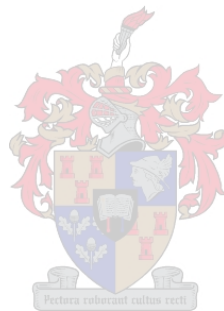


# **HIV/AIDS and Persons with Disabilities**

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Assignment presented in partial fulfilment of the requirements for the degree of  
Master of Philosophy (HIV/AIDS Management) at Stellenbosch University



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**DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Melanie Willems

Date: March 2011

## **List of Acknowledgements**

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**A note on terminology**

Disabled People South Africa (2000) recommends the use of the terms “disabled persons” and “people with disabilities” to describe groups of people with disabilities.

## **Abstract**

The main aim of this research paper will be to discuss the impact of HIV on persons with disabilities.

The study used a quantitative approach, with a KAP (knowledge, attitude and practice) survey done amongst 74 respondents from the Cape Town Association for the Physically Disabled, Tygerberg Association for the Physically Disabled and Drakenstein Centre for Persons with Disabilities. The questionnaires included close-ended as well as open-ended questions. Data was analysed through five themes in the questionnaire: It included information on their demographic background, their risk sexual behaviour, their HIV/AIDS knowledge levels, their attitudes towards HIV/AIDS and general issues regarding HIV/AIDS.

Results show that very few of the respondents are having sex. This could be due to peer pressure from parents not to engage in sexual activities. It is not clear whether persons with disabilities are at risk of HIV infection – it warrants for further investigation. Respondents indicated that HIV is a relevant issue for persons with disabilities. Most knowledge questions were answered satisfactorily. With this said, it seems there are still many issues (especially around the treatment options available for HIV positive individuals) that respondents were unsure of.

Overall findings point toward a definite need to invest in further research on this topic so to obtain a better understanding of the relationship between persons with disabilities and HIV infection.

## Opsomming

Die hoofdoel met hierdie studie was om die impak wat MIV op mense met gestremdhede het, onder die loep te plaas.

Daar is met die studie 'n kwantitatiewe benadering toegepas, met 'n KIP-(kennis, ingesteldheid en praktyk)opname wat onder 74 respondente onderskeidelik van die Kaapstadse Vereniging vir Fisiese Gestremdes, die Tygerbergse Vereniging vir Fisiese Gestremdes en die Drakensteinse Sentrum vir Mense met Gestremdhede gedoen is. Die vraelys het geslote sowel as oop vrae ingesluit. Data is deur middel van vyf temas in die vraelys geanaliseer – dit het inligting ingesluit oor hulle demografiese agtergrond, die riskantheid van hulle seksuele gedrag, die vlak van hulle kennis oor MIV/VIGS, hulle ingesteldheid teenoor MIV/VIGS en enkele algemene aangeleenthede rakende MIV/VIGS.

Uitslae dui daarop dat bitter min van die respondente seksueel aktief is. Dit kan wees weens portierdruk van die kant van hulle ouers om nie deel te hê aan seksuele aktiwiteite nie. Dit is nie duidelik of mense met gestremdhede die gevaar loop om MIV op te doen nie en dit regverdig verdere ondersoek. Respondente het daarop gedui dat MIV vir mense wat gestremd is 'n relevante aangeleentheid is. Die meerderheid vrae rakende hulle kennis van MIV is bevredigend beantwoord. Dit in ag geneem, blyk dit dat daar nog vele aangeleenthede (veral wat betref die beskikbare behandelingsmoontlikhede vir individue wat MIV-positief is) bestaan waaroor die respondente onsekerheid in hulle gemoed het.

Globale bevindinge dui op 'n besliste behoefte vir nog navorsing oor hierdie onderwerp ten einde beter insig te verkry oor die verwantskap tussen mense met gestremdhede en MIV-infeksie.

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## **Chapter 1**

### **ORIENTATION REGARDING THE PROBLEM STATEMENT AND THE RESEARCH DESIGN**

#### **1.1 Introduction**

HIV/ AIDS have grown to become the biggest epidemic in modern history. Since the discovery of HIV and AIDS in the early 1980's, 65 million people have been infected with HIV and 25 million have died of AIDS. The Joint United Nations Programme on HIV/ AIDS estimates that there will be a total of 33.2 million people in the world living with HIV in 2007, with the concentration of these numbers living in Sub-Saharan Africa. Southern Africa is at the epicentre of the global epidemic, with 35% of the world's HIV- positive people living here. A survey conducted by the Human Sciences Research Council estimated that the prevalence of HIV infection in South Africa's general population is 10.8%, while the estimated prevalence is above 15% in most of Southern Africa. (Braathen, Eide, Rohleder & Swartz, 2009: 51)

Given the enormity of the epidemic, and the recognition that vulnerable groups, such as women, are most at risk for HIV, it is surprising that people with disabilities, a vulnerable group, have been largely overlooked. Approximately one in ten of the world's population are estimated to be disabled, with the majority living in the "developing world". The most recent surveys which provide some data on the prevalence of disability in South Africa estimate the prevalence of disability to be between 5 and 5.9%. Persons with disabilities have been included, for the first time, as a vulnerable group in the draft HIV and AIDS and STI Strategic Plan for South Africa 2007- 2011. (Braathen, Eide, Rohleder & Swartz, 2009:52)

#### **1.2 Rationale**

Little is known about HIV/AIDS as it affects persons with disabilities, and there has been a call for much needed research in this area. (Braathen, Eide, Rohleder & Swartz, 2009: 52)

### **1.3 Aim of study**

The main aim of this research paper will be to discuss the impact of HIV on persons with disabilities. Focus areas would be to explore the knowledge base of persons with disabilities regarding HIV/ AIDS.

### **1.4 Significance of the study**

This research project will aspire to suggest a strategy for persons with disabilities and service providers on how to improve effective services to persons with disabilities regarding HIV/AIDS.

The results of this research could possibly serve to motivate the development of HIV/ AIDS prevention manuals and the presentation of workshops for persons with disabilities.

### **1.4 Objectives of the study**

To access the knowledge levels of persons with disabilities

To access their attitudes regarding HIV/AIDS

To access their risk behaviour and sexual practices

To access if persons with disabilities are effectively catered for by prevention and care services

In order to ascertain if/how HIV/AIDS affects people with disabilities.

### **1.5 Research Problem**

In essence, the research problem to be discussed and analysed is:

Firstly are persons with disabilities at risk of HIV infection?

Do persons with disabilities believe that they are at risk?

Do persons with disabilities have enough knowledge regarding HIV/ AIDS?

Are persons with disabilities being effectively catered for by HIV prevention and care services?

## **Chapter 2**

### **Literature review**

#### **2.1 Introduction**

Currently little is known about HIV/ AIDS and disability. Only a few studies have estimated prevalence, and no prevalence data exist for any disabled population from sub-Saharan Africa, Asia, Europe, Central and South America, or the Caribbean. However, a growing number of stories from disability advocate worldwide point to significant unreported rates of infection, disease, and death. Over the past decade there have been a handful of articles on HIV/ AIDS pilot programmes and interventions for intellectually disabled adults or services for deaf adolescents. Many of these projects are innovative but almost all are small and underfunded.

There is a real need to understand the issue of HIV/AIDS in disabled people in global terms and to design and implement programmes and policy in a more coherent and comprehensive manner. The roughly 600 million individuals who live with a disability are among the poorest, least educated, and most marginalized of all the world's peoples. They are at serious risk of HIV/ AIDS and disability that seeks to better understand variables of the current epidemic as well as to identify best-practice interventions and grassroots efforts. Groce (2003: 2)

The main purpose of this chapter is to gain a better understanding of the relationship between disability and HIV. The Literature review will include a short background and definition of disability as well as a discussion around how certain risk factors increase the chances of HIV infection for people with disabilities.

## 2.2 Background on disability in South Africa

Statistics South Africa conducted a census in 2001, the second national census to be carried out in democratic South Africa. In the census, respondents were asked:

Does the person have any serious disability that prevents his/her participation in life activities? None 0; Sight 1; Hearing 2; Communication 3; physical 4; Intellectual 5; Emotional 6 ( Statistics South Africa, 2005,p8)

From this question and the respondent's answers on the other demographic questions, data on disability was included in the reported statistics.

The report on Census 2001(Statistics South Africa, 2005), indicated that 2 255 982 persons in South Africa reported having a disability. This constituted 5% of the total population.

The African population reported the highest prevalence rate per population group (5.2%), and more women than men reported having a disability (see Table 2.1)

**Table 2.1: Number of disabled persons by population group and gender**

Population Group	Male		Female		Total	
	N	%	N	%	N	%
African	879 680	5.2	974 696	5.3	1854 376	5.2
Coloured	88 583	4.6	80 095	3.9	168 678	4.2
Indian/ Asian	21 550	4.0	19 685	3.5	41 235	3.7
White	92 230	4.4	99 463	4.5	191 693	4.5
Total	1082 043	5.1	1173 939	5.0	2 255 982	5.0

(Data taken from Statistics South Africa, 2005, p.12)

The prevalence of disability within age group showed a steady percentage increase among those aged 40 years and less, and increased rapidly for those older than 40 years. Amongst persons aged below 30 years, 8.6% reported having a disability, among people aged 30 to 59, 22.5% reported having a disability; and among people aged over 60 years, 57.6% reported having a disability.

### **2.3 HIV and Definitions of disability**

The Convention on the Rights of Persons with Disabilities states that:

“ Persons with disabilities include those who have long- term physical, mental, intellectual or sensory impairments which interactions with various barriers may hinder their full and effective participation in society on equal basis with other”(Article 1)

The Convention on the Rights of Persons with Disabilities does not explicitly refer to HIV or AIDS in the definition of disability. However, the Convention acknowledges that where persons living with HIV have impairments, which are in interaction with the environment, it may result in stigma and discrimination.

All HIV prevention strategies need to be accessible for persons with disabilities. The United Nations Charter on the Rights of People with disabilities (ratified by South Africa in 2005) – UN guidelines is in support of persons with disabilities and access for all in an inclusive society is one of the major focus areas.

An estimated 650 million people, or 10 % of the world’s population, have a disability. The Relationship between HIV and disability has not received due attention, although persons with disabilities are found among all key populations at higher risk of exposure to HIV. People living with HIV may develop impairments as the disease progresses, and may be considered to have a disability when social, economic, and political or other barriers hinder their full and effective participation in society on an equal basis with others ( UNAIDS, Disability and HIV Policy Brief: 2009).

### **2.4 HIV and persons with disabilities: Risk Factors**

Braathen, Eide, Rohleder & Swartz (2009: 52) reports that Yale University in partnership with the World Bank conducted a global survey on HIV/ AIDS and Disability. The survey findings reveal that persons with disabilities are at a significant risk for HIV infection across the world. Certain factors increase the risk of persons with disabilities to contract HIV.

These risk factors include poverty, lack of education, lack of sex education and knowledge about safe sex practices, sex abuse and rape, substance abuse, access to health care and social isolation.

Groce (2003:1401) states that while AIDS researchers have studied the disabling effects of HIV/ AIDS on previously healthy people, little attention has been given to the risk of HIV/ AIDS for those who have a physical, sensory, intellectual, or mental health disability before becoming infected. It is commonly assumed that disabled individuals are not at risk. People with disabilities are incorrectly thought to be sexually inactive, unlikely to use drugs, and at less risk of violence or rape than their non-disabled peers. Yet a growing body of research indicates that they are actually at increased risk for every known risk factor for HIV/ AIDS.

Blumberg and Dickey (2003: 77- 79) after analysed the findings from the 1999 US National Health Interview Survey. They report that adults with mental health disorders stand a medium to high chance of becoming infected with HIV.

Groce (2003:1401) found that, despite the assumption that disabled people are sexually inactive, those with disability and disabled women in particular are often likely to have more sexual partners than their non-disabled peers.

## **2.5 Risk factors**

### **2.5.1 Poverty**

According to World Bank Organisations (2004: 1) persons with disabilities are among the poorest, most stigmatised and most marginalized of all the world's citizens. Disability and poverty form a vicious circle. Conditions of poverty such as poor nutrition and a lack of access to health services or safe living and working conditions create disabilities that can occur from birth to old age. After the onset of a disability, barriers to health and rehabilitation services, education, employment, and other aspects of economic and social life can trap people in a cycle of poverty (Elwan 1999).



Braathen, Eide, Rohleder & Swartz (2009: 52) and Elwan (1999) concluded that persons with disabilities are more likely to be unemployed, and poorer than the rest of the population in developed as well as developing countries. Groce (2003) also found that in developing countries persons with disabilities are particularly living in impoverished circumstances. Poverty is associated with an increase in the prevalence of disability, through inadequate nutrition, sanitation and health care. Braathen, Eide, Rohleder & Swartz (2009: 53) stated that studies amongst persons with disabilities from Malawi, Namibia, South Africa Zambia and Zimbabwe have reported that persons with disabilities are more likely to live in economic and material poverty compared to able persons. International studies have shown that women with disabilities in particular are often excluded from work and adequate income.

### **2.5.2. Lack of education**

Groce (2005:220) stated to reach disabled populations with AIDS messages is complicated as high illiteracy rates are often a challenge. Even where AIDS education is available however students with disabilities may be often excused from such instructions because teachers assume that they will not need the information.

According to Public Health at a Glance (2004: 2) reaching disabled individuals with HIV and AIDS messages, clinical care and reproductive health services presents unique challenges. Even when AIDS messages do reach disabled populations low literacy rates and limited education levels complicate comprehension of these messages. The global literacy rate for adults with disability is as low as 3% and 1% for women with disability (Helander 1998). Along the same lines, Braathen, Eide, Rohleder & Swartz (2009: 53) states that persons with disabilities generally have lower levels of education than the general population.

Literacy is vital to understand HIV messages and translating them into individual behaviour change but even literacy may not overcome all obstacles. HIV messages and communication are often inaccessible to people who are blind or deaf, and health service facilities are often not accessible to persons with physical disabilities. There are few rehabilitation services, especially in rural areas. It is estimated that only 3% of all disabled individuals get the rehabilitation services when need (UNICEF 1999).

In South Africa, access to education for children with disabilities is compounded by special education schools not always being available in areas where a need exists. A South African census survey conducted in 2001 found that persons with disabilities were more likely to be uneducated than persons without disabilities. (Statistics South Africa: 2005)

### **2.5.3 Lack of sex education and knowledge about safe sex practices**

According to Groce (2005:220) sex education is taught within the home, persons with disabilities often receive little information because it is believed that they do not need such knowledge or will become promiscuous if it is not provided.

### **2.5.4 Sex abuse and rape**

Men and women with disabilities are even more likely to be victims of rape, although they are less likely to be able to obtain police intervention, legal protection or prophylactic care Groce and Trasi (2004).

The myth of persons with disabilities being asexual also may put disabled people at risk. For example, Groce and Trasi (2004) found a reported high prevalence of “virgin rape” amongst persons with disabilities. The incidence of “virgin rape” may be as a result of beliefs about “virgin cleansing” that has arisen in various parts around the world, where the belief is that a person who has a sexually transmitted disease (including HIV) can rid themselves of the infection by having sex with a virgin. Persons with disabilities are assumed to be asexual and therefore virgins, so they become targets of such practices.

### **2.5.5 Substance abuse**

Persons with disability are as likely to use drugs and alcohol (UNICEF 1999) as able people. In the Global Survey on HIV/AIDS and disability Groce (2004), drug abuse was reported among women with physical disabilities and the deaf.

The use of substances has been considered as a risk factor for HIV transmission, particularly when substances are used during sexual intercourse. This may have the effect of reducing the individual's sexual and behavioural inhibitions, leading to an increased possibility of engaging in unsafe sex. Persons with disabilities are not excluded from such behaviour (Kelly et al., 1992).

### **2.5.6 Access to health care**

Disabled individuals in many countries report being turned away when they are able to reach HIV testing centres or AIDS clinics. Frequently, persons with disabilities report that they are told to go home by clinical staffs, which assures them that disabled people "cannot get AIDS". Where AIDS medication are scarce and where services and support for individuals with HIV and AIDS are limited, individuals with pre-existing disabilities report being placed last on the list of those entitled to care.

Exclusion of persons with disabilities from HIV/ AIDS prevention and care is shortsighted given size of the global disabled population (an estimated 10% of the world's citizen), the AIDS crisis cannot be addressed successfully unless individuals with disability are routinely included in all AIDS outreach efforts.

Public Health at a Glance (2004: 2)

### **2.5.7 Social Isolation and Stigma**

Public Health at a Glance (2004: 1) reported that too often, individuals with disability have not been included in HIV prevention and AIDS outreach efforts because it is assumed that they are not sexually active and a little of no risk for HIV infection.

The Global Survey on Disability and HIV/ AIDS conducted by Yale University and the World Bank has proven this assumption wrong. Individuals with disability have equal or greater exposure to all known risk factors for HIV infection. For example, adolescents and adults with disability are as likely as their non-disabled peers to be sexually active.

