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## Modes of Disseminating HIV and AIDS information to Persons with Hearing Impairments: A case of Lusaka Urban

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### Abstract

This study sought to investigate Practices in Disseminating HIV and AIDS information to individuals with Hearing Impairments in Lusaka urban. This paper is an extract from one of the objectives of the study. The descriptive survey design was used as it was ultimate in the main report. The sample included parents of children with Hearing impairments from Munali Secondary school, Zambia National Association for the Deaf (ZNAD) and teachers from Munali Secondary School. Data was collected using structured interview guides. This method was used to enable the researcher avoid biases when collecting data and to have a clear picture of modes of disseminating HIV and AIDS information to learners with hearing impairments. Purposive sampling technique was used to pick a sample of nine (9) teachers and five (5) parents. The findings of the study from the first objective revealed that most of the teachers and parents were slightly engaged in disseminating HIV and AIDS information due to language barrier. As a result of vocabulary and insufficient materials tailored for the hearing impaired it was challenging to disseminate information. Qualitative data was analyzed using different themes that emerged during data collection.

Results revealed that the modes of disseminating HIV and AIDS information to individuals with hearing impairments were through drama, peer education, television and life skills. The study also brought to light the fact that individuals with hearing impairments were knowledgeable about HIV and AIDS but they lacked detailed information about the pandemic due to communication barrier. It was recommended that multi-sensory methods should be used in the sensitive topics using various pictorial methods, videos, drama and role plays.

**Keywords:** *Hearing Impairments, dissemination, HIV and AIDS, sign language, multi-sensory methods*

### Introduction

One of the major concerns in the area of HIV and AIDS has been the mode of disseminating information to all individuals including those with Hearing Impairments. In this paper the author discusses modes of disseminating information on HIV and AIDS to individuals with Hearing Impairments. The Hearing Impaired use sign language which is not known to many people. The Hearing Impaired may not access verbal information, and sometimes written language is too comprehensive to be decoded. They understand pictorial language easily. As a result of communication barriers individuals with hearing impairments rely on their family members, and friends for information.

### Objective of the study

- To establish modes of disseminating HIV and AIDS information to individuals with hearing impairments.

### Research Question

- What are the modes of disseminating information on HIV and AIDS to individuals with hearing impairments?

### Research Methodology

The study took a descriptive survey design. The descriptive method was adopted because of its usefulness in describing the situation as regards modes of dissemination of HIV and AIDS information to the hearing impaired. This design was selected because it followed a method of collecting data by interviewing a number of respondents (Orodho, 2003) [14]. The study used qualitative methods of data collection. Qualitative in this context implies natural setting, where case studies of institutions and communities are incorporated. Therefore descriptive research design was appropriate in this research. Kombo and Tromp (2006) [5] explained that, descriptive design could be used when collecting information about people's opinions, social issues,

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attitudes, or any of the modes of education. Data was collected from teachers and parents of learners and out of school youths with hearing impairments. The study included 9 teachers and 5 parents in the study sites. Interview schedules were used to collect data from the target group. This technique was employed because of freedom the interviewer had to adapt both to changing situation and for the respondents. The interviews gave liberty to ask and get more detailed information than limiting themselves to a set of predetermined question.

### **Modes of disseminating information on HIV and AIDS to individuals with Hearing Impairments**

Mprah (2011) <sup>[11]</sup> stated that modes of disseminating knowledge on HIV and AIDS to persons with hearing impairments in Ghana, aimed at identifying correct possible gaps and awareness for them. Ghana National Association of the Deaf (GNAD) targeted the individuals with hearing impairments who were fluent in the Ghanaian Sign Language (GSL). It was mentioned that, there was a lack of in-depth understanding and awareness on critical issues on HIV and AIDS among the hearing impaired in Ghana.

This is a source of concern globally as persons with hearing impairments have not received adequate information on HIV and AIDS. However, there has been a clear indication that individuals with hearing impairments have misconceptions that one could get HIV and AIDS by physically interacting with people who have the condition. This research was based on misconceptions on HIV and AIDS, preventive methods that could be disseminated to the hearing impaired. Basically it has been in order to disseminate information to the individuals with hearing impairments on HIV and AIDS by helping them develop and acquire positive attitudes. This was done by coming up with programmes and services for the hearing impaired community on HIV and AIDS. In Ghana friendly training center have been designed for the hearing impaired for the acquisition of more knowledge on HIV and AIDS.

