easily be expressed in words.

3.2 Research population

A population is the aggregate or totality of objects or individuals having one or more characteristics in common that are of interest to the researcher and where interferences are to be made for the case of this study, the study population comprised of respondents from Wakiso School of the deaf from whom the sample was chosen to participate in the study.

3.3 Sampling procedure

Sampling is the process of selecting elements from a population in such a way that the sample elements selected represents the population. The researcher used probability sampling method and in particular stratified sampling and simple random sampling. Through stratified sampling the respondents (students were divided into classes that is to say S1 to S 6 and selected using simple random method. Purposive sampling was used in the selection of the teachers and non teaching staff, these is because this are perceived to have more suitable information since they take care of deaf students.

3.4 Sample size

A sample is a portion of the population whose results can be generalized to the entire population. From an estimated population of students, teachers and non teaching staff sample population was chosen from the entire population hence 60 respondents was chosen for the purpose of this study this was strictly students, teachers and nonteaching staff because the case seeks to establish student's awareness on HIV/ AIDS. This included 40 students and 12 teachers and 8 Non teaching staffs. 5 students were selected from S1 and 7 students were chosen from the rest of classes, teaching and non teaching staffs also participated in data collection.

3.5 Data collection methods / instruments

The researcher obtained data from the field using the following important instruments:

3.5. 1 Questionnaires

These are inter-related questions designed by the researcher and given to the respondents in order to fill in data/information. Here, self-administered questionnaires will be employed containing both open-ended and close-ended question. This was used to reduce costs of movement and also because the researcher is dealing with literate people who have the capacity of filling the forms.

3.6 Research Procedure.

The researcher chose a supervisor and a topic, the researcher had the topic approved by the supervisor, and upon approval the researcher obtained a letter of introduction from the college of education and distance learning addressed to the case study area, upon approval the researcher went to Wakiso school of deaf for data collection using a questionnaire.

3.7 Validity and reliability of the instruments.

To establish the validity of the instruments, the researcher administered a questionnaires to the various deaf students; computation was done by Microsoft excel involving tables and charts This is for the case of questionnaire research instrument. The data was analyzed and fed accordingly.

3.8 Data processing and analysis

Several methods were employed in processing the raw data from the field. These included editing, coding, classification, tabulation, and data analysis. These was done after data collection to make it meaningful.

3.9 Ethical consideration

The questionnaires did not include the names of the respondents for issue of privacy and confidentiality of information attained.

Information was attained on free will without compulsion or forcing of respondents

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

4.0 Introduction.

The data is presented and interpreted in view of the objectives mentioned in chapter one of this study. The interpretation also seeks to answer the research questions that were raised in chapter one.

Presentation and interpretation of data in this chapter has been done with the aid of quantitative and qualitative methods of data collection approaches. Questionnaires were given to 60 respondents. The presentation was made using of tables, graphs, percentages and personal analysis and interpretation presented in essay form.

4.1 Respondents Gender

Table (1): Showing Gender respondents

Respondents	Frequency	Percentage
Male	38	63.3
Female	22	36.7
Total	60	100

Source: primary data

From table 1, it can be seen that the majority of respondents are male that is (38) representing 63.3% of the total number of respondents, 22 respondents are female representing 36.7% of the respondents. The presented gender considered the students, teachers and non teaching staff who provided information for this study. This is an indication that gender sensitivity was taken care off so the findings therefore cannot be doubted on gender grounds.

4.1.2 Age distribution of respondents

Table 2: Showing the age of respondents

Age	Frequency	Percentage
12 -14	20	33.3
15 – 17	15	25
18 – 28	5	8.3
29 – 39	12	20
40+	8	13.4
Total	60	100

Source: Primary Data

Table 2 indicates that the age of respondents indicated that 12-14 age bracket had 20 respondents indicating 33.3% , 15-17 were 15 representing 25% ,18-28 had 5 respondents presenting 8.3% , 29-39 were 12 presenting 20% of the total respondents , 40+ were 8 presenting a 13.4% representation. This array indicates that information sought was from different categories of people hence findings in this regard can't be doubted on age grounds.

