

# HIV/AIDS EDUCATION AND PERSONS WITH SPECIAL NEEDS

ISAIAH OLUGBENGA OJO AND IDEMUDIA STANLEY

Faculty of Education  
Department of Special Education  
University of Ibadan,  
Ibadan, Nigeria

## ABSTRACT.....

*HIV/AIDS has become a threat to human existence especially in developing countries like Nigeria, although, several attempts have been made by both governmental and non-governmental to prevent it. These attempts are commendable, but the persons with special needs in our society seem to be neglected virtually in all awareness campaign programmes aimed at reducing at-risk practices among members of the society.*

*Based on these findings, the following recommendations are given: HIV/AIDS education should be included in the curriculum for persons with special needs, the quality of life of persons with special needs would be a good step towards reducing their at-risk practices, voluntary HIV/AIDS counseling, tests and referral opportunities should be made available to them and there should be collaboration among the government and other stakeholders in order to combat HIV/AIDS at risk behaviours among persons with special needs. This paper examined the level of HIV/AIDS awareness, at risk practices and preventive education among persons with special needs.*

*It is evident from observation that sex education is not included in the curriculum for persons with special needs, they are not encouraged by stakeholders to attend voluntary HIV/AIDS counselling and tests. These make at risk HIV/AIDS practice very high among them.*

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## INTRODUCTION

Acquired immune Deficiency syndrome since it was discovered in 1981 has affected many people negatively across the globe. HIV/AIDS destroys the body's defense systems, exposing the infected person over time to many of diseases, which weaken the body system, thereby resulting in Kaposi Sarcoma and opportunistic infections such as pneumonia, cystic fungal infections, rashes, sores, as well as cases of unexplained persistent lymphadenopathy and other painful and debilitating conditions which finally lead to death (UNICEF, 2000 and FMH, 2004).

HIV/AIDS is predominantly a sexually transmitted disease and causes illness resulting to death. The groups at greatest risk are those between 15 and 50 years of age, often described as the sexually active. These are the most productive people in any society (Tony and Allan, 2004). To this end, HIV/AIDS is a threat to human existence, especially in Africa. It is estimated that HIV/AIDS has caused about 17 million deaths and more than 25 million people are living with the disease in Africa (Cheeten, 2003).

Many people living with HIV/AIDS are young people who are prone to its infection than the older ones, because, young people tend to experiment with at-risk sexual behaviour with little awareness of the danger. Einsminger (1987), posited that risky sexual behaviour is often part of a larger pattern of adolescent behaviour, which includes addiction to alcohol and drug use, smoking, gambling, delinquency, less contraceptive use and challenging authority.

Globally, there are certain practices that facilitate the transmission of HIV/AIDS among persons with special needs. They include prostitution, homosexuality, multiple sex partners, blood transfusions, use of unspecialized instruments, sexual intercourse with infected person, intra-venous drug user and having unprotected sex (Piot and Cole Blunders, 2000; Mann, Chin Piot and Quinn, 1999). While Osundare (1990) in his own views, rated prostitution or having multiple sex partners among persons with special needs is a common practice all over the world and a practice which involves repeated exposure of an individual to intimate sexual contact either by peno vaginal penetration or anal intercourse, known to be capable of transmitting HIV/AIDS. Corroborating this, Osundare (1990) further asserted that, the situation now is that many women are becoming infected with HIV/AIDS through heterosexual contact. In the cities, opportunities are limitless, people are anonymous, therefore, prostitution becomes a lucrative business because social control is loosened, thus creating opportunities for increased sexual contact.

The risk of HIV/AIDS may be particularly hard for persons with special needs not because of their conditions, but, due to the fact that HIV has a long incubation period, their risky behaviour does not have immediate apparent consequences. Likewise, the potential social costs to persons with special needs in preventing HIV/AIDS infection including loss of relationship, loss of trust and loss of peer acceptance (Weiss, Raogupta and Whelam, 1996). Moreover, most persons with special needs are unaware of what constitute risky sexual behaviour (Underwood, 2002; Weiss and Raogupta, 1998).

