TOWARDS AN AIDS-FREE GENERATION

PROMOTING COMMUNITY-BASED STRATEGIES FOR AND WITH CHILDREN AND ADOLESCENTS WITH DISABILITIES

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Photo on cover: Adolescent girls with hearing impairments are singing using the sign language
Photo credit: © UNICEF/FJIA2006-01006/Giacomo Pirozzi

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1 WHY CHILDREN AND ADOLESCENTS WITH DISABILITIES ARE CRITICAL TO ACHIEVING AN AIDS-FREE GENERATION

Children and adolescents with disabilities constitute a significant proportion of the population, especially in low-income countries and, as active members of society, can contribute to a more equitable, family- and community-driven HIV response. The World Health Organization has estimated that there are close to a billion persons with disabilities around the world or 15% of the total world population (WHO, 2011). UNICEF and UNESCO estimate between 150-200 million children aged 0 to 18 are living with disabilities in the world (UNESCO, 2001; UNICEF 2011). Eighty per cent of children and young people living with disabilities are in the poorest countries of the world (UNDP, 2006). These children and adolescents have the least access to education, suffer from severe social stigma that leads to their ostracism and exclusion (UNICEF, 2005), and are among the most vulnerable to violence and sexual abuse. The high numbers of children and adolescents with disabilities, who are often exposed to significant HIV risks, are members of every community – and demand we develop tailored responses to address their diverse needs in order to achieve an **AIDS-free generation**.

However, a large proportion of children and adolescents remain cut off from the efforts undertaken around the world to prevent HIV and sexually transmitted diseases and promote sexual and reproductive health. The vast majority of them are not included in HIV initiatives, campaigns or educational materials, and are excluded from sexuality education programmes (United Nations, 2011). A long chain of barriers and taboos, combined with persistent poverty and exclusion, affect a large majority of persons with disabilities and their families, depriving them of access to sexual education and information, protection services to halt violence and abuse, and health services in general.

ADOLESCENTS LIVING WITH DISABILITIES AND SEXUALITY

There is a mistaken belief that adolescents with disabilities are not sexually active and are therefore not at risk of contracting sexually transmitted infections. Because of these myths, prevention campaigns and educational programmes ignore them, making them more vulnerable to the recognized risk factors for HIV transmission (Groce and Trasi, 2004).

In fact, however, adolescents with disabilities are sexual beings like everyone else, and share the same need for love, affection and pleasure. In general terms, **disability does not affect sexual desire**. However, it may affect motor, communication and self-care skills, levels of maturity, and self-image, and in this way, it may influence an individual's sexual life (Berman Bieler et al, 2010). In addition, the physical characteristics of adolescents with disabilities may be different from those of the majority, sometimes including elements like prostheses, canes or crutches, wheelchairs, hearing aids, and so on. All of this may pose challenges in the building of self-esteem and relating to other people.

Children's self-image is constructed on the basis of the way they are looked at and treated by their parents and others close to them. In the case of children with disabilities, these factors vary according to the process each family goes through, to include them.

Often, from a very young age, children with disabilities face barriers that may condition their possibilities for personal development as well as the development of intimate relationships in the future. Limited autonomy (both within the family and at school or institutions) may lead to limitations and delays in their personal growth, which are not a result of their disability, but rather of their environment. Paternalistic treatment reinforces stereotypes around disability, hinders their ability to make their own choices and decisions and creates low expectations for their social participation.

Stigma, lack of information, and negative social attitudes continue to be the main barriers to the right of people with disabilities to pursue a pleasurable and safe sexual life:

- by "infantilizing" them, denying and repressing their interest in sexuality and their need for education and information.
- by limiting their participation in spaces, conversations and opportunities for social exchange, play and interaction with their peers, which are essential for modelling interpersonal relationship strategies.
- by contributing to poor self-image and low self-esteem and self-confidence.

Adolescents with disabilities are likely to have less control than adults with disabilities over the way they respond to sexual development and protect themselves from risk factors. While growing older often implies the expectation of acquiring more rights, enjoying greater personal independence and being able to form a relationship, for adolescents with disabilities this could be less assured. Their wish to refuse sex or to insist on adequate protection will probably be conditioned by the perceived likelihood of having future opportunities and a foreseeable adult sexual life.

