



**BARBARA FAYE WAXMAN FIDUCCIA PAPERS  
ON WOMEN AND GIRLS WITH DISABILITIES  
CENTER FOR WOMEN POLICY STUDIES**

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**Prevention of HIV/AIDS and Violence Against Women and Girls with Disabilities in  
Tanzania**

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**Preface:** Women with disabilities need good health. Good health is more than the absence of disease. When a disabled woman has good health it means she experiences Well-being of her body, mind, and spirit; Women with disabilities can take charge of their own health when they have information that affirms their own experience of their bodies and health needs. They can also use this information to change the way people think about disability. As women with disabilities take charge of their lives, they will gain respect and support in their communities. While disability itself may not be a health problem, many times the health problems of women with disabilities go untreated. This can mean that a simple health problem in a woman with disability, if left untreated, can become a life threatening problem. We must remove the barriers that keep disabled women from achieving good health.<sup>1</sup>

Individually, I have grown up with a disability after contracting polio. I was interested to write this paper to convince NGOs, societies and Governments to become more aware of our rights and more inclusive of our needs. It was indeed a pleasure to be invited by the Center for Women Policy Studies to write a paper with a focus on HIV/AIDS and violence against women and girls with disabilities in Tanzania. I hope that with more such studies, people with disabilities will enjoy and experience the kind of liberation they have never had before. Data on HIV/AIDS and violence among women and girls with disabilities is important not only as a lobbying tool for the disability movement but also as an important guide to the government, development agencies and other stakeholders that have an interest in improving the services they provide to people with disabilities.

**Introduction:** HIV and AIDS are no strange words; in fact they are the center of formal and informal discussions in society.... AIDS generates conflicting feelings among us. It is bringing us face to face with the reality of love, sex unfaithfulness, disease, loss and death. The disease is destroying relationships, families, organizations and governments. ; declare Irene Banda in her Article on Disability, Poverty and HIV and AIDS<sup>[2]</sup> Despite growing international attention to the rights of persons with disabilities, African governments and policy makers rarely consider disability issues when formulating their AIDS strategic plans.<sup>[3]</sup>

<sup>2</sup> [http://www.dpi.org/lang-en/resources/topics\\_detail.php?page=326](http://www.dpi.org/lang-en/resources/topics_detail.php?page=326) by Irene Banda accessed on Monday 2/05/2011 at 10:22

<sup>3</sup> <http://www.africacampaign.info/about-us/main-campaign-documents.html> Accessed on 11/4/11 at 8:28 the Africa Campaign Disability and HIV & AIDS

AIDS is a looming problem for individuals with disabilities world wide -- a problem that is still largely unrecognized by both the AIDS and the disability advocacy communities<sup>[4]</sup> because AIDS Service Organizations (ASOs) do not consider disability as their issue. One might ask why persons with disabilities do not seek to benefit from these services but they are unable to access these services, for several reasons, including inaccessibility of buildings and structures used by service providers and inaccessibility of information. For example, awareness based interventions that have a strong component of information; education and communication have not looked at the needs of the blind, the deaf and the mute.<sup>[5]</sup>

According to UNAIDS 2010 estimates, there are now 33.3 million people living with HIV globally <sup>[6]</sup> and the majority are in the sub-Saharan region of Africa, which is facing a crisis of unprecedented proportions.<sup>[7]</sup> Unfortunately, little is known about HIV/AIDS as it affects persons with disabilities, especially women and girls with disabilities. There has been a call for much needed research on HIV/AIDS and persons with disabilities <sup>[8][9]</sup>

The Global [Survey](#) on Disability and HIV/AIDS <sup>[10]</sup>, conducted by Yale University and the World Bank in 2004, found that individuals with disabilities were often excluded from HIV prevention efforts because it was assumed they were not sexually active, and therefore at little risk of infection.<sup>[11]</sup>

The pandemic prevalence rate of HIV/AIDS at the country level among people 15 to 49 years old is reported to be 5.8 percent. Nearly seven percent of women (6.8 percent) are infected, compared to fewer than five percent (4.7 percent) of men.<sup>[12]</sup> For more than 20 years, Tanzania has been in the struggle to combat and prevent HIV/AIDS through various programs, including the program to improve services to people living with HIV/AIDS and a call to all people of Tanzania to

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<sup>4</sup> N. Groce, *HIV/AIDS & Disability: Capturing Hidden Voices — The World Bank/Yale Global Survey on HIV/AIDS* (Washington, DC: The World Bank, 2004).

<sup>5</sup> [http://www.dpi.org/lang-en/resources/topics\\_detail.php?page=326](http://www.dpi.org/lang-en/resources/topics_detail.php?page=326) by Irene Banda accessed on Monday 2/05/2011 at 10:25

<sup>6</sup> Risky Sex does not equal HIV risk - study Tanzania and Zimbabwe, Dr Hermengild Mayunga, Orphan Relief Service ORES Tanzania [www.ores.or.tz](http://www.ores.or.tz) received from mailing list at [http://mail.thefoundationtz.org/mailman/listinfo/foundationmailinglist\\_thefoundation-tz.org](http://mail.thefoundationtz.org/mailman/listinfo/foundationmailinglist_thefoundation-tz.org) report from <http://www.plusnews.org/Report.aspx?Reportid=91305> news reported on Wednesday, December 8, 2010 11:07 AM

<sup>7</sup> <http://kathleenheadseast.blogspot.com/> The AIDS Epidemic in Tanzania Thursday, June 24, 2010 accessed on Friday November 19, 2010 at 7:02 PM

<sup>8</sup> UNAIDS; Sub-Saharan Africa. Geneva: Joint United nations Program on HIV/AIDS and World Health Organization, 2008. Electronic Citation

<http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp>

<sup>9</sup> Swartz L, Schneider M, Rohleder P. HIV/AIDS and disability: new challenges. In: Watermeyer B, Swartz L, Lorenzo T, Schneider M, Priestley M, editors. *Disability and Social Change: a South African agenda*. Cape Town: HSRC Press; 2006. pp 108-115

<sup>10</sup> <http://globalsurvey.med.yale.edu/>

<sup>11</sup> <http://www.plusnews.org/Report.aspx?ReportId=81862> on 15/4/2011 at 8:03

<sup>12</sup> The Prime Ministers' Office: *The Second National Multi-sectoral Strategic Framework on HIV/AIDS (2008-2012)*. Dar es Salaam, October 2008, page 6

turn out for voluntary HIV counseling and testing so that they can become aware of their health status.<sup>[13]</sup>

This Paper focuses on HIV/AIDS and violence as they affect women and girls with disabilities in Tanzania. The Paper includes information derived from an extensive review of the literature, including newspapers, journal articles and research reports identified through searches of various databases, including: web of science and social science research, Google searches, mailing lists from The Foundation for Civil Society Organizations (especially emails and newsletters from Dr. Hermengild Mayunga, Director of Orphan Relief Services (ORES), who distributed news reports from <http://www.plusnews.org/><sup>[14]</sup> – including, for example, the report, “Risky Sex Does Not Equal HIV Risk” study in Tanzania and Zimbabwe. , Other sources include:

Disabled Peoples International (DPI) Enews [www.dpi.org](http://www.dpi.org/),<sup>[15]</sup> blog spots on HIV/AIDS in Tanzania at <http://www.kathleenheadseast.blogspot.com/><sup>[16]</sup>; Development Connections interview on People with disabilities in Tanzania cited at

[http://dvcn.org/uploads/client\\_70/files/InterviewMsafiri091.pdf](http://dvcn.org/uploads/client_70/files/InterviewMsafiri091.pdf)], Tanzania on line website at <http://www.tzonline.org/pdf/theTanzaniadevelopmentvision.pdf> and participation in the Forum on Violence Against Women Living with HIV/AIDS, conducted with Development Connections (DVCN) [[www.dvcn.org](http://www.dvcn.org/)] and the International Community of Women Living with HIV/AIDS (ICW) <http://www.icwglobal.org/>. The online search included the contents of journals on sexuality and disability, disability and violence, and sexuality education for disabled persons from Hesperian Foundation [[www.hesperian.org](http://www.hesperian.org/)], reference articles and papers obtained from The Foundation for Scientific and Industrial Research (SINTEF) as well as the author’s 2009 thesis, *Are Disabled Peoples’ Voices Heard in the Tanzania’s Development Process?: A Case Study of People with Physical Disabilities in the Nyamagana District of Mwanza, Tanzania*.

**The Impact of HIV/AIDS:** Aside from the direct physical impacts, HIV/AIDS places a burden on communities as it leaves family members and orphaned children to deal with ostracism, stigma, and the inevitable cycle of poverty and disease, Whole societies are affected by disruptions in schooling, work patterns, and human productivity, limiting their ability to develop or maintain previous progress (Macintyre, Brown, and Sosler, 2001; Elder, 2001). HIV/AIDS continues to diminish social networks, leaving entire societies unable to cope with the debilitating health and social effects of the disease (UNAIDS, 2004)<sup>[17]</sup>.

