

Full Length Research Paper

Self perception on risk factors associated with HIV/AIDS infection among the blind youth in tertiary colleges

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There is concerted effort to stop the spread of HIV/AIDS globally, however people who are blind continue to lose their lives in Kenya due to lack of appropriate information on the risks associated with HIV/AIDS infections. The purpose of this study was to assess self perception of blind youth in tertiary colleges in Kenya on risk factors associated with HIV/AIDS infections. The results indicated that none of the students had accessed information through Braille; however the majority (90%) of the students in the study had received basic information on HIV/AIDS through friends, radio and television. Most of the students (70%) in this study felt that they are more at a risk than the general population and that disability is more stigmatizing than HIV/AIDS. Although, 60% confirmed having had sex in the last one year, 40% of them felt that only sex with casual partners cause HIV/AIDS and that they had not gone for VCT since it is meant for those who look sick. A high number of blind students (50%) felt uncomfortable working or associating with those who are HIV positive because they believe that they will be stigmatized also may easily be infected because of their inability to see. This study demonstrates that although the blind students in tertiary colleges in Kenya are sexually active, their perception of risks associated with HIV infections is still very poor. There is still need for provision of information and intervention on HIV/AIDS targeting the students in tertiary colleges.

Keywords: Self perception; blind students; risk factors; HIV and AIDS.

INTRODUCTION

The HIV pandemic is being viewed as a threat to health globally. Although there have been various efforts to address the threat posed by HIV, people with disabilities such as those with blindness continue to be excluded in the provision of information on HIV/AIDS prevention, treatment and care.

According to the survey done by World Bank, information on HIV/AIDS is provided mainly through print and electric media which mainly involve the use of visual, audio and cognitive processes (Groce et al., 2006). The use of such means of communication in providing information on HIV/AIDS has serious consequences since they do not consider the individual needs and limitations of those with disabilities. Due to lack of knowledge and awareness by various service providers on the needs of people with disabilities, a large segment

of the population is still being excluded from accessing information on HIV/AIDS. Among the group being excluded includes those who are blind. While there may be individual disabled persons with health problems or impairments resulting from diseases or accidents, there are those who have disabilities but are healthy (Ingstad and Whyte, 1995).

According to the World Health Organization, 10% of any population suffers from mild to severe disability and this figure is likely to be higher for the developing countries. Eighty percent of this population live in the developing world with a larger population in rural rather than urban areas. The majority of people with disability are poor, most stigmatized, marginalized without reliable income and only a small fraction in Africa can attend formal education making access to information a serious challenge (Henderson, 2006).

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Disability and HIV/AIDS

There has been a misconception among the general population and research community that people with disabilities are not sexually active and therefore are not at risk of being infected with HIV/AIDS. This misconception has led to a situation whereby individuals with disabilities have been excluded from accessing information on prevention, treatment and care on HIV/AIDS.

There is little information about HIV/AIDS for individuals with disabilities prior to infection because normally they are marginalised and feel discriminated and this hinders them from discussing their HIV/AIDS status with the non handicapped members of the society. Persons with disabilities particularly those who are deaf and the blind are living with HIV and dying from AIDS at a higher rate than their hearing counterparts. There are no accurate statistics on how badly this population has been affected. However there is evidence to suggest that people with disabilities face inequality in accessing health information and services (Adoyo, 2006). According to a study by World Bank in 2004 on Global Survey on HIV/AIDS, people with disabilities are at a greater risk up to three times than the non-disabled persons.

In most countries, information on HIV/AIDS is usually passed through lectures, spoken language, television and radio programmes, internet, large bill boards and information brochures in prints. These means of passing information to a heterogeneous group of people are discriminative and not inclusive since they cannot be accessed by the whole population.

The blind and HIV/AIDS in Kenya

According to KAIS (2008), HIV/AIDS remains a major challenge in Kenya not only for the general population but also for the blind youth. The blind youth still remains among the high risk groups in Kenya. In Kenya, there is little information about HIV/AIDS for individuals with disabilities prior to infection. There are also no accurate statistics on how badly this population has been affected; however, there is evidence to suggest that persons who are blind are living with HIV and dying from AIDS at a higher rate than their sighted counterparts due to inequality in accessing health information and services.

In Kenya, there is so much information on HIV/AIDS through radio, television, newspapers or brochures for the general population. However, this information is not accessible to the blind. Various agencies working in the area of HIV/AIDS in Kenya have made efforts to disseminate information to diverse audience including those with disabilities through print media. However, the information requires reading proficiency that is lacking among the majority of blind youth who are living in the rural areas. In Kenya today, both local and national radio and television stations do have at least one education

programme on HIV/AIDS but rarely do these programmes take into considerations of the blind youth.

Agencies fighting the AIDS pandemic have conducted special promotional activities, features, and letters to the editors and opinion columns in newspapers and magazines to persuade groups to change cultural practices that promote the spread of HIV/AIDS. Information through billboards in urban areas and along major roads have also been used in awareness campaign and sex education but such information is not accessible to the blind youth. Since these modes of communications require the use of vision, the blind do not benefit from them.

