

Level of Knowledge on HIV/AIDS and Risk Avoidance Practices Acquired by Deaf Youth in Western Region

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Abstract: HIV/AIDS is a major threat to the lives of young people given that about half of all new HIV infections occur amongst those aged 15-24 years. The AIDS pandemic continues to have a profound effect on families whether deaf or hearing. There is an international HIV/AIDS epidemic affecting Deaf communities in every part of the globe. NYAWERI VCT for the deaf in Western Kenya was established in September 2004 to respond to the needs of deaf people including poor access to information about HIV/AIDS, safe sex, inadequate treatment programmes, and issues such as confidentiality in the community. The purpose of this evaluation was to establish the level of knowledge on HIV/AIDS and risk avoidance practices so far acquired by deaf youth in Nyanza and Western Provinces. A descriptive Survey design was used to carry out the study. A conceptual framework showing factors that influence HIV/AIDS prevention was used in the study. From a target population of 792, purposive sampling was used to select 259 deaf youth respondents falling within the age range of 13-19 years. Ten respondents for FGD and 10 respondents for KII also formed part of the study. Questionnaires, Focus Group Discussion (FGD), and key Informant Interview (KII) were instruments used to collect data. Research instruments were piloted in 10% of the population to ascertain reliability. Face validity of the instruments were ascertained by experts from the department of special needs education of Maseno University. For purposes of analysis, data was categorised into two namely; those aware and those not aware of Nyaweri Deaf project to establish if there was any variance. Quantitative data was analyzed using descriptive statistics such as percentages, frequency counts and means. Qualitative data derived from the Focus Group Discussions and Key Informant Interviews were transcribed, categorized into emerging themes then content analysis conducted. Results indicated that respondents were aware of the prevention strategies such as avoidance of sexual intercourse with infected person, sharing of needles in piercing and tattooing, use of unsterilized instruments and unsafe sex. On the other hand they were aware of myths such as being infected with HIV through sharing of clothes, hugging and shaking of hands. Condom use as a safety measure was popular among the deaf community members. It is recommended that information on HIV/AIDS should be given to the deaf community in Kenyan Sign Language to enhance their understanding.

Keywords: HIV/AIDS safety measure, Condom use

Background to the Study

The HIV/AIDS pandemic is a global health problem whose cure has remained elusive for the past two decades since it first appeared in 1981. According to the UNAIDS [1] report, more than 25 million people have died of AIDS since 1981. At the end of 2007, women accounted for 50% of all adults living with HIV worldwide, and for 59% in sub-Saharan Africa. Generally, the global trend shows that the number of people living with HIV has risen from around 8 million in 1990 to 33 million by the end of the year 2007, and is still growing. About 67% of people living with HIV are in sub-Saharan Africa (UNAIDS, 2008). HIV/AIDS is therefore a major threat to the lives of the youth as about half of all new HIV infections occur among those aged 15-24 years [2]. In addition, UNAIDS (2010) has pointed out that there were 11.6 million AIDS orphans in Africa by the end of 2007. This implies that the youth are perhaps part of population worst hit by the epidemic. The AIDS pandemic continues to have a profound effect on families and communities in Africa, leading to a dramatic rise in the number of orphans and an increased demand for care and support for the affected.

HIV prevalence in the country increased from 6.7 percent in 2003 to 7.8 percent in the year 2007, indicating an increase of 1.2 million more Kenyans having been infected with the virus. Provincial ratings in the Kenya Aids Indicator Survey [3] report placed Nyanza within which Nyaweri operates, in the first place with a prevalence rate of 15.3 percent. According to the Reproductive Health Development Policy, the youth are persons aged between 10-24 years. UNAIDS (2008) report estimates that 7.1% - 8.5% of adults falling in the age group of 15-49 were already living with HIV/AIDS in Kenya by the end of 2007. Currently, this accounts for 75% of the HIV infections in Kenya, mainly through heterosexual contact.