The persons with hearing impairments have been trained in counselling on HIV and AIDS. A training centre was established for counsellors in sign language in collaboration with GNAD. It was formed by networking, scaling-up sensitisation projects and mobilisation of Persons Living with Disabilities (PLWDs) to access HIV and AIDS interventions. Teachers, parents, church members, family members, persons with disabilities have been among those trained as counsellors in HIV and AIDS. The researcher observed that this was a turning point for close members of the family and society to be involved by working hand in hand with the hearing impaired on issues of HIV and AIDS.

Poku (2008) <sup>[15]</sup> supported the assertion that lack of accessible hearing impaired friendly information was a possible reason for ignorance and access to quality information on HIV and AIDS. The study encouraged many teachers, parents, and health practitioners to be trained in sign language. This was in order to reach out to many individuals with hearing impairments on issues of HIV and AIDS. The research noted that the involvement of parents and teachers was a great move taken in Ghana. Additionally in a different study conducted by Groce (2005) <sup>[3]</sup> it was stated that people with disabilities were a vulnerable group on HIV and AIDS. This has been as a result of believing in wrong modes of transmission. The researcher observed that the service providers have been unfriendly and persons with disabilities have complained of health workers who behaved rudely towards them because of

misunderstanding each other. Through interaction with persons hearing impairments the researcher observed that they felt discouraged from going to health workers who could give them useful information about HIV and AIDS. Therefore the researcher was of the view that Groce's study on training of the church members, NGOs, persons with hearing impairments including those without hearing impairments in sign language on HIV and AIDS issues was timely.

Additionally another study conducted by Groce, Trasi and Yousafzai (2006) mentioned that lack of special programmes from government and the private sector, targeting people with disabilities on HIV and AIDS related issues was proposed. The above mentioned scholars main source of concern was coming up with outreach efforts for person with hearing impairments on modes of disseminating HIV and AIDS information. This was as a result of the lack of education for individuals with hearing impairments which inhibited them to have the ability to obtain and process information. It is a clear indication that information on HIV and AIDS was in inaccessible formats such as the radio campaigns, billboards which had complex language. The researcher noted that most information on HIV and AIDS have had complex or vague messages as a result the hearing impaired could not understand. It is a fact that even clinics and health services have had inaccessible services for the hearing impaired due to language barrier. Therefore the above scholars advocated for more disseminating of HIV and AIDS information by simpler means of producing Information Education Communication (IEC) materials in language the hearing impaired would acquire including sign language and training more individuals with hearing impairments..

Furthermore studies conducted by the above scholars, (Meena, 2005) <sup>[10]</sup> supported this at a continental HIV and AIDS sensitisation workshop for the hearing impaired in Dar es salaam, Tanzania. It was revealed that persons with hearing impairments were a marginalised group. This has been as a result continued risk behaviours, vulnerability and lack of access to HIV and AIDS information and services. There has been little information which has reached the individuals with hearing impairments because the majority could neither read nor write.

Therefore Meena, proposed for education training on HIV and AIDS to be provided by means of IEC print (newspapers, magazines, newsletters, pamphlets etc.), electronic (Radio, TV, internet, telephone (through messages). Traditional and cultural (theatre, drama shows, sport and many more) sources have been appropriate modes of disseminating HIV and AIDS information effected in Tanzania. This has been by involving NGO's, the media, health personnel, teacher and parents The researcher observed that in Tanzania the above mentioned modes of disseminating information have contributed significantly to the higher level of HIV and AIDS awareness to the hearing impaired. The most effective modes of disseminating information were through the use IEC materials, drama, songs and video shows. These training programs have been tailored to meet the needs of all the persons with hearing impairments.

The non-streamlined roles of potential partners in mainstreaming HIV and AIDS issues has caused lack of proper dissemination of HIV and AIDS information globally. It is a clear indication that there has been lack of health trained service providers to help person with hearing impairments globally. Persons with hearing impairments have not received information on common prevention programmes. None of the programmes have been included for persons with

hearing impairments (with disability-specific approaches). As a result this excluded or deprived persons with hearing impairments of health education, particularly on sex education and HIV and AIDS. Persons with hearing impairments have been marginalized, thus the double stigma of disability plus HIV and AIDS.

