CHAPTER ONE

1.1. Introduction

According to the World Health Organization (WHO), it is estimated that a total of 600 million individuals are currently living with a disability. Of this total, approximately eighty percent of people with disabilities are living in the developing world (WHO, 2005; Groce, 2004). Most persons with disabilities are considered to be the poorest citizens (WHO, 2005; Department for International Development [DFID], 2000; Elwan, 1999).

Ethiopia which is one of the sub-Saharan African countries has one of the highest prevalence rates in Africa of HIV/AIDS among its population. AIDS has become the main cause of death among young adults (66%) in urban areas and for deaths of young people in general (34%) at the national level. According to the sixth edition of the publication “AIDS in Ethiopia” published by the HIV/AIDS Prevention and Control Office (HAPCO), 1.3 million people are presently living with the virus in Ethiopia. Moreover, over 700,000 children have become orphans due to the epidemic. Although persons with disabilities are among this great number of people living with HIV/AIDS, little information is available on the situation of disabled persons who are HIV.

Disability and HIV/AIDS are cross cutting issues which need quick and strategic intervention. Even though there are no special programs launched by the government, there are several remarkable initiatives pioneered by NGOs to address the needs of persons with disabilities about HIV/AIDS prevention and care and support services. Among these is an association of disabled people living with HIV/AIDS with the name of “Equal Opportunity Association”, and an initiative by Handicap International in Ethiopia and the Ethiopia Center for disability and Development (ECDD) to establish a network of organizations working on HIV/AIDS and disability. The establishment of the network is aimed at sharing information and promoting action. At the first meeting of organizations hosted by ECDD on 9 Nov. 2006 a Working Group of eight volunteers from network organizations was created to further develop the Network. Ways to promote the African Campaign on disability and HIV/AIDS, launched by Handicap International and the African Decade Secretariat, are also being examined by the Working Group.
Among the population with disability, students with disabilities who are learning in secondary and higher learning institutions are assumed to be vulnerable to HIV/AIDS and to other sexually transmitted disease. This is because of inaccessibility to source of information, inaccessibility of health and voluntary counseling and testing centers for those who have hearing, and mobility disabilities.

This is the main ground why the writers of this research paper, attempts to look back the situation of a vulnerability of students with disability to HIV/AIDS in particular with sensory or physical disability towards HIV/AIDS. In Dilla University, there are about 26 students with visual disability and not less than 10 students with visible different types of orthopedic impairments who are found attending their education in various field of studies.

These students with disabilities like all other students have their own interpersonal relationships sexual feeling, wants and practice towards HIV/AIDS and to other sexually transmitted disease. Like all other students without disability, they form friendship either with disabilities or without disabilities, play games, perform physical exercise, play together and relax themselves. Even there will be students with physical challenge who are addicted in using chat and alcoholic drinks. Some of them may spend their holidays playing with their girl or boy friends either in the Universities or outside the University. These conditions may cause conditions under which such students to be low achievers in their educational performance and vulnerable to unsafe sex and may be victim of HIV/AIDS and to other sexually transmitted disease.

However, such group of students knowingly or unknowingly is not considered to be mainstreamed in all anti-HIV/AIDS awareness raising campaign organized for the community in the University. Their right to get information through adapted devices which include tactile devices, Braille, Audio-cassettes, soft copies large ink prints is violated. The pamphlets, brochures, posters, photographs pictures and other visual aids do not address the actual and special need of such group of students. As a result, students with disability have limited access to information on how the HIV virus is caused, transmitted and prevented. More over the source of
information on its negative impact on socioeconomic condition of the country and its social grievances on the life of family members is limited.

Students with disabilities are prevented from accessing HIV/AIDS prevention measures, not just because of physical barriers, but because of attitudinal barriers that prevent HIV/AIDS policy makers from accepting that persons with disabilities are at risk.

In accordance with this, the central theme of this paper will be to uncover and analyze the current level of knowledge, skill and practice on HIV/AIDS present constructive comments and suggestions so that the students with disability take their own initiative to prevent and control themselves from the spread of HIV/AIDS and above all show directions under which by the students with disability to be included in all HIV/AIDS based care support and healthy family planning program.

Hence, in this study paper an attempt will be endeavored to overview the map of disability and HIV/AIDS in Ethiopia, present the rational for the study, forward research questions and suggest solutions, design appropriate methodology to conduct the study. The collected data will be analyzed, interpreted and the finding will be reported in both qualitative and quantitative approaches.

1.2 RATIONALE of THE STUDY

The team member of this study, the researcher with visual disability in his/her studentship now a day who is found in teaching reported that “In the University, students with physical challenge are not actively involved in an anti-HIV/AIDS educational and voluntary counseling and testing program. Because the service provided in the University is not in such a way it is recognizing their special mobility needs and interests of the beneficiaries in particular with the marginalized population”.

Similarly, the member of this research continues to reflect the practical situation of students with disabilities: “there are students with visual and physical challenges who are learning in in various universities of the country including in the research setting, students are made to appear and feel incapable and suffering from the outcomes of non-inclusive and ill-designed infrastructural facilities and other forms of organized activities or services of society”. This is predominantly
manifested in HIV related support services. Students with disabilities are not seen as high risk
groups in HIV/AIDS programs in the Universities.

The researcher who was actively working on HIV/AIDS project run by Teachers Wing of the
Blind under Ethiopian National Association of the Blind from 1994-1998 (E.C) has gathered the
information while students with disabilities of Addis Ababa presenting their experience on
HIV/AIDS the following:

It has often been assumed that persons with disabilities (PDs) are less likely to be affected by
HIV/AIDS than the non-disabled people. The assumption is that they are sexually inactive and
have less exposure to unsafe sex and sexual violence”. In addition to this, “Because of their
visual disability, they are incapable of having sexual inter-course with opposite sexes. They
cannot move from place to place like any other people without disability. According to this
claim, individuals with physical, sensory and mental disabilities are unlikely to use drugs and are
less likely to be victims of violence or rape than their non-disabled peers (World Bank, 2004).

In contrast, HIV/AIDS -associated needs and problems of PDs in general deserve to be treated as
a core issue. According to the Global survey on HIV/AIDS and disability (2004), such needs and
problems could be justified on at least three major counts. First,

First By virtue of citizenship, PWDs need to be legally entitled to be incorporated into
interventions under-taken in Universities designed to safeguard the well-being of the population
against the short and long-term threats of HIV/AIDS.

Second, the physical limitations and socio-economic impact of disability necessitate that PDs be
targeted for focused and specialized attention in the course of the mainstream undertaking. This
may help guarantee that they will not risk being left out or neglected in the design and
implementation of anti-AIDS programs that are normally formulated within the context of the
interests and concerns of the University community. Moreover, Non Governmental
Organizations (NGOs) sponsored or government-run social rehabilitation and integration of PDs
found very close to both Dilla University and Hawasa University can hardly begin to make any
impact without adequately filling out existing disability - related HIV/AIDS policy and service
delivery gaps.
Third, it would not be an overstatement of the facts to say that the success of the national HIV/AIDS policy and program implementation depends on how comprehensive the practice is with regard to PDs. In view of the size of the PDs community, relative to the total population, they should be treated as an important category rather than peripheral, which currently seems to be the case (Groce, 2003).

In a country like Ethiopia, where an estimated 10 percent of the total population of 77 million lives with some kind of permanent disability, failure to accord this vast community in connection with the issue of HIV/AIDS has negative impact on the process and intended outcomes of the mainstream prevention and control undertakings. This is also true in the research site in which the intended study is to take place. This is further supported with a survey conducted by Handicap International (2004) on some 200 deaf individuals indicates that the welfare services provided for PDLHA are insignificant. The nature of HIV/AIDS education among members of the disability community is very poor. The survey shows that most respondents are ignorant about the ways in which HIV/AIDS could be spread (HIV/AIDS and disability Presentation of Handicap International Activities, 2004).

However, the student with disabilities are expected to be in much better condition to be informed and aware through limited source of information compared to other persons with disabilities those who have no access to literacy and HIV/AIDS how it is caused, spread and prevented.

Nevertheless such kind of students with disabilities in the research site are denied their right to get up-to-dated information on the subject even in formally organized clubs, associations anti-HIV/AIDS campaigns organized in and out of the University. This is the main rational why the team member with visual disability has been motivated to overview the situation of students with visual and physical challenges with specific points to level of knowledge, skill and practice how to prevent themselves, factors which lead to vulnerable to the disease, accessibility to ICT, and other related issues.

Hence, this study is aimed at of creating space for people with physical disability vulnerable to HIV/AIDS in Dilla and Hawasa Universities where-by most of them seek educational counseling, care, support, social intervention and medical advice. This study shall establish core framework for any changes at the institutional and individual levels and across all sectors. More
over, The study will have a positive impact in empowering the beneficiaries to be well-informed citizens about how HIV/AIDS is caused, transmitted, controlled and prevented within the particular case to people with physical disability. Therefore, an attempt to combat the spread of HIV/AIDS among the risk group including people with physical disability is also to be conceptualized as it lays down a fertile ground in reducing the double discrimination on the target group caused by their physical disability and their vulnerability to the disease.

Thus to attain this rational and uncover the problem and present practical solutions on the theme of the paper, the writers developed the following research questions.

1) What is the current level of knowledge of students with disabilities towards HIV/AIDS
2) Do students with disabilities have equal access to information on HIV/AIDS and on other related issues?
3) Are students with disabilities more exposed to HIV/AIDS than other students with disabilities
4) Are students with disabilities included in anti-HIV/AIDS and family health and sexual reproductive health campaign in the University?
5) What appropriate measures should be taken to provide information on HIV/AIDS to students with physical disabilities by concerned stakeholders including the University?

1.3. OBJECTIVE of THE STUDY.

1.3.1. General objective

The general objective is to overview level of knowledge on HIV/AIDS, the major factors which may lead students with disabilities exposed to HIV/AIDS and to what extent they are vulnerable to the disease and it is to suggest reasonable solutions to be undertaken by concerned stakeholders which are working in controlling and preventing the spread of HIV/AIDS in Dilla University.
1.3.2 SPECIFIC OBJECTIVES

The specific objectives of the study are the following

- Investigating the current level of knowledge of students with disabilities towards HIV/AIDS
- Examining whether students with disabilities have equal access to information on HIV/AIDS and on other related issues or not
- Assessing whether students with disabilities are more exposed to HIV/AIDS than other students with disabilities
- Checking students with disabilities are included in anti-HIV/AIDS and family health and sexual reproductive health campaign in the University
- Suggesting appropriate measures be taken to provide information on HIV/AIDS to students with physical disabilities by concerned stakeholders including the University

1.4 SIGNIFICANCE of THE STUDY

To conduct a study on such marginalized and disadvantaged group of students in the Dilla University has an enormous positive impact from the point of establishing a consolidated and inclusive project plan to alleviate the acute problem of HIV/AIDS and its impact on active and reproductive younger citizens in the economic sector. Thus this study paper is expected to come up with the following importance to both individual institutional levels.

