HIV/AIDS baseline awareness and persons with visual impairments in Cross River State, Nigeria

(scientific paper)

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Abstract: *The objective of the study was to explore HIV/AIDS knowledge, attitude, behavior and interventions among persons with visual impairments in the Cross River State of Nigeria with a view to making HIV/AIDS services disability inclusive. Three hypotheses were formulated to guide the study. A sample of one hundred and fifty (N = 150) respondents were randomly selected from three Special Education Centers for the study. A four point Likers type questionnaire was the main instrument used to test the hypotheses. The data collected was analyzed using Pearson Product Moment Correlation statistical analysis at.05 level of significance. Result obtained revealed that persons with visually impairments are potentially vulnerable to HIV transmission due to social exclusion and poverty, lack of knowledge, gender norms and obstacles to accessing HIV/AIDS programs. In this way, findings convincingly revealed that deaf/blind, the blind and other severely visually impaired persons in particular and the disabled population generally people are vulnerable to contacting HIV/AIDS and lack access to information, testing and treatment. In conclusion, therefore, it was recommended that workshops be organized for special education practitioners, healthcare workers and other service providers in special education schools/centers who should be trained to undertake intervention strategies, voluntary counseling and testing for persons with special needs in the state. Neither government programs for HIV/AIDS pandemic nor organizations for people with disabilities in Nigeria currently address the risks, needs and preferences of people with visual impairments.*

Keywords: *HIV/AIDS, knowledge and attitude, interventions, vulnerability,Visual impairments.*

1 Introduction

In developing countries such as Nigeria, it is estimated that 10% of all people are living with a disability "physical, visual, hearing, intellectual and that one quarter of the extremely poor are disabled. Similarly, across the developing world, people with disability faced many challenges accessing services of all kinds including those for prevention and treatment of HIV/AIDS. In fact, though people with disability are a group that are particularly vulnerable to HIV, they are either not included or very little targeted and understudied they are often subjected to stigma, sexual violence and discrimination. Again, physical, socioeconomic and cultural barriers further inhibit the access of these group to essential services (A.D.A, 2014) People with sensory impairments experience certain channels of communications that are inaccessible. Otte (2004) reported that people with visual impairments experience hospitals and billboards as inaccessible. In support of this assertion, a one-time Kenya first lady Lucy kibaki through a sign language interpreter stated that "anybody can get AIDS, including the disabled people; the deaf, the blind, the crippled, we must all protect ourselves, she advised. According to her, the problem is that the commercial has not reached many people in this groups yet." Conversely, special education practitioners and rehabilitation personnel do believe and emphasize that Braille and audiotapes information is necessary to make HIV/AIDS services accessible to people with visual impairments. Wazakili (2004) makes similar claims about young people with physical disabilities. Their study reveals that the participants have limited factual HIV/AIDS knowledge and that their choices in sexual behavior are not informed by what they know. They emphasize that the sexual behavior of adolescents with disabilities is particularly influenced by their environment, schools, social clubs, homes and the society at large. The joint national association of persons with disabilities [JONAPD, 2016] in a communique observed that "individual with disabilities across categories especially girl child and woman suffer untold awesome abuse of sexual exploitation making them vulnerable to multiple infections including HIV/AIDS" the association in a clarion call appeal to government and other stakeholders in HIV/AIDS campaign to include the disabled population the HIV/AIDS awareness derive. Looking at disability more broadly, Banda's (2005) study on HIV/AIDS transmission among persons with disabilities in Malawi yielded similar results and showed that "knowledge about HIV is basic". Thirty-six percent of the respondents stated that HIV leads to AIDS, and 42.5% said that they could tell if someone had AIDS "by just looking" at the person and 70% responded that they did not know how HIV is transmitted.

The HIV/AIDS epidemic in Nigeria is complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviors, while other states have more generalized epidemics that are sustained primarily by multiple sexual partners in the general population Olayi, 2008). Olay in a study

of Catholic diocese of ogoja in cross River Stat Nigeria found an alarming lack of knowledge and information about HIV/AIDS other sexually transmitted diseases and information relating to sex education. It is a living fact that Cross River Youths and young adults in Nigeria are particularly vulnerable to HIV/AIDS, with young women at higher risk than young men. There are many risk factors that contribute to the spread of HIV/AIDS, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections, high-risk heterosexual and international trafficking of women and irregular blood screening (Olayi,2008 &Smart, 2009).

Other studies reveal that volunteer counseling and testing staff, medical practitioners such as nurses are not able to communicate with the deaf/blind and the blind and again the blind lack braille and audio information to enhance their awareness and knowledge of the risk (Geoffrey, Chisholm, and Wendy, 1999). Consequently, confidentiality is often compromised. Hence, the blind must depend on listening to information read to them at the mercy of friends and relatives willing to do so. And the deaf relating on a mediating sign language interpreter to whom sometimes they must reveal secret meant to be kept themselves or a health worker. Socially people with disability are marginalized and stigmatized resulting to lack of attention and insensitivity on the path of health workers. In this context, professionals might treat people with disabilities particularly the visually impaired with insufficient respect or simply forget about them as they falsely believe that 'these group' are asexual.