In the same vein, Caputo's (1988) <sup>[2]</sup> study on Uganda's success in reducing HIV prevalence was attributed to a strong political commitment from all levels of government. This was as a result of a positive attitude of openness to address HIV and AIDS issues which had claimed many lives of people in Uganda. This was achieved by strong communication with family and community levels and using multi-sectoral approach. Uganda effected programs for prevention, VCT, treatment, care with emphasis on behaviour change. Additionally, (Low-Beer and Stoneburner 2004) <sup>[6]</sup> reported that Ugandans responded to the call on reducing the pandemic by avoiding risky behaviours through abstinence or postponing sexual activities. This was advocated by remaining faithful to their partners. It was observed that despite strong political representation, disabled persons have been marginalized on a number of levels. Although there has been a high level of awareness on HIV and AIDS among the general public in Uganda it has been revealed that some the hearing impaired were reported to be ignorant on the deadly disease. This has left them very vulnerable to the HIV virus.

Mbewe (2005) <sup>[7]</sup> stated that the provision of literacy to 38% of individuals with hearing impairments were in schools while 62.3% were out of school and were illiterate. This therefore brought about ignorance to them on HIV and AIDS. The researcher noted that in spite of the efforts made on disseminating information on HIV and AIDS, language barrier has been a barrier for persons with hearing impairments.

In the revised curriculum Ministry Of Education Science Vocational Training Early Childhood Education (MESVTEE 2013) life skills have been integrated in all subjects of the school curriculum. It was revealed that HIV and AIDS information would be incorporated for the learners with SEN. In Zambia Life skills have been modes which have equipped the learners with knowledge, value and skills by the teachers. This notion was supported by ministry of education in collaboration with Parent Teacher Association (PTA). Of much importance learners' representatives is cardinal, reasons being that learners were the windows of hope for the future even though some could be infected. Carmody (2004) <sup>[11]</sup> also observed that education contributed a solution by enhancing learner informed choices. The role of educators in the fight against HIV and AIDS was to provide information to learners on HIV and AIDS.

Additionally, (UNESCO, 2000 and 2005 and National HIV/AIDS/STI/TB Council 2006) <sup>[17, 18, 13]</sup> advocated for Behavioural Change Communication (BCC) programmes to be commenced in schools in order to combat the high rates of HIV and AIDS among the learners and out of school youths. In pursuit to add value to on-going researches the researcher revealed that the Parent Teacher Association in collaboration with MESVTEE embarked on BCC activities to succeed. The programmes were meant for the involvement of school learners by promoting HIV and AIDS with the classroom and curriculum activities. These activities have currently encouraged peer education amongst young people both in schools and out of schools in order to share information they have already acquired with the school programme and out of schools. Zambia has had effective BCC HIV and AIDS

information dissemination programmes through anti-AIDS clubs, songs, electronic and IEC media. This has been done in order to enhance positive attitudes and practices that promote protection of self through different activates such as, drama, football, netball, anti-AIDS programmes, anti-AIDS Clubs in schools and many more on modes of disseminating HIV and AIDS information. This has continued spearheading important awareness movements which have gradually reached out to most learners though not so much for the hearing impaired learners.

According to the researcher the above evaluations of BCC activities seem to have been spread around Zambia but have disadvantaged persons with hearing impairments. The researcher observed that whilst this has been taking place, individuals with hearing impairments have received less or no attention on BCC programmes. Various activities have been expanded and strengthened in communities, schools, work places, service centres, and traditional networks including peer-education programmes. It has been noted that almost all of them have been inaccessible for persons with hearing impairments due to language barrier.

Meanwhile Rompay (2007) <sup>[18]</sup> alluded to the fact that in Kenya, there is a specific training manual developed by indigenous peer education network. Rompay's document comprises of interactive-based activities of sexual health, HIV and AIDS published based on practices of disseminating HIV and AIDS information to individuals with hearing impairments. It was meant for free distribution to the community to promote peer education on HIV-related issues. It has been observed that the Kenyan training manual has very rich literature on modes of disseminating HIV and AIDS information to the hearing impaired.

