
**AWARENESS OF REPRODUCTIVE RIGHTS, HIV
PREVENTION AND SEXUAL EXPLOITATION
AMONG WOMEN WITH DISABILITIES**

A RESEARCH REPORT SUBMITTED TO

COMBRA

BY

**Florence Nangendo, Ph.D.
Child Health and Development Centre
Makerere University**

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Executive summary

The Community Based Rehabilitation Alliance (COMBRA) is an indigenous Non-governmental Organisation that was started in December 1990. COMBRA is registered with the Secretariat of Non-Governmental Organizations based in the Ministry of Internal Affairs. The Organisation is committed to facilitating the empowerment and advocacy for, and with persons with disabilities. COMBRA founder members were motivated by the need to increase rehabilitation services, reduce society attitude barriers and enhance participation of PWDs through community based rehabilitation.

Purpose of the Research

COMBRA carried out this research to identify issues of awareness of reproductive rights and HIV prevention among women with disabilities with the following objectives;

- To establish the level of awareness of reproductive rights and HIV/AIDS prevention among women with disabilities.
- To analyze the perceptions and attitudes of women with disabilities towards HIV/AIDS prevention and reproductive rights.
- To develop a campaign strategy for raising awareness amongst women with disabilities and their families on HIV/AIDS prevention and reproductive rights.

Study area and Sources of Information

The study was done in the districts of Kampala, Mukono and Soroti. The districts were chosen first of all because they are COMBRA programme districts. The mix was intended to bring in the variety of rural urban and also cultural differences. Soroti being a rural district and with basically a different culture. There were 10 Focus Group Discussions (FGDs) and numerous Key informant Interviews (KIs) at district and institutional levels.

Major findings

Respondents in the study discussed a number of rights that are relevant to them, and revealed how they are either protected or abused. They included, the right to sex, child rearing and maternity services. The disabled people look at these, as needs not as rights, and they feel such needs should be met just like the normal people. They feel special attention should be given especially in maternity services. However, most of the time, society including parents and community members do not support them in realising these rights. The men mainly abuse these women when they force them into sex, make them pregnant and deny responsibility. The disabled women end up having fatherless children as they call them. What makes matters worse is that there certain myths held by men, which continue to make the WWD vulnerable? For example think that disabled women are free from HIV, so men go to them and do not use condoms

most of the time. In addition some men think the WWD are just good and there is no competition, since there are not many men who go to them, being unattractive physically. In addition the disabled women give in easily because they think it is a chance for them. All these factors make them easy prey.

It was also found out that the disabled women are aware of HIV/AIDS having got the information from relatives friends and institutions. There are no specific programmes targeting WWD. They also know the means of prevention, however, because they are powerless they may not be able to negotiate safe sex. It has also been observed that most of the time the WWD are just raped.

The major recommendation is to increase sensitisation, to parents, communities and other service providers to continue supporting disabled women in satisfying their sexual and reproductive needs as well as protecting them from HIV/AIDS.

List of Acronym

AIDS	Acquired Immune Deficiency Syndrome
BDEA	Bwaise Disabled and Elderly Association
COMBRA	Community Based Rehabilitation Alliance
FGD	Focus group discussion
FP	Family Planning
HIV	Human Immune Deficiency Virus
KI	Key Informant Interview
MGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
NUDIPU	National Union of Disabled Persons of Uganda
NUWODU	National Union of Disabled Women of Uganda
PEARL	Programme for Enhancing Adolescent Living
PHC	Primary Health Care
PWDs	People With Disabilities
SODIPU	Soroti Disabled Peoples' Union
TASO	The AIDS Support Organisation
UDHS	Uganda Demographic and Health Survey
WWD	Women With Disabilities

1.0 INTRODUCTION

1.1 Background

The Community Based Rehabilitation Alliance (COMBRA) is an indigenous Non-governmental Organisation that was started in December 1990. COMBRA is registered with the Secretariat of Non-Governmental Organizations based in the Ministry of Internal Affairs. The Organisation is committed to facilitating the empowerment and advocacy for, and with persons with disabilities. COMBRA founder members were motivated by the need to increase rehabilitation services, reduce society attitude barriers and enhance participation of PWDs through community based rehabilitation. The Organisation is convinced that every human being has a right to a decent quality of life and equal opportunity in accessing social services. Furthermore, COMBRA advances that each person can contribute towards nation building and hence, should not be segregated against on the basis of sex, age, race, disability or any other factor.

COMBRA Vision is, a world where all people with disabilities have access to equal opportunities in society. The Mission is to empower and advocate for and with PWDs for their sustainable development through community based rehabilitation.

1.2 The Broad Objectives COMBRA

- ◆ To develop, through community awareness, positive attitudes towards persons with disabilities and promote self-reliance and integration into the mainstream.
- ◆ To liaise and network with government and non-governmental Organisations of and for persons with disabilities persons, both locally and internationally for information, support and cooperation.
- ◆ To develop and sustain an international centre for capacity building of community based rehabilitation workers.
- ◆ To facilitate development of technical skills that can be utilized in designing and production of assertive aids that are economically realistic and culturally acceptable, using appropriate technology.
- ◆ To put in place income generating activities and capacity building strategies for further development and sustainability of the Organisation.

1.3 Background to the Research

Uganda being a patriarchal society means that women are left behind in most development issues, Women with Disabilities face a double jeopardy as reflected below:

- Due to myths and negative attitudes still prevalent in the Ugandan society, women with disabilities are prone to sexual exploitation. Society does not expect women with disabilities to be informed about sex. There is also a general belief that young

girls and women with disabilities are not infected with HIV/AIDS. Hence a tendency to exploit them sexually.

- While it is culturally acceptable that young women and men should undergo sex education through peers and paternal aunties', families and society withhold information on sexual awareness from the disabled youth. Society does not see the relevance of such information, as they don't expect the disabled youths to have intimate relations, hence sex education is rarely considered as a priority.
- Unfortunately due to the AIDS pandemic many able bodied persons have assumed that people with disabilities and youths are not infected with HIV virus. Persons with disabilities have therefore faced a unique problem of people using them without giving them a choice or adequate information to enable them make informed decisions.
- The prejudice of persons with disabilities and double disadvantage of women with disabilities makes them take an inferior status in society to accept "visiting" partners as giving them "*favours*" for which persons with disabilities should be grateful as a common phenomenon.
- Some of the disabled women are segregated because of the nature of their disabilities. For example those affected by mental disorders and epilepsy, it is common to see them caring for fatherless children. Most of these women get 'night callers' who are not willing to identify themselves with the disabled women during the day, which increases their vulnerability to HIV infection. COMBRA acknowledges that it is a right of every person to enjoy intimate relations however; in this era of HIV/AIDS all Ugandans have a right to information on safer sex and reproductive rights.