EXPOSURE TO RISK – AND LACK OF ACCESS TO PROTECTIVE INTERVENTIONS

Adolescents and children with disabilities are vulnerable to HIV infection due to a series of factors that characterize their situation in general:

- **Greater poverty:** In all countries, children and adolescents with disabilities may form part of the poorest communities, which may lead to a whole range of difficulties when it comes to meeting their basic needs, including barriers to access to health care services in general and HIV prevention services in particular.
- **Less education**: UNESCO estimates that more than 90% of children and adolescents with disabilities in developing countries do not attend school (UNESCO, 2010). Because they are excluded from formal education and most other social spaces where information and resources are shared, many adolescents with disabilities are cut off from access to basic knowledge about sex and information on HIV.
- **Physical barriers to access to health services:** People with disabilities of all ages are faced with many barriers that prevent them from accessing health and HIV services. Treatment, testing and counselling centres are very rarely adapted to their needs.
- **Less access to information:** Limited educational materials in accessible formats (sign language, using simplified graphic information, or Braille) prevents children and adolescents with disabilities from accessing basic information on HIV. In awareness campaigns that make use of the media, the communications needs of children and adolescents with disabilities are rarely taken into account, and they are also rarely included in the images meant to reflect the target population for the messages.
- **Communication barriers:** Communications barriers affect children and adolescents with visual, hearing or intellectual impairments and make it difficult for them to ask for and receive help, to make themselves understood, and even to be taken seriously. Health care personnel are seldom adequately trained to deal with children and adolescents with disabilities.
- **Friendships and romantic relationships:** Children and adolescents with disabilities may describe low self-esteem and issues of self-efficacy (Yousafzi et al, 2004). In practice, this translates into fewer opportunities to establish close interpersonal relationships, uncertainty over sexual relations, and less possibility of "negotiating" conditions such as the use of a condom and other basic protective measures.

SOCIETAL TOLERANCE OF SEXUAL ABUSE

Numerous studies report the absence or ineffectiveness of systems to protect victims of abuse when they are adolescent girls with disabilities, as well as cultural tolerance of this abuse, a tendency to blame the victims, and a lack of punishment for the perpetrators (Salthouse and Frohmader, 2004).

The consequences are disastrous: some statistics reveal that as many as 68% of girls and female adolescents with intellectual disabilities have been abused before the age of 18 (Frohmader, 2002). A regional study on violence against children in the Caribbean reveals that children with disabilities face a greater risk of suffering all forms of abuse (physical, sexual and emotional abuse and neglect), much of which takes place in the home (Bartlett, 2002). In parts of West and Central Africa, children with disabilities are believed to bring bad luck, and are exposed from birth to neglect, abuse and violence, often at the hands of their own families (COHRE, 2005).

- **Risk of violence and sexual abuse:** A recent systematic review of studies on the risk of violence, including sexual violence, against children, adolescents and adults with disabilities reveals the high prevalence of cases in all regions of the world and social environments (Hughes et al., 2012). Youth with psychosocial disabilities are the most frequent but not the only victims. Research has shown that the factors which make children and adolescents more vulnerable to violence and sexual abuse are significantly increased when they have some form of disability (Kvam et al, 2008). A lack of education, of awareness of their rights, and of the possibility of seeking protection (due to social stigma, isolation and lack of access to communications, information and services) makes children and adolescents with disabilities more susceptible to deceit, while making it easier for those who abuse them to go unpunished (WHO-UNFPA, 2009).

- **The situation of adolescent and young girls with disabilities:** The characteristics and needs of adolescents and youth with disabilities are heavily influenced by gender-related differences, which should therefore be taken into account in all HIV prevention and control strategies. The evidence clearly demonstrates that adolescent and young girls with disabilities face greater discrimination, have less access to education and health services, enjoy a lower degree of independence, and have less developed communication skills and lower self-esteem (United Nations, 2011). These factors combine to make them significantly more vulnerable to the risk of HIV infection.

FAMILY- AND COMMUNITY-BASED RESPONSES FOR A DISABILITY-SENSITIVE AIDS-FREE GENERATION

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Synergies among HIV national programs, civil society organizations and the community are needed to reach children and adolescents with disabilities to achieve positive and effective impact. The inclusion and participation of children and adolescents with disabilities in programs and activities related to interpersonal communications, sexual and reproductive health, including HIV prevention, can be enabled by reaching out to their families, caregivers, personal assistants, educators and representative organizations to raise awareness of risks and engage them in effective interventions.