- Helps to know the current gaps of knowledge, attitude and practice on HIV/AIDS to enable them to build self-confidence and trustworthiness on the part of students with disabilities and the spirit of social inclusion with community at the University.
- Identify alternative mechanisms through which the pertinent information on the subject is processed.
- Provides adequate information to policy formulators and decision makers in considering the issue of disadvantaged group including students with disability in all anti-HIV/AIDS project planning and implementation.
✓ Creates conducive friendly learning and experience sharing environment between students with and without disabilities in anti-HIV/AIDS clubs, discussion groups, workshops and panel discussions in the University and elsewhere.
✓ The study may be used as a springboard for other researchers who are inspired to conduct depth study on the area.

1.5. DELIMITATION of THE STUDY

This study was delimited to consider only students with visual and physical disabilities in Dilla and Hawasa Universities. Both females and males with various types of physical disabilities are considered for the study. This study is to take place dated from March 1\textsuperscript{st} 2012 to March 30 2012.

To include other students with invisible types of disabilities found in the University, it requires further screening and assessment technique with various professionals skilled working in interdisciplinary approach from psychology, psychiatric, rehabilitation counseling, and sociology medicine and from others. In addition it requires more huge financial and other input used to conduct holistic study. The other justification why the study did not take in to account other disabilities at national level is because, due to shortage of finance, transportation accessibility, shortage of time and scarcity of resources.

Therefore, the writers of this paper intended to focus in investigating the situation of students with observable physical disabilities and their level of their knowledge, skill and practice towards HIV/AIDS.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. The situation of disability and HIV/AIDS at an International level

At the time when the World Bank intensified its response to HIV/AIDS in 2000, little was known about the relationship between HIV and disability. Soon after, the World Bank commissioned a global survey to better understand the impact of HIV/AIDS on the lives of persons with disabilities (World Bank and Yale University 2004).

The study revealed that disabled persons are disproportionately more vulnerable to HIV infection than nondisabled persons. In addition, disabled persons are more likely to have limited access to information, health care services, education, legal services; lower income; and an increased risk of violence, rape, and substance abuse, making them even more vulnerable to HIV infection. In addition, there is dual stigma for HIV-positive disabled persons.

While data on the prevalence of HIV among disabled persons in Africa are severely lacking, estimates widely range from 11 percent to 60 percent (Cornielje et al. 1993; Couper 2002).

Given the specific vulnerabilities and the importance of including disabled persons in the policy dialogue on HIV/AIDS, the World Bank explicitly addressed disabled persons in its recent strategy document, The World Bank’s Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007–2011, which highlights the linkages between HIV/AIDS and disability.

World Bank efforts to respond to HIV/AIDS in sub-Saharan Africa have continued to focus on conducting analytical work and operations research on vulnerable populations to inform policy dialogue and support the strengthening of vulnerable group networks, including those representing people with disabilities. The recent momentum among governments, international and national organizations, and civil society to respect, protect, and promote the rights of people with disabilities worldwide has resulted in the historic signing of the Convention on the Rights of Persons with Disabilities (CRPD) and its entry into force in May 2008.

At the time of this publication, the CRPD has been ratified by over 80 countries, legally binding them to ensure that “persons with disabilities with the same range, quality and standard of free or
affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health” (Article 25). This marks a profound global commitment to respecting, protecting and promoting inclusion, equity, access, information, participation, and human rights for persons with disabilities, who are also living with HIV.

Building upon previous knowledge and current global momentum, this study is important to inform University based AIDS programs and other efforts to enable them to respond more effectively to HIV/AIDS and increase knowledge at the University level. Undertaken in Dilla and Hawasa Universities this study is a unique effort to explore the situation of students with physical challenge and their level of knowledge, attitude on HIV/AIDS. It is a step forward to better address the vulnerabilities of students with physical challenge in University HIV/AIDS responses and trigger a dialogue on the subject in other Universities.

2.2. Disability and HIV/AIDS in the Context of Ethiopia

There are an estimated 8 million people living with some kind of disability in Ethiopia, 10% of the total population. Visual impairment accounted about 42.2% of all disabilities while hearing impairment and disability from leprosy contributes 7.8% and 6.5% respectively.

People with disabilities (PWDs) are among the most socially and economically disadvantaged segment of the population. Besides their physical suffering from pain and immobility, these individuals are socially distressed from various forms of stigma and discrimination, mental anxiety, dependency and rejection.

Generally there is lack of epidemiological data on the prevalence of HIV among people with disabilities. However, a study conducted to assess the HIV/AIDS and disability situation in Ethiopia suggested that people with disabilities could be among vulnerable groups. The report documented that in one town (Ambalage woreda of Grayne station) 132 blind persons were tested for HIV and six were found to be positive33.

The study also found that people with disabilities are among the poorest, less educated and most stigmatized people. The stigma experienced by PwDs creates a feeling of insecurity that drives them to risky sexual behavior such as having multiple sexual partners.
Furthermore, PWDs are vulnerable to violence and sexual abuse, including rape – situations where they are less likely to negotiate safer sex, such as condom use. The prevailing social discrimination places women, children and the elderly with disabilities at even higher risk due to greater possibility of physical and sexual abuses.

Almost all services are prepared for able bodied persons. PWDs therefore have little access to HIV/AIDS information and services. HIV prevention messages and communications are often inaccessible to people who have visual or hearing impairments, and health services have limited access to people with physical disabilities. The study specifically pointed out that restrictions of PWDs to the home environment, low income, and low levels of education are the most important factors for poor access to HIV/AIDS interventions and services.

There is a national HIV and Disability Taskforce with members from government, UN agencies and associations working on issues of disabilities in Ethiopia. Currently there are 17 organizations working on issues of disabilities that at the same time have HIV/AIDS awareness raising programs. However there is lack of information on the magnitude of HIV among PWD, capacity to provide HIV/AIDS services as well as poor capacity to mobilize PWDs. Furthermore, there is insufficient coordination among the different

Associations working on disabilities to deal with HIV/AIDS, “People with disabilities are three times more likely to be victims of physical and sexual abuses as well as rape.” Was a statement from a research by Dr. Nora Groce, Associate Professor at Yale School of Public health, this puts them at a higher risk of HIV/AIDS infection. According to the report published by Realizing Potential, approximately 7.6% of the Ethiopian population lives with disability, yet their vulnerability to HIV/AIDS is not an issue that is being addressed.

There are few tailored HIV/AIDS educational, media, medical and judicial materials/systems for the disabled. This may well be due to the misconception that these segments of society have low or no sexual desire and are safe from HIV/AIDS: they are actually at great risk. Our society is failing to protect People living with disability from HIV/AIDS infection. People with disability are not given priority in receiving medical services, have difficulty accessing medical facilities, communicating with medical professionals and more often are not educated.
According to Ato Yosef H/Mariam, the founder of Information and Awareness of People with Disabilities (IAPD), “the low priority given for the disabled is exhibited by the discontinuation of the model health care service program for people with hearing impairment at the Zewditu Hospital, due to the lack of medical care professionals or translators who can use sign language and yet there is still no effort in restoring the service.”

Ato Yosef also explained the problem people with disability face accessing medical facilities, as follows “most health care facilities including VCT service centers have staircases that are inaccessible for people with walking and seeing disabilities, which automatically disconnect them from the services.”

Those with disabilities who are able to access health care facilities face the problem of communicating with health care providers. During an interview with Tekuret radio program a nurse from Zewditu hospital, stated that “they return many people with disability without any service because they cannot communicate with them.”

In addition, access to most HIV/AIDS information is limited since it is offered by medical professionals or is available in written forms. Ato Yosef explained the lack of HIV/AIDS materials by saying “there are not enough Braille materials with detailed HIV/AIDS information. There is also no TV programs or medical facilities that provide HIV/AIDS information in sign language. People with intellectual disability are automatically at a lose when it comes to accessing HIV/AIDS services, since they lack the capacity of grasping information through a regular doctor patient conversation as they require repetitive and systematic information provision.”

Though the vulnerability of people living with disability to HIV/AIDS is vast, there are very few organizations working to address this issue. IAPD advocates tirelessly, putting day to day hardship and discriminations faced by People living with disability on the map. IADP runs a radio program called Tekuret, on the Ethiopian National Radio Program (Tuesday mornings 1:30-2am) and on FM 96.3 (Wednesday afternoons 7-8pm) stations, twice a week. IADP also publishes yearly magazine, educational brochures and has a website (www.iapdethiopia.org) dedicated to this cause. By using these outlets, IADP explains where people with different forms of disability can get help; how health care providers can care for disabled persons, addresses
different psychological issues faced by people living with disability, such as self esteem issues and positive living with HIV virus, the importance community’s support to disabled persons, and the importance of protecting oneself from injury.

Though it is a difficult task to ascertain in statically supported evidence the map of HIV/AIDS prevalence rate of students with Disability in Dilla and Hawasa Universities, it is possible to infer that they are among marginalized sections of the community who are denied of their right to access to information, education, and health and enjoy basic needs of life.

2.3 Disability and HIV/AIDS

In the discourse of HIV/AIDS, no significant attempt has been made to prevent the vulnerability of disabled persons to HIV/AIDS. However, research indicates that the virus has a profound effect on disabled persons’ ability to protect them from HIV. Research indicates that two major factors have been found to contribute to their vulnerability to HIV.

First, people with disability have poor access to resources. This inaccessibility to resources is related to the prevailing poverty factors affecting the disabled. They are among the unemployed and illiterate in a society. This is because disabled children are not often sent to schools and thereby are forced into adult unemployment (Abrahams (2007).

Abrahams also states that absence of education prevents them from accessing written materials about HIV transmission and prevention. Especially, most of the written and visual materials about HIV do not consider the disabled, the blind and the deaf. Second, disabled persons are often given low social role and thus are neglected from services. This perceived low status towards disabled people affects their marriage choice. Particularly, disabled women are not given opportunity for partner choice. This may lead to transient relationships which often happen violently (Abrahams, 2007).

The author goes on to say that disabled persons do not take part in the educational, social, political and economic activities of a society. As a result, they are either forgotten or unconsidered in most of the HIV related programs. This in turn contributes for their susceptibility to HIV infection (Abrahams, 2007).
This clearly indicates that disabled persons’ access to information and education relevant to HIV/AIDS is determined by the prevailing perception from their non-disabled sections of the larger society. It is predetermined first by their family and then by the society at large. This view thus strengthens the argument posed by the social model as disability is socially constructed problem rather than disease by itself (DFID, 2000).