The Yale / World Bank Global Survey (2004: 1) found that a common misconception is that disabled people are not sexually active and therefore not at risk of being infected. Another misconception is that substance abuse, sexual abuse and violence, homosexuality and bisexuality do not exist among disabled people.

According to UNAIDS (2000: a), stigmatization by health care workers is widely reported in various countries, including discrimination against PLWHA and withholding treatment. A South African example, which was reported, involved a clinic in Tembisa (Gauteng), where HIV positive patients were allegedly asked by staff members to queue separately to patients not identified as HIV positive. Health workers fear of infection has jeopardized the quality of the services and social support rendering to PLWHA (Brown et al, 2002).

Persistent discrimination has made PLWHA reluctant to access available health services, including VCT and programmes to prevent mother- to – child transmission. (UNAIDS, 2002a).

### **2.5.8 Summary**

From the literature survey it seems that persons with disabilities are at increased risk for HIV/ infection. As Groce (2004) points out, it is surprising that one of the world's marginalized and vulnerable populations, persons with disabilities, has been overlooked with regards HIV/ AIDS. In the chapters to follow this issue will be addressed by discussing the impact that HIV/AIDS has on persons with disabilities.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

In this chapter I give an outline of the methodology used in this research. I begin to describe the research approach, discussing the quantitative method of analysis. I will outline how the sample was identified, and how the data was collected, using quantitative methods. Finally, I shall describe the approach I used in the analysis of the data material collected, and discuss some important ethical considerations.

#### **3.2 Research design**

The researcher used the non-experimental quantitative research method. According to Christensen (1985: 40) the primary characteristic of non-experimental quantitative research is that it is a descriptive type of research in which the goal is to attempt to provide an accurate description or picture of a particular situation or phenomenon.

A KAP (knowledge, attitude and practices) survey was done amongst 74 respondents. The respondents are clients with physical disabilities of Cape Town Association for the Physically Disabled, Tygerberg Association for the Physically Disabled and Drakenstein Centre for Persons with Disabilities. Cape Town Association for the Physically Disabled, Tygerberg Association for the Physically Disabled and Drakenstein Centre for Persons with Disabilities are all branches of the Western Cape Association for the Physically Disabled.

#### **3.3 Survey methodology**

The survey is a widely used non experimental research technique. It can be defined as a field study in which an interview technique is used to gather data on a given state of affairs in a representative sample of the population.

The survey method will be the conducting of interviews with the sample. A survey and more specifically one to one interviews will be done amongst the clients with physical disabilities.

Therefore, direct contact will be made with the individuals whose characteristics, behaviour or attitudes are relevant to the investigation.

The researcher contacted the different organisations and had to ask permission to do the research. Permission letters was draft and participants was to be explained what the research was about through the Introductory letter. All the respondents had to complete indemnity forms which state that respondents could not hold the organisation accountable for any information given in the survey. The statement on the questionnaire had to be explained to the respondents, that all information is confidential and that the survey is anonymous.

### **3.4 Measuring instruments**

The researcher used survey questionnaires. In the questionnaire there is close ended and one open ended questions. Questionnaires are frequently used in quantitative research and social research in general. They are a valuable method of collecting a wide range of information from a large number of respondents. The researcher used close ended questions and one open ended question. Close ended questions the respondent's answers are limited to a fixed set of responses. Most scales are closed ended. In the case of an open ended question, no options or predefined categories are suggested. The respondent supplies their own answer without being constrained by a fix set of possible responses.

### **3.5 Questionnaire discussion**

The researcher will discuss the questionnaire in five themes. The first theme is the demographics of the respondents; secondly the risk behaviour of the respondents; thirdly the knowledge regarding HIV/ AIDS, their attitudes regarding HIV/ AIDS, and lastly general issues around disability and HIV/AIDS will be discussed.

#### **The following demographical information was requested:**

1. Gender,
2. Marital status,
3. Age,

4. Type of disability,
5. Work history,
6. Income per month,
7. Level of education,
8. What were the causes of your disability?

**The risk behaviour of the respondents was ascertained by the following questions:**

18. Are you sexually active?
20. My disability increases my risk of contracting HIV.
21. The last time I had sex, my partner used a condom.
22. In the past 12 months I had sex with more than one partner.
24. I have been treated for a sexually transmitted disease in the last 12 month.
27. Did you visit the clinic this past month to enquire about an HIV/ AIDS matter?
28. If yes how was the attitude of the staff when you made the enquiry?

**The knowledge regarding HIV/AIDS was ascertained by the following questions:**

10. There is a difference between HIV and AIDS.
12. By having sexual intercourse without a condom I can become infected with HIV.
14. HIV can be transmitted through mosquito bite.
15. By eating with the same eating utensils as a HIV+ person can infect you with HIV.
16. HIV+ mother can infect their children.
17. You can get HIV by kissing a HIV+ person.
19. If I care for people living with HIV/ AIDS I become infected.
23. If you have a sexually transmitted disease you should go for medical help as soon as possible.
25. I can reduce my risk of becoming infected with HIV by using a latex condom.
26. There is treatment available for people living with HIV/ AIDs which can prolong your life span.

**The respondent's attitudes regarding HIV / AIDS were ascertained by the following questions:**

- 9. I feel that people treat me differently because I have a disability.
- 11. A person with a disability is vulnerable to HIV infection.
- 13. Condoms encourage sex and are not safe to use.
- 31. I receive peer pressure from my parents not to have a sexual relationship.
- 32. A person with a disability who is sexually active should go for HIV testing.
- 33. A person with a disability and partner should go for HIV testing before having sex.
- 34. A person with a disability should protect themselves against HIV/ AIDS.
- 35. A person with a disability needs to receive knowledge about HIV/AIDS to make an informed decision before having sexual intercourse.

### **General Issues**

- 29. My knowledge about HIV/ AIDS increased after I received the training workshops at the organisation.
- 30. I do want more information regarding HIV/ AIDS.
- 36. Are there any comments you would like to make in general about HIV/AIDS?

### **3.6 Sampling**

For the purpose of this research, the researcher will focus specifically on persons with physical disabilities. Part of the sample will be persons with physical disabilities who are currently accessing HIV prevention and care services in the community. Random selection of people who uses the organisations services will take place.

At the beginning of the survey, respondents were assured that the survey was voluntary, anonymous and confidential. The inclusion criteria is people with disabilities but persons with intellectual disabilities was excluded.

### **3.7 Statistical analysis**

The survey questionnaire made use of both close –ended and open- ended questions, thus the analysis of the data collection in the questionnaires used quantitative



methods. The analysis of data from close- ended questions, were analysed using descriptive statistics.

Questions were given variable names, and answers were coded and analysed on SPSS using descriptive statistics, following the guidelines of Field (2005). I also consulted with a statistical analyst at Stellenbosch University, experience with using SPSS who gave guidelines of coding answers and inputting on SPSS, and my codes were checked by him, to ensure validity.

## Chapter 4

### Results

#### 4.1 Introduction

This chapter reports on the results of the survey conducted with persons with disabilities at the different Organisations. I begin by reporting and discussing the demographics and the background of the respondents. I then go on to report the results of the responses given, under the headings: The risk behaviour of the respondents, the knowledge regarding HIV/AIDS, the respondent's attitudes' regarding HIV / AIDS. Lastly, general issues around HIV and disability will be discussed.

#### 4.2 Survey Demographic Background

A total of 74 responses were gathered during this interview period. The discussion of the demographics and results of the survey questions are summarized as follow

##### 4.2.1 Gender

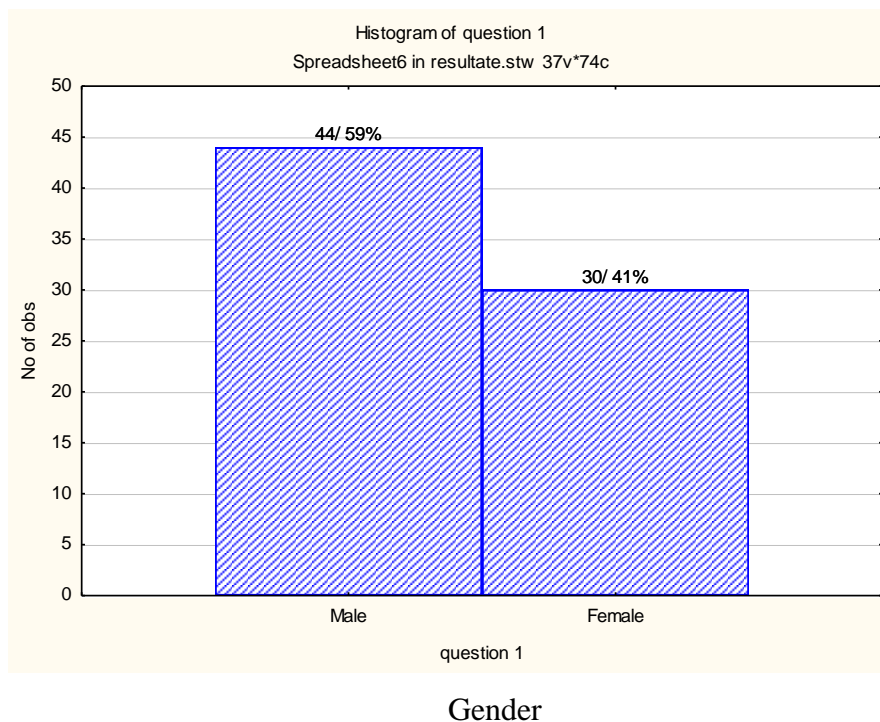


Figure 4.1 describing the gender distribution of the participants who completed the survey.

In the survey, 59% of the respondents were male and 41% were female.

## 4.2.2 Marital Status

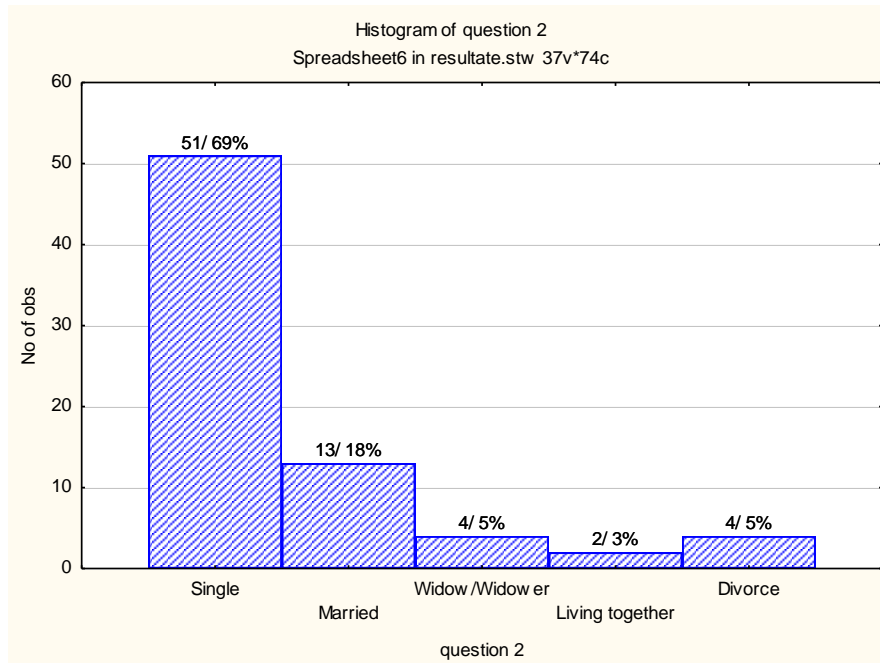


Figure 4.2 describing the marital status of the participants who completed the survey.

In terms of the marital status the majority of the participants are single.

### 4.2.3 Age

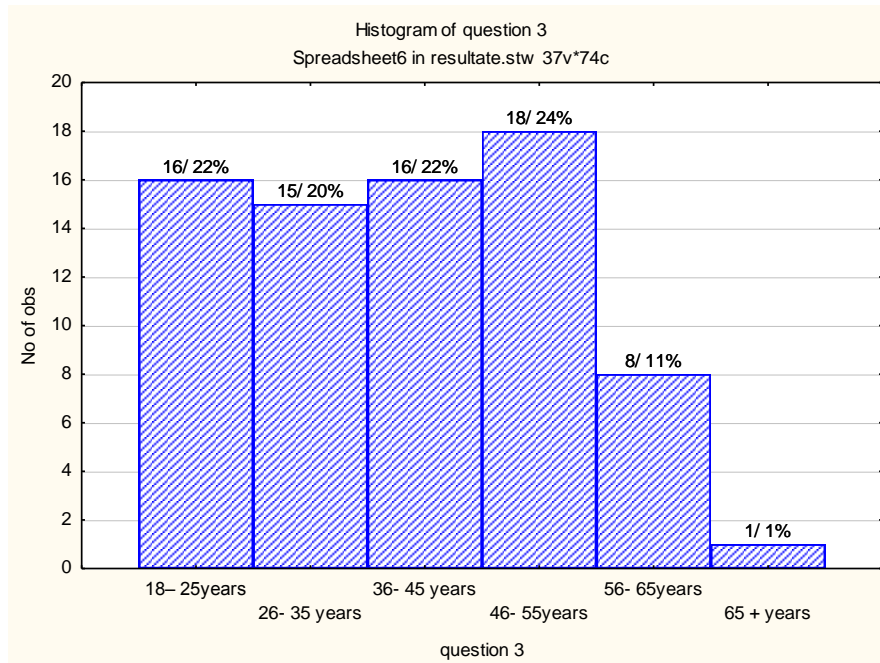


Figure 4.3 describing the age group distribution of the participants who completed the survey.

An even distribution of age groups occurs in the above figure.

#### 4.2.4 Type of disability

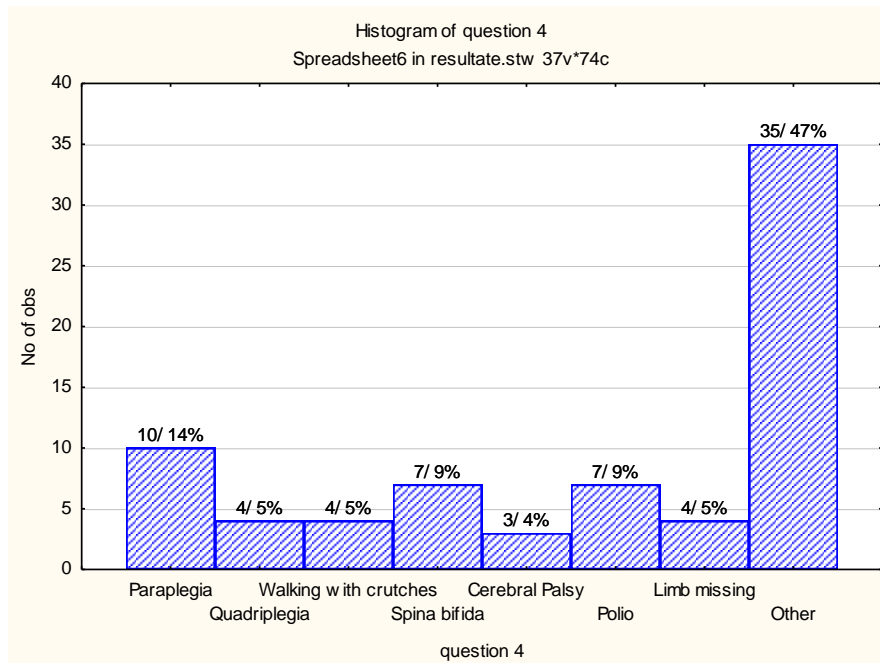


Figure 4.4 describing the type of disability.

As can be seen from figure 4.4, the most represented type of disability is “*other*”, with 47 %. Not all respondents specified a disability when they selected this category. Those that did, most indicated stroke, and multiple disabilities like been blind and using a wheelchair. Amongst the other were also respondents who have multiple disabilities e.g. being intellectually disabled and using a wheelchair. There was also 1 respondent in a wheelchair with a hearing disability.

#### 4.2.5 Work history



Figure 4.5 describing the participants work history.

In Figure 4.5 the overwhelming majority indicated that they on a disability grant. This is inline with the census 2001 report indicated that disabled persons had a higher percentage of persons having received no education and lower rates of employment than those who did not report a disability, with disabled women being at a greater disadvantage in this regard.