HIV/AIDS is a major threat to the lives of young people given that about half of all new HIV infections occur amongst those aged 15-24 years. The AIDS pandemic continues to have a profound effect on families whether deaf or hearing. There is an international HIV/AIDS epidemic affecting Deaf communities in every part of the globe. NYAWERI VCT for the deaf in Western Kenya was established in September 2004 to respond to the needs of deaf people including poor access to information about HIV/AIDS, safe sex, inadequate treatment programmes, and issues such as confidentiality in the community. The purpose of the study was to establish the level of knowledge on HIV/AIDS and risk avoidance practices so far acquired by deaf youth in Nyanza and Western Provinces,

The HIV/AIDS pandemic has been prevalent in Kenya for over two decades since the first case of the HIV/AIDS infection was discovered in 1984. According to G.O.K [2] document on Adolescent Reproductive Health Development Policy, an estimated 2.2 million Kenyans have been infected with HIV/AIDS, while 1.5 million Kenyans have already died from the disease, and that about 20% of all reported AIDS patients were young people aged 15-24 years.

HIV/AIDS and the Deaf Community

According to Wilson & Monaghan [3], there is an international epidemic affecting deaf communities in every part of the globe. In a study conducted by Monaghan [5] in Maryland USA, findings indicated that deaf people are 2 to 10 times as likely as their hearing counterparts to be HIV positive. This has been attributed to the challenges they experience including poor access to information about HIV/AIDS and safe sex, inadequate treatment programmes, issues such as confidentiality within the community, difficulty in getting information from the media and lack of prevention programmes aimed specifically at them.

This has come to the realisation of various deaf communities in the world and each of these communities is currently making attempts to fight the scourge in a variety of ways. South Africa has developed HIV/AIDS education video tapes for the deaf; Gambia is spreading information about HIV/AIDS through small training programmes and plays in the deaf community. A group in the Chicago area in the USA has developed a website with American Sign Language videos about HIV/AIDS. Teferi [6] reports evidence of HIV/AIDS in the Ethiopian deaf community but notes that little is being done on awareness creation.

VSO/LVCT [7] reports two main approaches that are being used by organisations in Ethiopia to deliver services to foster HIV/AIDS awareness among the visually impaired. This include: Peer Education and Development of Information Education Communication materials. Zambia has reported to have innovative information management practices, which includes the use of transcription and prints of information on HIV/AIDS, use of audio books by the blind and the use of video cassettes with HIV/AIDS information.

There are various intervention strategies that have been found to be effective in HIV/AIDS prevention amongst deaf youth. A case study conducted on HIV/AIDS awareness project for the deaf in Nairobi, Kenya by Sahaya International Inc. in 2002 revealed that the use of Kenyan sign language and participatory interactive approaches were effective approaches for HIV/AIDS awareness creation. The case study also found that the use of magnetic theatres which entails use of short dramas and skits acted by disabled people were important strategies because they combine education and entertainment. Although the Kenyan government recognizes the challenges posed by the combined effect of disability, particularly deafness, and HIV/AIDS, and observes that it is a situation of extreme need, the extent to which the scourge has infected or affected persons with disabilities, including the deaf youth, has not been determined yet they have similar levels of prevalence as the rest of the population [8].

Maletse and Morgan [9] have reported that there is HIV/AIDS epidemic affecting deaf communities in all parts of the world. Other researchers (e.g., Wilson & Monaghan, [4]) have also revealed that many deaf people are today living with HIV and are dying of AIDS at a far greater rate than their hearing counterparts mainly due to lack of access to information on HIV/AIDS, safe sex and adequate treatment programmes. According to Wilson and Kakiri [10], Kenyan deaf men uninformed about AIDS have been married by their communities to widows infected with HIV by their

diseased husbands. According to Adoyo [11], radio programmes teaching about HIV/AIDS are inaccessible to deaf people and television programs are rarely interpreted or captioned for the deaf. Print magazines and journals may not reach rural areas where a high rate of HIV/AIDS prevails and the significant incidence of illiteracy among deaf people also hinders efforts to raise their awareness of HIV/AIDS through print.

Having realized that deaf Kenyans were dying of AIDS, the Kenya National Association of the Deaf, Western Region started a project for deaf people which would coordinate creating awareness on HIV/AIDS issues in the deaf community in this region. This project was named NYAWERI VCT which is an acronym for NYANZA, WESTERN and RIFT VALLEY region. The purpose of NYAWERI VCT project was to disseminate HIV/AIDS related information to members of the deaf community who are themselves deaf, in a language that they were able to understand with ease i.e., Kenyan Sign Language, serving an estimated population of 30,000 deaf people from Nyanza, Western and Rift Valley provinces. The project was set to meet the following needs:

