

HIV/AIDS prevention paradigms: are individuals with disabilities neglected?

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It is no more news to hear the media reporting on the menace of HIV/AIDS in various parts of the world, particularly in Africa. Most reporting has focused on able-bodied members of the various societies. The general impression is that they are likely to be more sexually active and promiscuous than individuals with disabilities. This impression is likely to have influenced the exclusion of this special group from reports in the media. It is not realized that children can be born disabled because of HIV/AIDS during the gestational period, or that people with disabilities can have habits or suffer accidents that expose them to the virus. This paper proposes a preventive paradigm based on enlightenment and supervision to shield this group of individuals from contracting HIV/AIDS. It recommends that government should, through its various organs, ensure that individuals with disabilities are enlightened on modes by which the HIV/AIDS virus can be contracted.

Introduction

Much has been said about the HIV and AIDS pandemic by various print and electronic media in different parts of the world. Mention has been made of the rate at which the infection is spreading with serious threats to nations.¹

However, all the media have only focused on able-bodied people. An extensive search into published and electronic literature for studies on HIV/AIDS among people with disabilities has produced very scanty results. Are people with disabilities without body, soul or spirit? Do they not have needs like others?

Is there no need to look also into their population to find out if they too have the need for the campaign and enlightenment about the modes of contracting HIV and AIDS and preventive methods? Are they not citizens of the various countries who also deserve to be catered for the way others are catered for? All this his brings to the fore a question asked by Aylott (1999): 'Is the sexuality of individuals with...disabilities being denied?'

Perhaps it would make a difference to enlighten the general public, particularly those on whom the responsibility of combating the AIDS pandemic have been vested, about the fact that individuals with disabilities cut across a broad spectrum of conditions. There are those who are as able-bodied, and can perform sexual roles, as the so-called 'able-bodied' or 'normal' population. Take, for instance, those with only visual, orthopaedic, auditory or speech impairments. These can and have the right to, love and be loved. According to Sherrill (1999) and Winnick (1995), individuals with disabilities range from the visually-impaired, auditorily-impaired, speech-impaired and mentally retarded to various types of cerebral palsies among others. Of these, it is evident that some of these do not have a malfunctioning of their sexual organs. They also obey the Maslow's hierarchy of needs as cited by Papalia and Olds (1995). As a result, they also have the capability of contracting the HIV/AIDS virus if they are not adequately enlightened about ways by which such infections can be avoided. Also, if adequately trained in school, or some skilled labour like furniture-making, shoe-making, plumbing etc., they can adequately support their families and contribute to the economies of their countries.

This paper therefore brings to the fore the need for more researches on, and concern for individuals with disabilities in this collective fight against the HIV/AIDS virus.

HIV/AIDS enlightenment campaign for individuals with disabilities

It has been observed that one important strategy for the prevention of AIDS is awareness and education (Harley, Feist-Price, Buie & Rice, 1997). Awareness is achieved through enlightenment campaigns. With the same rights as those without disabilities, it therefore follows that they deserve to be protected or catered for the way 'normal' or able-bodied people in their societies are protected, catered for and provided for by their governments. However, in order to reach these people, it is pertinent to take into consideration their unique capabilities and limitations. These unique limitations and capabilities have been highlighted by several authors.² Some of these limitations and capabilities include having some difficulties in following instructions or understanding information, reduced attention span and unique psychological problems among others. They are also mainly affected by their major disabilities. Apart from this, some of them are as normal as the able-bodied.

Hence, an individual with auditory impairment would have to get information through visual inputs in form of pictorials or even sign language and role modeling (Gannon, 1998). For the visually impaired, the best access for them to be educated is through audio inputs. A lot of sex education, coupled with AIDS education can be passed on to them through this channel. With concerted efforts on the part of the campaigners, much knowledge can be passed across and learnt by this special population. It is pertinent here to make it clear that for effective communication, individuals who are trained to communicate with these people, and care for them, should be co-opted into the STD/AIDS committee.

The need to cater for individuals with disabilities in AIDS prevention

Having established that individuals with disabilities range from those who are almost similar to able-bodied persons, in terms of capabilities, right up to those who cannot even cater for themselves; and that they have a right, under the laws of the state to good health and life, it is therefore reasonable that they should be catered for the same way the 'able-bodied' individuals are taken care of. On their own, some of them have the urge for sexual intercourse. According to the 1954 Maslow's Hierarchy of needs cited in Papalia and Olds (1995), every individual has the basic physiological needs; which includes the need for food, water, sexual arousal etc. After these come the need for shelter (including the need for security), the need to fall in love and be loved (including the need to socialize with others and feel a needed individual in a society), the need for self-esteem, the need for beauty and finally the need to self-actualise (including achieving ones goals of a career desire).

If they are allowed to express their sexual desires without adequate knowledge about the modes of contracting the virus, it could complicate their conditions. This translates into increased medical care and bill—a drain on the nation's economy. In addition, lack of knowledge could predispose them to being careless with blood and bloodstained items even during play. Hence, it becomes very easy for them to contract the infection.

The eventual death of a disabled HIV/AIDS positive individual could bring sorrows upon their family members who would then identify with them as having suffered all their lives from both the disability and the AIDS virus. Apart from this, such individuals are cut short or deprived of their self-actualization in terms of their career goals. This could also be seen as a loss to the government as a lot of public fund must have been wasted on training them and catering for their health and physiological needs.

One other justification for taking care of this group of people is that some dubious people like to take advantage of their state of disability. Due to their disabilities, they are likely to fall prey into the hands of 'normal' individuals who could take sexual advantage of them. Hence, the AIDS virus could then be contracted by them. Situations could arise when the virus can then originate from them into able-bodied individuals who then proceed to distribute the infection in this community.

Conclusion

Individuals with disabilities are members of our communities. Their parents are tax-payers who also contribute their quota to the development of their countries. That they were born disabled or acquired some form of disability during their developmental stages does not justify the neglect that is apparent in case of carrying them along and catering for their needs in this global effort to eradicate the spread of the HIV/AIDS virus. That they are disabled was not their desire neither was it their fault. Government, through its various organs of knowledge of HIV/AIDS information dissemination, should not neglect these people. They should be catered for, like all other members of the society, so as to achieve, eventually, a society that is truly free of HIV/AIDS.

Recommendations. The following recommendations arise from this paper:

- (a) Government should, through its HIV/AIDS coordinating organs, ensure that individuals with disabilities are enlightened on the knowledge of the mode of contracting the HIV/AIDS virus. They should also be taught how to avoid contracting the infection.
- (b) In order to effectively reach this group of people, the National Council for STD and HIV/AIDS should, as a matter of urgency include individuals that are trained in the art of taking care of, and educating, individuals with disabilities.
- (c) More researches are needed on this group of people.

Notes

1. 'Africa—70%,' 2000; Bassett & Mhloyi, 1991; Behrend, 1997; Bernstein & Van-Rooyen, 1994; Davis & Lay-Yee, 1996; Dowsett, 1995; Hou & Basen-Engquist, 1991; Huotari & Lofstrom, 1996; St. Jean, 1996; Labov, 1997; Malema, 2000; Matteson, 1997; "Miss Universe", 2000; Multi-sectoral Steering Committee for the Formation of MTPII, 1995; Paris, East & Toomey, 1996; Viladrich, 1996; Zaffiro, 1994.
2. Cratty, 1989; Eichstaedt and Kalakian, 1993; Sherrill, 1998; Winnick, 1995; Wiseman, 1994.

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