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THESIS

MEDIA COVERAGE OF PEOPLE LIVING WITH DISABILITIES AND HIV/AIDS.

Supervisor

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**Thesis submitted in partial fulfillment
of the requirements for the Bachelor of Arts in Social Communication**

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DEDICATION

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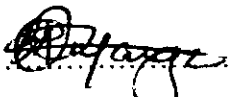
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I acknowledge with deep thankfulness, the grace and the love richly given by the Lord.


STUDENT'S DECLARATION

I, the undersigned, declare that this thesis is my original work achieved through my personal reading, scientific research method and critical reflection .It is submitted in partial fulfillment of the requirements for the Degree of Bachelor of Arts, in social Communication. It has never been submitted to any other college or university for academic credit. All sources have been cited in full and acknowledged.

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This thesis has been submitted for examination with my approval as the college supervisor:

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ABBREVIATIONS

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
PWD	People with Disabilities
PWMD	People with Mental Disabilities.
GOK	Government of Kenya
UN	United Nations
HI	Handicap International
NCPWD	National Council for Persons with Disabilities
WHO	World Health Organization
KAIH	Kenya Association of the Intellectually Handicapped
DFID	Department for International Development
Ibid	In the fore mentioned place
TV	Television
Advert	Advertisement
Et al	Other persons

1. GENERAL INTRODUCTION

HIV/AIDS information and education is highly recommended as the first step to prevention and risk reduction of HIV infection. Comprehensive approaches have been put in place. Unfortunately, too often individuals with disability are not included in AIDS outreach efforts. The HIV/AIDS is impacting on Africa as a whole. However, as this situation continues, disabled people remain marginalized from the HIV/AIDS information, education and communication to which their peers are exposed.¹ Overall, this project aims at confirming that these defects are real and taking a step toward remedying them. The notion of social exclusion will be employed as a way of describing the way in which people with disabilities are dealt with regarding HIV/AIDS. The social model of disability is essential in order to counter this pattern.

While HIV/AIDS is clearly a health problem, the world has come to realize that it is also a developmental problem that threatens human welfare, socio-economic advancement, productivity, social cohesion, and even national security. HIV/AIDS reaches into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor.

The media can have a vital role in society. They can be on the one hand instruments of social control, and, on the other, agencies of emancipation and means by which local identities are revitalized. The presence of disabled people living with HIV/AIDS in the media should be seen not as a process of passive victimization and indoctrination but a way in which they actively express something about themselves as

¹ ELWAN, A., *Poverty and Disability A survey of the literature*, 1999, 1.

people.² On this account the media should be viewed as a site of negotiation between conflicting definitions of the challenged rather than as a problematic agency of division.

Mass media operate ideologically, to sustain and support prevailing relations of domination³. The question is why have the media neglected this particular group of persons? Does it mean that those living with HIV/AIDS and disabilities should create their own means of exposure and communication?

*Where there is darkness, let us light a lamp; when we light a lamp, let us make sure we have sufficient oil to keep it lit through the night; when we light a lamp, let us keep it on the table and not under it.*⁴

It is incorrectly assumed that individuals with disability are at low risk of HIV infection. They are incorrectly believed to be sexually inactive, unlikely to use drugs or alcohol, and at less risk of violence or rape than their non-disabled peers. Individuals with mental illness have received attention, but a focus on this group still lags behind that of the general population.⁵

Little is known about HIV/AIDS in populations with pre-existing disabilities, the idea of this paper therefore is to view up close a select group of the disabled or the disadvantaged. On the other hand, in reporting HIV/AIDS and the challenged the popular press in particular, driven by the goal of selling as many papers and news as possible, has generally sought the most sensational headlines, photographs and

² CURRAN.J, and GUREVITCH.M., *Mass Media and Society* (2nd Edition), New York: Arnold Publications, 1996,

³ Fiske, 1989:47

⁴ Conference Document, New partnerships between FBOs and UN organizations.

⁵ Drawn from World bank.Yale. *Global survey on HIV AIDS and Disability*.

approaches.⁶ These people have not been brought to public view, and if they have, it has been done in a negative way giving a very wrong impression about them.

At the poorest end of society, we see that the figures become particularly stark and reveal the extent of the discrimination that needs to be overcome if persons with disabilities are to become empowered and productive members of the society. Around twenty percent of the world's poorest people have some kind of disability. They are largely invisible when countries report on their efforts to achieve the Millennium Development goals.⁷ In addition AIDS affects individuals in their most productive years and leads to poor economic performance, this arises when the individual develops symptomatic HIV infection resulting in the loss of productive work through absence and increased expenditure on medical and sick benefits.⁸

The media play a central role in the lives of people, though most of the challenged have been deprived of access to the media, which have always been on the forefront ensuring that the masses are up to date with news here and there. But this issue has been buried in the sand and this could raise eyebrows. I would also like to look at this particular group in regard to facilities in different places and the attention they receive. By this I do not insinuate that they should be treated as a special group of persons, I simply mean that they are already with us and part of us, and we should on this account ensure that they are able to access different regions and places with some ease.

