BACKGROUND

In Zambia, research on the prevalence of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) within the population of individuals with disabilities is in its nascent stages and is further complicated by the limited amount of firm data on the prevalence of disability. Limited surveillance data and discrimination in service delivery restricts the availability of statistics that show the numbers of people with disabilities infected with HIV. Despite the paucity of research on the link between disability and HIV/AIDS, it is believed that the barriers and discrimination faced by people with disabilities, especially by women with disabilities, reinforce the drivers of HIV/AIDS and also poverty in ways that influence and even exacerbate household vulnerability.

METHODOLOGY

This is a mixed-method pilot study that includes a demographic-style survey, focus groups with caregivers, and household interviews conducted in early 2010. The study was conducted under the USAID-funded Engaging Disabled Persons Organizations in International Development (ENGAGE) in the Chongwe District in Lusaka Province in households that received services from the USAID-funded Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) program implemented by World Vision, which served poor, rural households in which one or more persons are HIV positive or have AIDS. Research was conducted from a randomized sample of 235 RAPIDS households with both HIV/AIDS and disability factors.

FINDINGS

More than 35% of HIV/AIDS-affected households had a person who self-identified as living with a disability.

CONCLUSION

- Drivers of HIV/AIDS and poverty in these households are self-reinforcing because information and services are limited.
- Persons with disabilities have increased vulnerability to HIV because of their actual or perceived limitations and experience of prevalent discrimination. This predisposes them to limited or conflicting information on HIV/AIDS, social services, education, and employment, and increases their risk of experiencing violence.

NEXT STEPS

- Create more services for persons with disabilities that empower them through independence and self-sufficiency.
- Integrate broader health and education agendas with ministries and development partners to include disability-related issues into more inclusive policies, services, and programming.
- Include persons with disabilities in HIV/AIDS prevention education, voluntary counseling and testing/Anti-retroviral treatment (VCT/ART), and care and support that are appropriate for their disabilities (e.g., braille, sign language, physically accessible).
- Include disabled persons’ organizations in program design and research.
- Research to drive effective inclusive policy and programming for greater understanding and data on persons with disabilities and HIV/AIDS and their needs and services.

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![Image of Accessibility at HIV Counseling and Testing Center]

![Image of Community-based rehabilitation therapy for toddler with cerebral palsy in HIV/AIDS-affected household]