

Report on Kenya 8th Round of the Universal Periodic Review – May 2010

This report is submitted by **The Chariots of Destiny Organisation¹** and the **Sexual Rights Initiative²**. It was written by Nancy Nteere a Sexual Rights Researcher. It addresses the intersections between **disability and HIV/AIDS, women and health care**. It includes recommendations **to the Kenyan State**

A. Introduction

1. Kenya is located in the Eastern part of Africa. It is bordered by Sudan and Ethiopia to the north, Tanzania and the Indian Ocean to the South, Uganda to the West and Somalia to the East. As of 2007, Kenya has a population of approximately 36.7 million³.

2. There are approximately 42 ethnic tribes in Kenya. The Kikuyu make up the majority of the population at 22 percent, followed by the Luhya (14%), Luo (13%), Kalenjin (12%), Kamba (11%), Kisii (6%), and Meru (6%). The combined total of other African tribes makes up 15 percent of the population, while non-Africans compose only one percent⁴. Each tribe has an indigenous language; however English and Swahili are the official languages of Kenya and are most commonly used.

3. The National Council for Persons with Disabilities (NCPWD) was set up by Act of parliament in 2004 to promote the rights of Persons with Disability. It addresses issues such as challenges specifically faced by Persons with Disabilities (PWD) which make them more at risk to HIV/AIDS: Some of the challenges faced include lack of effective communication, especially for persons with sensory impairments; poor parental care towards children with disabilities and negative attitudes propagated by able bodied towards persons with disabilities. Estimates derived from the National Census 1999, puts disabled populations at 10 percent of the 36.7 million Kenyans

B. Legal Framework

¹ The **Chariots of Destiny Organisation (COD)** is a Non- Governmental Organisation. It was founded in 2007 in Nairobi, Kenya. COD's mission is to reach out to persons living with disabilities and women with spinal cord injuries by providing information, education and communication materials towards their entitlement to human rights, geared towards their inclusion and recognition by society.

² The **Sexual Rights Initiative (SRI)** is a coalition including Mulabi – Latin American Space for Sexualities and Rights; Action Canada for Population and Development; Creating Resources for Empowerment and Action-India, the Polish Federation for Women and Family Planning, and others.

³ Population of Kenya: 2007 country profile- www.infoplease.com/ipa/A0107678.html

⁴ “Kenya: People: Tribe Statistics,” CIA: The World Factbook (2002),

<http://www.faqs.org/docs/factbook/geos/ke.html>

4. In Kenya, the Persons with Disability (PWD) Act 2003 has already been implemented and Section B of the Act states, among the functions of the Council, to formulate and develop measures and policies to prevent discrimination against Persons with Disabilities⁵.

C. Disabilities and HIV/AIDS, Women, and Health Care

5. In Kenya there is lack of raising awareness about the existence of PWDs in various arenas, so that this is usually an ignored group. NCPWD with support from UNDP made a great impact by conducting an awareness raising program workshop on the 5th-9th April 2009⁶. The workshop identified various challenges confronting PWDs, such as disability unfriendly structures; lack of mobility aids and devices and lack of appropriate information, education and communication materials especially in addressing HIV/AIDS, sexual rights and health rights for persons with disabilities.

HIV/ AIDS

6. Kenyan statistics estimate that 10% of the 3 million PWDs are living with HIV/AIDS⁷. According to the Kenya National AIDS Strategic Plan 2006–2010, Kenya's HIV/AIDS priority areas include prevention of new infections and improving the quality of life of PWDs who are infected and affected by HIV/AIDS. However according to reviews made by the National AIDS Control Council, there is a need to improve on treatment and care, protection and rights access to effective services for infected and affected PWDs. The council is reviewing and developing innovative responses in order to reduce the impact of the epidemic on PWDs' communities and improving their access to social services and economic productivity.

Health Care

7. Disability-friendliness in the Kenya's health system is determined by the quality of training of health providers in the public health institutions. Quality standard of HIV/AIDS services and programs needs several adjustments to make them friendly to PWDs, including medical staff attitudes towards disabled patients and training on how to communicate effectively with PWDs with different needs.