4.1.4 Academic Qualifications of respondents

Table 3: Showing academic qualifications of the respondents

Academic qualifications	Frequency	Percentage
“O” Level	16	26.7
A” Level	24	40
Certificate	5	8.3
Diploma	5	8.3
Degree	7	11.7
Masters	3	5
Total	60	100

Source: primary data

Results in table 3 indicate that majority of the respondents are 24 for A level representing 40% followed by o level (students) with 16 respondents representing 26.7% and 12 respondents for degree holders with 11.7% followed by certificate and diploma each with 5 respondents representing 8.3% and finally masters with 3respondents represented by 8.3 % . This implies that the research took care of all levels of education in finding out student’s awareness on HIV/AIDS

4.2 Deaf students Knowledge about HIV/AIDS

Table 4: Showing responses to whether students have knowledge about HIV/AIDS

Responses	Frequency	Percentage
Yes	35	87.5
No	5	12.5
Total	40	100

Source: Primary data

The table above presents information about the responses from the respondents (students) on whether they have any information about HIV/AIDS. The information indicates that 35 students equivalent to 87.5% agreed having information about HIV /AIDS. 5 students indicating 12.5% argued that they had no information about HIV/AIDS. This indicates that deaf students have information about HIV/AIDS despite the fact that a limited number argue on the contra. It therefore indicates that pragmatic measures need be considered in its redress before making conclusions.

Table 5 whether children are taught HIV and AIDS as a subject

Responses	Frequency	Percentage
No	12	100
Yes	0	0
Total	12	100

Source: Primary data

The table presents information showing that 12 respondents indicating 100% disagreement on the fact that HIV/AIDS is not taught as a subject. The teachers however argued that it's incorporated in other subjects. The teachers who responded in the negative indicated that campaigns were only held in the classes by teachers because it was a requirement by the Ministry of Education, Sports and Culture. The respondents cited lack of resources by school to mount campaigns in the rural areas. Some teachers indicated that the school authorities may have thought such campaigns were unnecessary.

4.2.1 Issues of HIV/AIDS awareness among deaf Students

Table 6: Showing Student's responses on the issues of HIV/AIDS awareness among Students

Issues of HIV/AIDS awareness	Yes	%	No	%	Total
Knowledge on how to avoid HIV / AIDS	27	67.5	13	32.5	40
Knowledge about the cause of HIV / AIDS	35	87.5	5	12.5	40
Knowledge about the mode of transmission	29	72.5	11	27.5	40
Prevention of the disease	25	62.5	15	37.5	40
Definition	26	65	14	35	40
The trusted sources of HIV/ AIDS Knowledge					
School	35	87.5			
Radio/TV/Movies	23	57.5			
Teachers	20	50			
Newsletters/magazines/pamphlets/posters	12	30			
Health Clubs	24	60			
Doctors/Nurses	29	72.5			
Religious leaders	26	65			
Parents/Family members	14	35			
NGOs	21	52.5			
Friends/peers Boy/Girl friends	25	62.5			

Source: Primary data

Table six above presents information regarding the issues of HIV/AIDS awareness among the students of Wakiso students of the deaf. The issues included Knowledge on how to avoid HIV / AIDS, Knowledge about the cause of HIV / AIDS, Knowledge about the mode of transmission, Prevention of the disease, definition and the trusted sources of HIV/ AIDS Knowledge. The information presented indicate that

67.5% of the students accepted having awareness about Knowledge on how to avoid HIV. The statement does not stand to the test of the strength because of the fact that 32.5% of the students argued that they had no knowledge of how to avoid AIDS.

87.5% of the students accepted having knowledge on the cause of HIV / AIDS, 12.5% disagreed with having knowledge about the cause of HIV/AIDS. This indicates that the highest percentage of agreement though high gives a doubt that the deaf students of Wakiso secondary school are fully aware about HIV/AIDS cause.

