

Studies of the Vulnerability of Disabled People to HIV Infection in Senegal: Review of Literature

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Abstract:- This article presents the results of the literature review of studies on the vulnerability of disabled people to HIV and AIDS in Senegal. She has focused on educational resources such as PubMed, Google scholar, CAIRN INFO and the UCAD Digital Library. The results of the studies selected for the review are unanimous on the lack of an inclusive policy targeting people with disabilities in the fight against HIV in Senegal.

The review also found that a multitude of factors are associated with the vulnerability of persons with disabilities. These include: economic, socio-cultural, systemic and gender-related factors. These results were used to develop a conceptual framework for a study of HIV-related knowledge, perceptions and risk practices among people with motor disabilities in Keur Massar.

I. INTRODUCTION

The disability issue is often forgotten in health programs, especially those related to sexual and reproductive health. Yet, about 10 percent of the world's population, or 650 million people, live with a disability (1).

In Senegal, the latest available data date from 2013 with a prevalence of 5.9%, which means that 59 out of 1000 Senegalese suffer from any disability (2).

Access to health care is a right for all, but the fact that people with disabilities have difficulties in getting medical attention despite the existence of the Law on Social Guidance (3).

If we look at HIV, there is little data available at the national level on the status of HIV among people with disabilities. Yet, there is the UNAIDS 95-95-95 strategy that remains a challenge with the non-inclusion of people with disabilities in the response to HIV despite being recognized as a vulnerable target in 2011. (4)

This is due to the perception and false beliefs that people with disabilities are asexual and, moreover, not affected by problems related to sexuality; and, on the other hand, by the lack of training of providers on the management and psychosocial supports in sexual and reproductive health to take into account the specific needs of this group.

Yet, "People with disabilities are exposed to multiple risk factors such as poverty, violence, and access restrictions to services." It is important to act so that the disabled population is a priority group in the response to the HIV epidemic. Without this, the interactions between these factors result in an HIV-at-risk environment" (5).

II. METHODOLOGY

This is a literature review with the aim of showing the results of some studies carried out in the world and in Senegal, particularly on HIV among people living with disabilities. Bibliographical searches were carried out on

different search engines: Google scholar, Cairn, Theses, Memoire Online; health reports; national and international conventions and laws related to the topic.

The selected documents were labelled with the keywords ‘Vulnerability’, ‘Disability’, ‘HIV’, ‘Senegal’. 87.

Table 1: Types and Number of Documents Reviewed and Selected

Selected Documents	Number of	Selected Documents
Scientific articles	8	6
Theses/Memos	4	1
Reports	4	2
Total	16	9

III. RESULTS

Vulnerability is the opposite of security, it reflects the state of someone who is vulnerable because fragile or placed in a situation that weakens him and thus runs the risk of being a victim one day. UNAIDS found in its Disability and HIV Policy Brief (2009) that people with disabilities are at as high, if not higher, risk of HIV infection than the rest of their community.

In Senegal, few data are available on HIV among people living with disabilities.

The combined national surveillance inquiry (ENSC) has highlighted the forms of violence suffered by women with disabilities. Indeed, 36.8% reported having experienced at least one violence in their lifetime. Verbal violence (33.0%) is the most frequent by far, followed by physical violence (8.5%), sexual violence (7.0%) and rejection or abandonment (5.7%), economic violence (2.2%) (5).

Another study also denounced rape cases involving disabled persons (autistic, motor-disabled). The aggressors use their disability situation to rape them; sometimes they do not even resort to physical violence in order to commit their act (6). And most of the time the victim is not taken to health facilities for treatment in order to avoid double stigmatization by the community. This situation shows the double vulnerability of disabled people, especially women.

In another ONH study, Humanity Inclusive showed the urgency of considering people with disabilities among key populations that constitute a gateway from HIV to the general population with a prevalence that doubles national prevalence by 2.5% for women and 1,3% in men. However, the qualitative survey showed that people with disabilities still face physical, financial and Socio-cultural to PEC/AIDS structures (7).

This can be explained by their limited knowledge of HIV, according to a survey 76.9% say they have heard about it, 17.0% are unaware of the ways of sexual transmission and 13.6% of blood transmission. (5)

In the “rethinking disability” of Tchamba and Fall, policies for the social inclusion of people living with a disability exist, but it is clear that their operationalization faces enormous challenges [8]. Several testimonies show that the institutional and legal framework is marked by social norms in disability, which contributes to disabling situations for people potentially vulnerable due to their disability. (8)

People face environmental, social and economic barriers to accessing health services. According to Fall et al 2019, access to these services is also dependent on the physical accessibility of the places that shelter them... (9)

Thus, the Senegalese state has implemented the social orientation law in 2010 with its Article 3 «Every disabled person receives a specific card proving his disability and called «equal opportunities card». It enables its holder to enjoy the rights and benefits in terms of access to health care, rehabilitation, technical assistance, financial assistance, education, training, employment, transport, as well as any other benefit that may contribute to the promotion and protection of the rights of persons with disabilities (3).

Yet according to the interim report of the evaluation of the protection programs

Social in Senegal reveals that almost one third of the beneficiaries surveyed (32.8%) are not aware of the conditionalities of the equal opportunities card (10).