1.4 Purpose of the Research

COMBRA carried out a research to identify issues for awareness of reproductive rights and HIV prevention among women with disabilities with the following objectives;

- To establish the level of awareness of reproductive rights and HIV/AIDS prevention among women with disabilities.
- To analyze the perceptions and attitudes of women with disabilities towards HIV/AIDS prevention and reproductive rights.
- To develop a campaign strategy for raising awareness amongst women with disabilities and their families on HIV/AIDS prevention and reproductive rights.

1.5 METHODOLOGY

1.5.1 Data collection methods

A total of 10 FGD were held, 6 with WWD, 3 with parents of girls with disabilities and one with men with disabilities. The study used purely qualitative methods because of the scale of the study. First of all the resources could not allow a quantitative study which would be representative enough. Secondly since the study intended to find out perceptions and practices, it was deemed that qualitative methods, which are of low cost, fast and can get in-depth information, would suffice. The study has generated questions and hypothesis for further investigation if there is any need. The major limitation is that the findings cannot be generalised to the whole population of WWD; however, they provide an insight into the problems of WWD.

1.5.1.2 Focus group discussions

Data was collected through focus group discussions (FGDs) and key informant interviews. FGDs with PWD and parents, in addition, key Informant interviews were held with service providers. Through FGDs, issues of rights abuse and protection related to PWD were explored, including accessibility to HIV/AIDS information and services. An interview guide was constructed to elicit data from the different informers. The groups were organised under the different groups or projects they belong to. COMBRA identified a mobiliser who was facilitated to mobilise these people and their number ranged between 8-15.

1.5.1.3 Key informants Interviews

The following are the organisations visited where key people were interviewed.

Organisation	Sex of respondent
Ministry of health, Disability and Rehabilitation section	Female
The AIDS Support Organisation (TASO)	Female
The Director Community Services Mukono	Female
The Director Community Services Soroti	Male
National Union of Disabled Persons of Uganda (NUDIPU).	Male
National Union of Women with Disabilities	Female
SODIPU	

1.5.2 Study area

The study was done in the districts of Kampala, Mukono and Soroti. The districts were chosen first of all because COMBRA already had programmes or conflicts in the area. The mix was intended to bring in the variety of rural urban and also cultural differences. Soroti being a rural district and with basically a different culture.

1.5.2.1 Kampala district

- ◆ Women with disabilities belonging to BADEA, these are disabled women in Bwaise who are working with COMBRA.
- ◆ The Blind but Able, an organisation for the blind located in Kyebando – Kisalosalu. Their main vision is that even though they are blind, they can do many things for themselves.
- ◆ Parents of girls with disabilities were again organised in Bwaise Kampala, for the parents to give their views on how they are trying to protect the rights of the disabled girls and the challenges they are facing.
- ◆ Girls with disabilities – school for the physically handicapped, this is located again in Mengo. They were intended to bring out the views of girls on how their rights are protected or abused.
- ◆ Deaf girls – Ntinda School for the Deaf.

1.5.2.2 Mukono district

- ◆ Women with disabilities (Mixture of disabilities). The women were mobilised in Seeta in one of the project areas of COMBRA. They were both middle aged and older women. In addition parents of disable people were discussed with.

1.5.2.3 Soroti district

- ◆ Women with disabilities. This group was organised by the Soroti Disabled peoples' Union, and they were women of mixed disabilities.
- ◆ There was a FGD with parents of girls with disabilities, to find out the socio-cultural challenges of protecting the rights of women with disabilities.
- ◆ Men with disabilities were also mobilised and discussed with to give their views on the protection and abuse of rights of people with disabilities.

1.6 LITERATURE REVIEW

Women with disabilities represent 20% of the world population, and the majority live in less economically developed countries (Nosek 1999). In Uganda the 1991 census put the number of disabled people at 108,901 males and 81,534 females (Population and Housing Census 1991). The Minister of State for Elderly and Disability Affairs in a paper presented at the United National Headquarters, New York in June 2001, noted that the population census put the disability rate of 1.1%, a much lower figure than WHO 10%. She noted that there were several reservations about quality of the data obtained from the census; hence, it came to be regarded as only indicating a minimum disability rate. Also, people with Disabilities (PWDs) were under enumerated due to the fact that census enumerators were not trained in identifying disabilities and therefore relied on respondents' identification. There was also a problem of non-response to the question on disability; the question appeared at the back of the questionnaire form so probably was not seen. The census, though covered 98.9% of the total population, excluded institutions such as centres and homes for people with disabilities and hospitals where some disabled people live.

Kay Schriener (2001), in her article "Disabled Members of Parliament Wield Influence in Uganda", notes that like other nations in Africa and around the world, Uganda has seen an increase in the number of persons with disabilities because of civil war. Some 200,000 people need wheelchairs, which are scarce and too expensive for most to afford. She mentions the causes of disability, which include land mines, malnutrition and communicable diseases with polio being the "leading cause of disability amongst Ugandan youths. Kay continues to quote a Parliamentarian The Honourable James Mwandha. Who says that disabled people in Uganda face many problems and chief among these is limited access to health care, education and suitable housing. Like disabled people in many other nations, Ugandans with disabilities often are unaware of their rights and potential, and sometimes fail "to assert themselves" which can lead to their "being denied most basic rights and services." Disabled Ugandans tend to be the poorest citizens due to their lack of proper education, and discrimination by employers.

The Situation Analysis of Women Adolescents and Children, Barton and Wamai (1994), makes similar observations as expressed by different participants:

The disabled are denied their esteem in society. They have feelings, they are able to love, they could marry, but society has ignored them (Kampala).

There is neglect of disabled children. They are not taken as human beings; visitors to the home do not see the disabled child. They are not given education; they are not given their rights (Kabale).

The disabled frequently stigmatised by both family and community, they are seen as socially useless, and may be abandoned, may not inherit land, are not acceptable as marital partners. This can extend to children of disabled person (Masaka).