Knowledge about the mode of transmission had 72.5% of the students who agreed with having knowledge of it, 27.5% of the respondents disagreed with this statement. 62.5% agreed having knowledge about Prevention of the disease with 37.5% disagreeing in that regard.

65% of the respondents argued that they have knowledge about the definition of HIV/AIDS with 35% of the respondents arguing negatively.

The presentation on the trusted sources of HIV/ AIDS Knowledge among the deaf students was measured through media that provide information about HIV/AIDS to students.87.5% argued that the school is the trusted source of information about HIV/AIDS 57.5 % argued that they get information from Radio/TV/Movies; Teachers had 50% of argument Newsletters/magazines/pamphlets/posters had 30% Health Clubs had 60% of agreement , doctors and nurses had 72.5% ,Religious leaders had 65% , Parents/Family members had 35% ,52.5% suggested NGOs 62.5% presented Friends/peers or Boy/Girl friends as trusted source of information about HIV/AIDS among the deaf of Wakiso school of the deaf.

The presentation above issues of knowledge that the deaf students of Wakiso secondary school of the deaf have ,on the parameters of analysis presented that included Knowledge on how to avoid HIV / AIDS, Knowledge about the cause of HIV / AIDS, Knowledge about the mode of transmission, Prevention of the disease, definition and The trusted sources of HIV/ AIDS Knowledge the information collected indicate that though the response in terms of agreement to awareness of students about HIV/AIDS was positive with close to 68% agreement on awareness, the information presented indicates that some deaf students are not aware about HIV/AIDS , a point that presents an aspect of need for thorough analysis in decision making by both ministry of education and health in reversing the trend to increase HIV/AIDS awareness amongst deaf students.

Table 7: Showing responses to whether sources of HIV/AIDS information are effective

Response	Frequency	Percentage
Yes	50	83.3
No	10	16.7
TOTAL	60	100%

Source: Primary Data

Findings in table 7 show that 83.3% of the respondents agreed that the sources of information are effective, 16.7 % argued otherwise. This indicates that the sources of information are effective; the questionnaire is whether the sources of information provided are accessible by respondents especially the students. The study therefore intends to provide mechanisms for improving information access.

Table 8: Showing responses to whether parents provide information about HIV/AIDS

Response	Frequency	Percentage
Yes	36	60
No	10	16.7
Not Sure	14	23.3
TOTAL	60	100%

Source: Primary Data

From the table 8, in regard to the question whether parents provide information about HIV/AIDS , 36 respondents representing 60 % of the respondents argued in line with the question meaning parents provide information about HIV/AIDS, 40% disagreed with the statement. From the interpretation, it is clear that though parents provide information about HIV/AIDS to their deaf children. The point of agreement and that of disagreement that almost weighs to 40% should not be underestimated. Hence the requirement for its critical analysis before recommendations made in this perspective. The respondents further argued that respondents provide information about HIV/ AIDs causes, control and spread. This also indicates that parents provide information to a limited range.

4.3 Attitudes of the deaf students towards HIV/ AIDS and infected people

The second objective of the study was to establish the attitudes of the deaf students of Wakiso School of the deaf about their attitudes to HIV/AIDS and effected people.

Table 9: Showing students responses on their attitudes towards HIV/AIDS

Attitudes towards HIV/AIDS and infected people	Yes	%	No	%	Total
Whether a student has ever had sexual intercourses	15	37.5	25	62.5	40
A Student has had more than one sexual partner.	10	25	30	75	40
Whether a students use condoms for those who have had sex	20	50	—	—	20
Whether students say no to sex without Condom	20	50	4	10	24
Whether condom use is necessary even with single partners	28	70	12	30	40
If there are other measures students have used to protect self from HIV/AIDS.	23	57.5	3	7.5	26

Source: Primary data

The data presented above regarding student's responses to the attitudes towards HIV/AIDS as regards to whether students have ever had sexual intercourses the responses were that 37.5% of the students accepted having sex whereas 62.5% argued in the affirmative.

Whether Students have had more than one sexual partner the responses were that 25% of the students accepted having had sex with more than one partner, 75% argued that they have had it with less than one partner or not.

