

AN ASSESSMENT OF THE LEVEL OF INFLUENCE OF FAMILY LIFE AND HIV/AIDS EDUCATION ON HIV/AIDS RELATED KNOWLEDGE, ATTITUDE AND DECISION MAKING AMONG ADOLESCENTS WITH HEARING IMPAIRMENT IN SOME STATES IN NIGERIA

by

S. O. ADENIYI
Federal College of Education (Tech)
Nigeria

M. OYEWUMI
O. A. FAKOLADE
University of Ibadan
Nigeria

Abstract

This study investigated knowledge, attitude and decision making about the issue of HIV/AIDS among adolescents with hearing impairment in Oyo, Lagos and Kwara States. Seventy-six respondents participated in the study with age range between 16 and 20. The participants were drawn from Methodist Grammar School, Bodija in Ibadan, Ijokodo High School, Eleyele Road, Ibadan, Wesley School for the Deaf, Surulere, Lagos and Kwara State School for the Handicap in Ilorin. These schools were located in the Southwestern and North Central parts of Nigeria. Family Life and HIV/AIDS Education Inventory (FLHEI) investigating knowledge, attitude and decision making of the adolescence were constructed and used with reliability coefficient of 0.73. Chi square and student t-test methods at alpha level of 0.05 were used to analyse the data collected. The findings revealed that there were significant differences in knowledge, attitude and decision making of adolescents with hearing impairment as a result of Family Life and HIV/AIDS Education (FLHE). On the basis of the positive outcome, the study further recommended some ways of improving the effectiveness of Family Life and HIV/AIDS Education to be able to achieve the desire result among adolescents with hearing impairment and adolescents generally.

Key Words: Adolescent, Hearing impairment, Knowledge, Attitude, Decision making, Family Life and HIV/AIDS Education

Introduction

Background to the Study

Nigerian adolescents are plague with social and moral decadence ranging from indecent dressing, drug addiction, pornographic attachment, hooliganism, abortion, teenage pregnancy to rising incidence of sexually transmitted diseases and HIV/AIDS. The causes have been traced to loss of value, rapid urbanization, economic depression, acculturation, parents' lust after wealth and non-inclusion of a well defined sexuality education in the curriculum. The effects of all these according to Ademokoya and Oyewumi (2001), would lead to uninformed or misinformed youths. And the health implication on this productive group may be devastating.

In the recent time, HIV/AIDS is believed globally to constitute health hazard and the high incidence of it is found among adolescents.

Human Immunodeficiency Virus (HIV) infection is a profound immune dysfunction that allows for opportunistic infections in Acquired Immuno Deficiency Syndrome (AIDS) patients. Acquired Immunodeficiency Syndrome (AIDS) has become a major public health issue since its discovery in 1981 (Osowole & Oladepo, 2001 and Fakolade, Adeniyi & Tella, 2005).

UNAIDS (2006) reported that an estimate of 25 million people have been killed worldwide since it was first discovered in December 1981. And in Nigeria, the infection had continued to spread steadily since it was diagnosed in 1986 from 1.8% zero prevalence to 3.8% in 1994, 4.5% in 1986, 5.4 in 1999 and 5.8% in 2001 with high proportion among adolescents aged 15-24 (UNESCO, 2003, FMON & Social Science, 1999).

The consistent and alarming growing rate among youths especially adolescents with and without disabilities points to the fact that adolescents are sexually active and often take risk with little reflection on the consequences (Fakolade, Adeniyi & Tella, 2005). Unfortunately, majority of these young adults especially adolescents with hearing impairment are grossly ignorant of consequences of unprotected and unguided sexual activity due to break in communication and information.

Already, many awareness campaigns have been carried out to intimate the youths of the impending danger of risk sexual behaviour. The campaigns have majorly centred on adolescents without disabilities (Fakolade, Adeniyi & Tella, 2005 and Osowole & Oladepo, 2001). The disabled especially the hearing impaired of Nigeria population are seriously at risk and stand double jeopardy in relation to information and education on HIV/AIDS (UNESCO, 2003).