Disabled women face more problems first as women then as persons with disabilities, subjected to social, cultural and economic disadvantages. Fine and Ash (1985), argues that even parents do not expect their daughters to be dated or courted. To unveil the importance of this problem a qualitative study of sexuality issues among women with physical disabilities was conducted in two districts of Uganda. Special attention was given to the effect of having a disability on increasing a woman's vulnerability to sexual abuse (Nosek 1999). Sexual abuse can be described as being forced, threatened, or deceived into sexual activities ranging from looking or touching to intercourse or rape. There have been virtually no studies that examine the existence, feasibility, or effectiveness of abuse interventions for women with disabilities. In both the disability rights movement and the battered women's movement, it is generally acknowledged that programs to assist abused women are often architecturally inaccessible, lack interpreter services for deaf women, and are not able to accommodate women who need assistance with daily self-care or medications (Nosek et al 1998).

Masagazi (1999) carried out a study on disability and sexuality in Kampala District, Uganda, with 50 women of different impairments including visual, hearing and physical. She has consistent findings; she observes that every human being is sexual but the disabled women are denied the right to satisfy their sexuality by society, while it may be ok for men. She notes that women activists have not advocated enough for women with disabilities. Marriage opportunities for blind women are limited; she found that 80% had blind men. Those with hearing impairment are also limited by poor communication in marriage. The problem is worse in the labour ward, when nurses do not know how to communicate to you. Another study was done by the NUWODU (2001), and found that WWD are most of the time abused, end up with unwanted pregnancies and the men deny responsibility. The present study would like to shed more light on the problem and following are the findings.

1.6.1 Vulnerability of WWD to Family Violence

Winters (1998), notes that the single biggest factor affecting the incidence of family violence against women with disabilities is the extent of these women's "families". Women with disabilities must often depend on a variety of people to provide them with assistance in carrying out their everyday activities. For this reason, their "family" is understood to include not only parents, husbands, boyfriends and other relatives, but also friends, neighbours and caregivers. This large number of people and the intimate physical and emotional contact involved in the care they provide greatly increase the risk of abuse to persons with disabilities. Winters (ibid) continues to observe that women who live in institutional settings, and women who have multiple disabilities, are most vulnerable to abuse because they are more dependent upon even larger numbers of people, and less able to get away. It is estimated that women with disabilities are 1.5 to 10 times as likely to be abused as non-disabled women, depending on whether they live in the community or in institutions. They can be sexual assaulted, which is a violation of a woman personhood, mental or physical integrity. The abusers are most of the time people known to the victim (Masagazi 1999).

While a disability can make it more difficult for a woman to escape or report abuse, social attitudes towards persons with disabilities are probably a bigger factor in her

increased vulnerability to violence. The way in which society views persons with disabilities handicaps these women in many ways, for example they tend to be viewed and treated as children, as lacking intelligence, they may be trained to be compliant and are sometimes punished for assertiveness or for challenging authority figures. Women with disabilities are considered to be non-sexual and are often not given sex education, which can result in an inability to distinguish between abusive behaviour and normal or necessary forms of touching (Matthews 1983; Masagazi 1999). Indeed many have been told that they do not deserve sex and sexual relationships.

Lonsdale (1992), observes that some of the problems of WWD the up-bringing and socialisation where disabled children are given less responsibilities, this continues to make them more helpless in society, not preparing them like normal human beings. According to Ash and Fine (1988), disabled women are less likely to marry than disabled men. And if they do, they are more likely to marry disabled men. Bylan (1991) laments that even in forums for women, disabled woman are not mentioned. They are still an invisible group.

1.6.2 HIV/AIDS in Uganda

The first AIDS cases in Uganda were identified 1982 in a fishing village along the shores of lake Victoria. The disease had spread, by the 1999 as there were 55,861 clinical AIDS cases, which represented a small proportion of all cases, estimated 1,438,000 infected by HIV, while 838,000 deaths due to AIDS (MoH 2001). HIV/AIDS constitutes one of the most serious health and socio-economic problems in Uganda, and it affects mainly people between ages 18-40. The government of Uganda adopted an open policy to HIV/AIDS, which saw concerted efforts by government, NGOs and donors to combat the spread of HIV. Indeed around the mid 1990s the prevalence of HIV among the Ugandan population started showing a downward trend. Therefore the HIV pandemic in Uganda, which reached a staggering 14% in the 1990s has been substantially reduced to 6% by the end of 2001, owing to some concerted efforts; and Uganda is being quoted as a success story in managing to reduce the disease in Africa. However, despite these achievements, there are still some segments of population who are not covered by most of these programmes and high on the agenda are the WWD. The implications for human rights, is a life free from HIV/AIDS, reproductive choice, privacy, health education, economic independency, non-discrimination to information as well as protection from harmful practices. Since there is no cure for HIV/AIDS, the main strategy is through abstinence, faithfulness and using a condom. This strategy heavily depends on level of knowledge of the disease and the perceptions of HIV/AIDS problems. The Uganda Demographic Health Survey (UDHS 2001/2002) found that majority of women were not aware of prevention methods, and those who knew about the disease, they did not know how to prevent themselves. It is within this background that the present study is conducted. It is noted that if normal women still have a problem of HIV awareness, then the problem could be more serious among disabled women.

1.6.3 The rights of Women with disabilities

The literature reveals that WWD are marginalized and excluded from services. The failure to recognise the sexual and reproductive needs of WWD is an abuse of their basic human rights. These rights are embedded in both international and national declarations. The adoption of the Universal Declaration which stems in large part

from the strong desire for peace in the aftermath of the Second World War, has over the years, been used in the defence and advancement of people's rights. Its principles have been enshrined in and continue to inspire national legislation and the constitutions of many countries, and inspired more than 60 human rights instruments, which together constitute an international standard of human rights. These instruments include among others Convention on women. The Declaration recognizes that the "inherent dignity of all members of the human family is the foundation of freedom, justice and peace in the world" and is linked to the recognition of fundamental rights towards which every human being aspires, namely the right to life, liberty and security of person; the right to an adequate standard of living; the right to seek and to enjoy in other countries asylum from persecution; the right to own property; the right to freedom of opinion and expression; the right to education, freedom of thought, conscience and religion; and the right to freedom from torture and degrading treatment, among others. These are inherent rights to be enjoyed by all human beings of the global village -- men, women and children, as well as by any group of society, disadvantaged or not -- and not "gifts" to be withdrawn, withheld or granted at someone's whim or will (www.un.org/overview/rights.htm. Wednesday 2 October, 2002).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." (www.un.org/womenwatch/daw/cedaw. 1 October 2002). The Convention is the only human rights treaty, which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations.