#### 4.2.6 Income per month

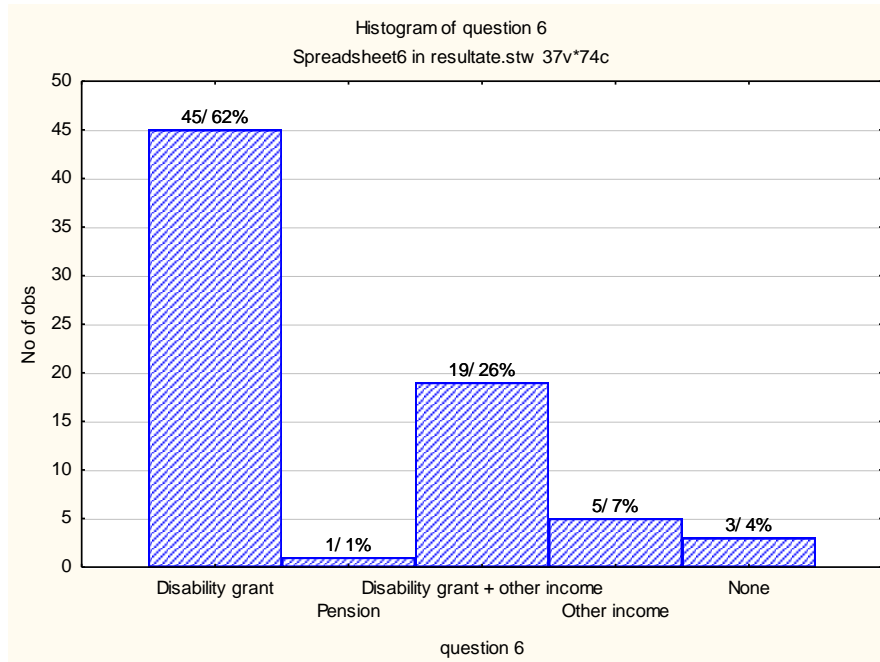


Figure 4.6 describing the participant's income per month.

In Figure 4.6 the majority indicated that they are on a disability grant.

#### 4.2.7 Level of education

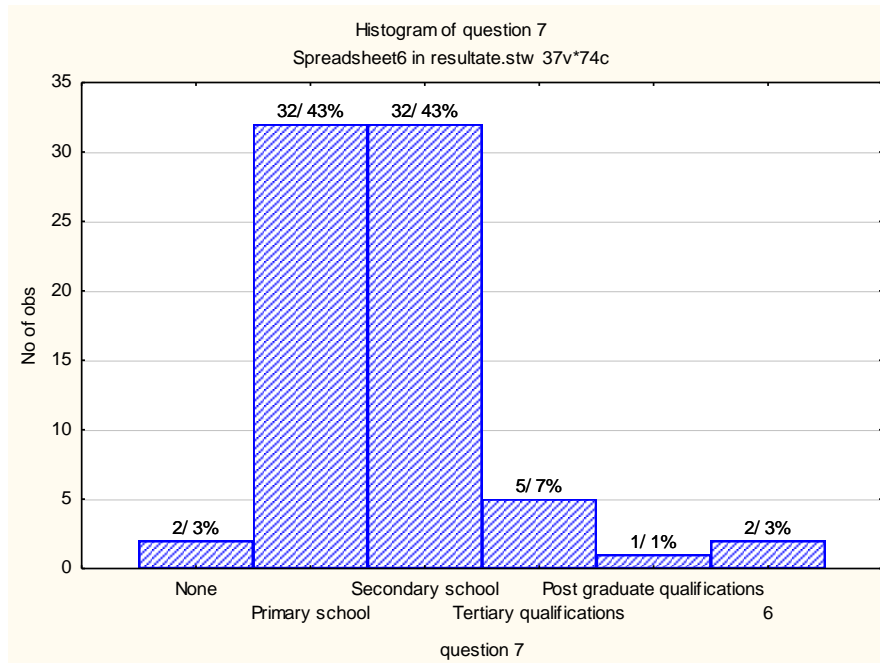


Figure 4.7 describing the participant's level of education.

As can be seen from figure 4.7, only 7 % of the respondents have tertiary qualifications.



#### 4.2.8 What were the causes of your disability?

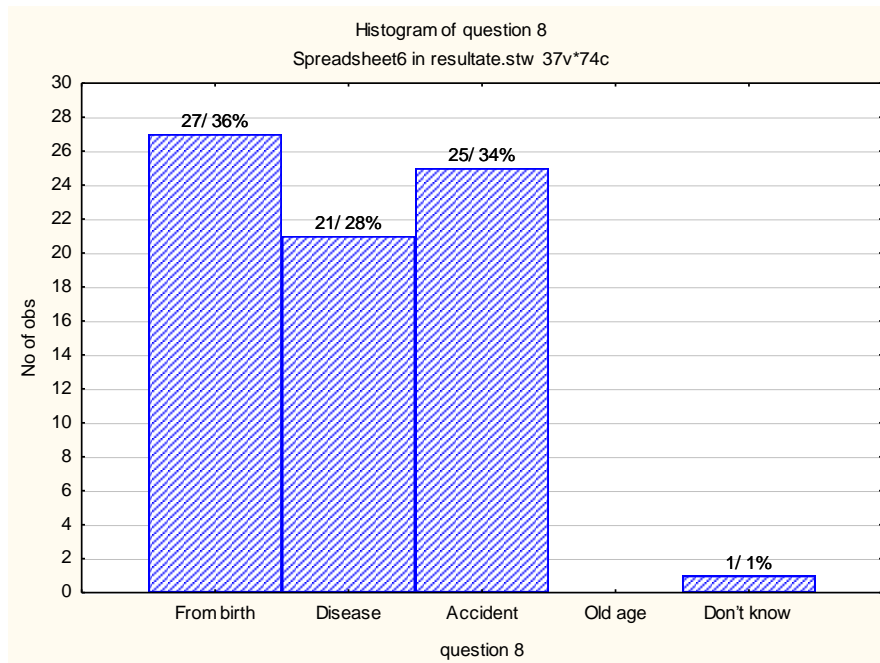


Figure 4.8 describing the participant's causes of disability.

As can be seen from figure 4.8, the most represented cause of disability is from birth.

### 4.3 The risk behaviour of the respondents

#### 4.3.1 Question 18: Are you sexually active?

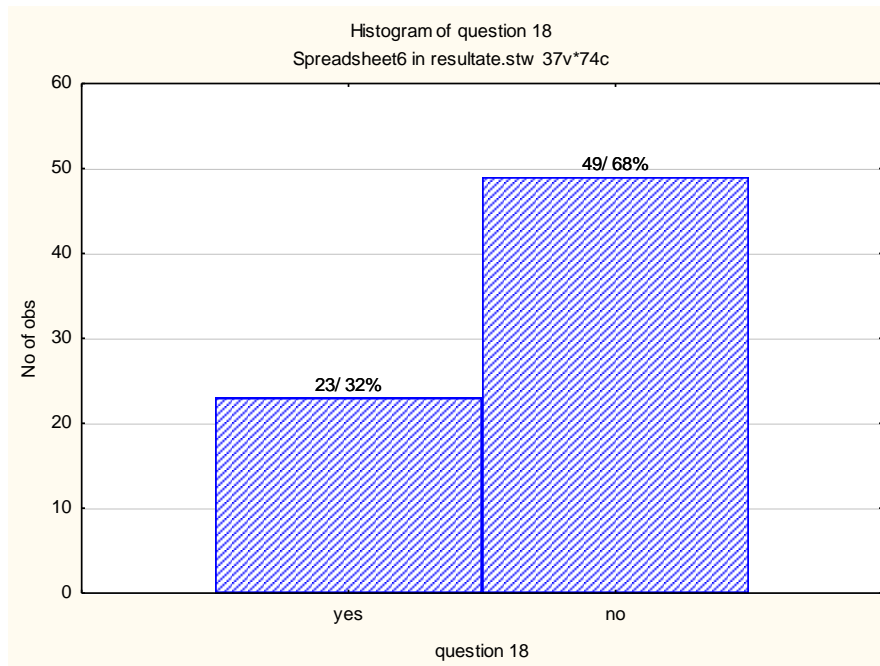


Figure 4.9 describing the risk behaviour of respondents.

In terms of question 18 most of the participants are not sexually active.

### 4.3.2 Question 20: My disability increases my risk of contracting HIV.

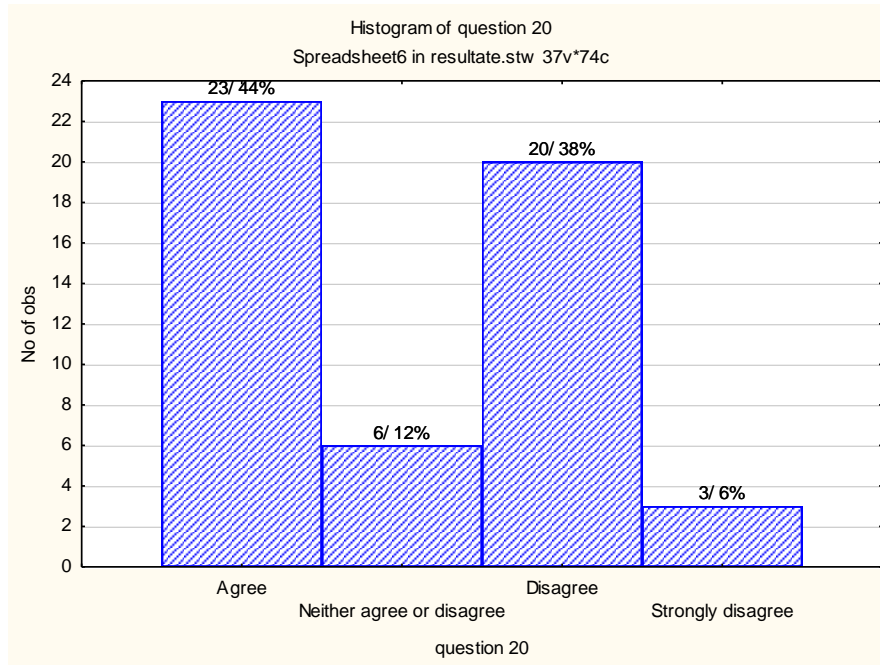


Figure 4.10 describing the risk behaviour of respondents.

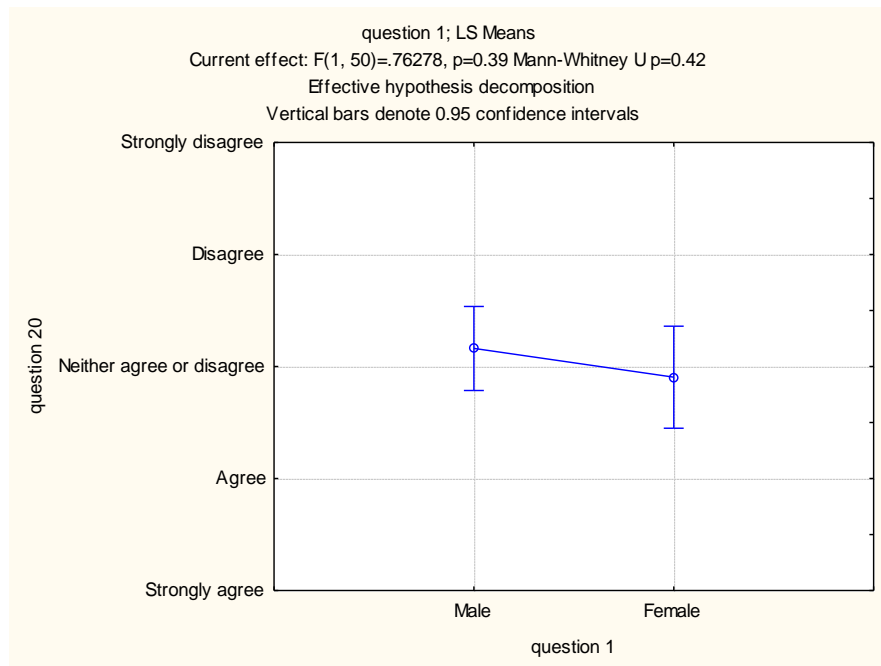
In Figure 4.10, the majority of participants agreed that disability increases the risk of contracting HIV.

### 4.3.3. Discussion of the Likert Scale survey – Question 20

Question 20 is as follow: My disability increases my risk of contracting HIV.

Figure 4.11

Graph showing the average response for Question 20 (Male & Female)



From figure 4.11 it is observed that there was no statistically significant difference ( $p=0.42$ ) between the averages of male and female. The  $p$  = value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.1**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw )						
	Level of Factor	N	question 20 Mean	question 20 Std.Dev.	question 20 Std.Err	question 20 -95.00%	question 20 +95.00%
Total		52	3.057692	1.036840	0.143784	2.769034	3.346350
question 1	Male	31	3.161290	1.035914	0.186056	2.781314	3.541267
question 1	Female	21	2.904762	1.044259	0.227876	2.429421	3.380103

#### 4.3.4 Question 21: The last time I had sex, my partner used a condom.

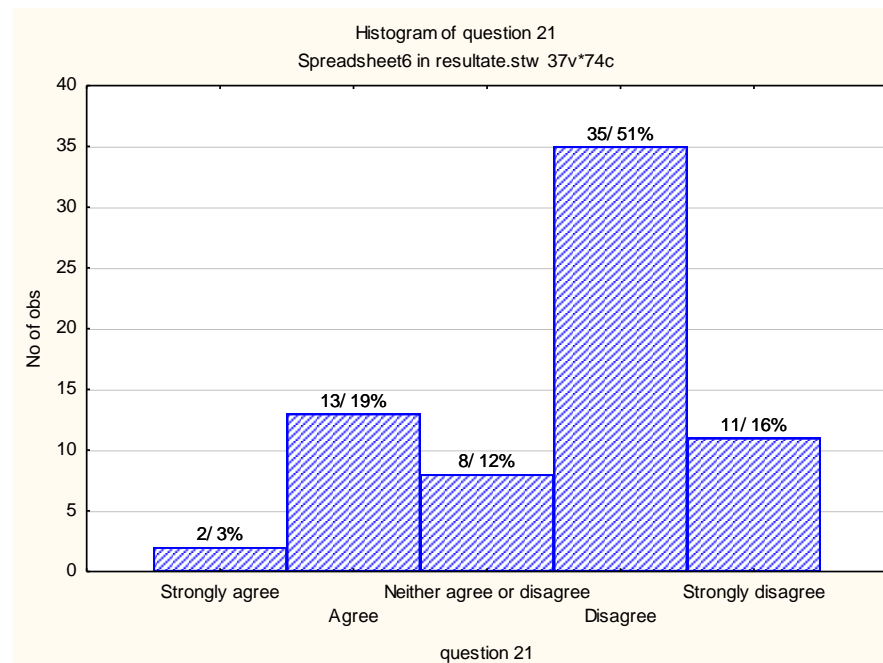


Figure 4.12 describing the risk behaviour of respondents.

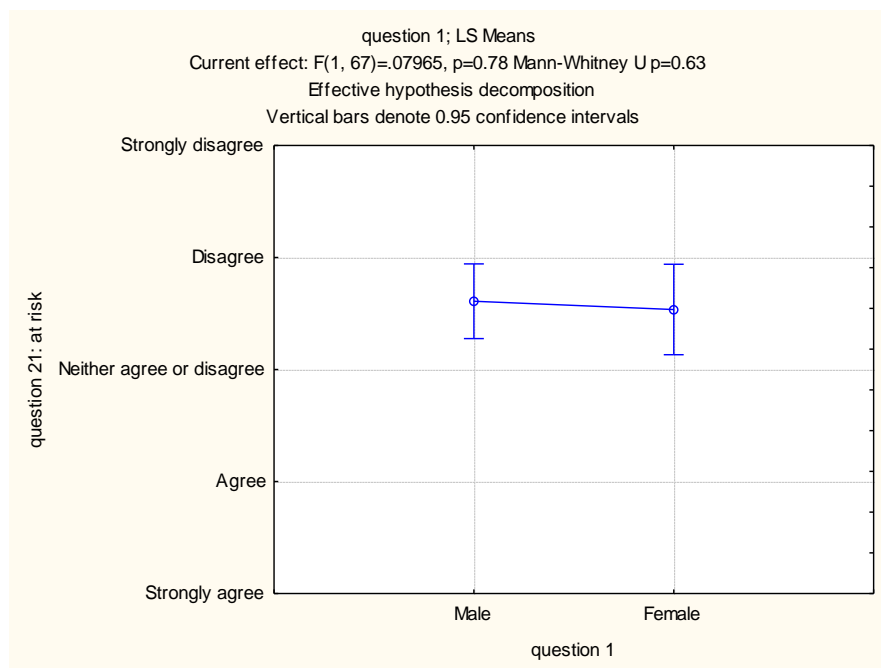
In Figure 4.12 the overwhelming majority indicated that they disagree or strongly disagree with the statement.

