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## Knowledge, Risk Perception And Attitudes Of Learners With Visual Impairment Towards HIV& AIDS And Safer Sex Practices At Margaretha Hugo And Mutendi High Schools In Masvingo District (Zimbabwe)

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**Abstract:** The study set out to interrogate the knowledge, risk perception and attitudes of learners with visual impairment towards HIV& AIDS and safer sex practices at two high schools in Masvingo District of Zimbabwe. The need to carry out the study was necessitated by the way people with visual impairment had not been taken aboard in the way information and education programmes and activities on HIV& AIDS were provided to them. The study used the qualitative paradigm to inform the study. The phenomenological research design was used. The major findings of the study were that learners with visual impairment generally had a comprehensive knowledge base about HIV &AIDS issues. It was also established that contrary to public perception, they regarded themselves as being at a high risk of infection of HIV& AIDS mainly due to being taken advantage of by sighted people for their not having sight as well as not accessing information in the preferred format. Information and education on HIV & AIDS was presented in the same way as it was packaged for sighted people and yet this did not take into cognisance the needs of people with visual impairment, in terms of either Braille or enlarged print. People with visual impairment were highly concerned and ceased by issues to do with safer sex practices even in the face of some sections of society harbouring myths that they were not sexually active. Lastly people with visual impairment were also aware of two major causes of HIV & AIDS namely unprotected sex with infected persons and use of sharp instruments at the expense of the other causes of the disease. The study recommended that information and education on HIV & AIDS be packaged and presented in a user friendly manner. It also recommended that policy makers should take a closer look at the interests of people with visual impairment on HIV & AIDS and consider their interests. Teachers and parents also needed to be properly and effectively oriented on assisting their students and children respectively on safe sex and the perception of risk factors involved with HIV AIDS.

Key words- risk perception, visual impairment, safer sex practices.

### I. INTRODUCTION

Most if not all of the knowledge, as well as information and education on risk perception and attitudes towards safer sex and HIV &AIDS, has generally been presented to people with visual impairment in the traditional or ordinary print format. Even many of the radio and television programmes on HIV & AIDS have not been tailor made to suit the needs of learners and other people with visual impairment. Basically strategies being used to disseminate information have not been user friendly hence the lack of inclusivity in the approaches used so far.

### II. BACKGROUND TO THE STUDY

A random assessment of the situation on the ground appears to suggest that people with visual impairment have largely not been taken aboard on issues to do with education on HIV and AIDS. On the other hand, parents of such children also seem to overprotect their children with visual impairment on issues to do with this dreaded disease to such an extent that they even denied them access to education. These children have therefore missed a lot on HIV and AIDS education which is accessed by their sighted peers at school. The resultant lack of knowledge or limited knowledge may have a negative impact on the children's perceptions of HIV and AIDS.

Outreach programmes and activities on HIV & AIDS targeted at sighted people have regrettably not been extended to people with visual impairment. The government, Non-Governmental Organisations (NGOs), Faith-Based Organisations (FBOs) and Community-Based Organisations (CBOs) have set up many programmes and

campaigns to create awareness on how to prevent, manage and live positively with HIV and AIDS. Surprisingly, these programmes and campaigns have not been accessible to people with visual impairment. People with visual impairment are vulnerable to HIV due to various factors, as information is not provided in accessible formats like Braille or large print. The majority of the demonstrations used were also largely visual i.e. they make use of pamphlets, posters and other visual-oriented or based methods to distribute information to the general public.

A case in point could be church based community based aids programmes. Experts regularly visited schools to educate learners about HIV/AIDS matters. They however bring in posters and pamphlets in ordinary print for learners to read. Their audience includes learners with visual impairment. Despite of this rarely do they bring or distribute pamphlets or posters in Braille, or enlarged print. This implies that not all learners with visual impairment will effectively access this information and adequately benefit from its use. Critical information is therefore missed on vital information on prophylactic measures regarding HIV and AIDS transmission and management. Lack of awareness especially in the form of information has always proved to be a real liability to communities, late alone if those communities include among them people with visual impairment. Lack of information can result in young people experimenting and indulging in risky behaviours such as unprotected sexual encounters.