The constitution of Uganda, is also embodied in these international declarations, because Uganda is a member of the UN body. It explicitly re-affirms the sexual and reproductive rights of WWD. Article 31. (1) affirms that men and women of the age of eighteen years and above have the right to marry and to found a family and are entitled to equal rights in marriage, during marriage and at its dissolution. The same constitution recognises the rights of women. In article 33. (1) where women shall be accorded full and equal dignity of the person with men, and under section (6) prohibits all laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status. The disabled people are specifically mentioned under article 35. (1), where it states that persons with disabilities have a right to respect and human dignity and the State and society shall take appropriate measures to ensure that they realise their full mental and physical potential. And it is reaffirmed that parliament shall enact laws appropriate for the protection of persons with disabilities (The Constitution of Uganda 1995).

2.0 STUDY FINDINGS

2.1 General issues

There were general issues that were reported to make disabled women vulnerable and later lead to abuse of their rights in all aspects. It was reported that finances and education limit the opportunities of the disabled people. It was observed in the different discussions that although in Uganda like anywhere else, every child has a right to education, where families are faced with making choices under limited resources, they will always choose to educate the able bodied child and leave the disabled. Sygall & Lewis (1997) agrees with this finding, that women and girls with disabilities have less access than their non-disabled sisters to education and training, employment and transportation. He further observes that with little chances to achieve economic security through employment, marriage or inheritance of property, women with disabilities around the world face economic hardship at best, and at worst, threats to their survival.

Respondents in the study observed that education could enhance a woman's self-determination. A discussion with women in Soroti district under the Soroti Disabled Union (SODIPO) revealed that these women were outspoken because they had some education and were organised into some groups for income generating activities.

For us we are able to speak out for ourselves and demand what we want because we are somehow educated and we know our rights, and we do so many things. It looks like a disabled woman is gifted in handicraft. If a disabled woman is economically independent, it can help a lot (FGD WWD Soroti).

The disabled women who were also parents noted that the problem of education is not as serious as in the past. These days a disabled woman can go to school, with the UPE and most parents have been sensitised. The present government was appreciated for the efforts. They also noted that the disabled representatives at every level of the political system have helped to bring the plight of the disabled persons to the forefront. This means a disabled woman can get a job and stop being a burden. Participants in the discussions continued to observe that the problem of stigmatisation begins with some parents who do not accept their disabled children. One parent observed that:

If you have a disabled child you accept her, some parents do not, they need a lot of counselling, Red Barnet has helped me (FGD with Parents of girls with disabilities).

Such parents cannot bring up their children in a normal way. WWD echoed different sentiments below.

We the disabled are treated badly; we are not taken like human beings. Even our parents do not show us so much love; they are ashamed of us (WWD Kampala).

If you are in the village, kept at home, do not meet visitors, those in town are fair, but the problem is in deep villages (WWD Soroti).

Parents call us wasted time, they make us padlocks, we cook lunch while others go to school. Mothers not so much, but fathers. But also mothers, for me my mother refused to take me to school. Somebody gives you so much work so that you die very soon. You put on the clothes the other able bodied have put on (WWD Soroti).

It was further observed that extended families do not support at all, they count you as wasted time, even for education, they consider the sighted; it is only when they have a bonus, that is when they can consider you the blind. Even relatives here in Kampala cannot accept you in their houses; they think you are a burden.

Respondents in the study discussed a number of rights that are relevant to them, and revealed how they are either protected or abused. They included, the right to sex, child rearing, maternity services and a right to marriage. They are presented in full below.

2.2 Specific Rights/Services

2.2.1 Right to sex

Women with disabilities and their parents plus a few men interviewed recognise that WWD also have sexual feeling, which need to be satisfied. It was however, noted that some parents do not recognise this, and most of the time these women are just raped and in the end do not enjoy anything.

If God created you a human being, you have to have those feelings. Our desires are the same as those of the normal woman (WWD Kampala).

Parents and some disabled women reported that a normal parent does not discriminate against disabled children; they always prepare them for marriage, as a normal woman should be.

As parents we tell them about their safety and how to go about life (Parents FGD Kampala).

It was again observed that a few people who have money can allow their girls to have children in their compound, or they can support them to have husbands and build houses nearby where they can continue to be supported. However, some parents recognised that even if they try to protect these girls, still nature dictates.

For us in Teso we hardly marry off these disabled girls, because there is no body to keep her, but as nature dictates, they steal themselves. I do not want to part with my child, if men were understanding, it would be better, but that is very rare. If it is a disabled with one eye, at least and you know those people

are very strong, a deaf can get a fellow deaf. People in Teso consider physical strength; they consider labour force (Parents of WWD Soroti).

A woman who has lost her sight recently gave her story of how she lost her boyfriend after becoming blind. Although the mother may have contributed to it, she is not sure the boyfriend would have stayed after learning that the blindness was going to be permanent.

My disability started recently, I have lost my boyfriend. When I got sick, he wanted to come for me and take me for treatment, my mother refused saying blind people do not get married. My boyfriend waited for me for 18 months, he eventually got married. I do not know whether he was still hopeful that I would get better maybe he would have left all the same if I became totally blind. There is a belief that I was bewitched that I am not supposed to leave my home, if I do I will die, maybe that is why my mother was refusing (Blind but able women FGD, Kampala).

However, on the other hand there are parents who think that the disabled girls are already a burden, and they are adding another burden if they get children, therefore, they try to discourage that. They reason that you cannot tell such a person to get married. And if a girl is not married it becomes difficult to allow her have a kid while in her father's compound.

In some cultures a girl is expected to bring in dowry, so they cannot allow them to produce while still at home. So they are protecting their land, they say what will happen if the woman dies (KI NUWODU).

Many of us produce children, the men take them away distribute them among relatives, when the children grow they find out that their mother is disabled, they may deny that she is heir mother. This is more hurting (WWD Kampala).

It was further reported by the parents group in Mukono, that some parents do not take their children to school because they fear they will be raped. It was also observed by all groups discussed with that sometimes the disabled girls are not well looked after by the caretakers especially if it is not the real parent. This greatly increases the likelihood of being raped. Some parents however, do not care; they think no one can rape her child. This ignorance is very bad. However, others acknowledge that it is difficult to protect their children from abuse.

It is very difficult to protect a disabled kid. If men can go to goats and pigs, what about these who are crawling (Parents of WWD Mukono).

It was observed by the disabled women that the life of a disabled woman is very poor, some parents do not care about them, and sometimes they are referred to institutions. Some mothers do not prepare them to become women like the normal women.