Research by Bisol, Sperb, Brewer, Kato and Shor-Posner (2008) on HIV/AIDS knowledge and health-related behaviour of hearing and deaf indicated wide differences in health-related attitude and behaviour. The deaf participants were found to be sexually abused and large numbers of female deaf adolescents have AIDS infected friends. A similar revelation was made by Osowole and Oladepo (2001) in their study on knowledge, attitude and perceived susceptibility to AIDS among 304 deaf secondary school students. The result revealed a high level of awareness of HIV/AIDS with demonstrated gap in knowledge of causation, transmission and prevention coupled with low attitudinal disposition. Bekele (2008) and Gruce, Youisa Fzai, Van-der Mass and Effata (2008) also found that adolescents with hearing impairment have low knowledge of the spread of sexually transmitted infections

especially HIV/AIDS. Fakolade, Adeniyi and Tella (2005) in their study recorded similarity in the awareness of HIV/AIDS by adolescents with and without hearing impairment but discovered a wide gap and disparity in knowledge about HIV/AIDS transmission or spread.

However, Doyle (1995) surveyed AIDS knowledge, attitude and behaviour among college deaf students found high and moderate in knowledge and attitude respectively among the participants. The result in this study was not enough evidence for generalisation. But the causes of the poor knowledge, negative attitude and unhealthy decision making were generally linked with societal perception and neglect as regard dissemination of vital information. The special needs students, especially those with hearing impairment, unlike non-special needs individuals, acquire less information from sources such as books, casual conversation and television (Ademokoya & Oyewumi, 2004). This is because they experienced some challenges in internalizing verbal language and often confuse some human activities on electronic media because of their auditory dysfunction. Therefore, they have unmet needs as regarding these sources.

Akinyemi (1998) noted that the deaf adolescents' inability to hear and speak often make it very difficult to disseminate sex information to them. This impediment stems out of the fact that most technical and scientific languages to be used have no sign language representation. The consequence is that they are heavily burdened in term of acquisition of information about sexuality and hence engage in risky sexual behaviour. An inherent danger in this unfortunate development is that the uninformed, misinformed or insufficiently informed adolescents with hearing impairment who continue to go on having unprotected reckless sexual adventures would continue infesting or spreading the yet to get cure disease: "AIDS".

The documentary evidence of casual sex, teenage pregnancy, the rising incidence of sexually transmitted infections (STIs) and HIV/AIDS among youths is an indication that there is need for a formalized programme on sexuality and sex-related issue among adolescents (Falaye and Moronkola, 1999). Such programme must be the one that will empower the youth adolescents and adolescents with hearing impairment the necessary skills and information that will positively affect their sexual health.

The introduction of Family Life and HIV/AIDS Education (FLHE) to schools at all levels is an arrangement that is believed will have great influence on development of skills, acquisition of knowledge that will promote right attitude and decision making among adolescents generally. This is because of its comprehensive curriculum contents and strategies for programme dissemination as reflected in the blueprint.

Family Life and HIV/AIDS Education (FLHE) is a planned process of education that fosters the acquisition of factual information, formation of positive attitudes, beliefs and value as well as development of skills to cope with biological, physiological, socio-cultural and spiritual aspects of human being (NERDC, 2003).

The main goal of Family Life and HIV/AIDS Education (FLHE) is to promote preventive education as enunciated in the blueprints by providing learners with opportunities to:

- develop a positive and factual view of self
- acquire the information and skills needed to take care of their health including

- preventing HIV/AIDS
- respect and value themselves and others; and
- acquire the skill needed to make healthy decision about their sexual health and behaviour.

Ibeagha, Adedimeji, Okpala and Ibeagha (1999) conducted research on involving the church in the provision of Family Life and HIV/AIDS Education in eight (8) local government areas of Oyo State. The result revealed that the programme was a worthwhile exercise and highly instructive.

Although, Family Life and HIV/AIDS Education has been introduced into school curriculum in Nigeria, its effectiveness has not been fully explored. This study therefore investigated the effectiveness of Family Life and HIV/AIDS Education as it affects knowledge, attitude and decision making of the adolescents with hearing impairment in the wake of the great exploit of HIV/AIDS on human health.

Statement of the Problem

Obviously, adolescents are vulnerable to so many vices in the society. The evidence is the high level of incidence of HIV/AIDS among the cluster globally. The reason can be adduced to dramatic change in societal value due to modernization and economic depression. Apart from the universal predisposing factors, adolescents with hearing impairment are further plagued with limited and or inadequate information about mode of spread and the consequences as a result of negative societal disposition. This is conspicuously reflected in campaigns, planning and implementation of various programmes targeted towards improving sexual health of adolescents with hearing impairment. This, therefore, make this research work necessary at this particular period when there is groaning concern for reduction and elimination of HIV/AIDS among entire population of the world.

