

TOWARDS AN INCLUSIVE POLICY

A DCDD PUBLICATION SERIES ABOUT
INTEGRATING DISABILITY IN POLICY AND PRACTICE



UNIVERSAL ACCESS NOW!

Including people with disabilities in
HIV&AIDS policies and programmes



Millions of people are excluded from the response to HIV&AIDS

The World Health Organisation estimates that worldwide the overall number of persons with a disability is around 650 million. 80% of disabled people live in developing countries and are younger than 45 years of age. People with disabilities are part of every social group - class, caste, ethnicity, gender, religion, and sexual orientation. And in the context of HIV, they are also found within every high risk group such as sex workers and their clients, injecting drug users, men having sex with men, but also orphans and prisoners. People with disabilities are therefore exposed to the same risk factors for HIV as every non-disabled person.

Myths about people with disabilities

- People with disabilities do not feel the desire to have sex.
- People with disabilities can not be infected by HIV.
- People with disabilities are no victims of (sexual) violence.
- People with disabilities do not use drugs or alcohol.
- People with disabilities cannot be homosexual.
- People with disabilities cannot comprehend or are not interested in HIV prevention messages.

People with disabilities are at greater risk of HIV infection

Moreover there are several social and economic circumstances that make people with disabilities even more vulnerable to contracting HIV than non-disabled people.

- ***Poverty***

People with disabilities often belong to the poorest and most marginalized communities, which is a significant risk factor in susceptibility to HIV.

- *Poor access to information on sexual and reproductive health and HIV&AIDS*

The global literacy rate for adults with disabilities is as low as 3 percent. Low literacy rates as well as poor access to mass-media messages present real challenges for reaching people with disabilities with HIV prevention messages.

- *Poor access to health care, including HIV&AIDS services*

Health clinics are often difficult to access for people with physical disabilities. Health staff often have misconceptions, such as people with disabilities are not sexual active. Or they show negative attitudes or abusive behaviour when confronted with the fact that people with disabilities do actually have sex. As a result people with disabilities are often sent away when they want an HIV test, because they are perceived as not needing to be tested.

- *Sexual abuse and exploitation*

Women and girls with disabilities – living at home or in institutions - are frequently exposed to sexual violence and exploitation because of dependency and inability to report to the police.

- *Multiple partners*

Due to stigma and discrimination, people with disabilities are less likely to marry and more likely to have a series of unstable relationships. Especially people with learning disabilities run higher risks of entering relationships without understanding its consequences. In addition, people with disabilities sometimes use sex as a way to meet their economic needs.

Why are HIV information and services not reaching people with disabilities?

- Billboards do not reach blind people.
- Radio spots do not reach deaf people.
- Complex and vague messages do not reach persons with learning disabilities.
- There is a lack of counsellors who are able to use sign language.
- Health staff is not sensitive to the needs of people with disabilities.
- People with disabilities are usually too poor to be able to access HIV services and treatment.



Being a woman with a disability is an additional risk factor

Disabled women face unique challenges in preventing HIV infection because they run a high risk of gender-based violence, they lack access to reproductive health care services and they are not aware of mother-to-child HIV transmission.

Compared to non-disabled women and to disabled men, women with disabilities are more often illiterate and unemployed. Prejudice and stigma mean that they are more likely to live in a series of unstable relationships. These social and economic factors make women with disabilities harder to reach with HIV prevention messages and reduce their ability to negotiate safer sex.

People with disabilities are left out of HIV&AIDS policies and programmes



Governments and policy makers rarely consider disability issues when formulating their HIV&AIDS strategic plans, despite the growing international attention for the rights of people with disabilities and the adoption of the United Nations Convention on the Rights of Persons with Disabilities in 2006 and ratification in

2008. This Convention obliges states to provide access to sexual and reproductive health including HIV information and services for all persons with disabilities.

However initial steps to achieve inclusion are being taken, mainly by the disability movement – *Nothing about us without us!* - Disabled people's organisations in different countries in Africa and Asia are becoming more and more involved in the HIV arena to mainstream disability into HIV&AIDS programmes.

Universal Access

In order to achieve universal access to HIV&AIDS prevention, treatment, care and support by 2010 and the Millennium Development Goals by 2015, HIV&AIDS policies and programmes need to be made inclusive and accessible for people with disabilities.

The UN, donors, AIDS service organizations, non-governmental organizations, the private sector and disabled people's organizations all play a role in making policies and programmes inclusive for persons with disabilities.

What needs to be done?

- *Access to sexual and reproductive health, HIV&AIDS information and services*
People with hearing and visual disabilities need information on sexual and reproductive health and HIV&AIDS prevention in an appropriate form, like Braille and audio and video materials. Young people and children with disabilities need

to receive sexual education at school or at home. Health centers should be accessible for people with physical disabilities and provide comprehensive information. All material should be in easy to read and in understandable format for people with learning disabilities. Services should be designed and targeted at specific groups of persons [see box].

- *Prevention of sexual violence*

Measures must be taken to prevent sexual violence and abuse of people with disabilities, such as training for people with disabilities on sexual negotiation skills, empowerment and changing attitudes in communities regarding disability through public education.

Moreover

- *Integrate HIV&AIDS in disability work*

Disabled people's organisations should raise awareness on HIV&AIDS among persons with disabilities and integrate HIV&AIDS into their regular programmes. They can make disability experts and disabled positive people available to provide support to mainstream disability into HIV&AIDS programmes.

- *Include disability in HIV&AIDS monitoring mechanisms*

Global and national monitoring mechanisms must track the involvement of persons with disabilities as designers, planners, implementers as well as beneficiaries of HIV&AIDS programmes by including disability specific indicators. National HIV Commissions and Councils need active representation of people with disabilities.

This means

- *Participation of people with disabilities*

People with disabilities have to participate in the design, implementation and evaluation of sexual and reproductive health and rights and HIV&AIDS policies and programmes.

How to make HIV information and services accessible?

- Materials available in Braille, audio and video format.
- Materials available in a format for illiterate people such as cartoons, and drama.
- Clear and easy messages for people with learning disabilities
- Placing ramps at health care centers.
- Training for people with disabilities on sexual negotiation skills and empowerment.
- Train health care providers on the sexual and reproductive health needs of (young) people with disabilities.
- Train health care providers in basic sign language.



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DCDD

It is DCDD's mission to work for the inclusion and social participation of persons with disabilities living in conditions of poverty and exclusion. DCDD does this from a perspective of human rights and solidarity. The recently adopted UN Convention on the Rights of Persons with Disabilities (CRPD) offers the guidance for this work.

The HIV&AIDS working group at DCDD promotes the inclusion and participation of people with disabilities in HIV&AIDS outreach efforts. The group focuses on encouraging Dutch development organisations and the Dutch government in making their HIV&AIDS programs accessible to people with disabilities.

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