Consider, for example, the voluntary counseling and testing centers (VCT) that exist. How many do you know that are specifically designed for the challenged? This is perhaps due to the fear that they have not been fully initiated into such programmes and

⁶ Global Health Challenges, *Stigma in the News Media*, 2001.

⁷ International Day of Persons living with Disabilities report-2009

⁸ "Young people responding to HIV/AIDS in the Commonwealth," *Force for change*, UNAIDS.45E 1999

most think that they would rather die in silence. Most of these facilities are not user friendly. The media should be on the forefront to bring to public view those that are challenged and infected by HIV/AIDS because we can see it is already a challenging combination.

If we do not look at these issues critically, then they would in one way or another suffer for lack of knowledge. We should therefore ensure that the deaf, blind, handicapped and so on are enlightened about the deadly disease, and also about normal precautions, and we should also give them an ear to know about their predicament.

2) Statement of the Problem

Around the world, people with disabilities remain among the most stigmatized, poorest and least educated citizens. It is known that all of the risk factors associated with HIV/AIDS are increased for individuals with disability.⁹ There is a double stigma experienced by people living with HIV/AIDS and disability.¹⁰ The disabled despite considerable progress in terms of international legislation over the past few years still face colossal obstacles in their efforts to lead a meaningful life and benefit from the full range of human rights and develop opportunities available to other members of their societies.

Those living with disabilities are a vulnerable population. Individuals living with permanent physical, sensory (deafness and blindness) intellectual or mental health disabilities have been overlooked despite the fact that they are equally exposed to all known risk factors for HIV and AIDS. One person in ten lives with a disability significant enough to make a difference in their daily lives. Although disability is often

⁹ "Challenges and successes," (2) *AIDS and the free world*, 2008..2

¹⁰ www.unaids.com and Disability Kenya

thought of solely as a medical concern, the greatest problems facing individuals with disability are social inequity, poverty, and lack of human rights protection, not simply lack of access to medical care,¹¹ and one can be both disabled and healthy.¹²

Besides these heightened risk factors there are many problems that hinder progress on disability and AIDS. A major hurdle is lack of qualitative information or data regarding people with disabilities and HIV/AIDS. We do not know how many men or women with pre-existing disabilities are infected with HIV/AIDS, and often we do not even have statistics on people with disabilities. This lack of data makes it difficult to obtain funding and to discover high prevalence areas so as to target programming.¹³ On this account there is need to gather information about people with disabilities and gauge their levels of knowledge, attitudes, and practices towards HIV/AIDS.

3) Social Contextualization

There is a widespread belief in certain societies that an HIV positive man can rid of himself of the infection by having intercourse with a virgin. In such societies persons living with disabilities are disadvantaged. There are societies where people still believe in remarrying. There you find that widows and widowers tend to seek out disabled persons because they are believed not to understand HIV/AIDS. They are thereby widely abused. Both male and female are assumed to be asexual, and therefore virgins are being

¹¹ ELWAN.A., *Disability and Poverty*. (Washington DC World Bank social protection unit, 1999.)

¹² UN General Assembly., "Standard Rules on the equalization of opportunities for persons with disability," Res.48/96, New York: 1993

¹³ United Nations Enable website, International Norms and Standards relating to rights of women with disabilities. Available at www.un.org

raped by non-disabled individuals desperate to rid themselves of the virus.¹⁴ Widows of husbands who recently died from AIDS have been reported as seeking out disabled men, especially deaf or intellectually disabled individuals, thinking that, because of communication barrier or their inability to understand how AIDS spreads, they may be willing to take a wife who is HIV positive.¹⁵ I would give an example of Luo community where re-marrying is still extensive.

Many people with disability are dependent on parents and other family members for assistance with dressing, eating and toileting, as well as for social, psychological and economic support. When a caregiver within a family dies from AIDS, the person with disability in a vulnerable group is at even greater risk. AIDS orphaned children with disability face increased risks of neglect, institutionalization and death.¹⁶ They are not in a position to report incidents to the media or police, since many lack interpreters; and where sex education is given in society the disabled are left out or rather receive little information. Again there are societies in which individuals with disabilities believe that since they are already disabled God would not give them another disease. This is simply a matter of misinformation acquired either through the media or some other means.