Statement of Hypotheses

In this study, three null hypotheses were generated and tested for significant at 0.05. These include:

1. There will be no significant difference in the knowledge about HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE) between male and female adolescents with hearing impairment.
2. There will be no significant difference in the attitude of the participants (male and female) to HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE).
3. There will be no significant difference in the decision making of adolescent with hearing impairment as a result of Family Life and HIV/AIDS Education (FLHE).

Methodology

Research Design

Survey research design was adopted in this study. With this design, systematic inquiry on Family Life and HIV/AIDS Education related knowledge, attitude and decision making of adolescents with hearing impairment was conducted without manipulation of the variables.

Sample and Sampling Procedures

The participants in this study were seventy-six secondary school adolescents with hearing impairment randomly selected from Methodist Grammar School, Bodija, Ibadan; Ijokodo High School, Ibadan, all in Oyo State, Wesley School for the Deaf at Surulere, Lagos, Lagos State and Kwara State School for the Handicap, Secondary School Unit in Ilorin, Kwara State. Out of this number 33 (43.42%) were males while 43 (56.58%) were females. The participants were believed to have been exposed to Family Life and HIV/AIDS Education for some period of time by their own schools.

Instrumentation

The instrument used for this study was self designed Family Life and HIV/AIDS Education Inventory (FLHEQ). The instrument was divided into two sections (A & B). Section A was for demographic data of the respondents. Section B was divided into three sub-sections based on the variables under investigation.

The instrument was validated by subjecting the questionnaire to experts' opinions of four psychologists from the Departments of Guidance and Counselling and Special Education, University of Ibadan. The reliability of the instrument was 0.73 using Spearman formula.

Part of the questions related to knowledge, attitude and decision making in the instrument include: Can Family Life and HIV/AIDS Education prevent the occurrence and spread of HIV/AIDS? (Yes/No), I believe there is nothing wrong with boys and girls having sexual intercourse if they love each other even though they have knowledge of Family Life and HIV/AIDS Education ("SD = Strongly Disagree, D = Disagree, A = Agree and SA = Strongly Agree" 1, 2, 3, 4). I would never contemplate on having sex before marriage (SD = Strongly Disagree, D = Disagree, A = Agree and SA = Strongly Agree).

Data Analysis

Chi square and student t-test statistical methods were employed for the analysis of data collected from the instruments used. The analyses tested the significant differences among the variables. The results of these analyses were used to test the three hypotheses generated in this study.

Results

Null Hypothesis One

The null hypothesis one states that there will be no significant difference in the level of knowledge about HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE) between male and female participants.

Table 1: Chi-square Table Showing the Level of Knowledge about Family Life and HIV/AIDS Education (FLHE) among the Participants

Sex	Yes		No		Total
	Obtained	Expected	Obtained	Expected	
Male	228	250.1	102	79.89	330
Female	348	325.90	82	104.14	430
Total	576		184		766

Note:

Calculated chi square = 14.27
 Table Chi-square value = 7.82
 Level of Significance = 0.05
 Degree of Freedom = 3
 $14.27 > 7.82 @ 0.05$
 S* = Significant at 0.05

The result from table one above revealed that there is significant difference in the level of knowledge of HIV/AIDS among participants since the calculated chi square of 14.27 is significantly greater than the critical value of 7.82 ($14.27 > 7.82$). The hypothesis is therefore rejected.

Null Hypothesis Two

The null hypothesis two states that there will be no significant difference in the attitude of the participants to HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE).

Table 2: t-test Comparison of Attitude towards HIV/AIDS among the Participants

Variables	N	\bar{X}	SD	df	t-cal	t-crit	P	Remark
Male	33	37.33	2.35					
				74	6.39	1.98	0.05	S*
Female	43	39.72	2.81					

S* = Significant at 0.05

The result of the table above indicated that there is significant difference in the attitude of the participants to HIV/AIDS as a result of Family Life and HIV/AIDS Education. This is because the t-calculated of 6.39 is significantly greater than the critical value of 1.98 at 0.05 (i.e. $6.39 > 1.98$). The null hypothesis two is therefore rejected.

