MDG 6 – COMBAT HIV AND AIDS

DISABILITY, HIV AND AIDS

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INTRODUCTION

Excluding disabled people from HIV and AIDS programmes will jeopardise their overall success rates. So it's vital to be equipped and informed about this issue.

HIV and AIDS is a global pandemic that has attracted a lot of attention and resources over the past few years. It is recognised as being one of the most important factors in determining the long-term success of development and has led to a significant increase in levels of poverty in many developing countries. Here is some helpful information on how the HIV pandemic affects disabled people.

CURRENT SITUATION

HIV and AIDS is an almost wholly unrecognised problem among disabled people worldwide. That's despite the fact that disabled adults and children are at increased risk of sexual abuse, violence and rape (up to three times more likely according to the 2004 World Bank HIV and Disability study).

The physical development of infrastructures, life in institutions, sexual networks within some disabled communities and lack of access to legal rights make disabled people particularly vulnerable to abuse and infection. It's only recently that disability and HIV and AIDS has gained recognition as a subject which needs serious research and attention.

DISCRIMINATION

For many years disabled people have been excluded from work on HIV and AIDS because of wrongly held assumptions that they're not sexually active, don't use drugs and are at a lower risk of physical abuse (Groce, 2004).[1]

In fact, evidence is emerging from around the world that disabled people are at increased risk for all HIV risk factors. For example, a study on reproductive Health and HIV and AIDS among disabled people carried out for the Disabled Women's Network in Uganda (DWNRO) in 2003, suggested disabled people – and disabled girls and women in particular – are likely to have more sexual partners than their non-disabled peers (25% males, 19% females had multiple partners). They're also more likely to practise unsafe sex (50% males, 43% females) putting them at high risk from HIV and AIDS infection. This same study also found that disabled people are highly vulnerable to sexual abuse and rape: 16% of women with disabilities cited their first sexual encounter as having been forced (DWNRO 2003).

Factors such as increased physical/sensory vulnerability, need for attendant care, life in institutions and the widely held customs of refusing to accept disabled people as reliable witnesses makes them easy targets for predators (Groce, 2004). Some 41% of the women in the DWNRO study reported their last pregnancy had been unwanted.

There are also some worrying cultural practices and beliefs emerging from countries like Tanzania and Malawi where it's understood that having sex with a disabled woman can cure HIV. More prevalent still is a belief that disabled people won't be HIV positive because they're sexually inactive. So young disabled women in particular are being deliberately targeted in increasing numbers.

HIGH RISK

Some surveys suggest disabled people – especially deaf and physically disabled women – can be at higher risk of substance abuse than their non-disabled peers. Yet they're less likely to have access to interventions or support (Groce, 2004). It's estimated that 30% of all street children have some type of disability, but this particular group of young people miss out on most of the general safe sex campaigns. There are very few sex education programmes designed for disabled people. With school attendance and literacy rates so low, disabled people are rarely exposed to information on HIV and AIDS.

Awareness of HIV and AIDS and knowledge on prevention is particularly low among deaf, blind and intellectually disabled adults and children. A DFID scoping study in Malawi (2009)[2] found a low awareness among deaf people of HIV and AIDS – with many believing they were two completely separate diseases. While not entirely inaccurate, the lack of understanding of a link between HIV and AIDS means many who are HIV-positive don't realise they could be at risk of dying or passing it on to others.

Disabled women often lack access to reproductive healthcare services and have very low awareness of mother-to-child HIV transmission. Only 60% of disabled women in Uganda made use of local antenatal care which makes it more likely they'll pass on the disease to their new babies. In addition, social and economic factors make disabled women some of the most difficult to reach groups for general HIV messages, reducing their ability to negotiate for safer sex.

SUPPORT SERVICES

The situation for disabled people who contract HIV is generally poor because most have little knowledge about how to access care and support services. There are also growing numbers of reports about how negatively people are treated when they try to seek that help. A study in Zambia (Smith et al 2004)[3] said disabled women were reluctant to make use of reproductive health services because of the attitudes expressed by staff.

There is urgent need for more research on the uptake of anti-retro viral treatments among disabled people. There is a high possibility many are dying unnecessarily for lack of treatment. But disabled people who are HIV-positive also face many additional problems – even if they're aware of the treatments available.

Disabled people often need extra resources to travel to health centres because of physical limitations. Once there, the centre may be inaccessible to mobility impaired people. Medical staff are rarely able to communicate in Sign Language. So consultations may

be meaningless to deaf people – or worse still the deaf person may be reliant on a friend or relative to relay information which could be altered in a bid to hide the truth. Understanding the need for a well balanced diet, regularly checking general health and maintaining medical treatments could be difficult for those with learning disabilities without careful explanation. For busy medical staff without proper skills, this is unlikely to be given.

THE FUTURE FOR HIV AND AIDS

Major interventions around HIV and AIDS prevention, care, support, and mitigation are badly needed to ensure the message is getting through to disabled people. They need to be able to learn about HIV, how to protect themselves and how to cope if diagnosed. Services for those who are HIV-positive need to be made accessible and information should be available in a variety of formats to allow for the maximum number of disabled people to be able to learn about the disease for themselves. Training disabled people as peer educators and counsellors would significantly improve the reach of HIV programmes especially to the deaf community and should be considered as part of overall responses. The AIDS pandemic cannot be successfully mitigated unless disabled people are routinely included in all HIV and AIDS outreach efforts.

FURTHER INFORMATION

Health Canada – *HIV/AIDS and Disability: Final Report of the 4th International Policy Dialogue*

http://data.unaids.org/pub/Report/2009/20091111_hiv_and_disability_en.pdf

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[1] Groce, Nora (2004) *Global survey on HIV/AIDS and disability*, World Bank/Yale.

[2] Wapling, Lorraine (2009) *Disability Issues in Malawi,* DFID scoping study.

[3] Smith et al (2004) *Barriers to accessing safe motherhood and reproductive health services*, a study in Zambia, Disability and Rehabilitation 26 pp.121–127.