### 4.3.5. Discussion of the Likert Scale survey – Question 21

**Question 21 is as follow: The last time I had sex my partner used a condom.**

Figure 4.13

Graph showing the average response for Question 21(Male & Female)



From figure 4.13 it is observed that there was no statistically significant difference ( $p = 0.63$ ) between the averages of male and female. The  $p =$  value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.2**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 21 Mean	question 21 Std.Dev.	question 21 Std.Err	question 21 -95.00%	question 21 +95.00%
Total		69	3.579710	1.062818	0.127948	3.324393	3.835027
question 1	Male	41	3.609756	1.115304	0.174181	3.257723	3.961789
question 1	Female	28	3.535714	0.999338	0.188857	3.148211	3.923217

#### 4.3.6 Question 22: In the past months I had sex with more than one partner.

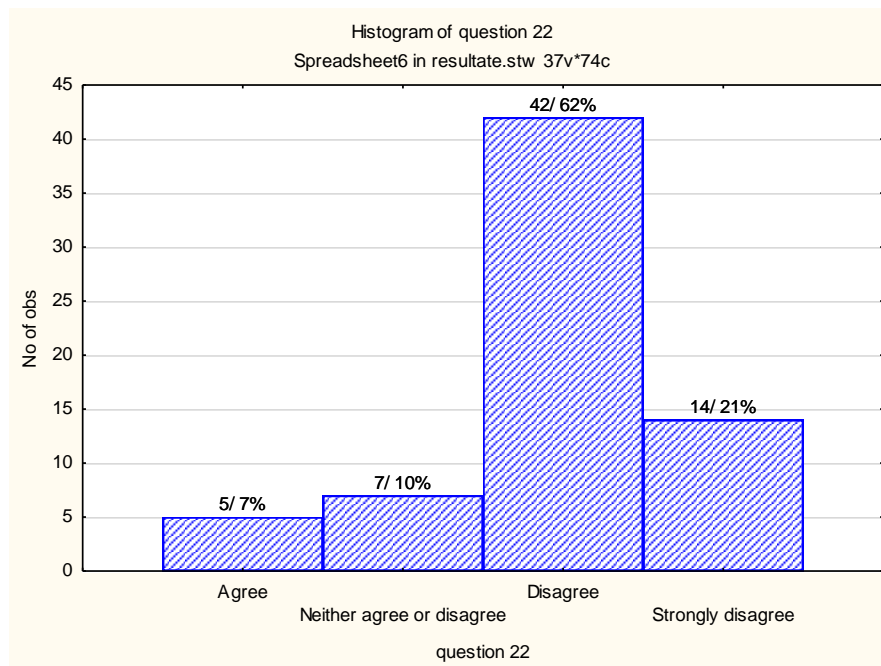


Figure 4.14 describing the risk behaviour of respondents.

In Figure 4.14 the overwhelming majority indicated that they disagree or strongly disagree with the statement.

**4.3.7 Question 24: I have been treated for a sexually transmitted disease in the last 12 months.**

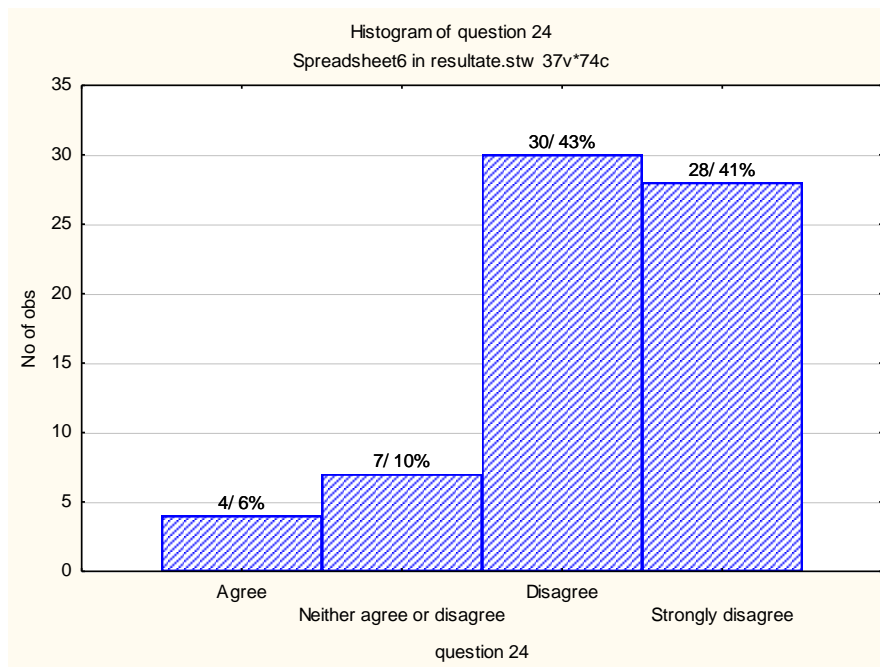


Figure 4.15 describing the respondents STD (sexually transmitted disease) history.

In Figure 4.15 the majority indicated that they strongly disagree or disagree with the statement.



#### 4.3.8 Question 27: Did you visit the clinic this past month to enquire about an HIV/ AIDS matter?

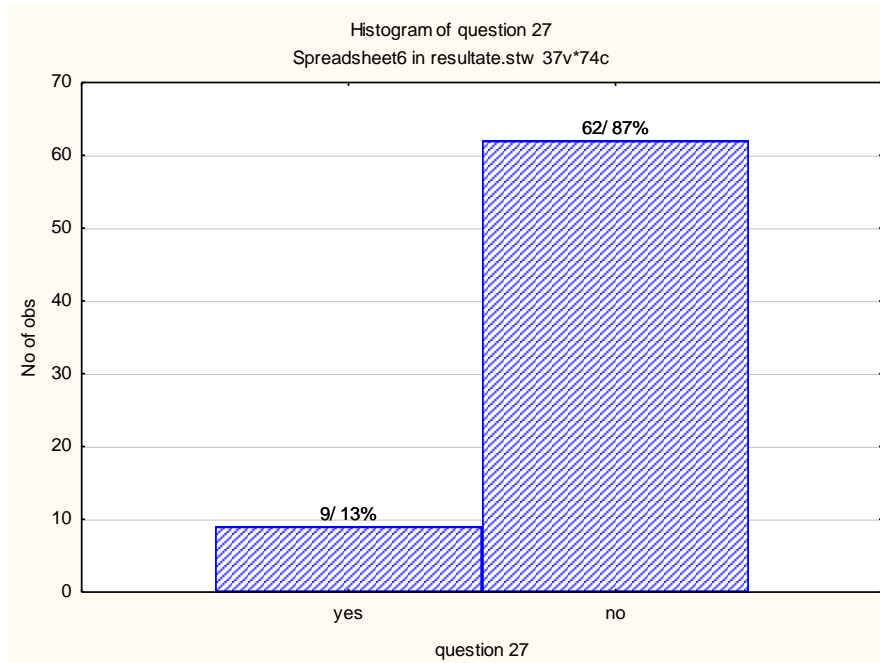


Figure 4.16 describing the needs of the respondents for HIV/ AIDS information.

In terms of question 27, 87% of the participants answered no and 13 % answered yes. The majority did not visit the clinic for HIV/ AIDS information.

#### 4.3.9 Question 28: If yes how was the attitude of the staff when you made the enquiry?

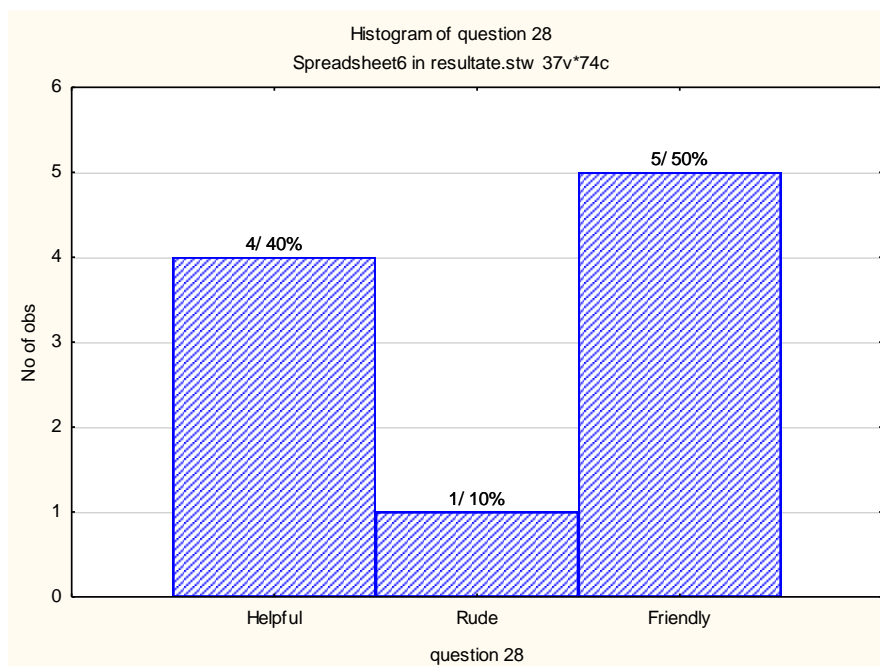


Figure 4.17 describing the attitude of the staff when persons with disabilities made enquiries regarding HIV/AIDS at the clinic.

In terms of Question 28, 50% of the participants answered friendly and 40 % answered helpful. Only 1 % said that the staff was rude. The majority of staff at the clinic was friendly and helpful to persons with disabilities.

#### 4.4 The knowledge regarding HIV/AIDS

##### 4.4.1 Question 10: There is a difference between HIV and AIDS.

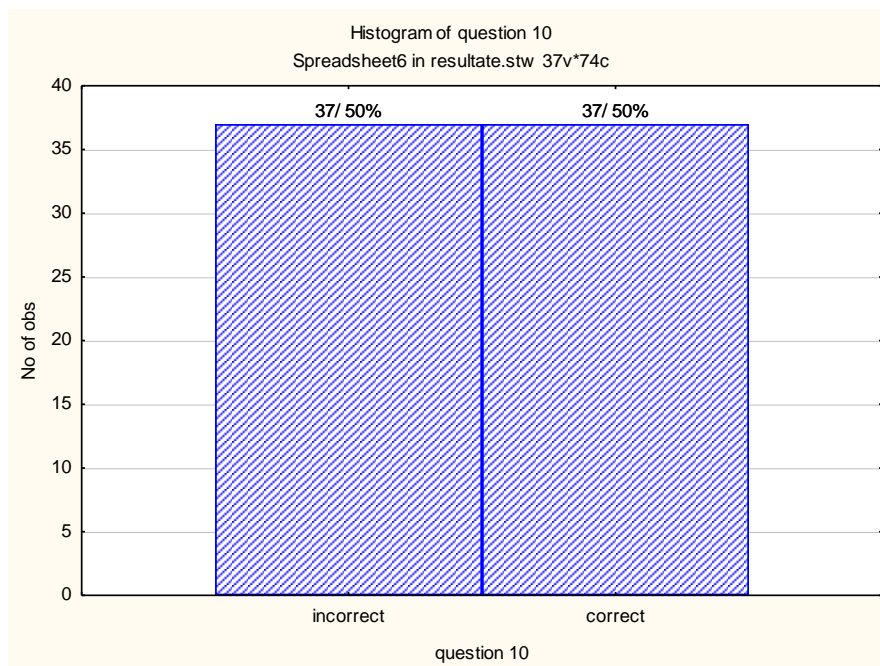


Figure 4.18 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 10, only 50% of the participants said that there is a difference between HIV/AIDS.

**4.4.2 Question 12: By having sexual intercourse without a condom I can become infected with HIV.**

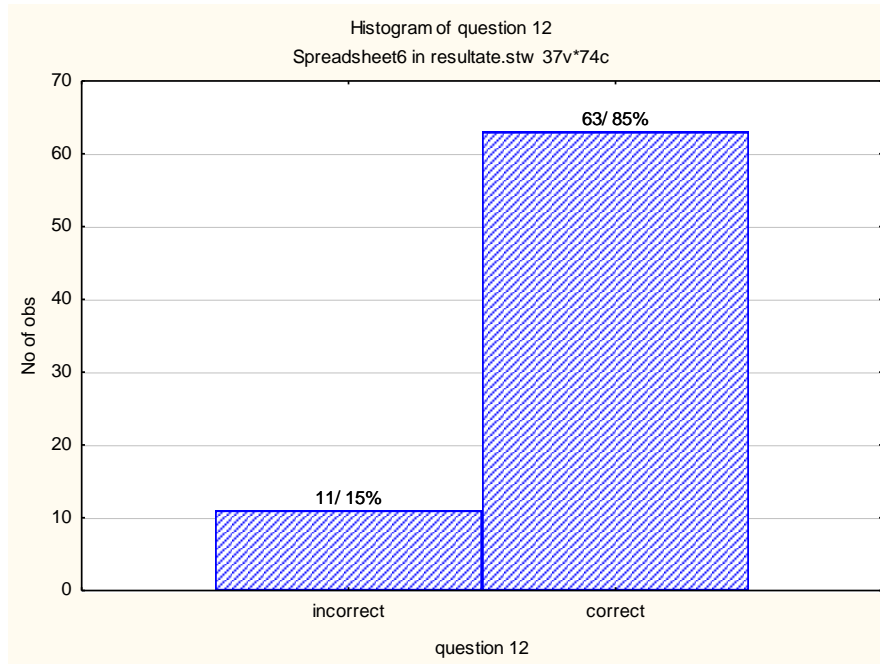


Figure 4.18 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 12, 85% of the participants answered the question correct and 15% answered the question incorrect.

#### 4.4.3 Question 14: HIV can be transmitted through mosquito bite.

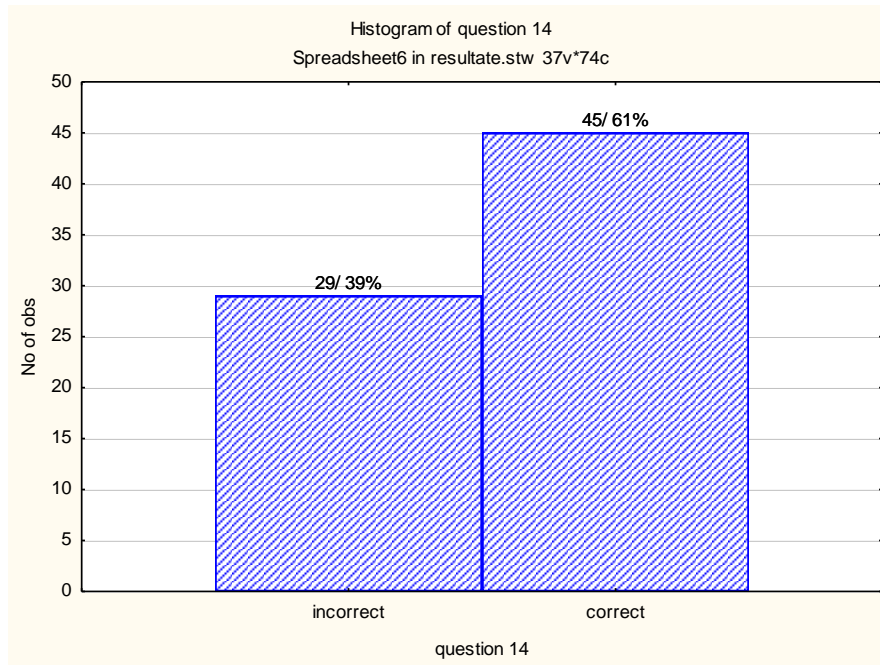


Figure 4.19

Figure 4.19 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of question 14, 61% of the participants answered the question correct and 39% answered the question incorrect.

**4.4.4 Question 15: By eating with the same eating utensils as a HIV+ person can infect you with HIV.**

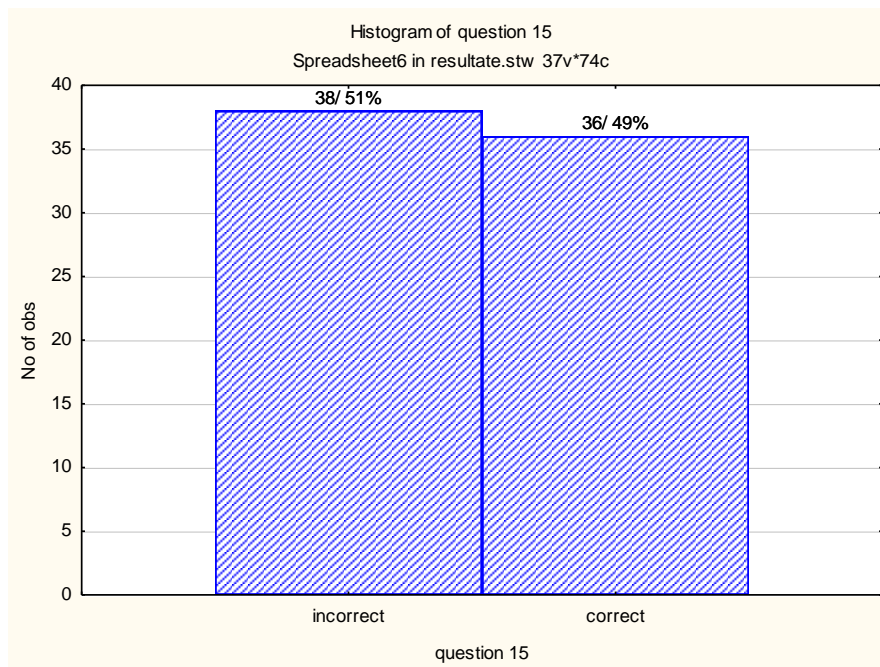


Figure 4.20 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 15, 51% of the participants answered the question incorrect and 49% answered the question correct.