The issue of equal access to the reproductive health and sexuality information is further initiated by the standard rules on the equalization of opportunities for persons with disabilities. According to UN convention (1994), the standard rule 9.2 indicates:

Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up family, states should encourage the availability of appropriate counselling. Persons with disabilities must have the same access to family planning methods, as well as to information in accessible form on the sexual functioning of their bodies (UN, 1994; Rule 9.2).

The above quote seems to urge the concerned bodies to incorporate disabled people in the reproductive health services. It could be inferred that HIV/AIDS is part of the reproductive health issue that needs to be addressed according to the UN convention. But this is often criticized for its lack of practicality.

Furthermore, the scarcity of empirical research on HIV/AIDS and disability has made access to data on prevalence of PDLHAs difficult. However, few research attempts have been carried out in the developed countries. A small survey conducted in USA in 1994 found that HIV infection rate in the State of Maryland among the deaf community doubled those of the hearing community. Accordingly, some studies conducted in USA estimated that 7,000 to 26,000 deaf people are found HIV positive. It was also shown that about 700 deaf people died of AIDS case (World Bank, 1995).
This huge figure may indicate that disabled persons particularly the deaf are extremely exposed to HIV epidemic. But this is not the only statistics that could be trusted up on.

The study might exclude the invisible disabilities including the deaf in the Maryland State. Besides, the data does not mention the prevalence in developing continents like Africa, in which it could be worse. Thus, this data cannot be taken as a ground for arguing the vulnerability of PDs to HIV infection. However, it could have implication for the prevalence rate in developing countries, which may be worse than the developed nations.

In relation to this, scientific literature indicates that there is a huge research gap in developing countries concerning vulnerability of persons with disabilities to HIV.

Nevertheless, a research attempt was made in Zambia on physically disabled women and reproductive health services. The finding shows that women with physical disability are relegated from AIDS information and education programs. They are not in a position to get reproductive health care services like the non-disabled women. Sexuality issues are rarely discussed among the disabled women and they are not encouraged to talk about it in the public. This has resulted in their infection to the virus (Smith et al, 2004 in Yousafi and Edwards, 2004).

In addition to this, a research conducted by Nganwa et al (2000) indicates that the prevailing physical, social and mental barriers limit disabled people from having interaction and participation in public meetings. As HIV/AIDS is often associated with ‘interaction and participation’ of individuals with others, it requires them to take part in the interaction process. However, PDs have very limited interaction horizon which hinders their access to HIV related information, services, prevention and treatment. This in turn effected on their vulnerability to the virus.
CHAPTER THREE
METHODOLOGY

3.1. Description of the Study Site
Dilla University (DU) was formerly established in 1996 (1988 E.C) with its name college of Teachers’ Education and Health Sciences (DCTEHS). In line with the expansion of higher Education in Ethiopia, the college has been upgraded to the level of an independent University with its own full autonomy by the cognizant decision of the Council of Ministers Regulation No. 129/ 2006 in October 2006 (1999 E.C).

Since 2007, Dilla University became one of the fully accredited Government Universities hosting around 20,000 students in regular, extension and summer programs, with a clear focus on contributing to the development of the community through yielding educated and qualified man power, research and dissemination and other outreach activities. Dilla University is located in the Southern Nations Nationalities and Peoples Regional State in an area widely known for its coffee production, Gedeo Zone. The university’s campuses are situated in an ever green area of the country’s south. Currently the University, with its three campuses, has thirteen Schools and 34 programs. There are also various offices including anti-HIV/AIDS office which play a positive role in supporting the assurance of a quality of education, smooth operation of currently launched business processing and engineering program and above all attain the 5 years of economic and transformation development issued at federal level. One of the development programs being undertaken by the University is its attempt in allocating resources to combat the spread of HIV/AIDS with ultimate objective of producing active and productive healthy educated citizens prevented and controlled from HIV/AIDS and other sexually transmitted disease.

3.2. Sampling Techniques
To conduct the study, The researchers of this study have intended to consider only students with visual and physical disabilities. The educational programs selected for the study are those Students with visual and students with physical disabilities are found learning such as: Law, Afan Oromo, Civics, Sociology, Computer Science and Amharic language. From 30 total numbers of students with visible types of disabilities who are attending their education on above
mentioned field of studies in Dilla University for this study only 20 students will be considered. Similarly from 100 students with visual and physical challenge in Hawasa University 50 participants will be taken. As a result 70 students with visual and physical challenge will be considered to fill the questionnaire. 6 students with visual and physical challenge will be selected purposefully for focus group discussion 2 students with visual and physical challenge 1 from Dilla University and 1 from Hawasa will be selected for semi-structured interview. 4 students without disabilities from Dilla University and 4 students without disabilities who are participating in respective anti-HIV/AIDS clubs will be taken purposefully to enrich the credibility of the research by inviting concerned stakeholders of the study. Thus in this research, total 86 participants will be selected through both random and purposeful sampling techniques.

3.2.1. Criteria for selection of study participants
To select the participants for questionnaire, randomly through a lottery method individuals from mentioned programs are recruited by assigning odd numbers. However, participants for both focus group discussions to be arranged in 2 different sessions and for 1 semi-structured interview will be selected based on clearly pointed out criteria which include:

- Knowledge and experience of participation in an Anti-HIV/AIDS clubs in schools
- Social acceptance by their peers
- Field of specialization
- Female/Male ratio
- Age ranged 18 and above.

3.3. Data collection instruments
In order to obtain the required pertinent data for the study, different tools will be developed which include: Questionnaire, focus group discussion, an interview and document analysis.

3.3.1. Questionnaire
This instrument comprising 20 questions will be developed and distributed to 70 participants of the study. The focus areas will be on knowledge, skill and practice. Both open ended and close ended questions will be included.
3.3.2. **Focus group discussion**

The writers of the study will arrange a 4 Days focus group discussion for 4 Hours dated on March 21 and March 28 2012 (E.C) for 6 and 8 participants to be organized respectively in both Dilla and Hawasa Universities in 2 different sessions. The focus will be on the major factors contributing to the vulnerability of students with disability to HIV/AIDS current level of their knowledge and skill on HIV/AIDS and other related issues, unique experience and practices of coping strategies from spread of the disease accessibility to ict and on what measures to be taken to prevent and control the spread of HIV/AIDS (STD) and its impact among students with disabilities either in the University or in Ethiopia.

3.3.3. **Interview**

In order to obtain in-depth information, the writer has intended to organize 2 sessions of interview with 2 different individuals for 2 Hours on April 3 2012 from 3 P.M. to 4 P.M. and on April 5 2012 (E.C) from 3 P.M. to 4 P.M. respectively. The focus of an interview will be on gathering personal experience, belief practice coping mechanisms to prevent and control him/her from the disease.

3.3.4. **Document Analysis**

The writer of the study will attempt to review relevant literature which is produced on the subject. Its purpose is to know the gaps of knowledge skill and practice on the part of the community, organizations and writers towards people with disabilities in particular with the students with disability in Dilla and Hawasa Universities.

3.4. **Data Analysis Procedure**

The data analysis will be organized in a way that the data is initially categorized and codified in relation to the issues raised and discussed by the participants. The writer attempts to analyze and interpret the data gathered through quantities approach statistically and qualitatively the information obtained through interview with peer to the documents reviewed on the specific issues raised on knowledge, attitude and practice of the students with disability towards HIV/AIDS. An attempt will be made to triangulate the data obtained by questionnaire with the information collected through interview, focus group discussion and document analysis to make sure the credibility, validity and objectivity of the study finding.
CHAPTER FOUR
DATA ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

In this section researchers attempted to analyze and interpret the information obtained through questionnaire and focus group discussion. In questionnaires and 2 different focus group discussion, 43 and 12 participants respectively total 55 participants took part. Both questionnaire and focus group discussion were organized in line with 3 main themes that is to: knowing the level of knowledge, attitude and their accessibility to adaptive means of communication with specific to HIV/AIDS. As a result, 10 knowledge based question, 5 attitude based question and 5 adaptive ICT on HIV/AIDS focused questions total 20 items of questions were included in the questionnaire prepared for 43 respondents. Similarly in the focus group discussion held in 2 different sessions in Dilla and Hawasa Universities 5 items for Knowledge, items for 5 attitudes and 5 items for accessibility focused semi-structured focus group discussion interview total 15 questions were presented to 12 participants.

The research approach employed to analyze, interpret and report the finding was quantitative and qualitative (mixed) approach while the research method is descriptive. The media of communication used to prepare the questionnaires was English, because the research participants of the study are all able to use English as means of communication for learning in higher learning institution. However, for the sake of obtaining in-depth information on the issue and allowing the participants to elicit their feelings freely in the focus group discussion Amharic was used as means of communication with their own consent. The focus group discussion held with such participants was also recorded with Audio-cassette in the case of Dilla University while Digital recorder was also used in Hawasa University with their own full consent. Therefore, in this chapter, the pattern of data analysis and interpretation is organized in a way that presentation of result with tables was treated followed by presentation of thematic analysis of information elicited from focus group discussion.
### 4.2. Results obtained from open and close ended questionnaire

Table 1. Demographic Characteristics of the Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Characteristics</th>
<th>Hawassa</th>
<th>Dilla</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sex</td>
<td>Male</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Type of disability</td>
<td>Visual Impairment</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopedic Impairment</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Age</td>
<td>17-18</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19-21</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22-24</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25-29</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 and above</td>
<td>1</td>
</tr>
</tbody>
</table>

Total number of participants = 43

As it can be seen from table 1, above, 31 students with disabilities from Hawassa University were participated. Of them, 13 were males and 18 were females. Of the 31 one participants from Hawassa University, 20 were with visual impairments and the rest 11 were with motor disabilities. Moreover, the majority (71%) of the participants from same University were under the age category from age 22-24.

On the other hand, 12 students with disabilities participated in the study from Dilla University, of them, 8 were males and the rest 4 were females. And all of them were with visual impairments. Unlike that of Hawassa University, around half of them (41.7%) were under age category from age30 and above.
As it was mentioned at the very beginning of this chapter, basing of the aim of the study questions prepared for the participants were categorized under three themes; knowledge, attitude and practice (accessibility of HIV/ AIDS related information). Based on that, 12 knowledge related questions on rating scales, which were purely objective type, 5 attitudes related close ended and 0ne open ended questions were provided. Moreover, there were 9 open ended and close ended questions for participants to answer which were concerned about accessibility of HIV/AIDs related issues for students with disabilities in both universities (Dilla and Hawassa Universities).