Another scholar Steven's (1998) analysis on HIV and AIDS among the individuals with hearing impairment warns against the homogenisation of the community stressing the various differences within the larger community. This author also drew attention to the issues of sexual indulgence, high risk to infection and access to care which could come as a result of hearing impairments. The fundamental issue was more on sexual indulgence and HIV risk in the deaf community. After all this was analysed Steven recommended that HIV and AIDS education materials and methods needed to be designed in American Sign Language (ASL) and other types of Sign Language used globally.

Further, the researcher was of the view that the recommended uses of IEC pictorial visual tools, role-playing exercises and small group meetings conducted by peer educators have been more effective in modes of dissemination HIV and AIDS information to the hearing impaired. It was noted that peer educators referred to are individuals with hearing impairments. On the other hand it was revealed that due to the cultural cohesion of the hearing impaired community, all educational materials were to be developed in partnership with individuals with hearing impairments. Therefore all materials should include pamphlets that provide specific explanations along with visual aids and sign language with structured word phrases. It has been observed that advocates in the HIV and AIDS campaign should be encouraged to convey the message in sign language video tapes with written captions.

Another aspect which has been highlighted was that posters that included people signing to one another should be displayed specifically portraying HIV and AIDS with regard to individuals with hearing impairments. It has been revealed that that sexual, HIV and AIDS education programs should be

introduced in all school-based-instruction for the individuals with hearing impairments both in the mainstream or residential schools as modes of disseminating information. The researcher observed that practices which have been implemented locally and globally have not impacted the target group.

### Findings

The researcher conducted one to one interviews with the teachers and parents. Ideally, teachers, parents and guardians play an important role in the lives of their children. In this study follow-ups were important on modes of disseminating information on HIV and AIDS to individuals with Hearing Impairments by parents, guardians and teachers. The findings of the study show that teachers and parents were not adequately engaged in disseminating HIV and AIDS information. Comprehensive vocabulary and insufficient materials tailored for the hearing impaired are the challenging factors faced in disseminating HIV and AIDS information. The following were the results.

When teachers were asked about the level of access to information on HIV and AIDS by learners with hearing impairment, different answers were given by the teachers. All the teachers said:

*“The learners with hearing impairments have limited access to information. The learners’ access to information on HIV and AIDS was not good.”* On the contrary it was revealed that access to information was very good in terms of performances during school assembly.

In trying to explain further on levels of access to HIV related information by learners with hearing impairments, teachers stated that:

*“They were aware that during the course of the term the school receives peer educators at least once in a while.”*

The teachers were asked whether there were any activities individuals with hearing impairments had access to information on HIV and AIDS. The findings revealed that individuals with hearing impairments had access to information on HIV and AIDS and that there were activities in school which allowed the access of this information. However one teacher had this to say:

*“Yes as a school such activities take place during clubs and sports or extra curriculum activities.”*

On factors that hinder learners with hearing impairments from accessing information on HIV and AIDS, the teachers who participated observed that there were factors that hinder learners with hearing impairments from accessing information on HIV and AIDS. All the teachers explained that the challenge was language barrier.

One teacher further stated that:

*“Yes it is very difficult to disseminate information to the hearing impaired because of the limited vocabulary in sign language.”*

The findings revealed that there were factors that hindered learners with hearing impairments from accessing information on HIV and AIDS. This is inclusive of language barrier.

The teachers were asked whether there are factors that hinder open discussion and access to HIV and AIDS information in schools; It was revealed that were open to discussions on HIV and

One respondent had this to say:

*“The coordination of activities of HIV and AIDS are integrated in the main stream, it would be better if the learners can have activities of their own from the special education unit. I personally feel that if only most of the words*

*can be in sign language most teachers would have been competent to lead the learners into an open discussion on HIV and AIDS.”*

Another respondent had this to say:

*“The hearing impaired learners are disadvantaged. These learners are unable to participate in various activities on HIV and AIDS. This is because the language and literature available is complicated and does not suit the learners’ needs. This is a source of concern as the majority of HIV and AIDS advocates do not know sign language at all. Therefore, this means that disseminating of HIV and AIDS information becomes limited and inaccessible to the hearing impaired”*