- Create awareness on risk practices that may render deaf youth vulnerable to HIV infection;
- Engage peer educators in disseminating HIV/AIDS information amongst the deaf communities through outreach programmes that involve campaigns and community mobilization;
- Offer effective and quality Voluntary Counselling and Testing (VCT) services to the deaf community using Kenyan Sign Language as a channel of dissemination;
- Set up a VCT centre and mobile facility for the deaf that would cater for the deaf in Nyanza, Western and Rift Valley provinces;
- Provide Home-Based Care (HBC) services and enhance the quality of life of deaf members who are HIV positive and those with AIDS;
- Establish community computerized health information and sign Language programme on HIV/AIDS for the deaf community;
- Network with the relevant stakeholders and partners to fight HIV/AIDS scourge in the deaf community.

Statement of the Problem

The first time cases of HIV/AIDS was diagnosed it was thought that prevention was the only way to avert all human, social and economic cost of HIV infections. However, the continued spread of the pandemic has shown that factors that had fuelled HIV/AIDS in the first place are still impeding prevention, care and social support. Nyaweri VCT for the deaf was established to take care of the needs of the deaf people who were unable to access HIV/AIDS information on prevention that were presented in spoken language. Whereas a number of evaluative studies on the impact of HIV preventive strategies in the general population had been carried out but none seemed to have directly targeted the deaf community whose population is about 30,000 in Nyanza and Western provinces. This limitation prompted the need for this study. While the results of the evaluation would reveal the behaviour patterns of the deaf community with regard to HIV/AIDS prevention, it would also indicate the impact of the Nyaweri project for the deaf.

Purpose of the study

The purpose of the study was to establish the level of knowledge on HIV/AIDS and risk avoidance practices so far acquired by deaf youth in Western region.

The specific objectives of this evaluation were to:

- Establish the level of knowledge on HIV/AIDS and risk avoidance practices so far acquired by deaf youth in Western region.

RESEARCH METHODOLOGY

A descriptive Survey design was used to carry out the study. A conceptual framework showing factors that influence HIV/AIDS prevention was used in the study. From a target population of 792, purposive sampling was used to select 259 deaf youth respondents falling within the age range of 13-19 years. Ten respondents for FGD and 10 respondents for KII also formed part of the study. Questionnaires, Focus Group Discussion (FGD), and key Informant Interview (KII) were instruments used to collect data. Research instruments were piloted in 10% of the population to ascertain reliability. Face validity of the instruments were ascertained by experts from the department of special needs education of Maseno University. For purposes of analysis, data was categorised into two namely; those aware and those not aware of Nyaweri Deaf project to establish if there was any variance. Quantitative data was analyzed using descriptive statistics such as percentages, frequency counts and means. Qualitative data derived from the Focus Group Discussions and Key Informant Interviews were transcribed, categorized into emerging themes then content analysis conducted. Quantitative data was appropriately coded before keying into Statistical Package for the Social Sciences

Version 16. The data was analyzed using descriptive statistics i.e., percentages, frequency counts and means. Qualitative data derived from the Focus group discussions and Key Informant Interviews was transcribed, categorized into emerging themes then reported in text form.

RESULTS AND DISCUSSIONS

Demographic information on the respondents' ages, sex and educational backgrounds summarised in tables 1, 2, and 3 respectively.

Table 1: Age group of the Respondents (n=259)

10-13	32	12.4
14-17	153	59.0
18-23	74	28.6
Total	259	100

Table 2: Distribution of the Respondents by sex (n=259)

Sex	f	%
Female	154	57.1
Male	115	42.9
Total	259	100

Table 3: Distribution of respondents Level of schooling (n=259)

Level	f	%
Primary	166	64
Secondary/Vocational	93	36
Total	259	100

Knowledge of HIV/AIDS and Risk Avoidance Practices

The study investigated the level of knowledge of HIV/AIDS and risk avoidance practices among deaf youth. Findings revealed that their risk perception of contracting HIV was such that 112 (44%) were of the opinion that they were at high risk, 72 (26.9%) indicated they were at low risk and 68 (29.1%) indicated they were at no risk at all. This finding indicates that generally risk perception is low among the youth who are deaf in Nyanza and Western provinces in Kenya and concurs with Touko et al. [12] study involving deaf youth in Cameroon who also found that only 36% of the youth in the study in Cameroon considered themselves to be potentially at risk of contracting HIV/AIDS.