Table 2. Knowledge of the participants about HIV/AIDS

<table>
<thead>
<tr>
<th>No</th>
<th>Target of the Statement</th>
<th>Very high</th>
<th>High</th>
<th>Low</th>
<th>Very low</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Difference between HIV and AIDS</td>
<td>15</td>
<td>25</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Chance of virus transfer from mother to child</td>
<td>2</td>
<td>5</td>
<td>20</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Vulnerability of SWVI to HIV/AIDS</td>
<td>27</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Relation of diseases like tuberculosis with HIV/AIDS</td>
<td>20</td>
<td>17</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Level of vulnerability to HIV due to unsafe sexual intercourse</td>
<td>21</td>
<td>19</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Vulnerability probability of female SWDs to HIV due to sexual abuse</td>
<td>20</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Probability of male SWDs to HIV compared to female SWDs</td>
<td>3</td>
<td>12</td>
<td>23</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Role of insects like mosquito for transmission of HIV</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>Vulnerability probability due to shared unsterilized sharp objects</td>
<td>17</td>
<td>15</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Extent of SWPHDs to expose to HIV due to poverty</td>
<td>19</td>
<td>21</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Chance to be affected by HIV for students engaged on sexual practice.</td>
<td>21</td>
<td>19</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Chance to be affected by HIV for students who use condom for sexual practice.</td>
<td>2</td>
<td>1</td>
<td>18</td>
<td>20</td>
<td>2</td>
</tr>
</tbody>
</table>
As it is indicated in the table above, majority (40) (93%) of the participants were able to differentiate the meaning between HIV and AIDS but of the 43 participants 7 (3%) respondents failed to distinguish the difference between the virus and the disease. On the other hand 13 (29.9%) or about one third of the participants undermined the probability for a child to have the virus in his mother’s womb, however, more than half of the participants reported that there is high and very high probability for the child to be victim.

In relation to issues of vulnerability, of the participants 31 (71.3%) of them said that Students with Visual Impairments (SWVIs) are highly and very highly vulnerable to HIV but the rest (12 or 27.6%) reported that there is low probability for SWVI to be vulnerable to the virus. Moreover, 11(25.3%) of the participants have a stand that there is low level to be vulnerable to the virus due to unsafe sexual intercourse and even insignificant number of participants said that unsafe sexual intercourse never expose for the virus. In addition 32(73.6%) of the participants reported that they think female students with disabilities are highly vulnerable to be victim to the disease due to sexual abuse. On the other hand 18 (41.4%) of the participants said that it is less probable for students to be vulnerable to the virus due to shared sharp and unsterilized objects.

Fifteen (34.5%) of the participants reported that diseases like tuberculosis have not that much related to HIV. On the issues related to extent of exposure for students with physical challenge to HIV due to poverty, 28(64.4%) of them indicated that they are highly and very highly exposed for the virus. 37(85.1%) of the participants said students who engaged on sexual practice are highly and very highly near to have the virus. But only 11 (25.3%) of them believed that even using condom for sexual practice cannot save the students from getting exposed for the virus.

Questions related to attitude.

Under this part of the questionnaire, respondents were provided five close-ended type of questions and two open-ended questions to obtain their subjective experiences. First they are asked whether they started sexual practice or not, then 22(50.6%) of the participants started sexual practice and the rest 21 (49.4%) did not. In this regard there is a difference between universities because of the 12 participants of Dilla University 11 of them started sexual practice and for all the participants of the two Universities year of practice ranges from 1-10 years.
Of the participants 18 of them indicated that abstinence is a mechanism for protection, being faithful was a mechanism for 13 of them, 10 uses condom and two hate to use condom to practice sexual intercourse. Among condom users, 3 of them use regularly, 3 some times, 3 most of the time and 1 occasionally. Regarding VCT (voluntary counseling and blood testing), 35 (81.4%) of them did not get the service, not tested their blood and do not know their status. Of them 9 test their blood in 3 months interval, 11 in 6 month’s interval, 13 in one year’s interval. The rest 10 (20%) did not test their blood status.

Regarding interest to discuss issues of HIV with friends, 38 (88.4%) of the participants displayed their interest and they said they discuss the issue with friends. Of them 5 discuss regularly, 18 most of the time, 12 some times and 3 occasionally. But the rest 5 of the participants are not interested to discuss issues related to HIV.

### Table 3. Questions focused to Accessibility of information on HIV/AIDS

<table>
<thead>
<tr>
<th>Them of Question</th>
<th>University</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to HIV/AIDS information with different form</td>
<td>Awasa</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Dilla</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Inclusiveness of policy and implementation strategies of the university</td>
<td>Awas</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Dilla</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Participation in anti-HIV/AIDS clubs in the university</td>
<td>Awas</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Dilla</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Inclusiveness of different clubs and non-governmental organizations</td>
<td>Awas</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Dilla</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Availability of inclusive adaptive resource room</td>
<td>Awas</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Dilla</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>
In this part of the questionnaire, participants were provided five objectives and four subjective type of questions. As you can see from the table above, only 2 out of 43 participants said that they have information and the rest 41 had no information about HIV/AIDS in adapted form of communication like in Braille print for students with visual impairments. On the other hand, 7 (7%) of the participants feel that the university policy and implementation strategy is inclusive but the majority or the rest 40 (93%) responded that it is not inclusive. Those who said that it is not inclusive forwarded their feeling why that is not inclusive like it could be because of the following reasons

- Lack of awareness of authorities about disabilities
- Lack of information about the different modalities of information disseminations
- They may not take students with disabilities as “normal” and nobody cares about them.

Moreover, significant number of participants said that they do not know why things are not inclusive in Universities.

Fourteen students participate in anti-HIV/AIDS clubs in their respective Universities and the rest 29(67.4%) of the participants did not involve is the clubs and they presented different reasons for not to participate like

- Unable to get information
- Some do not know that clubs are existing
- Some lack interest to involve because of verbal harassment from students without disabilities
- Being first year students and afraid to involve because that might take share of time from studying courses.
- Some said that clubs do not provide chance to students with disabilities to participate in clubs

Moreover, 18 of the participants rated different clubs and non-governmental organizations working in their respective University as inclusive by nature and the rest 25 said they are not inclusive.
Twenty of the participants said that there is no inclusive adaptive resource room in their university, however, the researchers witnessed availability of resource room for students with disabilities in Hawassa University but some 8 students failed to give recognition for that because they said materials are not available. On the other hand there is no resource room in Dilla University at all.

Participants recommended solutions to organize adaptive resource rooms in the universities like students from Dilla University recommended

- That the University should adapt materials; Braille print, CD recordings, and other materials should be available
- Issues of disabilities must be accessible to students with disabilities
- Dilla University should arrange resource room to students with disabilities
- Policies should be amended to involve students with disabilities
- Clubs should be inclusive
- Awareness should be raised

On the other hand participants from Hawassa University recommended

- The university to provide facilities
- Clubs to invite students with disabilities
- Clubs to disseminate information to all students regardless of ability and disability status
- Authorities to reorganize the resource room very well.
- Authorities to emphasize issue of accessibility in the university.

4.3. Results obtained from focus group discussion

In this section, an attempt was made to report the findings obtained from 2 focus group discussion held in 2 different sessions. The focus group discussions were organized for students with visual impairment and other physically challenged composed of 6 participants. Orientation was given about the purpose and significance of the research as well as their right to refrain or withdrawal for any question they did not feel comfort.
The focus group discussion was organized on knowledge, attitude and measures to be taken to improve the situation of students with physical impairment and HIV/AIDS in Dilla and Hawasa Universities. The participants in the FGD involved in Dilla University were represented from the department of: Law, Language and Journalism Social Science under graduate studies and Special Needs Inclusive Education and Rehabilitation Masters of Arts Post-graduate studies. In this FGD, 5 Males and 2 Females total 7 students participated. Similarly in the second FGD organized in Hawasa University in the office of center for students with disabilities, participants represented from the department of: Sociology, Educational Planning and Management, English language and Biology. Among these participants, 3 Females and 4 Male students total 7 students involved in the discussion.

For the sake of confidentiality each participant is coded with letters. The first initial letters of each participant and program preceded by no was used to maintain anonymity of the participant.

In accordance with this, students with visual impairment participated in Dilla University are coded as follows:

GS1, FS2 MS3, WL4 DL5 BL6

Students with physical and visual impairment in Hawasa were also similarly coded as follows:

MS1, DE2, SED3, DE4, KS5 YPHI6

Then researchers began to forward questions through recording through audio-cassette and digital recorder through their own consent.

**Question related to knowledge**

1. What is the difference between HIV and AIDS?

The FGDP involved in both sessions have attempted to differentiate what HIV and AIDS. Each participant has clearly distinguished what HIV and AIDS stands for. HIV is a virus that it is the cause of the disease AIDS people who live with HIV are not patients but through time people may be patients with AIDS if they did not get the right treatment and care. If people get the right counseling, love and care may live for long period of time.
The data obtained from respondents in the questionnaire demonstrates that students with physical or sensory impairment do have high level of knowledge. Among the 43 (100) respondents, majority (40) (93%) of the participants were able to differentiate the meaning between HIV and AIDS but of the 43 participants 7 (3%) failed to distinguish the difference between the virus and the disease.

The second question was on major leading causes and prevention methods of HIV/AIDS. The participants in both sessions, attempted to explain intensively the major causes which may expose individuals to have HIV and later to be patient with AIDS. The participants unanimously agreed upon that unsafe sexual enter-course, using sharp objects, unsterilized syringes injection, contaminated blood transfusion, breast-feeding during birth and after birth from mother to child may cause HIV/AIDS. As far as the prevention methods is concerned, participants in both group well explained that HIV/AIDS may be prevented through Abstain, be faithful or keeping the promise rule of one to one and using condom. Each participant has tried to present justification all human beings to give attention to above mentioned prevention methods because; there is no any vaccination or any other reliable preventive medicine.

