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COUNSELLING HIV AND AIDS LEARNERS WITH HEARING IMPAIRMENT: GAPS IN PRACTICE IN LUSAKA'S SECONDARY SCHOOLS, ZAMBIA

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Abstract:
This paper discusses the challenges of providing HIV/AIDS counselling to pupils with hearing impairment by guidance and counselling teachers who are not familiar with sign language. The knowledge gaps were; how do guidance teachers who do not know sign language provide HIV/AIDS counseling to pupils who only benefit from the use of sign language? Do the pupils with hearing impairment really get what they communicate to them orally? These questions motivated this study. Since it was a qualitative study, a case study design became appropriate. 25 pupils and 5 teachers formed the study sample. Interviews were used to collect data, which was analysed using thematically. The researchers observed that the guidance teachers did not have any training in sign language meanwhile some schools had over ten pupils with hearing impairment who like other hearing pupils needed to receive HIV/AIDS counseling. Results revealed that pupils did not get what the guidance teachers were communicating to them orally. Similarly, the five guidance and counselling teachers revealed that they had challenges in providing HIV/AIDS counseling services to pupils with hearing impairment because they did not know sign language. Pupils with hearing impairment desired to be counselled in HIV and AIDS and other psychosocial related issues but there was no one to counsel them. Interestingly, deaf pupils were not involved in sex education and HIV/AIDS prevention campaigns in schools, instead they helped themselves through discussion and reading some brochures. This clearly was a

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handicap to the pupils. As a result, they lamented that District Education Board Secretary (DEBS) should send guidance and counselling teachers trained in sign language to schools where there were pupils with hearing impairment. The study recommends that guidance and counseling teachers in schools should be trained in sign language.

Keywords: HIV/AIDS, hearing impairment, guidance and counselling, special education

1. Introduction

It is every person's right to be informed and be kept abreast of the least events that affects, or are of interest to everyone. The best way to make sure we have access to the information that matters to each one of us is to ensure that everyone has access to all information regardless of sex, national or ethical origin, colour, religion, language or any other status such as disability inclusive of the hearing impaired. Dissemination of HIV/AIDS information to pupils with hearing impairment can be made possible through guidance and counselling, anti-aids club and drama. Access to information is a very important aspect of every individual's life as this will enable them obtain knowledge and be aware of what is transpiring around them and the world at large. This will in turn, affect their perception and behaviour on a particular issue including HIV/AIDS (CSO, 2007).

1.1 Background

The challenges that hearing impaired learners have in accessing HIV/AIDS information is not of current existence but can be traced back to its historical status in society. For most recorded history, hearing impaired learners were treated nothing more than animals and educating them was seen to be irrelevant. Many people believed hearing impairment was a result of bad omen or a curse, Christians too perpetuated the inhuman treatment of hearing impaired people as they believed it was a curse from God. Early history of the education of the hearing impaired saw the isolation of the hearing impaired from the mainstream society. This was as a result of communication barrier between the hearing community and the hearing impaired. This isolation created a bigger gap of access to information in various aspects of their lives (Heward and Orlansky, 1988).

However, with the increasing advent of the HIV/AIDS pandemic, it is imperative that every person has access to HIV/AIDS information to enable them make conceit and informed decisions. As the spread of the pandemic increases there is need to provide the younger generation including the hearing impaired with adequate information (Mulindwa, 2003; Groce, 2004; Chisanga, 2011; Chikopela and Ndhlovu, 2016). Information should be age appropriate, culturally sensitive, and provided in accessible format (MoE, 2006). Hearing impaired learners need to have HIV/AIDS information

disseminated in a format suited for their specific disability that is sign language. Information can be accessed through watching television, posters, and leaflets and in most cases through interactions (Hogan and Palmer, 1988).

With the increased rate of the HIV/AIDS pandemic, much has to be done in ensuring that hearing impaired learners have accurate and complete information on HIV/AIDS to enable them make informed decisions. There is also need to provide the young generation, especially the hearing impaired population with adequate information on the deadly pandemic (Mulindwa, 2003; Groce, 2004; Chisanga, 2011; Chikopela and Ndhlovu, 2016).

It is worth noting that learners who are hearing impaired cannot access information in the same way that the hearing community do but need further adjustments to make information suitable according to their impairment. Hearing impaired people acquire a wide range of information about the world around them through a few symbols or patterns available to help them send and receive messages. Due to this, they lose a great deal of vital information such as HIV/AIDS information as a result of communication problems when handled with people not familiar with sign language (Heward and Orlansky, 1988; Chikopela et al, 2018).

Frankly speaking, hearing impaired person are at greater risk of the HIV/AIDS pandemic due to a lot of reasons some of which include lack of access to appropriate information on the HIV/AIDS prevention and supportive services. Many engage themselves in behaviours that place them at risk of the pandemic such as unprotected sex, and use of syringes to inject themselves with drugs. Further, people with disabilities especially girls and women are subjected to sexual assault or abuse in institutions, schools and hospitals during their lifetime. It is also sadly to note that in some cultures, persons with disabilities are raped with the belief that this will 'cure' the HIV- positive individual (UNAIDS, 2009).