A number of explanations for the difference in opinions were expressed by youth in the different categories of risk perception. A summary by one male respondent from Mumias during Focus Group Discussion (FGD) was as follows:

"HIV/AIDS is everywhere; people are dying of AIDS, everyone is at risk, it's highly spreading, easily acquired, and people are not abstaining, many sexual partners, besides, HIV/AIDS is not only transmitted through sex but from other contaminated tools used by infected persons."

On the other hand, one male respondent from Bungoma in the low risk focus group discussion stated that

".....those at school are abstaining, not having sex, and are trying to behave morally upright and use safety measures which are recommended."

One respondent from Nyanza who maintained that he was not at risk gave the following reason:

"I am healthy. I am not involved in bad behaviour. I have abstained, I have no sexual partner, I have never had a girl-friend, I have undergone training in counselling."

The above information indicates that deaf youth exhibit varied levels of risk perception, even if they come from the same region.

Table 1 shows the opinion of deaf youths on ways of contracting and controlling HIV/AIDS, together with their attitude towards people living with HIV/AIDS (PLWAs). The information is from two groups of respondents; those who were aware of the existence of Nyaweri Deaf Project (n=159) and those who were not aware of Nyaweri Deaf Project (n=100). Among those who were aware of Nyaweri, results showed that sexual intercourse with an infected person was

selected by the highest number of respondents 149 (93.7%) as the main way of contracting HIV, followed by use of unsterilized instruments and sharing of needles in ear piercing, in that order. This concurs with the assertion made by Hubley [13] who reported that the main route for the spread of HIV/AIDS is sexual intercourse between two people when one person is carrying the virus. This report also revealed that sharing of clothes, hugging and shaking hands were not considered as ways of contracting HIV as they were only cited by 14 (8.8%), a finding which is similar to Touko [12] study on myths linked to HIV/AIDS.

Among those who were unaware of Nyaweri, the most important way of contracting HIV/AIDS was by sharing needles in ear piercing, followed by sexual intercourse with infected person and use of unsterilized instruments, in that order. From the results, it appears that whether aware or unaware of Nyaweri activities, respondents were conversant with the main routes of HIV/AIDS transmission. In both cases, the four main ways of contracting HIV/AIDS were sexual intercourse with an infected person as observed by Hubley [13], sharing of needles in ear piercing and tattooing, use of unsterilized instruments and deep mouth kissing. It is noted that although a large population of the respondents were aware of the main ways through which HIV/AIDS is transmitted, a substantial proportion still believes in false modes of infection. This concurs with Giro [14] study in Kenya in which deaf respondents gave similar views.

In terms of awareness of HIV/AIDS control strategies, the majority of the respondents concurred that condoms though widely used cannot be guaranteed to protect oneself against HIV/AIDS. Use of condoms was reported as an indication and evidence of care of oneself and others by 114 (76.0%) of those aware and 72 (69.9%) of those unaware of the existence of Nyaweri. Those aware of Nyaweri, 91 (59.9%) indicated that it would be very risky to indulge in sex without condoms versus 71 (69.6%) among those unaware.

Table 4: Opinion on ways of contracting, controlling of HIV and attitude towards PLWAs

Opinion on ways of contracting HIV (alpha coefficient=0.64)	<i>Aware (n=159) Frequency</i>	<i>%</i>	<i>Unaware (n=100) Frequency</i>	<i>%</i>
<i>Deep mouth kissing</i>	96	60.8	55	52.9
<i>Sexual intercourse with infected person</i>	149	93.7	84	79.3
<i>Use of unsterilized instruments</i>	137	86.7	74	71.2
<i>Sharing of needles in ear piercing</i>	136	86.1	85	81.0
<i>Sharing clothing with an infected person</i>	14	8.8	18	17.0
<i>Personal casual contact e.g. sharing hands, hugging</i>	14	8.8	10	9.4
Opinion on HIV/AIDS control strategies (alpha coefficient=0.38)				
<i>Condoms can't be trusted to protect you</i>	70	45.2	38	36.5
<i>If I suggest use of a condom my partner will be suspicious of me</i>	73	47.1	53	51.0
<i>If a man gives a woman a gift he expects sex in return</i>	101	64.3	60	57.7
<i>I cannot make right decision on sex when under the influence of alcohol</i>	90	58.4	48	46.6
<i>Using a condom shows that I care about both of us</i>	114	76.0	72	69.9
<i>I can tell my partner that there will be no sex without a condom</i>	91	59.9	71	69.6
Attitude towards PLWAs (alpha coefficient=0.37)				
<i>If a pupil/student is infected with HIV/AIDS, they should be removed from dorm Premises</i>	45	30.2	45	45.5
<i>If I know that a shopkeeper selling had HIV, I will not buy food from him/her</i>	37	24.8	38	38.0
<i>If a pupil/student declares that he/she is HIV positive, but is not sick, he/she should be allowed to continue with school.</i>	118	79.2	64	64.0
<i>If a member of my family becomes infected with HIV, I would want it to remain a secret</i>	87	58.8	72	72.0