Null Hypothesis Three

The null hypothesis three states that there will be no significant difference in the decision making as a result of Family Life and HIV/AIDS Education (FLHE) among the participants.

Table 3: T-test Comparison of Decision Making as a Result of Family Life and HIV/AIDS Education (FLHE) among the Participants

Variables	N	\bar{X}	SD	df	t-cal	t-crit	P	Remark
Male	33	30.33	1.30					
				74	5.58	1.98	0.05	S*
Female	43	31.67	0.74					

S* = Significant at 0.05

The result from the table three above revealed that there is a significant difference in the decision making as a result of Family Life and HIV/AIDS Education (FLHE) among male and female participants since the t-calculated value of 5.58 is significantly greater than the critical value of 1.98 (i.e. $5.587 > 1.98$) at 0.05. The null hypothesis is therefore rejected.

Discussion

The results of the analyses of the three hypotheses revealed that there was significant improvement in knowledge, attitude and decision making patterns among adolescents with hearing impairment on the issue of HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE). The revelations of this study are positive development and good omen in the recent time. These results contradict various findings that reported low knowledge and poor decision pattern on the issue of HIV/AIDS among adolescents especially adolescents with hearing impairment. The exploits of Family Life and HIV/AIDS Education (FLHE) on awareness about HIV/AIDS, improvement of knowledge and attitude can be adduced to rich curriculum contents, dynamic strategies for implementation and efforts of all stakeholders to see that there is zero tolerance for the spread of this pandemic disease. The findings corroborated some few findings like Mukkhopadhy and Abosi (2004) who found awareness and knowledge about HIV/AIDS to be very high among students with and without hearing impairment in Botswana. It also supported Doyle's (1995) finding among eighty-four college students with relatively high general knowledge about AIDS. Gesinde (2008) in a related development found that the degree of awareness and knowledge about HIV/AIDS among one hundred and three randomly selected hearing impaired students of Federal College of Education (Special), Oyo was generally moderate.

In addition, the outcome of the analysis of the three hypotheses lend support to the outcome of research carried out on involving the church in the provision of Christian Family Life Education by Ibeagha, Adedimeji, Okpala and Ibeagha (1999) Christian that Family Life Education proved significantly helpful in solving risk sexual behaviours among adolescents. This was evident in the dispositions of the selected adolescent trained to be trainers of their peers in eight local government areas in Oyo State.

Furthermore, female adolescents recorded higher mean scores than their male counterpart. The implication is that female adolescents with hearing impairment responded more positive to information about HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE). This corroborated research by Okubanjo (2001) who found significant difference between male and female awareness scores. They attributed to the fact that male gender bothers less about the consequences of risk sexual behaviour.

Conclusion

Although, this study explored Family Life and HIV/AIDS (FLHE) related knowledge, attitude and decision making among adolescents with hearing impairment, it seems reasonable to conclude that including Family Life and HIV/AIDS Education (FLHE) in secondary school curriculum and proactive approach and positive attitude of teachers and other stakeholders in the education and rehabilitation of people with hearing impairment to the programme will equip adolescents with relevant knowledge, positive attitude and right decision which would in turn reduce adolescents' vulnerability to HIV/AIDS infection.

Recommendations

It is obvious that Family Life and HIV/AIDS Education (FLHE) can promote behavioural change among adolescents especially adolescents with hearing impairment to the issue of sexual risk behaviour which is widely believed to be the floodgate to the spread of HIV/AIDS. However, unskillful implementation of the programme may mar the unequal benefits the generation of youths and society at large may derive from it. Hence, the following recommendations are made:

- government should be more involved in this type of programme aiming at improving the health status of the society by allocating more fund for this type of programme. Monitoring the execution of the programme and taking appropriate action on any report submitted on weakness and progress of the programme.
- teachers in conventional and specialised schools should be retrained in order to furnish them with new ideas and strategies to convey all aspects of sexuality education to the hearing impaired.
- specialists in special education should be encouraged to evolve signs that will represent some technical words used in the programme aiming at addressing the sexuality of the adolescents with hearing impairment as this will bridge the gap of communication and information among the hearing and hearing impaired.
- Parents and guardian should partner with appropriate authority to see that the programme on the issue HIV/AIDS is attended to by all stakeholders using Family Life and HIV/AIDS Education (FLHE) blueprints.

