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HIV/AIDS among Adolescents with Hearing Impairment in Nigeria: Issues, Challenges and Strategies for Prevention in Achieving Millennium Development Goals

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Abstract

HIV/AIDS epidemic is the most serious threat to health globally, with developing countries accounting for 95% of new cases. The impact of HIV/AIDS on health, especially the rate at which the disease might be spreading among adolescents with hearing impairment in Nigeria, is globally a serious concern, particularly in relation to Millennium Development Goals. This paper, therefore, highlighted some issues that make the prevention of HIV/AIDS to be elusive; such as prejudice against individuals with hearing impairment, lack of adequate data,

exclusion from programmes that talk about sexuality, cultural beliefs, poor knowledge and attitude of adolescents with hearing impairment to some risk factors. It also discussed some challenges of having HIV/AIDS-free adolescents with hearing impairment, which include low literacy level, cycle of poverty among people with hearing impairment, cultural issues and beliefs, and lack of adequate health care facilities. To stem the tide of the spread of HIV/AIDS among adolescents with hearing impairment in Nigeria, this paper suggested some strategies, such as participatory approaches, deaf-friendly HIV/AIDS testing, counselling, care and treatment services, and full inclusion into programmes involving health and life-threatening issues. With these, it is believed that the challenges of HIV/AIDS among adolescents with hearing impairment will be mitigated.

Key words: HIV/AIDS, Adolescents, Hearing impairment, Millennium development goals

Introduction

The HIV/AIDS epidemic is the most serious threat to health internationally, with developing countries accounting for over 95% of new infections annually (Philander & Swatz, 2006). Despite efforts invested on the control and prevention programmes, HIV/AIDS has continued to spread geometrically. One major concern is the rate at which this infection spreads among youths, especially the adolescents' cluster in Africa.

In Nigeria, the HIV/AIDS situation is disturbing. Nigeria has the third highest number of people estimated to be living with HIV/AIDS in the world (UNAIDS, 2004). With this, Nigeria is considered to be a "next wave" country, that is, it stands at a critical point in its epidemic where increased prevention and treatment efforts today could help stem the tide of a much more significant epidemic.

The scourge of HIV/AIDS among adolescents with hearing impairment is a new dimension to the cases of the incidence of HIV/AIDS in Nigeria. This is because, like non-hearing impaired

adolescents, adolescents with hearing impairment are sexually active and also exposed to so many predisposing factors that can aid the spread of HIV. Their problems are further compounded by their inability to hear, translate information about HIV/AIDS to functional use and also make healthy relationship with their peers that are with or without hearing impairment. The epidemic of this disease becomes one of the numerous challenges facing youths with hearing impairment. Currently, very little is known about HIV/AIDS and adolescents with hearing impairment in Nigeria, as only a few studies have estimated prevalence and no stable data exist about the rate of the spread among disabled population in Nigeria. With a good percentage of adolescents with hearing impairment in the general population, continued neglect by stakeholders could cause a big setback in the quest for a HIV/AIDS-free world, as enunciated in the Millennium Development Goals (MDGs).

HIV/AIDS Issues and Adolescents with Hearing Impairment

Adolescents with hearing impairment in Nigeria are among the excluded group in the society. Globally, it is widely acknowledged that the greatest impediment to the lives of young people with disabilities is prejudice, social isolation and discrimination. The social isolation stems from the negative perception of what disability is. Most adolescents with hearing impairment are maltreated at home at the expense of their siblings that are non-hearing impaired. This exposes them to social hazard and abuse. Groce (2003) notes that people with disabilities especially those with hearing impairment are at increased risk for a range of factors, including greater likelihood of being sexually abused and lesser likelihood of marrying because of social taboo.

Furthermore, there are no stable data on the prevalence of HIV/AIDS infection in any disabled population in most African countries. Although in Nigeria there are evidences of researches in the area of disabilities and HIV/AIDS, data that can reveal cases of HIV/AIDS and the impact of some programmes addressing this issue of sexuality

are very scarce and inadequate. This makes adolescents with hearing impairment to be at double risk in the fight against HIV/AIDS in Nigeria.

In addition, although there are increasing number of programmes to address sexuality of adolescents generally by government, private voluntary organisations, religious and community groups, few of these programmes are fashioned towards addressing the sexual needs of adolescents with hearing impairment. For instance, Fakolade, Adeniyi and Tella (2005) observe, with great concern that most programme campaigns about HIV/AIDS have centred mostly on the adolescents without hearing impairment. And where there are such programmes targeted towards adolescents with hearing impairment, they are more likely to be urban based and only available to more affluent disabled young people. The question is: what then becomes the hope of adolescents with hearing impairment who are rural dwellers?