Consequently, it is believed that persons with special needs, that is, those with physical, emotional, intellectual and sensory impairment are not sexually active, as their counterparts without disabilities. This erroneous belief puts them in great risk of contacting HIV/AIDS and other related sexually transmitted diseases. Virtually, all the educative information that could reduce at-risk practices elude them. It is not unlikely that the spread of HIV/AIDS will be on the increase, if the necessary educative programmes continue to elude persons with special needs. However, it should be noted that persons with special needs are at-risk, if not at equal or higher risk of HIV/AIDS as their counterparts without disabilities. This, therefore makes HIV/AIDS education necessary to every member of the society, irrespective of age, gender, physical, sensory, psychological, emotional or intellectual state.

In view of the above, education should be seen as a matter of right of every member of the community. This means that every child or adult should have equal access to education, irrespective of age, ethnic, colour, physical condition. HIV/AIDS education is not an exception, but the truth of the matter is that, persons with special needs are educationally disadvantaged as far as any form of education is concerned.

Hallahann (1996) recorded that persons with special needs are children and adults who require special education and related services if they are to realize full human potentials. They require special education because they are markedly different from most people in one or more of the following ways: they may have mental retardation, learning disabilities, emotional disturbances, physical disabilities, disordered speech or language, impaired hearing, impaired sight or special gifts or talents.

In view of the above, in developing countries like Nigeria, about 10% of these children and adults have access to any type of formal or non-formal education. It is against this background that this paper addressed the issues involved in HIV/AIDS education among persons with special needs, in order to reduce their at-risk practices.

## **PROTECTING THE RIGHTS TO HIV /AIDS EDUCATION OF PERSONS WITH SPECIAL NEEDS**

Rights, according to Garison (2008) are the opportunities that everyone has by being born as human beings. Provision is made in the National Policy on Education (2008), Section 7, for the right of persons with special needs to education. In the light of the above, the UN 2004 report on the global AIDS epidemic stated that safeguarding human rights is an essential part of responding effectively to HIV/AIDS epidemic at individual, national and global levels. According to the report, HIV/AIDS strikes hardest where human rights are least protected, particularly among people and communities on the margins of society, including sex workers, injecting drugs users and men who have sex with men. The rights of persons with special needs should also be protected so that HIV/AIDS at-risk practices could be reduced to the barest minimum among them.

Obviously, when the fundamental human rights of persons with special needs are protected, they will have access to improve quality of life. This will make them well-equipped with the information that could protect them against HIV/AIDS

infection. The UN 2004 report on AIDS epidemic also pointed to the fact that safeguarding people's fundamental rights improves their ability to protect themselves and others at-risk of HIV infection, helps reduce their vulnerability to HIV and assists them in dealing with the epidemic impacts.

## **RIGHTS AND ACCESS TO HIV/AIDS INFORMATION AND PREVENTION**

Every member of the community is expected to have equal access to information that could safeguard them from HIV/AIDS infection. It has been discovered by the UN report on HIV/AIDS epidemic, that the right to seek and receive information is a fundamental human right and is a sine-qua-non condition for ensuring effective HIV protection and AIDS care. According to the report, people have a right to know how to protect themselves from being infected with HIV. They also have the right to know their status, and if they are infected, they have the right to know how to obtain treatment, care and support. In addition, adequate information, counselling and testing should be accessible to all those in need through rights-based, ethical and practical models of delivery. Since the persons with special needs are sexually active as their counterparts who are without disabilities, it is expected that they should not be left out in the scheme of things, when it comes to campaign against HIV/AIDS infections. This is because, they have every right as members of the community to benefit from every service that the government has to offer her citizens.