Education and information on HIV and AIDS can also be accessed through social capital and interactions with sighted peers. A quick survey of some of the educational institutions especially primary and secondary schools in Masvingo District appears to point at a rather gloomy picture of what was taking place on the ground. Learners with visual impairment were labelled, isolated, stigmatised and neglected by their sighted peers and to some extent by even their teachers and care givers. In a number of the institutions visited, sighted learners, appeared to maintain their distance with learners with visual impairment. Quite a good number of them don't want to be associated with these learners. As pointed out earlier on learner to learner interactions or co-existence have been known to provide an invaluable source of knowledge on issues to do with HIV and AIDS and yet this has proved to be the missing link that is supposed to bridge the wide gap in terms of sharing knowledge on HIV & AIDS. The ultimate result was limited or lack of knowledge on the part of those with visual impairment which can lead to experimental behaviour that can end in unwanted consequences.

Despite the growing relationship between HIV and AIDS and disability, people with disabilities have not received sufficient attention within the national responses to the HIV and AIDS programmes in developing countries. Chireshe, Rutondoki & Ojwang (2010). Persons with disabilities are not included in HIV outreach efforts, national HIV strategic plans, or HIV-related services, and are not being reached by the general HIV prevention campaigns. Nduta, Ajema, Opiyo & Mukoma (2010) argue that most organisations working in the area of HIV have not included people with disabilities (PWD) in their programmes, or do not know how to do this while disability targeted organisations rarely have HIV on their agenda, or do not know

Against this background the researchers found it necessary to interrogate issues to do with the knowledge of HIV/AIDS, risk perception and attitudes towards safer sex practices of learners with visual impairment in selected secondary schools.

### III. STATEMENT OF THE PROBLEM

To what extent were learners with visual impairment in secondary schools in Masvingo district informed on issues to do with knowledge of HIV& AIDS, their perception of the risk factors involved as well as their attitudes towards safer sex practices.

#### Research questions

- What knowledge of HIV and AIDS do learners with visual impairment possess?
- To what extent do risk perceptions of learners with visual impairment affect their behaviour?
- To what extent do attitudes towards safer sex mould the behaviour of learners with visual impairment?

#### Significance of the study.

This research will benefit a number of critical stakeholders. The findings will enable teachers to revisit appropriate intervention strategies with a view to assist learners. Information on perception of risk of infection with HIV and AIDS and attitude towards safer sex practices will enable teachers to design appropriate ways of teaching learners safer sex practices and how to avoid exploitation thus reducing their risk of infection. Learners will be knowledgeable on what contributes to risk of infection and learn how to avoid sexual exploitation. Policy makers will realise the need to reform existing policies. Future researchers can tap into the findings and use them as a stepping stone to other issues of research interest.

#### Delimitations of the study

The study was confined to two secondary schools for learners with visual impairment in Masvingo District. The two schools were selected because they enrolled learners with visual impairment in Masvingo District.

#### IV. REVIEW OF RELATED LITERATURE

##### Theoretical Framework

This study was guided by the theoretical framework of Reasoned Action. The major principle in the theory is that people are usually rational and make predictable use of information available to them (Ajzen, 1985). In the context of this study, the assumption was that, when adolescents with visual impairment were equipped with knowledge of HIV and AIDS, they were likely to be in a position to consider the risks and consequences of health related behaviour they may engage in. If a person's first thought when he thinks about engaging in unprotected sex is "sex without a condom is thrilling" this is the belief that will determine his attitude about using a condom. The person may believe it is 'other people' who will get infected if they engage in unprotected sex. A learner who feels that most adolescents engage in unprotected sex, will perceive that there is a norm that favours such a practice.

