



THE EXISTING KNOWLEDGE ON HIV/AIDS AND OTHER STIS AMONG WOMEN WITH VISUAL IMPAIRMENTS IN THE COLOMBO DISTRICT (SPECIAL REFERENCE TO AGE GROUP 25- 35)

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ABSTRACT

Sexual and reproductive health education is crucial for disabled youth, but countries like Sri Lanka in South Asia have limitations in providing information on this topic due to socio-cultural frameworks. Discrimination against disabled women is prevalent, and it is essential to understand the experiences, information, viewpoints, and services provided to these women. This study aimed to determine the awareness level of visually impaired women regarding HIV/AIDS and related STIs. The study involved 15 visually impaired women who participated in in-depth interviews and secondary data from books, journals, and online sources. The study concluded that visually impaired women have limited knowledge about HIV/AIDS and hold many health-related beliefs, which are influenced by social and cultural factors and a lack of appropriate knowledge. This disregard for fundamental rights has led to misunderstandings and increased vulnerability in the community. Providing suitable social work treatments can help address these challenges and improve the lives of visually impaired women.

KEYWORDS: Visually Impaired Women, HIV/AIDS, Sexually Transmitted Infections, Social Work Intervention

INTRODUCTION

Social Work is a profession that is largely based on the pillars of equality, equity and human rights. Adhering to these pillars the profession of social work emphasizes the equal rights, opportunities, and participation of individuals with disabilities in all aspects of society. The preamble of the United Nations Convention on the Rights of Persons with Disabilities states, Disability is an evolving concept, and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder full and effective participation in society on an equal basis with others (UNCRPD, 2006: 01). Persons with disabilities face a number of challenges in terms of accessing information. This lack in transmission of information especially in sexual and reproductive health aspects makes them more vulnerable to domestic violence, sexual abuses and sexually transmitted diseases. Because cultural and religious views have a significant impact on young people's awareness of SRHR concerns and their capacity to manage interactions with peers and adults, effective sexuality education is crucial (UNFPA, 2017).

Due to the lack of leaflets, pamphlets, or other informational materials in accessible formats including braille, audio, or plain language, healthcare services frequently fail to be physically accessible. Additionally, a majority of medical professionals lack the expertise requisite to interpret sign language, which can be useful for providing guidance on HIV-related concerns and other sexually transmitted diseases. Due to these reasons, PWDs are less likely to accurately identify the modalities of HIV transmission and prevention and are therefore less knowledgeable about the prevention and transmission of STIs.

AIM OF THE STUDY

This study aims to explore the knowledge and stigma based on HIV/AIDS and other related STIS among Visually Impaired women in the Colombo District of Sri Lanka.

Main Objective

Exploring the existing knowledge in HIV/AIDs and other STIs among women with Visual Impairments.

Specific Objectives

To identify the experiences of visually impaired women in terms of HIV/AIDS and other related STIs.

To identify the means of promoting social inclusion among women with disabilities in terms of creating awareness of HIV/AIDs and other related STIs

To elucidate the intervention of a Disability Social Worker in advocating for women with disabilities on HIV/AIDS and other related STIs.

METHODOLOGY

RESEARCH DESIGN

A qualitative exploratory research design was executed with inquiries /case studies due to the extreme dearth of published studies on the experiences and knowledge of PWDs in SRHR in Sri Lanka. To gather the pertinent data, a thematic analysis and a qualitative study design were used. Based on interviews and case studies, a number of themes were conceptually explored. After analysis, the data was displayed using tables, graphs, and primarily narratives with various data presentation techniques.

Selection of research setting and sample

PWDs make up 8.7% of the population in Sri Lanka, corresponding to the DCS (2012), and 27.3% of women who have visual impairments dwell in the Colombo geographical region. In order to improve access to services and develop materials that are readily accessible, FPA Sri Lanka has provided training workshops on sexual and reproductive health (SRHR) for PWDs. Health service providers receive further instruction on disability-inclusive SRHR by FPA Sri Lanka.

15 visually impaired women between the ages of 18 and 35 who reside in the region of Colombo made up the purposive sampling sample. Although voluntary participation was taken into consideration, the Employer's Federation of Ceylon, Specialized Training & Disability Resource Center assisted in linking the clients to the research study. A formal explanation of the study was given to prospective participants by the center manager, Ms. Manique Gunaratne. The researcher then interacted in-depth with each respondent on a one-to-one basis. The respondents shared their knowledge and experiences in both their second language, English, and their native tongue, Sinhala. Interviews were also conducted with two key informants from the fields of Disability and Family planning.

