

Taking Affirmative Action to stop Sexual Abuse of the Disabled girl child in Uganda

Introduction

The status of reproductive health in Uganda is very poor. Reproductive health indicators place maternal mortality rate at 505 per 100,000 live births. Young people (10-24years) constitute 30% of the maternal deaths Adolescent pregnancy stands at 32% (MOH figures 2000). The Reproductive health situation among disabled girl children is appalling.

In a recently concluded study by COMBRA issues related to awareness of reproductive rights and HIV prevention among girls/women with disabilities were identified. There are many girl children with disabilities in Uganda. Some of these children are sexually exploited and abused. The study also revealed that while education could enhance a woman's self determination on sexual issues, there was a great need to deliberately improve reproductive health services offered to girls/women with disabilities. Most cases of sexual abuse can be stopped by taking affirmative action. We will examine the steps community workers can take. These fall into two main categories; Educating the Community and Educating health and social professionals.

Educating the Community

Integration to stop dehumanization

Community Development Assistants (CDAs) can help promote integration of Children with Disabilities (CWD) into their community by educating both communities and local government workers on how to mainstream disability. This is because integration will help remove negative attitudes which are the main reason why disabled children are sexually abused. CDAs can help parents, community health workers, local councillors and police understand and appreciate children with disabilities, as children first and then disabled. Increasing awareness on disability and consequences of dehumanization is what will help change negative attitudes and ensure victim's safety and justice. Kelly J. Ace (2002) US.

Case story: (From Kyabasengya, Kitoba, Hoima district) There were over 2000 children suffering from epilepsy without proper intervention from the health department when Uganda Society for Disabled Children (USDC) started its work there in the year 2001. USDC organised its first awareness meetings targeting Local council leaders. The medical professionals (in charges of Health centre 3) had been trained on childhood disability and acted as co-facilitators at these leaders' meetings. It was possible to demystify the belief, which many people had, that epilepsy was a demon and anybody coming into contact with a person with fits could also get the demon. These health workers were given a chance to explain to the leaders that this was a condition which could be controlled at home.

The regular intake of given drugs would enable children to continue at school with a few safety measures. It was possible for CDAs to discuss issues of child neglect and sexual abuse while Special Needs Education Specialists emphasized inclusive education for CWDs to promote integration.

Later when the outreach clinics began, many parents who heard about the new remedy turned up to listen to the talks and get the drugs for their children. They soon agreed to form a parent support group and meet once every month when they collect their children's drugs.

A few months after the whole process had begun, Proscovia (not real name), one of the girls on the epilepsy drugs, was sexually assaulted. Her mother with the help of the local councils made sure her assailant got imprisoned. Children with epilepsy have always been looked at as useless things in this community and so it is not surprising that she was abused, but this time some body took action. She was comforted and visited by CBR workers and local leaders which added value to her being. Though nobody was able to stop the assault before it happened, some steps were taken to apprehend the assailant. USDC Hoima.

This example shows that communities and government can be empowered with knowledge to take deliberate steps to address this social problem.

Increasing life skills

Many CWD tend to be passive and submissive, leading to unquestioning obedience all the time, even to strangers and fellow children. This is one of the causes of their being sexually exploited by people whom they have given their blind trust to, including teachers and care takers. Community Health Workers (CHW) can teach life skills to promote CWD assertiveness. Some of these skills will include teaching them names of body parts and words that are not commonly used.

Showing practically that it is possible to punish authority figures who abuse CWD will help them challenge teachers and other authorities who expect blind obedience from them. In the end children should be able to identify confidants or "safe" people around them.

Social support

Closely linked with the above strategy, is local authorities facilitation of social support to reduce social isolation. This is because CWDs are often dependent on their abusers and may have no one else they can turn to for help or protection. By increasing their network of support CWD will feel empowered to reveal their abusers, as they will be sure of alternative support. This can be achieved through developing peer relationships and by giving support and guidance to families to encourage this. Giving CWD and their families social training could also lead to discovery of better recreational opportunities

thereby increasing the network of support. This strategy is opposed to over protection where a child may end up frustrated instead of being assisted by the community.

The case of over protection of Winnie of Karongo.

She developed polio of the lower limbs in her infancy but was lucky to get appliances and join school after her health stabilized. This was thanks to her maternal Aunts. Her mother divorced her father and could not take Winnie to her new home. Winnie does not regret her childhood, both her grandmother and Aunts were always helpful and she had no problem until she completed her O'level exams. She helped one of her Aunts in the shop for a while, but they soon fell out. Winnie was now a grown up teenager with different interests from her Aunt. She was confined to home for fear that she could be sexually abused. She was forced to move to the village and live with her grand mother where no man could touch her. Due to her disability it became very difficult for her to move out of her grandmother's hut and she became very depressed and annoyed with everyone.

By the time USDC convinced the Lilliane Foundation to support her with school fees to a secretarial training course, the whole family was regretting why they had wasted their resources on her. She had become very hostile to every one because she did not have anything else to do with herself. But thanks to Lilliane Foundation Winnie will now pursue her course in Secretarial studies and hopefully feel happy again. This does not happen for every CWD who finds herself in such a situation.

While it is the duty of community development officers to agitate for the construction of vocational training schools (VTS) and find other recreational opportunities for such children both for empowerment and social interaction, local leaders should be able to demand for integration of CWD into already existing ones. They could also start small initiatives that government will build upon.

Educating Health and social professionals.

Assistive devices

Health rehabilitation professionals can enhance CWDs physical mobility by providing assistive devices like crutches, calipers, raised shoes and wheel chairs. These will enable CWD gain some independence of movement and even fight off attackers. The orthopaedic workshops in the district hospitals should be fully equipped and facilitated at all times to produce and keep such appliances in constant supply.

In addition to physical mobility, health professionals can help provide hearing aids to reduce communication barriers. In the absence of these, CDAs and community health workers should consider engaging interpreters. By doing this they will be enabling CWD access information about their sexuality which they lack most times. It is possible to give information on sex, Sexually Transmitted Infections (STI), HIV/Aids, through interpreters, sign language teachers, recorded audial/visual messages and by use of

hearing aids. Through the concerted efforts of both Special Needs Education teachers, CDAs and health professionals, most of the useful information can be packaged to suit the children with disabilities and be given to them in more friendly environments. Children Rights clubs are one avenue for this and both in and out of school CWD can be reached if the will is there.

Social training

In addition to all the above, probation officers can provide social training skills to caretakers, parents, teachers to improve CWD's sense of interpersonal boundaries. CWD require a lot of assistance with personal care and interpreting social interactions. But even worse is that they find it very difficult to recognize abuse for what it is until it has happened. So a combination of socialization skills, investigating and giving punishment to culprits, will be of help to all to improve the childrens' sense of personal security

Conclusion:

It is a shame to Uganda if policies are just put in place and never implemented. We cannot claim to subscribe to the Children Rights Statute on the one hand and yet just sit back and watch the disabled girl child being sexually abused on the other. It is possible for everybody to do something and set an irreversible trend to end this abuse. The girl child with disabilities in this country has got a right to protection.

Bibliography:

Advocating for Sexually Abused Children with Disabilities. Kelly J. Ace, P.h. D., J.D. US (2002)