##### HIV & AIDS knowledge among people with visual impairment

It is unclear how HIV and AIDS information targeted at people who are blind in a sub-Saharan setting is conceptualised. (Saulo et al., 2012). A research conducted in South Africa on needs, barriers, and concerns regarding HIV prevention revealed that, HIV prevention programmes have been widely disseminated, but scant attention is given to the needs of people with visual impairments. There is evidence of a general lack of information on HIV & AIDS among people with visual impairment (Singh, 2015, Philander & Swartz, 2006).

In Studies conducted on accessibility of information for persons with visual impairments have shown that their inability to access HIV and AIDS information was due to formats in which this information was supplied (Nokuphumla, 2013). The most common medium for providing information about HIV and AIDS in sub-Saharan Africa was through radio campaigns and the ordinary printed word to some extent. The underlying explanation could be that radios were more accessible and affordable to people living in rural areas. Television sets were very expensive indeed. (Groce, 2004).

In South Africa, people with visual impairment registered lower scores on the HIV and AIDS knowledge index than other people, indicating low levels of knowledge of AIDS issues among those with visual impairment. (Rambiyaho, 2006) Other studies on awareness levels of women on HIV & AIDS issues in South Africa and Uganda demonstrated low awareness levels as well. (Groce, 2003, Healthand Disability Working Group, 2004).

Survey son HIV and AIDS knowledge, attitudes and practices conducted in Ethiopia, showed that many people with visual impairment lacked adequate know-how about HIV prevention and transmission. They have so many misconceptions about critical issues. (Mehajeb, 2007). In South Africa, key informants working with persons with visual impairments also suggested that there was limited knowledge about HIV and AIDS (Philander & Swartz, 2006).

##### Perception of risk of infection with HIV and AIDS

The pattern of HIV/AIDS across ages shows lower infection rates among the ages of between 5-14 years and those over the age of 50 (KNASCOP, 2012). This probably implies that the age at risk for infection with the virus were the sexually active and reproductive ages of 15-49 (Ibid). Failure of individuals to perceive themselves to be at risk of infection is one of the reasons why individuals continue to contract HIV and AIDS. (Pitts, 2014 & WHO, 2016). Adolescents with visual impairment were at risk of HIV and AIDS infection due to physical, psychological and social factors. (Mcelligot, 2003) Adolescence is a time for exploring one's feelings, body, behaviours and sexual attraction to the opposite sex. The adolescents have a low sense of vulnerability, lack information and are ignorant. This increases their risk of infection. Poor socio-economic backgrounds or poverty has impacted negatively on risk perception, especially for female adolescents who engaged in risky sexual behaviour to provide food for their families.

Rising cases of sexual assault target young girls with visual impairment often with the general erroneous belief that they are virgins thus free from HIV and AIDS (Juma, 2001; NASCOP, 2005; The Daily Nation, July, 18, 2005).

People with visual impairment are exposed to the HIV and AIDS virus, contrary to the perception by many people that they are not. Most studies conducted in African countries have revealed that people with visual impairment are aware of the HIV and AIDS epidemic. Banda (2005) discovered that most people with visual impairment perceive themselves as particularly vulnerable to contracting HIV. Groce (2004) also found that people with visual impairment were fully aware of the consequences of the HIV and AIDS epidemic. In another study, Mulindwa (2003) observed that 55% of people with visual impairment in Uganda perceived themselves as at risk of contracting HIV. In Zimbabwe, Ngazi (2004) indicated that 75% of participants with

visual impairment perceived themselves to be at risk of HIV infection. In Kenya a study among the blind indicated that 80% also perceived themselves to be at risk. Similarly, Phillander (2006) in South Africa discovered that 93% of the people who are blind indicated that they could be at risk of contracting HIV. What it shows is that people with visual impairment needed exposure to information on treatment, care, prevention and support regarding HIV and AIDS issues.

In Zimbabwe mostly men with visual impairment perceived themselves to be at lower risk to HIV infection (Patrick & Matonhodze, 2004).