Besides, cultural issue and beliefs as regards addressing HIV/AIDS through sexuality education is confronted by serious hindrance. Most communities in Nigeria consider the issue of sex and related activities as sacrilegious and, as such, nobody is expected to talk on such with adolescents. It is even worse when it comes to addressing sexuality of adolescents with hearing impairments. This is because many people, according to Osowole and Oladepo (2001), Kelly, Ntlabai, Oyosi, van der Reit and Parker (2002) and Groce (2003) believe that persons with disabilities are not sexually active and, therefore, need less awareness of sex education.

An additional concern related to the health and well-being of adolescents with hearing impairment in Nigeria is the increased risk of being victims of rape and domestic violence that can be avenues for the spread of HIV/AIDS. When such ungodly incidence happens, these young people face a profound lack of legal protection. In most cases, the police and prosecutors will not even take complaints from persons with hearing impairment because they do not understand their language or allow them to give testimony in court. This makes such

act of health and psychological victimization to continue unabated. Groce (2003) avers that in both developing and industrialised countries, there have been a growing number of accounts of disabled young people being targeted by sexual predators, specifically because they either cannot report the abuse or will not be believed when such abuse is reported. Also in some parts of Nigeria, there is higher vulnerability rate because of traditional belief of virgin cleansing. This practice involves engaging in sexual intercourse with a virgin in order to rid oneself of a sexually transmitted infection or money-making rituals. Because adolescents with hearing impairment are less legally protected or not protected at all, such ungodly minds may find it easy to perpetrate their evil acts.

Generally, knowledge about HIV/AIDS is very low among many adolescents with hearing impairment in Nigeria. This can be substantiated by some reports on knowledge of HIV/AIDS among people with hearing impairment. For instance, Akinola, Ikujuni and Oyewumi (1998), Osowole and Oladepo (2001), Groce, Yousafzai and van.der Mass (2005), and Bisol, Sperb, Breiver, Kato and ShorPosner (2008) claim that people with hearing impairment have low knowledge of HIV/AIDS and how it spreads. Also, Ojile (2001) discovered a low level of knowledge about HIV/AIDS as displayed on billboards, handbills and leaflets. This state of knowledge constitutes a serious danger to the fight against the pandemic diseases.

In addition, many adolescents with hearing impairment display a negative attitude to the issue of HIV/AIDS. Osowole and Oladepo (2001) aver that attitudinal disposition of adolescents with hearing impairment in Nigeria to perceived susceptibility to AIDS is negative and low, as many of their participants are reported to be engaged in multiple sex partners. Very unfortunate is the fact that they do not see anything bad in having unprotected sex with their partners. Some of them even feel they are invulnerable to the disease.

Of great concern in recent times is the fact that, despite UNO's and Salamanca's (1993) blueprint advocacy for total inclusion of persons

with disabilities into the mainstream of social and educational services in the society, adolescents with hearing impairment in Nigeria have historically fallen through the cracks. General programmes for adolescents and young adults rarely include adolescents with hearing impairment. Programmes for disabled populations, where they do exist, are usually not more inclusive. Adolescents and young adults are excluded from some programmes that are child-focused and or adult-focused. Hanass-Hancock and Nixon (2009) assert that people with disabilities have for a long time been excluded from any discussion of key population. In most cases in many countries, adolescents and youths with disabilities, especially adolescents with hearing impairment in Nigeria, are alienated from those few disability support programmes that do exist.

Challenges associated with achieving HIV/AIDS-free adolescents with hearing impairment in Nigeria

The World Health Organisation estimated that there are at least 650 million people with disabilities (PWDs) worldwide (United Nations Enable, 2006). Despite this growing number of people with disabilities, little is known about HIV/AIDS in population with pre-existing disabilities in Nigeria. This and a number of factors can be attributed as reasons why HIV/AIDS is prevalent among the generation of adolescents with hearing impairment in Nigeria.

Notable among the barriers to achieving HIV/AIDS-free adolescents with hearing impairment is the literacy level of the majority of these young adults. In Nigeria, it seems that priority is given to the education of non-disabled children at the expense of those with disabilities. Groce (2004) observes that lack of education is a key concern for most disabled young people in the developing world, Nigeria inclusive. The view of many Nigerians who have little or no knowledge of exceptional children is that children with disabilities are incapable of learning. Most often, people with disabilities, especially students with hearing impairment, are considered distraction to other students in conventional schools and are simply sent home. This lack

of access to education may influence their attitudes and knowledge about some risky behaviour that can aid the spread of HIV/AIDS in Nigeria.