¹⁴ GROCE.N., TRASI.R., *Rape of individuals with Disability: AIDS and the Folk Belief of virgin Cleansing, The Lancet*.2004.

¹⁵ World Bank, *Disabilities: Issues and Challenges*, Washington DC.2003.

¹⁶ GROCE.N., *HIV/AIDS and Disability: Capturing Hidden voices*, New York.2004.

4) Objectives

- i. To find out how those living with disabilities are portrayed in societies.
- ii. To assess the level of awareness, knowledge and attitude of people with disabilities towards issue of HIV/AIDS.
- iii. To realize how these particular groups could be brought into public view either through forums, conferences and other possible means.
- iv. To affirm the sexuality of people with disabilities in view of understanding their vulnerability to HIV/AIDS infection.
- v. To unearth any other factors that might result in vulnerability to HIV/AIDS infection among people with disabilities.
- vi. To curb the social stigmatization and neglect of those living with disabilities.
- vii. To find out how the disabled populations can best be reached as part of general HIV/AIDS outreach efforts, or through disability-specific organs.

5) Hypotheses

- Those living with disabilities are not adequately presented in the media.
- The media services we have are not friendly to the disabled populations.
- As a society we could help to reduce the marginalization and stigmatization of the disabled
- The disabled are at risk of contracting HIV/AIDS and other related illnesses.
- The media still stigmatize the disabled by not effectively representing their predicaments.

6) Methodology

In trying to meet these objectives I have used survey-questionnaires distributed to an identified group of persons and particular groups that deal with issues related to the disabled. Apart from the questionnaires I also interviewed people to find out what they think about those living with disabilities in relation to HIV/AIDS.

Finally I employed focus groups, case studies, and in-depth interviews as these interactive methods can be very useful.

7) Limitations of the thesis

Since in many societies perhaps only one in twenty people are living with a disability, the research has to cover a wider locality or region, or rather a small number of the challenged. I also believe that many people would not like to talk particularly about this issue, thereby posing the challenge of unwillingness to speak. On the other hand, different people are living with different disabilities hence they are only in a position to talk about their own, if at all they can express it. In addition, maybe the affected families might in one way or the other feel offended by the question posed. Hence this appears to be a sensitive topic and the matters have to be handled with a lot of care. Getting relevant data might not be easy as some people might not find it easy expressing what they feel and what they have gone through. This could appear as invasion of privacy to a number of them.

8) Definition of terms

8.1. **Stigma** – a term that refers to negatively perceived characteristics used to set individuals or groups apart from the normalized social order. In other words there are some who are regarded as ‘normal’ and ‘not normal’ and hence treated differently.¹⁷ So in fact, it is anything we do, whether consciously or not that negatively affects another person.

8.2. **HIV**-(human immune-deficiency virus.) the virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact.¹⁸ It is the virus that causes acquired immune deficiency syndrome; it replicates and kills the helper T cells.

8.3. **AIDS** - incurable disease characterized by a deterioration of the immune system and susceptibility to a number of infections and cancers (caused by the HIV virus.)

8.4. **Media** - institutions that deal with the dissemination of information, channels through which we get information and express our views, means of communication which include television, internet, radio, newspapers and other below the line outlets. In general “media,” as a plural noun, refers to various means of communication.¹⁹

8.5. **Disabilities**- an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; while disability is a complex phenomenon, reflecting an interaction between features of a

¹⁷ Report on the study of stigma and discrimination-Government of Botswana.2003.

person's body and features of the society in which she or he lives.²⁰ Broadly, the term may be taken to mean a range of different functional limitations occurring in any community, where persons may be disabled by physical, intellectual, or sensory impairments, medical conditions or illnesses. These impairments limit the ability of affected persons to take part in the active life of the community on an equal level.²¹

8.6. Disability Culture -the movement by which disability is expressed as more than just a condition. but also a common experience that collectively lends itself to the unique and diverse expressions of those whom we identify as disabled.

8.7. Vulnerable - The definition of vulnerable groups varies between countries, but amongst the most important defining characteristics are age, sex, ethnicity and location. But also important are people with disabilities and stigmatized illnesses, such as emotional disturbance.²²

8.8. Communication- a process that involves the transfer of information and mostly occurs through spoken, written or visual modes.

²⁰ World Health Organization-World Health Report.2007

²¹ The Steadman Group, *Sharpen your edge: HIV/AIDS Knowledge, Attitude and Practice and Accessibility Study-Final Report for Handicap International* November,2007.16

²² ELDIS-Health and Development information team.