Women with disabilities need men just like the normal women, but some parents do not realise this. There is a woman I know who got a man, the parents refused, she became pregnant thinking they will accept him, they just chased her out of the home, the man also abandoned her, she went to Mulago

she was operated on; but it was too late by the time the parents came, it was too late because she died (Parents of WWD Kampala).

In some cases it is economics, since as observed above, not many men want to marry WWD, nor accept responsibility when they make them pregnant, it means that such children would be kept in the home. It was observed in the Teso culture parents do not allow girls to produce before they get married, culturally or religiously. This is because they fear for their land.

2.2.2 The right to have children

The disabled women are seen as helpless themselves and therefore, nobody expects them to manage children. Boylan (1991) observes that women have been counselled by medical personnel not to have children because they will suffer, and that they will not be able to cope with emergencies. The study found out that most of the respondents realise the rights of disabled women to have children. They argue that WWD also want to produce a child who will cry for them when they die. They also reason that maybe it is the child who will help out the disabled woman. It was observed that indeed children produced by the WWD are an asset to them; some are forced to do child labour, or go begging to support their mothers. Further still, if a disabled woman had some children, she would have an easy life in a society where the disabled are mixed with able-bodied, and this can make life easy. Harris (1986) also asserts that children of disabled mothers have been found to be protective for their mothers even at a very young age, they come up with supportive and helpful suggestions. They are cited as having a high awareness of other stigmatised groups.

For me I think if a disabled person gets a chance to get married, she should be allowed to produce as many as she can, no family planning (KI Kampala).

The blind women also think that children can be an asset to them and reduce on the dependence on other people.

We need to produce children, they can help to lead you on the way, and if they get educated they will be able to support us. We can also educate them through the IGAs we are learning here (WWD Soroti).

Despite the value of children to disabled women, both parents and the women with disabilities recognise that there are those who are so disabled that producing children will be a real burden to them and those people around them.

Me I do not support a disabled person to produce. But it depends on the disability. They should become pregnant but should be cared for very well. Should get enough support from both parents and health workers (Parents of WWD Soroti).

Yes WWD should be made to realise their rights, but there are those who are very weak, even in the brain, it will be very difficult. Others are not able to physically have sex. They can even rot. These disabled women should not give

birth, you look at one she is just crawling and then she wants to become pregnant (parents of WWD Kampala).

Indeed one disabled woman confided in the researcher that for her she cannot manage a child with her disability. They also fear possible abuse.

Me I decided not to have children, I thought about myself, with one hand holding the stick and another the baby and I refused. Men lure them, they promise they will help, but when it happens they run away. I learnt a lesson from a friend who was abandoned. This friend of mine was made pregnant by a man, he told her not to tell anyone he will support her. She was operated on, later forced to marry him, they had a quarrel and the man used the same stick she is using to walk to beat her. She was left immobile!! So if you see such, then what do you want? (FGD with WWD Soroti).

Delivery is very difficult, most of the time WWD go for a caesarean section. Their movements are curtailed with the pregnancy, especially when it is advanced, plus caring for children. But all these would not be a problem, if they had support. However, some men think that an operation is normal, it should not be a problem, they need support, to sensitise the community.

2.2.3 The Right to Maternity Services

When I come to the hospital do not look at my disability, but my pregnancy (WWD Soroti).

Women with disabilities realised access to maternity services is a right, which they have limited, access to. They reported that they are not treated very well when they go for maternity. When you go for maternity you have to line up just like the normal people. They make you the last on the line, instead of attending to you first. They deal with the rich people first. The health workers are always abusing them, asking them why they got pregnant.

The questions health workers ask are many 'you are disabled and then you become pregnant'. When a disabled woman goes to maternity, they ask her what the man liked in her instead of just helping them (WWD Kampala).

They ask questions like why did you become pregnant when you cannot manage yourself (WWD Soroti).

The unfriendly environment at the hospitals and health units makes disabled women fear to go to hospital because they fear the health workers will abuse them. In a study by the NUWODU (20001), it was found that most of the disabled women delivered with the help of TBAs. This fear extends to accessing other services, for example FIDA offices when they have problems with men or children, because they know they will be asked the same questions. In addition the services in hospitals including Mulago the national referral hospital are not architecturally friendly. For example the stairs are not meant for disabled people, and secondly the maternity beds do not take into consideration, the disabled women. It was observed that the beds are too high and

before the women mount them, they give birth to children, may fall down and die. It was further observed that disabled women are not given a chance to deliver normally, it was observed that sometimes health workers hurry to operate on them, they do not give them a chance to produce normally. It was observed that sometimes it is the parents who are not supportive.

Another girl got a boy, the parents refused her, she became pregnant was abandoned by the man and parents. She went to Mulago hospital, and by the time they thought of operating on her it was too late, she died (WWD Mukono).

2.2.4 The Right to Marriage

Uganda a patriarchy society where women are expected to perform different roles of mother home keeper. The value of the wife is assessed on this, so a disabled person may not be able to compete. Disability is sometimes associated with misfortune and nobody would like to bring misfortune to the family (Boylan 1991). May be rejected by in-laws even if men liked them. According to Harknett 1994, if a woman becomes disabled after marriage, there is a strong likelihood that the husband will leave her.

Respondents in the study recognised that disabled woman have a right to marriage, but expressed fears that it is not good for a disabled woman to marry an able bodied man, because he will mistreat her. The WWD in all groups, and even the parents observed that when a man marries a disabled woman he will still expect the woman to perform all household chores like an able bodied woman. A participant in a group of WWD in Soroti demonstrated that the man will ask: *"If you knew you are disabled why did you get married?"*. *Even relatives do not like us, they say we are curse.* It was observed that for the blind person, it is worse, because such a person will not be able to do household chores, which is required of a housewife. One respondent commented, *"in my life I have seen a disabled woman marry, but not a blind one"*. The deaf too may have a problem of communication, even in homes, they run away from visitors because they do not know how to communicate to them.

Discussions in Soroti revealed that many disabled women would be better off marrying a fellow disabled man. The blind women of the Blind but Able also reported that they prefer to marry a fellow blind, but maybe with a partial sight to help in childcare. This is because they recognise that if all of them are totally blind then no one can help each other. They think a fellow disabled knows their problem and cannot harass them.

Disabled women reject the disabled men; I think a disabled woman would be more comfortable with a disabled man (Men with Disabilities Soroti).