2 HIV/AIDS Services

Surveys, not surprisingly, reveal that people with visual impairments have less knowledge about HIV compared to their sighted counterparts (Okoye, 2004). Many people with disabilities are subject to what is known as the "Triple Burden" of disability, poverty and HIV/AIDS. The most prevalent causes include: lack of access to service provision, lack of awareness of the disease, the social stigma and poverty that first goes along with being disabled and having contacted HIV/AIDS (Otte, 2004). The fact that the disabled are generally geographically scattered in urban and rural areas in Nigeria creates accessibility problems in terms of mobilizing and sensitizing them in groups for purposes of service provision. Those who live in the far rural areas where health care is more of a luxury than a right are not able to access health-care, social services and facilities. This greatly predisposes them and affects their level of awareness in matters pertaining to HIV/AIDS, thus making them prone to the vagaries of the scourge (Osowole, 2000). Part of the world survey provided data indicating that persons with hearing impairments for example are more likely to believe in incorrect modes of transmission like: kissing, hugging, touching or sharing dishes. The two studies conducted in Nigeria by Osowole (2000) and Banda (2005) used

comparison groups' revealed similar data about blind and low vision adolescents in Nigeria. The studies found that these adolescents are prone to believe in wrong modes of transmission and prevention. However, the same study found no significant differences in questions related to HIV/AIDS treatment.

In developing countries like Nigeria, HIV/AIDS has aggravated the poverty situation and has had a frustrating impact on the poor (World Vision Strategy 2002/4). Its effect has been felt in every part of the country and across all sectors of Nigeria's economy. It has been proved by the World Vision Strategy (2002) that transparency, political will and full participation of all concerned can help reverse the impact of HIV/AIDS and its calamitous effects on society. Lack of access to service provision and information is compounded by the levels of discrimination and stigma associated with being disabled and having HIV/AIDS. Disempowering cultural beliefs and practices, age-long stereotypes and stigmatization all serve to deny people with visual impairments the opportunity to be properly treated of their ailments and to speak out. Even when persons with disabilities are able to access services, problems arise. First, attempts to collect data on the disabled and HIV/AIDS are insufficient. A close examination of the cards given to Voluntary Counselling and Testing (VCT) clients clearly shows that attempts are not made at gathering and recording statistics on disability and disabled persons in relation to HIV/AIDS, thereby creating a void on informed approaches and designs about dealing with them. Secondly, there is an unintended consequence of VCT counselling ethics rules. Due to the principle of privacy, the deaf and the visually impaired are often excluded from counselling. Although it is well known that counsellors rarely know sign language, the assistance of an interpreter is still considered a breach of privacy. The glaring gaps in our understanding of the general health challenges that persons living with disabilities face in many African countries is exasperated by HIV/AIDS (Banda, 2005).

According to Otte (2004), people with disabilities in Nigeria are aware of the enormous commitment the country and various stakeholders have made in the struggle against HIV/AIDS and are also aware of the enormous financial constraints faced in alleviating the pandemic. But in the area of our national health policy and service delivery, there has been a tremendous oversight of the needs of people with disabilities in general and the impact that HIV/AIDS has on them. Great strives are made on HIV/AIDS programs in Nigeria for the general public and pandemic areas while the disability population are yet to get the basic services suited to their needs. Persons with visual impairments and other disabilities tend to face the challenges of double stigmatization. This is due to constrains of getting voluntary counseling that requires confidentiality. Inadequacy of risk perception on the part of the visually impaired has posed a problem among persons with visual impairments (Okoye, 2004). Evidently, lack of public awareness and voluntary counseling for the special

population in Nigeria has been a matter of great concern to those involved in special education services in various settings.

3 Purpose of the study

Given this scenario, this paper investigated the baseline awareness, knowledge, attitude, behavior and intervention of HIV/AIDS among persons with visual impairments in the Cross River State of Southern Nigeria with a view to call for the inclusion of people with disabilities in the national HIV/AIDS programs at all levels. This effort is to ensure that the people with visual impairments are included in the HIV/AIDS information as equitable partners in the overall crusade to improve health service delivery to persons with disabilities in general. To achieve this, a study was conducted in three selected special education centers (N = 3) in the state.

The following research questions were raised to direct the study:

- Do persons with visual impairments have knowledge of various means of HIV/AIDS transmission?
- Does social exclusion/poverty influence the treatment of HIV/AIDS positive patients?
- Does lack of access to information on HIV/AIDS transmission have significant effect on the visually impaired population?