### **Attitudes of adolescents with visual impairment towards safer sex practices**

Attitudes are learnt through conditioning, observational learning and cognitive appraisal (Rathus,2012). Attitudes learnt through conditioning are influenced by associating feelings, beliefs and behaviour tendencies with positive words such as 'good' or negative words such as 'ugly'. Therefore, through systematic reinforcement or instrumental conditioning of certain opinions by the people around us, the belief disposition is strengthened. For example, a teacher who constantly makes reference to condoms as meant for immoral people like prostitutes will unintentionally instill such an attitude to his students, so that they will look at condoms in that respect.

Abstinence from sex is the most effective safer sex practice mainly advocated to be applied by the youths today but it is highly abused. The youth practicing abstinence bear the brunt of ridicule from their peers; they are isolated and called names such as 'popes' 'vegetarians' and 'backwards' (Asego & Ngare, 2007). These names are as a result of the negative attitude certain people have towards abstinence. Due to peer pressure, adolescents may view abstinence negatively and see indulgence in sex as a way to 'belong' to the group and not remain isolated and be labelled.

People with visual impairment do not want to look for condoms because they are afraid of being labelled by sighted individuals as prostitutes. Mukuta and Choruma (2006) revealed that people with visual impairment were exposed to HIV & AIDS risk factors due to lack of requisite information. People with visual impairment had an erroneous understanding of HIV & AIDS information as presented by the media due to incompatibility between information presentation and their receptive modalities. Chakuchichi, Shumba, Manokore and Dhlomo (2005) demonstrated this challenge through the following extract from one young girl with visual impairment. *"If I want to buy a condom I have to ask another person to identify it for me but that person then thinks that I want to have sex and exploits this exposure. We need Braille labels on condoms so that I do not have to ask anyone to assist me in identifying and purchasing it. I need my privacy like anyone else"*

Parents sometimes arrange partners for their children with visual impairment. This may be to protect them from perceived predatory intentions by some people in the community or to ensure their daughters will have children to look after them after the parents have passed on. While it appears this could have to do with good intentions, such actions might nonetheless place people with visual impairment in enforced relationships, hence, leaving them vulnerable to HIV and AIDS (Pasha & Nyokangi, 2012, Aderemi, 2013).

## **V. METHODOLOGY**

### **Research design**

The study used a Phenomenological research design. This design focuses on the commonality of lived experiences within a particular group. The fundamental goal of the approach is to arrive at a description of the nature of the particular phenomenon (Cresswell, 2014). A phenomenological study attempts to set aside biases and preconceived assumptions about human experiences, feelings, and responses to a particular situation (Giorgi,2012, Babbie, 2009).The decision to use this type of design was informed by its flexibility; allowing for more freedom to explore the essence of others' experiences(Jacobs & Furgerson, 2012)Researchers may use many different techniques, but central to the heart of qualitative research is the desire to expose the human part of a story (Ibid). Interviews with learners with visual impairment were conducted to establish their HIV and AIDS knowledge, risk perception and attitudes towards safer sex practices.

The phenomenological design in qualitative research has various strengths. One strength is the ability of the researcher to use their motivation and personal interest to improve the study. Through subjective, direct responses, the researcher is able to gain first-hand knowledge about what participants experienced through broad and open-ended inquiry (Patton, 2002; Maxwell, 2013, Rudestam & Newton, 2015). Revision can be made along the way as new experiences emerge giving the researcher the ability to construct themes and patterns that can be reviewed by participants.

Phenomenological qualitative studies provide compelling research data. The concern of many is bias (Creswell, 2014; Janesick, 2011). The researcher's role must include the integration of biases, beliefs, and

values up-front in the study. A second limitation is that the process can be time consuming and labour intensive (Creswell, 2014). The copious amount of data that has to be analysed could be a disadvantage as well.

### **Target population**

The target population for this study were all adolescent learners with visual impairment in selected secondary schools in Masvingo District. The adolescent groups of pupils are found in form 1- 6. Their ages ranged from 12 years to 21 years.