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<sup>13</sup> The Daily News paper, Thursday December 2, 2010 ISSN 0856-3813 No. 10,214: Better anti-HIV/AIDS strategy in the offing; page 1&2 (The Vice-president, Dr Mohamed Gharib Bilal speech on the promise of the government of Tanzania to provide more support to people infected with HIV/AIDS on the occasion of the Worlds AIDS day held at National level at the Jamhuri Stadium in Morogoro on 1 December, 2010

<sup>14</sup> See Note 6

<sup>15</sup> <http://v1.dpi.org/lang-en/resources/newsletters>: DPI’s E-news for Week ending 17 September 2010, accessed on 19<sup>th</sup> September.2010 at 19:8

<sup>16</sup> <http://kathleenheadseast.blogspot.com/> The AIDS Epidemic in Tanzania Thursday, June 24, 2010 accessed on Friday November 19, 2010 at 7:02 PM

<sup>17</sup> Macintyre, Brown, and Sosler, 2001; Elder, 2001 and UNAIDS, 2004 quoted from <http://kathleenheadseast.blogspot.com/> The AIDS Epidemic in Tanzania Thursday, June 24, 2010 accessed on Friday November 19, 2010 at 7:02 PM

**The Impact of Disability-Based Violence:** Persons with disabilities are victims of violence on a far greater scale than persons without disabilities<sup>[18]</sup> The UN Declaration on the Elimination of Violence Against Women (1993) defines gender-based violence as: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”<sup>[19]</sup>

Many factors make women with disabilities particularly vulnerable to violence and abuse both inside and outside the home.<sup>[20]</sup> The absence of representations of their personality supports the perception that one can abuse them without guilt or sense of right and wrong<sup>[21]</sup> Some societies may believe that the disability is a punishment from God or that the person with the disability may infect others with the disability. Others may see a person with a disability as an object for charity or pity, rather than as a person deserving equal rights. The medical model is a particular source of abuses practiced against persons with disabilities<sup>[22]</sup> as it can amount to a denial of full personhood of persons with disabilities and can result in discrimination that causes severe suffering among persons with disabilities.<sup>[23]</sup>

In addition to the medical model, which defines “disability” as an impairment or disease to be prevented and/or treated, the charity model suggests that people with disabilities do not have the capacity to become equal members of society or the capacity to contribute economically and socially to their community’s development. In contrast, the social model insists on a focus on people first and not their disabilities, arguing that disability is a socially constructed phenomenon caused by prevailing social norms, environmental barriers and negative attitudes constructed and held by the non-disabled members of society.<sup>[24]</sup> These barriers restrict the ability of people with disabilities to become integral members of society and equal citizens in their communities.<sup>[25]</sup> The social model of

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<sup>18</sup> “Report on Violence and Discrimination against disabled people,” European Disability Forum, Belgium, 1999.

<sup>19</sup> <http://www.wvda.org.au/salthousedv07.htm> Completely Knocked Out: Australian perspectives on disability, disempowerment and domestic violence: *Paper presented on behalf of WVDA by Sue Salthouse (WVDA Vice President) at the Domestic Violence, Disability and Cultural Safety National Forum 2007, Diverse and Inclusive Practice: Redrawing the Boundaries. November 8-9, 2007, at Brighton-Le-Sands, NSW, Australia. Copyright WVDA November 2007.* Accessed on 8/5/2011 at 20:58PM

<sup>20</sup> <http://www.wvda.org.au/salthousedv07.htm> See Note 22

<sup>21</sup> Marita Iglesias, "The nature of violence against disabled people", 2004, <http://www.nda.ie/cntmgmtnew.nsf/0/BE967D49F3E2CD488025707B004C4016?OpenDocument>

<sup>22</sup> Special Rapporteur on Torture (UN Doc. A/63/175) and by Young et al. 1997.

<sup>23</sup> <http://www.internationaldisabilityalliance.org/advocacy-work/the-international-network-of-women-with-disabilities-inwwd/> Document on Violence against Women with Disabilities Produced by the International Network of Women with Disabilities (INWWD) 4 October 2010 and accessed on 16-12-2010 at 15:16

<sup>24</sup> <http://dvcn.org/Documents/InterviewMsafiri091.pdf> Accessed on 2<sup>nd</sup> August.2010 at 16:15

<sup>25</sup> CAIL 1992; Dredger 1989; Gadacz 1994, quoted from: Msafiri, M. Are disabled Peoples’ Voices heard in the Tanzania’s Development Process?: A comparative analysis between the situation in government departments and civil society organizations, A case of people with Physical disability in the Nyamagana District of Mwanza City, Research paper submitted at Saint Augustine University of Tanzania [www.saut.ac.tz](http://www.saut.ac.tz) (May, 2009)

disability has increased awareness by pointing out that the environmental barriers to participation are major causes of disability.<sup>[26], [27], [28]</sup> Such obstacles include negative social attitudes toward people with disabilities, inaccessible buildings and physical barriers that prevent people with disabilities from even entering such places as churches, Automatic Teller Machines(ATMs), hospitals, schools, and offices.<sup>[29]</sup>

**People with Disabilities in Tanzania:** Although “social exclusion” of people with disabilities is not a concept that is widely used in Tanzania, nonetheless, people with disabilities are both actively and passively excluded in Tanzanian society<sup>[30]</sup>. They are underestimated and overprotected and their potential and abilities are not recognized. Children with disabilities are seen as a source of shame and often hidden away and name calling is common. Sometimes they are passed over in matters of inheritance and land assets are given to others who are deemed to be able to make better use of them, thus leaving the disabled children dependent on family to support them or else be forced to go in the street as beggars. Indeed, the most common form of employment for individuals with disabilities continues to be begging.<sup>[31]</sup>

Women with disabilities, who may be seen as potential sexual partners, are nonetheless often considered unmarriageable.<sup>[32]</sup> Community research by Kaaven and Braathen (2006) asked: “Are men afraid that women with disabilities cannot give them children?” and answered that: “Maybe, but they are more afraid of the practical things; can she carry water and so on.”<sup>[33]</sup> The devaluing of women and girls with disabilities (and of people with disabilities in general) is particularly strong toward those with intellectual and learning disabilities and blind and deaf people.<sup>[34]</sup> Women with disabilities may be forced into sex work by extreme poverty that is associated with their disability status. For example a survey of Thai families<sup>[35]</sup> obtained evidence of Thai families selling deaf

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<sup>26</sup> (CBR, 2004:3: CBR: a strategy for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper/ International Labor Organization, United Nations Educational Scientific and Cultural Organization, and the World health Organization, 2004

<sup>27</sup> Living Conditions among People with Activity Limitations in Zambia, A national Representative study, September, 2006 page 51, 66

<sup>28</sup> [www.mindrelief.net/disabled](http://www.mindrelief.net/disabled)

<sup>29</sup> Dredger, D. and Enns, H. 1987:14, quoted from: Msafiri, M. Are disabled Peoples’ Voices heard in the Tanzania’s Development Process?: A comparative analysis between the situation in government departments and civil society organizations, A case of people with Physical disability in the Nyamagana District of Mwanza City, Research paper submitted at SAUT (May, 2009)

<sup>30</sup> Msafiri, M. Are disabled Peoples’ Voices heard in the Tanzania’s Development Process?: A comparative analysis between the situation in government departments and civil society organizations, A case of people with Physical disability in the Nyamagana District of Mwanza City, Research paper submitted at SAUT (May, 2009)

<sup>31</sup> UNICEF, *An Overview of Young People Living with Disabilities* (New York: UNICEF Inter-Divisional Working Group on Young People, 1999).

<sup>32</sup> Economic and Social Commission for Asia and the Pacific, *Hidden Sisters: Women and Girls with Disabilities in the Asian Pacific Region* (New York: 1995)

<sup>33</sup> <http://www.wwda.org.au/salthousedv07.htm> see Note 16

<sup>34</sup> [www.disabiltykar.net](http://www.disabiltykar.net)

<sup>35</sup> HIV/AIDS AND INDIVIDUALS WITH DISABILITY *Nora Ellen Groce Nora Ellen Groce, PhD, is an Associate Professor in the Global Health Division at the Yale School of Public*





daughters to brothel operators who are reported to be keen to buy them because, confined to brothels where no one speaks sign language, these girls are unable to call for help from the authorities or discuss their situation with people in the surrounding community.<sup>[36]</sup> In such situations, women with disabilities also are not allowed to negotiate safer sex and therefore are more at risk of HIV infection. For example, Dr. Semkuya, who heads the natal section of the state-run Mwananyamala Hospital in the Dar es Salaam, notes that: "Some disabled women are lured into unprotected sex by partners who presume them to be in the low risk group. Mentally sick women are raped, and we only discover this when they are pregnant and brought to antenatal clinics by their relations." Dr. Semkuya further reports that between two and four disabled pregnant women were found to be HIV positive every month at the clinic; while many were raped, extreme poverty forced others to have sex as a means of economic survival.

