Policy Brief

for Adolescent and Youth with disability on Sexual Reproductive health and Rights in Kenya

Something Needs To Change Right Here Right Now

Introduction

It is estimated that 10% of Kenya’s Population, an equivalent of 4.44 million people –have a disability. Adolescent and young people with disabilities have limited information on sexual and reproductive health. Person with disabilities are up to three times more likely to be victims of Sexual Gender based violence than non-disabled.

They have limited opportunities to make informed and independent decisions about sexual reproductive health hence high chances of being abused due to being placed in institutions. Kenya Association for the Intellectually Handicap (KAIH) indicates that women girls with disabilities face disproportionately higher rates of gender-based violence: sexual abuse, neglect, maltreatment and exploitation.

There is a challenge of reporting such abuses as the medical, legal and social services systems are complicated for persons with disabilities. The Government of Kenya has adopted progressive laws for persons with disability.


However, there is ignorance and poor attitudes of society, services providers, and individual to support adolescent and young people with disability. This limited access to youth friendly services based on the national guidelines for provision of adolescent and youth friendly services in Kenya

The policy brief aims to advocate for implementation of all relevant laws for persons with disability protecting adolescent and young people with disability. Its geared towards protecting adolescent and young people with disability from any form of violence such as sexual, physical, emotional or psychological abuse within schools, institution and community.

It discusses action needed to increase access to sexual reproductive health and rights information and services. This will be achieved by ensuring all services and information is tailored to diverse needs and equal services available to adolescent and young people with disability. This policy highlights status of SRH needs of adolescent and young persons living with disability in Kenya.

References

Ministry of Education Implementation Guidelines for Sector Policy for Learners and Trainees with Disabilities.
Challenges

Persons with Disabilities and Risk of Exposure to HIV.
A 2012 survey conducted by UNAIDS in South Africa reported HIV prevalence among people with disabilities at 16.7%, with a study conducted among deaf people in Kenya indicated that nearly 7% were living with HIV. Although with the studies indicating HIV prevalence among person living with disability often family caregivers and health providers fail to understand and appreciate the sexual and reproductive health needs of people with disability in addition to many adolescent and young people are unaware of the sexual and reproductive health and rights.

Sexual violence
A Study GAP report by UNAIDS (2014) indicate that people with disability particularly women and girls are more vulnerable to sexual violence and abuse with high prevalence of sexual abuse by people with disabilities, especially institutionalised men, women with intellectual disability an adolescent have heightened risk of sexual abuse due to limited access to adolescent and youth friendly services as per the national guidelines on provision of adolescent and youth friendly services due to physical access that include transportation, proximity to the health facility, lack of ramps and adapted examination table.

SRH Information
Adolescent and young people with disability have limited sexual reproductive health information due to limited materials in Braille, policy brief for persons with disability, no of sign language interpreters, health – care provides negative attitudes and knowledge and skills about persons with disability. Alongside adolescent and young people with disability may be turned away from SRH education forums due to assumptions that they are not sexually active or don’t engage in risky behaviours.

Access to Treatment, Care and Support
Persons with disabilities.
Access to Treatment, Care and Support Persons with disabilities. Adolescent and young people with a disability may not enjoy full access of SRHR services due to knowledge of service providers on disability issues or attitude towards adolescent and young people with disability. Further the services offered at the health facility may be physically inaccessible with limited sign language facilities or limited alternative formats such as Braille, audio or plain language.

Legal and Policy Context
The 2006 Convention on the Rights of Persons with Disabilities commits State Parties to: “provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other people, including in the area of sexual and reproductive health and population-based programmes” (Article 25) and to “take appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life” (Article 26).

**Recommendations**

**Actions for Governments**

1. Domestication of guidelines that prohibit all forms of discrimination against persons with disabilities which may hinder access to: social security, health and life insurance, where such benefits are mandated by national law; and health services such as sexual or reproductive health education and services.

2. National and county government to establish partnership with organizations of young persons with disability, and strengthen inclusive policies and programs that ensure meaningful participation of adolescent and young people with disability through specific budgetary allocation for sexual reproductive health needs of adolescent and young people with disability to ensure available of materials in Braille, sign language interpreter’s ramps and adapted examination table.

3. Establish age-, gender-, culture- and language-appropriate SRHR programmes by domesticating guidelines that provide for mechanism to develop appropriate programmes and mechanisms to prevent sexual assault or abuse of persons with disabilities focusing on those settings which place persons with disabilities at greatest risk e.g. specialized institutions, schools or hospitals.

4. Develop, validate and support the use of impairment-specific and disaggregated indicators in the national Health monitoring and evaluation system. By strengthening planning, monitoring and evaluation framework systems that address the sexual reproductive health needs of adolescent and young people with disability by ensuring specific and disaggregated indicators are reported at the national level.

5. Include sign language in the general school curriculum to foster understanding and enhance cohesion.

6. Increase the number of special needs educators and the number of special schools as they are few and expensive and avail locally braille machines, braille boards and arithmetic boards.

7. Train public officers on sign language in order to offer quality and timely service to PWDs especially police officers, medical practitioners.

**Actions for Civil Society / International Agencies in Partnership with Government**

1. Increase networking and information exchange organization working on SRHR and disability service, disability advocacy and human rights organizations. Ensure all stakeholders are sensitised on child rights protection through creating awareness on learners and trainee protection guidelines, adherence to legal provision in cases of abuse and reporting mechanisms within and out of institutions of learning.

2. Develop mechanism to prevent sexual assault or abuse of persons with disability through developing programs, establishing age – gender – culture and language appropriate Sexual reproductive health programming developed in formats friendly for adolescent and young people with disability.

3. Ensure all stakeholders are sensitised on child rights protection through creating awareness on learners and trainee protection guidelines, adherence to legal provision in cases of abuse and reporting mechanisms within and out of institutions of learning.

4. Advocate for adolescent and young people living with disability have full SRHR and ensure freedom for physical and sexual abuse and inclusion in planning and implementation and evaluation of SRHR programmes.

5. Promote research on the SRH of persons with disabilities. A stronger evidence base will help improve SRH programmes for persons with disabilities and ensure programs designed and implemented are accessible to adolescent and young people with disability and fund research on SRHR and disability, ensuring that persons with disabilities are included on the research team designing, implementing and analysing the research.