



Southern and Eastern Africa:

Improving sexual and reproductive health services for persons with disabilities

By Ruth Ayisi

Stabiso Mupedze, a primary counsellor at the rural Igava health clinic in Marondera, Zimbabwe, remembers in 2016 when she found it impossible to counsel a 12-year-old deaf girl. Her parents had brought their daughter to the clinic because she looked distressed and wanted to stay in bed all day.

“We didn’t know how to communicate with her,” says Mupedze. “So we had to carry out examinations at the health centre without explaining to the girl what we were doing.” The examinations revealed that the girl had been sexually assaulted.

This girl’s story is not unusual. Cases of sexual and gender-based violence (SGBV) are prevalent and underreported especially amongst persons with disabilities. Persons with disabilities are 1.3 times more likely to experience sexual, physical and emotional violence than their peers without disabilities and are less likely to report these cases. In particular, women, girls and people with mental and intellectual impairments are two to eight times more likely to experience sexual violence than their peers without

disabilities. Those with HIV often suffer ‘double stigma and discrimination’, says Betty Kwagala, one of the founders of Positive Women with Disabilities Uganda.

Possibly due to low-resourced health services as well as the prevalence of polio in the past, many sub-Saharan African countries have a large population of persons with disabilities although up-to-date data tends to be sparse. The region is also the epicentre of HIV with women and girls particularly susceptible, accounting for 63 per cent of all global new HIV infections.

Persons with disabilities are often excluded from HIV education, prevention and support services because of assumptions that they are not sexually active and avoid risky behaviours, such as drug use. Kwagala adds, “People think that women with disabilities don’t need to have relationships and families and so health workers sometimes don’t think to offer them sexual and reproductive health services, including HIV prevention and family planning services.”

However, data suggest there is an increased risk of HIV infection of 1.48 times in men with disabilities and 2.21 times in women with disabilities compared with those without disabilities.

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1. https://www.unaids.org/sites/default/files/media_asset/JC2905_disability-and-HIV_en.pdf
2. https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf
3. https://www.unaids.org/sites/default/files/media_asset/JC2905_disability-and-HIV_en.pdf
4. Ibid.

Initiatives to improve SRHR services for persons with disabilities

Gradually, there is increased awareness that SRHR service need to be more accessible to persons with disabilities. For example, both Mupedze in Zimbabwe and Kwagala in Uganda have participated in initiatives to assist persons with disabilities to access SRHR services, including recent initiatives supported by the 2gether 4 SRHR programme, a four-year joint UN programme⁵ implemented in partnership with the Swedish International Development Cooperation Agency (SIDA). The 2gether 4 SRHR programme aims to improve the provision of integrated SRHR services to all, particularly those who are most vulnerable, such as key population groups and persons with disabilities. The activities focus on strengthening health and social protection systems for children, adolescents and young people, including linking children to welfare and protection services.

Teaching health workers to communicate with the deaf community in Zimbabwe

In 2019 Mupedze took part in a three-day workshop supported by the 2gether 4 SRHR programme for primary counsellors in Zimbabwe on improving communication on SRHR for the deaf community. Like the other primary counsellors who participated in the workshop, Mupedze had already been studying sign language at Sunrise Sign Language Academy in Zimbabwe and has continued practising through a WhatsApp group coordinated by Dr Beatrice Dupwa.

“This workshop sharpened their skills on communicating on SRHR, particularly on HIV prevention and adherence to HIV treatment; this was done by combining sign language and age-appropriate picture cards,”

says Dr Dupwa.

Dr Dupwa has just carried out a supervisory visit to Marondera district to monitor the primary counsellors in the Marondera catchment area.

“They are doing amazing work,”

she says. Besides using sign language to assist her clients, Mupedze and her team carry out home visits on a motorbike or on foot to identify persons with disabilities. In her free time, Mupedze holds regular meetings with the community to sensitize people to

the sexual and reproductive health rights of persons with disabilities. Mupedze explained that in her rural community she had found that men tended to divorce their wives when they gave birth to children with disabilities as they blamed ‘witchcraft’. The children are often be hidden away at home.

Mupedze has recently assisted 12 deaf children and young people aged 8-20 years old. One of them was an 8-year-old girl, Gift⁶, who was living with her father and uncle. Her mother died four years earlier and Gift had never been to school.

“I managed to convince her father and uncle to bring her to the clinic,” says Mupedze. *“She had septic sores all over her body and had a continuous cough. They didn’t have money to bring her to the health facility so I gave them some money to bring her.”*

Unlike the experience she had in 2016, this time Mupedze was able to communicate with the girl using pictures and sign language before examining her. Gift tested positive for HIV and tuberculosis so Mupedze referred her to Marondera Provincial Hospital and later connected her with Africaid, an organization that supports children, adolescents and young adults living with HIV. During follow-up home visits to ensure Gift was taking her medication, Mupedze realised that the girl was at a high risk of sexual abuse. She discovered Gift’s father is a heavy drinker and using drugs, and Gift was often left alone with her uncle. So Mupedze in partnership with Africaid, alerted the Department of Social Development in Marondera, and Gift has since been taken into a safe home

Income-generating activities in Uganda for women with disabilities who are living with HIV

Meanwhile in Uganda, Kwagala has coordinated an income-generating programme supported by 2gether 4 SRHR to assist women with disabilities who are living with HIV. One of the 200 women who benefitted was Marta, a 39-year-old widow and mother of five children, who is living with HIV and has a physical disability that she sustained after

5. The 2gether 4 SRHR programme 2018-2022 draws on the expertise of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO).

6. Not her real name

contracting polio as a child. To earn a living, Marta had resorted to washing people's clothes but that source of income dried up during the COVID-19 lockdown.

Fortunately, Kwagala, while doing outreach work during the lockdown, witnessed Marta's predicament and that of her other clients. "They were in a precarious state; they didn't even have money to feed their families, let alone look after their health."

Kwagala applied for funds from UNAIDS through 2gether 4 SRHR to provide basic food items for her clients as an emergency measure, and then when the lockdown was lifted, to provide training and seed money for income-generating activities.

There were a variety of income-generating initiatives to choose from; Marta chose ground nut paste production. As well as start-up packs and training, the women received additional information on SRHR, for example on contraception, preventing and recognizing sexually transmitted diseases, and reporting SGBV. Some kiosks, like where Marta now works, also have a PA system that transmits messages about SRHR for their customers to hear, and other women who produce washing powders put printed SRHR messages on their packets.

Kwagala would like to see the programme scaled up further. *"This programme has improved these women's livelihoods as they can*

now support their families and are also more aware of the importance of keeping their appointments for health care and have the means to do so."

Kwagala adds, *"She (Marta) is a different person now. Before, her work carrying heavy loads of washing from house to house was backbreaking and her income was irregular. Now she earns regularly and just has to sit at the kiosk."* Marta agrees and talks about her future with enthusiasm. Although she and her five children still share a one-roomed home with no private toilet and running water in a congested urban settlement, she can now feed her children and take care of the family's health as well as her own. Marta also now has hope for the future.

"I hope to one day have a better house and to make sure all my children are educated and independent," says Marta with determination.

Likewise both Kwagala and Mupedze are determined to continue their endeavours to assist women and children with disabilities, including those living with HIV, access their sexual and reproductive health rights.

7. Not her real name to protect her privacy