Cycle of poverty and isolation experiences by some adolescents with hearing impairment is another challenge toward eradicating HIV/AIDS among these disadvantaged ones. According to UNICEF (2000), young people with disabilities have needs very similar to the needs of all young people, as clearly enunciated in Article 23 of the United Nations' Convention on the Right of the Child. The need for a safe and supportive environment cannot be over-emphasised. However in Nigeria, most of the adolescents with hearing impairment are born into poor homes and environments where poverty and illiteracy are endemic. Many homes that have these young adults with disabilities cannot afford three square meals in a day not to talk of the expenses involved in training a child with disability. According to Groce (2004), poverty and lack of viable options will force many disabled young adults, particularly adolescents with disability, to leave home for a life without family support or a life on the streets that can make them to be vulnerable to some risk practices that can serve as avenues for transmission of HIV/AIDS.

Lack of information and resources to ensure safe sex is another limiting factor. There is an incorrect assumption among the general public and within the HIV/AIDS research community that an individual with disability is not sexually active. Sugar (1990) cited in Osowole and Oladepo (2000), assert that studies have revealed that the disabled, especially the hearing impaired, received little or no information about sex education because of the belief that many of these young adults are asexual and need little or no consideration in this regard. However, it must be noted that adolescents and young adults with disabilities are also sexually active and reach puberty at the same age as their peers that are not disabled. Because of lack of adequate information, these young adults can engage in homosexuality and bisexuality that may expose them to infection or contraction of HIV/AIDS.

Cultural and religious beliefs among many ethnic groups in Nigeria are another key factor. Prevalent in African culture is the belief that sex and related activities are sacrilegious and must not be discussed in public domain. Sometimes, when such issue is discussed, adolescents are excluded. The situation is worse with people with disabilities, especially adolescents with hearing impairment, because of the gap created by their inability to hear and the inability of the parents, caregivers and communities to communicate with them. Another dimension on the aspect of culture and religion is circumcision of male and female adolescents preparing to get married in some cultures by native or local doctors without regard to sterilisation of their equipment and legal rights for such age grade when it comes to decision making, whether to have it done or not.

Another major barrier is the disability stigma and minority status of persons with hearing impairment. Globally, it is widely acknowledged that the greatest life challenge to any persons with disability is social isolation coupled with discrimination. The majority of persons with hearing impairment may be affected by long cycle of stigmatisation and prejudice. Young adults that are hearing impaired who are members of ethnic and minority population are also at increased risk. This may account for the rate of incidence of HIV/AIDS among this cluster.

Lack of access to affordable health care services whenever happens an individual with hearing impairment becomes HIV+ is another bane to achieving HIV/AIDS-free adolescents with hearing impairment. Health care facilities are often physically inaccessible for persons with hearing impairment. This is because there is a barrier of language when it comes to interaction between health care providers and individuals with hearing impairment. Furthermore, many health professionals are unaware of the needs of individuals with hearing impairment and routinely deny them access to HIV testing and AIDS care. They place a lower priority on them when there is the need to ration AIDS drugs and services.

Further, there is inadequate policy and legal support for persons with hearing impairment whenever they are at risk of violence and rape activities from non-disabled members of society. Most persons with hearing impairment have no access to legal and court protection. This makes majority of incidence of abuse and rape as regards persons with hearing impairment to go unattended to. Because of this, members of society who sometimes engage in some ungodly activities will continue to have their free day.

Strategies for HIV/AIDS prevention and control among adolescents with hearing impairment

A study carried out in Maryland, U.S.A. revealed that deaf people are 2 to 10 times as likely as their counterparts to be HIV positive. Also in Nigeria, Olawuyi (2008) reported that nearly 1 deaf in 10 is living with HIV and that the rate of mortality among the deaf population because of the disease in Nigeria is also on the increase daily. This has been attributed to a number of factors, already highlighted above. However, in order to achieve HIV/AIDS-free environment, which will include the deaf populace, some techniques and strategies need to be put in place.

Enhancing HIV/AIDS awareness through participatory approaches is one sure way of helping adolescents with impairment to achieve right sexual and health behaviours. Voluntary Service Overseas (2010) advocates the use of participatory strategies, which will enable the youths with hearing impairment to share ideas, engage in the constitution of messages, activities and come to a consensus on what they understand by the concepts being explored. Obviously, proper education and awareness on HIV/AIDS will enable people with hearing impairment to make informed decision in relation to living positively or negatively. According to Voluntary Service Overseas (2010), participatory approaches consist of peer education and behaviour change communication (BCE). Peer education involves peer-led informal discussion on sexuality, decision-making and sex negotiation skills. It also involves the use of diverse techniques to

prove information on the associations between risky sexual behaviour. It has also proven to be an effective strategy in global HIV/AIDS prevention.