#### 4.4.5 Question 16: HIV+ mother can infect their children.

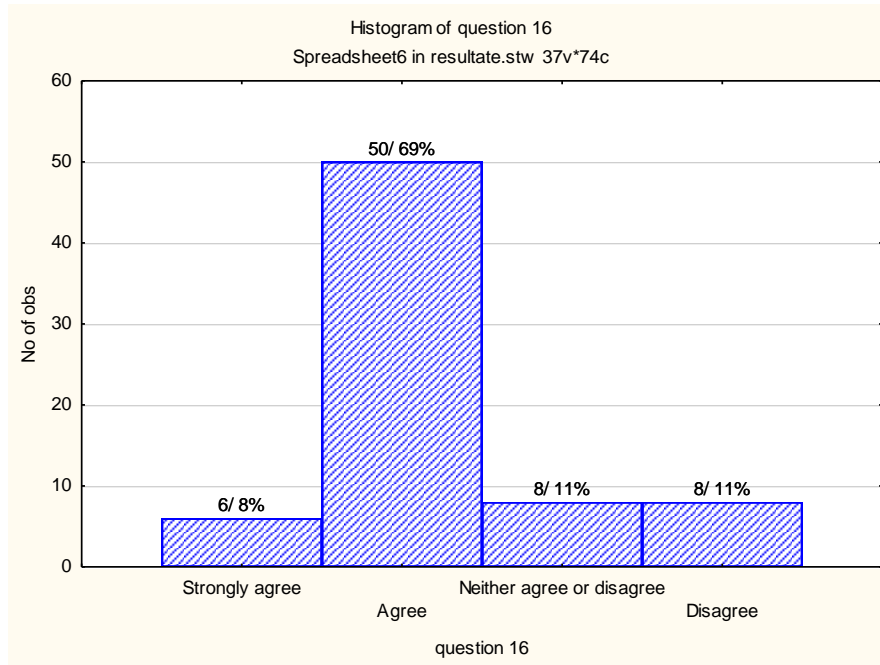


Figure 4.21 describing the knowledge of respondents regarding HIV/ AIDS.

In Figure 4.21 the majority indicated that they agree or strongly agree with the statement.

#### 4.4.6 Discussion of the Likert Scale survey – Question 16

**Question 16 is as follow: HIV+ mother can infect their children?**

Graph showing the average response for Question 16 ( Male & Female)

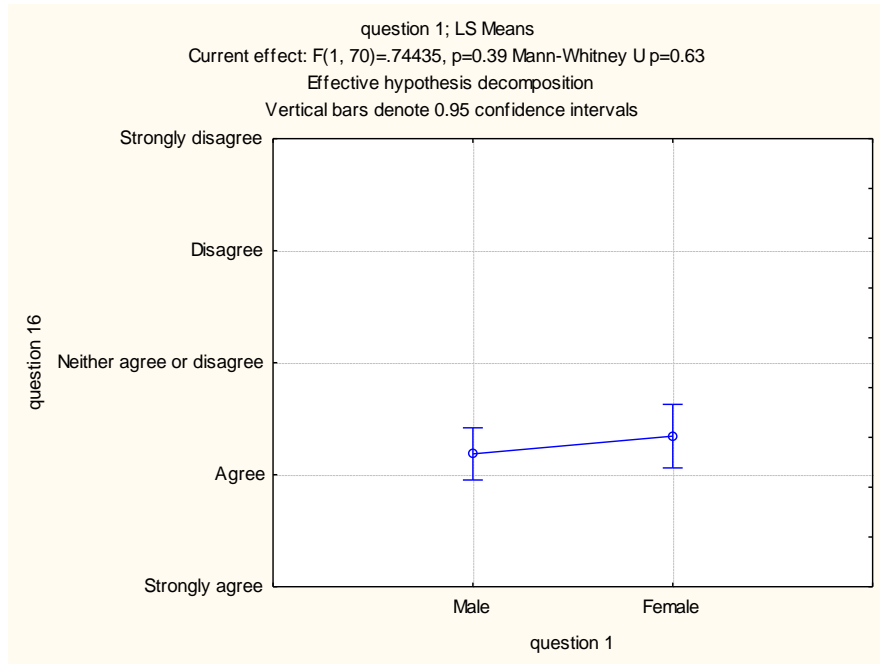


Figure 4.22

From figure 4.22 it is observed that there was no statistically significant difference ( $p=0.63$ ) between the averages of male and female. The  $p$  = value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.



**Table 4.3**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 16 Mean	question 16 Std.Dev.	question 16 Std.Err	question 16 -95.00%	question 16 +95.00%
Total		72	2.250000	0.764531	0.090101	2.070344	2.429656
question 1	Male	43	2.186047	0.698836	0.106572	1.970976	2.401117
question 1	Female	29	2.344828	0.856732	0.159091	2.018944	2.670711

#### 4.4.7 Question 17: You can get HIV by kissing a HIV+ person.

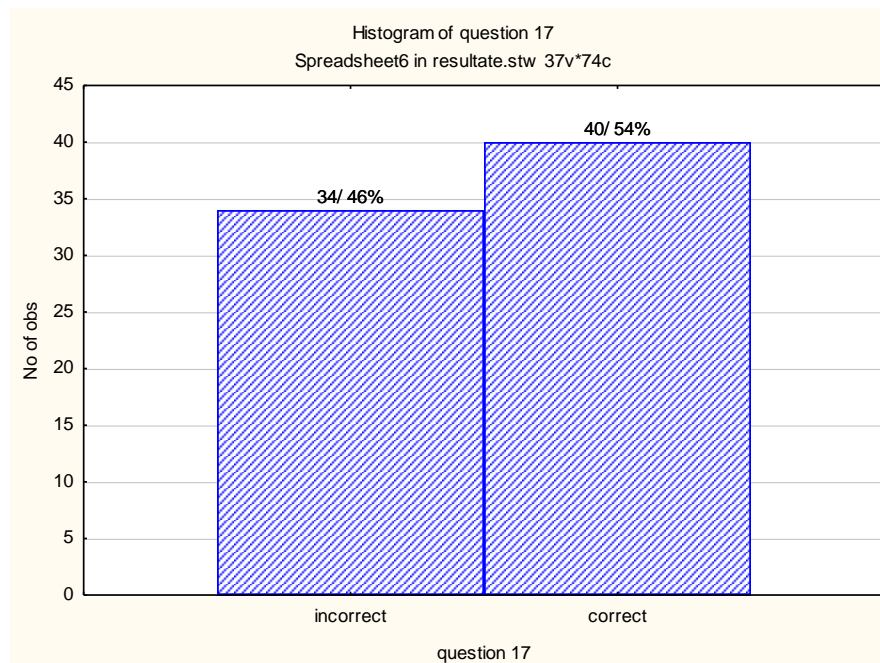


Figure 4.23 describing the knowledge of respondents regarding HIV/ AIDS. In terms of question17, 54% of the participants answered the question correct.

#### 4.4.8 Question 19: If I care for people living with HIV/ AIDS I become infected.

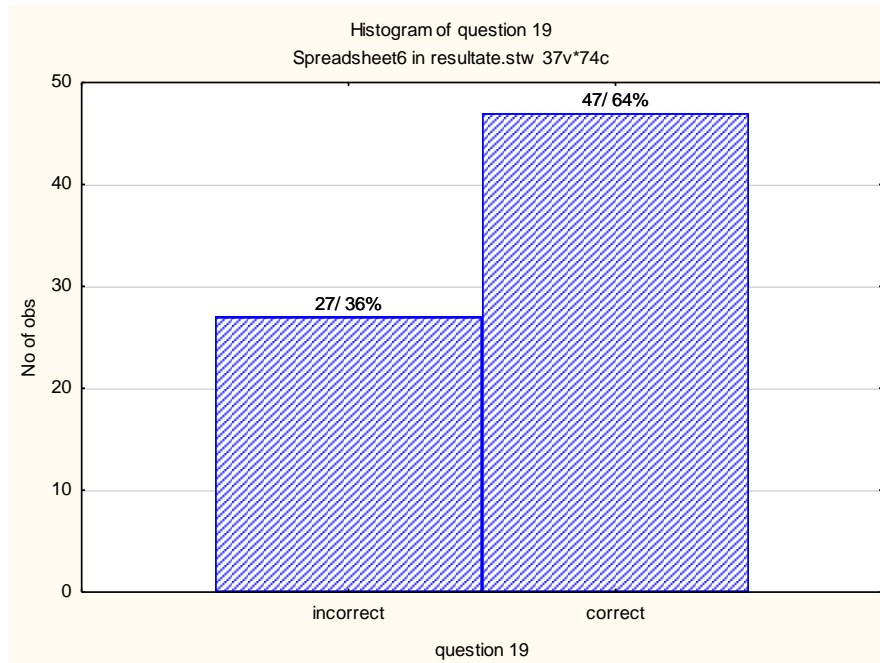


Figure 4.24 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 19, the majority of the participants answered the question correct.

**4.4.9 Question 23: If you have a sexually transmitted disease you should go for medical help as soon as possible.**

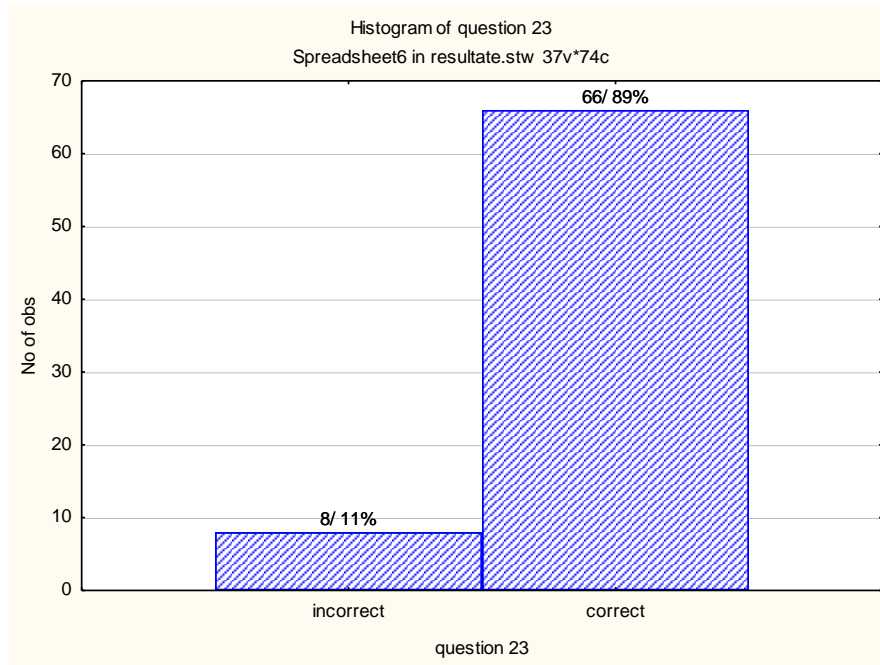


Figure 4.25 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of question 23, the majority of the participants answered the question correct.

**4.4.10 Question 25: I can reduce my risk of becoming infected with HIV by using a latex condom.**

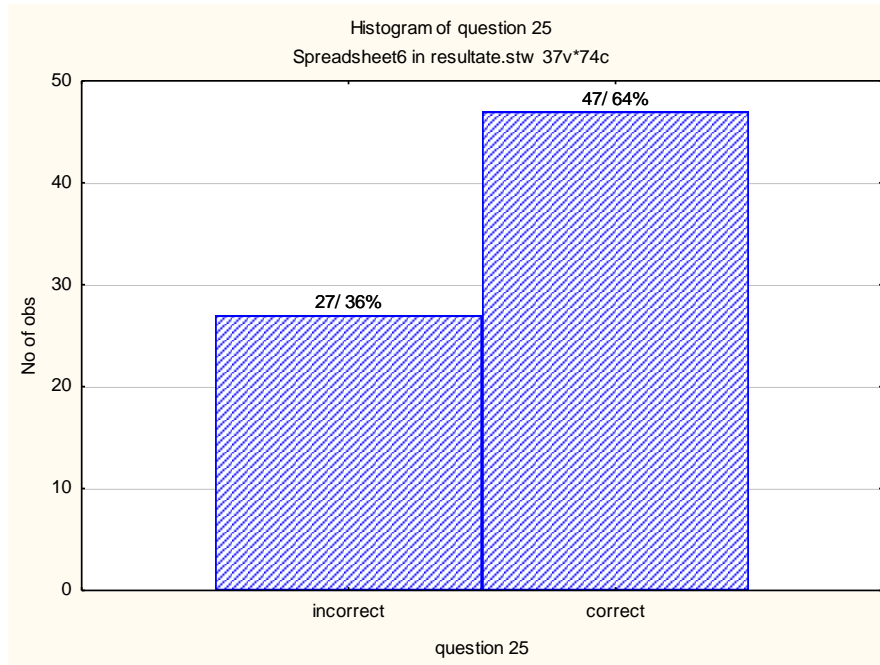


Figure 4.26 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 25, the majority of the participants answered the question correct.

**4.4.11 Question 26: There is treatment available for people living with HIV/ AIDs which can prolong your life span.**

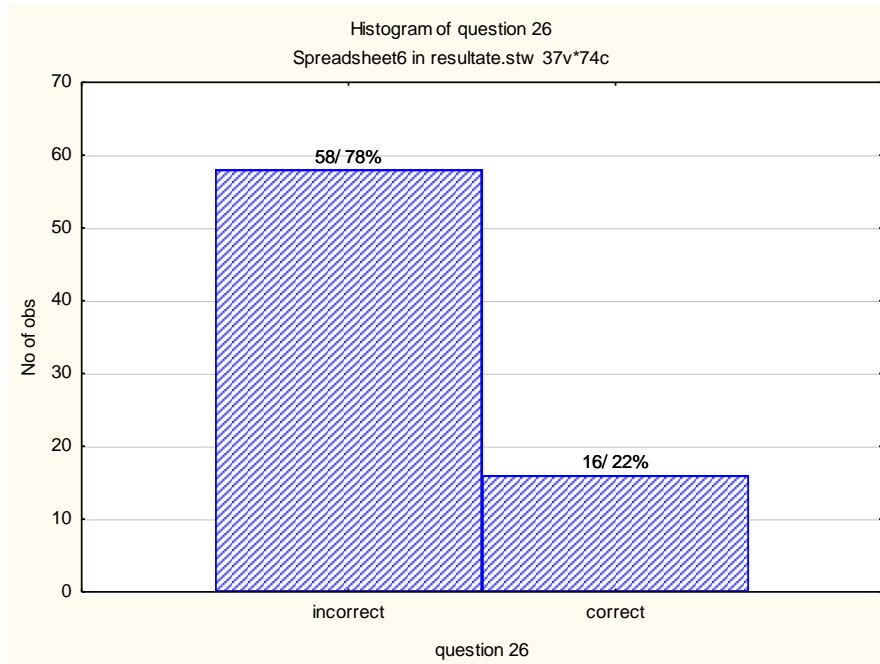


Figure 4.27 describing the knowledge of respondents regarding HIV/ AIDS.

In terms of Question 26, the majority of the participants answered the question incorrect.

## 4.5 The respondent's attitudes regarding HIV/ AIDS.

### 4.5.1 Question 9: I feel that people treat me differently because I have a disability.

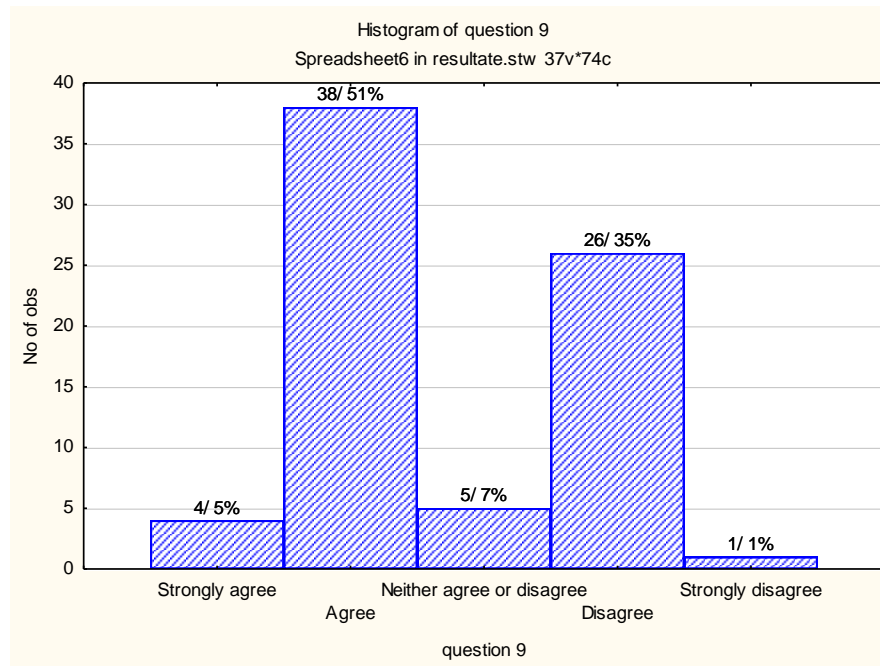


Figure 4.28 describing the respondent's attitude regarding HIV/AIDS

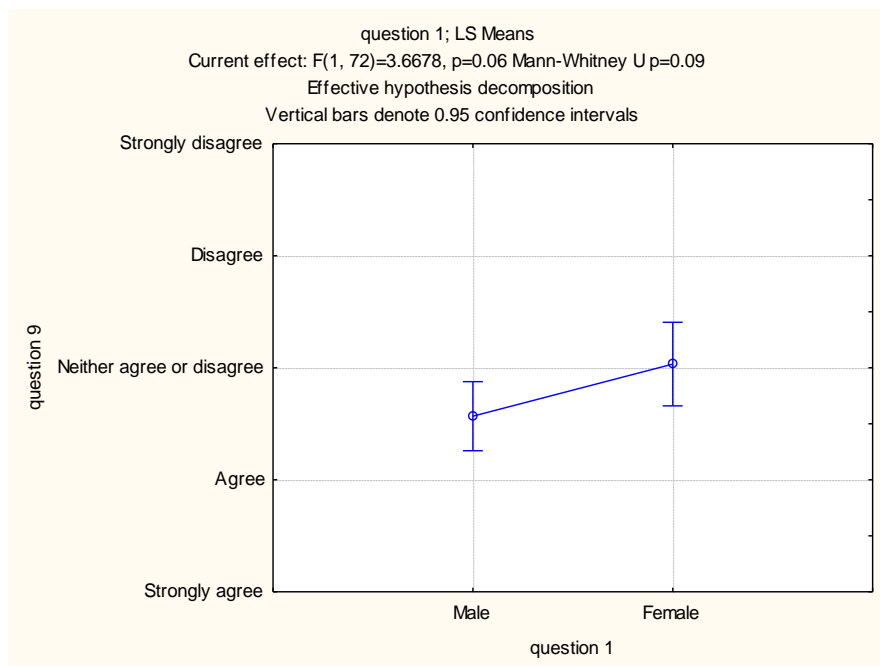
In Figure 4.28 the majority indicated that they agree or strongly agree with the statement.