Thus, we can understand the many difficulties that people with disabilities face in obtaining quality preventive, promotional and curative care, which increases their vulnerability to all kinds of diseases including HIV/AIDS infection.

IV. DISCUSSIONS

The results show that in the fight against HIV, persons with disabilities have not been adequately addressed specifically in HIV programme.

Targeting this group, which represents between 10 and 20% of the population, was a gap in the implementation of the PSLS (Strategic Plan for the fight against AIDS) 2007 - 2011.

In addition to the poverty that characterizes them, social prejudices surrounding their sexuality, their low level of literacy are added by reduced access to information related to prevention (...) and physical inaccessibility to care services. All these reasons justify today the need for special attention to this target (11).

This means that the disability issue must be taken into account in all public policies and that an inclusive approach to the implementation of national projects and programmes should henceforth be favoured (12).

This makes it clear that taking into account the social determinants of health remains essential for an inclusive health offer.

V. CONCLUSION

The vulnerability of people with disabilities to HIV is poorly documented, yet the link between disability and HIV is well established.

The need for a comprehensive study is there to develop a theoretical model in order to take into account the specific needs of this vulnerable group for an inclusive health offer.

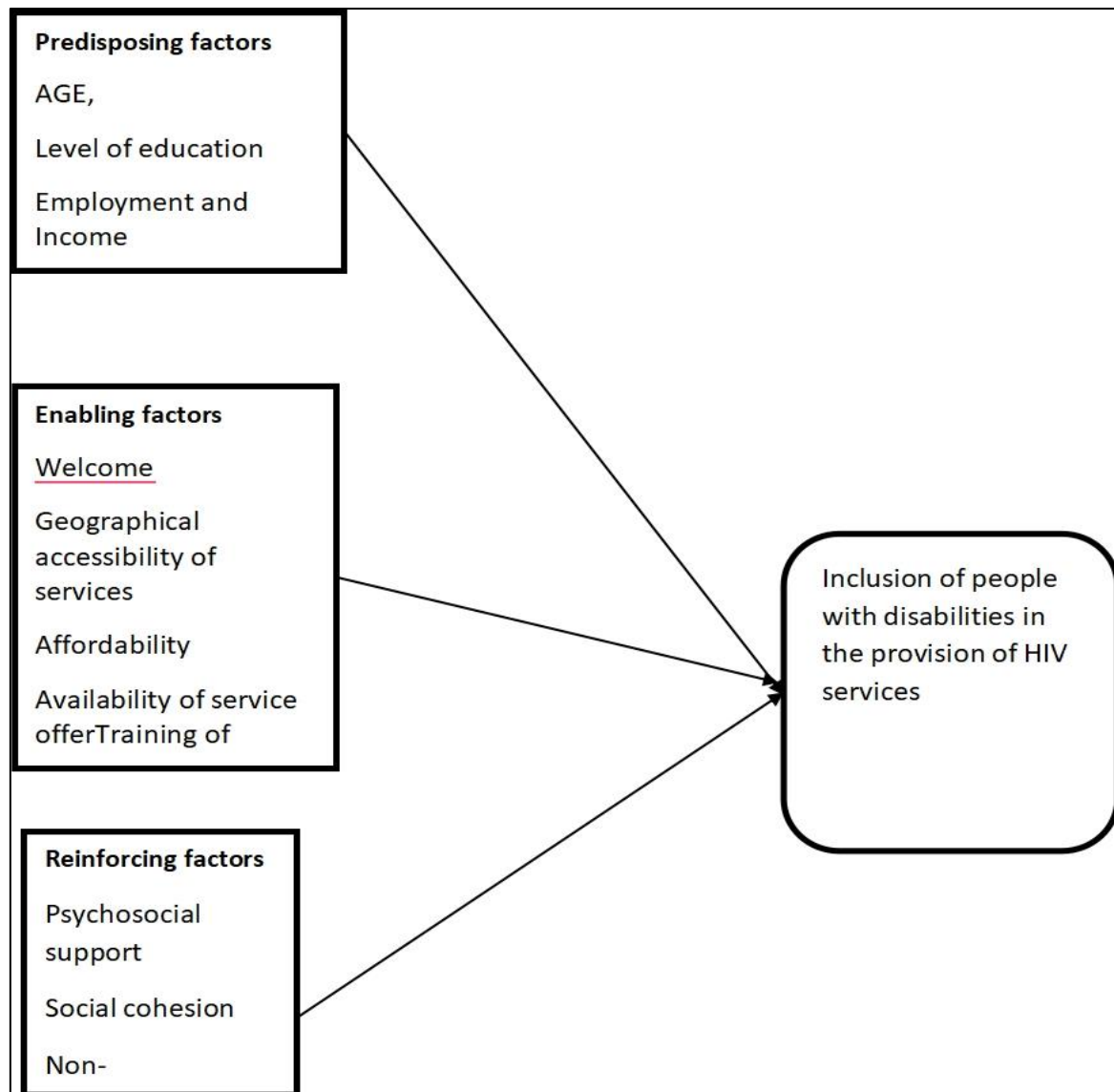


Fig 1: Conceptual framework for the inclusion of people with disabilities adapted from the Andersen Newman Mode

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