Further, access to HIV/AIDS information for learners with hearing impairment places a great challenge in the prevention of HIV/AIDS in Zambia. Most educators of the hearing impaired learners are unfamiliar with sign language which makes it difficult for the hearing impaired to have access to the desired information (Quiqley, 1990 in Kirk, Gallager and Anastasiow, 1993).

In order to understand how pupils access HIV/AIDS information, the social model of disability was applied. This model posits that the barriers that a person experiences to enjoying and participating in the life and activities of their community are not intrinsic to any medical or other condition or impairment but arise from disabling attitudes and environments (Groce and Trasi, 2004; Ludvigsen et al, 2005). The social model of disability sees the school system as the problem in disseminating HIV/AIDS information to pupils with hearing impairment in the school environment. Therefore, there is need to change the mode of communication by guidance teachers in the school in order to meet the individual needs of learners with hearing impairment (Miles, 2000). In using this model, the researchers were helped to understand what

measures have been put in place to spread HIV/AIDS information to learners with hearing impairment in the schools.

2. Relevant literature

2.1 Access to HIV/AIDS information

According to Article 19 of The Universal Declaration of Human Rights, everyone has the right to freedom of opinion and expression; this right include freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media regardless of frontiers. Information is important in making sound and well informed decisions concerning matters of personal life as well as community and national matters. This will in turn help in planning programs intended to spread knowledge about health and other issues. Information can be disseminated through various media sources some of which include; television, radio, reading posters, social media and many others.

Freedom of speech and expression are a fundamental part of human right. These rights cannot be effective if those that wish to access information are not obtaining it. Therefore, learners with hearing impairment need to be educated on matters concerning HIV/AIDS. Education and awareness are key gears of HIV/AIDS prevention. The further spread of this pandemic can be limited by informed decisions, provision of information and HIV/AIDS education as they have proven to be a critical way to prevent HIV transmission (Kelly, 2005).

The Zambian government in their endeavor to increase access to HIV/AIDS information have through the Ministry of Education given a directive that HIV/AIDS education be integrated into the curriculum at all levels of education. Thus, HIV/AIDS prevention information and life skills have been integrated into the current curriculum and is offered across all levels of education. Additionally, appropriate teacher and learner support materials have been developed to support HIV/AIDS curriculum interventions. Further, educators have through in-service and pre-service programs been prepared to effectively integrate HIV prevention messages into lessons and curriculum to existing curriculum policy (MoE, 2006; Kelly, 1999). Exposure to HIV/AIDS information increases knowledge on how the pandemic is transmitted, risk behaviors that might put people at risk and ways of prevention. This knowledge may help reduce HIV/AIDS transmission among pupils with hearing impairment (Mulindwa, 2003; Groce, 2004; Chisanga, 2011; Chikopela and Ndhlovu, 2016; and Rutherford, 1989 in Munachaka, 2006).

The integration of HIV/AIDS education in the curriculum can be seen as an effective strategy in the dissemination of information about the pandemic. It is therefore the duty of educators to see to it that necessary information skills and attitudes are inculcated in the learners by engaging in instructional strategies that are appropriate in the teaching of HIV/AIDS. Preventive strategies should be sensitive to culture beliefs, religious beliefs and also should be appropriate to age, gender, language, special needs

and context and that these should be in line with the most accurate, factual and current information available. People with disabilities including the hearing impaired need HIV/AIDS awareness information disseminated to them in a format suitable according to their specific disabilities (MoE, 2006).

For many years, people with disabilities have been left out in HIV/AIDS program outreach because they have been perceived to be at lower risk of HIV infection than their able bodied peers. This perception originated from the belief that people with disabilities are inherently sexually inactive (Rule et al, 2008; World Bank/Yale University 2004; World Bank, 2003; Mulindwa, 2003; Groce, 2004; Sugar, 1990 cited in Osowole and Oladepo, 2000). The global Survey on Disabilities and HIV/AIDS conducted by Yale University and World Bank showed that people with disabilities have a greater exposure to the HIV/AIDS pandemic. Both adults and adolescents with disabilities are as likely as their non-disabled peers to be sexually active (UNICEF, 1999). Additionally, a study conducted in Maryland USA shows that deaf people are 2 to 10 times as likely as their counterparts to be HIV positive. This has been attributed to the challenges deaf people experience including poor access to information about HIV/AIDS and safe sex, inadequate treatment programs and issues such as confidentiality within the community, difficulty getting information from the media and lack of prevention programs aimed specially at them (Gaskin, 1999; Monaghan, 2003).

2.2 Factors that hinder the access of HIV/AIDS information on learners with hearing impairment

Information available on HIV is deaf unfriendly hence inaccessible by the majority of the hearing impaired. Challenges that hinder access to HIV/AIDS care, prevention and treatment for hearing impaired include lack of access to information on HIV, lack of simplified language, fear of being stigmatized and inaccessibility. The electronic media is discriminating to the hearing impaired because what is discussed on television cannot be accessed or heard as most often there is no sign language interpreter to sign for the deaf. This communication barrier is also present in medical settings as health providers usually do not know sign language. There is lack of trained personnel with medical background in public hospitals and counselling centers for the deaf. This places deaf girls and women to vulnerability as they are raped by those who take advantage of their deafness since they cannot make an alarm nature (Schmaling and Monaghan, 2006).