Further, a senior official of the Tanzania Association of the Disabled in Tanzania, Philemon Rujwahula, told delegates from Ethiopia, Ghana and Uganda at an international conference in Dar es Salaam that the perception that people with disabilities were "safe" was encouraging unprotected sex with people who had physical or mental health problems. He said that Tanzania's national HIV/AIDS policy excluded people with disabilities, reinforcing the perception that they are social misfits. He called for new approaches to protect persons with disabilities: "What we have diagnosed is just the tip of the iceberg. Most handicapped people who are sexually abused never make it to the hospital because they already are stigmatized and handicapped by their very nature of being disabled." Mpendwa Chihimba, a chairperson of **Women Fighting AIDS in Tanzania**, a local nongovernmental organization, acknowledged the magnitude of the problem: "There used to be few and isolated cases in the past, but the frequency with which it is happening is alarming, and complicates the strategies the country has put in place to combat HIV/AIDS. . . it is traumatizing to see a mentally sick woman pregnant - it is heartbreaking to hear that an expectant woman has also been diagnosed HIV-positive."<sup>[37][38]</sup> New policies are needed to address the special needs of disabled people living with HIV/AIDS and, as Chihimba noted: "This is a challenge to the government and society: to address the physiological and health needs of the disabled, or else their right to life will be perpetually under threat as result of sexual exploitation and abuse."<sup>[39]</sup> AIDS activists in Tanzania are becoming increasingly concerned about rising rates of HIV/AIDS among mentally and physically disabled people, a group generally perceived to be at lower risk of contracting the virus. "Infections among disabled women have shot up astonishingly in recent months and we attribute this to their physical inability to ward off sexual attackers," said Dr Semkuya,<sup>[40]</sup>

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<sup>36</sup> World Bank, *Adolescents and Youth with Disabilities: Issues and Challenges* (Washington, DC: 2003

<sup>37</sup> <http://www.plusnews.org/report.aspx?reportid=39601> accessed on 4/4/11 at 3:44PM).

<sup>38</sup> [http://www.jiasociety.org/series/hiv\\_aids\\_and\\_disability](http://www.jiasociety.org/series/hiv_aids_and_disability) Sexual vulnerability and HIV among the disabled in Tanzania, *Journal of International AIDS Society*, 18/11/2010 at 10:29 AM

<sup>39</sup> <http://www.plusnews.org/report.aspx?reportid=39601> accessed on 4/4/11 at 3:44PM).

<sup>40</sup> <http://www.plusnews.org/report.aspx?reportid=39601> Theme:Care/Treatment - PlusNews, This report does not necessarily reflect the views of the United Nations] accessed on 4/4/11 at 3:44PM

Because women and girls with disabilities are more likely to be illiterate and unemployed and as a result are more likely to be involved in sex work for lack of alternative means of survival,<sup>[41]</sup> behavioral risk factors for HIV related to sexual activity among individuals with disability are the behavioral risk factors for disabled women are identical to those for the general population. <sup>[42]</sup> To survive, many women and girls with disabilities are forced to do anything, including have unprotected sex for money, as the fear of HIV is dwarfed by the immediate need for money to buy food and other necessities, for they would rather get food and die in the future instead of dying hungry while there is nobody who can help them to improve their lives.<sup>[43]</sup> For instance, in Dar es Salaam's Manzese ward's famous Uwanja wa Fisi area, the hub of such activities as sex work, substance abuse and criminality, many women look for money from men who offer big money for sex; a survey sponsored by the African Medical and Research Foundation (AMREF) concluded that commercial sex workers had a high knowledge of HIV prevention and a desire to use condoms but their male clients resisted the use of condoms and instead offered attractive money packages to attract the unsuccessful women sex workers into accepting the men's sexual demands.<sup>[44]</sup> Condom use is perceived to be less profitable than unprotected sex among sex workers: "Condoms do not allow us to have enough money, if a man offers his money, he insists on sex without a condom" said a 17 year old student in the Bujumbura suburb of Sabe, where 480 families of internally displaced persons live<sup>[45]</sup>

Since HIV/AIDS is a social, cultural and economic problem, women and girls with disabilities (as compared to non disabled women) need extra consideration to protect themselves from increased vulnerability to HIV infection in the various social, cultural and economic environments as stipulated in the National Policy on Gender and Equity.<sup>[46]</sup>

Indeed, women and girls with disabilities often are at increased risk of both HIV infection and abuse because of social, cultural and economic factors rather than the actual disability itself.<sup>[47]</sup> For example, women and girls with disabilities in society may face people who fail to listen or to believe them when they try to report abuse; a woman or a child with intellectual disabilities or

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<sup>41</sup> <http://www.tanzania.go.tz/government/tacaids.htm> HIV/AIDS in tanzania

<sup>42</sup> See Note 38 at page 217 of Nora Ellen article on HIV/AIDS AND INDIVIDUALS WITH DISABILITIES

<sup>43</sup> (The Guardian Tanzania Thursday April 28,2011 ISSN 0856 ISSUE NO. 5114 Displaced women risk HIV rather than hunger by special correspondent from Integrated Regional Information Networks (IRIN) page 6 [www.ippmedia.com](http://www.ippmedia.com)

<sup>44</sup> The Guardian: <http://www.ippmedia.com/frontend/index.php?l=20484> Amref haki za wananchi Project yields interesting HIV/AIDS results from Dar es salaam slums by a correspondent on 1st september 2010 accessed on November 25, 2010

<sup>45</sup> The Guardian Tanzania Thursday April 28,2011 ISSN 0856 ISSUE NO. 5114 Displaced women risk HIV rather than hunger by special correspondent from Integrated Regional Information Networks (IRIN) page 6 [www.ippmedia.com](http://www.ippmedia.com)

<sup>46</sup> <http://www.tanzania.go.tz/pdf/hivaidspolicy.pdf> THE UNITED REPUBLIC OF TANZANIA PRIME MINISTER'S OFFICE, NATIONAL POLICY ON HIV/AIDS Dar es Salaam September 2001) accessed on 4/4/11 at 3:48PM

<sup>47</sup> Summary Report: Violence against Disabled Children, UN Secretary Generals Report on Violence against Children. Thematic Group on Violence against Disabled Children Findings and Recommendations Convened by UNICEF at the United Nations, New York, July 28, 2005 Electronic Citation:[http://www.unicef.org/videoaudio/PDFs/UNICEF\\_Violence\\_Against\\_Disabled\\_Children\\_Report\\_Distributed\\_Version.pdf](http://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf) Accessed on 9<sup>th</sup> September, 2010 at 21:20

psychosocial disabilities may be considered as “confused” or unable to tell right from wrong or unable to make their own decisions about what is done to their bodies<sup>[48]</sup>. "Infections among disabled women have shot up astonishingly in recent months and we attribute this to their physical inability to ward off sexual attackers," said Dr Semkuya.<sup>[49]</sup>

**Statistics:** The World Health Organization (WHO) estimates that about 10 percent of the population in a developing country has a disability.<sup>[50]</sup> In Tanzania, with a population of 34.5 million, it is estimated that there are 3.3 million people living with some type of disability Tanzania (approximately 9 percent of the population).<sup>[51]</sup> According to the latest 2008 Tanzania disability survey, mainland Tanzania has slightly more persons with disabilities than Zanzibar.<sup>[52]</sup> The prevalence is also somewhat higher in the rural areas and the unemployment rate among people with disabilities is high.<sup>[53]</sup> Unless persons with disabilities are included in the national development process that is the *Tanzania Development Vision 2020*

[<http://www.tzonline.org/pdf/theTanzaniadevelopmentvision.pdf> ], whose aim is to combat poverty and improve the quality of life, including the rights of persons with disabilities as well as other marginalized populations, including people living with HIV/AIDS, it is unlikely that Tanzania will reach the Millennium Development Goals.<sup>[54]</sup>

**Disability Rights Laws in Tanzania:** The 1977 Constitution of Tanzania and its amendments recognize the rights of persons with disabilities and prohibit all discrimination (Article 13, Paragraph 5).<sup>[55]</sup> There is a National Disability Policy, adopted in 2004, and a focus on engagement of persons with disabilities in productive work. Tanzania also has laws to ensure access to vocational training, employment and care for people with disabilities.<sup>[56]</sup> The Ministries of Education, Justice, and Labour are responsible for enforcing the protection of the rights of persons with disabilities for education, legal claims, and labor rights, respectively. In addition, the Department of Social Welfare, located within the ministry of Labour, Youth and Sports, carries responsibility for coordinating all disability issues<sup>[57]</sup>

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<sup>48</sup> <http://wecando.wordpress.com/2008/03/08/report-violence-against-disabled-children/>

Accessed on 9<sup>th</sup> September 2010 at 21:00

<sup>49</sup> <http://www.plusnews.org/report.aspx?reportid=39601> accessed on 4/4/11 at 3:44PM

TANZANIA: Sexual abuse, poverty puts disabled at high HIV risk

<sup>50</sup> <http://www.disabled-world.com/disability/finance/hiv-aids-grant-africa.php>

<sup>51</sup> <http://www.disabled-world.com/disability/finance/hiv-aids-grant-africa.php>

<sup>52</sup> Disability Rights in Tanzania: Electronic citation: <http://msc.st/docs/HRBA-Disability-Tanzania.doc> Accessed on 16/11/2010 at 11:46

<sup>53</sup> Disability Rights in Tanzania: Electronic citation: <http://msc.st/docs/HRBA-Disability-Tanzania.doc> Accessed on 16/11/2010 at 11:46

<sup>54</sup> <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:21162907~menuPK:3265756~pagePK:210058~piPK:210062~theSitePK:282699,00.html>

<sup>55</sup> The Constitution of the United Republic of Tanzania of 1977, chapter 2 of the Laws, printed and published under section 4 of the Law Revision Act, Chapter 4. 31<sup>st</sup> December, 2008 p. 29

<sup>56</sup> EAST AFRICAN COMMUNITY, EAC POLICY ON People with Disabilities (PWD) “NOTHING FOR US WITHOUT US” DRAFT MARCH 2010 Accessed at [www.eac.int](http://www.eac.int) on 9/05/2011 at 19:31PM page 13-15.