## **THE STRATEGIES FOR COMBATING HIV/AIDS AMONG PERSONS WITH SPECIAL NEEDS**

A lot of strategies can be employed in creating awareness about HIV/AIDS for persons with special needs, they include: functional technique like peer education, pictures, handbills and drama to mention a few. Abimbade (1997) posited that the instructional approach, which is systematic and organized, can also be used to harness and utilize all the resources within community with the sole aim of imparting knowledge to the populace.

The impact of sex education can be felt in the prevention and control of at-risk practices that lead to contracting HIV/AIDS. In view of the above, Osundare (1990) and Osowole (1998) in separate studies established that there are low levels of awareness in sex education among persons with special needs and they associate this with the lack of HIV/AIDS education programmes purposely mapped out for this category of people. Resource persons like medical doctors, health educators and psychologists will be of tremendous help, if they are invited to schools in order to educate people with special needs on the danger associated with HIV/AIDS.

Moreover, several educational awareness campaign efforts have been put in place in Nigeria and other African countries by the government and non-governmental organizations to combat the spread of HIV/AIDS. These efforts were made through educational programmes geared towards reducing at-risk practices among the populace. Obviously, if these educational programmes must yield any meaningful result, all the groups that make up any particular country must be included in the programmes. Unfortunately, persons with special needs are not involved in

most of the campaigns against HIV/AIDS. This, therefore, makes the at-risk practices of persons with special needs higher than any other group of people in the community. In the light of the above, Adewole (2008) found out that research increasingly indicated that persons with special needs often have known risk factors for HIV/AIDS infections. This group of people in our society has suffered neglect for a very long time as far as HIV/AIDS education is concerned.

### **RISK-FACTORS FOR HIV /AIDS AMONG PERSONS WITH SPECIAL NEEDS**

Gerison (2008) found out that high rate of substance use exist among persons with special needs in Africa. He discovered that one in seven (1 in 7) persons with special needs has a history of substances. In a study carried out by Gerison (2008), he found out that substance abuse can be a risk factor for HIV by lowering inhibitions, which can lead to negative sexual behaviour. Sharing injection equipment is also a risk for HIV transmission.

One could deduce from the above that absence of HIV or sexuality education for persons with special needs is bound to increase the risk factors for HIV/AIDS infection on them. The lack of knowledge and awareness of HIV transmission, prevention and treatment could also increase the risk-factors.

The 2004 UN Report on HIV/AIDS, stated that adolescents in 9-12 grade had extremely limited knowledge of HIV/AIDS likewise children and women with special needs were sexually abused. This makes them to be at a greater risk of sexual abuse, both at home and at schools. Moreover, childhood sexual abuse is a strong indicator for risky sexual and substance use behaviour and HIV infection later in life.

### **HINDRANCES TO PREVENTION OF HIV/AIDS AMONG PERSONS WITH SPECIAL NEEDS**

Several factors are hindrances to the prevention of HIV/AIDS among persons with special needs. In our society, Peinkoffer (1994) identified the following hindrances to the prevention of HIV/ADIS among persons with special needs:

1. Attitude of the public towards persons with special needs. Persons with special needs are treated as second class citizens. Hence, they are excluded from most campaign against HIV/AIDS, because the campaign programmes are not packaged in ways that could meet the needs of persons with special needs.
2. Lack of HIV/AIDS education in school curriculum.
3. Insufficient clinics where people could be tested.
4. Stigmatization of persons living with AIDS. This prevents a lot of people from going for HIV/AIDS test.

In the light of the above unless these barriers are removed, the disease will continue to be a threat to human existence.

## **WAYS TO REMOVE BARRIERS AGAINST PREVENTION OF HIV/AIDS**

These barriers could be removed through comprehensive education and outreach, not just around HIV/AIDS, but around the larger issues of sexual health and substance use. Moreover, schools need to provide education about sexuality and substance use and provide counselling for children and adolescents with special needs, who have experienced abuse. (Peinkofer, 1994) HIV prevention programmes for persons with special needs should be as visual as possible, in order to incorporate physical activities, longer time for discussions, pictures and caption videos to make sure concepts are understood.