A survey conducted by Schmaling and Monaghan (2003) with 450 hearing impaired learners showed that while hearing impaired participants had basic knowledge on HIV/AIDS, there were gaps in knowledge about transmission and prevention. Another similar study by Chikopela and Ndhlovu (2016) showed that HIV/AIDS information disseminated through the use of sign language greatly benefited the hearing impaired from the education intervention in Zambia.

Information on HIV/AIDS is inadequate among people with hearing impairment due to communication barriers that exists between the hearing community and the hearing impaired. Research conducted by many researchers have shown that people with hearing impairment have significantly lower levels of HIV/AIDS awareness than those with normal hearing sensitivity. (Groce et al, 2007). Other researchers have also acknowledged the communication difficulties experienced by people with hearing impairment and further noted that most of the information which people with normal hearing sensitivity had were acquired through mass media campaigns on HIV prevention strategies such as the use of television, radio and even print media, which were inaccessible to people with hearing impairment (Goldstein et al, 2010; Fakolade, Adeniyi and Tella, 2005). Another issue that hinders the accessibility of HIV/AIDS information is low literacy among learners with hearing impairment. People with disabilities are least educated and are among the poorest in most societies (Albert and Harrion, 2006).

Bat-Chava et al (2005) study reported barriers experienced by people with hearing impairments in acquiring knowledge on HIV and its prevention. They discovered a poor correlation to literacy, and reported that all the study participants had indicated a preference for visual as compared to written media. The latter also said they preferred the use of videotapes with sign language. In addition, Scheier (2009) confirmed that poor literacy levels such as equivalent to grade 8 only, occurred amongst hearing impaired people. The author further indicates that information relayed to people with hearing impairment, is therefore best enhanced by additional visual cues. Low literacy levels and a lack of HIV prevention information in accessible formats such as sign language for the hearing impaired makes it difficult for them to acquire the much needed knowledge in the protection of HIV (UNAIDS, 2009; Banda and Mpolomoka, 2016; Mandyata et al, 2017; Chikopela and Ndhlovu, 2017). Chisanga (2011) also argued that sign language which is different from English is not easily translated. Further, sign language, although a greatly diverse language system, lacks the vocabulary for certain scientific concepts such as HIV and CD4 count making it difficult to explain to pupils with hearing impairment (Muzatu 2012).

An additional barrier to the accessibility of HIV/AIDS information by the hearing impaired is that most health facilities do not have access to sign language services. Often, if hearing impaired patients are literate, they are asked to write down their request or needs for services. If there is someone on the premises, who could assist with sign language, they would be asked to assist with interpretation. Another common trend is the utilization of the person accompanying people with hearing impaired. There is also lack of privacy in Voluntary and Counselling Centers (VCT) on matters pertaining to personal issues which prevent Voluntary Testing because of deaf people being accompanied by the interpreter. This in turn compromise confidentiality for hearing impaired in the HIV Testing and Counselling centers. All this is a result of untrained personnel with medical background in public hospitals and counselling centers for the deaf (UNAIDS, 2009).

According to De Andrade and Baloyi (2011), "*adolescents with hearing impairment were especially poorly informed about the basic information on HIV, the learners presented with poor factual knowledge on HIV*". In South Africa, it was established that efforts to train educators to manage HIV/AIDS related issues within the classroom, which was approximately a week long, appeared to be ineffective (Govender 2009). Further, research has indicated that as teachers are generally reluctant to discuss issues of HIV and other emotionally charged topics, it is possible that the guidelines issued may not be adequately adhered to, or the programme may be inconsistently implemented (De Andrade and Baloyi, 2010). As a result, potentially vulnerable learners, such as those with hearing impairment, would be left out without adequate information to protect themselves from possible infection with HIV.

Carmody (2004) argues that, "*while HIV and AIDS has been introduced into various curricula using multidimensional approach, effective instruction on this topic has faced obstacles as most teachers were unprepared and unwilling to undertake the task of teaching HIV/AIDS in their courses or subjects*. As late as 2000, it was found that many teachers did not understand HIV/AIDS. Further, sex education is not a topic that may feel comfortable to teach. In certain instances, some teachers found it difficult to teach these subjects because they feel embarrassed to talk about sensitive issues to learners in the presence of their own children. When they did, pupils reaction to the topic of sex and HIV also made it difficult to teach; girls being shy and reserved, while boys tend to giggle and make jokes (UNFPA). In agreement, Siamwiza (1999) pointed out that, sometimes, many teachers find themselves in a situation where they are embarrassed to teach about HIV/AIDS because of their own status.