8. In Kenya there is little concern of the fact that a number of patients who go the hospital

⁵ Section B; Part IV of the PWD Act... recommends measures to prevent discrimination against Persons with Disabilities

⁶ Council holds Dissemination Workshop in Nyeri' The attendants were representing the Persons with Disabilities Act of 2003, UN Convention on the Rights of Persons with Disabilities, and the Kenya National Plan of Action on the African Decade for Persons with Disabilities <http://ncpwd.go.ke/2009/04/14/council-holds-dissemination-workshop-in-nyeri/>

⁷ A Case for a National Disability Health & HIV/AIDS Policy Framework, <http://www.disabilitykenya.org/acasefornationaldisabilityhealthaidspolicy.htm>

have different physical needs as well. PWDs are generally not factored in planning of hospital architecture especially in government run hospitals. As a result of lack of physical access, disability-related technical and human support, poverty as well as stigma and discrimination; persons who are physically handicapped, blind, deaf or have intellectual or cognitive impairments have limited or no access to important information especially on sexual and reproductive health unlike the able bodied who receive unlimited information.

Women, Reproductive and Sexual Rights and Disability

9. Kenya is a highly patriarchal society; women with disabilities are subject to double discrimination based on their gender and their disability status. Many disabled women continue to miss out on education, training and employment on account of their disability and are often marginalized to the sidelines when key decisions are made. This aggravates the poverty levels of women living with disabilities.

10. Health providers at health institutions have difficulty dealing with disabled women who are pregnant as they have a general misconception that a disabled woman may develop complications during child birth, and health personnel would not like to be blamed for any mishap. Therefore majority of disabled women are forced to give birth at home with assistance from traditional birth attendants or midwives and seek professional assistance in case of emergencies. In majority of the national health centers and hospitals the maternity and delivery facilities are not disability friendly. For example, beds are too high for a woman with limited mobility to access.

11. Girls who are disabled are hidden at home and restricted on social integration, therefore they receive no or limited information concerning menstruation, contraceptives, pregnancy or STD/AIDS. Within a heterosexual scheme, they are regarded as “non-marriageable” and therefore this information is regarded irrelevant to them. Adolescents who are disabled are brought up oblivious of their desires; their caregivers ignore the fact that they need information as regards sexuality causing the girls to get confused about changes in their bodies. Non-Governmental Organization play a role in offering training to sex education teachers on family life education, so as to include it in the schools curricula; these trainings however lack a special focus towards PWDs needs.

12. In the Kenyan patriarchal society a woman is equated to the wealth she will bring to the community in terms of bride price. However a woman who is disabled is regarded as less productive and of diminished value as she will not attract a suitable suitor. Women with disabilities are generally regarded as women without sexual attractive and without sexual desire.

13. Generally society regards PWDs as a group of people who have no sexual desires and therefore are not included in the platform of advocating for sexual and reproductive health rights, they are rarely considered in national debates with a focus on sexuality and consequently if there exists a lesbians disabled women community; then, they are well closeted like majority of the gay communities in the country.

D. Recommendations

The Kenyan State should:

- Take the necessary measures to implement a plan for prevention of HIV/AIDS on PWD's communities.
- Provide particular support to improve health care access and adequate installations to make possible treatment and care of PWDs living with HIV.
- Set the necessary structure towards directing a substantial amount of government funding towards Disabled People's Organizations (DPO) working on HIV/AIDS issues.
- Implement strategies and programs to change health care providers' attitudes toward disabled patients, especially in public health centres, and to train them in communication skills with persons with different needs.
- Introduce programs which provide adequate sexual and reproductive health information and facilities to PWDs in order to minimise their fear and prejudice towards seeking assistance in government run institutions.
- Promote a media-policy aimed at raising-awareness of PWDs in society; e.g. highlighting events, achievements and programs
- Implement strategies and programs to enable PWDs to access social amenities, and to improve the provisions of opportunities to participate in events and activities.
- Encourage women living with disabilities to participate in public programs and projects through designing policies which facilitate their inclusion and recognition, and promote their participation in designing, implementing and making-decisions levels.
- Implement an employment policy including PWDs in key influential positions in government institutions to encourage employment programmes for PWDs. They could also play the role of PWDs representatives in voicing their concerns and issues within the government.