With regard to the data obtained from questionnaire is concerned Majority 40) (93%) respondents were found to mention causes of HIV/AIDS and its prevention. However, 3 (7%) or insignificant number of the participants undermined the probability for a child to have the virus from his/her mother due to pregnancy. however, (41) of the participants reported that there is low and very low probability for the child to have HIV due to pregnancy or breast-feeding. Among the four prevention method questions, while (40) (93%) of the respondents with both orthopedic and visual impairments knew about the possibility of reducing vertical HIV transmission (mother to child) through antiretroviral therapy. As it has been further elicited in the FGD, though students with orthopedic impairment have multiple sources information both audio-visual means of communication, students with visual impairment are largely depend on listening radio and informal peer discussion. As a result students with visual impairment in the result were found to be able to know real causes and prevention of HIV/AIDS even some of the FGD participants were observed in providing scientific analysis how the virus is changing itself from time to time at what level of that the virus is causing socio-economic crisis in sub-Sahara
region. Comprehensive knowledge on transmission is defined as knowing all HIV transmission methods without misconceptions. The descriptive study included 5 specific questions that explored the prevalence of common misconceptions about HIV transmission. Respondents were asked whether they thought it was possible that a person can get HIV from mosquito bites, by sharing a meal with someone who has HIV, by injection with a needle that has been used by someone else, by eating an uncooked egg produced by a chicken that swallowed a condom. Students with both orthopedic and visual impairment participated in both Universities do know how HIV/AIDS cannot be transmitted in any of the above mentioned ways. More than 38 (91% of the respondents responded that HIV/AIDS is only transmitted with human infected white blood cell.

The third question was on to what extent people with disabilities are exposed to HIV/AIDS because of their disabilities. There are 2 different views some people suppose that because of their disabilities, are little exposed to HIV/AIDS because they do have little sexual intercourse because of their physical challenge they do not have probability to communicate with other opposite sex socio economically they are also poor to go to commercial sex workers. Some other group also claims that they are exposed to HIV/AIDS. What do you say? Or how do you react?

There are different reactions given by participants on this question. Students participated in FGDP in Dilla University have similar opinion. For instance one of the participants BL6 reported that

“Yes, We people with physical challenge in particular with students are more vulnerable to HIV/AIDS due to lack of getting adequate information about the virus and its effect, inappropriate use of Condoms because condoms are not inclusive to all beneficiaries condoms expired date are not with Braille print. Health counselors, Educators and other people who work on HIV/AIDS do not know how to teach, train and demonstrate Condoms for people with physical challenge”. He also added that “while health educators provide training for students in the case community conversation on how to use condoms, it is exclusive. Students with visual impairment are excluded. The trainer while He/she demonstrates through picture of male reproductive organ how it is worn with Condom and how both female and male partners have sexual intercourse using Condoms on the projector or on the blackboard it is not with
considering all trainees. The trainer says “look that this, that, and how the male reproductive with Condom goes to vagina and does.

The Other participant was FS2 from Dilla University that female students with physical challenge are vulnerable due to their physical and their sex. She said that “while students with disability move from place to place from one center to other center for shopping, lottery vending or any other activity there are people who approach them to accompany. In this case there will be some individuals who may take female students to hidden places or hotels for sexual intercourse without their consent or sometimes using physical abuse or violence. In this case people with HIV positive may force her for sex with any care or condoms. Other participants in Dilla University have similar understanding that people with disabilities are more vulnerable to HIV/AIDS. Similarly the response obtained in the questionnaire also confirms that 31 (71.3%) of students with visual impairment responded that they are highly and very highly vulnerable to HIV but the rest (12 or 27.6%) reported that there is low probability for SWVI to be vulnerable to the virus because of their sensory impairment. Moreover, 11(25.3%) of the participants have a stand that there is low level to be vulnerable to the virus due to unsafe sexual intercourse and even insignificant number of participants said that unsafe sexual intercourse never expose for the virus.

However, students with physical challenge participated from Hawasa University have 3 divergent views. 3 students of the FGD claim that students are less exposed to HIV/AIDS because they have less access to go to bar house, drinking rooms, or sex workers. For E.G, AS1 said that “I argue that people with visual impairment are less vulnerable to HIV/AIDS because I am thinking about its double negative impact of the disease accompanied with my disability people will have double discrimination stigmatization on me physically I am visually impaired and if I am HIV/AIDS, I will have dark life. No one approaches me therefore We physically impaired take care of life than those people with no physical challenge. However, in contrary to this, there are few participants who have similar opinion to information provided by Dilla University. For e.g., HPHI6 says that “ We people with physical challenge are not quite different people from those who have no physical challenge like all other people We relax, enjoy meet other people, take alcohol smoke chew chat”. This notion was also reflected by DE4. While this
The assumption that people with disability have little chance to victim of HIV/AIDS derives from wrong conclusion that people with disabilities are not human, do not sense sex, immobile, poor in their social value and appreciate love. Hence such kind of thought has unfounded reason and unscientific.

With regard to the knowledge of students with sensory impairment on the relationship of HIV/AIDS to opportunistic disease such as tuberculosis (TV), diabetic and other sexually transmitted disease, the result showed that Fifteen (34.5%) of the participants reported that above mentioned disease have not that much related to HIV. However, students who participated in the FGD strongly argue that individuals who have tuberculosis, diabetic and sexually transmitted disease may expose individuals vulnerable to HIV. On the issues related to extent of exposure for students with physical challenge to HIV due to poverty, 28(64.4%) of them indicated that they are highly and very highly exposed for the virus. 37(86%) of the participants revealed that students who engaged on unsafe sexual practice are highly and very highly near to have the virus as it has been responded by FGD participants.

The fourth question was to get opinion of participants to what extent female are highly vulnerable to HIV/AIDS compared to male partners. With regard to this question, all participants reflect that female in particular those with disabilities are with high risk of unproductive sex which may lead to HIV/AIDS. The informants discussed factors which expose females to HIV/AIDS which includes:

One of the leading factors which cause female students with physical challenge to be victim of HIV/AIDS than Male students with physical impairment according to FGD participants is Myths, such as if people with HIV have sex with virgins they can be cured of their infection, have given rise to incidences of rape, and persons with disabilities are even more vulnerable. Because of the misconception that persons with disabilities do not engage in sexual relations, most are assumed to be virgins and are therefore a target for virgin cleansing. Misconceptions about persons with disabilities and the vulnerabilities they experience can help to explain why many HIV/AIDS service providers have not directed information towards them.

The other factor is poor socio-economic background women are engaged in sex work to bring up their children and survive in life. Most of the time in school female students is exposed to
physical and sex abuse and other harmful practices. The other factor is low participation in education and illiteracy rate as a result females are exposed to HIV/AIDS compared to Males. The response obtained in the questionnaire item also revealed that majority 90% of agree that female students with physical challenge are exposed to HIV/AIDS. The reasons reported by FGD participants derive from because of their physical challenge and natural femaleness. Female students with disability are exposed to HIV/AIDS while they move from place to place. There are people who misguide them or take them to hidden areas without their knowledge. There are female students with disability who fell to negotiate economically and to fulfill financial needs in their study program in the Universities. They will be sexually abused by male students with disabilities and students without disabilities.

The 5th question was to obtain their feelings on the order of importance of prevention methods. As far as this question is concerned, different views are suggested in both Hawasa and Dilla University FGD. FGD participants from Hawasa did not follow the same prevention methods. For E.G SPHI and SED3 reported most of the students including the speakers practice using Condoms as the primary means followed by one to one and later be abstain. According to the previous speakers people are always are open and careful for their life. Students with disabilities like all other students with no disabilities want to relax use drugs and have more partners or go to sex workers. Thus I recommend using condoms and then to be faithful to one of partners and later if not to be abstain to save our life. The above notion is not supported by other FGD participants held in Hawasa. For E.G. DE2 and AS1 reported that, the primary means of prevention is to be faithful to partner. All other alternatives are not reliable. For e.g. Condoms are not available at market with Braille expired date. It is inconvenient to properly use for students with visual impairment thus I prefer to be one to one.

With regard to way of prevention means FGD participants have revealed different reactions. For E.G, DL5 and WL4 argue that “to be abstaining is primary means of preventing HIV/AIDS. Until an individual gets his/her partner should be restricted from any kind of sexual intercourse. Attention should be given only for their academic progress. If no option and if individuals are not able to manage their sexual desire it much better to alternatively use Condoms.” From this participant, there is an exceptional claim. One of the participants WL4 argued that “All other
options with exception of abstain are unreliable and unworthy to prevent HIV/AIDS”. He is asking question “How do I control her where she has spent time during Week-end? For how long We human beings are trustworthy one to the other,? I am always in worry. To me abstains from any form sex until I am matured and completed my education and get my promising partner is the only method”.

The response obtained from research participants in the questionnaire is also revealing that target group have different mixed feelings and perceptions on ways of prevention of HIV/AIDS. For instance, of the total 43 (100) participants filled the questionnaire 18 of them indicated that abstinence is a mechanism for protection, being faithful was a mechanism for 13 of them, 10 uses condom and two hate to use condom to practice sexual intercourse. Among condom users, 3 of them use regularly, 3 some times, 3 most of the time and 1 occasionally.

The descriptive study also probed the circumstance under which the first sexual intercourse occurred. For the majority of respondents 40 (97.3%) experienced first sexual intercourse encounters with desire. However, only 2 (2.7%) of female respondents reported having sex without their choice; being raped/forced.

The sixth question to know FGD participants’ perception about the HIV/AIDS and its negative on academic, cognitive and social interaction of students with physical challenge.

Participants keeping their turn tried to explain the impact in the following manner.

WL4 said that “because of his/her disability and HIV/AIDS He/she may not feel independence, prefers to reject him/her, develop high anxiety in the social interaction. His/her friends may not play, chat, study and discuss together. Similarly in the area of education, students with visual impairment and HIV/AIDS perform poor, achieve low score. Because students who have such case may not obtain adequate time for study, be abstain from school, will have low motivation for study have limited resource to cover basic needs such as food, shelter and clothing and health expenses. Focus group discussion participants from Hawasa also share the assumption that people with physical challenge have more academic and social challenges because of their disability and compounded by HIV/AIDS. According to these participants the problem may sometimes lead to loss of life or get loss of mentality.
**Question related to attitude**

The seventh question was on the experience of voluntary counseling and HIV blood test.

FGD participants from Dilla University were found to be able to describe voluntary counseling and HIV blood test. As far as the practice of HIV blood test is concerned Among the 6 participants, only one participant reported that He/she has taken VCT. The remaining 5 participants reported that they did not take HIV blood test in any of the VCT centers this was caused by many other barriers which includes inaccessibility of the centers to students with physical challenge, lack of attitudinal change on the part of the target group and the fear of the confidentiality of the information from third party or peers even the counselors.