DATA COLLECTION AND ANALYSIS

The Qualitative data was primarily collected using an interview guideline as the tool and journals, news articles, web articles were used to collect secondary data. In depth interviews and observation techniques were also used to gather primary data. Data were analyzed by using the tool Thematic Analysis.

RESULTS AND DISCUSSION

The knowledge of visually impaired women in terms of Sexual Reproductive health HIV/AIDS and other related STIs).

The knowledge of 15 respondents in SRH regarding hygiene, contraceptives, menstruation, and menopause conditions varies based on their access to education, information, and healthcare. However, women with visual impairments and disabilities generally lack awareness about HIV/AIDS transmission and prevention measures. Information, education, and communication interventions have been used to inform the general public about the risk of HIV/AIDS. When considering the knowledge of other STIs all respondents namely stated the two infections, Syphilis and Gonorrhea in addition to HIV/AIDS. Women with visual impairments face discrimination due to their extreme lack of mobility and socialization. Accessing HIV/AIDS education materials is challenging due to the graphical representations of the materials. It was the idea of all respondents that if these materials are made available in accessible formats such as Braille, large print, audio books, these information can be delivered to their community more effectively. According to Groce, (2004), young disabled individuals in low-income nations often face greater discrimination, exclusion, and abuse. Demographic and socioeconomic factors contribute to the lack of understanding about HIV/AIDS and other sexually transmitted infections.

Only one respondent, who had knowledge of the facts surrounding HIV/AIDS, was able to provide commendable responses to all of the interviewer's questions. The other fourteen respondents, who had misconceptions about these diseases, revealed a severe lack of awareness among Sri Lankan women

who are Visually impaired. This is demonstrated by the following statements made by the respondents,

“ Now, let's say that someone with HIV cuts his hand while cooking, in such a case can the blood mix with the food and cause HIV?”.

“In the past, when we were schooling, we were asked not to stay in crowded areas like Pettah, because people infected with HIV used to inject their blood to others with a syringe”.

“Then if the baby gets HIV from the mother's blood, is it curable?”

When asked about the methods of prevention that can be utilized to prevent HIV transmission, the most common response given by all respondents was,

“Such people should stop giving blood and should entirely avoid having sex for the rest of their lives”.

These attitudes of the respondents were further ensured by the statements of the key informants as well,

“Many people in the disabled community do not even understand their basic rights. Maybe they have heard the word AIDS, but they don't understand its consequences

and how it develops. But a few people in the knowledge society who have learned something know something but in general about 95% don't know”.

Myths about how HIV/AIDS spread can cause fear, discrimination, and a disregard for preventative measures. Lack of understanding leads to inaccurate perceptions about medical interventions and their potential fatal outcomes. It is essential that we endorse accurate information, education, and awareness initiatives in order to dispel common myths and misconceptions about HIV/AIDS. Giving people access to evidence-based information can enable them to make wise decisions, lessen stigma, and advance successful preventative and treatment methods.

(Identifying the means of promoting social inclusion among women with Visual Impairments)

In order to create an equitable society that upholds their rights and works towards a more diverse and inclusive society, it is imperative to promote social inclusion among women who have visual impairments. This covers having equal access to social services such as healthcare, employment, education, and employment. Women with vision impairments can live independent lives, contribute to society, and make informed decisions by removing obstacles and offering essential support. For their health and wellbeing, it is crucial to guarantee that everyone has access to high-quality healthcare and education. Additionally, social inclusion helps visually impaired women interact with others, make friends, partake in social events, and express their concerns, giving them a sense of autonomy and belonging. People with disabilities, especially women who are visually impaired, are more susceptible to contracting HIV because of a lack of knowledge. Interviews found that they experience discrimination because there aren't enough accessible services, and in the context of people with disabilities, individuals with hearing impairments experience discrimination since there aren't enough sign language interpreters available. People with disabilities may experience stigma related to HIV/AIDS because of social beliefs, a lack of knowledge, fear, and discriminatory attitudes.

following are few responses shared by the respondents when asked whether they have a safe zone within their families where they feel comfortable discussing sensitive issues like HIV/AIDS,

“My mother is not a very educated person, but she has a lot of knowledge about society. Even if my father does not talk about such things in depth, if he sees a program about such things in general, he tells us about it. So we had a background where we could freely talk about things within the family”.