Three null hypotheses were formulated to guide the study:

- There is no significant relationship between lack of knowledge of HIV/AIDS and persons with visual impairments.
- There is no significant relationship between social exclusion/poverty and the visually impaired.
- There is no significant relationship between the lack of access to information on HIV/AIDS transmission and the visually impaired.

The only means of developing reliable data on the prevalence, causes and economic costs of visual impairments and HIV/AIDS services in these situations is by conducting community-based, nationwide and state prevalence surveys as appropriate. This is another possible way to provide reliable data on the level of economic development that followed regression of HIV/AIDS controls and the level of increased utilization of preventive measures and services to HIV/AIDS positive patients that followed trachoma and onchocerchiasis control in endemic areas in Nigeria.

4 Methodology

A survey research method was adopted for the study. A simple random sample of one hundred and fifty (N = 150) respondents were randomly selected from three special

education centres and two non-governmental agencies in the state. The main instrument used for data collection in this study was a four point Likers type questionnaire. The instrument was administered by the researchers. After explaining the purpose and conduct of the study, verbal consent was obtained. For each consenting person, data on age, sex and duration was collected since the identification of vision related to HIV/AIDS problems was recorded.

4.1 Sample

All visually impaired and blind youths of secondary school age in the three special schools, age 15 to17years and adults above school age receiving rehabilitation services and the visually impaired employees in various professions were invited to participate in the survey. The questionnaire was devided into two sections. The first section required a personal data while section two was in two parts, the first part asked for background information concerning sex, age and religion. The second part required information on sexual behavior, knowledge on HIV/AIDS, sources of information and intervention. The instrument was validated by health professionals on HIV/AIDS and the reliability was based on first index validity.

4.2 Data Analysis and Result

The statistical analysis utilized in testing the hypotheses at .05

Level of significance was Pearson Product Moment Correlation while simple percentages (descriptive statistics) were used for the research questions.

Result from Research Questions

Table 1. Opinions of Visually Impaired Students/Workers

L Lack of awareness of HIV/AIDS risk factors (125 responses out of 150) = 83%
Effects of social exclusion/poverty on HIV/AIDS positive patients (115resp) = 76.3 % IHHHpo
f a Lack of access to counseling due to risk of confidentiality (100 resps = 66 .7 %
La Lack of access to information on HIV/AIDS transmission (80 resps) = 55 %
O Obstacles to accessing HIV/AIDS programs (50resps) = 33.3 %

Table 1 indicates the opinions of responses from the visually impaired students and workers on the factors affecting HIV/AIDS awareness among the visually impaired population in the Cross River state of Nigeria.

A greater percentage of respondents 83.3% (125 out of 150) indicated that lack of awareness of HIV/AIDS risk factors was prevalent among the special population in the state. There were 76.3% (115 out of 150) who felt that social exclusion and poverty among rural dwellers had effects on the disabled who were HIV/AIDS positive. 66.7% (100 out of 150) indicated that they did not accept voluntary counseling for fear of confidentiality. 55% (80 out of 150) were of the opinion that many visually impaired persons have no access to information on the HIV/AIDS services in the state while 33% (50 out of 150) were of the opinion that problems related to discrimination, stigmatization and cultural barriers were the obstacles to their inclusion in the HIV/AIDS programs in the state.

Table 2. Pearson Product Moment Correlation Analysis of the relationship between knowledge of HIV/AIDS and people with visual impairments (N = 150)

Variables	**ΣX** **ΣY**	**ΣX^2** **ΣY^2**	**ΣXY**	**r.**
Lack of HIV/AIDS Knowledge	2555	5342	70125	0.73*
Visual impairments	2511	5261		

*Significant at .05, critical r = .159, df = 148.

Hypothesis one

There is no significant relationship between knowledge of HIV/AIDS and those with visual impairments.

The result of the analysis as presented in Table 2 reveals that the calculated R-value of 0.73 is greater than the critical R-value of .159 at.05 level of significance with 148 degrees of freedom. The result of the statistical analysis is significant since the calculated value is higher than the critical value. With this result, the null hypothesis was rejected. This therefore means that there is a significant relationship between the lack of knowledge of HIV/AIDS and visual impairments.

Hypothesis two

There is no significant relationship between social exclusion/poverty and visual impairments. Pearson Product Moment Correlation Analysis was considered the most appropriate statistical technique employed to test the hypothesis. The result of the analysis is presented in Table 3.

Table 3. Pearson Product Moment Correlation Analysis of social exclusion/poverty on HIV/AIDS services and people with visual impairments (N = 150)

Variables	ΣX ΣY	ΣY^2 ΣX^2	ΣXY	r.
Social exclusion/ poverty	2720	5738		
HIV/AIDS services			81207	0.89*
Visual impairments	2511	5261		

*Significant at .05, critical r = .159, df = 148.