#### 4.5.2 Discussion of the Likert Scale survey – Question 9

**Question 9 is as follow: I feel that people treat me differently because I have a disability.**

Figure 4.29

Graph showing the average response for Question 9 (Male & Female)



From figure 4.29 it is observed that there was no statistically significant difference ( $p=0.09$ ) between the averages of male and female. The  $p$  = value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.4**

Table giving an overview of the descriptive statistics of the respondents

Descriptive Statistics (Spreadsheet6 in resultate.stw)							
Effect	Level of Factor	N	question 9 Mean	question 9 Std.Dev.	question 9 Std.Err	question 9 -95.00%	question 9 +95.00%
Total		74	2.756757	1.044369	0.121405	2.514796	2.998717
question 1	Male	44	2.568182	0.997619	0.150397	2.264878	2.871486
question 1	Female	30	3.033333	1.066200	0.194661	2.635208	3.431459

#### 4.5.3 Question 11: A person with a disability is vulnerable to HIV infection.

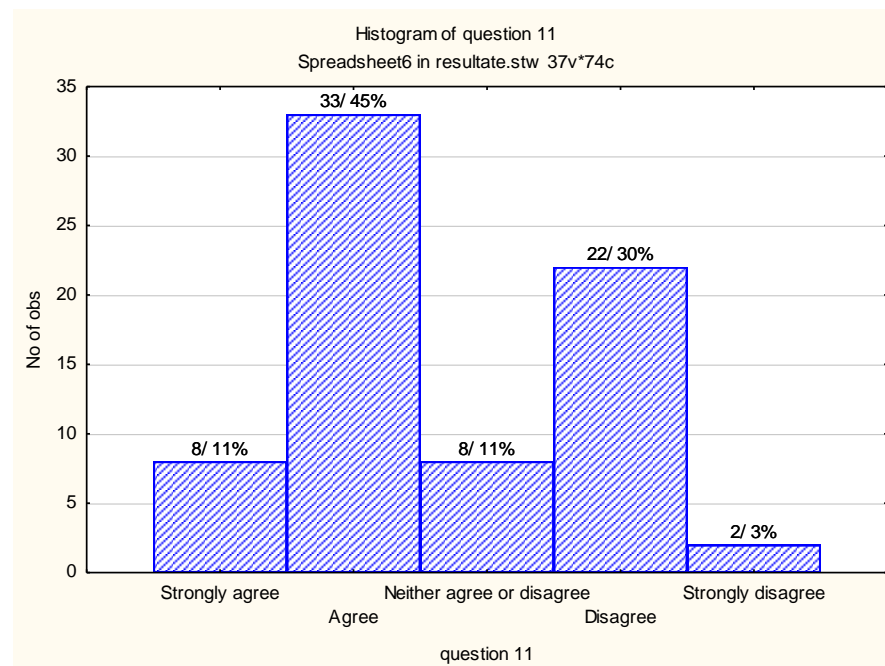


Figure 4.30 describing the respondent's attitude regarding HIV/AIDS

In Figure 4.30 the majority indicated that they agree or strongly agree with the statement.



#### 4.5.4 Question 13: Condoms encourage sex and are not safe to use.

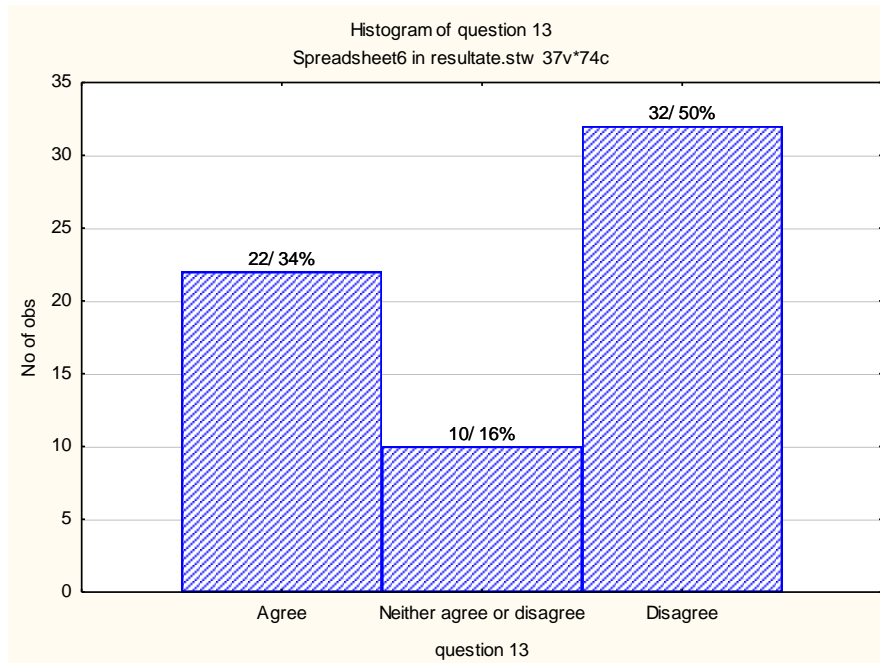


Figure 4.31 describing the respondent's attitude regarding HIV/AIDS

In Figure 4.31 the overwhelming majority indicated that they disagree with the statement.

**4.5.5 Question 32: A person with a disability who is sexually active should go for HIV testing.**

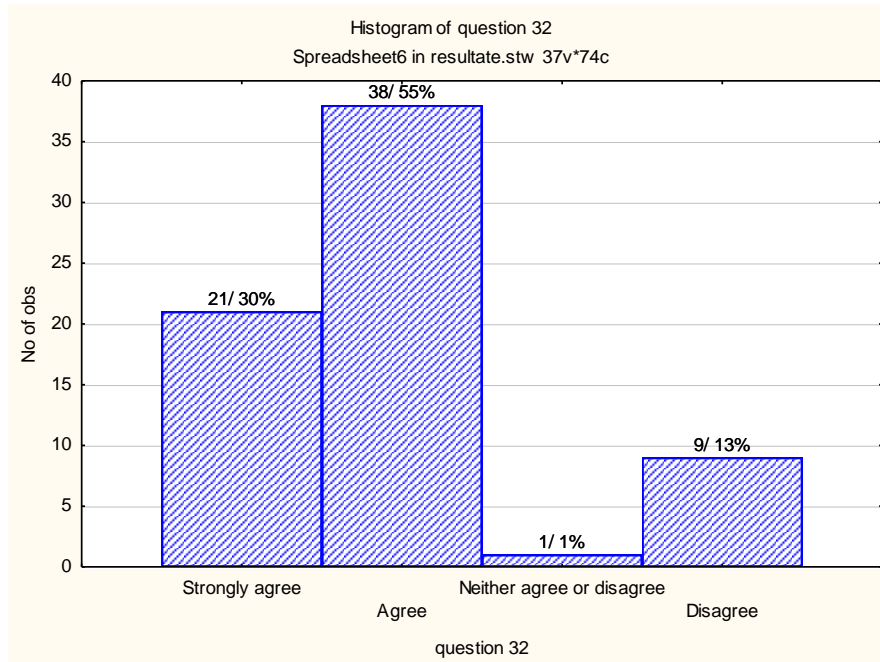


Figure 4.32 describing the respondent's attitude regarding HIV/AIDS

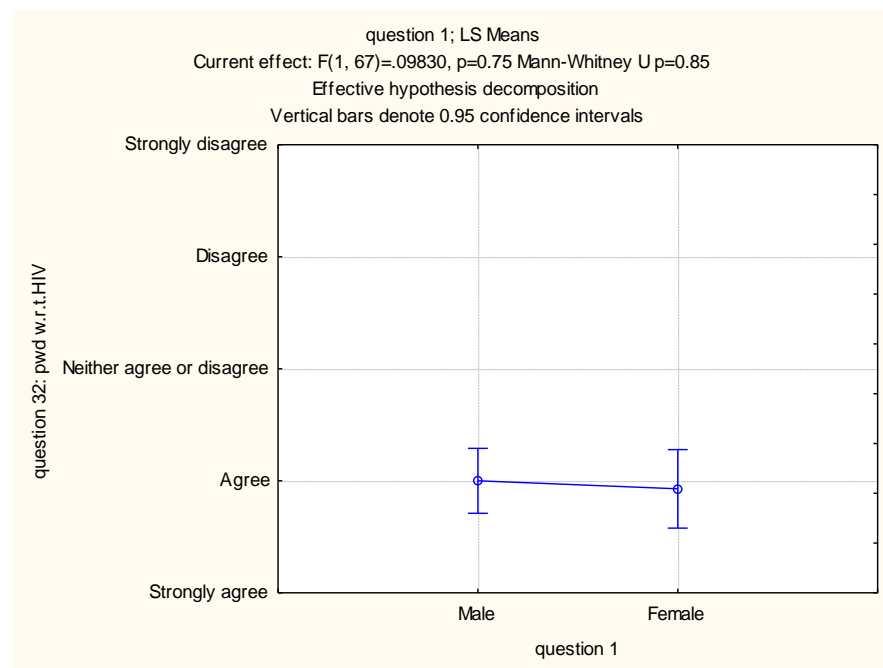
In Figure 4.32 the majority indicated that they agree or strongly agree with the statement.

#### 4.5.6 Discussion of the Likert Scale survey – Question 32

**Question 32 is as follow: A person with a disability who is sexually active should go for HIV testing before having sex.**

Figure 4.33

Graph showing the average response for Question 32(Male & Female)



From figure 4.33 it is observed that there was no statistically significant difference ( $p = 0.85$ ) between the averages of male and female. The  $p =$  value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.5**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 32 Mean	question 32 Std.Dev.	question 32 Std.Err	question 32 -95.00%	question 32 +95.00%
Total		69	1.971014	0.923086	0.111127	1.749265	2.192764
question 1	Male	41	2.000000	1.024695	0.160030	1.676566	2.323434
question 1	Female	28	1.928571	0.766356	0.144828	1.631410	2.225733

#### 4.5.7 Question 33: A person with a disability and partner should go for HIV testing before having sex.

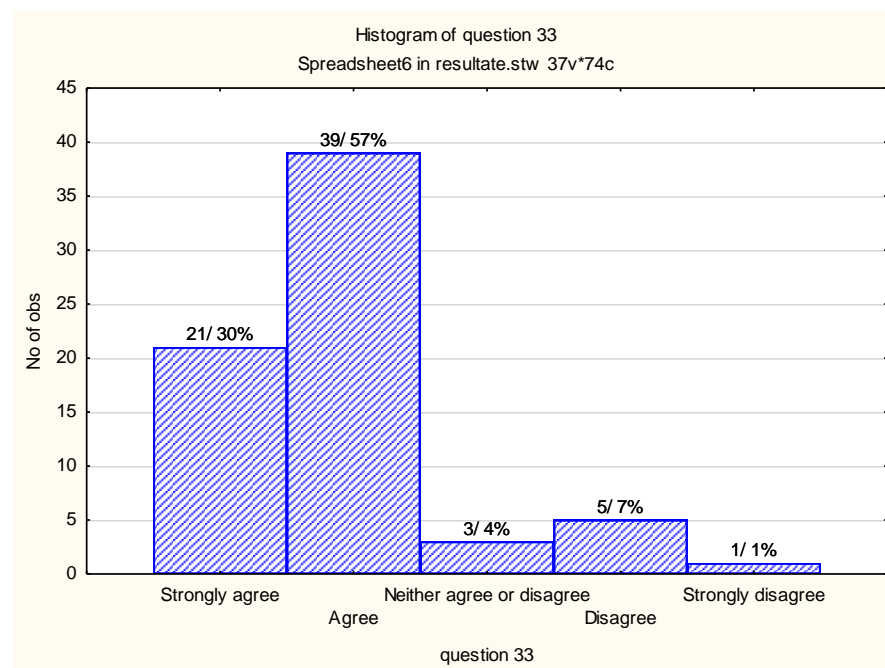


Figure 4.34 describing the respondent's attitude regarding HIV/AIDS

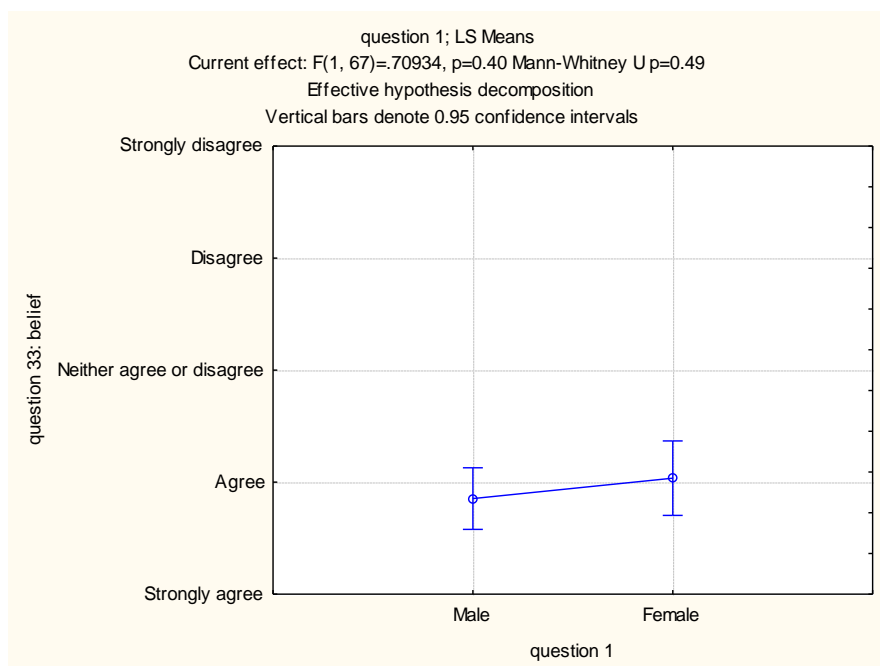
In Figure 4.34 the majority indicated that they agree or strongly agree with the statement.