As far as the barriers to have VCT on the part of students with visual impairment participants mentioned the following factors-It includes:

The question of accessibility of VCT centers to mobility of students with visual and orthopedic impairment: Most of VCT centers in the Universities and health centers are inaccessible and most restrictive. They do not have ramps or lifts so that students with orthopedic easily to travel and have voluntary counseling and testing. The condition violates their privacy Because students with visual impairment want other people to guide them to health centers or hospitals in this case people from room to other room the information HIV/AIDS and result reported by health professional will be presented by both visually impaired and the guiding person. The third party may not keep the secret and report it the HIV blood test to those people who have close ties relatives peers of student with HIV positive. As a result people with physical challenge prefer to not take VCT and live with the virus. An individual who has been reported HIV positive will be immediately rejected by his/her peers, teachers, family members and the community. While a student with visual impairment moves in his own where are you going to? In which room do you want to enter IS it room no … if the client responded I want to have VCT in this health center in this room. Aha! Are you with HIV/AIDS? Sorry! Disability plus HIV/AIDS how life is so miserable to you! Discouraging comments and suggestion are flowing from any corner which may increase your anxiety and suicide yourself. WL4 has reported his frustration why he did not make decision to VCT. He said that
“If I go for VCT and the laboratory HIV blood test result has been found that I am with positive
the physician will not inform me that I am with HIV. Because, the doctor may think that if He
could tell me that I am with HIV I will suicide or poison myself. Therefore, He will make
decision not to tell the fact. That is why I took VCT blood HIV test for 2 times in my life. FGD
participants from Hawasa also reported that VCT centers are inaccessible why did you come to
such center? Health experts do not give you attention thinking that people with disability will not
be affected by HIV. One of the participants SED3 shared his experience in one of the VCT
while he took HIV blood test. “I went to one of nearby VCT centers for HIV blood test with
female partner, both of us were counseled. Then we were told to wait for 15 minutes to get the
laboratory result. Then all other people including my female partner were told the result turn by
turn. My name was on the least and I am not called then I was very much annoyed and
emotionally shouted entering in the VCT room what is wrong with you? Then the counselor
asked me and I responded the laboratory HIV blood test result is not reported and not counseled.
In return the counselor said that “You do not have HIV what does it help you to get the result go
to your home”. The participant has revealed that he has not welcomed and treated in friendly
approach. As a result, he has decided not to go there not to be discouraged and emotionally
disturbed.

The response obtained in the questionnaire also compromised to orally presented information on
VCT. The statistical finding entails that 35 (81.4%) of them did not get the service, not tested
their blood and do not know their status regularly. Of them 9 tested their blood in 3 months
interval, 11 in 6 month’s interval, 13 in one year’s interval and 2 in life time. The rest 8 (18.8%)
did not test their blood status.

When persons with disabilities were asked if they believed that they were at risk for HIV/AIDS,
86% of male students with physical challenge and 82% of females students with physical
challenge said no. In the study, the results showed that majority of students with physical
challenge in the research site did not believe themselves to be at risk. On other hand, in the study
total of 17% of respondents felt that there was a possibility of contracting HIV/AIDS because
they did not know their partners' past lifestyle. This contradiction seems to demonstrate that there
is confusion among some persons with disabilities as to their perceived risk.
The 8th question was on unique coping technique from HIV/AIDS. FGD participants from Dilla University reported that students with visual impairment should prevent themselves from conditions which may lead to HIV/AIDS. They developed specific skills on how to use condoms. Take of people while they are in need of special support in particular with new environment, community or shopping. They also suggested people with visual impairment should check syringes whether they are packed or not, rely on new and packed sharp equipments. The FGD participants from Hawasa reported that people with visual impairment should rely on one to one abstain, faithfulness avoid unsafe sex use condoms and not to use sharp objects. On top of that people with visual impairment should be well informed and develop to have the right information on HIV/AIDS and other sexually transmitted disease.

**Question related to accessibility to information on HIV/AIDS**

The 9th question was on the access of information on HIV/AIDS in the context of the Universities. Do students with physical challenge have equal access to print media or other sources of information about HIV/AIDS?

The FGD participants orally responded that programs which are going in Dilla University are non-participatory and exclusive to all students. There are community conversation programs in the campus which are not addressing the unique need of learners with physical challenge. Pamphlets, brochures, articles and photographs with HIV/AIDS information distributed for students without disabilities. Discussion programs are not inviting to attend so long as participants with sensory impairment take passive role. HIV/AIDS resource center in the campus is not inclusive like the National HIV/AIDS resource center. The resource center in the University is not facilitated in such a way that Braille users and wheelchair users will be most benefited.

Participants from Hawasa University reported that they have no access to HIV/AIDS in the campus. Largely participants reported that they depend on Radio or prior knowledge in High school or elementary school. HIV/AIDS Programs in the campus are not inclusive and participatory. However, then I response obtained in the questionnaire is against the orally elicited information with regard to accessibility of information on HIV/AIDS. The finding disclosed by research participants who filled the questionnaire disclosed that twelve (100%) of students with
visual impairment from Hawasa University reported that they have adequate information and 31 (100%) students with orthopedic impairment from Hawasa University had no information about HIV/AIDS in adapted form of communication like in Braille print for students with visual impairments. On the other hand, 16 of the participants feel that the university policy and implementation strategies are not inclusive but the majority or the rest 27 said that it is inclusive. Those who said that it is not inclusive forwarded their feeling why that is not inclusive like it could be because of the following reasons

- Lack of awareness of authorities about disabilities
- Lack of information about the different modalities of information disseminations
- They may not take students with disabilities as “normal” and nobody cares about them.

Moreover, significant number of participants said that they do not know why things are not inclusive in Universities.

Fourteen students participate in anti-HIV/AIDS clubs in their respective Universities and the rest 29 (67.4%) of the participants did not involve in the clubs and they presented different reasons for not to participate like

- Unable to get information
- Some do not know that clubs are existing
- Some lack interest to involve because of verbal harassment from students without disabilities
- Being first year students and afraid to involve because that might take share of time from studying courses.
- Some said that clubs do not provide an opportunity for students with disabilities to participate in clubs

Moreover, 18 of the participants rated different clubs and non-governmental organizations working in their respective University as inclusive by nature and the rest 25 said they are not inclusive.
Twenty of the participants said that there is no inclusive adaptive resource room in their university, however, the researchers witnessed availability of resource room for students with disabilities in Hawassa University but some 8 students failed to give recognition for that because they said materials are not available. On the other hand there is no resource room in Dilla University at all.

- Lack of awareness of authorities about disabilities
- Lack of information about the different modalities of information disseminations

The 10th question was on measures to be taken by Dilla/Hawasa University, resource center, clubs discussion forums gender office and student union

The focus group discussion reported that Organizations working on HIV/AIDS the university resource center, Media schools and department should mainstream the issue of disability in their respective activity plan. They should organize the inclusive resource center facilitated with Braille embosser they should introduce adapted or modified charts pictures and models of Condoms to show both female and male reproductive organs. Computers in resource centers should be organized with Jaws soft-ware program. They organize inclusive training program in mainstreaming disability. SNE experts should work on rendering special training the concept of inclusion to HIV/AIDS resource personnel’s health professionals and educators how to treat students with special need in the Universities. Similarly the research participants in the open-ended questionnaire item responded that the concerned bodies in the Universities should mainstream in planning and implementing process. Awareness rising on the issue of disability should be considered. Pamphlets, brochures, articles and notice should be adapted or modified in to Braille print, with audio-cassettes and large print. Resource rooms, libraries, and VCT centers in the Universities should be structured with ramps for mobility. Participants also suggested Condoms should be in safe and accessible environment so that the individuals to have access whenever they need to have safe sexual enter-course with their respective partner.
CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1. Introduction

In this chapter, an attempt was made to discuss the findings obtained through questionnaire and focus group discussion with support of review of related literature. The discussion was conducted in line with the 3 main themes I.E. knowledge, attitude and accessibility to adaptive ICT on HIV/AIDS for students with physical disabilities. Then summary of findings will be incorporated.

5.2. Discussion on level of knowledge of students with visual and orthopedic impairment

The data collected through questionnaire and FGD ascertains that majority 40 out of 43 participants (93%) of students with both types of impairment very high level of knowledge. The participants were found to define HIV and AIDS. The students with visual impairment involved in both Dilla and Hawasa Universities reported that they were able to acquire sufficient knowledge on the virus and the disease from listening local Radio stations and peer group discussion. A similar study conducted on HIV/AIDS knowledge attitude and behavior on people with sensory impairment in Addis Ababa also revealed that although all respondents 96 (100%) reported that they have heard about HIV/AIDS a lesser proportion of 80 (83.3%) knew someone with HIV or someone who had died of AIDS. (91.7%) of college/university levels of education knew someone infected with HIV or someone who had died of AIDS.

Similarly, slightly a higher proportion of persons with visual impairment 32 (75%) respondents compared to 11 (25%) respondents with orthopedic impairments had reported knowing someone who had HIV or someone who had died of AIDS. Thus both students with visual and orthopedic impairment in both Universities reported that they are able to know the difference between HIV and AIDS. The factors which helped them to know more HIV/AIDS as it has been depicted from FGD are the practice of listening local FM radio stations such as Ethiopian Radio, Radio
Fana Sheger Radio and HIV/AIDS clubs in boarding schools and in informal discussions with peers.

With regard to their knowledge on major causes ways of transmission and prevention of HIV is concerned, students with visual impairment and orthopedic impairment have high level of knowledge. Majority (40) (93%) of the research participants were found to respond that HIV is caused largely by unsafe and unprotected sexual-intercourse followed by breast feeding mother to child, blood infection unsterilized sharp objects, syringes and others. The study also showed that students with visual and orthopedic challenges in both research sites were found to describe how HIV is spread and how the virus is prevented. Majority (40) out of 43 participants (93%) of respondents were found to mention causes of HIV/AIDS and its prevention. However, 3 (7%) or participants of the study undermined the probability for a child to have the virus from his/her mother due to pregnancy. however, majority (40) (93%) reported that there is low and very low probability for the child to have the HIV due to pregnancy or breast-feeding.

The study also revealed that students with both types of impairment in the Universities reported that there is high association between HIV/AIDS and Tuberculosis, HIV/AIDS and poverty. They also confidently speak that HIV/AIDS cannot be transmitted through mosquito biting, kissing, saliva, eating uncooked raw meat. The response obtained from questionnaire also (93%) of the participants responded that HIV/AIDS cannot be transmitted in any way through the above mentioned means.

With regard to the knowledge on condition of more vulnerability of people with disabilities to HIV than those without disabilities is concerned, students with physical challenge in the universities share the opinion that such group of people are more exposed to the virus due to inaccessibility to adaptive ICT, ineffective use of Condoms lack of mobility accessibility of health centers and negative attitude of the society towards people with disabilities. In this regard female students with visual impairment face more sexual abuse which may lead them to be infected with HIV. (93%) of the research participants responded that people with physical and mental challenge are exposed to HIV/AIDS while non-negligible number of participants were reported against the assumption. The conducted focus group discussion participants counterclaim aimed that disability by itself may not be the cause for HIV/AIDS rather people with
disabilities are exposed to HIV due to the unsafe sexual enter-course, using unsterilized sharp objects such as infected syringe, sharp objects infected blood unsafe breast feeding mother to child which affect people with disabilities to have the virus otherwise it is not because of being disabled or abled.