<sup>57</sup> See Note 47



In November 2009, Tanzania ratified the main international human rights instruments, including including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)<sup>[58]</sup> and the Optional Protocol and the Convention on the Rights of the Child. The Convention on the Rights of Persons with Disabilities is one of the few international human rights instruments, if not the only one, that includes a women’s perspective: Article 6 of the Convention asserts that: “States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.”<sup>[59]</sup> But political will to mainstream and real implementation of the adopted frameworks remain incomplete and institutional checks and balances through civil society organizations, the media and the Parliament are too weak to modify the existing system; the citizens of Tanzania and, in particular the most vulnerable, including women and girls with disabilities, continue to suffer from frequent violations of their rights.<sup>[60]</sup>

The Tanzania Health Policy guarantees free access to health services for persons with disabilities, but does not define how persons with disabilities will benefit from the services; in reality, many persons with disabilities have no access to the services.<sup>[61]</sup> According to the 2008 Tanzania Disability Survey,<sup>[62]</sup> access to health information and services is a huge challenge for persons with disabilities because of the unfriendly environment in health centers that limits access by persons with disabilities and the stigma towards persons with disabilities. Negative stigma against women with disabilities is particularly focused where the disability is HIV/AIDS.<sup>[63]</sup> Too often women do not receive information in accessible formats, and may be completely excluded from treatment and programs.<sup>[64]</sup> Women and girls with disabilities also are excluded, in particular, from the requirement of sexual and reproductive health services<sup>[65]</sup>. Women and girls with disabilities may experience various physical and attitudinal barriers to accessing health care services;<sup>[66]</sup> for instance, some health care staffs have been reported as having a negative and devaluing attitude towards persons with disabilities presenting at the health care facility.<sup>[67]</sup> Furthermore, due to the myth of asexuality, health care professionals may also focus on the disability of the individual rather

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<sup>58</sup> See United Nations Convention on the Rights of Persons with disabilities as adopted in August 25, 2006 by the 8<sup>th</sup> session of the UN Ad Hoc Committee, in New York

<sup>59</sup> [http://www.un.org/disabilities/documents/events/csw54\\_side-event\\_luzmelo.doc](http://www.un.org/disabilities/documents/events/csw54_side-event_luzmelo.doc)  
Accessed on 29/03/2011 at 9:26, Luz Angela Melo Human Rights Adviser, United Nations Population Fund (UNFPA), Panel “Cross-sectionality of gender, disability, and development: Towards equality for women and girls with disabilities” 4 March 2010 m-1:00 pm Conference Room C

<sup>60</sup> See Note 47

<sup>61</sup> See Note 47

<sup>62</sup> See Note 47

<sup>63</sup> See Note 22

<sup>64</sup> see Note 22

<sup>65</sup> National disability survey 2008 (Tanzania)

<sup>66</sup> Groce NE. HIV/AIDS and disability: Capturing hidden Voices, report of the World Bank Yale University Global Survey of HIV/AIDS and Disability. Washington: World Bank; 2004  
Electronic citation <http://siteresources.worldbank.org/DISABILITY/Resources/Health-and-wellness/HIV/AIDS.pdf>

<sup>67</sup> Bachman SS, Drainoni ML, Tobias C. Medicaid managed care, substance abuse treatment, and people with disabilities: review of the literature. *Health Soc Work* 2004;29:189-196

than on their sexual health needs<sup>[68][69]</sup> and sexually transmitted diseases (STDs) may go undetected.<sup>[70]</sup>

Health experts in Tanzania say that many of the elements of the current HIV/AIDS response (such as national policy, documents and guidelines) clearly stipulate the importance of addressing stigma and discrimination, but actual practice is not sufficiently linked with rights based approaches and responses may increase the humiliation based on disability<sup>[71]</sup> despite the fact that women and girls with disabilities in some cases are biologically and socially more vulnerable to HIV/AIDS.

**HIV/AIDS Laws and Policies:** The Constitution of Tanzania does not specifically provide for protection against discrimination on the basis of health status, although the Constitution does recognise the principles of equality of all human beings, equality before the law and the right to health and life. Human rights campaigners and NGOs have been lobbying the government to amend the Constitution to include a provision which specifically prohibits discrimination based on health status.<sup>[72]</sup> However, it was deemed unnecessary to amend the mother law to include health status, on the basis that HIV/AIDS is a health condition, and like other epidemics it is not permanent. Therefore it was argued that the Constitution should not be set for amending whenever a new epidemic erupts. However, laws were enacted that consciously create an environment that supports HIV/AIDS prevention, treatment, care, and control of the disease; in February 2008, the Tanzanian Parliament passed a single comprehensive law, the *HIV and AIDS (Prevention and Control) Act*<sup>[73]</sup> which provides for prevention, treatment, care, support and control of HIV/AIDS<sup>[74]</sup>

The bill moved quickly in Parliament because it addressed sensitive social issues. It had its first reading in November 2007 and was passed unanimously at its second reading in February 2008. This is a testament to the existing political will on the part of the Tanzanian government to prevent HIV/AIDS. It should be noted, however, that having the legislation is one thing and implementation of it is another.<sup>[75]</sup> The government must take steps to disseminate the legislation, train law implementers, and raise public awareness on the rights guaranteed by the legislation, including consideration the needs of persons with disabilities, particularly women and girls with disabilities.

**HIV/AIDS and Violence Against Women and Girls with Disabilities--Risk Factors:** The international literature includes few studies that specifically investigate HIV/AIDS and persons with disabilities. Fewer studies exist with a focus on Africa.<sup>[76]</sup> In Tanzania, there are no reliable data on

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<sup>68</sup> Becker H, Stuijbergen A, Tinkle M. Reproductive health care experiences of women with physical disabilities: a Qualitative study. *Arch Phys Med Rehabil* 1997;78:S26-S33.

<sup>69</sup> Welner SL. Contraceptive Choices for Women with disabilities. *Sex Disabil* 1999; 17:209-214.

<sup>70</sup> Welner SL. Sexually transmitted diseases; *Sex Disabil* 1999; 17:215-222

<sup>71</sup> See note 47

<sup>72</sup> TGNP See the Tanzania Women lawyers' Association (TAWLA). Tanzania Media Women Association (TAMWA) and Women legal Aid center (WLAC), Read Rwebangira, M.K and Tunganraza, M.B. (2003). Review Assessment of Laws Affecting HIV/AIDS in Tanzania, A summary Booklet. See also: USAID Tanzania Adopts HIV Law, Health Policy Initiative, August 2008 Issue, Human Rights Stakeholders Report.

<sup>73</sup> The HIV and AIDS (Prevention and Control) Act, No. 2 of 2008.

<sup>74</sup> [http://www.healthpolicyinitiative.com/Publications/Documents/589\\_1\\_TZ\\_HIV\\_Legislation\\_FINAL\\_8\\_26\\_08.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/589_1_TZ_HIV_Legislation_FINAL_8_26_08.pdf) Accessed on 14/4/2011 at 8:55].

<sup>75</sup> Fahamu, M. Paper on The state of Constitutionalism in Tanzania, 2008 p. 18-19

<sup>76</sup> Rohleder, Poul, Braathen, Stine Hellum, Swartz, Leslie and Eide, Arne Henning(2009) 'HIV/AIDS and disability in Southern Africa: a review of relevant literature', Disability and

the number of persons with disabilities who are HIV infected, but a 2009 study by the Tanzanian Commission for AIDS (TACAIDS) concluded that people with disabilities are engaging in high-risk sexual activities yet are less educated about HIV than their peers and more likely to be excluded from critical HIV services.<sup>[77]</sup> The study found that 9 percent of those tested were HIV positive and 40 percent reported that they knew a disabled woman who had been raped.<sup>[78]</sup> There are a lot of misconceptions in the society regarding transmission of HIV/AIDS among people with disabilities; for example, many non-disabled people perceive persons with disabilities as being asexual<sup>[79]</sup> and the majority of persons with disabilities in Tanzania possess little or no education about sex and sexuality (only 5.4 percent of persons with disabilities in Tanzania know about prevention methods for HIV/AIDS).<sup>[80]</sup>

There is sufficient evidence that women and men face different risks of becoming disabled or as a result of disability. The International Labor Organization (ILO) reports that women are at increased risk of becoming disabled during their lifetimes due to neglect in health care, poor workforce conditions, and/or due to gender-based violence.<sup>[81]</sup> Moreover, women with disabilities are discriminated against differently from men; for example, women with disabilities are at higher risk of sexual violence, forced sterilization, forced abortion and exposure to HIV/AIDS.<sup>[82]</sup> As women and girls with disabilities they are a marginalized group who do not have a lot of choices even relating to their bodies and their rights. Society accords them low status, Having a disability just compounds the situation.<sup>[83]</sup>