#### 4.5.8. Discussion of the Likert Scale survey – Question 33

**Question 33 is as follow: A person with a disability and partner should go for HIV testing before having sex.**

Figure 4.35

Graph showing the average response for Question 33(Male & Female)



From figure 4.35 it is observed that there was no statistically significant difference ( $p=0.49$ ) between the averages of male and female. The  $p$  = value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.6**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 33 Mean	question 33 Std.Dev.	question 33 Std.Err	question 33 -95.00%	question 33 +95.00%
Total		69	1.927536	0.879820	0.105918	1.716180	2.138892
question 1	Male	41	1.853659	0.823437	0.128599	1.593750	2.113567
question 1	Female	28	2.035714	0.961563	0.181718	1.662859	2.408569

#### 4.5.9 Question 34: A person with a disability should protect themselves against HIV/ AIDS.

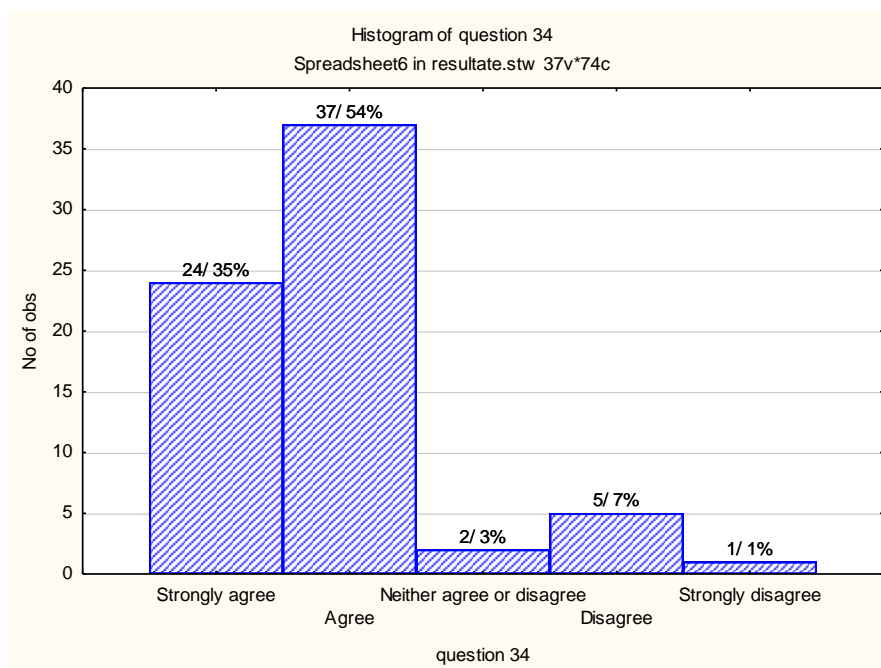


Figure 4.36 describing the respondent's attitude regarding HIV/AIDS

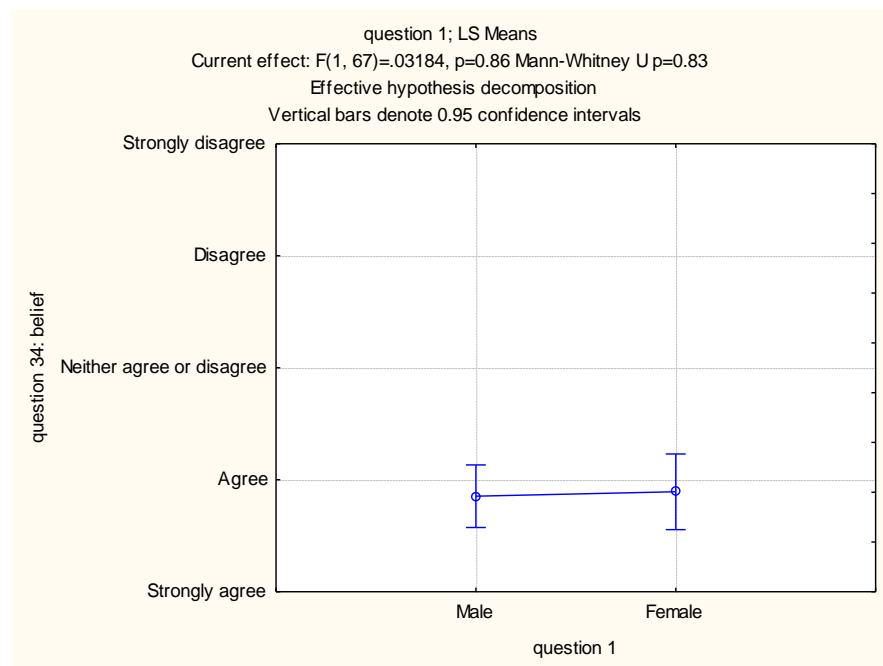
In Figure 4.36 the majority indicated that they agree or strongly agree with the statement.

**4.5.10. Discussion of the Likert Scale survey – Question 34**

**Question 34 is as follow: A person with a disability should protect themselves against HIV/AIDS.**

Figure 4.37

Graph showing the average response for Question 34 (Male & Female)



From figure 4.37 it is observed that there was no statistically significant difference ( $p = 0.83$ ) between the averages of male and female. The  $p =$  value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.7**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 34 Mean	question 34 Std.Dev.	question 34 Std.Err	question 34 -95.00%	question 34 +95.00%
Total		69	1.869565	0.889697	0.107107	1.655837	2.083294
question 1	Male	41	1.853659	0.882071	0.137756	1.575243	2.132074
question 1	Female	28	1.892857	0.916486	0.173200	1.537481	2.248233

**4.5.11 Question 35: A person with a disability needs to receive knowledge about HIV/AIDS to make an informed decision before having sexual intercourse.**

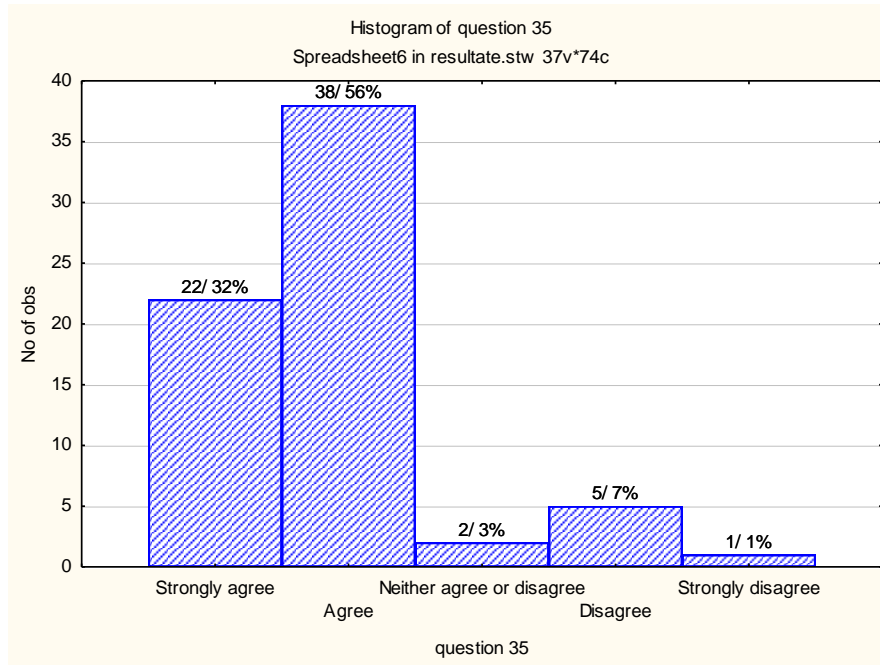


Figure 4.38 describing the respondent's attitude regarding HIV/AIDS

In Figure 4.38 the majority indicated that they agree or strongly agree with the statement.

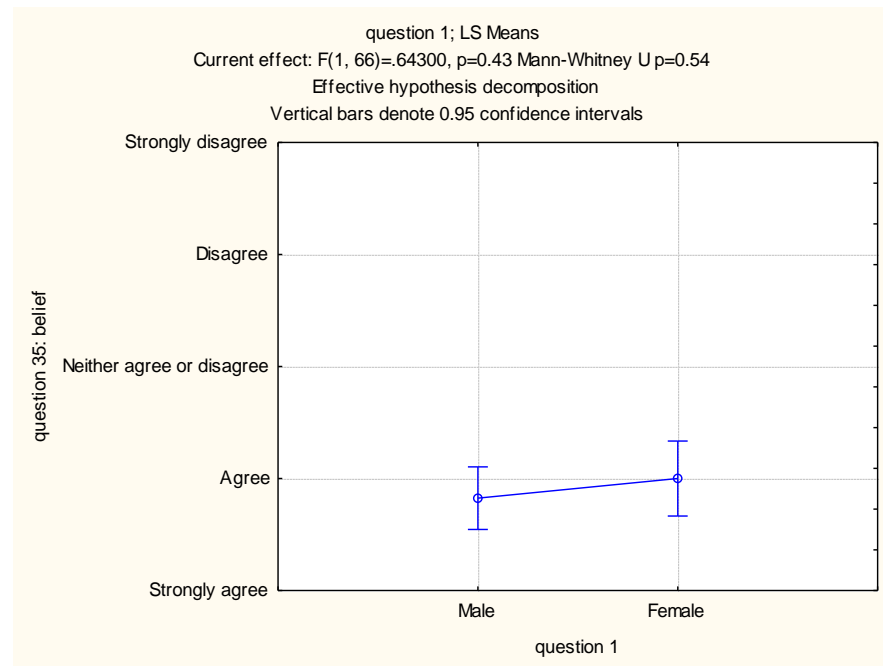


#### 4.5.12. Discussion of the Likert Scale survey – Question 35

**Question 35 is as follow: A person with a disability needs to receive knowledge about HIV/ AIDS to make an informed decision before having sexual intercourse.**

Figure 4.39

Graph showing the average response for Question 35 (Male & Female)



From figure 4.39 it is observed that there was no statistically significant difference ( $p=0.54$ ) between the averages of male and female. The  $p =$  value is  $> 0.05$ . What is relevant is that the respondents male and female agreed on the issue under discussion.

**Table 4.8**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 35 Mean	question 35 Std.Dev.	question 35 Std.Err	question 35 -95.00%	question 35 +95.00%
Total		68	1.897059	0.883340	0.107121	1.683245	2.110873
question 1	Male	40	1.825000	0.812956	0.128540	1.565004	2.084996
question 1	Female	28	2.000000	0.981307	0.185450	1.619489	2.380511

## 4.6 General issues

### 4.6.1 Question 29: My knowledge about HIV/ AIDS increased after I received the training workshops at the organisation.

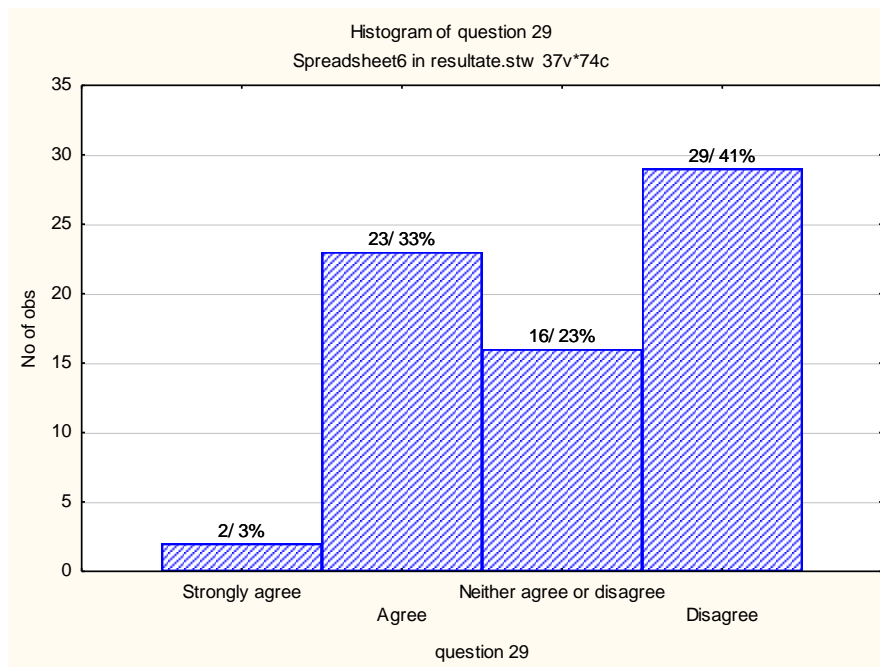


Figure 4.40 describing if the respondents knowledge about HIV/AIDS increased.

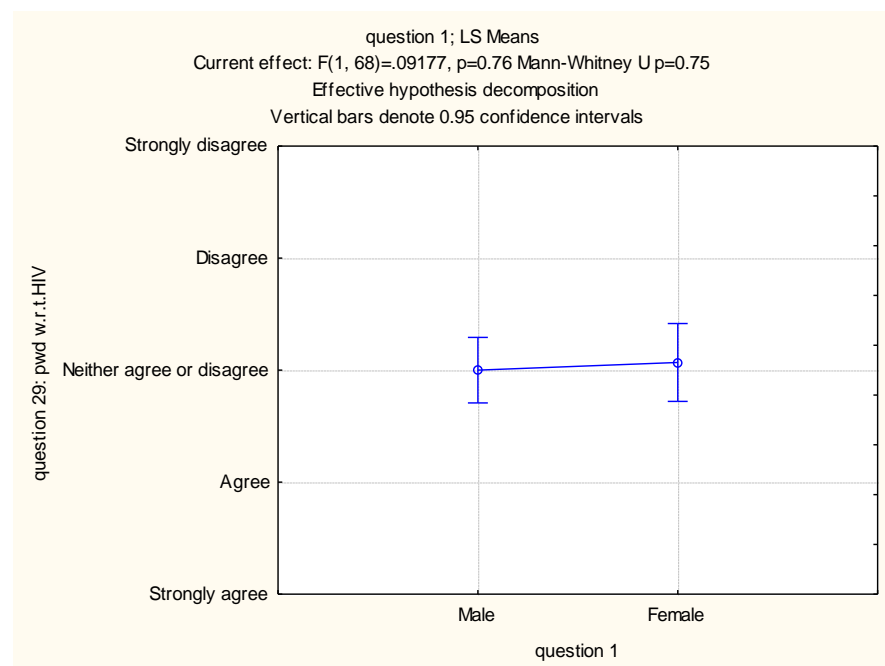
In Figure 4.40 the majority indicated that they disagree with the statement.

#### 4.6.2 Discussion of the Likert Scale survey – Question 29

**Question 29 is as follow: My knowledge about HIV/AIDS increased after I received the training workshop at the organisation.**

Figure 4.41

Graph showing the average response for Question 29 (Male & Female)



From figure 4.41 it is observed that there was no statistically significant difference ( $p = 0.75$ ) between the averages of male and female. The  $p =$  value is  $> 0.05$ . What is relevant is that the respondents male and female neither agree nor disagree on the issue under discussion.

**Table 4.9**

Table giving an overview of the descriptive statistics of the respondents

Effect	Descriptive Statistics (Spreadsheet6 in resultate.stw)						
	Level of Factor	N	question 29 Mean	question 29 Std.Dev.	question 29 Std.Err	question 29 -95.00%	question 29 +95.00%
Total		70	3.028571	0.932061	0.111403	2.806329	3.250813
question 1	Male	41	3.000000	0.921954	0.143985	2.708995	3.291005
question 1	Female	29	3.068966	0.961065	0.178465	2.703396	3.434535

#### 4.6.3 Question 30: I do want more information regarding HIV/ AIDS.

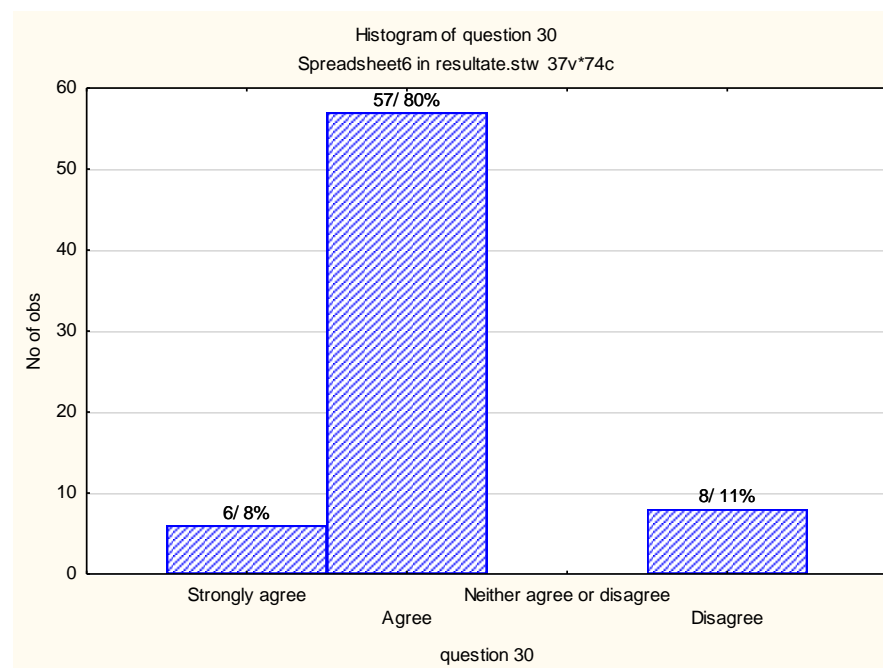


Figure 4.42 describing if the respondents need more information regarding HIV/AIDS

In Figure 4.42 the majority indicated that they agree and strongly agree with the statement.