2.3 Increasing access on HIV/AIDS information on hearing impaired learners

Increasing access to HIV/AIDS among people with disabilities, including the hearing impaired is one of the strategies of eradicating the pandemic. There are a number of ways into which access to information on HIV can be increased among the hearing impaired. Some of the techniques which can be employed include; participatory approach in HIV/AIDS awareness, dissemination of HIV/AIDS information in a way suitable for the hearing impaired and deaf friendly HIV Testing, Counselling, Care and Treatment Services. Increasing HIV/AIDS awareness through participatory approaches, decisions in relation to living positively or negatively is of vital importance. The use of participatory strategies enables one to share ideas, engage in the construction of messages, activities and come to an agreement as to what they understand by the concept being explored. Outreach forums such as workshops, seminars, home visits and mobilization to disseminate HIV/AIDS information on the transmission, prevention, care and treatment with the involvement of people with disabilities inclusive of the hearing impaired can help increase awareness of the HIV/AIDS pandemic. This can be achieved by employing approaches such as peer education and behavior change communication (Monagham, 2003).

Peer education has proven to be an effective strategy in global HIV/AIDS prevention. Successful programmes can use both formal and informal approaches to gather and teach the hearing impaired on the connections between sexuality and HIV/AIDS at an individual, group or community levels. Through peer education, training on the use of condoms, transmission, care and treatment of the pandemic, counselling and empowerment of communication skills can be smoothed. Studies done to find out ways in which practices in disseminating HIV/AIDS information on individuals with hearing impairment revealed drama, peer education, television and life skills as effective ways. The studies also brought to light the fact that individuals with hearing impairments were knowledgeable about HIV/AIDS but they lacked detailed information about the pandemic due to communication barrier. It was recommended that multi-sensory methods be used in the sensitive topics using various pictorial methods, videos, drama and role plays.

Peers including the hearing impaired can be made to lead informal discussions on sexuality, decision making and sex negotiation skills. The use of diverse techniques such as condom demonstrations can be encouraged to prove information on the association between risky sexual behaviors and HIV/AIDS. Monagham's (2003) research showed that a study done in Kenya demonstrated the best practice in the utilization of peer education as a strategy for enhancing HIV/AIDS awareness among the hearing impaired through the HIV/AIDS awareness project. The objective of the study was to introduce peer activities to enhance HIV/AIDS awareness among the deaf through schools for the deaf. As part of the projects, experiments to design deaf-friendly tools, activities and educational materials, the awareness project partnered with a local group of professionals puppeteers and trained deaf individuals to become puppeteers. The puppets used sign language to convey vital messages on HIV/AIDS to the audience. The project recorded tremendous results as the achievement beyond reasonable doubt was worthwhile. Through this project, a peer education system incorporating schools, churches and self-help groups of the deaf was developed through the use of sign language vocabulary, interactive group games, puppetry shows and deaf peer networks were established. Through these networks, the project recorded increased HIV/AIDS awareness, health seeking behavior and ability for deaf to share information with other deaf peers.

Education on HIV/AIDS should be done through entertainment such as dramatization, discussion with group influential members of the community to raise awareness, games for life and youth friendly health services. Other methods may include the use of leaflets and T-Shirts (Siatontola, 2004). Additionally, skills needed for HIV prevention cannot be taught through lecturing. Talking to young girls about assertiveness will not empower them to say no to sex when they are pressured. And lecturing boys on the need to resist peer pressure will not help when their friends are teasing them for not having sex. Young people need to be actively involved in developing and practicing skills. This can be done through participatory methodologies such as role plays, drama, small group work, games and debate (MoE, 2006).

Creation of the HIV/AIDS awareness through the developments of deaf friendly educational tools such as posters, flyers, policy briefs, newsletters, brochures, banners and pictorial illustrations such as cartoons with HIV messages are a great way of disseminating HIV/AIDS information to learners with hearing impairment. Knowledge of HIV status is a significant factor in HIV prevention and the delivery of care and treatment services. One of the ways through which HIV testing and counselling for the deaf can be achieved is through deaf stand – alone VCT sites with the involvement of HIV counsellors and peer educators as the main service providers and provision of mobile VCT in schools, communities and public forums. The training of counselors in sign language and the provision of health services to the hearing impairment can increase access to information regarding HIV/AIDS in health center.

All in all, the literature shows that outcome of accessing information on HIV/AIDS by hearing impaired learners could increase their knowledge. However, hearing impaired learners have poor access to information on HIV/AIDS. It has been noted that access to information could be increased through drama, training of peer educators among the hearing impaired learners, using sign language interpreters, posters and T-Shirts to relay the information. Others include training of teachers in sign language and messages should be in formats accessible to hearing impaired persons.

3. Methodology

3.1 Research design

This was a qualitative study, employing a case study research design. This was suitable for learning more about a little known or poorly understood situation of how learners with hearing impairment are counselled. Ary et al (1990) contend that "*case studies often provide an opportunity for an investigator to develop insights into basic aspects of human behaviour*".