**How HIV/AIDS Affects Women:** Although HIV/AIDS can affect all people regardless of gender, women and girls with disabilities -- like non-disabled women -- are more likely to be infected with HIV through unprotected vaginal sex than are men because the membrane linings of body cavities in the vagina are very delicate and can be torn as a result of friction generated during sexual intercourse, particularly through rough sex, anal sex, dry sex and forced sex/rape – which may lead to tears and bleeding. Women are exposed to semen for a longer time (while semen remains in the body of a woman for a few hours, a man is exposed to vaginal fluids for only a short time). Further, the concentration of HIV in semen is much higher than the concentration of HIV in vaginal fluids.<sup>[84]</sup>

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Rehabilitation,31:1,51-59(2),(1c)p.52,54,55

<http://www.informaworld.com/smpp/tittle~content=t713723807>

<sup>77</sup><http://www.disabled-world.com/disability/finance/hiv-aids-grant-africa.php> CBM-US (www.cbmus.org) (formerly known as Christian Blind Mission International) ; federal grant for HIV/AIDS prevention and care efforts in the sub-Sahara region of Africa. Accessed on 29/03/2011 at 9:29

<sup>78</sup> See Note 47

<sup>79</sup> See Note 47

<sup>80</sup> <http://www.statssa.gov.za/isi2009/ScientificProgramme/IPMS/1129.pdf>

<sup>81</sup> [http://www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/disability/wwd\\_statistics.html](http://www.usaid.gov/our_work/cross-cutting_programs/wid/disability/wwd_statistics.html) accessed on 3/5/2011 at 12:39PM

<sup>82</sup> [http://www.un.org/disabilities/documents/events/csw54\\_side-event\\_luzmelo.doc](http://www.un.org/disabilities/documents/events/csw54_side-event_luzmelo.doc) Accessed on 29/03/2011 at 9:26, Luz Angela Melo Human Rights Adviser, United Nations Population Fund (UNFPA), Panel “Cross-sectionality of gender, disability, and development: Towards equality for women and girls with disabilities” 4 March 2010 m-1:00 pm Conference Room C

<sup>83</sup> [http://www.dpi.org/lang-en/resources/topics\\_detail.php?page=326](http://www.dpi.org/lang-en/resources/topics_detail.php?page=326) Disability, Poverty and HIV and AIDS by Irene Banda accessed on Monday 2/05/2011 at 10:22

<sup>84</sup> [http://www.health.am/aids/more/transmission\\_through\\_sexual\\_acts/](http://www.health.am/aids/more/transmission_through_sexual_acts/)

Women with HIV often become sick with AIDS more quickly than men do. Poor nutrition and childbearing may make women less able to fight disease. Also, women get infected with HIV more easily than men do. When a man's semen gets into a woman's body during sex, it can easily pass through her vagina or cervix into her blood, especially if there are any cuts or sores. This can happen whether or not the woman has a disability.<sup>[85]</sup>

Social inequalities also make women more vulnerable to HIV infection, especially in societies which accord women a lower status than men. The United Nations reports that the combination of male preference in many cultures and the universal devaluation of disability can be deadly for disabled women.<sup>[86]</sup> Disabled women often have little or no control over their sex lives, and they are not in a position to negotiate safer sex practices because they fear violence and abandonment. Further, since many of the established risk factors for HIV/AIDS include poverty, illiteracy, stigma, and marginalization<sup>[87]</sup> many women with disabilities who live in poverty environments may be driven to prostitution<sup>[88]</sup> that can place them at high risk of contracting HIV/AIDS.<sup>[89]</sup> Illiteracy is reported to be high among women with disabilities as compared to men with disabilities; while the global literacy rate for adults with disabilities is 3 percent, for women with disabilities, it is as low as 1 percent.<sup>[90]</sup> Education, where it exists, is often sub-standard, and dropout rates for disabled children are double or triple those of non-disabled children.<sup>[91]</sup>

HIV/AIDS prevention is the best way to deal with the spread of AIDS<sup>[92]</sup> and fighting the conditions that lead to the spread of HIV -- and not against the people who are infected --<sup>[93]</sup> is essential. This means fighting for fairer social and economic conditions so that women, including women with disabilities, will have more decision-making power, so that they do not need to sell their bodies for sex in

**Poverty and Lack of Economic Independence:** Poverty and lack of economic independence robs women with disabilities of autonomy, puts them at high risk of domestic violence and other forms of exploitation, and prevents them from leaving a violent situation, especially where children are involved.<sup>[94]</sup> Poverty is a high risk factor because women with disabilities consistently

<sup>85</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>86</sup> [http://www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/disability/wwd\\_statistics.html](http://www.usaid.gov/our_work/cross-cutting_programs/wid/disability/wwd_statistics.html) accessed on 3/5/2011 at 12:52PM )

<sup>87</sup> See Note 38 at page 216 in the article of Nora Ellen Groce on HIV/AIDS and INDIVIDUALS WITH DISABILITIES

<sup>88</sup> ArmMed Media Revision date: December 3, 2007 Last revised: by Dave R. Roger, M.D. [http://www.health.am/aids/more/transmission\\_through\\_sexual\\_acts/](http://www.health.am/aids/more/transmission_through_sexual_acts/) Transmission through sexual acts: HIV and the Acquired Immunodeficiency Syndrome, Apr 17, 2005 accessed on 19/11/2010 at 11:30 am

<sup>89</sup> Rohleder, Poul, Braathen, Stine Hellum, Swartz, Leslie and Eide, Arne Henning(2009) 'HIV/AIDS and disability in Southern Africa: a review of relevant literature', *Disability and Rehabilitation*, 31:1,51-59 (2), ( 1c) p.52,54,55

<http://www.informaworld.com/smpp/tittle~content=t713723807>

<sup>90</sup> E. Helander, *Prejudice and Dignity: An Introduction to Community- Based Rehabilitation* (New York: UNDP, Second Edition, 1999).

<sup>91</sup> UNICEF, *An Overview of Young People Living with Disabilities* (New York: UNICEF Inter-Divisional Working Group on Young People, 1999).

<sup>92</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>93</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>94</sup> see Note 22

rank among the poorest of the poor, yet they continue to be overlooked.<sup>[95]</sup> People with disabilities are more likely to live in economic and material poverty than are people without disabilities.<sup>[96][97].<sup>[98]</sup> and, having a disability places poor women and girls at an increased risk of HIV infection, as the disability itself may contribute to their poverty<sup>[99]</sup> and to various barriers to education and employment<sup>[100]</sup></sup>

Women with disabilities have less access to medical care, to education, and to programs and services aimed at women and girls with disabilities; they also face a higher risk of physical and/or sexual abuse.<sup>[101]</sup> Women and girls with disabilities may be particularly excluded from work and adequate income<sup>[102][103]</sup> where unemployment often reaches 80 percent.<sup>[104]</sup> The World Bank estimates that people with disabilities make up 20 percent of the world's poor and they often are the poorest of the poor.<sup>[105]</sup> This cycle of disability and poverty is profound<sup>[106]</sup> and increases the risk for sexually transmitted diseases and HIV infection among the population of people with disabilities<sup>[107]</sup>. Poverty also contributes to the difficulty for women and girls with disabilities to

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<sup>95</sup> <http://www.trickleup.org/poverty/disability-inclusion.cfm> Accessed on 6<sup>th</sup> December, 2010 at 19:36

<sup>96</sup> Elwan A. Poverty and disability: a survey of the literature. Washington: World Bank, Social Protection Unit; 1999. Electronic citation

[http://siteresources.worldbank.org/DISABILITY/Resorces/poverty/poverty\\_and\\_Disability\\_A\\_Survey\\_of\\_the\\_Literature.pdf](http://siteresources.worldbank.org/DISABILITY/Resorces/poverty/poverty_and_Disability_A_Survey_of_the_Literature.pdf)

<sup>97</sup> Blanchett, WJ. Sexual risk behaviours of young adults with LD and the need for HIV/AIDS education, Remedial Spec Educ 2000; 21: 336-345

<sup>98</sup> Rajaraman D, Russel S, Heymann J. HIV/AIDS, income loss and economic survival in Botswana. AIDS care 2006; 18: 656-662

<sup>99</sup> Yampolskaya, Brown, & Greenbaum, 2002: Yampolskaya, S., Brown, E. C., & Greenbaum, P. E. (2002). Early pregnancy among adolescent females with serious emotional disturbance: Risk factors and outcomes. *Journal of Emotional & Behavioral Disorders*, 10, 108-116

<sup>100</sup> [http://www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/disability/wwd\\_statistics.html](http://www.usaid.gov/our_work/cross-cutting_programs/wid/disability/wwd_statistics.html) Accessed on 3/5/2011 at 12:58)

<sup>101</sup> Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., METIS project, European Unión DAPHNE initiative, Violence and Disabled Women, 1998 Electronic Citation <http://www.independentliving.org/> web accessed on November 20, 2010 at 8:52PM

<sup>102</sup> Smith E, Murray SF, Yousafzai AK, Kasonkas L. Barriers to accessing safe mother hood and reproductive health services: the situation of women with disabilities in Lusaka Zambia. *Disabil Rehabil* 2004, 26:121-127

<sup>103</sup> Salooje G, phohole M, Salooje H, Ijsselmuiden C. Unmet health, Welfare and educational needs of disabled children in an impoverished South Africa Peri-Urban township. *Child care Health Dev.* 2007; 33:230-235

<sup>104</sup> A. Elwan, *Disability and Poverty* (Washington, DC: World Bank Social Protection Unit, 1999).