The result of the analysis as presented in Table 3 reveals that the calculated R-value of 0.89 is greater than the critical R-value of .159 at.05 level of significance with 148 degrees of freedom. The result of the statistical analysis is significant since the calculated value is higher than the critical value. With this result, the null hypothesis was rejected. This therefore means that there is a significant relationship between social exclusion/poverty and people with visual impairments.

Hypothesis three

There is no significant relationship between the lack of information/counseling on HIV/AIDS services and people with visual impairments. The result of the analysis is presented in Table 4.

Table 4. Pearson Product Moment Correlation Analysis of the lack of information/ counseling and people with visual impairments (N = 150)

Variables	ΣX ΣY	ΣY^2 ΣY^2	ΣXY	r.
Social exclusion / poverty	2720	5738		
HIV/AIDS services			81316	0.86*
Visual impairments	2511	5261		

*Significant at .05, critical r = .159, df = 148.

The result of the analysis as presented in Table 4 reveals that the calculated R-value of 0.86 is greater than the critical R-values of .159 at.05 level of significance with 148 degrees of freedom. The result of the statistical analysis is significant since the calculated value is higher than the critical value. With this result, the null hypothesis

is rejected. This means that there is a significant relationship between the lack of information/counseling and visual impairments.

5 Discussion

The result of the first hypothesis reveals that there is a significant relationship between knowledge of HIV/AIDS and visual impairments. The findings of this study is in line with Okoye *(*2004) who found that young people with visual impairments have limited factual knowledge about the risk factors of HIV/AIDS and that their choices about sexual behaviors are not informed by what they know. The author emphasize that the sexual behaviors of adolescents with disabilities are influenced by their living context.

The result of the second hypothesis indicates that there is a significant relationship between social exclusion/poverty and visual impairments. This is equally in line with Otte, E. (2004) whose findings indicate that the most prevalent causes leading to HIV/AIDS transmission among persons with disabilities include: lack of access to service provision, lack of awareness of the disease, social stigma and poverty that first goes along with being disabled. Additionally, the fact that the disabled are generally geographically scattered in urban and rural areas, creates accessibility problems in terms of out-reach services to those in the rural areas.

The third hypothesis reveals that there is a significant relationship between adequate information/counselling services and visual impairments. The finding is in line with Banda (2005) who said that voluntary counsellors and nurses are often not able to communicate with the blind and the deaf due to issues related to confidentiality.

From the various sources of the data collected, lack of knowledge of HIV/AIDS risk, vulnerability to HIV/AIDS transmission, social exclusion, and obstacles to accessing HIV/AIDS programs, poverty and problems related to confidentiality were found to be the leading causes of risk and risks perceptions of HIV/AIDS among persons with visual impairments and/or blindness. Adults and youth identified for HIV/AIDS free test had problems related to their awareness of HIV/AIDS risk factors such as: confidentiality, privacy, lack of information on voluntary counseling and vulnerability of the visually impaired to contacting the decease.

Consistent with the trends reported in the literature, Otte (2004) reported that the strategies for early awareness of HIV/AIDS status among young and adults persons with visual impairments is the out-reach services through HIV/AIDS programs in the state with trained specialists for services to the special needs population. It should be noted that people with low vision and blindness are likely to succeed in life generally. HIV/AIDS screening, diagnoses, voluntary counseling and treatment is meant to help people with disabilities in general to be inclusive in all spheres of life in the society.

5.1 Conclusion

The ideas gleaned from the HIV/AIDS service delivery in Nigeria provide information as a contrast to the scientific research practices in advanced countries. In Europe and America new researches and new ideas on the collective fight against HIV/AIDS emerge on regular bases for all people. The key issues include political, cultural and social ills that seem to aggravate poverty, diseases and health-care problems related to exploitation, mismanagement and underdevelopment in sub-Saharan Africa. It is not unusual to see policy makers suggest that time, energy and resources should be first devoted to non-special needs population with the assumption that special needs population will be given attention as soon as the 'able' peoples' problems are solved.

It is recommended that the Nigerian government should embark on an extensive program to detect the prevalence of HIV/AIDS among the special needs population across states and provide services for them. The state government needs to provide the high level financial and material resources that are required for organizing workshops and public enlightenment on healthcare services to the special needs population in Nigeria. Overall, there is obvious need for sign language interpreters, information in Braille should be available at clinics/hospitals to explain complicated issues about HIV/AIDS, voluntary counseling and testing including medication for individuals with special needs

The general public should be sensitized to vulnerability of persons with visual impairments to contacting HIV/AIDS which creates double stigma in the society. HIV/AIDS infection is preventable among special needs population if there is political will and necessary efforts are made to help infected persons to live with it.

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