### **Sample and sampling procedure**

The sample constituted thirty learners with visual impairment. Of the thirty learners, half of them were males and the other half were female. Purposive sampling was used to select the schools for learners with visual impairment. This is because the researcher required participants who had a visual impairment.

## **VI. RESEARCH INSTRUMENTS**

### **Interviews**

Semi-structured interviews were used. These generate qualitative data through the use of open questions. They allow the participant to talk providing some depth, choosing their own words. This helps the researcher develop the real sense of a person's understanding of a situation. Babey (2013) indicates that an interview is a face to face encounter between the researcher and one or more informants directed towards understanding informants' perceptions on their lives, experiences, or situations as expressed in their own words. Accordingly, a qualitative research interview aims at gaining an in depth understanding of the experiences and perspectives of participants (Schensul and LeCompte, 2012).

In this case qualitative interviews allowed the interviewees space to expand their answers and accounts of their experiences. These were then used to draw information about lives, opinions and attitudes (Roulston, 2013). Interviews were of particular interest in this study because they made it possible to clarify unclear questions. They also came in handy in cases where of literacy and numeracy challenges on the part of participants. Interviews brought new ideas previously not known to the researchers. Chiromo (2006) says that interviews give participants freedom in quantity and quality of their responses and reduce the likelihood of the researcher imposing her views.

Although the interviews were carried out with relative ease, they were time consuming and resource intensive. The interviewers had to be patient and tactful in responding to contingencies that arose. Interviews may distort information through recall error, selective perceptions, and desire to please interviewer (Popper 2004).

### **Trustworthiness and Credibility**

The study made use of some of the techniques of trustworthiness to achieve authenticity. These techniques included member checking, thick description, prolonged engagement and triangulation. Triangulation for example was attained through asking similar questions to the participants.

### **Data generation procedure**

The researchers sought authority to conduct the study from the Ministry of Primary and Secondary Education. Permission from the Ministry allowed the researchers to obtain information from the District Schools Inspector in Masvingo District. The researcher verbally explained the purpose of the study to the participants. The instructions given to the participants were the same as those given during the pilot study. Data were generated through individual interviews with learners with visual impairment and focus group discussions with these learners.

## **VII. FINDINGS AND DISCUSSION**

### **KNOWLEDGE OF HIV AND AIDS AMONG LEARNERS WITH VISUAL IMPAIRMENT**

Findings revealed that the majority of participants with visual impairment have comprehensive knowledge of HIV and AIDS. The majority of the learners had basic facts on various aspects of HIV/AIDS prevention and transmission. This is evidenced by one participant who had this to say about knowledge and information on the disease. One participant indicated that *'I am very glad about having a Club at this school known as Bridge of Hope which provides us with a lot of information about HIV and AIDS. Had it not been of this club, we would have little knowledge about this disease.'* Yet another participant had this to say, *'We know that when you are found HIV positive, you can be given Antiretroviral tablets to prolong your life'*. A number of reasons can be advanced for this finding. It could be because of the abundance of information and education on HIV and AIDS obtained through both the print and electronic media. These days there are so many newspapers and radio television stations. All of them were involved in educating society on HIV & AIDS in one



way or the other. There have also been public gatherings and campaigns to educate society on HIV & AIDS. While this may be the scenario, there is however a major challenge of the information not being properly packaged to reach and benefit learners with visual impairment. Another issue could be that people now feel more comfortable to talk about HIV & AIDS issues unlike long back when it was almost like a taboo to talk about these issues openly. There was some stigma and labelling associated with talking about such aspects openly since people would begin to question your interest or even suspect that you could be infected yourself and that could invite being ostracised from society. Another dimension could be the fact that while there is no known treatment, the availability of Ante-retroviral drugs has made it easier for many people and therefore society now finds it much easier to talk about it and spread word about the disease. This finding, however contradicts the findings of Rambiyawo (2006), Groce (2003) and Health and Disability Working Group, (2004) which revealed that people with visual impairment registered lower scores on the HIV and AIDS knowledge index than sighted people, indicating low levels of knowledge of AIDS issues among those with visual impairment.