<sup>105</sup> Elwan, *Disability and Poverty* (Washington, DC: World Bank Social Protection Unit, 1999).

<sup>106</sup> See Note 38 the article of Nora Ellen Groce on HIV/AIDS and INDIVIDUALS WITH DISABILITIES

<sup>107</sup> Gureje O, Ogunniyi A, kola L, Afolabi E, Functional disability in elderly Nigerians: result from the Ibadan study of aging. *J Am Geriatr soc* 2006; 54:1784-1789



access and utilize health care services because of the cost of medical care.<sup>[108]</sup><sup>[109]</sup> For example, in Zambia it has been reported that women with physical disabilities have difficulties in accessing health care services due to a lack of suitable transport and a lack of assistive devices.<sup>[110]</sup><sup>[111]</sup> Finally, the cost of health care associated with HIV and AIDS may lead to income loss and further levels of poverty.<sup>[112]</sup>

**Gender Inequality and Marginalization:** Being a disabled woman is an additional risk factor. Disabled women face unique challenges in preventing HIV infection, because of their heightened risk of gender-based violence, lack of access to reproductive health care services and low awareness of mother-to-child HIV transmission. Women with disabilities, compared with non-disabled women and with men with disabilities, are more likely to be illiterate, unemployed or marginally employed. Because of prejudice and stigma, women with disabilities are more likely to live in a series of unstable relationships than to marry. These social and economic factors make it more difficult to reach women with disabilities with HIV education and prevention messages and reduce their ability to negotiate safer sex.<sup>[113]</sup> Come Niyongabo of Handicap International in Burundi notes that: "This marginalization is why disabled women are unlikely to get married, or have a tendency to accept any [sexual] proposal from men. You will find many disabled women and girls pregnant because they consider that getting a child will [give them] value in the eyes of the community; this exposes them to multiple sexual partners and therefore to increased risk of HIV. Women with disabilities are also easy prey for rapists, as many of them are not in a position to defend themselves from physical attack. Some Burundians also believe a myth that sex with a handicapped girl is associated with good luck. Many traders seek sex with them to get their businesses prosperous."<sup>[114]</sup>

A World Bank study showed that women with disabilities are even more likely to be victims of violence or rape than non-disabled women, and they are less likely to be able to obtain police intervention, legal protection, or prophylactic care. A 2004 survey in Orissa, India, found that virtually all of the women and girls with disabilities were beaten at home, 25 percent of women with intellectual disabilities had been raped, and 6 percent of women with disabilities had been forcibly sterilized.<sup>[115]</sup>

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<sup>108</sup> See Note 99

<sup>109</sup> Loeb M, Eide AH, Living Conditions among people with activity limitations in Malawi: a national representative study. . STF 78 A044511, SINTEF Health Research, Oslo; 2004

<sup>110</sup> Smith E, Murray SF, Yousafzai AK, Kasonkas L. Barriers to accessing safe mother hood and reproductive health services: the situation of women with disabilities in Lusaka Zambia. *Disabil Rehabil* 2004, 26:121-127

<sup>111</sup> Living Conditions among People with Activity Limitations in Zambia, A national Representative study, September, 2006 page 51, 66

<sup>112</sup> Collins PY, Geller PA, Miller S, Toro P, Susser ES, Ourselves, our bodies, our realities: an HIV Prevention intervention for women with severe mental illness. *J Urban Health* 2001; 78:162-175

<sup>113</sup> <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAG/0,,contentMDK:20655822~menuPK:1314766~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html#Section3> Accessed on 7/4/2011 at 9:47

<sup>114</sup> <http://www.plusnews.org/Report.aspx?ReportId=78091> accessed on 4/4/11 at 3:44PM

<sup>115</sup> [http://www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/disability/wwd\\_statistics.html](http://www.usaid.gov/our_work/cross-cutting_programs/wid/disability/wwd_statistics.html) accessed on 3/5/2011 at 2:35PM

**Sexual abuse:** Girls with disabilities are especially at risk for abuse or violence from someone in their family. Abuse happens if anyone touches a girl in a sexual way, or if a father, brother, cousin, or caretaker forces a girl to have sex. Abuse can also involve hitting or hurting a girl, humiliating her, caring for her cruelly, or refusing to care for her. Abuse is a kind of trauma that causes great harm to a girl's mental health. If a woman was abused or hurt as a child, it can affect her for many years. Many women with disabilities who continue being abused as adults do not complain because they believe they do not deserve to be treated well.<sup>[116]</sup> The highest prevalence of sexual abuse has been reported in studies of women and girls with disabilities.<sup>[117]</sup> Women and girls with disabilities are vulnerable to sexual abuse both at institutions<sup>[118][119][120]</sup> and at home.<sup>[121][122]</sup> Women and girls with disabilities may be at increased vulnerability for abuse as a result of being dependent on others for care, having less education about what is considered as appropriate and inappropriate sexual behaviour, being more socially isolated and at a greater risk for manipulation, being physically vulnerable in public spaces, having their report of abuse disbelieved, and the fact that perpetrators of such violence against women and girls believe that they are less likely to be discovered.<sup>[123][124]</sup> Women and girls with intellectual disabilities who have been sexually abused are often not able to receive legal protection, as their capacity and competence to give evidence in a trial is questioned.<sup>[125]</sup> Further, women and girls with disabilities who have survived sexual abuse have difficulty in accessing treatment services, including medical care and psychological counselling.<sup>[126][127]</sup>

**Social Isolation and Stigma:** The lack of education, lack of employment, and resultant poverty results in a high degree of social isolation for many women with disabilities. Access to the community can be limited by prejudice as well as by the inaccessible physical environment.<sup>[128]</sup> Women and girls with disabilities are often the recipients of stigmatising attitudes from non-disabled

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<sup>116</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>117</sup> Yousafzai A, Edwards K. Double burden: a situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda. London Save the Children; 2004. Electronic citation [www.savethechildren.org.uk/temp/scuk/cache/cmssattach/1600\\_DoubleBurden.pdf](http://www.savethechildren.org.uk/temp/scuk/cache/cmssattach/1600_DoubleBurden.pdf)

<sup>118</sup> Sobsey D, Doe T. Patterns of sexual abuse and assault, *Sex Disabil* 1991; 9:243-259

<sup>119</sup> Crossmaker M. Behind locked doors- institutional sexual abuse. *Sex Disabil* 1991, 9:201-219

<sup>120</sup> Furey EM, Niesen JJ, Strauch JD. Abuse and neglect of adults with mental retardation in different residential settings, *Behav Interv* 1994; 9:1999-211

<sup>121</sup> Refer Note 110

<sup>122</sup> Hassouneh-Phillips D, Curry MA. Abuse of women with disabilities: state of the science. *Rehabil Couns Bull* 2002; 45:96-104

<sup>123</sup> Nosek MA, Howland C, Rintala DH, Young ME, Chanpong GF. National study of women with physical disabilities: final report. *Sex Disabil* 2001; 19:5-39

<sup>124</sup> <http://wecando.wordpress.com/2008/03/08/report-violence-against-disabled-children/>  
Accessed on 9<sup>th</sup> September 2010 at 21:00

<sup>125</sup> Pillay AL, Sargent C. Psycho-legal issues affecting rape survivors with mental retardation. *S Afr J Psychol* 2000; 30:9-13

<sup>126</sup> Groce NE. HIV/AIDS and disability: Capturing hidden Voices, report of the World Bank Yale University Global Survey of HIV/AIDS and Disability. Washington: World Bank; 2004 Electronic

<sup>127</sup> Sobsey D, Doe T. Patterns of sexual abuse and assault, *Sex Disabil* 1991; 9:243-259

<sup>128</sup> see Note 22

persons, impacting on their self esteem. Low self esteem and feelings of being sexually unattractive or undesirable has the potential to lead to risky sexual behaviour among women and girls with disabilities who may become appreciative of any sexual attention that they may receive. And low self esteem may diminish their confidence in negotiating safe sex<sup>[129]</sup>

**Murders of Women and Girls with Disabilities:** While women and girls with disabilities face multiple barriers to achieving their life goals as a consequence of bias, discrimination and stereotyping,<sup>[130]</sup> women and girls with disabilities also may be targeted for murder -- either because parents or family members perceive them as bringing shame to the family or because adults may be convinced that they will be “better off” dead than disabled.<sup>[131]</sup> Indeed, the recent example of human rights violations for people with disabilities in Tanzania is the killing of persons with albinism, especially women and children with albinism; because of a widespread belief in witchcraft, some wealthy people are ready to pay thousands of dollars to purchase albino body parts to ensure good luck. The government of Tanzania has been criticized for not taking appropriate actions to stop these killings.<sup>[132]</sup> For instance the police could not release the names of 15 murdered people with albinism although they have records of the bodies found.<sup>[133]</sup> Numerous threatened persons with albinism have left their homes and regions to live elsewhere and now feel displaced in their home country as they seek sanctuary.<sup>[134]</sup> Women and children with albinism are the target of the murderers because they are considered to be too weak to defend themselves as compared to men with albinism who are capable of defending themselves against those who attack them. Despite official national and global condemnation of these murders, they have still not been fully investigated.<sup>[135]</sup> Nonetheless, when the UN Human Rights Council examined Tanzania’s implementation of the International Covenant on Civil and Political Rights in July 2009, the investigations of the albino killings was noted as an

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<sup>129</sup> Yousafzai A, Edwards K. Double burden: a situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda. London Save the Children; 2004. Electronic citation

<sup>130</sup> Women and Girls with Disabilities: Defining the Issues - An Overview (1999) by Barbara Waxman Fiduccia and Leslie R. Wolfe.

