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Accessibility of SRHR Information and services for people with IDs

*In collaboration with SAIPAR and
Cornell University*



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Protea Parktonian All Suite Hotel
Braamfontein, Johannesburg

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**INCLUSION, INTEGRATION
AND TRANSFORMATION:**
Social Protection for Persons with
Disabilities in the SADC

3-4 May, 2017
Protea Parktonian Braamfontein
Johannesburg, South Africa



Background

1.



- PWID are vulnerable to HIV/AIDS and sexual abuse
 - Similar risk factors: discrimination and stigma, poverty, illiteracy, food insecurity
- Sexually active, although society thinks otherwise
- The general population receives information about SRHR through sex education
 - Information provided to students with IDs is not always presented in an accessible way
- PWIDs face barriers in accessing and utilizing health care
 - Lack of confidentiality, discrimination, communication barriers



Results

2.



- Awareness and Perceptions of IDs
 - General lack of awareness
- Sexual Abuse and HIV/AIDS
 - PWIDs face sexual abuse, and by extension HIV/AIDS
- Parents
 - Cultural norms prevent parents from talking to their children about sex
- Education Sector
 - SRH information disseminated to PWIDs at schools varies greatly by school
 - Special units in schools face a lack of resources- financial, human, time
- Other Educational Methods
 - No interviewed outreach program taught PWID about SRH and HIV/AIDS



● Health Sector

- PWIDs face barriers in healthcare services
- Lack of resources and training
- Lack of knowledge on available services and adherence to treatment regimens

● Policy: Gap between policy and practice in education

- Policy makers lack awareness on the needs of PWIDs
- Lack of funding and human resources

● Lack of collaboration and communication

- Lack of ministry visits to special education units of schools
- Need for better collaboration among: Parents, DPOs, government officials, health clinics, teachers



Recommendations

3.



- Adapt the sex and health curriculum for PWIDs
- Better training of teachers
- Improve teacher to student ratio (1:4 or 5)
- Provide teachers with more tools and resources to teach sex education
- Easy read format books, posters, videos, drama skits
- Greater representation of teachers in positions of power



- Improve confidentiality
- Provide healthcare workers with training on how to convey information to PWIDs, and how to recognize when a PWID has been sexually abused
- Provide PWIDs with resources, such as pamphlets, to understand HIV/AIDS information and how to adhere to treatment regimens
- Sponsor outreach events



Parents and Families

- Training parents to be able to talk to their children about SRHR
- Opening up the conversation about sexual health
- Parents becoming advocates for their children

Increased Collaboration

- Stakeholders creating a vision for disability movement
- Creating greater awareness of IDs
 - National holidays, PSAs, posters
- DPOs should partner with international NGOs,
 - better resources for awareness
- Special Education Teacher's organization
- Distributing list of DPOs



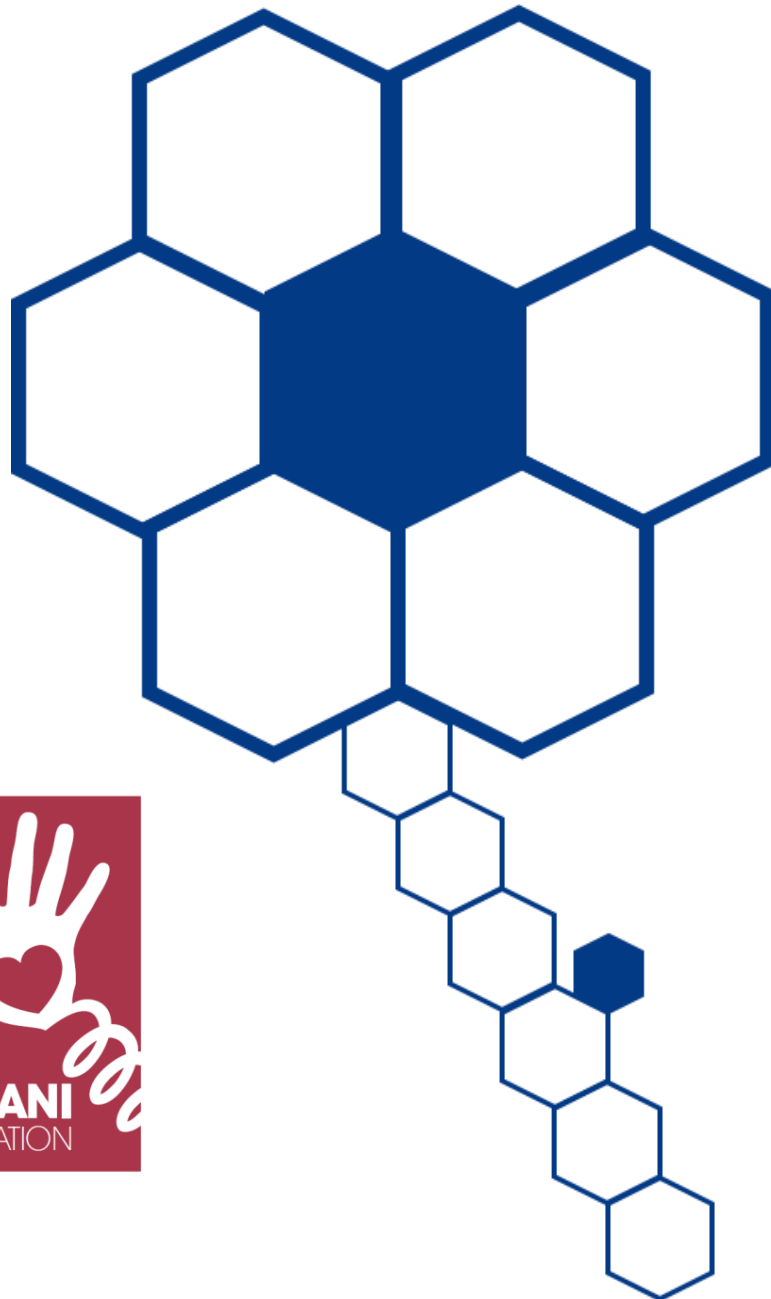
Conclusion

4.



“After extensive research on the current accessibility of information on sexual and reproductive health rights for persons with intellectual disabilities, we found that although there are some systems and institutions in place, mostly within the education sector, there are still wide gaps when informing PWIDs of their SRHR; these gaps are apparent when looking at the quality and quantity of SRHR information PWIDs receive. Furthermore, our research demonstrated that both families and the healthcare system play little role in informing PWIDs of their SRHR.”





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