Although several efforts have been made by governmental and non-governmental agencies to combat HIV/AIDS at all levels of the community, but research among persons with special needs to HIV/AIDS is still very limited. It is therefore very important, that researchers and professionals need to focus also on persons with special needs when collecting HIV/AIDS statistics. This will help them to document the extent of the epidemic among this category of people.

## **CONCLUSION AND RECOMMENDATIONS**

Based on the observations made in this paper therefore, it is very important that persons with special needs should be included in the campaign against HIV/AIDS education, so that at-risk practices among them could be reduced to the barest minimum.

The following recommendations are made in addressing HIV/AIDS infections among persons with special needs:

1. HIV/AIDS education should be part of school curriculum, in order to create more awareness about HIV/AIDS among young people, especially those with special needs.
2. Efforts made towards improving the quality of life of persons with special needs would be a good step towards reducing their at-risk practices.
3. Voluntary counselling, testing and referral opportunities should be made available to avoid the transmission of HIV to others.
4. There should be collaborative efforts of professionals (Doctors, Social workers and special Educators) governmental and non governmental organizations in combating HIV/AIDS at-risk behaviours among persons with special needs.

## REFERENCES

- Abimbade, A. (1997). Principles and practices of educational technology. Ibadan international Publishers Ltd
- Ajuwon, P. (2008). Inclusive education for students with disabilities in Nigeria: Benefits, challenges and policy implications. *International Journal of Special Education*. Vol. 23. (3)
- Allan, B. and Allan, W. (2004). AIDS in the twenty-first century: Disease and globalization. New York, Pal grave Macmillan.
- Cheeten, B. (2003). HIV/AIDS in Africa: AIDS Analysis Africa, 7(2) July.
- Einsminger, (1987). The acquired immunodeficiency syndrome and mycobacterium arum-intracellular bacteremia in a pertinent with hemophilia. *Annals of international medicine*, 98:290-293.
- Garison, L. (2008). Promoting the rights of children with disabilities. New York. Ally and Bacon.
- Hallahan, D. (1996). Exceptional children: Introduction to special education, New York Allyn and Bacon.
- Liskin, L, Blackburn, R. and Maier, J.H. (1998). AIDS: A public health crisis Population report, series L: 6: 196-203.
- Mann, J.M. Clim, J., Piot, P. and Quinn, T.C. (1999). The international epidemiology of AIDS. *Scientific America* 259:82-89.
- National Policy ion Education 2008. Section 7: Special Needs Education. Abuja Nigeria.
- Osoale, S.O. 1998. Effectiveness of AIDS Education using sign language among deaf secondary school students in Ibadan, Nigeria Ph.D. Thesis, Department of Special Education, University of Ibadan.
- Osundare, A.D. (1990). Knowledge, attitudes and risk-behaviour of secondary school teachers about AIDS in Ibadan municipality. M.Ph. Dissertation, Department of Preventive Medicines, University of Ibadan, Oyo State.
- Piot, P and Coleblunders, R. (1988). The clinical symptoms. *World Health* 3:25-26.

Underwood, C. (2001). Impact of the HEART Campaign. Findings from youth surveys in Zambia 1999 and 2000. Bathmore, John Hopkins University Center for Communication Programme, P.24.

UNICEF, (2000) monthly Reports on HIV/AIDS. Geneva Federal Ministry of health and Social Services. 1995. Sentinel Sero-prevalence surveillance Report, 1993/94.

Weiss, E. and Rao-Guta (1998). bridging the gap: Addressing gender and sexuality in HIV prevention. Washington D.C., International Centre for Research on women, P.31.

WHO (2003) WHO AIDS series: Guidelines for nursing management of people infected with HIV: WHO in collaboration with international council of nurses Journal 6 (2)