The findings are also in support of Matonhodze (2004) who found out that the majority of people with visual impairment were aware of the transmission and prevention of HIV and AIDS.

### UNDERSTANDING OF MODES OF HIV AND AIDS TRANSMISSION

The study revealed that participants with visual impairment understood very well two modes of how the disease is contracted and that is through unprotected sexual intercourse and the use of sharp instruments. One participant indicated that *“Even through injections that we get from the hospitals if they inject someone who is HIV positive and use that syringe on another person, one can be infected. Midwives can also be infected with HIV and AIDS when assisting an infected person to deliver if the blood comes into contact with open wounds, so they need to put on protective clothing such as gloves”* Yet another participant said that *“If you sleep around with multiple partners you can get HIV and AIDS because you do not know their status”* Another participant said that *“HIV and AIDS come through having unprotected sexual intercourse with a person who is HIV positive.”*

The explanation to this position could be that for unprotected sexual intercourse it has been emphasised several times through various media that it is the one mainly responsible for the wide spread of the disease. Many people have therefore come to understand this message very well indeed. There may be other causes but this has been depicted as the major cause of HIV & AIDS. The same reason could be used to account for the use of sharp instruments were among some of the major causes of the dreaded disease. Both the print and electronic media have constantly indicated and repeated the message that unprotected sex and sharp instruments were responsible for causing this disease. Another issue could be that there was also a general awareness that there was no treatment for this disease. This was quite understood by most of the participants who took part in the study. This finding contradicted findings by Mehajeb (2007) and Wazakilli (2011) who revealed that people who are blind believe in wrong modes of HIV and AIDS transmission.

### VIII. RISK PERCEPTION

The study established that participants with visual impairment perceived themselves to be at an increased risk of infection. A female participant said that: *“I perceive myself to be at a high risk of infection because I am blind and I may be a victim of rape. People may take advantage of my visual impairment and rape me knowing that it will be difficult for me to identify and report them”*. Another female participant had this to say *“ We have no say on whom to have sex with because we depend on others to see for us and tell us that he is a good man and that is how we end up having sexual intercourse with HIV positive men”*. A male participant said that *“I am a human being so I am at risk of infection because I may fall in love with a girl who may be positive but she can lie to me that she is negative and if I have unprotected sex with her she may infect me”*

This could be accounted for by the fact that people with visual impairment were vulnerable to being taken advantage of by sighted people. They were at high risk of being sexually abused or raped by people who see. This is aggravated by people like traditional healers or fake prophets for example, some of whom tell sighted people like business persons in particular that if they have intercourse with people with visual impairment their businesses would prosper to unprecedented levels. Even some people who may not necessarily have businesses are in the habit of going to traditional healers and fake prophets seeking help on how they could become rich. They are then told that having sexual intercourse with an individual with visual impairment enhances their chances of making it big in life. Regrettably all these are unfounded myths that have resulted in the abuse of people with visual impairment at an alarming rate. Lack of sight itself or low vision exposes people with visual impairment to a number of vices. They can be ambushed by people with lust for sexual abuse. Even some paedophiles can take advantage of the vulnerability of young people with visual impairment especially females and either harass them, abuse them or just embarrass them. They can be ambushed and the sad thing is that when ambushed one may not have the energy to fight back and will have to put up with the trauma of such

abuse for life. Another dimension could be that people with visual impairment felt that they were at risk because even if they had a relationship with a person of the opposite sex, they may not necessarily have what it takes to negotiate for safer sex and will therefore be taken advantage of by the sighted people. Lastly people with visual impairment may not have adequate information to deal with the issues at hand there and then and this increases their vulnerability to abuse of any form. These results are similar to the findings of (SAFAIDS 2005, Ryan & Bernard 2000, Banda, 2005, Groce, 2004, Ngazi, 2004 Mulindwa, 2003 & Phillander, 2006) who discovered that most people who are blind perceived themselves to be at a high risk of contracting HIV and AIDS.