<http://www.centerwomenpolicy.org/publications/disability/documents/DIS1.pdf> Accessed on Wednesday, November, 17 2010 at 11:50 AM

<sup>131</sup> <http://wecando.wordpress.com/2008/03/08/report-violence-against-disabled-children/>  
Accessed on 9<sup>th</sup> September 2010 at 21:00

<sup>132</sup> A report on Human Rights Monitoring in Tanzania which stated in November 2008 and was launched on 25/02/2011 with the Chairman of the Commission for Human Rights and Good Governance retired High Court judge.. Justice (Retired) Amir Ramadhani Manento at Court room of the Commission for human Rights and Good Governance Headquarters, Haki House; Luthuli street Dar-es-salaam, page 3 and 15: [www.chragg.go.tz](http://www.chragg.go.tz)

<sup>133</sup> *In memory of persons with albinism from Tanzania who have been attacked, traumatized and murdered.* Victim List of Names & Dates: Police documented cases between 2006 & 2011. Part # 1: MURDERED PERSONS WITH ALBINISM, Part # 2: ATTEMPTED MURDERS RESULTING IN MUTILATIONS, LOSS OF LIMBS AND TRAUMA , Part # 3: GRAVE ROBBERIES OF PERSONS WITH ALBINISM

<http://www.underthesamesun.com/sites/default/files/Names%20%26%20Dates%20of%20PWA%20Attacks%20in%20Tanzania.pdf> Accessed on 17/5/2011 at 18:30PM

<sup>134</sup> See Note 133

<sup>135</sup> <http://news.bbc.co.uk/2/hi/8270446.stm>

issue for immediate action – as was the need to better address domestic violence against women, which is also widespread in Tanzania.<sup>[136]</sup>

**Human Trafficking:** Trafficking is a worldwide phenomenon. Victims are trafficked into a range of hazardous labor including farm work, sweatshops, domestic servitude, and forced prostitution -- and are subjected to sexual abuse and other forms of violence. It is imperative to address it at national, regional and global levels to combat it.<sup>[137]</sup> Women and girls with disabilities are also at risk for being trafficked and forced into prostitution though they are rarely included in anti-trafficking programs. A UNICEF report in Thailand states that proprietors of houses of prostitution have specifically sought out deaf girl children and adolescents, with the idea that such young people will be less able to communicate their distress or find their way back to their homes in a world where neither their customers nor their employers or fellow sex workers are able to speak sign language. A UNICEF study in Taiwan found that the proportion of child prostitutes who had mild developmental disabilities was six times greater than what might be expected from the incidence in the general population.<sup>[138]</sup>

**Fear of Disclosure and Lack of Support:** Many non-disabled women who experience domestic violence have also experienced the incredulity of those to whom they disclose, and are therefore reluctant to invite the undeserved consequences of disclosure, such as shame and more violent retaliation. Behaviors which arise out of the situation are labeled as erratic, madness, lying and exaggeration. How much worse for women with disabilities, especially those with intellectual disabilities, whose credibility can be questioned at the best of times? Moreover the justice system tends to reject cases where a witness is regarded as “not reliable.” Too often, the victim knows no other behaviors from those who come in contact with her.<sup>[139]</sup> For non disabled women, lack of information about where to go, how to go, how to organize to escape domestic violence brings on a sense of trapped panic. How much more difficult for a woman who is dependent on others in some aspect of her life? In the disability sector the lack of 'appropriate, available, accessible and affordable services, programs and support' (WWDA [a] 2007) there are increased risks of conflict, violence and exploitation.<sup>[140]</sup>

**Sexual and Reproductive Health Needs of Women and Girls with Disabilities:** Like non-disabled women, women and girls with disabilities have sexual and reproductive health needs and aspirations that are central in their lives.<sup>[141]</sup> And, reproductive rights and health must be recognized as human rights of women and girls with disabilities as they are for the rest of the population. Taking care of these needs must be a central component of HIV prevention efforts and of support and care for women and girls with disabilities.<sup>[142]</sup> Sexuality is a natural part of life and is a way to feel pleasure, to

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<sup>136</sup> <http://www.africa4womensrights.org/post/2009/08/04/Tanzania:-Immediate-Steps-to-Protect-Women-Are-Requested-by-the-UN-Human-Rights-Committee>

<sup>137</sup> <http://www.dvcn.org/content/trafficking> Accessed on 20/05 2011 at 21

<sup>138</sup> [http://www.usaid.gov/our\\_work/crosscutting\\_programs/wid/disability/wwd\\_statistics.html](http://www.usaid.gov/our_work/crosscutting_programs/wid/disability/wwd_statistics.html)

Accessed on 3/May/2011 at 8:18

<sup>139</sup> See Note 22

<sup>140</sup> See Note 22

<sup>141</sup> <http://dvcn.aulaweb.org/mod/forum/view.php?id=414>

<sup>142</sup> Gutmacher Institute. Meeting the Sexual and reproductive Health needs of People Living with HIV. In Brief 2006 Series. No 6. Quoted from *Dynys Luciano Ferdinand, Development Connections, A manual for Integrating the program and services of HIV and Violence Against Women (2009) page.44*

express love and desire for their partners, or to become pregnant with the children they hope for.<sup>[143]</sup> But sexuality is more than having a sexual relation with someone. The way a woman is intimate with her partner, the way she relates to her own body and the way she thinks about herself as a woman are all part of her sexuality. Women with disabilities can have, want to have, and have the right to have and enjoy close, loving, sexual relationships. Sometimes community attitudes influence or limit how women with disabilities experience their sexuality. If people in a community understand and agree that women with disabilities have the same needs for love, sex, and family as everyone else, then a disabled woman is able to express sexuality in a way that gives her pleasure, choose her sexual partner, negotiate when and how to have sex, choose if and when to become pregnant, prevent sexually transmitted infections, and be free from sexual violence, including forced sex.<sup>[144]</sup>

Because women often have little control over decisions about sex, and often cannot refuse sex, millions of women around the world become infected every year with HIV and other sexually transmitted infections (STIs) – and women with disabilities can get the same infections as non-disabled women get. In fact girls and women with disabilities are more at risk for getting STIs than women who are not disabled. Not only do they find it difficult to get information about sexual health, they may have less control over how and who they have sex with. This makes them more vulnerable to being taken advantage of sexually, and more likely to get a sexually transmitted infection, including HIV.<sup>[145]</sup>

**Equal Access to Health Care:** The HIV/AIDS epidemic is a health problem for the whole community, including women with disabilities.<sup>[146]</sup> Many individuals with disabilities are not reached with HIV/AIDS messages, are unaware of the symptoms of HIV/AIDS, and do not understand the implications of these symptoms, should they appear.<sup>[147]</sup> In 2000, the UN Committee on Economic, Social and Cultural Rights specifically noted the need for the right to equal access to health care for persons with disabilities as a major component in their General Comment on The Right to the Highest Attainable Standard of Health.<sup>[148]</sup> Accessing health services is a major problem because disabled women face barriers to reach health care centers when health facilities do not have ramps for wheelchair users, do not have information in Braille or on audio cassettes for blind or vision-impaired people, do not have sign language interpreters for women who are deaf, and do not have people who can assist women who have trouble learning or understanding. Another problem is that doctors and other health workers are not usually trained to understand the health needs disabled women may have. Because of this, health workers may have ideas about disability that make it uncomfortable and difficult for disabled women to get good health care.<sup>[149]</sup>

There is a need to create an inclusive community in accessing health services by removing the barriers that limit the kinds of opportunities to persons with disabilities in accessing health services. When attitudes towards persons with disabilities are changed, and communities adopt the social model of disability to increase opportunities and access for persons with disabilities, it also makes life easier for everyone in the community.<sup>[150]</sup> And this can be possible if Government will

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<sup>143</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>144</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>145</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>146</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>147</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>148</sup> Committee on Economic, Social and Cultural Rights, *The Right to the Highest Attainable Standard of Health*. General Comment No.14 (November 8, 2000) A/CONF.157/24

<sup>149</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>150</sup> CBR See Note 29



work in conjunction with civil society organizations, families of people with disabilities and disability advocacy groups.<sup>[151]</sup>

Use of the mass media, especially television, has great potential to change attitudes towards disability and the specific issue of HIV and violence against women and girls with disabilities – why it is unacceptable, how to recognize it, how to report it – can be specifically identified as a key area for such a public discourse.<sup>[152]</sup> Prevention initiatives and programs through media intended for the general population should fully include a focus on persons with disabilities as has been demonstrated by Comprehensive Community Based Rehabilitation Tanzania (CCBRT) <http://www.ccbtr.or.tz/> and its HIV/AIDS awareness initiatives. All stake holders who are working on issues of violence and HIV prevention should work closely with the media to identify priorities and to provide relevant information for women and girls with disabilities. In addition, disability-specific interventions are important to reach women and girls with disabilities. For example, women and girls with intellectual disabilities often learn slowly and need a repetition of information, as well as a number of concrete examples presented in plain language. Women and girls with hearing impairments who use sign language need access to programs that provide sign language interpretation so that they can freely ask questions and discuss issues.<sup>[153]</sup>

**Community Responsibilities:** It is important for everyone in the community to know how HIV/AIDS and STIs are spread and how to prevent them. With this information, people can realize that these infections can happen to anyone and they can act to prevent them. And this knowledge can help people understand that women with disabilities need the same health care services as everyone else in the community.<sup>[154]</sup>

The community will realize this if the national Government, regional authorities and local municipalities will take leadership to prevent violence against women and girls with disabilities through such mechanisms as new legislation to define, track and prosecute violence against women and girls with disabilities as well as enforcement of existing laws and regulations regarding violence against women and girls with disabilities. Policies on violence prevention in Tanzania are not fully comprehensive; for instance, the law on preventing violence against women does not specifically prohibit spousal battery<sup>[155]</sup> and actions rarely are taken against perpetrators of physical abuse against women. Police often do not pursue domestic abuse cases and may demand bribes to investigate allegations. Traditional customs that subordinate women remain strong in both urban and rural areas, and local magistrates often uphold such practices.

The Tanzania Media Women's Association (TAMWA), reported that as many as 60 percent of women were beaten by their husbands.<sup>[156]</sup> Such violence can lead to permanent disability among women. Laws already are on the books in Tanzania criminalizing violence against women in

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<sup>151</sup> [http://www.vawnet.org/category/Main\\_Doc.php?docid=369](http://www.vawnet.org/category/Main_Doc.php?docid=369) See Note 20

<sup>152</sup> CBR See Note 29

<sup>153</sup> [http://www.vawnet.org/category/Main\\_Doc.php?docid=369](http://www.vawnet.org/category/Main_Doc.php?docid=369) See Note 20

<sup>154</sup> [WWW.ESPERIAN.ORG](http://WWW.ESPERIAN.ORG) See Note 1

<sup>155</sup> <http://www.ncbuy.com/reference/country/humanrights.html?code=tz&sec=5>

Tanzania Human Rights Report: Discrimination Based on Race, Sex, Religion, Disability, Language, or Social Status accessed on 20:05 at 9/5/11

<sup>156</sup> <http://www.ncbuy.com/reference/country/humanrights.html?code=tz&sec=5>

Tanzania Human Rights Report: Discrimination Based on Race, Sex, Religion, Disability, Language, or Social Status accessed on 20:05 at 9/5/11

general,<sup>[157]</sup> sexual assault (including rape, incest, and spousal rape if the couple is legally separated). The law provides for life imprisonment or 30 years with corporal punishment for persons convicted of rape<sup>[158]</sup> and requires the offenders to pay financial compensation to their victims. Despite these measures, rape remains a serious problem. More than 10 per cent of Tanzanian women are thought to have suffered a sexual assault, but this figure may be low because very few women register complaints<sup>[159]</sup> and when it comes to violence against women and girls with disabilities such laws are often not enforced and they are likely to be referred to the social welfare office as the only appropriate place to bring their complains

It is very important that women and girls with disabilities receive full protection under existing law, in the home and in the community as well as in educational facilities and institutional settings. To improve protections for women and girls with disabilities, Government Ministries – especially the Ministries for social welfare, health, and education – should work cooperatively. Creation of a National Council on Disability with enough power and authority to assure that changes are made is one mechanism that should be considered by the Tanzanian government to improve collaboration among the various agencies charged with the protection of women in general and the protection of, and provision of services to, women and girls with disabilities in particular.<sup>[160]</sup>

**Conducting Research on Violence Against Women with Disabilities:** More research must be undertaken to allow better understanding of patterns of violence against women and girls with disabilities, Policy makers, advocates, and community leaders require accurate information to guide change – including accurate data on how many individuals are affected, the pattern and nature of violence, the short and long-term consequences of such violence, and information on the epidemiological, medical and psychological consequences of violence against women and girls with disabilities in Tanzania. New research should be undertaken both as part of general studies on violence against persons with disabilities and through targeted studies on violence against women and girls with disabilities. Researchers need to better understand what patterns of violence exist for persons with disabilities in general and for women and girls with disabilities in particular. Research is needed not only to identify where violence occurs but also how women and girls with disabilities are best able to live in security, as well as to identify what policies, programs and practices primarily help women and girls with disabilities, their families and their communities.<sup>[161]</sup>

**Sex Education:** Sex education also can save people's lives. Good information about sexual health and about how to prevent STIs must be available to everyone, including women with disabilities. For example, information about preventing HIV/AIDS that often comes through radio or on printed leaflets should be available and accessible for deaf and blind women. This can be possible if the community will make sure that all people, including women with disabilities, have access to information and sexual health services, including latex condoms. To keep HIV and other

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<sup>157</sup> <http://www.genderindex.org/country/tanzania> accessed on 9/5/2011 at 20:14PM GENDER EQUALITY AND SOCIAL INSTITUTIONS IN Tanzania

<sup>158</sup> <http://www.ncbuy.com/reference/country/humanrights.html?code=tz&sec=5>  
Tanzania Human Rights Report: Discrimination Based on Race, Sex, Religion, Disability, Language, or Social Status accessed on 19:55 at 9/5/11

<sup>159</sup> <http://www.genderindex.org/country/tanzania> accessed on 9/5/2011 at 20:14PM GENDER EQUALITY AND SOCIAL INSTITUTIONS IN Tanzania

<sup>160</sup> [http://www.vawnet.org/category/Main\\_Doc.php?docid=369](http://www.vawnet.org/category/Main_Doc.php?docid=369) See Note 20

<sup>161</sup> [http://www.vawnet.org/category/Main\\_Doc.php?docid=369](http://www.vawnet.org/category/Main_Doc.php?docid=369) See Note 20

STIs from spreading in the community the community should ensure that medicines, clean water, and nutritious food are available for people living with HIV/AIDS. In addition, community members should be educated to prevent girls and women with disabilities from being taken advantage of sexually, and to understand that having sex with them will not cure AIDS.<sup>[162]</sup> It is important for everyone in the community to know how HIV/AIDS and STIs are spread and how to prevent them. With this information, people can realize that these infections can happen to anyone and they can act to prevent them. And this knowledge can help people understand that women with disabilities need the same health care services as everyone else in the community.<sup>[163]</sup> Currently, there are only a handful of studies with usable data on HIV/AIDS and people with disabilities in Tanzania<sup>[164]</sup>

**Recommendations:** Prevention of both HIV infection and violence against women and girls with disabilities requires that women and girls with disabilities are included in all prevention measures. No single initiative -- either through government, civil society or advocacy -- can alone eliminate HIV and violence against women and girls with disabilities. Instead, ongoing collaborative efforts are needed.

The Hesperian Foundation's comprehensive recommendations to stop the spread of HIV/AIDS among women and girls with disabilities should be adopted ([www.hesperian.org](http://www.hesperian.org)) --with regard to HIV prevention, counseling and testing, early treatment of all sexually transmitted infections, treatment for HIV/AIDS, and the importance of maintaining good nutrition.

**Conclusion:** There is a need to examine the way women and girls with disabilities are treated in matters related to HIV/AIDS and violence against women – as girls and women with disabilities are the most neglected group. The message of “peace” in the community is a powerful one to benefit the whole community. In the closing session of the XVIII International AIDS Conference in 2010 in Vienna,<sup>[165]</sup> Patricia Perez, chair of ICW GLOBAL said:

“We need peace in our homes to prevent domestic violence, we need peace in our communities to prevent stigmatization and discrimination in our neighborhoods, we need peace in our countries to reallocate wrongly spent budgets, and we need peace in the world to prevent occupying armies from raping our women, girls and teenagers as has happened in Asia and Africa.” As Oscar Arias, former President of Costa Rica, said: “More Peace, Less AIDS.”<sup>[166]</sup> The more peace there is, the greater the opportunity we will create to stop AIDS.

Finally, strategies to ensure the full participation of sexually diverse populations, women with disabilities, migrating women, indigenous women, drug users, sex workers, women in prison, girls, teenagers and young women are essential -- to strengthen the motto that states: “NOTHING FOR US WITHOUT US.”

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<sup>162</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>163</sup> [www.hesperian.org](http://www.hesperian.org) See Note 1

<sup>164</sup> [http://www.rapidfundingenvelope.org/pdf/SuccessStories/1203\\_dolased.pdf](http://www.rapidfundingenvelope.org/pdf/SuccessStories/1203_dolased.pdf) accessed on 3/May/2011 at 7:42PM For Disabled Tanzanians, Informational Materials About HIV/AIDS.

<sup>165</sup> AIDS INTERNATIONAL CONFERENCE – VIENNA 2010 CLOSING SESSION REMARKS BY PATRICIA PEREZ – ICW GLOBAL CHAIR( <http://www.icwglobal.org/>) electronic citation at <http://www.hivatlas.org/content/patricia-perez-chair-icw-global-spoke-about-peace-tool-face-aids-closing-session-aids-confer> also at <http://www.morepeacelessaidsnow.org> Accessed on 14/5/2011 at 11:15PM

<sup>166</sup> See Note 193