Whether a students use condoms for those who have had sex, 20 students representing 50% of the total respondents who are students indicated that they used condoms during sexual intercourse, the rest had had no sexual relationship.

On whether condom use is necessary even with single partners. This point had all respondents involved with 70% of the respondents agreeing with the use condom as a necessity. 30% disagreed; those who disagreed argued that it is better to abstain than use a condom and others argued that being faithful doesn't necessitate use of condoms.

The last question on this sought to find out if there are other measures students have used to protect self from HIV/AIDS. This had 26 respondents (students) who responded to it with 23 respondents agreeing with the statement and 3 disagreeing. Those who agreed suggested that they have decided to abstain from sexual affairs.

The respondents also argued that a positive attitude to the infected people especially in assisting them if necessary. Other respondents such as teachers and non teaching staff argued that students infected with HIV / AIDS are like other students but need care to have them live and peruse their ambitions.

Table 10: showing responses to whether there are some students infected with HIV/AIDS.

Response	Frequency	Percentage
Yes	28	46.7
No	32	53.3
TOTAL	60	100%

Source: Primary data

The presentation regarding the question asked whether there are some deaf students living with HIV/AIDS. The responses had 28 respondents indicating 46.7% of the total number of respondents who agreed and 53.3% disagreed. The interpretation indicates that there is not viable information that can be used to establish the level of HIV infection among students hence the need for a consolidated approach to establish level of infection not only in schools but in

communities especially among people of hearing impairment to reduce its prevalence in this group.

Those respondents who agreed that there are infected students also disclosed that they corporate with such infected people but not to the level much extended such as having “ loving affairs” other respondents argued that they corporate with infected students through praying for them , offering them treatment and counseling. The limited range corporation with infected students is a sign of stigma and discrimination that calls for intervention of health bodies both internationally and nationally in trying to reverse the trends for effective development and education of deaf students.

4.4 Role of teachers in HIV/ AIDS advocacy for the children

The third objective of this study was set to establish the role of teachers in HIV/AIDS advocacy for the deaf students. The information below shows the presentation, interpretation analysis of the findings as regards to this objective.

Table 11: Showing responses on whether deaf students are given information about HIV/AIDS.

Response	Frequency	Percentage
Yes	45	75
No	15	25
TOTAL	60	100%

Source: Primary data

The presentation in table 11 indicates that 75% of respondents are given information about HIV/AIDS by their teachers, 25% on the contra disagree. The gap given in agreement indicates that there is a limited information flow among students concerning HIV/AIDS.

Those who agreed argue that teachers provide information about HIV/AIDS on the following issues, bringing counselors to counsel students included those infected and the uninfected ones.

Teachers according to respondents also provide information to deaf students through drama and sign language to enable all the students understand with easy.

Students argued that teachers usually provide information like HIV having no cure and the mechanisms of transmission such as having sexual intercourses with infected persons. Students further reported that teachers inform them that abstinence from sex and being faithful after and in marriage to enable them live without HIV.

The researcher sought for the relevance of HIV/AIDS education on behavior change and attitudes on education which indicated that to some extent it has changed them, but since it isn't continuous students forget fast and adopt their previous ways of behavior. They further cited out loopholes to information delivery such as failure by the school to include HIV/AIDS teaching on the school time table.

Table 12: Showing responses to the number of times HIV/AIDS information is given to students.

Response	Frequency	Percentage
Every week	18	30
Every month	32	53.3
Every term	10	16.7
TOTAL	60	100%

Source: Primary data

The table 12 above presents information on the frequency of giving information concerning the spread of HIV/AIDS to students. Information indicates that 30% of the respondents reported that information is given every week, 53.3% are reported that information is given every month and 16.7% said information on HIV/AIDS is given every term. The discrepancies information provision is an indication that there is no timetabled program for this exercise in Wakiso school of the deaf hence the need for adequate provision to enable information provision to students.