The behaviour change communication approach entails the use of deaf-friendly educational tools such as posters, flyers, policies, briefs, newsletters, banners, drawings and pictorial illustrations, such as cartoons with HIV messages to pass information about the risk and damage involved in getting one infested with HIV/AIDS. It also combines innovative approaches aimed at enabling HIV/AIDS awareness, such as the use of magnetic theatres and short drama sketches acted by disabled people. They are premised on the "edutainment approach", which combines education and entertainment and, therefore, often attracts large crowd (V.S.O. 2010).

Deaf-friendly HIV/AIDS testing, counselling, care and treatment services could also be established and encouraged. This approach entails helping adolescents with hearing impairment to know his/her HIV status through clinical assessment of blood samples, which can be done through deaf-specific stands and voluntary counselling and testing (VCT) sites and provision of mobile VCT in schools, communities and public forums (VSO, 2010). Also useful are post-test clubs and support groups for people living with HIV/AIDS where health talks on HIV are given. This kind of arrangement will greatly improve the HIV awareness level among adolescents with hearing impairment and also act as an early entry point to care and treatment for HIV/AIDS, in addition to facilitating disclosure of HIV status among its members. VSO (2010) notes that, with the introduction of VCT as an HIV-prevention strategy in Western world, several HIV workshops were organised by the deaf people themselves and an increased number of deaf clients were visiting VCT sites to access HIV testing services. With this, persons with hearing impairment can be acquainted with global phenomena about HIV/AIDS and ways to prevent them from being infested.

In addition, adolescents with hearing impairment should be

mainstreamed and included in the programmes that involve health and life-threatening issues. A twin-track approach to inclusion can be adopted. This involves including persons with disabilities in mainstream HIV/AIDS programmes while at the same time targeting the disability movement and sector. These can be achieved through pragmatic and proactive engagement in formal and informal partnership and joint venture between the disability and HIV sectors to develop and maintain disability and HIV perspectives in the respective sectors (Ivom, 2009). Separate programmes for disabled young people may not be the antidote to the spread of HIV/AIDS among adolescents with hearing impairment. Hence, young people with disabilities should be included in broader village-wide, regional and national development schemes targeted at all young people in the general community. This will give them sense of belonging and active participation in any programme that can assist persons with disabilities to be well-informed (Groce, 2004).

In order to mitigate the incidence and spread of HIV among adolescents with hearing impairment, disabled people organisations should be inaugurated with the initiative of providing HIV/AIDS and reproductive health programmes that will focus on issues like STIs, family planning, family life and HIV/AIDS education advocacy, and care and support for adolescents, with disabilities especially adolescents with hearing impairment. In such programmes, the disabled should be encouraged to participate actively because it is through participatory and consultative processes that policies that will enable the implementation of HIV/AIDS programmes for their members are adopted and implemented.

Conclusion

HIV/AIDS has become one of the major challenges facing mankind since it was discovered in the early 1980's. This pandemic disease has no bounds, as its effects are felt by disabled and non-disabled worlds. The impact of this disease on adolescents, especially adolescents with hearing impairment, cannot be ignored. The reasons for this could be

attributed to many issues, such as isolation, exclusion from programmes that could mitigate the spread of HIV/AIDS, lack of data to actually identify and know the number of people with hearing impairment, risk of sexual abuse and domestic violence. The reasons for these have been attributed to some challenges of bringing information about HIV/AIDS to the doorsteps of persons with hearing impairment.

However, with the use of the behaviour change communication approach, disabled participatory strategies, deaf-friendly HIV/AIDS testing, care, counselling and treatment services as well as involving adolescents with hearing impairment in programmes involving health and life threatening issues, the incidence and the spread of HIV/AIDS can be mitigated in line with Millennium Development Goals.

Recommendations

In view of issues, challenges and ways out as enunciated in this paper, the following recommendations are suggested for action:

- People with disabilities, especially individuals with hearing impairment, should be encouraged to form counselling clubs where views concerning their health could be discussed under the guidance of a trained professional.
- Students with hearing impairment should also be encouraged to go for voluntary HIV/AIDS test to ascertain their status.
- Youth advocacy groups can also be formed by disabled young adults; this will serve as forum to advocate and demand for their rights in society.
- Parents of people with disabilities and their wards should not sit and keep their fingers crossed but engage in serious lobbying and advocacy for the rights of excluded population.
- Government and non-government bodies should also create enabling environment for youths with disabilities, especially adolescents with hearing impairment, by making all

programmes involving social and health services all-inclusive, going by the mission and aspiration of the millennium action plan called Millennium Development Goals (MDGs) by United Nations.

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