



Facts on Disability and HIV and AIDS

INTRODUCTION

According to WHO report, an estimated 10% of the world's population has disability. This amounts to 600-650 million people, of whom the overwhelming majorities (80%) live in low-income countries such as Sub Saharan Africa which is the epicenter of HIV infection.

Persons with disabilities (PWDs) are at high risk of exposure to HIV, not due to their disability as such, but because they are subjected to extreme social, political, financial and cultural marginalisation.

For the response to the HIV pandemic to succeed, policymakers and organisations must pay due attention to the plight of persons with disabilities.

The intention with this fact sheet is to provide disability activists with an advocacy and lobbying too to ensure equal access and full participation of persons with disabilities in the response against HIV.

FACTS

Persons with disabilities are exposed to the same risk factors as their non-disabled peers. Nevertheless, HIV infection is more likely among persons with disabilities due to their marginalized and vulnerable position in

the community (lack of access to information, low literacy rate, poverty, stigma and denial of rights).

- **Stigmatisation:**

The stigma experienced by persons with disabilities is related to the taboo regarding their sexuality (persons with disabilities are often perceived to be asexual), leading to lack of respect for their sexual and reproductive rights.

- **Marginalisation:**

The social isolation experienced by persons with disabilities creates a feeling of insecurity and a longing for stable relationships, which drives persons with disabilities into risky sexual behavior.

- **Sexual violence and rape:**

This is more frequently committed, though less reported, against persons with disabilities due to their defenselessness and society's disrespect for sexual and reproductive right.

- **Lack of access to HIV education , information and prevention:**

This causes persons with disabilities to engage in ill-informed and risky sexual behavior.

Persons with disabilities can be said to shoulder a double burden of stigma and higher risk of HIV infection. Despite this, they

- Have poor access to HIV and AIDS information and services (treatment, care and support) ,and
- Are left out of HIV and AIDS policies and programming.

- Lobbying governments and HIV and AIDS service providers to incorporate the human rights and needs of persons with disabilities into national HIV strategic plans, policies and planning processes.
- Addressing myths and misconceptions about disability and HIV and AIDS with relevant stakeholders.
- Gathering information on disability and HIV and AIDS, such as epidemiological data on HIV prevalence among persons with disabilities to support advocacy and lobbying efforts.
- Advocating for the full sexual and reproductive rights of persons with disabilities.

Actions

In order to address these challenges, a number of actions can be taken:

Advocacy for mainstreaming of disability into the HIV and AIDS response to ensure that HIV and AIDS policies and programmes address the special needs of persons with disabilities

- Raising awareness among policymakers, service organisations, NGOs, donors and other stakeholders to draw greater attention to the rights of persons with disabilities.

Preparation of information, education and communication (IEC) materials for persons with disabilities

- Developing or improving IEC materials, e.g. by developing HIV education in Braille, audio, visual or simple language.
- Adapting existing IEC materials to ensure inclusion of persons with disabilities (low cost)

Access to health services

- Improving access to health facilities (securing universal design) , if service are physically inaccessible , lack sign language facilities or fail to provide information in alternative formats, such as Braille or audio.
- Training healthcare personnel about disability and how to deal with persons with disabilities, to eradicate stigmatizing assumptions about their asexuality (not sexually active = not able to be HIV infected), and reduce the risk of being turned away from health service
- Establishing contacts between HIV and AIDS and Disability organisations to increase networking, information exchange and collaboration.
- Developing campaigns, TV spots and radio programmes with the participation of persons with disabilities to ensure visibility and inclusion.
- Supporting the formation of peer groups of HIV-positive persons with disabilities
- Training sexual educator to teach people with various disabilities, especially those with intellectual disabilities

Awareness-raising among persons with disabilities

- Creating awareness of HIV and AIDS and sexual and reproductive rights among persons with disabilities by including HIV and AIDS information in all activities
- Promoting HIV testing among persons with disabilities and encouraging the disclosure of HIV status to create awareness of the problem
- Training and supporting persons with disabilities to take part in the planning, implementation and evaluation of HIV programmes and services.
- Distributing condoms and training persons with disabilities in using them to reduce the risk of HIV infection.
- Training peer educators from the various disability groups to provide support and carry out communication activities in their communities.

Cooperation with HIV and AIDS organisations