“I have only my mother and my younger sister in the family. My mother is a primary school teacher and we have never talked about such topics, so I cannot exactly tell what situation or response there would be if I shared my opinions about such topics”.

“I can't really talk about such things with my parents, but I have two sisters of whom one is married. Earlier she was also not open to talk about such topics but now that she is married I feel like I can talk about such things with her”.

These narrations further ensure the fact that PWDs are viewed as people who are unable to engage in sexual activities, are sexually inactive, are irresponsible, are incapable of protecting themselves, and should marry among themselves. The broader population without impairments frequently sees them as pity cases and concentrates on their primary demands, such as sexual arousal, rather than their primary requirements, such as food and thirst. The rights of people with disabilities to sex and reproduction are threatened by misconceptions about disability and sexuality, such as the idea that they have more pressing needs than sex. Discussions concerning sex and disability are frequently taboo in society, which prevents honest communication. Girls and women with impairments are frequently excluded from social situations and HIV education forums, which causes mental suffering and a feeling of invalidation. Furthermore, a high percentage of those who have impairments will experience sexual assault or abuse. Due to professionals' attitudes and the provision of subpar services, discrimination is also pervasive in the health and education sectors. These ideas and behaviors can prevent disabled children and people from becoming independent and capable, perpetuating prejudice, fear, and discrimination. Giving disabled people services out of a sense of altruism may ignore how crucial it is to provide them the tools they need to become independent, competent, and contributing members of their communities. Identifying the quality of services provided in terms of education and health and sensitizing the available services Sri Lanka has implemented HIV/AIDS awareness and prevention Programs for the general population, but not for people with disabilities (PWDs). Access to HIV testing and counseling programs is limited, and healthcare providers have stigmatizing attitudes towards PWDs. Clinics, hospitals, and facilities are physically inaccessible, and confidentiality in HIV testing and counseling may be jeopardized. Health service providers should respect the decision to use support services, but a personal assistant or sign language interpreter is often unavailable in Sri Lanka. Sensitizing health professionals to PWDs is crucial for equitable and inclusive healthcare services. When interviewed on these aspects, the respondents had many opinions about the discrimination they face in terms of the services they receive from both education and health sectors.

“Even hospitals have never given us leaflets in Braille, and we are also at fault for that. Because none of us have asked for such services even as a joke. So if someone doesn't teach us, we have no way of knowing. Usually, when blind people go to doctors, it is the one who is going with him/her the one to talk with the doctor. So I don't think accurate information about how that person feels goes to the doctor. Even when I go to the doctor I usually sit and wait silently and let my mother do the explaining”.

“Even Though we know there are contraceptives such as condoms that are used when having sexual intercourses, we have very limited knowledge in using them practically, because we’ve never gotten to touch them. Persons with visual impairments rely greatly on the sense of touch and therefore I believe it would have been a great help if we were given the chance to touch and feel what a condom is”.

“I have seen the students with visual impairments in universities doing different intimate things according to their age and feelings. We can’t say that it is wrong because, given their age and emotions, it is fair for them also to try these things just as persons without disabilities. But when we talk to them privately and try to make them aware of these topics we understand that they don’t understand how to protect their privacy or themselves when doing such things”.

When concentrating on societal attitudes, respondents stated that there is frequently no sensitivity or empathy among the general population towards them, and this was particularly evident among the health professionals.

“Oftentimes when I go to the doctor with my mother, even though it is clearly evident that I’m visually impaired and is assisted by my mother, doctors ask her, are her eyes blind?” She further stated a similar experience, “recently I had a fever and I went to the doctor with my mother, and the doctor after stating a specific color asked me whether I’ve been passing urine in that specific color for the past few days. This affected me mentally because I cannot see anything clearly after seeing that, why a doctor out of all people would ask such questions”.

Key informants also shared their insights in this aspect,

“Another point to consider is that midwives play a significant role in promoting public awareness about such issues. However, we frequently receive complaints, particularly from women with vision impairments, that even if they are lawfully married and have conceived, they look at us with a cross eye and frequently interrogate these visually impaired women about why they have children. They warn them, “You can’t even see yourself, so how can you take the risk of caring for a baby?These types of dialogues have caused midwives to distance themselves from women with impairments, isolating them because they cannot even acquire correct guidance in their times of need).