Finally basing on the discrepancies the respondents were also asked to findout what teachers can do to improve HIV/AIDS advocacy among deaf students in schools, the following strategies were proposed to enhance information provision

Loving students in equal perspective including infected students

Adoptions to offer maximum education especially through PIASSY

Transforming information provision through sign language for easy communication of deaf students who are affected and those who are not yet.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The study was carried out with the view to conduct an assessment on the awareness of HIV/AIDS issues among the deaf in the secondary school, a case study of Wakiso School of the deaf. This chapter is concerned with summary, conclusion, recommendations and suggestions about the findings that were gathered from the case study.

5.2 Summary of the findings.

The key findings of the study include the following:

87.5% of the respondents agreed having knowledge about HIV/AIDS the remaining percentage argued otherwise.

12 respondents indicated 100% agreement on the fact that HIV/AIDS is not taught as a subject. The teachers however argued that its incorporated in other subjects. The teachers who responded in the negative indicated that campaigns were only held in the classes by teachers because it was a requirement by the Ministry of Education, Sports and Culture.

An average agreement of 68% was attained from respondents arguing that they have knowledge on HIV/AIDS related issues. The issues included Knowledge on how to avoid HIV / AIDS, Knowledge about the cause of HIV / AIDS, Knowledge about the mode of transmission, Prevention of the disease, definition and the trusted sources of HIV/ AIDS Knowledge.

83.3% of the respondents agreed that the sources of information about HIV/ AIDS are effective, 16.7 % argued otherwise. The sources included School, Radio/TV/Movies, Teachers, Newsletters/magazines/pamphlets/posters, Health Clubs, and Doctors/Nurses, Religious leaders, Parents/Family members, NGOs and Friends/peers Boy/Girl friends.

Parents provide information about HIV/AIDS according to 36 respondents representing 60 % of the respondents argued in line with the question meaning parents provide information about HIV/AIDS, 40% disagreed with the statement.

The respondents argued that they have a positive attitude to the infected people especially in assisting them if necessary. Other respondents such as teachers and non teaching staff argued that students infected with HIV / AIDS are like other students but need care to have them live and peruse their ambitions.

28 respondents indicating 46.7% of the total number of respondents who agreed and 53.3% disagreed with the point that there are infected deaf students.

75% of respondents are given information about HIV/AIDS by their teachers, 25% on the contra disagree. The gap given in agreement indicates that there is a limited information flow among students concerning HIV/AIDS.

On the Relevance of HIV/AIDS education on behavior change and attitudes on education , the teachers indicated that to some extent it has changed them, but since it isn't continuous students forget fast and adopt their previous ways of behavior. They further cited out loopholes to information delivery such as failure by the school to include HIV/AIDS teaching on the school time table.

Information indicates that 30% of the respondents reported that information is given every week, 53.3% are reported that information is given every month and 16.7% said information on HIV/AIDS is given every term. The discrepancies information provision is an indication that there is no timetabled program for this exercise in Wakiso School of the deaf hence the need for adequate provision to enable information provision to students

5.2 Conclusions

The study was set to conduct an assessment on the awareness of HIV/ AIDS issues among the deaf in Wakiso secondary school of the deaf, it was based on three parameters that included establishing what the deaf students know about HIV/ AIDS, finding the attitudes of the deaf students towards HIV/ AIDS and infected people and finally examining the role of teachers in HIV/ AIDS advocacy for the children. The findings are that students have some knowledge about HIV/AIDS such its causes, way of transmission, preventive measures ,control among others to a limited scale though. it was found out that students have a positive attitude towards

infected students to a limited range an indicator of segregation and stigma among the affected deaf students, it was finally agreed that the school through teachers provide information about HIV/AIDS that is though not time tabled, the researcher cited aspects of PIASSY existence and counseling as tools of delivery of information that was although irregular. The researcher found out that the teaching about HIV/AIDS is compromised by the fact that there is no law or ministry of education policy statement that mandate the teaching of HIV/AIDS that creates a situation of limited awareness amongst the deaf students.

5.3 Recommendations

Basing on the findings, the researcher advances the following recommendations.