9) STRUCTURE OF THE THESIS

Chapter one, is the literature review which introduces us to the understanding of disability and HIV/AIDS by “parading” the information acquired from reading, it sheds light on the history of media coverage on these issues. It also includes a discussion of the power of media in exposing issues.

Chapter Two delves into the scientific aspect of this research. It highlights the findings of the research with a theoretical interpretation employing relevant media and theories. Also included are the audience research findings which are pertinent to the thesis proposal in chapter three.

Chapter three is a project proposal that comes from the research carried out. Relevant communication theories will be applied to help in justifying the communication project. I will come up with a strategy to bring into public view these particular groups of people.

The general conclusion will summarize the research as a whole, while stating the findings of the field research regarding objectives and suggesting a way forward.

CHAPTER ONE

LITERATURE REVIEW

1.0. INTRODUCTION

Estimates indicate that more than ten percent of the world's population, between 670 and 800 million, have a disability themselves or have a close family member with one, and that in a quarter of all households there is one person with some sort of disability.²³ Think of those who are living with different disabilities, the blind and the deaf, whether physically or mentally disabled. There are about half a million deaf people in Kenya. Studies carried out in 2005 showed that HIV/AIDS pandemic among the deaf was seven percent above the rate for people without known disabilities²⁴. Disability in relation to HIV/AIDS is a specific subject of discussion because of the increasing cases of the epidemic in marginalized populations. People with disabilities are the least educated and are among the poorest in most societies.²⁵ Local policy, culture, media and stigma all have something to do with inhibiting deaf leaders from promoting awareness or behavior change.²⁶

Increasingly, the literature on people with disabilities has recognized their vulnerability to the HIV pandemic. Thus an area of concern.²⁷ Individuals with disability are among the most stigmatized, poorest and least educated of all the world's citizens. Although disability is often addressed solely as a medical concern, the greatest problems

²³ UNDP, "National council of persons with Disabilities report". *Daily Nation* Thursday December 3, 2009

²⁴ An article appearing in the *Lancet* vol.361, titled "HIV AIDS and people living with disabilities," April 2003. 1401-1402.

²⁵ ALBERT & HARRISON, 2006.

²⁶ Report from Disability Kenya-2005

²⁷ MU LINDWA. I.N., 2003; YOUSAFZI, A. & EDWARDS, K., 2004; The World Bank/Yale University Press, 2004; Groce, E. N., 2003

facing individuals with disability are social inequity, poverty, and lack of human rights protection, not simply lack of access to medical care.²⁸ Surprisingly, one of the world's most vulnerable populations are those individuals who live with disabilities, either a permanent physical, sensory (deafness, blindness), intellectual, or a less permanent (but not less crippling) mental health disability. They have been almost entirely overlooked despite the fact that they are at equal or increased risk of HIV infection. It is commonly assumed that individuals with disabilities are at low risk of infection.²⁹ The disabled are incorrectly believed to be sexually inactive, unlikely to use drugs or alcohol, and are at less risk of violence or rape than their non-disabled peers.

In the last two decades HIV/AIDS has become a major worldwide catastrophe, not the least in Kenya. Sixty million people are being excluded from the fight against HIV/AIDS simply because they are living with a disability.³⁰

1.1. Marginalized Disabled Population

People with disabilities are quite aware of their marginalization from the process of being informed and educated about HIV/AIDS. Indeed, this form of social exclusion is more disturbing when it upholds myths such as PWD thinking that they are immune to the virus as a result of what they have been told by the society.

Little is known about HIV/AIDS in populations with pre-existing disabilities; the issue of HIV/AIDS and persons with disabilities is not well understood in the developing world.³¹ To make concern for disability a component of integral development requires input from both the disabled sector and the development sector. Collaboration in

²⁸ ELWAN.A., *Disability and Poverty-Washington. DC: World Bank Social Protection unit*, 1999.

²⁹ World Bank, *Adolescents and Youths with Disabilities: Issues and challenges*, Washington DC, 2003.
[http: www.unaids.org](http://www.unaids.org)

³¹ VAN BIEMA, D., "Deafness and AIDS," *Time Magazine*, May 2004.

community based rehabilitation programmes may provide a way forward, though most disabled populations have not been empowered to lead in awareness or behavior change.³² Most of the disabled populations are faced with issues such as poverty, illiteracy, stigma and marginalization among others. Women with disability and disabled members of ethnic and minority communities face additional marginalization. This cycle of disability and poverty is profound. Worldwide, the most common form of employment for individuals with disabilities continues to go begging.³³

Among those living in extreme poverty, persons with disabilities are often not able to afford transportation to testing centers because even the transportation apparatus is not user friendly to them, let alone the cost of medical care. Handicap International has worked to ensure that individuals living with HIV/AIDS and are also disabled are fairly represented in all aspects of policy making and also the inclusion of the disabled in the mainstream projects. There is double stigma experienced by people living with HIV and Aids and disability. On the other hand, there are about a million deaf people in the country, the first voluntary Testing and Counseling Centre specifically targeting the deaf was established in 2004 and studies also showed that HIV and Aids prevalence among the deaf was seven percent similar to that of the national prevalence.³⁴ Disability Kenya says local policy and stigmas have not empowered many deaf leaders to lead in awareness or behavior change.