3.2 Population and sample

The study population comprised all teachers for the hearing impairment and pupils with hearing impairment in selected secondary schools in Lusaka, Zambia. This type of population was chosen because it met the typical characteristics of participants with knowledge about how pupils with hearing impairment access guidance and counselling services. The sample had 25 pupils and 5 teachers.

3.3 Sampling technique

The purposive sampling technique was used. It was appropriate for this study because the selected participants were in a position to discuss issues concerning the delivery of guidance and counselling services to pupils with hearing impairment. This strategy is supported by McMillan and Schumacher (2001) who purport that "*the power and logic of purposive sampling is that a few cases studied in depth yield many insights about the topic,*

whereas the logic of probability sampling depends on selecting a random or statistically representative sample for generalisation to a larger population".

3.4 Instruments of data collection

Interviews were used to collect data from teachers and pupils. These were semi-structured in nature. McMillan and Schumacher (2006) mentioned that interviews are response questions to obtain data from participants about how they conceive and give meaning to their world and how they explain events in their lives. In this study, the interviews were semi-structured and the researcher had prepared a few guiding questions. The guiding questions made it possible to obtain the data required to meet the specific objectives of the study. According to White (2005), an interview instrument *"provides access to what is inside a person's head, makes it possible to measure what a person knows (knowledge or information), what a person likes or dislikes (values and preferences) and what a person thinks (attitudes and beliefs)"*. In this qualitative study, the researcher and participants therefore can be considered to have been key instruments.

3.5 Data analysis

The analysis of data was done through thematic analysis by identifying common themes from the participants. Irrelevant information was separated from relevant information in the interviews. Relevant information was arranged into phrases or sentences which reflected a single, specific thought and these phrases or sentences were further grouped into categories that reflected the various aspects of meanings. It was those various meanings which were used to develop an overall description as seen by the participants.

4. Results and discussion

4.1 How pupils access guidance and counselling

Results revealed that 13 (52%) out of the 25 pupils with hearing impairment that participated in the study access HIV/AIDS counselling through peers with hearing impairment because the two guidance and counselling teachers at the school do not know sign language. This implies that it is easy for pupils to interact and share information and the problems that they experience with people they share the same language. For example, one pupil said:

> *"I do not go for counselling to the guidance and counselling teachers because they also ask for my fellow pupil with no hearing impairment but with knowledge of sign language to interpret which becomes embarrassing when being counselled on a sensitive topic. Besides, the friend present also goes out to tell others about my problems when the counselling is over and within few days all the pupils in my class and other classes will know about it and I'll become a laughing stoke which is very embarrassing and intimidating".*

To this effect, the researchers observed that there is so much breach of confidentiality on the aspect of guidance and counselling which is cardinal in the client counsellor relationship. There is no respect for the plight of the pupils and this kind of counselling destroys the pupils' images and self-esteem in school when other pupils know about their embarrassing secrets which would eventually call for psychosocial counselling. In addition, pupils affected would also be affected academically thereby exacerbating the pupils' ability to excel. This study confirms UNAIDS (2009) report which revealed that there was lack of privacy in Voluntary and Counselling Centers (VCT) on matters pertaining to personal issues which prevent Voluntary Testing because deaf people were accompanied by the interpreter in the counselling session. This in turn compromise confidentiality for hearing impaired in the HIV Testing and Counselling centers.

This finding is also consistent with Kelly, (1995) and Ndhlovu, (2015) who argued that there was need for stress and psychosocial counselling for traumatised children. Guidance and counselling teachers need to provide pupils with hearing impairment adequate counselling to enable them understand themselves and the environment they interact with on a daily basis.

Pupils also revealed that they do not go for guidance and counselling on HIV and sex topics because the teachers are adults hence find it appropriate to consult peers on such topics.

Another pupil said:

"I feel shy to go to the guidance and counselling teachers for counselling on sex related topics because they are adults"

This finding is inconsistent with research findings that indicate that there is increasing demand for counselling and piece of advice from people with disabilities in the study (Touko, et al., 2010; Chikopela and Ndhlovu, 2016). This could be due to the fact that these pupils consider it a taboo to talk about sex issues to elderly people. In addition, some families still hold on to traditional and cultural practices of not engaging children in sexual reproductive health talks as they approach adolescent. Such practices in the homes have also contributed to pupils not being able to open up to their guidance and counselling teachers on such matters thereby increasing the levels of ignorance on such matters. This therefore raises concerns if pupils really share accurate information backed by empirical evidence. Studies have indicated that as teachers are generally reluctant to discuss issues of HIV, and other emotionally charged topics, it is possible that the guidelines issued, may not be adequately adhered to, or the programme may be inconsistently implemented (Simwanza, 1999; Siatontola, 2004; Munachaka, 2006). This implies that potentially vulnerable learners with hearing impairment would be left out without adequate information to protect themselves from possible infection with HIV.

The findings also revealed that brochures are one of the ways in which pupils with hard of hearing learn about HIV/AIDS counselling. 5 (20%) out of the 25 pupils

explained that they have come to know about HIV/AIDS through the brochures that some medical personnel donated to the anti-AIDS club. Pupils also mentioned that even though some of them have access to these brochures, some of the terms in those brochures are difficult to understand. One pupil said:

"I have some brochures on HIV/AIDS but I do not understand everything that is written in them."