Key informant 1 further stated her experience of another girl who has become visually impaired around the age 17 due to sports injury. She stated,

“When she went to the doctor with her mother to consult about this injury, the doctor has directly said that her eyes can’t be cured and that nothing can be done about it, But this girl has gone to the doctor holding on to the hope that her eyes can be cured, and once the doctor said so, this girl became depressed and now constantly says, that she is rejected everywhere and it is useless for her to live”.

These narrations once again demonstrate the inefficiency of current programmes because they consistently target the same demographic. Respondents also emphasized that PWDs living in rural and urban areas had different access to HIV/AIDS awareness and intervention programmes. Access to awareness and intervention programmes was found to be more readily available in urban regions than in rural ones because there are more resources and facilities, such as HIV/AIDS organizations and counselors, in urban areas.

RECOMMENDATIONS

Introducing the role of a Disability Social Worker

Social workers play a crucial role in addressing the needs of the PWD community by advocating for their rights and addressing their unique cultural aspects. They work across systems, individual, community, and policy levels, and can reject positions that require them to act as gatekeepers to resources and services. By focusing on disability social workers, they can effectively implement inclusive strategies to reduce the risk of HIV/AIDS among people with disabilities. Factors such as poverty, lack of education, social mobility, stigma, and discrimination influence the PWD community's knowledge of their rights. Social workers, with a disability background, can create the most suitable professionals to implement appropriate interventions tailored to the needs of the PWD community.

A disability social worker can advocate for the rights of the PWD community and enforce governmental authorities to design and implement policies that recognize their needs. Comprehensive sex education is essential for all young people, including those with disabilities. Addressing special areas such as language, assistive technology, and disability etiquette is essential for addressing the unique needs of the PWD community. Disability social workers and school social workers play crucial roles in integrating their professions to effectively educate and create awareness for the people with disabilities (PWD) community. Inclusive practices in schools and educational organizations can help individuals obtain age-appropriate knowledge about sexual and reproductive health (SRH) issues. However, many programs for PWDs are not accessible due to public aversions and a preference for charity and religious models.

A right-based approach is essential for working with this community, ensuring inclusive education on topics like consent, healthy relationships, contraception, sexual and gender identity, and sexual abuse prevention. Collaboration with disability organizations, support groups, and community leaders can effectively reach PWDs while considering their unique needs and preferences. Facilitating peer education programs and training PWDs to become peer educators can empower them to educate and address

misconceptions related to HIV/AIDS. Social workers can also collaborate with policymakers, government agencies, and advocacy groups to recognize and address the rights and needs of PWDs in HIV/AIDS prevention, testing, treatment, and support services.

Sensitizing and building awareness on the needs of PWDs among healthcare professionals

This is a major suggestion made by the research study to reduce the discrimination experienced by PWDs. Due to the stigmatizing and discriminatory attitudes of the medical community, the research study demonstrates the difficulties women with vision impairments encounter while trying to receive maternal healthcare services. According to the research study and the respondents, a lack of knowledge and abilities is the primary factor underlying these negative opinions. One of the important steps that should be performed to sensitize healthcare personnel is to identify potential barriers and enablers to their knowledge and skill development. In addition to doctors, these training should be given explicitly to medical professionals working on the front lines, such as midwives and nurses. PWDs typically avoid hospitals because of the difficulties with accessibility. In such cases, it is essential that on-the-ground medical staff make a visit in order to maintain their relationship with the healthcare industry. Furthermore, including disability themes in the curricula for health professional training would significantly increase its effectiveness.

CONCLUSION

In conclusion, this study emphasizes how crucial it is to address the particular difficulties that visually impaired women encounter when trying to obtain complete and equitable healthcare services for their sexual and reproductive rights. Insufficient knowledge, poor instruction, a lack of easily accessible healthcare resources, and social stigma, according to the study, all contribute to differences in the health and wellbeing of these people. Fostering inclusivity, understanding, and respect is essential if we want to make sure that young people with disabilities receive inclusive sex education. Sensitizing healthcare personnel is also essential, especially for women who are visually impaired. The report makes recommendations for more research to close the knowledge gap and advance comprehensive and focused interventions to support persons with disabilities' rights to sexual and reproductive health. This encompasses disability-inclusive empowerment programmes, legislative campaigning, training for healthcare professionals, and educational activities. Exploring specific disability subgroups, regional variations, and the linkages of disability with other marginalized identities will require more research. In order to create a more inclusive, egalitarian, and rights-based healthcare environment that protects the dignity and well-being of all people, regardless of impairment status, the study urges governments, healthcare professionals, disability advocates, and society to prioritize PWD SRHR.

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