As far as the knowledge of students with physical challenge in the Universities is concerned it was possible to make sure that students with physical challenge know and comprehend all 3 ways of prevention which includes Abstains, Being faithful to a partner and Use Condoms properly in any case that when an individual is not in condition to control his/her sexual motive. Similarly, Majority (89% of the participants know what is meant by voluntary counseling and testing and its importance for further prevention and rehabilitation. They were also found to be able to discuss the demerit and merit of having voluntary counseling and HIV blood test with once own consent.

From the study it was possible to interpret that among the students with physical challenge included in the study have high awareness about condoms. However, the study also demonstrated the discrepancy between knowledge and the use of condoms because regardless of their universal knowledge about condoms, majority (93%) of males and 90% of females had knowledge about Condoms. However, those who ever used condoms were very low. They were (3 respondents (7%) males and 4 (10%) Females, who used Condoms consistently. Out of the total 43 respondents who reported to have sex (83%), only 17% tried to use condoms. Surprisingly, all the respondents (who participated in focus group discussions) had never seen a female condom and few had seen the male condom. Furthermore, the findings of the study emphasize regardless of adequate knowledge about HIV transmission and prevention methods, the practicalities of using a condom by the visually handicapped is raised as a major challenge. This is due to the fact that proper use of condom necessitates reading of the expiring date, which the visually impaired could not do by them.

5.3. Discussion related to attitude -

Researchers to know the attitudinal change on HIV/AIDS and to explore to what extent students with physical impairment familiarize themselves to VCT different questions were forwarded. One of the included questions was how many of them have access to Voluntary counseling and
HIV blood test. As it has reported by focus group discussion participants in the conducted 2 sessions, majority (12) out of 14 participants elicited that they have not taken HIV blood test and VCT. The result obtained in the questionnaire does also comply with orally presented information. Accordingly, majority 35 respondents (81.4%) of them responded that they have no access to the service, they did not take HIV blood test and do not attempt regularly to know their status. Of them 9 tested their blood in 3 months interval, 11 in 6 month’s interval, 13 in one year’s interval and 2 respondents never had gone to VCT centers. The rest 10 respondents (20%) did not test their blood status. From this fact, it was possible to recapitulate the idea that students with physical challenge do not take HIV blood test regularly. The reason behind may be target group of the study have not brought the expected attitudinal change on the issue because they had not been involved in consistent practice of taking HIV and VCT blood test. Many of them do not prefer to go to VCT or health centers. This was caused by they failed to bring about required behavioral change. A significant number of participants do not regularly use condoms; there are considerable numbers of participants who prefer to employ remaining faithful to a partner. The other factor was accompanied by inaccessibility to health centers to students with physical challenge in the Universities partly because it was de negative attitude of health professionals or counselors to people with disabilities. The negative attitude of health professionals or counselors emanate from the wrongly formulated assumption that people with disabilities are not sexually active. People with physical impairment have low sexual desire quite differently from other people without disabilities. As a result students with physical challenge do not decide and discouraged to health centers to take HIV/ blood test. The other finding was the issue related to the attitude of the target group of the study in relation to their belief that whether People with Disabilities are Sexually Active or not.

For the assumption that people with disability are not sexually active compared with other society members without disabilities, students with physical challenge in higher learning institution where the study conducted strongly defended that it is unfounded assumption and it is baseless. According to the study 39 (92%) of the research participants responded that people with physical challenge have normal sexual desire like all other people without disabilities while 4 (8%) of the respondents favored that people with physical challenge are less active in their sexual enter-course. A common assumption about persons with disabilities is that they are not
sexually active, and so the assumption is that they are therefore not at risk of sexually contracting HIV/AIDS. The reality is that persons with disabilities are sexually active and they are also at an increased risk of violence and rape (Groce, 2004; Groce & Trasi, 2004; Yousafzi & Edwards, 2004; Banda, 2002; Mulindwa, 2003; Munthali et al, 2004).

A descriptive study conducted on knowledge and attitude of students with physical challenge in the research sites on HIV/AIDS showed that 85% of female students with disabilities and 82% of male with disabilities have engaged in sexual activity. The reasons for having sex varied but most (83%) of the respondents in the study said they had sex out of personal choice, while 17% said they were forced. In the results showed that most (77% of female and 89.7% of male) persons with disabilities voluntarily had sex with their partners, while 23% of the female with disabilities and 10.3% of male with disabilities reported to have been forced or coerced into sex at some point.

5.4. Discussion on barriers to have access to information on HIV/AIDS

In the study, research participants who were actively engaged in both forms of data collecting tools, mentioned various factors which affect their right and privilege to get the necessary information on HIV/AIDS and its impacts and how individuals may develop desirable behavioral change. Some of the barriers discussed by participants in respective research setting are the following.

There are a number of hindrances explained by research participants which may affect students with physical challenge to have minimal opportunity to get adequate information like the people without disabilities. According to the participants, the following summarized barriers will give picture at what extreme level their privilege and right to equity of information is violated. Factors are summarized in to attitudinal and physical barriers.

**Attitudinal factors:**

Disabilities are not at risk of contracting HIV and therefore do not require access to HIV prevention. Another barrier that stems from this is the assumption that persons with disabilities are not sexually active. One other related barrier is the assumption that persons with disabilities are not a significant group that would warrant special attention.
An indirectly related barrier that usually comes from persons with disabilities themselves is the fear that an HIV positive status would be a double burden, especially for women with disabilities. The double burden of being HIV positive and having a disability is often met with denial.

**People with Disabilities are Not at Risk**

The assumption that persons with disabilities are not sexually active has led to their exclusion from the reproductive health service delivery system (Mulindwa, 2003; DFID, 2000). Reproductive health sensitization and awareness-raising programs systematically exclude persons with disabilities. "We are not invited to these reproductive health workshops which are always held at the health centers" (Mulindwa, 2003:26). The unfriendliness of health service providers towards persons with disabilities is also a barrier to accessing services. "Nurses ridicule, laugh and abuse us when we emerge with reproductive health problems. They always insult us by asking questions like; how did you get this pregnancy you crippled woman" (Mulindwa, 2003:69; Yousafzi & Edwards, 2004).

There is an elevated risk for violence and rape for persons with disabilities (Groce, 2004; Mulindwa, 2003, Munthali et al, 2004; S AfAIDS, 2003; Musakanya, 2003). Abuse and violence directed towards people with disabilities has been well documented, however the prevalence varies greatly from one study to another. Some estimates are that people with disabilities are more than twice as likely to be assaulted as people without disabilities (McPherson, 1990; DFID, 2000); however, Groce (2004) estimates that individuals with disabilities are up to three times more likely to be victims of physical abuse, sexual abuse and rape. Abuse among women with disabilities ranges from 31% to 83%, or double to quadruple the rate found among women in general (Nosek et al, 2004). Rape and abuse increase the susceptibility of persons with disabilities to contract HIV/AIDS. Forced sex, including incest and rape, is particularly risky because condoms are rarely used and, therefore, exposure to HIV/AIDS is increased (Mgalla et al, 1997).

What is even more disturbing than the abuse experienced by persons with disabilities is the difficulty most have in reporting their abuse. Most individuals with disabilities have little or no access to the police, legal counsel and courts for protection.
Should sexual abuse or rape occur, persons with disabilities have less access to medical interventions, including counseling, than their non-disabled peers (Groce, 2004; Groce, 2005). The abusers take advantage of the vulnerability and isolation that some people with disabilities experience. There are also few legal consequences for people who abuse people with disabilities. Abuse or rape of persons with disabilities is often assumed to be related to “confusion or misunderstandings” (Groce, 2005:219). Communication difficulties prevent some people with disabilities from being able to report their abuse;

People who are visually impaired cannot identify their abuser; and those with hearing impairments cannot tell the police unless there is a sign language interpreter (Yousafzì & Edwards, 2004; Groce & Trasi, 2004; Mulindwa, 2003). Also, persons with physical disabilities may be too weak to fight off their assailants (Mulindwa, 2003).

The assumption that persons with disabilities are not sexually active has also led to students with disabilities being excluded from AIDS education in schools. The teachers assume that they will not benefit from the information as they are unlikely to become sexually active and are therefore not at risk (Groce, 2005). It is clearly evident that persons with disabilities are sexually active, have less access to HIV/AIDS prevention programs, and yet are vulnerable to contracting the disease.

**People with Disabilities are Not a Vulnerable Group**

There is a significant amount of unreported rates of HIV infection and death related to AIDS among persons with disabilities. Some reports have suggested that efforts to provide rehabilitation services to disabled populations are no longer possible unless HIV issues are addressed (Groce, 2004). Persons with disabilities are not being included either implicitly or explicitly in most HIV/AIDS outreach efforts. There is a lack of knowledge of disability and awareness of disability issues among AIDS workers, government ministers and NGOs (Groce, 2004). These groups are unfamiliar with disability issues and, as already mentioned, they are unaware that people with disabilities are sexually active or otherwise at risk. Most of these groups view individuals with disabilities largely as a medically dependent, childlike population, isolated from the real world (Groce, 2004). One example from a community in South Africa was that AIDS educators who were going door-to-door inviting people to their AIDS meetings were
walking by and waving to a woman sitting in her doorway in a wheelchair and did not invite her to the meeting (Groce, 2005). Even though this woman had her children at her side, the AIDS educators failed to recognize that these women might benefit from their meeting.

There are negative attitudes towards persons with disabilities. For example, the assumptions that people with disabilities are all beggars, financially draining, and only worthy of pity or ridicule (Munthali et al, 2004). In many societies, people with disabilities are given lower social status and considered worthless (DFID, 2000). There are even some who do not understand disability issues and think that it was the wish of people with disabilities to be the way they are, that they somehow purposely became disabled (Munthali et al, 2004). They are not viewed as being human beings, or as people who can do something meaningful or beneficial in their communities (Munthali et al, 2004). All of these negative assumptions lead to attitudinal barriers for persons with disabilities wishing to access not just HIV/AIDS prevention programming, but also their inequitable standing in society.

**People with Disabilities Do Not Consider Themselves at Risk**

There is a further attitudinal barrier that may not be as evident as those I have presented, which is coming from persons with disabilities themselves. If persons with disabilities do not consider themselves at risk, then directed programming is likely to fail.

