



The Society for Family Health

Lessons learned Involving the Deaf and Hard of Hearing in the Fight Against Sexual Abuse, Substance Abuse and HIV in South West Nigeria

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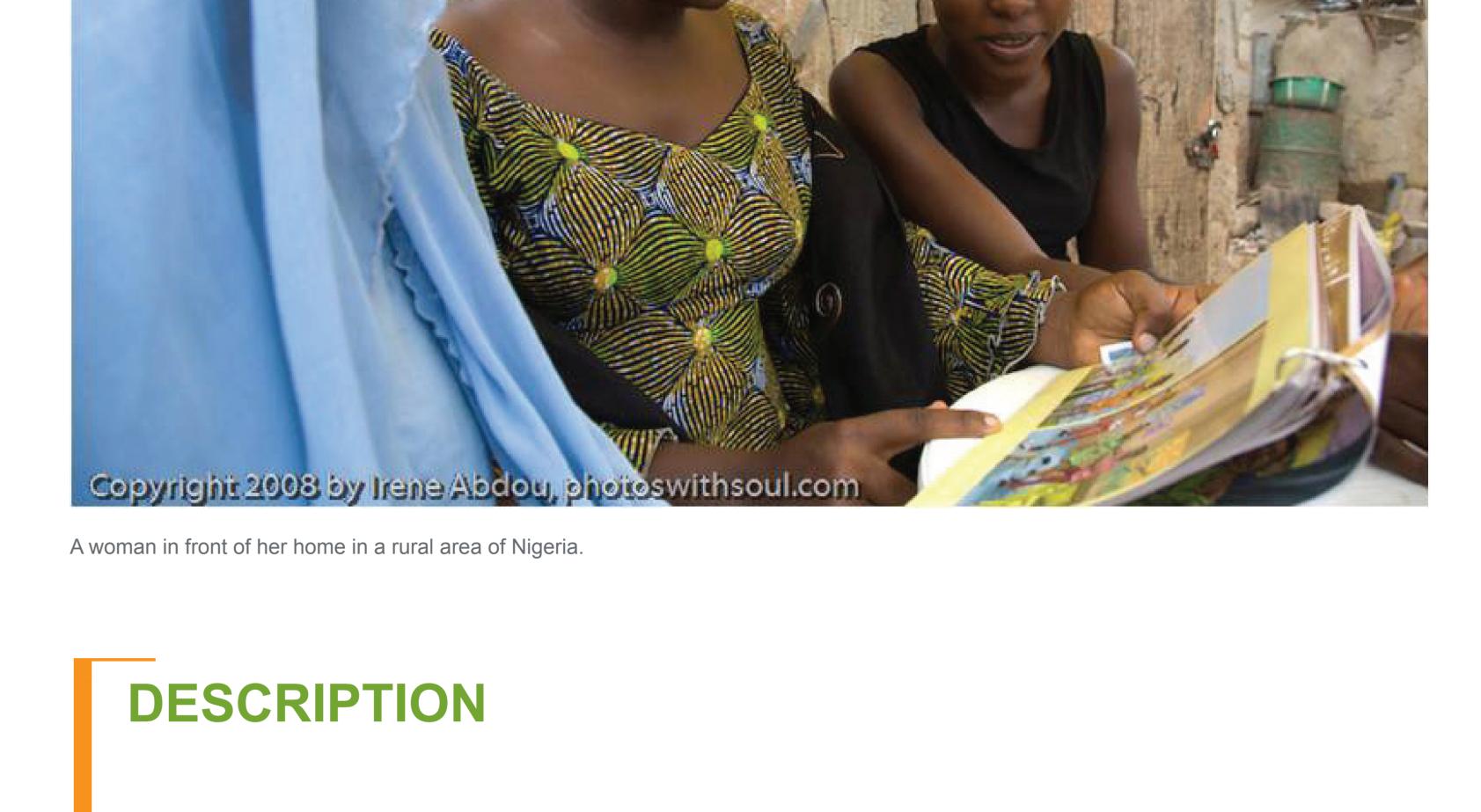
ISSUE

National HIV prevalence in Nigeria is 3.6% (FMOH, 2008). While there is limited HIV surveillance data specific to persons with disabilities, including populations of the deaf and hard of hearing (DHH), HIV prevention services and information targeting this group in Nigeria have been insufficient. Many materials and services for HIV prevention and treatment are not appropriate for DHH and the availability of interpretation services and qualified personnel is limited.



LESSONS LEARNED

- The DHH are particularly vulnerable to sexual abuse due to comm nication barriers, unique practices, and the lack of services and information available to them.
- DHH should be involved in prevention programme design and implementation from the very beginning.
- The Peer Education Plus model, a peer education manual developed by the Society for Family Health and Action Aid International for use among youth and other key target populations, was a useful tool for training teachers and youth but it required adaptation before use among populations of the DHH.
- Materials that use graphics, photographs, and diagrams are excellent methods of communication for DHH



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- In 2009, Nigeria's Society for Family Health and the Centre for Women and Children Development implemented the D3H Project (Deaf, Hard of Hearing and HIV and AIDS Project) among the DHH population in Ondo state in South West Nigeria.
- A baseline assessment measuring knowledge, attitudes and practices towards reproductive health and HIV and AIDS was conducted among students within the state.
- The project aimed at increasing access to reproductive health and HIV information and reducing the rate of teenage pregnancy, STIs and HIV transmission among them.
- 10 teachers and 600 primary and high school students drawn from 18 local Government councils were taught essential life building skills, consequences of sex before marriage, multiple sexual partnering, sexual abuse and substance abuse.
- Sign language experts, selected and trained on HIV prevention, facilitated communication during the intervention.
- The programme included regular meetings with the school authorities to build interest, brief them on progress, and share experiences related to the intervention.

CONCLUSIONS

- Further research and surveillance studies are required and funding will be sought to carry out this activity. An endline assessment of the programme will be conducted in July/August 2010.
- SFH will also explore the use of family members especially siblings of youth who are DHH as a 'bridge' between the hearing and DHH as they are bilingual and have a greater understanding of DHH culture and challenges.
- A curriculum for use at training of master trainer workshops based on the adapted tools is currently in development.
- Specialised interpreter training programmes in all RH areas will be conducted in the future to assist in building capacity of teachers and peer educators among the DHH.







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