The accessibility of the physical environment, meaning the services and spaces where HIV activities take place, is an essential step towards inclusion. Health care centres, testing centres, and community centres where prevention or education programmes are offered should take into account accessibility standards. Many guidelines are available online and can serve as a reference for removing architectural barriers.

The accessibility of information is also very important to successfully communicate with the disability community and engage them in effective HIV interventions. In simple words, access to information means ensuring that information, education and communication (IEC) materials and activities are designed to reflect the diversity of functional, social and cultural characteristics. This applies to printed materials, media-based campaigns, and information offered over the internet (digital accessibility). This can be achieved through the use of alternative means of communication such as:

- **Braille, digital** and audio versions to make printed materials accessible for adolescents and youth with visual impairments.
- **Sign language** to make spoken/audio information accessible to adolescents and youth with hearing impairments.
- **Plain language,** pictures and symbols to make information more accessible for adolescents and youth with intellectual impairments. This would also benefit those groups who may have limited education or comprehension skills.

For some types of disabilities, communication can be a challenge, which if not resolved, can become a serious barrier to the participation of individuals with these disabilities. Most health professionals involved in HIV programmes are unaware of the codes of interaction required to work effectively and respectfully with children and adolescents with disabilities. At the same time, those working with children, adolescents and young people with disabilities have little knowledge of HIV-related issues or do not take action due to prevailing taboos. Health professionals have to ensure effective communication with adolescents and young people with disabilities, in order to provide them with the best possible attention, treatment and care.

PARTICIPATORY PROCESS AND INCLUSIVE IEC MATERIALS

The direct involvement of children and adolescents with disabilities in the selection, testing and adaptation of materials on HIV increases their capacity to actively participate in processes related to their lives (“Nothing about us without us”) and exercise their rights. At the same time, it increases the communication and usability of these materials, because:

- They may develop or choose the formats and approaches that are most adequate or appropriate to their needs and levels of functioning.
- Materials will be developed with practical knowledge and understanding of the causes and contexts that influence decisions and particular behaviours of each group.
- It entails the identification and mobilization of available social assets leading to greater community involvement in the protection of their health.

3 WORKING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH DISABILITIES IN HIV PROGRAMMES: SOME SPECIFIC RECOMMENDATIONS

Depending on each type of impairment, there are a range of specific measures to be taken into account to ensure outreach, quality attention and inclusion of young people with disabilities. In response to this, there are recommendations that – when approached flexibly – can improve opportunities for participation and contribute to more inclusive approaches.

Remember: Not only is every disability different, every person is different too. The need for assistance and support may vary, depending on the individual. Effective interventions are guided by sensitivity and adaptability to the different needs of each type of impairment, and of each individual.

RECOMMENDATIONS FOR INVOLVING CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH VISUAL IMPAIRMENTS

Adolescents and young people who are blind may be deprived of some of the most useful tools for learning about sexual differences, understanding the codes for interrelating with others, and adapting their behaviour to what is considered appropriate in their culture. Insufficient knowledge of male and female anatomy can create insecurity – for example, if they do not understand the changes that take place in their bodies during puberty.

To educate young people with visual impairments about condom use, it is not enough to describe what condoms are like. They need to be allowed to touch them and be provided with a practical means of learning on how to put them on, remove and dispose of them.

Adolescents and young people with visual impairment are able to assimilate the information and education they receive. To facilitate their learning about aspects related to sexuality and the human body, tactile materials and models should be available. Audio messages, which are easy to produce and disseminate through the radio, internet and other media, are examples of low-cost accessible materials that are effective not only for people with visual impairment but the majority of the population.

RECOMMENDATIONS

COMMUNICATING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WHO ARE BLIND

- **Texts or posters printed in ink are not accessible to adolescents and youth who are blind.** Provide them with information in Braille or transmitted over the radio or in electronically accessible formats (such as computer audio or digital files that can be read with screen reader software).
- **Expiration dates on condoms which are in print are also not accessible.** Explain to them that they need to ask someone for help to verify the date if it is not printed in Braille.
- **They have difficulty finding their way around inside health care centres.** Ensure that all locations are marked with signs in Braille or tactile markings. When such features are not available, health care personnel may take a few minutes to orient them.

COMMUNICATING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH LOW VISION

- **They may see contours and contrasts but may not read text or see images clearly.** Use printed materials with large print and high contrast. Accompany images with brief explanations.