For some persons with disabilities, failure to recognize that they are at risk stems from denial and fear. Some worry that an HIV+ status would become a 'double burden' according to focus group discussion coded with WL5. The sentiment is that disability is enough of a stigma to deal with, so HIV+ status would become too much to bear and they would rather just not know. It was also believed by some persons with disabilities that, since they already have a disability, “God would not give them another” WL5. This is also echoed by other focus group discussion participants. According to FS1 have reported that “Other people without disabilities assume us that We do not like using condoms because they say they are already dead and why should they use condoms. For Female students with physical challenge, the fear of HIV+ status is enough to discourage them from getting tested. For women with disabilities who are married, they fear that if their male partners have other sexual partners, when (or if) they complain about this problem, their husbands will threaten them to reject.
Physical Barriers

Physical barriers that prevent persons with disabilities from accessing HIV/AIDS programs are a problem largely specific to this group. The diversity of disabilities and the range of abilities and needs can make accessibility a difficult process. HIV/AIDS prevention measures can be inaccessible in two major ways. One is in the physical inaccessibility of the program locations that prevent persons with disabilities from being able to reach or enter the building. The second is in the formats the prevention measures are presented in, so that persons with disabilities are unable to process the information being presented to them.

Inaccessibility of Programs

The inaccessibility of most HIV/AIDS prevention programs for persons with disabilities was a common theme throughout the literature. Persons with disabilities have difficulties accessing clinics (Groce, 2004), hospitals, health units (Munthali et al, 2004) and reproductive health service points (Mulindwa, 2003). Some of the problems in accessing these programs include: the services being too far to access (Munthali et al, 2004; Mulindwa, 2003); no one was available to escort them (Munthali et al, 2004); mobility problems (Munthali et al, 2004); lack of transportation (Mulindwa, 2003); and the inaccessibility of the buildings (Munthali et al, 2004; SAfAIDS, 2003; DeVries, 2004). The problems of accessing programs can affect the entire diversity of disabilities in different ways and are not problems unique in just a small proportion.

It was previously discussed that poverty and access to education are problems faced by persons with disabilities. This can have an effect on the ability to physically access HIV/AIDS programming. For persons with disabilities who rely on transportation to take them to clinics, their inability to pay for this service may prevent them from gaining access (SAfAIDS, 2003). Many communities in sub-Saharan Africa are relying on schools to provide young people with information about HIV/AIDS. For children with disabilities denied access to education, they are missing out on this vital information (Yousafzi & Edwards, 2004). In this way, attitudinal barriers can affect physical barriers.

Another issue that was raised, which came up in our study was that most students with disabilities in both Dilla and Hawasa Universities have trouble accessing information because there are no clubs for people with disabilities in their area. Location can also affect access to
services. It has been mentioned that for students learning in the institution, there is insufficient access to HIV/AIDS prevention programs.

**Inaccessibility of Materials**

For many persons with disabilities, their inability to access HIV/AIDS prevention information is related to the formats in which this information is supplied. One common method for providing information about HIV/AIDS in sub-Saharan Africa is through radio campaigns. Radios are more accessible to people living in rural areas, and are more affordable than televisions. Through both radio programs and TV commercials, mass media campaigns using radio are the most common measures used by African governments (Painter, 2001). Unfortunately, many people with disabilities are unable to afford radios (Yousafzi & Edwards, 2004; Mulindwa, 2003). Also, radio campaigns cannot reach people with hearing impairments (Groce, 2004; Munthali et al, 2004).

Similarly students with physical challenge in the research sites have less access to get portable Radios which will support them to enhance their knowledge, change attitude and bring required behavioral change. They cannot buy Radios at their own expense because the pocket money afforded by their respective universities may not cover all other costs. Universities did not attempt to identify the actual potential and special need of such group of people. Most of the programs aired on Ethiopian Television did not cover HIV/AIDS issues. Nevertheless, there are significant numbers of students with physical challenge who use Radio on mobile to update their knowledge.

There are various ways through which people with visual impairment to be communicated. Among adaptive equipments to be facilitated but not considered by respective Universities which have an optimal benefit for the beneficiaries: audiocassettes, soft copies talking-book Digital recorder Braille print and large print. However, such equipments are not available sufficiently. The beneficiaries are not effectively using the equipments due to the scarcity of the resources and lack of adequate skill training how to manipulate the machines.

With specific to print materials, they are another format utilized by HIV/AIDS prevention campaigns to disseminate information. Newspapers and pamphlets are two good sources of
information. However, very little of this printed information is translated in Braille for people with visual impairments as it has reported by researchers conducted survey on knowledge and attitude on HIV/AIDS of people with disabilities in South Africa by (Groce, 2004; Mulindwa, 2003; Munthali et al, 2004; Janssen, 2003; SAfAIDS, 2003). The writers reported that it becomes necessary for people with visual impairments to rely on someone else to read for them (Munthali et al, 2004). Print materials also exclude people who are illiterate and some people with intellectual impairments because of the complexity or vagueness of the messages within the materials (Groce, 2004).

Another barrier that may prevent persons with orthopedic impairments from accessing HIV/AIDS preventative programming is in their difficulty in mobility. Wheelchair users will be in trouble to move to upstairs or access to reading rooms or libraries because they are not facilitated with ramps or lifts. Libraries are not constructed in considering the actual need of all beneficiaries of the Universities.

For students with orthopedic impairments wishing to access VCT centers, they are required to bring along their own peer who may drive the wheelchair. This is not only an inconvenience, but it also affects their willingness to be tested as they may feel their confidentiality is at risk.

A further barrier for persons with disabilities in accessing HIV/AIDS prevention materials is the failure of programs to reach out to the disability community. Many disability groups feel like the HIV/AIDS community has forgotten their people because they are rarely invited to participate in HIV/AIDS conferences and meetings. These conferences are also often physically inaccessible to persons with disabilities (Muganda, 2004; Mulindwa, 2003).

Programs that promote the use of condoms may be ineffective for some people with disabilities. If people with disabilities cannot physically access condoms, then they rely on others to bring condoms to them. Some people with disabilities may have trouble using condoms, either because no one has ever taught them how to use them or because they may not have the ability to put the condom on. For some people with disabilities, their ability to use condoms may rely entirely on their partner, which can place them at risk.
CHAPTER SIX

CONCLUSION AND SUGGESTION

6.1 Conclusions
As it has been able to conceptualize the situation of people with disability from the review literature, it would be incorrect to assume that persons with disabilities are ignored from HIV/AIDS initiatives on purpose. Rather, it has been revealed that persons with disabilities are often ignored because of preconceived assumptions, or that they were just not thought about at all. Even the United Nations has forgotten to include persons with disabilities. Not once in the UN’s AIDS and Human Rights International Guidelines (Office of the United Nations High Commissioner for Human Rights [OHCHR], 1998) are the rights of persons with disabilities ever mentioned, yet these guidelines are meant to be a product of 50 years of UN human rights experience. It will certainly take much more pressure from DPOs and other interested parties to ensure that disability rights play a more prominent role. In accordance the situation of students of with physical challenge is the product of wrongly formulated societal prejudice and discrimination in denying their equal participation in all anti-HIV/AIDS campaigns in the Universities. Students with physical challenge are almost neglected in planning, implementation and evaluation of the progress of prevention and controlling of HIV/AIDS.

Based on the study findings, it is possible to conclude that students with physical challenge in the research site have high level of knowledge. The study has come up with finding that students with visual and orthopedic impairment were found to Differentiate HIV and AIDS. They explained major ways of transmission of the virus and how it is prevented. In the study it was possible to reveal that students with physical challenge 40 respondents (93%) of the participants know the 3 ways of prevention of HIV/AIDS. The opportunistic diseases which may cause people to be vulnerable to HIV/AIDS are also well conceptualized by the research participants. They have also very good understanding about female with disability that they have double burden as result of having HIV and their disability. The study participants were also able to explain the gaps or limitations why the disability and HIV/AIDS are not mainstreamed in the Universities.

Thus the research is concluded that students with visual and orthopedic challenge found learning in Dilla and Hawasa have high level of knowledge on HIV/AIDS. However, Much is remaining to support them bring about expected attitudinal or behavioral change in particular with the ways of prevention consistently. As far as the change of attitude on the part of the research
participants, those who use apply consistent use of Condoms were found to be insignificant. The reason may be due to its inconvenience for proper use on the part of students with visual impairment or any other related factors discussed in the 5th chapter. Therefore in order to increase their level of knowledge and capacitate students with physical challenge in the research sites, the researchers recommend the following suggestions to be undertaken by stakeholders working on prevention and controlling the spread of HIV/AIDS in both Dilla and Hawasa Universities.

6.2. Suggestion

Some of the suggestions recommended by the researchers are the following

- HIV/AIDS resource centers working on HIV/AIDS in the Universities should take in to account the issue of disability and HIV/AIDS as cross-cutting in their strategic plan, implementation and evaluation documents.
- Students with physical challenge should have their own representatives who could voice out their feelings in decision making bodies. Some of the sectors in which they could be represented includes student council, school forum, management and senate and HIV/AIDS resource center
- The Universities should make an effort to organize an inclusive HIV/AIDS resource center in which students with physical challenge will be addressed in accordance with their respective unique needs. The center should be required to have appropriate adapted or modified means of communication in which such group of beneficiaries to be addressed.
- Allow the students with physical challenge to feel belongingness to University community in including themselves in community counseling, (CC) panel discussion, music show, theatre and Dramas which used for disseminating messages about HIV/AIDS.
- Provide incentives, acknowledgement and appreciation to unique coping prevention and intervention strategies practiced by students with physical challenge in the Universities.
▪ The stakeholders in the Universities should allocate fair distribution of funds or resources to make sure that all beneficiaries including the disadvantaged section of the learners are to be treated on equal basis.

▪ Peer educators from group of people with physical challenge can also be trained in issues of reproductive health, HIV/AIDS and STD prevention and treatment, and provide condoms and educational materials in disability-specific formats.

▪ The majority of HIV/AIDS educational materials are in inaccessible formats and locations for persons with disabilities. The conversion of these materials into accessible formats and the provision of HIV/AIDS services in more accessible locations are two things that require greater effort. These types of things would include translating already available materials into simple adaptations, such as producing pamphlets in Braille, captioning videos and television programs in verbal instruction. This would also include moving HIV/AIDS education, testing, and service programs as well as reproductive health programs to more accessible meeting places and building access ramps. VCT centers would also require improvements to access, including providing Special need education resource personnel and staff that are familiar with disability issues.

▪ Encourage researchers in the Universities to conduct study on marginalized group of people including students with physical challenge in their sampling population. Those researchers who have an intention of conducting research on such group of people should be facilitated additional material, financial and technical support. Moreover, the reported finding should also be presented in revealing out the real picture of students with physical challenge.
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