Objective of the Study

The objective of this study was to assess the self perception of blind youth on risk factors associated with HIV/AIDS infection, treatment and management.

Study design and Methodology

The data for this study came from blind students who were studying in integrated tertiary institutions found in Western Kenya and catering for both sighted and blind. The sample involved 40 blind youth of 19 – 24 years old. Among this population were 6 girls and 34 boys. The educational level of participants varied from grade eight to twelve.

Since the participants in this study were college students who were in integrated programmes, the number of blind students was not big, and therefore all those who met the criteria voluntarily participated in the study. The study procedure was discussed and at the proposal stage and approved by the Board of Post Graduate Research Institute of Maseno University. This study was funded by National AIDS Control Council through the department of special Needs Education. The staff member in charge of the blind students was used to reach students and the Association of Blind Students within the institutions was used to invite those who were interested to participate in the study.

This study used a two-stage design comprising quantitative survey and qualitative design. The first stage involved participants answering questionnaires that had been prepared in Braille and those who were not good at reading Braille were assisted by readers. The second stage of collecting qualitative data involved conducting face to face key informant interview and Focus Group Discussions (FGD) at the institutions where participants were learning. Groups for focus group discussion were based on level of education and age. There were two focus group discussions. All students who participated in FGD also took part in answering the questionnaire. Those who had stopped school and grade eight and

joined college were put in similar groups, while those who had reached grade twelve had discussion in their own groups.

Although the data from the questionnaire was analysed quantitatively, the result may be limiting due to the small number of the blind youth who took part in the study. It should be noted that a very small number of blind students do reach college level and therefore all those who were willing to take part in the study were used.

RESULTS

The main purpose of this study was to find out how much information blind students have on risk factors that are associated with HIV/AIDS. In order to determine this information, students were asked from what sources they had received information about HIV/AIDS. The result from indicated that the majority (90%) of the students who took part in this study had not accessed any original written information on HIV/AIDS. The participants stated that the information on HIV/AIDS had come from informal discussions with friends and colleagues and on a few occasions from radios and television sets. The result also indicated that not a single blind youth had come across a Braille material on HIV/AIDS. When asked on how they would like to get information on HIV/AIDS, all participants said that they would like to have it on Braille materials. When further asked what they would do if they became HIV positive, 60% stated that they would wait and die. When the blind youth were asked if they are aware of ARVs only 20% were aware about it and the same a further 20 % indicated that they would try to get ARVs if they get infected by HIV. Participants were asked if they think that those who had more than one partner were more at risk of HIV infection than those with one partner. 30% of the participants disagreed with the statement that those with multiple partners are more vulnerable than those with one partner.

Since sex is the main source of HIV infection in Kenya, the blind youth were asked if they had been engaged in sexual intercourse during the last two years preceding this study. The study indicated that 60% of the participants had sex in the last two years, however only 10% of them had used condom during sex. It was further established that all the 6 girls in this study had sex in the last one year; however, none of them or he partner had used a condom. Although the knowledge on the use of condom is important, but does not necessarily translate to its usage, it was important to find out its usage among the blind youth. Most of them said that sex with condom is not complete sex since one cannot 'eat sweet with a wrapper' an expression they said they have heard severally from the sighted.

Knowledge on the mode of transmission of HIV is important for the blind youth if they have to take care of themselves. On this the blind youth were asked on the

possibility of getting HIV through hugging. It is important to note that 40% of the participants in this study felt that one can be infected through hugging. The blind youth were further asked to state why they think disability is more stigmatising than HIV/AIDS and the results indicated that 50% of the participants felt that disability is more stigmatising than HIV/AIDS while the rest were not sure. The blind students felt that while the cause of HIV/AIDS may be attributed to an individual, disability is not caused by the one being stigmatised. During the FGD some blind students stated that those sighted individuals who are HIV positive can hide their status and avoid stigmatisation while they cannot hide their blindness.

The participants in this study agreed that they have all been affected by HIV/AIDS either directly or indirectly through death of relatives, parents or friends and that some of them are living with orphans who have been left as a result of HIV/AIDS pandemic. However, it is important to note that despite being affected, 50% of them stated that they would not still be comfortable to work or live in the same room with those who are HIV positive. When asked whether they think those with more than one partner are more at risk of acquiring HIV infection, 30% disagreed and stated that one could have more than one partner who are faithful and not contract HIV/AIDS, however, 40% stated that only sex with casual partners causes HIV/AIDS. The youth were asked if they had visited VCT or were intending to do so. On this, 20% felt that VCT is meant only for those who look sick and none of the participants was intending to visit VCT in the near future. It is also worth noting that 40% of those who took part in this study stated that they had no faith in those who provide HIV/AIDS services particularly at VCT centres since they had not been trained to work on the blind.