RECOMMENDATIONS FOR INVOLVING CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH HEARING IMPAIRMENTS

Evidence has proved that deaf people are very vulnerable to contracting HIV and face serious barriers to access to HIV/AIDS information, testing and treatment. Several studies indicated that they are as likely, if not twice as likely, to be infected with HIV (Hanass-Hancock et al., 2010).

The main characteristic of adolescents and youth with hearing disabilities is that their language and communication possibilities are limited. Some 90% of deaf children are born to hearing parents, who have no prior experience with deafness or knowledge of sign language. This often results in a situation where these adolescents and youth may not develop the basic social and emotional skills needed to interact with others.

To communicate with the majority of adolescents and youth who are deaf, different communication strategies including a sign language interpreter should be considered. However, the presence of the interpreter (often their mother or another relative) may reduce privacy and could lead to discourage them from asking questions or providing information.

To communicate, most people who are deaf use sign language (also known as signed language). There are many different sign languages, usually specific to a certain country (or sometimes a region). Through this language based on hand gestures, facial expressions, and orientation and movement of the hands, arms or body, persons who are deaf can communicate with others who know the same language. Sign languages have their own syntax and are not a mere “translation” of spoken language. Any information needs to take this into consideration..

Deaf persons learn about the world and interpersonal relations through their visual sense. When it comes to sexuality, they may be limited not only by their hearing impairment but also by the fact that they have fewer opportunities for dialogue and interaction with those around them. Because of this, they often lack basic information about sexuality, intimate relationships, and HIV-related risks. In addition, the information they do have is often unclear, incorrect, partial or biased. The signs related to sexuality are often “seen” by the hearing as “too explicit”, because they involve touching body parts in order to refer to them. These aspects are inherent to the “deaf culture” and also to their way of addressing sexuality.

RECOMMENDATIONS

COMMUNICATING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WHO ARE DEAF

- **Children, adolescents and young people who are deaf may have difficulty communicating with health professionals, which is why they often do not consult with them.** Ensure that there is a sign language interpreter present at their appointments. When important tests like an HIV test are conducted, ensure that they fully understand the results and the steps that need to be taken. When interpreters are not available, printed materials with simple language and images can be useful.
- **Children, adolescents and young people who are deaf are not reached by HIV information disseminated through audio-based media like radio, TV, theatre or music.** This means it is important to use printed materials and graphics, and to ensure that TV spots include a sign language interpreter.
- **People who are deaf can have difficulties negotiating safe sexual relations with their partners,** especially when they have hearing partners. Offer them information and help them to develop negotiating and self-protection skills.

RECOMMENDATIONS FOR INCLUDING CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH PHYSICAL IMPAIRMENTS

Physical or mobility impairments are highly diverse, and sexuality-related practices and behaviours will vary, depending on the type and on the individual. However, we can safely say that the majority of these impairments do not impede the development of intimate relationships and a healthy and pleasurable sex life. As everybody else, persons with physical disabilities may also form a family and be parents.

RECOMMENDATIONS

COMMUNICATING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH PHYSICAL DISABILITIES

- **The main challenge facing children, adolescents and young people with physical disabilities is the lack of access to participate** in most HIV-related activities. To ensure their involvement and participation, physical accessibility standards should be met, through the elimination or reduction of architectural barriers to the greatest degree possible.

- **Some will have difficulty handling condoms**. Help them find a way to manage, or encourage them to ask for help.

- **They are vulnerable to coercion and non-consensual sexual relations.** Offer them support and counselling to strengthen their self-esteem in order to be in control of their relationships.

- **Children, adolescents and young people with cerebral palsy often have difficulty speaking, which means you need to listen carefully and be patient.** Sometimes they emit unintelligible or overly loud sounds in their efforts to communicate. If you do not understand what they are saying, calmly let them know so they can try again or use another way to communicate. If necessary, communication can be facilitated with flash cards, keyboards, etc.

RECOMMENDATIONS FOR INCLUDING CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH INTELLECTUAL/DEVELOPMENTAL IMPAIRMENTS

The category of "intellectual or developmental disabilities" encompasses a wide range of highly diverse conditions. To produce effective information, education and communication resources that are accessible to adolescents and young people with intellectual disabilities, use creative and dynamic methodologies (e.g. theatre, videos, group activities in open spaces, colourful and visually attractive materials) and adapt existing resources to ensure good communication.