It was also noted that gifts offered to women by men had strings attached to them, as men would expect sex in return. For those who were aware of the existence of Nyaweri, 101 (64.3%) responded that if a man gave a gift to a

woman, then he would expect sex in return. Among those not aware of Nyaweri’s existence, only 60 (57.7%) asserted a similar opinion.

Findings indicate that whereas 58.4% of those aware of the existence of Nyaweri and 46.6% of those not aware held the view that alcohol or drugs had influence on the decision to have sex, 47.1% of those aware and 51.0% of those not aware expressed fear that if they suggested use of a condom to their partners, then their partners would feel offended as this would imply they are infected by HIV/AIDS. In general, condom use by the respondents in this study was seen to be popular as a safety measure. Respondents held the view that condoms take care of the partner as well. Condoms were also considered as a means of protecting them from contracting STIs and prevent unwanted pregnancies as shared by a key informant working as a VCT coordinator for Nyaweri in Nyanza:

“We know deaf people use condoms because whenever they come for information at the VCT, they ask for condoms as they leave. According to them, this protects them from STIs and pregnancy. The level of condom use is high because we see condoms disappear very fast from condom dispensers. Men are more open than women who are ashamed of collecting condoms.”

These comments confirm the preference for condom use by a large percentage of respondents. The finding is consistent with the general assertion by Ogot [15] that condoms are widely used as a way of preventing HIV/AIDS and STIs. The fact that more men than women seem to be picking condoms from dispensers may not necessarily be due to the fact that women consider the act shameful, but because what is ordinarily available in the dispensers are male condoms.

The level of knowledge of HIV/AIDS is critical in determining the degree to which one can avoid risks and choose a strategy to control HIV/AIDS. In this evaluation, respondents were asked to provide justification for the choice of intervention strategies used based on their perspective. Again results were categorized and analysed into two groups of respondents, that is those aware and those not aware of Nyaweri project. The results were condensed in Table 5

Table 5: Reasons for condom use

Reasons for condom use when having sex	Aware		Unaware	
	No.	%	No.	%
<i>Prevention against pregnancy</i>	44	57.9	25	49.6
<i>Protection against HIV/AIDS</i>	43	56.6	29	46.0
<i>Protection against other STIs</i>	36	47.4	25	39.7
<i>Adventure</i>	8	10.5	7	25.0
Reasons for not using condom when having sex				
<i>I trust my partner</i>	27	35.5	32	50.8
<i>I feel embarrassed</i>	24	31.6	15	23.8
<i>Condoms are expensive</i>	9	11.8	10	15.9
<i>Condoms are cumbersome to use</i>	18	23.7	13	20.6
<i>I feel embarrassed to acquire from dispensary</i>	33	43.4	30	47.6
<i>I feel embarrassed to buy from shop</i>	31	40.8	28	44.4
Reasons for not having sex				
<i>I am just not ready for sexual intercourse</i>	62	79.5	33	78.6
<i>I do not have enough money to buy condoms</i>	13	16.7	13	31.0
<i>I am concerned about pregnancy</i>	66	84.6	34	81.0
<i>I am afraid of contracting STIs including HIV/AIDS</i>	67	85.9	38	90.5
<i>I am abstaining till marriage</i>	41	52.6	31	73.8
<i>I am embarrassed to use condoms</i>	20	25.6	16	38.1
<i>I do not have sexual partner</i>	39	50.0	23	54.8

It is worth noting that the non-response rate for questions on reasons for using condoms was 48% and that of not using condoms was 32%. Notwithstanding these non-response rates, and among those who were aware of the existence of Nyaweri, 44 (57.9%), 43 (56.6%), and 36 (47.4%) indicated that condoms can be used for prevention against pregnancy, protection against HIV/AIDS and protection against STIs, respectively. One FGD participant from Nyanza, had the following to say:

We prefer the use of condoms because it prevents pregnancy and STIs”

The proportions among those unaware was lower as 49.6%, 46.0% and 39.7% indicated that condoms can be used for prevention against pregnancy, protection against HIV/AIDS and against STIs respectively. In an interesting result, few respondents, 10.5% of those aware and 25.0% for those not aware, indicated that they use condoms for adventure.