#### 4.6.4 Question 31: I receive peer pressure from my parents not to have a sexual relationship.

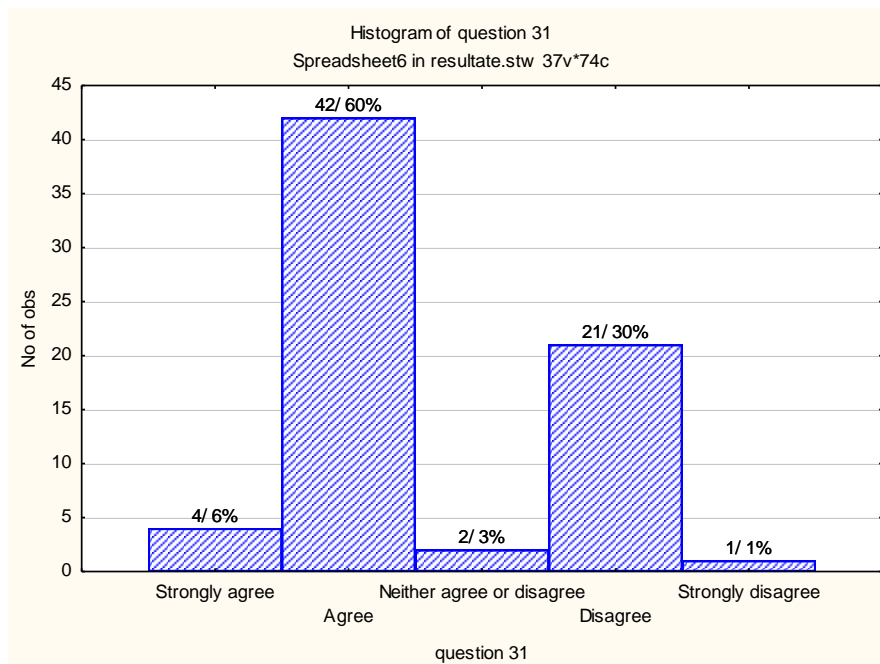


Figure 4.43

In Figure 4.43, the majority indicated that they agree or strongly agree with the statement.

#### 4.6.5 The open ended question in the survey response

##### Question 36 Are there any comments you would like to make in general about HIV/ AIDS

The majority of respondents answered “no”. Below are selected comments, which the respondents made:

- “Some women are very shy”
- “Disabled people must reach out to one another. People don’t care about each other.”
- “Everybody should protect themselves of being infected by HIV. People who are HIV positive should be treated as normal human beings.”
- “Some people are not aware about HIV/AIDS.”
- “Do not have enough knowledge.”
- “Younger children have more knowledge as they learn about HIV/AIDS in schools.”
- “Sex apply to married people”

One respondent asked how regular you need to go for HIV testing. One female respondent said that women are vulnerable in relationships with men. Another female respondent said that it is of utmost importance that people go for HIV testing.

## **Chapter 5**

### **Discussion and Conclusion**

#### **5.1 Introduction**

In the chapter, I draw on the findings of the survey in context of what has been learnt from the literature review, to make some concluding comments and recommendations. I begin by revisiting some of the key findings from the survey study. I also look at some of the limitations of this research. I look at recommendations for future research and proposed recommendations for the organisations.

#### **5.2 Demographics**

To recap, the most prominent survey results indicated:

- In the survey, 59% of the respondents were male and 41% were female.
- In terms of the marital status, 69% of the participants are single. The work history of the respondents the majority of the respondents is living on a disability grant. That is the only income that they have and is unemployed.

As previously stated in the literature review the census 2001 report indicated that disabled persons had a higher percentage of persons having received no education and lower rates of employment than those who did not report a disability, with disabled women being at a greater disadvantage in this regard. As indicated in question 4.2.5 work history, most of the respondents is unemployed that refers to the results given by the census 2001 report and in the statement below. Braathen, Eide, Rohleder & Swartz (2009: 53) stated that studies amongst persons with disabilities from Malawi, Namibia, South Africa, Zambia and Zimbabwe have reported that persons with disabilities are more likely to live in economic and material poverty than persons without disabilities.

### **5.3 Responses regarding the Sexual Risk Behaviour of Respondents**

- In total, 68% of the participants indicated that they are not sexually active.
- Approximately 44% of respondents agreed that their disability increases their risk of contracting HIV.
- The majority of respondents (66%) indicated that they did not use a condom the last time they had sex.
- The majority of respondents (82%) indicated that they did not have more than one sex partner in the last 12 months.
- The majority of respondents (84%) indicated that they were not treated for a sexually transmitted disease in the last 12 months.
- The majority of respondents (87%) indicated that they had not visited a clinic this past month to enquire about an HIV/ AIDS matter.
- Of those respondents that indicated that they had visited, the majority (90%) indicated that staff was friendly and helpful.

From the results, it seems that very few respondents are having sex. Although the majority of those that are having sex are not using condoms – which could be seen as an indication that they are at high risk of contracting HIV – it seems that this might be because they are having sex with only one partner. In other words, they are practising safe sex by being faithful to one partner and are therefore not using condoms. This argument is supported by the fact that the majority of participants did not receive treatment for a STD in the last year. The results also seem to indicate that respondents do not feel that their disability is a contributing factor to their risk of contracting HIV.

On the other hand, it is concerning that, 13% of respondents had visited the clinic on an HIV-related issue in the last month.

### **5.4 Responses regarding the Knowledge Levels of Respondents.**

- In total, 50% of the participants knew there is a difference between HIV/ AIDS.
- The majority of respondents (85%) knew that having sexual intercourse without a condom could lead to HIV infection.



- The majority of respondents (61%) knew that HIV could not be transmitted through mosquito bite.
- In total, 49% of respondents knew that eating with the same eating utensils, as a HIV+ person, cannot infect lead to HIV infection.
- The majority of respondents (77%) knew that HIV+ mothers can infect their children.
- In total, 54% of respondents knew that HIV could not be transmitted by kissing a HIV+ person.
- The majority of respondents (64%) knew that you could not be infected with HIV/AIDS by caring for people living with the disease.
- The majority of respondents (89%) agreed that if you have a sexually transmitted disease you should go for medical help as soon as possible.
- The majority of respondents (64%) knew that using a latex condom can reduce the risk of HIV infection.
- In total, 22% of respondents knew that there is treatment available for people living with HIV/ AIDS, which can prolong your life.

Most knowledge questions were answered satisfactorily. With this said, it seems there are still many issues (especially around the treatment options available for HIV positive individuals) that respondents were unsure of.

### **5.5 Attitudes regarding HIV/AIDS**

- The majority of respondents (56%) felt that people treat them differently because of their disability.
- In total, 50% of respondents thought that condoms encourage sex and are not safe to use.
- The majority of respondents (56%) felt that a person with a disability is vulnerable to HIV infection.
- The majority of respondents (85%) felt that a person with a disability who is sexually active should go for HIV testing.
- The majority of respondents (86%) felt a person with a disability and partner should go for HIV testing before having sex.

- The majority of respondents (88%) felt that a person with a disability should protect himself or herself against HIV/ AIDS.
- The majority of respondents (88%) felt that a person with a disability needs to receive knowledge about HIV/AIDS to make an informed decision before having sexual intercourse.

According to the results, it seems that respondents generally thought that HIV is a relevant issue for people with disabilities and it needs to be taken seriously.

### **5.6 General Issues around HIV**

- The majority of respondents (70%) indicated that they did not believe that their knowledge about HIV/ AIDS increased after receiving training on HIV at different workshops at their organisations.
- The majority of respondents (88%) indicated that wanted more information regarding HIV/ AIDS.
- The majority of respondents (66%) indicated that they feel peer pressure from their parents not to have sex.

It seems that respondents did not experience any problems because of their disability when visiting health facilities. The results show that there seems to be a definite need for more HIV workshops and/or HIV information sessions.

### **5.7 Conclusion**

A very few of the respondents are having sex, it could be due to peer pressure from parents not to engage in sexual activities. It is not clear whether persons with disabilities are at risk of HIV infection it warrants for further investigation. The researcher feels that HIV is relevant to persons with disabilities. Their knowledge levels not always what it should be but with more information / training on HIV issues their knowledge levels can increase. The main issue is that there is a need for more information/training on HIV issues.

## **Chapter 6**

### **Recommendations**

#### **6.1 Introduction**

In this chapter, I will suggest recommendations as per the findings in this study.

#### **6.2 Specific Recommendations**

The respondents, although being physically disabled, handled the survey remarkable well and expressed a need for more updated HIV knowledge and that general HIV/AIDS prevention campaigns needs to be more accessible for them. They also showed a strong conviction to protect themselves against HIV infection. Thus, persons with disabilities need more information regarding HIV/ AIDS to make informed decisions about their sexual behaviour. More training is therefore needed. The training material needs to be on their knowledge level, this might be why previous training sessions did not work: 70% of respondents indicated that they did not believe that their knowledge about HIV/AIDS increased after receiving training on HIV. It also has to be taken into account that most participants only have a primary and/or secondary level of schooling.

Another suggestion would be to have an awareness campaign for able people to make them aware that HIV is also a relevant concern for people with disabilities. Able body people need to be sensitized regarding HIV and disabilities. Therefore, people with disabilities need to be included as a vulnerable group for HIV infection in general HIV awareness campaigns aimed at the broader public. People with disabilities could give valuable information on how to make drive such campaigns.

A further recommendation is to clarify whether persons with disabilities are at risk of HIV infection or not. As discussed, though most participants are not having sex and seems to be having sex with one partner, 13% of them have visited a clinic in the last month on a a HIV/AIDS related matter. Along the same lines, less than half of respondents agreed that their disability increases their risk of contracting HIV, though 56% felt that a person with a disability is vulnerable to HIV infection. Thus, it is not

clear from evidence presented whether having a disability increases the risk of HIV infection or not. This warrants further investigation.

From Question 29, the results showed that not all respondents attended HIV/AIDS prevention workshops at the organisation that they are affiliated with for service delivery. Therefore, it is recommended that more HIV/AIDS workshop sessions are scheduled at the particular organisations where sessions were missed.

Advocacy and lobbying to eradicate the stigma of HIV/ AIDS and disability is very important. To help promote the fact that people with disabilities can also be at risk of becoming infected with HIV/AIDS just as people without a disability, organisations need to have an HIV/AIDS policy on how to accommodate persons living with HIV/AIDS in the organisation. In order to generate the necessary resources and manpower to drive any such HIV/AIDS policy or related project for persons with disabilities, buy-in from relevant role-players (for example the Department of Health, the Department of Social Service and other NGO's working with persons with disabilities in the community) needs to be negotiated beforehand so to have an effective and sustainable HIV/AIDS policy or programme.

### **6.3 Strengths and Limitations of the Study**

A limitation of the survey study was the poor overall response rate when compared to the number of questionnaires that were initially sent out. However, the majority of organisations working with persons with physical disabilities were represented in the results, and therefore it provides a good picture of what is being done about HIV/AIDS and people with disabilities. A further strength of this study was the voice and experiences of persons with disabilities that was heard.

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## ANNEXURE A: PERMISSION LETTERS

1 Kastaiing Street  
Silver Oaks  
Kuils River  
7580

18 November 2008

The Director and CTAPD BOARD  
Cape Town Association for Persons with Physical Disabilities  
152 Tarentaal Road  
Bridgetown  
Athlone  
7764

Re: PERMISSION TO CONDUCT RESEARCH

Dear Mrs van der Merwe

I am currently doing my MPhil in HIV/ AIDS management in the workplace at the University of Stellenbosch.

Topic : The impact of HIV on disabled people.

Would it be possible to use your organisation as my research site.  
Your co operation in this matter would be most highly appreciated.

Should you need more information you can contact my study leader, Mr Burt Davis at 021 8083707 or [burt@sun.ac.za](mailto:burt@sun.ac.za)

Yours faithfully  
M E Willems



1 Kastaiing Street  
Silver Oaks  
Kuils River  
7580

10 November 2009

The Director  
Western Cape Association for Persons with Disabilities  
PO Box 1544  
Milnerton  
7435

Re: PERMISSION TO CONDUCT RESEARCH

Dear Mr Joubert

I am currently doing my MPhil in HIV/ AIDS management in the workplace at the University of Stellenbosch.

Topic: The impact of HIV on disabled people.

Would it be possible to use your organisation as my research site? I would like to use two of your branches as research site. If it is possible I would like to focus on Paarl APD and Tygerberg APD.

Your co operation in this matter would be most highly appreciated.

Should you need more information you can contact my study leader, Mr Burt Davis at 021 8083707 or [burt@sun.ac.za](mailto:burt@sun.ac.za)

Yours faithfully

M E Willems

## **ANNEXURE B: QUESTIONNAIRE**

### **UNIVERSITY OF STELLENBOSCH**

#### **RESEARCH SURVEY 2009**

Thank you for your participation in this research survey. We really value your contribution and you can be sure that all your answers will be kept **TOTALLY CONFIDENTIAL**. All the information given we get from the questionnaires will be grouped and no one will be able to trace your answers.

It is extremely important that you give an honest response that reflects the way you feel about each question. There are no right or wrong answers; we are only interested in your opinion. The survey is completely anonymous. No one will know who you are.

## INSTRUCTIONS

Please mark with an X where applicable.

## 1. Gender

Male	Female

## 2. Marital status

Single	
Married	
Widow/Widower	
Living together	
Divorce	

## 3. Age

18– 25years	
26- 35 years	
36- 45 years	
46- 55years	
56- 65years	
65 + years	

## 4. Type of disability

Paraplegia	
Quadriplegia	
Walking with crutches	
Spina bifida	
Cerebral Palsy	
Polio	
Limb missing	
Other	

## 5. Work history

Self employed	
Salaried employee	
Unemployed	
Disability grant	
Pension	
Student/school pupil	

## 6. Income per month (R1010,00)

Disability grant	
Pension	
Disability grant + other income	
Other income	
None	

## 7. Level of education

None	
Primary school	
Secondary school	
Tertiary qualifications	
Post graduate qualifications	

## 8. What were the causes of your disability?

From birth	
Disease	
Accident	
Old age	
Don't know	
Other	

9. I feel that people treat me differently because I have a disability.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

10. There is a difference between HIV and AIDS.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

11. A person with a disability is vulnerable to HIV infection.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

12. By having sexual intercourse without a condom I can become infected with HIV.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

13. Condoms encourage sex and are not safe to use.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

14. HIV can be transmitted through mosquito bite.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

15. By eating with the same eating utensils as a HIV+ person can infect you with HIV.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

16. HIV+ mother can infect their children.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

17. You can get HIV by kissing a HIV+ person.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

18. Are you sexually active?

Yes	No

19. If I care for people living with HIV/ AIDS I become infected.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

20. My disability increases my risk of contracting HIV.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

21. The last time I had sex, my partner used a condom.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

22. In the past 12 months I had sex with more than one partner.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

23. If you have a sexually transmitted disease you should go for medical help as soon as possible.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

24. I have been treated for a sexually transmitted disease in the last 12 month.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

25. I can reduce my risk of becoming infected with HIV by using a latex condom.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

26. There is treatment available for people living with HIV/ AIDs which can prolong your life span.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

27. Did you visit the clinic this past month to enquire about an HIV/ AIDS matter?

Yes	No

28. If yes how was the attitude of the staff when you made the enquiry?

Helpful	
Rude	
Friendly	



29. My knowledge about HIV/ AIDS increased after I received the training workshops at the organisation.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

30. I do want more information regarding HIV/ AIDS.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

31. I receive peer pressure from my parents not to have a sexual relationship.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

32. A person with a disability who is sexually active should go for HIV testing.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

33. A person with a disability and partner should go for HIV testing before having sex.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

34. A person with a disability should protect themselves against HIV/ AIDS.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

35. A person with a disability needs to receive knowledge about HIV/AIDS to make an informed decision before having sexual intercourse.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

36. Are there any comments you would like to make in general about HIV/AIDS?

.....

.....

.....

Thank you for taking time to complete this questionnaire.

MELANIE WILLEMS  
 RESEARCHER  
 OCTOBER 2009

## **ANNEXURE C: CONSENT FORM**

1 Kastaiing Street  
Silver Oaks  
Kuils River  
7580

20 October 2009

The Director

Cape Town Association for Persons with Physical Disabilities

152 Tarentaal Road

Bridgetown

Athlone

7764

Re: INTRODUCTORY LETTER

Dear Participant

I would like to ask for your assistance in completing my questionnaire.

I am currently doing my MPhil in HIV/ AIDS management in the workplace at the University of Stellenbosch.

The aim of this research proposal and thesis will be to discuss the impact of HIV on disabled people.

I will look at the different factors/obstacles, which disabled people face on a daily basis.

To test the knowledge regarding HIV/ AIDS of people with disabilities.

To explore if there is a need for future HIV education workshops.

Are disabled people being effectively catered for by HIV prevention and care services?

My motivation for doing this research is that I feel there is a lot of information regarding HIV/AIDS for able body people but there is not enough for people with a disability. People with a disability needs equal access to knowledge and the best way to cater for them is to ask them how we could assist them.

**Cape Town**  
Association For The Physically Disabled  
Vereniging Vir Liggaamlik/ Gestremdes  
Umbutho Wobollme/e Ngomz/mba

006-473 NPO



Your co operation in this matter would be most highly appreciated.

Yours faithfully

Willems

M E

**INDEMNITY**

I/We \_\_\_\_\_

Hereby indemnify and hold harmless the above Association against all legal actions, claims or expenses which may arise from any injuries or loss which I / we may sustain during my / our participation in any of the Association's activities and / or use of its transport and / or facilities.

Signature:

Capacity:

Witness:

Date: