

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

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This study investigated knowledge, attitude and decision making on 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 research adopted a descriptive survey research design. Seventy-six students with hearing impairment participated in the study. Three hypotheses were postulated and tested. The main instrument used to gather data was Family Life and HIV/AIDS Education inventory with reliability coefficient of 0.73. Chi square and student t-test methods at alpha level of 0.05 were used to analyze 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 desired result among adolescents with hearing impairment and adolescents generally.

Introduction

Background to the Study

Nigerian adolescents are plagued 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 values, rapid urbanization, modernization, 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. The health implication on this productive group may be devastating.

In recent times, HIV/AIDS believed globally to constitute a health hazard has a high incidence 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 global public health issue since its discovery in 1981 (Osowole & Oladepo, 2001; Fakolade, Adeniyi, & Tella, 2005).

UNAIDS (2006) reported that an estimate of 25 million people have been killed worldwide since HIV/AIDS was first discovered in December 1981. In Nigeria also, the infection has continued to spread steadily since it was first diagnosed in 1986. The prevalence level increases from 1.8% zero prevalence in 1999 to 3.8% in 1994, 4.5% in 1996, 5.4 in 1999 and 5.8% in 2001 with a high proportion among adolescents aged 15-24 (Federal Ministry of Health & Social Science, 1999).

The consistent and alarming growing rate among youths especially adolescents with and without disabilities point to the fact that adolescents are sexually active and often take risks 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. This may be 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; Osowole & Oladepo, 2001). The disabled especially the hearing impaired of Nigeria population is seriously at risk and stand double jeopardy in relation to information and education on HIV/AIDS (Ademokoya & Oyewumi, 2001).

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 Groce, Yousa Fzai and Van-der Mass (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 of this study was not enough evidence for generalization, 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 a need for a formalized programme on sexuality and sex-related issue among adolescents (Falaye & Moronkola, 1999). Such programme must be the one that will empower the adolescents and adolescents with hearing impairment the necessary skills and information that will positively affect their sexual health.

The incorporation of Family Life and HIV/AIDS Education (FLHE) to schools at all levels in Nigeria is a programme that aim at development of skills, acquisition of knowledge and promotion of right attitude and decision making among adolescents generally. This is reflected in curriculum contents and strategies for programme dissemination as packaged 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). In essence, Family Life and HIV/AIDS Education will teach knowledge of self and family living respect for self and culture as well as the right kind of behaviour in children, young adults and adults.

The main goal of Family Life and HIV/AIDS Education (FLHE) as enunciated in the blueprints is to promote preventive education 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. The curriculum of Family Life and HIV/AIDS Education (FLHE) is also designed to teach adolescents how to respect and value themselves and others, and acquire the needed skills to make healthy decision about their sexual health and behaviour.

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

Although, Family Life and HIV/AIDS Education have 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 adolescents with hearing impairment in the wake of the sporadic spread of HIV/AIDS.

Statement of the Problem

Obviously, adolescents are vulnerable to so many vices in the society. One of such is unprotected sexual activities that have accounted for the spread of HIV/AIDS worldwide. 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 HIV/AIDS and how it spread. This is because of societal disposition which conspicuously reflect in planning and implementation of various programmes targeted towards improving sexual health of adolescents with hearing impairment. This is obvious in the depth of their knowledge of attitude to HIV/AIDS and inability to gird their sexual activities which has made the issue of the global epidemic to be difficult to control among adolescents generally. Therefore, this research work is 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 significance 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).

Method

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. Structured questionnaire was used to elicit response in each 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. The schools are located in the Southwestern and North Central parts of Nigeria. Family Life and HIV/AIDS Education Inventory (FLHE) were used in order to investigate knowledge, attitude and decision-making of the adolescents. 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 a 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 Cronbach alpha method.

Some example of questions included: 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). An example of question related to decision-making is: 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. The results of hypothesis one are presented on Table 1.

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). The results of hypothesis two are presented on Table 2.

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. The results of hypothesis three are presented on Table 3.

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 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) since 2003. The finding of this study revealed that Family Life and HIV/AIDS Education have proved significantly effective in changing sexual behaviour of adolescents with hearing impairment. These results contradict various findings that reported low knowledge and poor decision-making pattern HIV/AIDS among adolescents, especially adolescents with hearing impairment. According to the findings of this study, Family Life and HIV/AIDS Education has significantly increased awareness, improved knowledge of and changed attitude of adolescence with hearing impairment to risky sexual behaviour that can lead to infection of HIV/AIDS. The findings corroborated Mukhopadhyaya 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 was also supported by Doyle (1995) that found relatively high general knowledge about AIDS among eighty four college students. Gesinde (2008) in a related study 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 finding of this study lend support to the outcome of research carried out on involving the church in the provision of Christian Family Life Education by Jonathan-Ibeagha, Adedimeji, Okpala and Ibeagha (1999). Christian Family Life Education was considered to be significantly helpful in that it involves the teaching of spiritual and social skills that will help adolescents to cope with life challenges. This was evident in the dispositions of the selected adolescents 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 positively to information about HIV/AIDS as a result of Family Life and HIV/AIDS Education (FLHE, 2003). This corroborated research by Okubanjo (2001) who found significant difference between male and female awareness scores. They attributed this to the fact that male gender bothers less about the consequences of risk sexual behaviour.

Conclusion

This study explored Family Life and HIV/AIDS Education's (FLHE) influence on knowledge, attitude and decision making among adolescents with hearing impairment. The outcome of the finding revealed that Family Life and HIV/AIDS Education (FLHE) will be of immense benefit to the adolescents with and without hearing impairment. Hence, all stakeholders must use this research finding as basis to develop strategies to teach sexuality education so as to curb the spread of HIV/AIDS worldwide.

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, it is recommended that government should be more involved in programmes aimed at improving the health status of the society by allocating more funds for it. There should also be monitoring of the programme and taking of 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 FLHE programme as this will bridge the gap of communication and information among the hearing and hearing impaired. Parents and guardians should partner with appropriate authority to see that programmes on HIV/AIDS are attended to by all stakeholders using Family Life and HIV/AIDS Education (FLHE) blueprints.

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