A few participants perceived themselves to be not at not at any risk of infection. This could be accounted for by the fact that some people were so confident about themselves to the extent that they may not think that it can happen to them one day maybe because they felt they were prepared to deal with the challenge and thereby protect themselves. There is however the risk of an inflated ego because besides unprotected sexual intercourse, there are other causes of HIV& AIDS such as blood transfusion, sharp instruments. Dishonest partners and other well documented causes that one may not really say they were adequately and sufficiently prepared to deal with or protect themselves from. Another dimension to this position could be that by virtue of being well informed about risky sexual behaviour and safer sex, people with visual impairment could have felt that they were thoroughly prepared for any eventuality. Lunani (2006), Suarez & Torrez (2009), Sabwa (2000), Mummah (2003), Nzioka (1994) and Bilgan, (1990) & Frontera (2012) came up with similar findings and pointed out that people usually evaluated their risk of infection with certain diseases to be significantly lower compared to others.

### IX. ATTITUDES TOWARDS SAFER SEX

Another finding was that participants had a positive attitude toward safer sex practices. One participant had this to say *"I don't believe in the use of condoms because they can burst during sexual intercourse and i can be infected with HIV"* Another participant indicated that *"Safer sex practices include abstinence, faithfulness to one uninfected partner, proper condom use and HIV Voluntary Counselling and Testing"* Yet another participant said that *"Since we are visually impaired we cannot see the expiry dates on these condoms so we can use them yet they are not effective. One participant had this to say "we need to go for HIV counselling and testing if we want to be in a relationship with someone. This is the only way we can know about peoples, statuses"* Another one said *"I don't want to be tested because people may see me as a prostitute and also the nurses may divulge my status to the public. Knowing that you are HIV positive may also cause stress so it's better to live without knowing my status"*

This could be accounted for by the fact that the young people with visual impairment could have evaluated their risk and threat of infection of HIV &AIDS to be high and then found it prudent to behave in such a manner that they avoided infection at any cost. Being armed with adequate and appropriate knowledge enables one to behave in an informed manner. This can also be explained by the fact that the young people with visual impairment probably felt that they were well informed and had all the knowledge and information to deal with and enable them to be assertive and refrain from any promiscuous behaviour and instead stick to safer sexual practices. Another view that could explain this finding was that these learners could have been exposed to people suffering from the dreaded disease and saw how those people were suffering and were convinced that they would not want to go that same route. The findings of this study support earlier findings by Rotheram (1989) & Center for Behavioral Epidemiology and Community Health (2004) which revealed that people with visual impairment have positive attitudes towards safer sex practices.

### X. CONCLUSION

The study went a long way in unpacking a number of critical issues on the subject of knowledge, risk perception, and attitudes of learners with visual impairment towards HIV and AIDS and safer sex practices. The major issues mainly revolved around the following concerns:

- Most learners with visual impairment had comprehensive knowledge on the transmission and prevention of HIV and AIDS.
- Some learners with visual impairment held misconceptions about HIV and AIDS transmission
- Some learners with visual impairment lacked depth in the way they understood risk factors involved as far as HIV&AIDS and safer sex practices were concerned.
- The provision of information and education on HIV & AIDS was not user friendly for people with visual impairment and therefore had many gaps that needed filling

### XI. RECOMMENDATIONS

**Based on the findings the following recommendations are made**

- Information and education on HIV and AIDS needed to be packaged and availed in user friendly formats that took into account the needs of learners and people with visual impairment. The information and education programmes must clearly address HIV/AIDS risk factors.
- Teachers need to be properly oriented on the needs of learners with visual impairment in as far as HIV& AIDS are concerned.
- Parents need to take a more active role in educating and informing their children about the dangers and risks that go with unprotected sex.
- Policy makers need to involve experts in the area of visual impairment in coming up with programmes and activities to educate this population on HIV and AIDS issues.
- There should be a clear paradigm shift from discriminatory practices to more embracing practices by communities if people with visual impairment are to be effectively included on an equal footing just as able bodied people.

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