Another pupil said:

"I have learnt a lot about HIV/AIDS through the brochures that I get from the anti-AIDS club."

Consistent with this finding is Muzatu (2012) who noted that sign language, although a greatly diverse language system, lacks the vocabulary for certain scientific concepts such as HIV and CD4 count making it difficult to explain to pupils with hearing impairment. In addition, Simwanza (1999) revealed that there is need to provide supporting services that will enable knowledge and skills to be applied efficiently and to have an enabling environment that offer concrete service when needed. This finding shows that pupils just help themselves through reading brochures to acquire HIV/AIDS knowledge because there is no trained sign language teacher to give them guidance and counselling in that area. The situation is also exacerbated by not being helped by hearing pupils to interpret and explain the meaning of some words they fail to understand in the brochures in sign language.

Clubs at school were also revealed to be one of the ways in which pupils obtained guidance and counselling services. 8 (32%) out of the 25 pupils that participated in the study mentioned that clubs are one of the ways in which they learn about guidance and counselling. These pupils mentioned that they belonged to the anti-AIDS club and Young Women in Action (YWA) where they were able to learn one or two things from the interactions with hearing pupils. However, the pupils expressed concern on the patron's as well as hearing pupils' inability to communicate in sign language. Similarly, Monagham's (2003) study showed that individuals with hearing impairments were knowledgeable about HIV/AIDS but they lacked detailed information about the pandemic due to communication barrier, as a result recommended that multi-sensory methods be used in the sensitive topics using various pictorial methods, videos, drama and role plays.

4.2 Challenges faced by teachers in offering guidance and counselling to pupils with hearing impairment

This study also revealed that guidance and counselling teachers were not able to communication in sign language thereby requesting for hearing pupils who were familiar with sign language to be present in the counselling room to interpret. In line

with this finding, MOE (2004) argued that managing guidance and counselling programmes in the schools has not been effective due to the fact that guidance teachers are charged with the responsibility of providing guidance service whereby they have no or may have little skills to meet the diverse needs of pupils. Similarly, Schmaling and Monaghan's (2006) study cited communication barrier in the medical settings as health providers usually did not know sign language. Due to this factor lack of communication places pupils with hearing impairment at a disadvantage.

The teachers also revealed that they had no qualification in guidance and counselling. Their role in school was to be in charge of capturing pupils' details in relation to exams and partly giving guidance talks on hygiene only to girls on how to handle menstruation when they become of age. Once in a while talks on study skills were given to pupils in the exam classes so as to prepare them for exams. In contrast, Makinde (1988) argued that it is the duty of the guidance teacher or counsellor to provide counselling services for a person who showed signs of the following; personality maladjustments, annoyance, unhappiness, anger, inability to make aspirations into fruition, lack of knowledge and total failure. This finding shows that guidance and counselling teachers are not competent to offer the services to pupils with hearing impairment who are in need. Consistent with this finding is the contention by Schmaling and Monaghan (2006) which showed lack of trained personnel with medical background in public hospitals and counselling centers for the deaf. This placed deaf girls and women to be vulnerable as they were raped by those who took advantage of their deafness since they could not make an alarm nature. In addition, UNAIDS, (2009) argued that use of untrained personnel in the medical field in VCT centres compromise confidentiality for hearing impaired in the HIV Testing and Counselling centers.

The findings further revealed that there was no time allocated to guidance and counselling on the school time table. This became a challenge to create time to give guidance and counselling talks to pupils. One teacher said:

> *"We do not have guidance and counselling on the school time table. It is difficult to squeeze in time to offer guidance talks to pupils. It is only possible to give guidance to pupils in exam classes once in a year as they approach the exam classes. This is done in order to give them tips on study skills and how to prepare for the exams."*

This clearly shows that the school administrators have not seen the need for guidance and counselling in school and therefore have not bothered to create time for it on the school time table. For this reason, most pupils who face challenges in life and academics have no one to guide and counsel them at school. Some pupils however confirmed learning about HIV/AIDS in a biology subject, meaning that those pupils who instead take agriculture science other than biology would not learn about HIV/AIDS. This confirms the Ministry of Education (2006) directive that HIV/AIDS education should be integrated into the curriculum at all levels of education. Additionally, appropriate teacher and learner support materials have been developed

to support HIV/AIDS curriculum interventions. Further, educators have through in-service and pre-service programs been prepared to effectively integrate HIV prevention messages into lessons and curriculum, to existing curriculum policy.

This study also found that teachers have too many responsibilities in the school apart from guidance and counselling not being time tabled. Due to this factor, these teachers have no time to attend to pupils with hearing impairment in need of guidance and counselling because they are always overwhelmed with teaching and other responsibilities in the school. For this reason, teachers can adopt Monagham's (2003) approaches to eradicating HIV/AIDS among pupils such as peer education and behavior change communication, workshops, seminars, home visits and mobilization to disseminate HIV/AIDS information on the transmission, prevention, care and treatment.