Table 5 also provides respondents' opinions on the reasons for not using condoms during sexual intercourse. Among respondents who had engaged in sex and were aware of Nyaweri, 35.5% did not use condoms because they trusted their partners, 40.8% felt embarrassed to buy condoms from wherever they were to be purchased, 43.4% were embarrassed to acquire them from a dispensary and 31.6% just felt embarrassed to use condoms. Among those unaware of Nyaweri, 50.8% did not use condoms because they trusted their partners, 47.6% felt embarrassed to acquire them from the dispensers and 44.4% felt embarrassed to buy from the shop. The cost of the condoms did not appear to be an issue as only 11.8% and 15.9% in the two groups felt it was not a reason to stop them from its use. Summarily, people simply did not use condoms either because of embarrassment or trust for their partners. About 20% of the respondents said condoms are cumbersome to use as a reason of not using it. This view is shared by Touko et al [12].

When respondents were asked to provide reasons for not having sex, the results were as follows; 85.9% among those who were aware and 90.5% among those unaware had not engaged in sex for fear of contracting STIs including HIV/AIDS, followed by 84.6% and 81.0% who were concerned about pregnancy or getting someone pregnant, 79.5% of those aware of Nyaweri and 78.6% of those unaware of Nyaweri, were not just ready for sexual intercourse. This was confirmed by one female FGD respondent from Kisumu and male respondent from Rongo, who reported as follows:

"It is shameful to give birth before marriage- female respondent. "I can't marry a girl who has given birth before marriage."- Male respondent

When asked whether to isolate a student with HIV/AIDS, the number of respondents who agreed that a student should be allowed to continue with studies despite the positive status was 79.2% and 64% amongst those aware and unaware, respectively, rejecting the myth that HIV/AIDS is contagious. A small proportion of the respondents, 30.2% of those aware and 45.5% among those unaware agreed with isolating an HIV positive student from the dormitory. Some respondents felt that an infected person should not handle foods. This was alluded to by 24.8% and 38% for categories who were aware and unaware respectively, indicating a much more negative attitude towards PLWHAs among these respondents.

The foregoing results concur with Hanass-Hancocks [16] study which reported that although people with disabilities had HIV/AIDS knowledge, certain control measures including attitudes towards PLWA were still negative. On the declaration of status, 58.8% among those aware and 72% among those unaware indicated that they would not declare the positive status of a member of their family but rather keep it secret. In general, the attitude towards PLWHAs was positive except for a few cases where respondents felt otherwise. The results seem to suggest that those not aware of Nyaweri still hold negative attitudes towards PLWAs.

In view of these findings, it is safe to conclude that Nyaweri has to a reasonable extent changed the behaviour patterns of the deaf youth as confirmed by a female community mobilizer at the Nyaweri VCT center when she commented thus;

We monitor our clients' behaviour through questionnaires filled during visits to our VCT centre and results seem to show a decrease in the number of sexual partners among those who have been counselled.

Similar observations were reported by one female FGD respondent from Rongo, South Nyanza who said;
Some of my friends whom I knew had multiple partners have since changed after counselling and are now having one partner.

This behavioural Change Communication approach (BCCA) has been utilised by many programmes to enhance awareness [7].

This study established that there was adequate HIV/AIDS knowledge amongst the deaf respondents regardless of whether they were aware or not of Nyaweri HIV counselling services. Respondents also prioritized the various means of HIV/AIDS transmission. Level of awareness of intervention measures for those aware and not aware of Nyaweri was equally high. A substantial number of respondents went for the HIV test and a good proportion were working as

HIV/AIDS Peer educators and volunteers as a result of Nyaweri deaf VCT campaign. The level of stigmatisation of HIV/AIDS positive people was low.

Recommendations

A multi-pronged approach that includes information, services and attention to the context within which the deaf youth make decisions on risky sex and related behaviours should be of primary concern.

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