References

- Ademokoya, J.A. & Oyewumi, A.M. (2001). Informing the deaf adolescents about sexually transmitted diseases. *Nigerian Journal of Applied Psychology*. 6 (1&2), 99-105.
- Ademokoya, J.A. & Oyewumi, A.M. (2004). Perceptions and uses of contraceptives: A case study of some hearing impaired individuals in Oyo State. *African Journal for the Psychological Study of Social Issues* 7.1&2: 156-167.
- Akinyemi, H.F. (1998). A comparative study to the knowledge of sexually transmitted diseases among hearing and hearing impaired adolescents. A B.Ed project, University of Ibadan.
- Bekele, W. (2003). A study of knowledge, attitude and behaviour of students with disabilities about HIV/AIDS preventive measures: The case of some selected schools in Addis Ababa, Addis Ababa. Unpublished Master degree thesis, Addis Ababa University.
- Bisol, C.A., Sperb, T.M., Brewer, T.N., Kato, S.K. & Shor-Posner, G. (2008). HIV/AIDS knowledge and health-related attitudes and behaviours among deaf and hearing adolescents in South Brazil. *American Annals of the Deaf* 153.4:349-356.
- Doyle, G. (1995). AIDS knowledge, attitude and behaviour among deaf college students: A preliminary study. *Sexuality and Disability* 13.2.
- Fakolade, O.A., Adeniyi, S.O. & Tella, A. (2005). A comparative study of risk behaviours and HIV/AIDS awareness among adolescents with and without hearing impairment in Western Part of Nigeria. *International Journal of Emotional Psychology and Sport Ethics* 7.8:24-31.
- Falaye, O.A. & Moronkola, O.A. (1999). Parental opinion and attitude towards sexuality education in the secondary school curriculum in Oyo State. *Nigeria Journal of Applied Psychology* 5.1&2:216-228.
- Federal Ministry of Health and Social Science 1999. HIV/Syphilis sentinel sero-prevalence.

- Survey in Nigeria. National AIDS/STD Control programme.
- Gesinde, A.M. (2008). The degree of awareness of HIV/AIDS among the Nigerian hearing impaired students: Implications for counselling practice. *The Journal of the National Council for Exceptional Children* 10(2), 103-116.
- Groce, N.E., Yousafzai, A.K., van der Mass F. & Effata, O.I. (2005). HIV/AIDS and disability: Differences in HIV/AIDS knowledge between deaf and hearing people in Nigeria. *Disability and Rehabilitation* 27.22:1357-1363.
- Ibeagha, E.J., Adedimeji, A., Okpala, P. & Ibeagha, P. (1999). Involving the church in the provision of Family Life Education. Evaluation report of a training workshop. *Africa Journal for the Psychological Study of Social Issue* 4.1:36-47.
- Joint United Nation Programme on HIV/AIDS (UNAIDS) (2006). Fact and Figure.
- Mukhopaahya, S. & Abosi, O. (2004). Perception of HIV/AIDS among students with hearing impairment: Need for change. *Nigerian Journal of Applied Psychology* 8(1), 226-239.
- Nigerian Educational Research and Development Council (2003). National Family Life and HIV/AIDS Education Curriculum for Junior Secondary Schools in Nigeria.
- Okubanjo, O.O. (2001). HIV/AIDS awareness among secondary school adolescents in Ogun State. In R.U. Okonkwo and R.O. Okoye (Eds.). *The Nigerian adolescents in perspective*. Akwa: Theo Onwuka and Sons Publishers.
- Osowole, O.S. & Oladepo, O. (2001). Knowledge, attitude and perceived susceptibility to Aids among deaf secondary school students two southwestern cities in Nigeria. *Journal of Special Education* 9.1:130-145.
- UNESCO (2003). The research agenda in preventive education HIV/AIDS in Nigeria. Education in the context of HIV/AIDS: A resource book. 59-79.
-

ADENIYI, S.O.
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
FEDERAL COLLEGE OF EDUCATION (TECH)
AKOKA, LAGOS

OYEWUMI A.M. (Ph.D.)
DEPARTMENT OF SPECIAL EDUCATION
UNIVERSITY OF IBADAN
bomioyewuming@yahoo.com

FAKOLADE, O.A. (Ph.D.)
DEPARTMENT OF SPECIAL EDUCATION
UNIVERSITY OF IBADAN
Fakolade1@yahoo.com