If I am to get married I prefer a partially blind man, because he knows the problems of blindness, he should be seeing slightly to help in the house, our children. But I do not think about marriage very much; it is only children (Blind but able FGD Kampala).

However, the women feel that marrying a fellow disabled person will be an added problem, because no one can help. As already observed under sexual rights, the problem sometimes is with the parents. It was reported that some parents over-sympathise with their disabled children. They do not want to suffer with marriage. On the other hand the blind women think for them they are at an advantage, they can easily marry normal people because they can communicate.

With blindness you can get married, because even when making love you use words, you can also discuss with others. For us blind we have got a voice we can discuss and protest abuse (Blind but Able FGD Kampala).

2.3 Programmes for WWD

2.3.1 Awareness and prevention about AIDS

Although the WWD acknowledged that they do not have specific education sessions for HIV/AIDS, they are aware of the disease and the commonly mentioned cause was through sexual contact. The WWD could identify other ways through which one can get HIV, including sharing skin piercing instruments and mother to child transmission. They get the information through parents, friends, media and those at school from their teachers. In addition the women who belong to organisations can also get information through such institutions. They reported to also have live experiences of sick people and through this, the symptoms were mentioned to be someone becoming small, and re-current illness. However, despite the awareness, they are very powerless to demand for safe sex. First because they are most of the time raped, and second, they consider it a great chance to get any one asking, so they easily give in. It was further observed that under normal circumstances men do not want to use condoms, they will be attracted more to this group that does not care. And to make matters worse the men consider disabled women to be free from AIDS.

We know that men do not want us so most likely we are safe from AIDS. To them there are high chances of mobile woman having HIV (Soroti FGD WWD).

Those disabled women that have self-determination can manage to say no to sex for fear of AIDS.

I gave birth to twins, the man never gave me anything, and in fact it was a rape case. He is dead now. But because I did not have money, the children never went far with education, so they cannot have good jobs, but they help where they can. My mother never took me to school maybe it would have helped. Right now I do not want men, I know they have AIDS I fear AIDS, even if one convinces me how (WWD Soroti).

Different people gave their perception of the problem of vulnerability of disabled women. They think that once disabled women get any man, they consider it a chance and would not like to lose it. Some key informants in Kampala also thought that disabled women are so excited when they get a man asking such that they may not even remember to demand for safe sex.

As a sales man I get few customers, so the few you get, you are going to treat them very well. So disabled women do not normally get men, so once she gets she just accepts and cannot inconvenience him with a condom, lest he runs away and she loses the life chance (Men with disabilities).

When you are an adolescent nobody touches you, now you have one, there is no way you are going to refuse (Women with physical disabilities Soroti).

2.3.2 Availability of Programmes to address the needs of WWD

2.3.2.1 The Ministry of Health

The Ministry of health, disability and rehabilitation desk is responsible for health issues related to disability. Discussions with the Principal Medical Officer, disability Prevention and rehabilitation, revealed that a lot is being done at both national and district level. However, at district level coverage is still limited because they are following the CBR programme implemented by the Ministry of Gender and Social Development. The Key Informant also observed that the rights of WWD are very much abused and there is no specific group or NGO dealing with this problem. Yet there is a potential for this, for example the LCs, women representative can be sensitised by both NGO and government. At national level the government policy provides the mandate within which to work.

It was observed that the Ministry of health ensures that everybody including the WWD has a right to health. The policy, which is still in draft form, is to integrate and access rehabilitation services in the minimum health care package, change of health attitude. To address this the Ministry is organising in-service training of health workers. They have also identified a few cadres to incorporate disability issues into their curriculum, and they are in the process of talking to the Ministry of education. These cadres include clinical officers, midwives, nurses and health assistants.

With specific reference to reproductive health, the disability and rehabilitation section is responsible and has a proposal, but its full implementation is hampered by lack of funds. At district level, they would like to increase access to health services for PWDs, change of attitude for health workers. At National level a film has been made on reproductive needs of WWD for sensitisation purposes, but the real launching is yet to be done. It was observed that the progress so far is good; health workers are receptive to the sensitisation and have started teaching others about the needs of WWD. This has happened in 10 districts, following the National CBR programme. Many health workers have changed their attitude; they say they never knew the WWD were abused. There are new guidelines on HIV and facilities that take into consideration the special needs of PWDs, for example delivery beds for WWD.

2.3.2.1 The AIDS Support Organisation (TASO)

information was also sought from TASO, which deals with people living with HIV/AIDS at national level, to see whether they have programmes addressing the special needs of WWD. It was found out that TASO supports all people living with HIV/AIDS with no specific attention to the WWD. This means that the special problems of access for WWD are not addressed.

2.3.2.2 Soroti Disabled Peoples' Union (SODIPU)

SODIPU reported that they do not get any programme, or training. The disabled women of Soroti reported some health education done within other programmes.

People from NUDIPU come and teach us about AIDS, we also have groups that bring together disabled women and men, we have CBR workers, they teach us. However, it is difficult to mobilise disabled women, because of physical access, and when you call them, they expect something. It needs the facilitator to move from house to house and we are also limited in mobility (Soroti women with disabilities).

According to SODIPU, although they do not have programmes specifically for AIDS, when they sensitise on the rights of disabled persons, they also invite the health education person to give information on AIDS. The health educator also talks about safe motherhood, HIV and general Primary Health Care activities. The SODIPO reported that their work is to mobilise persons with disabilities into working groups and advocacy for the whole district. They are in groups doing income-generating activities, promoting social aspect, sharing experiences, so that they can live a comfortable life and avoid isolation. Most of the groups are in rural areas. It gives the public an understanding that the disabled can do something for themselves, they are relaxed and can look after their children even if men refuse responsibility.

2.3.2.3 The probation offices

It was observed that many WWD and also the able bodied, are not aware of the services that would protect them from abuse, for example the probation office. They think the probation is for able-bodied people. Sometimes they fear because men threaten to stop even the little help if they tell anyone.

2.3.2.4 The National Union of Women with Disabilities

The National Union of Women with Disabilities is still looking for funds; they have done a baseline on the same issue. We want to conduct awareness workshops, encouraging organisations like family planning, for antenatal we tell them that producing is a human right. They have a right to be women.

2.3.2.5 The Directorate of Community Services

The community services offices reported that they are trying to talk to parents of the disabled and the responsible men so that they can agree to look after these children. Those with problems mainly run to the offices of PWDs and they are referred to relevant offices.