On the issue of student's awareness of HIV and AIDS, most teachers were convinced that children got the message. This was evident from their interactions with each other and from responses they provided in class. Children with disabilities, like all other people, need to be well informed about HIV and AIDS so that they will understand how the virus is transmitted and what activities and transmission are safe. AIDS education program should address the gaps in the student's AIDS related knowledge on basic information required in order to protect themselves against AIDS and HIV transmissions.

Based on the fact that the minority of learners acquired their HIV/AIDS information from their parents, school-based parent-empowering HIV/AIDS and sex-related education programs should be provided to parents, in addition to those existing for learners.

The school curriculum needs to be revised to emphasize improving learners' HIV/AIDS knowledge and addressing misconceptions (even if only held by a minority of learners) including HIV/AIDS transmission through being scratched by the nails of a person who is HIV positive, the fact that there is no cure for HIV/AIDS the fact that HIV/AIDS cannot be cured by having sex with a virgin. The school-based HIV/AIDS program should also stress that, provided that one takes precautionary measures to protect oneself against contamination with the HIV positive person's body fluids, one is unlikely to become HIV infected by caring for such a person.

Radios should be made available to learners, especially those in rural areas, to provide them with HIV/AIDS information, Television programs, targeting young people with HIV/AIDS

Information especially those that have a provision for sign language should be sustained and expanded.

Counseling programs should be intensified in schools and students should be counseled on how to build up a well adjusted personality as this will go a long way to reducing the incidence of behavioral maladjustment. In the area of HIV/AIDS prevention, the counselor is expected to incorporate informational service about what HIV/AIDS is, how HIV/AIDS can be contacted, risk behavior of HIV/AIDS, prevention of HIV/AIDS and the consequences of unprotected sexual intercourse. He (the counselor) has to get himself involved in health education and community mobilization through workshops and seminars. Teachers and parents should be involved. They will be able to teach the students through their own examples.

5.4 Areas of further research

The researcher suggests the following as possible areas for further research on an assessment on the awareness of HIV/ AIDS issues among the deaf in the secondary school.

- The role of government in HIV/AIDS control among the deaf in Uganda
- The effect of HIV/AIDS education in curbing HIV prevalence amongst the deaf.
- An assessment of the role of the government in promoting the education of deaf students

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Appendices Appendix I, Research Instrument: Questionnaire for Students

Dear respondent.

I AKello Jackie a student of Kampala International University pursuing a Bachelors Degree of education with special need education .am carrying out a research on the topic “an assessment on the awareness of HIV/ Aids issues in secondary school of the deaf in Wakiso school of the deaf.

This questionnaire is strictly for academic purposes and the researcher will hold confidential any information given.

Tick the appropriate box according to you where applicable. Fill in the information in the space provided.

Respondent's Particulars.

1. Gender:

Male

☐

Female

☐

2. Age brackets

12 - 14

☐

15- 17

☐

18 -20

☐

20+

☐

3. In which level is u, please indicate whether you are in O or A level?

O level

☐

A Level

☐

4. Do you have any Knowledge about HIV / AIDS issues?

Yes

☐

NO

☐

If yes do you have knowledge about HIV/ AIDS issues in regard to the following? Please tick

Depending on the level of agreement

Please indicate yes or No by ticking the appropriate box

Yes

No

- i. Knowledge on how to avoid HIV / AIDS
- ii. knowledge about the cause of HIV / AIDS
- iii. Knowledge about the mode of transmission
- iv. Prevention of the disease
- v. Definition
- vi. *The trusted sources of HIV/ AIDS Knowledge*
 - ❖ school
 - ❖ Radio/TV/Movies
 - ❖ Teachers
 - ❖ Newsletters/magazines/pamphlets/posters
 - ❖ Health Clubs
 - ❖ Doctors/Nurses
 - ❖ Religious leaders
 - ❖ Parents/Family members
 - ❖ NGOs
 - ❖ Friends/peers
 - ❖ Boy/Girl friends

If there is more information you have about HIV/ AIDS please mention them.

.....

.....

5. Are the sources of information about HIV/AIDS information effective

Yes

☐

No

☐

6. Do parents provide information about HIV/AIDs to you

Yes

☐

No

☐

Which information do they provide?