It is also necessary to take into consideration that stigma and discrimination reinforce the social exclusion of this group and reduce their possibilities of accessing information while interacting in a regular environment and contexts appropriate for their biological and cognitive development age. For this reason, strategies need to be designed and customized for their needs, always remembering that, although their bodies and physical needs develop, their intellectual ability may not follow the same rhythm.

When it comes to HIV programmes, children, adolescents and young people with intellectual/ developmental impairments are an important population to be taken into account not only because they lack equal opportunities to learn and be informed, but also because of their heightened vulnerability to sexual abuse.

Children, adolescents and young people with Down Syndrome:

- Can and do have sexual relations.
- Males with Down Syndrome are sterile. Females are fertile.
- When pregnant, females with Down Syndrome have an estimated 50% chance of having a baby without Down Syndrome.

Many times, when it comes to children, adolescents and young people with intellectual disabilities, the family (parents, siblings, other close relatives), caregivers, educators and/or facilitators represent a network of influence that determines both their degree of autonomy and their exposure to risk factors. For this reason, it is essential to include this network as partners in information, education and communication activities.

Children, adolescents and young people with intellectual disabilities may need more time than others to understand matters related to their sexuality. In most cases, it is enough to simply respect the time it takes for them to process things, to listen to them and understand their needs, and give them basic guidance on when, where and with whom to discuss this subject. Repetition, simple and straightforward language, visual resources, clear step-by-step instructions, and short messages (breaking information down into manageable portions) are good strategies for good communication.

RECOMMENDATIONS

COMMUNICATING WITH CHILDREN, ADOLESCENTS AND YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES

- **It may be difficult for them to understand the changes in their bodies and comprehend their own sexual desires and needs.** Involve their families and caregivers as much as possible, so that they can support their development and help them avoid situations that place them at risk.
- **They may have difficulty interpreting the messages of sexual education and recognizing situations that place them at risk.** They can understand more easily if you explain things to them in simple words, speak in concrete terms and use graphic materials and illustrations to help convey information on HIV and safe sex.
- **They may be naïve and have limited knowledge about themselves and their bodies, and may often have difficulty distinguishing between what is and what is not appropriate, which makes them vulnerable to sexual abuse.** Whenever possible, stress the importance of fostering their autonomy and promoting the development of self-protection skills.
- **Due to overprotection by their families and paternalistic treatment from adults, they may be "infantilized" or treated like children.** Communicate with them in a way that is appropriate for their physical age as well as their level of cognitive development.
- **Many adolescents and young people with intellectual and developmental impairments have very few opportunities to receive sexual education or information on HIV.** Encourage them to ask questions and ask for information so they can learn how to recognize risks and avoid them.

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OPPORTUNITIES AND ENTRY POINTS FOR IMPLEMENTATION

Strategies and opportunities for implementation of effective inclusive community-based HIV programmes should be identified locally. However, there are a number of networks and resources that can be used as entry points for possible interventions.

Disabled People's Organizations, parents' organizations, peer-support groups, community-based rehabilitation (CBR) programmes and the independent living movement have a long history within the disability community around the world and offer a good entry point for developing partnerships and promoting the participation of adolescents and youth with disabilities.

International and regional disability networks have a long standing reputation as key references and resources for local disability-related interventions. Examples are the *International Disability Alliance* (http://www.internationaldisabilityalliance.org), which promotes the effective and full implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) worldwide in partnership with organizations led by persons with disabilities from around the world. The *International Disability and Development Consortium* (www.iddcconsortium.net) brings together NGOs and service providers which work in the area of inclusive development in developing countries and have been involved in various HIV and disability programs.

In Africa, the *Secretariat of the African Decade of Persons with Disabilities (SADPD)* works with governments and Disabled Persons' Organizations (DPOs) to promote inclusive development and human rights for people with disabilities. The *Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)*, is an excellent resource formed by disabled persons organizations from 19 countries in Latin America and the Caribbean. The *Asian People's Disability Alliance and Bradnet (formerly the Asian Disability Network)* are two of the many organizations working in Asia with the goal of empowering and enabling disabled people to access services and policies.