2.3.2.5 The schools

The schools visited are also doing a good job in educating the children, because the teachers teach the children about their rights and how to protect them. A teacher from Kampala School for the Physically Disabled had the following to say.

As a teacher I talk to them, and tell them to be aware and if they see a man trying to touch them, to shout out for help. Even parents I advise them, that the

child has to be near where she can be monitored. I also tell them to report to me any cases where men are trying to lure them. There is one who reported and I called the mother, who responded, the girl knew the person he was arrested and warned (Teacher Kampala School for the Physically Disabled).

No one has told us about HIV/AIDS, but there is a topic in reproductive health they will talk about it then, but we know that HIV is got through sexual intercourse with an infected person. They also teach us cooking and handcraft, and how to become self confident (Blind but Able FGD Kampala).

2.3.3 Family Planning Services

Studies have found out that WWD in a bid to fulfil their feelings, they have gone ahead to have children; others have them, not on their own will, e.g. the blind and mentally retarded (Masagazi 1999; NUWODU 2001). Such women should access family planning. In the present study, it was found that sometimes WWD do not have access to government services. It was observed that the disabled women are left with the choice of private practitioners where the Family planning services are paid for and sometimes the pills or injections are expired. The women reported that they use FP services and no one denies them to them.

2.4 Challenges to reproductive rights

2.4.1 Exploitation by men

It was a general observation that men take advantage of disabled women and force them to have sex, sometimes they are lured and afterwards the man denies responsibility. It was reported that the WWD at the grassroots are more vulnerable, somebody comes and lures you with small things, say a bar of soap, they can even convince parents, and after that they run away. This concurs with Sygall & Lewis (1997), finding that women with disabilities are less likely to marry, and are more likely to be abandoned with children; mothers with disabilities then face social stigmas, poverty and isolation. Women with disabilities are denied access to reproductive choices and health services by misinformation, physical barriers and unenlightened health care providers. The study found out that men fear to associate with WWD during the day when asked, they say what would I be looking for in a disabled woman. The men say, *“me a normal person, how can I befriend a disabled woman”*. Men only want relationships, but not marriage. Men say how can I own a disabled woman. They come to disabled women hiding. They realise the disability during day.

The men are just using these WWD they make them pregnant. When the man impregnates you he cannot educate the children. Parents are concerned, you are already a burden to them and now you add another burden of the child. There is a case of one girl, she conceived at home; even her real sisters could not help her. The boy is now in P. II. The man ran away, even if you know the man what can you do. The father says that follow the man, but where do you find her (WWD Soroti).

It was observed that able-bodied men fear when they impregnate the WWD they fear community attitude and the court.

Men know that women are disabled during the day, but at night they are not. They are attracted to these women because they think they are beautiful, sometimes, they are looking for certain a sex of children. So when the disabled woman produces, he denies the pregnancy and the kids. Then when he sees the kid has grown up, he deceives the woman that the kid is going to visit relatives and he takes the kid for good (KI Soroti district).

It was further observed that sometimes when children grow up without their mothers they may deny them, when they know they are disabled. This was reported to be very hurting on part of the WWD. It was however, observed that sometimes it may not be forced sex, when men ask, it is a blessing, the disabled women get excited and accept. Many disabled women report that they are made drunk, many do not know the father of the children. Many of them meet a man once and they become pregnant.

2.4.2 Rape

Some are just raped and end up getting unwanted pregnancies although they like the children afterwards. Most men leave their wives in their homes. When you are normal you can fight back, but if you are disabled, you are more vulnerable. The cases below are illustrative.

There is a case of a girl who is about 13 years of age who was raped by a teacher, the teacher was arrested. This is a girl who cannot walk, and just crawls (FGD with mothers of WWD Kampala).

Mine was raped, she shouted and she knew the person. The person was arrested, but nothing so bad happened (FGD with mothers Kampala).

There is one who produced twins and refused to look after them, he was forced to build for the woman, and he did it (KI Kampala).

There is one who was staying with a grand mother, she would just sleep, and she could not even sit. One time the grandma left her, and the man who brings milk raped her. He was found in the act (Mukono FGD with mothers).

Another one, the man would just lift her and take her to the banana plantation, while the mother was selling bear, on the fateful day, he did not take her back to the house, she was found and mentioned the person (Mukono FGD with mothers).

The disabled children face problems as they go to school; they are raped on the way. They walk like for two hours. It was observed that the disabled women cannot fight to defend themselves like the normal ones when men attack them. Even if the WWD knows about HIV, she may not protect herself. However, the blind women reported that for them, they are not very vulnerable because they do not move alone most of the time. So they have people to protect them in case of any problem, this then protects them from rape.

2.5 Facilitating factors to abuse

2.5.1 Why men go to disabled women

Men are attracted to these women because they think they are beautiful, some are just raped, they look powerless, others think there is a secret behind this lame women, they go there to find out what is hidden. Others are beautiful in the face (KI Soroti district).

Different reasons were given as to why men go to disabled women. It was reported in most discussions that men think that few men would need disabled women, so they think they are free from AIDS. Some disabled women think that some men do it intentionally to infect them, and afterwards they laugh at them that “*even you, they start saying that we are running around with AIDS*”. The disabled women observed themselves.

We know that men do not want us so most likely we are safe from AIDS. To them there are high chances of mobile woman having HIV (Soroti FGD WWD).

It was further reported that some men are not serious they just want sex and the disabled woman happens to be available. One man reported that when one needs water he visits the nearest water source. Disabled women seem to be available most of the time. In addition, some men just take advantage of them when they see them crawling. Such factors are also facilitated by alcohol.

Men come to WWD because they know that we are easy to convince, because we are left behind, not many men like us, so they know we are easy prey. We do not have men (WWD Soroti).

Then there are men who are attracted by the beauty. It is claimed that there is a special beauty in the disabled women, it attracts men, and so they go quietly, when people come to know about it, they run away. There are those men who really admire and say, when I meet this one, one day. I will deal with her.

There is a myth that disabled women are good. They have not met very many men, so they are intact. I know of one officer in a district who has specialised in these women, whenever she hears about their conferences he goes, even if it means carrying the woman from her wheel chair (Soroti District KI).

They think they are good, but they do not want to associate with them, because of societal attitude, they are taken as second-class citizens. Another reason is that disabled woman may not demand much; they are cheap in terms of expenditure.

2.6 Recommendations from Respondents

Commitment of the leadership

There was strong recommendation at national level that if policy makers and those controlling money would be committed to the plight of disabled people, a lot can change. For example Busia district won a prize for being able to implement the 22 guidelines of accessibility in schools. This was possible because the issue was turned into a byelaw, whereby a tenderer who could not abide by the guidelines would be penalised.