When asked to state the main sign for HIV/AIDS, 40% of the participants said that prolonged sickness is a sign of HIV/AIDS. On the vulnerability of those who are blind, 70% of those who took part in this study said the blind youth are more vulnerable to HIV/AIDS than the sighted since they are not able to see if their partners have any of the physical symptoms of those who are HIV positive. They further stated that they are lonely and easily sexually abused by the sighted. When participants were asked whether they think that those who are already infected by HIV/AIDS are sexually active, 40% of them felt that those who are suffering from HIV/AIDS are not sexually active because they are already sick and weak. They further stated that a person who looks healthy cannot be HIV positive. This concept was emphasised during the FGD, when the blind youth stated that they do not understand how one can look healthy and at the same time be infected by HIV. They further stated that at one time they are told that those suffering from HIV/AIDS are normally thin and at the same time are warned to be careful of those who look healthy since they could be

positive and that this is confusing because they use touch sense to make decisions.

DISCUSSION

The purpose of this study was to assess the self perception of blind youth on risk factors associated with HIV/AIDS infection. Forming a perception on HIV risk factors will depend very much on the information and understanding that the blind youth have on HIV/AIDS. The outcome of this study indicates clearly that the blind youth have some basic knowledge on HIV/AIDS and this information that they rely only come to them through informal discussions and not from the original sources. However this knowledge is not adequate to help them make informed decisions on specific issues such as prevention, mode of transmission, symptoms, and management of HIV/AIDS. The provision of information on HIV/AIDS in schools is emphasised in the Kenyan education curriculum, however this study found out that there is no single document with HIV/AIDS information in Braille format. This is an indication that there is no specific teaching of the same to the blind in the two institutions that were used in this study. Although the institutions may not be teaching or bought materials in Braille format on the assumption that the blind youth do not need it, this study further confirmed that the blind youth are sexually active just as the sighted population since 60% of those who took part in this study had been engaged in sexual activities and 30% of them had more than one partner in the last two years.

The result of this study indicated that participants although blind had not received any information on HIV/AIDS through Braille Braille materials which is the basic communication format for those who are totally blind. However, participants confirmed that they had received some general information on HIV/AIDS through radio, TV and friends and that this information are only general and do not address specific areas in HIV/AIDS. All the blind youth who took part in this study expressed that they would prefer to get information on HIV/AIDS in Braille format so that they can read the information and discuss with colleges certain concepts that may not be clear to them. During the FGD, they expressed their fear on discussing some blind-specific issues in HIV/AIDS with the sighted but that if Braille materials were available, they could read more and get specific information. This situation in which the blind youth do not get information from its original form is an indication that they could be getting distorted or insufficient information.

The study has demonstrated clearly that the blind youth are not reached with sufficient information on HIV/AIDS and this increases their risk to HIV infection. Concerning the usage of condom among the blind youth, although 60% of those who participated in this study had been actively involved in sex, only 10% of them had used

condom. Although all the 6 girls who participated in this study had been engaged in sex during the last one year none of them had used a condom during the same period. This may be contributed to the information the blind youth get from their sighted peers. The youth mentioned cases where the sighted used language that implied that use of condom does not make sex complete. For example is like eating sweet with its cover.

The suggestion by a good number (30%) of blind youth that VCT is for those who are already looking sickling and that a person with multiple partners is not at risk is a clear indication that, they do not have good knowledge on HIV prevention. The perception by the blind youth that prolonged illness is a clear sign of HIV/AIDS and that one can get AIDS through hugging is a wrong perception.

Although the entire participants in this study stated that they have been affected by HIV/AIDS, directly or indirectly 50% of them felt that they would not be comfortable living, working or associating with a person who is HIV positive. It is also worth noting that 40% of those who took part in this study had no faith in those who provide HIV/AIDS services, particularly VCT. In this study during the FGD the students narrated a case where one of their colleagues had dropped out of college and got married to a widow within the community whom they suspected to be infected with HIV/AIDS. During the same FGD, the blind youth stated that they were the last to get this information when they tried to find out the where about of their colleague, otherwise everybody else in the institution was already aware about it. When they tried the issue with college authorities, they dint take any action and referred them to association for the blind. It is most likely that the blind youth had no information about the status of the widow

CONCLUSIONS

The findings in this study consistently indicated that the blind youth in tertiary colleges in Kenya have only basic information that is not sufficient for making informed decision on prevention of HIV/AIDS. The information on HIV/AIDS that blind youth receive is through radio, television and friends and not original sources.

This study further confirms that the blind are sexually active and have the same psychological and emotional needs just as the sighted since the majority who took part in this study had been involved in sexual activities. Equally important is lack of knowledge of the importance of VCT services and condoms among the blind youth.

RECOMMENDATIONS

These findings in this study call for need to provide HIV and AIDS information in Braille format to the blind youth if they have to be accessed. Such Information on

prevention, treatment and management of HIV/AIDS should be accompanied with alternative communication modes such as telephone with audio text message system and Braille materials, large prints and captions to enable the blind to access them

The mistrust that the blind youth have on sighted VCT calls for provision of counselling services by those who have experience and training in working with blind people and are trusted by the blind themselves.

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