RECOMMENDATIONS

Integration of HIV responses into the health, education and protection sectors is viewed as an effective means of improving HIV programmes' outcomes. Inclusive strategies for children, adolescents and young people can be developed within existing programmes in the following areas:

- **Education:** Child-Friendly schooling strategies, such as inclusion and participation, can effectively assist the development of more equitable school practices. Strengthening the links between schools, families, the community and disabled children, adolescents and young people will contribute to the promotion of school environments that are better prepared to stimulate the self-esteem and independence of children and adolescents with disabilities.
- **Health:** Maternal and child health programmes should reach adolescent girls and young women with disabilities of reproductive age for the prevention of mother-to-child transmission of HIV and AIDS and the promotion of community-based rehabilitation programmes. Health care professionals should also be prepared to manage the high rates of sexual violence toward women/girls with disabilities and to provide post-exposure prophylaxis (PEP) with disability-appropriate information and education.
- **Child Protection:** Engage both violence prevention organizations and organizations which work with adolescents and young people with disabilities.
- **Early Childhood Development:** Early childhood cognitive and social development interventions should be prioritized for children living with disabilities, as they will be critical for developing self-esteem and personal independence which will contribute to responsible decision-making and civic participation in later life.

EXAMPLES OF MATERIALS DEVELOPED BY ADOLESCENTS WITH DISABILITIES AND COMMUNITY-BASED ORGANIZATIONS

5

PROVIDING HIV SCREENING, INFORMATION AND SERVICES TO PERSONS WITH DISABILITIES BY PERSONS WITH DISABILITIES

A mainstream voluntary HIV counselling and testing organization based in Liverpool, Kenya established three stand-alone clinics for deaf people to increase access to marginalized groups. All staff is deaf, providing testing to their peers, so no interpretation is required. The clinics have now expanded to serve persons with other disabilities, with interpretation provided. The deaf staff members are part of the larger staff team, serving as resources for advice.

PROVIDING SERVICES FOR PERSONS LIVING WITH HIV AND AIDS WITH MENTAL HEALTH PROBLEMS

In Uganda, a grassroots clinic was established to provide HIV counselling and home-based care for persons living with with HIV and AIDS in the community. Many community members were experiencing mental health problems related to their HIV infection. A separate mental health clinic was set up to provide support, which now serves people with mental health problems who are not HIV-positive. The clinic is self-financing, receiving support and recognition from the larger organization.

ASSESSING ACCESSIBILITY OF HIV FOR PERSONS WITH DISABILITIES

The Uganda AIDS Commission is learning more about the rights of disabled persons in relation to HIV and working to integrate persons with disabilities into HIV services. Research is underway to find out how involved and how effective current AIDS service organizations are in serving people living with HIV and AIDS and making sure their needs are voiced at the national level, in partnership with disabled people's organizations.

Awareness-raising activities are aimed at educating people living with disabilities about HIV and AIDS using accessible information and educating providers in HIV service organizations about providing service to persons with a disability (pre-existing or a result of HIV).

SELECTION OF HIV-RELATED CONTENT AND SKILLS FOR YOUTH WITH DISABILITIES IN CENTRAL AMERICA

An important aspect for accessible communication is the identification of key content on which to focus HIV information, education and communication efforts. In collaboration with community organizations working with children and adolescents with intellectual, hearing and visual disabilities, the Central American Regional Programme on HIV and AIDS established a small selection of "essential" content related to HIV and AIDS, which was used to develop materials using sign language, braille, audio and simplified Spanish. Each of these content items was addressed through consultations with organizations of people with disabilities, using participatory methods geared to the characteristics of each population, their culture and their particular functional limitations.

YOUTH WITH DISABILITIES TRAINED TO PROVIDE HIV/AIDS PREVENTION AND TREATMENT INFORMATION TO PWDS[1]

In 2005/2006, 20 young people with disabilities were chosen from a township in Cape Town, South Africa to develop an educational programme for persons with disabilities in collaboration with an HIV trainer. They gained information and the trainer benefited and learned from the disabled youth. The trainer later became an advocate for making all "Treatment Action Campaigns" inclusive of persons with disabilities.

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[1] From HIV/AIDS and Disability: Final Report of the 4thInternational Policy Dialogue International Affairs Directorate, Health Canada, 2009

IT´S PART OF LIFE

A book for parents and families of children with disability about sex education and prevention of HIV published by the Ministry of Education of Uruguay with support from the Institute on Disability and Inclusive Development, The Everyone´s School project, UNFPA and UNICEF.
Available in Spanish (online).

ARE YOUR RIGHTS RESPECTED?