5. Conclusion and Recommendations

Based on the findings, it is concluded that teachers lack training in guidance and counselling as well as communication in sign language as a result fail to give the HIV/AIDS counselling service to pupils with hearing impairment. Pupils also just help themselves mostly through brochures to access HIV/AIDS information.

The study therefore recommends that:-

1) Ministry of Education (MoE) should train and deploy guidance and counseling teachers in schools.
2) Guidance and counselling teachers deployed in inclusive and special schools must be trained in sign language.
3) School administrators should put guidance and counselling on the school time table to enable guidance and counselling teachers to offer the HIV/AIDS counselling to the pupils with hearing impairment.

About the Authors

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References

Albert, B. and Harrison, M. (2006). *Lessons from the disability knowledge and research programme, in: Bill Albert (Eds). In or Out of the main stream? Center for disability studies, school of sociology and social policy; university of Leeds, pp 1-12*

Ary, D., Jacobs, L.C. and Sorensen, C.K. (2010). *Introduction to research in education*. (8th ed.). Belmont, CA: Wadsworth Publishing Company

Ary, D., Jacobs, L.C. and Razavieh, A. (1990). *Introduction to Research in Education,* (4th ed.) Fort Worth: Harcourt Brace College Publishers.

Banda, S. and Mpolomoka, D.L. (2016). If you cannot read, forget about the other skills. *Adult Education and Development. 83, 104-108* https://www.dvv-international.de/en/adult-education-and-development/editions/aed-832016-skills-and-competencies/section-4-this-is-what-you-need/if-you-cannot-read-forget-about-the-other-skills/

Bat-chava, Y., Martin, D. and Kosciw, J.G. (2005). *Barriers to HIV/AIDS Knowledge and prevention among deaf and hard of hearing people. AIDS care, 17: 623-634*

Carmody, B. (2004). *The Evolution of Education in Zambia*. Lusaka: Bookworld Publishers.

Central Statistics Office (2007). *Zambia Demographic and Health Survey,* Lusaka: CSO.

Chikopela R., Ndhlovu D., Mandyata J.M. and Mpolomoka D.L. An Exploration of Play Environments for Learners in Inclusive Schools, *International Journal of Social Science & Interdisciplinary research (IJSSIR) Vol 7, (6) June 2018), pp.19-25 (online indianresearchjournals.com) ISSN2277-3630*

Chikopela R. and Ndhlovu D. (2017). Implications of Oral Language Instruction on Phonemic Awareness of Hard of Hearing Pupils in Lower Grades in Lusaka, Zambia, in *The International Journal of Multi-Disciplinary Research (online)* www.ijmdr.net *ISSN: 3471-7102*

Chikopela, R. and Ndhlovu, D. (2016). *The Gap in Provision of Guidance and Counseling to Deaf Pupils in Zambia's Schools: A Case of Chonga Primary School*, *Chongwe District*. Unpublished research.

Chisanga, G.M. (2011). Access to HIV and AIDS information to learners with hearing impairment in selected basic schools in central and Northern Province. Zambia. Unpublished research.

de Andrade, V.M. and Baloyi, B. (2011). "Some of the things I understand but not all of it". A group of deaf adolescents' sources of knowledge and concerns regarding the adequacy of their level of knowledge about human immunodeficiency virus/acquired immune deficiency syndrome. *Vulnerable Children and Youth Studies.* 6(3), 255-262.

de Andrade, V. and Baloyi, B. (2010). HIV/AIDS knowledge among adolescent sign-language users in South Africa. *African Journal of AIDS Research* 9(3), 307–313.

Fakolade, O.A., Adeniyi, S.O. & Tella, A. (2005). A comparative study of risk behaviour and HIV/AIDS awareness among adolescents with and without hearing impairment in south-western part of Nigeria. *International Journal of Emotional Psychology and Sport Ethics* 7(8), 24-31.

Govender, M.S. (2009). *The efficacy of the department of educations' response to HIV/AIDS in changing educators' and learners' risk behaviours.*

Goldstein, M.F., Eckhardt, E.A., P., Berry, R., Paradise, H. and Cleland, CM. (2010). *What do deaf high school students know about HIV? AIDS education and prevention, 22:523-537.*

Groce, N.E., Yousafza, A.K. and Van der Maas, F. (2007). *HIV/AIDS and Disability: differences in HIV/AIDS knowledge between deaf and hard of hearing people in Nigeria. Disability and Rehabilitation, 29:367-371*

Groce, N. (2004). HIV/AIDS & Disability: Capturing Hidden Voices – The World Bank/Yale Global Survey on HIV/AIDS. Washington, DC: The World Bank.

Groce, N. and Trasi, R. (2004). "Rape of Individuals With Disability: AIDS and the Folk Belief of Virgin Cleansing," *The Lancet* 363, pp. 1663-1664.

Heward, L.W. and Orlansky, M.D. (1988), *Exceptional Children* (3rd Ed). New York: Rheinhart and Winston Inc.