.....

.....

.....

7. Attitudes towards HIV/ AIDS and infected people. Please mention the attitude you have towards HIV/ AIDS.

i. *Sexual attitudes of respondents*

- ❖ Have you ever had sexual intercourse?
- ❖ Have you had more than one sexual partner?
- ❖ Did you use condom the first time you had sex?
- ❖ Do you say no to sex without condom?
- ❖ Condom use is necessary even if you have one sexual partner.
- ❖ Are there other measures you have used to protect yourself?

YES

NO

ii. Which Attitudes do you have about People living with HIV/ AIDS

.....

.....

iii. Are there your fellow students whom you know have HIV? Yes ☐ No ☐

iv. If yes how do you co-operate with fellow students living with HIV/ AIDS

.....

If no how do you arrive at the decision of fellow students having no HIV/AIDS.

.....

.....

.....

8. Do teachers in your school provide information about HIV/AIDS

Yes ☐ No ☐

If yes which information do you normally get from teachers?

.....

.....

.....

.....

How often do you get the information from teachers?

.....

.....

Appendix ii: Interview guide for non teaching staff

1. Gender

Male

☐

Female

☐

2. Age brackets

18 – 28

☐

29 – 39

☐

40 – 49

☐

50+

☐

3. What is your level of education

O level

☐

A level

☐

Certificate

☐

Diploma

☐

4. What are the sources of information about HIV/ AIDS you see deaf students having?

.....

.....

.....

.....

5. What do deaf students say about HIV/AIDS?

.....

.....

.....

.....

6. What do you say about students living with HIV/ AIDS in this school?

7. Are there students whom you know have HIV

Yes

☐

No

☐

8. If yes how do you co-operate with fellow students living with HIV/ AIDS?

.....
.....
.....
.....

9. Which strategies do you think your school should adopt to control HIV/ AIDS amongst deaf students?

.....
.....
.....

10. Do teachers provide information about HIV/AIDS to students

Yes ☐ No ☐

11. If yes how do they provide information about HIV/ AIDS

.....
.....
.....

12. What do you think teachers should do to improve HIV/AIDS advocacy

.....
.....
.....

Appendix ii: Questionnaire for teachers

1. Gender

Male

☐

Female

☐

2. Age brackets

18 – 28

☐

29 – 39

☐

40 – 49

☐

50+

☐

3. What is your level of education

Diploma

☐

Degree

☐

Postgraduate

☐

masters

☐

4. Do you teach HIV/AIDS a subject of study in your school Yes

☐

No

☐

If yes what do you teach in the subject of HIV and AIDS?

.....

.....

.....

.....

5. What are some of the aspects of HIV/ AIDS conducted in your school

.....

.....

.....

.....

6. How Has the HIV/AIDS education affected Students behavior and attitudes on education?

.....

.....

.....

.....

7. What loopholes could you cite in HIV/ AIDS advocacy in your school about deaf students?

.....

.....

.....

.....

8. How many times do you arrange for HCT among students and staff in your school

Not any

☐

Twice

☐

Once

☐

Every semester

☐

Appendix iii: Time frame

ACTIVITIES	TIME (months)				
	April 2012	May 2013	June 2013	July 2013	August 2013
Pilot study					
Study analysis					
proposal design					
proposal development					
Submission of proposal for approval					
Final report writing and submission					

Appendix iv: Actual Research Budget

This is the estimate cost and expenses that the research expects to meet during the course of Research study.

Items	QTY	UNIT COST	AMOUNT
Stationery			
Ream of rule paper	2	15,000	50,000=
Pens	5	1,000	1,000=
Pencils	5	200	1,000=
Box files	2	4000	8,000=
Note books	4	1,000	4,000=
Transport			50,000=
Preparing questionnaires interview guide			20,000=
Editing data, printing and binding		150,000	150,000=
Airtime		20,000	20,000=
Motivation and refreshment			50,000=
Miscellaneous		50,000	60,000=
TOTAL			414,00=