A comic book developed by Gay and Lesbian Memory In Action (GALA), based in Johannesburg, South Africa, in collaboration with the South African Sign Language interpreters' organization SASLINC, among others. The comic looks at issues of sexual abuse and violence, sexually transmitted infections (STIs), HIV, and different sexualities in the deaf community. South African Sign Language (SASL) is used as a first language by approximately 500,000 deaf South Africans. The comic contains very few words, and, as a result, is designed to be accessible for those with lower literacy.

Available at http://www.gala.co.za/pdf/Deaf%20rights%20CMYK%2072dpi.pdf

VIDEO ON PERSONS WITH DISABILITIES AND HIV

The International Labour Organization (ILO) in partnership with Irish Aid prepared this series of short advertisements promoting equal opportunities for persons with disabilities in access to information on HIV/AIDS. Available in English and Thai.

http://www.youtube.com/user/ILOTV#p/u/12/7UxttAVcIv4

KITES IN THE AIR: SEXUAL EDUCATION AND HIV PREVENTION FOR ADOLESCENTS WITH INTELLECTUAL DISABILITIES

This 30-minute documentary looks at a pioneering initiative in the field of inclusive sexual education from a rights-based approach, known as the ”Kites in the Air” project. It demonstrates the possibility and necessity of working with adolescents who receive little sexual education and information because of prejudices and taboos around disability and sexuality.

With subtitles in English (Kites in the Air)
http://www.videolog.tv/baroukh/videos/531052

With subtitles in Portuguese (Pipas no ar)
http://www.videolog.tv/baroukh/videos/476099

With subtitles in Spanish (Cometas en el Aire)
http://www.videolog.tv/baroukh/videos/527575

PROTECT YOURSELF: AWARENESS VIDEO FOR DEAF AND HEARING PEOPLE

”Protect Yourself!” is the first HIV awareness video produced by and for deaf people in Ghana. The production is the result of an international collaboration between deaf students from Mampong School for the Deaf and Remark!, and a deaf film company from London, UK.

Accessible online at http://green.tv/videos/vso_protect_yourself/

BIBLIOGRAPHY

Berman Bieler, R. and Meresman, S. Collecting Data and Developing Information Systems on HIV-AIDS and Disability (in Spanish), SICA, The World Bank, Inter-American Institute on Disability and Inclusive Development, 2009

Hanass-Hancock, J. and Satande, L., Literature Review, African Journal of AIDS Research, 2010

Kvam, M; & Braathen, S, “I thought...maybe this is my chance”: Sexual Abuse against Girls and Women with Disabilities in Malawi, in Sexual Abuse: A Journal of Research and Treatment, 20(1):5-24, 2008

Meresman, S., Es parte de la Vida, UNFPA-UNICEF-iiDi-ANEP, Uruguay 2010

UNICEF and Rehabilitation International, One in Ten, Violence and Children with Disabilities. Vol. 24, 1: 2-19. New York, 2003

UNICEF, *The state of the world’s children 2006*: excluded and invisible. New York, 2005

UNICEF, Global Survey of Adolescents with Disability: An overview of young people living with disabilities: their needs and their rights. New York: UNICEF Inter-Divisional Working Group on Young People, Programme Division. 1999

UNESCO, Education for All Global Monitoring Report 2010, Reaching the marginalized, 2010

United Nations, Convention on the Rights of Persons with Disabilities, available at http://www.un.org/esa/socdev/enable/rights/convtexts.htm (accessed on June 2010)

United Nations, Convention on the Rights of Persons with Disabilities Fact Sheet, web page: http://www.un.org/disabilities/convention/pdfs/factsheet.pdf (accessed July 2001)

United Nations, “Disability and Statistics” available at http://www.un.org/disabilities/default.asp?id=1515 (accessed on January 2011)

United Nations, Fact sheet on Persons with Disabilities, available at: http://www.un.org/disabilities/documents/toolaction/pwdfs.pdf (2010)

WHO-UNFPA, *Promoting Sexual and Reproductive Health of People with Disabilities*, 2009

World Health Organization & World Bank, World Report on Disability, 2011

World Health Organization World Report on Disability. Geneva: WHO/World Bank, 2011 http://www.who.int/disabilities/world_report/2011/en/index.html

Yousafzi, A. and Edwards, K. Double Burden: a Situation Analysis of HIV/AIDS and Young People with Disabilities in Rwanda and Uganda Centre for International Child Health, Institute of Child Health, University College London, 2004

www.unicef.org