The above responses were confirmed by another respondent who said:

*“Hearing loss is a limiting factor in that one is unable to access HIV and AIDS information adequately especially that it is mainly disseminated electronically through the media. Learners with hearing impairments have poor access to public information on HIV and AIDS from the media due to hearing loss. Even the literature available makes it difficult to give adequate meaning. In short there is limited access to information due to general high levels of illiteracy among those with profound hearing loss. It is a source of concern that evens the attitudes of the society perceives the individuals with hearing impairments not to be sexually active. This is because the levels of infection among the individuals with hearing impairments tend to be high due to rejection and sexual relationship among persons with disabilities.”*

The finding revealed that majority of the respondents noted that learners with hearing impairment had open ended discussions on HIV and AIDS the only hindrance was language barrier.

The teachers were further asked whether information on HIV and AIDS from education peer groups for learners who are hearing impaired could help increase access to information on HIV and AIDS

It was worth noting that all the teachers had agreed that HIV and AIDS education peer groups for learners with hearing impairment would help increase access to information on HIV and AIDS.

The teachers were asked whether the institution had the HIV and AIDS workplace policy.

The majority of teachers revealed indicated that they did not know whether such a document existed.

Six teachers revealed that the school had the work place policy on HIV and AIDS.

However one teacher said:

*“Yes that document existed I am not sure whether the institution had the HIV and AIDS workplace policy.”*

This study revealed that many teachers did not know that HIV at AIDS workplace policy document existed; while other teachers revealed that the school had a work place policy on HIV and AIDS but they did not know whether the document existed in the institution.

The teachers were asked whether the institution had the MESVTEE life skills framework.

Three of the teachers said the school had the MESVTEE life skills framework available, some teachers said they did not know, some of them had indicated that the document was not available in the school. While others said that the MESVTEE framework was available at the school but it was not accessible for the teachers to use. The findings revealed that the MESTVEE document on life skills was available in school but it was not made available to the teachers.

The teachers indicated that they did not know, while other respondents had said that the framework was not circulated. The findings revealed that the majority indicated that the MESVTEE document was not circulated to all educators. The findings revealed that even though 7 out of 9 respondents had indicated that they had no access to the life skill framework, 3 of the respondents indicated that they had access to it.

On whether the respective school had available materials on life skills for the development of learners with hearing impairment, 6 out of 9 teachers said that the school had life skills materials, while 3 disagreed. Of the 6 responses given in affirmative;

Five teachers said:

*"Yes our school has a lot of life skills materials such as sporting materials and gardening tools."*

One of the respondents had this to say:

*"Our school has plenty of life skills materials which are found in the home economics department. Here I am referring to all sorts of cooking utensils and sewing machines."*

The views of the 6 teachers were that the school had available materials on life skills for the development of learners with hearing impairments while 3 of the respondents disagreed.

Teachers were asked whether as educators, integrate life skills in their lessons. On whether the educators integrated life skills in their lessons, 6 out of 9 teachers agreed while 3 said they did not. The responses from 2 of the teachers were as follows; One teacher had this to say:

*"I always integrate my lessons of Home Economics by teaching learners how to make different types of doormats and other art related skills."*

While another teacher had this to say:

*"Yes I always integrate life skills in the Home Economics and Art and Design lessons even though it is not part of the curriculum. This is because I feel it is my obligation to impart the learners with skills which are meaningful in their lives as a way of keeping them busy."*

With regard to how often the parents communicate HIV and AIDS information to the children with hearing impairments, parents gave multiple responses;

One parent interviewed from Munali secondary school said:

*"I always discourage my child on a daily basis from having girlfriends. I know that once my son is involved in a relationship with a girl, he can easily get infected with the HIV and AIDS virus. It is not easy to educate the hearing impaired on HIV and AIDS due to language barrier. So the best I do is just telling him girls are not good for him and I tell him this almost every day."*

Another parent interviewed through the telephone said:

*"I do not really tell my son directly but teach him on moral behaviour. I also do not single out anything on HIV and AIDS related issues, because what I say to him on moral behaviour is enough."*

One parent interviewed from Munali secondary school stated that:

*"I have made it a routine that at least twice a week, we have a meeting at home where I try by all means to teach my child on the dangers of HIV and AIDS. It is not easy, but as a parent I do my level best in spite of language barrier. My child is female and I have a lot of challenge because she has many male friends."*

Additionally one parent interviewed from ZNAD had this to say:

*"To be honest it is not easy to educate my child on HIV and AIDS. Therefore I only do it once in a while especially when there is something related to HIV and AIDS on TV."*

The last respondent from ZNAD stated that:

*"I always talk to my child regarding HIV and AIDS though it is not easy. I always advise my son to avoid girls because I have noticed that my child is always surrounded by both elderly and younger hearing impaired ladies. As a parent it is a source of concern as the opposite sex even goes to the extent of fighting for him. So each time I am teaching him I always ask him to be careful and use a condom if he has started engaging himself in sexual intercourse."*

The above observations are indicative of the fact that all the parents communicate to their children with hearing impairments on matters of HIV and AIDS. However, all the parents indicated language as a barrier.

Parents were asked the extent to which the children with hearing impairments are sensitized on HIV and AIDS. The respondents gave several diverse responses;

One parent from Munali secondary said:

*"I always teach my child not share used razor blades and not have multiple girlfriends."*

Another parent stated through telephone interview:

*"My son is well sensitised, at least he has 90% of the information. As a father I have bought books on teens and sexual activity which have components of HIV and AIDS."*

One more parent from Munali Secondary School mentioned that:

*"All I say about this is that my child looks like he knows a lot as he has books on HIV and AIDS to the extent where the child wears a red ribbon on his shirt, symbolising anti-HIV. It makes me happy as a parent."*

The response of the parent from ZNAD was:

*"My son indicates that, they get sensitised from ZNAD on HIV and AIDS."*

Another parent from ZNAD said:

*"It is very difficult for me to say whether my child is really sensitised because the behaviour he portrays is of a person who is not sensitised on HIV and AIDS,"*

*The responses of all parents indicated that their children were well sensitised on HIV and AIDS.*

### Discussion of findings

Teachers indicated that there were different modes of disseminating information on HIV and AIDS but could not be accessed by learners with hearing impairments due to language barrier. The study revealed that the modes of disseminating information on HIV and AIDS to learners with hearing impairments by the teachers were through clubs and sports (extra-curricular activities). However the challenge was that most of the activities of HIV and AIDS are mainly integrated in the main stream. There were no words in sign language about HIV and AIDS; this made it very difficult for most teachers to lead the learners into an open discussion on HIV and AIDS. It was revealed that learners with hearing impairment participated in various activities on HIV and AIDS during Anti-Aids club only. It was further indicated that literature had complicated English, thus the majority of teachers found it difficult to disseminate HIV and AIDS information to the learners with hearing impairments. The teachers stated that the HIV and AIDS advocates did not know sign language; this limited access to literature which teachers could use as a mode of disseminating HIV and AIDS information to learners with hearing impairments. The study further shed light on the practices of disseminating HIV

information to individuals with hearing impairment. It was found out that the processes of how HIV information can be disseminated apart from the general knowledge on what HIV and AIDS was not appropriate since the disseminators had no sign language. Mostly both electronic and print media was used. The electronic media, in most cases, had no sign language interpreters while the print media had Standard English. The hearing impaired understands signed English or telegraphic writing.

### Conclusion

It was concluded that there were different modes of disseminating information on HIV and AIDS but could not be accessed by learners with hearing impairments due to language barrier. The study revealed that the modes of disseminating information on HIV and AIDS to learners with hearing impairments by the teachers were through extra-curricular activities. However the challenge was that most of the activities on HIV and AIDS are mainly integrated in the main stream. Sign language had limited vocabulary and this made it very difficult for most teachers to lead the learners into an open discussion on HIV and AIDS. This therefore means that learners and out of school youths had limited information on HIV and AIDS.

### Recommendations

- The teachers should provide detailed information to be given to learners with hearing impairments through a familiar language which is sign language.
- Teachers and parents should use multi-sensory methods in the sensitive topics such as pictorial methods, videos, drama and role plays.
- The policy makers in ministry of education should include teachers parents and guardians in all BCC programmes.

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