Sensitisation

The Ministry KI recommended that the Ministry should continue lobbying and sensitising the public. Also strengthen coordination and collaboration with different organisations protecting the rights of people in general and PWD and WWD in particular. In plan is the proposal to combat gender-based violence for health workers.

At lower levels participants in the discussions recommended that let the women with disabilities be mobilised and educated about reproductive health and HIV. There is need for more frequent meetings to tell the WWD about AIDS. The WWD should be encouraged to accept that AIDS is real. The disabled women pledged that they can walk to mobilise if facilitated. This should be supplemented with adult education. Sensitisation should be extended to parents, LCs and the general community about the general rights of the disabled women. The community leaders have a role, because they do not report cases of abuse, they side with the wrong doers, they take disabled women as second citizens. They should also encourage education of disabled children. When they are relatives who are good hearted they should also help in supporting the WWD.

Sensitise family members, there is no way I can tell my mother to love me, she should be sensitised by an outsider (WWD Kampala).

Economic empowerment of WWD

Most respondents think the answer to the problem of abuse of rights of WWD is poverty eradication. These women should be empowered economically so that they can demand what they want. The WWD need to be put together and be helped. We ask for loans, we do petty trade; this is helping disabled women who have fatherless children. We should be given loans or grants. If they are loans, those for the disabled should be with different terms.

Men should take responsibility

Disabled women say that they want men, but they should come in broad daylight, when everybody knows. Men should tell their wives about these women, let them introduce them like the normal women.

Children

As for the children, the disabled can have one or two, but should not be fatherless. The children of the disabled women should be helped especially with education, so that they can help their mothers.

Support from leaders

The districts should take more responsibility in programmes for the disabled, especially within the decentralisation system. In Soroti it was reported that the district budgets for the disabled, but they do give them the money. Therefore leaders need to be more committed to the plight of disabled people.

Education of Children with Disabilities

There should be bye-laws like for UPE that if a parent does not take her children to school he/she will be imprisoned, the same should be for protecting the disabled women.

Marriage

It could be better if disabled women get married to disabled men. This business of running away could not be there. This way they will try to help themselves and when they get the children later, they will also help.

2.7 Discussion and Conclusion

The findings agree with most of the studies done on disability that were reviewed in the literature. The study has found out that there is high awareness of the reproductive rights of WWD, however, they normally abused or ignored. The most important right is the right to have children. They recognise that such women need children, as a natural obligation, but also expecting to be supported by these children in future. The problem is that nobody is ready to be responsible for the pregnancy and in the end the child many not be very helpful to the mother.

The disabled women are aware of HIV/AIDS and they know that you can get it mainly from sexual contact with an infected person. They do not have specific programmes, but have knowledge from caretakers and other programmes. However, they are too powerless to protect themselves, first many are usually raped, secondly it is a chance for them to have a man, so they may not demand for a condom and third men do not want to use condoms under normal circumstances, so they go to disabled women because they think such women are safe and that is where they can have sex without a condom, and they might be sick.

The reproductive health services to disabled women are still not friendly, which limits their access. The attitude of health workers is repelling as they think that WWD should not have children. In addition, the construction of some hospitals does not put into consideration disabled people, all these pose a challenge to the realisation of their rights to reproduce. There is need for sensitisation of health workers and also making the hospital friendlier to disabled people.

The major solution to this is the economic empowerment of women; disabled women who are empowered can negotiate a relationship they want. For example the women of Soroti who reported that they have relationships with men, but they have put child rearing aside, because they feel they are not ready to have them. These women have managed to negotiate such relationships because they have attained some education and are earning some income. Such women can also afford to look after their children if men abandon them just like it has been found.

There is also need for sensitisation to the community, parents and the disabled themselves to always seek services when they have problems, for the community leaders to protect the right, e.g. those who rape WWD should be prosecuted and also encourage those who impregnated them to be responsible fathers. The parents to continue protecting their children, and to report cases of abuse.

2.8 Recommendations from the Researcher

- ◆ The study has revealed that although people are aware of the needs and rights of WWD they are not ready to help or protect them. There is need for sensitisation so that people can act on the needs of the WWD. This is one area that COMBRA can intervene in.
- ◆ COMBRA can also work with people and organisations already working in the area of HI/AIDS, for example TASO, to help target WWD directly.
- ◆ Another important area is to target increasing incomes of WWD or those of the caretakers, so that they are able to look after the children who are abandoned by the fathers.

- ◆ COMBRA can also sensitise leaders and other organisations that are protecting rights of people, for example FIDA to reach out for WWD especially issues of child support. This also includes women organisations.

Appendix 1 Instrument used

TOPIC GUIDE FOR THE VARIOUS DISCUSSIONS

AWARENESS OF REPRODUCTIVE RIGHTS AND HIV PREVENTION AMONG WOMEN WITH DISABILITIES

To establish the level of awareness of reproductive rights among women with disabilities.

1. What do you understand when we talk of reproductive rights of WWD? What do you think you should have or you are entitled to as a woman?
Probe: for right to sex education/sexual health, right to reproduce (to get wider definition of this).
2. How are reproductive rights protected/met among WWD? Probe. For family, community, district and national levels. Which ones are more accessible to WWD in the community? What are the prohibiting factors?
3. In what ways could the rights of WWD be abused? What are the facilitating factors? Probe for abuse at different levels, family, community, district national.

To establish level of knowledge about HIV/AIDS prevention among women with disabilities.

1. What have you heard about HIV/AIDS? What are the different sources of information?
2. What can you say about sensitisation programmes on HIV? Are there any that have been specific to WWD?
3. Can you describe the symptoms of HIV/AIDS? What happens when one has HIV/AIDS? What is the difference between HIV and AIDS?
4. What are the different ways in which one can get AIDS?

To analyse the perception and attitudes of women with disabilities towards HIV/AIDS prevention and reproductive rights.

1. What do you think about WWD being educated about HIV/AIDS?
2. What factors make WWD more likely to acquire HIV/AIDS?
3. What services are available to you to enable you meet your sexual and reproductive needs? Who can access these services, who does not access these services?

To develop a campaign strategy among women with disabilities and their families on HIV/AIDS prevention and reproductive rights.

1. How should PWD be targeted for HIV/AIDS messages
2. How should reproductive needs of PWD be met more effectively? Probe for participation of different stakeholders.

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