Kelly, M.J. (2005). *HIV/AIDS: A Justice Perspective,* Lusaka: Jesuit Centre for Theological Reflections.

Kelly, M.J. (1999). *What HIV/AIDS can do to Education and What Education can do to HIV/AIDS. Paper Presentation to the All Sub-Saharan Africa Conference on Education. UNZA: Unpublished.*

Kelly, M.J. (October, 1995). *"HIV/AIDS and Schooling in Zambia"* Jesuit Centre for Theological Reflections. J.C.T.R Bulletin No 26.

Kirk, S.A., Gallagher, J.J., Annastasiow, N.J. and Coleman, M.R. (1993), *Educating Exceptional Children.* New York: Houghton Mifflin Company.

Kochar, S.K. (2013). *Education and Vocational Guidance in Secondary Schools*. New Delhi: Sterling Publishers Private Ltd.

Leedy, P.D. and Ormrod, J.E. (2015). *Practical research: Planning and design*. (8th ed). New Jersey: Pearson Education.

Ludvigsen et al (2005). *Lets Play Together: Play and Inclusion Evaluation of Better Play*. https://www.scribd.com/document/80031123

Makinde, O. (1988). *Fundamentals of Guidance and Counselling*. London: Macmillan Education Limited.

Mandyata, J. M.; Chikopela, R*. Ng'ambi, S. N.; Kasonde-N'andu, S.; Ndhlovu, D.; Kalabula, D.M (Late) & Chinombwe, J (Late) Situational Analysis on the Integration of Disability Issues in Technical Education Vocational and Entrepreneurship Training (TEVET) Institutions Based in Lusaka, *Zambia Journal of Issues and Practice in Education JIPE Volume 9 No. 1, June 2017. ISSN 1821 5548*

McMillan, J.H. and Schumacher, S. (2006). *Research in education: Evidence-Based Inquiry,* London: Pearson Education, Inc.

McMillan, J.H. and Schumacher, S. (2001). *Research in education: A conceptual introduction***.** (5th ed.) New York: Longman.

Miles, S. (2000). Enabling Inclusive Education: Challenges and Dilemmas. EENET 2000

Ministry of Education (2006). *HIV/AIDS Work Policy for the Education Sector for Management and Mitigation of HIV/AIDS* (1st ed) Lusaka: Ministry of Education.

Ministry of Education (2004). *School Guidance Service: Managing a Guidance and Counselling Programme*, Lusaka: Curriculum Development Centre (C.D.C.).

Monaghan, L. (2003). *"Maryland 2003 HIV infection statistics for hearing and deaf populations: Analysis and Policy suggestions," In: Deaf Worlds 22 (1), spring 2006.*

Mulindwa, I. (2003). Study on Reproductive Health and HIV/AIDS among Persons with Disabilities in Kampala, Katakwi and Rakai Districts. Kampala, Uganda: Disabled Women's Network and Resource Organization.

Munachaka, J. (2006). *'Teachers Vulnerability to HIV/AIDS Infection: The Case of Lusaka District.' MEd. Dissertation, Lusaka: Unpublished, University of Zambia*.

Ndhlovu, D. (2015). *Theory and Practice of Guidance and Counselling*. Mission Press: Ndola.

Osowole, O.S. and Oladepo, O. (2001). Knowledge, attitude and perceived susceptibility to AIDS among deaf secondary school students in two south-western cities in Nigeria. *Journal of Special Education,* 9(1), 130-145.

Rule, et al. (2008). *HIV/AIDS and Disability: Three Country Study – Uganda, Zambia, South Africa. A Report commissioned by the World Bank*. South Africa: University of KwaZulu-Natal.

Siatontola, S.P. (2004). 'The Role of Teachers in HIV/AIDS education in Southern Zambia.' Unpublished Dissertation for Master of Education. University of Zambia.

Smith, C., & Tager-Flusberg, H. (1982). Metalinguistic awareness and language development. *Journal of Experimental Psychology, 34*, 449–468.

Simwanza, R. A. (1999). *Situational Analysis of Policy and Teaching HIV/AIDS prevention in Educational Institutions in Zambia*. Lusaka: UNAIDS.

Touko, A. et al. (2010). Sexual vulnerability and HIV seroprevalence among the deaf and hearing impaired in Cameroon. *Journal of the International AIDS Society*. 13(5). http://www.jiasociety.org/index.php/jias/issue/view/1450

UNAIDS (2009). *Disability and HIV policy Brief.*

UNICEF (1999). *The State of the World's Children's Education.* New York: United USAID (2003). *USAID Project Profiles: Children Affected by HIV/AIDS* (3rdEd). Washington D.C.: USAID.

White, C.J. (2005). Research: *A practical guide*. Pretoria: Ithuthuko Investments (Publishing).

World Bank and Yale University (2004). HIV/AIDS and Disability: Capturing Hidden Voices. A report for the Global Survey on HIV/AIDS and Disability. Available through the project website: http://cira.med.yale.edu/globalsurvey

World Bank (2003). Adolescents and Youth with Disabilities: Issues and Challenges. Washington, DC.

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