As a matter of fact, you might find that a disabled person relates positively to something bad and this might be so in the case of HIV/AIDS. When it comes to the deaf, for example, s/he in turn might want to have that positive feeling. Some people that

³² The Standard Newspaper, *Report on focus for persons with disabilities*, 2009.

³³ UNICEF: *An overview of young people and women with disabilities*, New York, 1999.

³⁴ The Deaf and HIV/AIDS in Kenya-2005 survey

surround them and those that like taking advantage. Maybe knowing their status might be related to induce that positive feeling "AIDS" knowingly, this still falls under marginalization because they need to be enlightened fully. In depth and sign language needs to be inculcated in different fields to be part of disabled education.

For people with disabilities there is no national census nor are there surveys on the implications of HIV/AIDS on people with disabilities. The World Health Organization estimates that 10% of the population constitutes people with disabilities. Other rapid assessments have revealed that people with disabilities are sexually exploited.³⁵

1.2. HIV/AIDS in Kenya

The AIDS pandemic is not a single global pandemic. Rather, it is a series of cascading, overlapping outbreaks of disease sweeping over communities the way waves pound relentlessly at a shore.³⁶

Since it was discovered in the mid 80's and declared a national disaster, HIV/AIDS has been steadily on the rise. The AIDS pandemic is the major threat to sustainable development in Kenya.³⁷ The impact of HIV/AIDS has been socially and economically devastating, eroding greatly the economic and human capital, and leaving about half a million children orphans.

It is estimated that in Kenya HIV/AIDS is the cause of a loss of about 200 million Kenyan Shillings daily, in the form of reduced work productivity, absenteeism from the work place, deaths and funeral expenses, replacements and training of new personnel. HIV/AIDS most deeply affects those least able to enjoy their rights, the poorest, the

³⁵ Report from World Health Organization, 2007.

³⁶ ANDRE P., Mexico City August 7, 2008.

³⁷ AIDS in Kenya Profile, 2002, 12

weak, the least educated and the sidelined and marginalized.³⁸ Proponents of the campaign argue that it is incumbent upon the Government to ensure that 14 years after HIV/AIDS was declared a national disaster in Kenya, issues of disability and HIV/AIDS be brought to the surface.

While HIV/AIDS is clearly a health problem, the world has come to realize that it is also a developmental problem that threatens human welfare, social-economic advances, productivity, social cohesion, and even national security. HIV/AIDS reaches into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor.

The data from the "AIDS in Kenya profile" shows that 80-90% of infections are in the age group 15-49. About 70% of the deaths occur among young adults between 25-35 years. HIV/AIDS is a preventable and manageable infection that has turned into a pandemic through ignorance, neglect and violation of human rights.

1.3. Media Focus on HIV/AIDS in disabled populations

How could such a large and vulnerable population be so significantly overlooked? It is when the media act as a magnifying glass, exaggerating existing prejudices and ignorance, that they mostly fuel stigma. In reporting HIV/AIDS among the disabled, the popular press commonly, driven by the goal of selling as many copies as possible, has generally sought the most sensational headlines, photographs and approach.³⁹ This fuels stigma where it already exists. Where HIV/AIDS campaigns are run through newspapers and billboards, blind individuals are at distinct disadvantage. Where HIV/AIDS campaigns have concentrated on radio, deaf individuals are often uninformed, while

³⁸ SIDA GOK, 2002, p.12

³⁹ Global Health Challenge, Stigma in the News Media, London, 2001.

television excludes the blind. Such public campaigns are likewise confusing to those with intellectual disabilities sorting through too much information.⁴⁰

It is still hard to understand why in the late 20th/early 21st century media context, which has seen considerable advances made in the portrayal of different 'marginalized' groups, one of the largest 'minority' groups, people with disabilities, has received little attention.⁴¹ Interestingly but surprisingly advertising frequent emphasis on superficial bodily perfection has led to the exclusion of people with disabilities from the images,⁴² advertising tend to promote a specific "acceptable physical appearance" the advertising images on media influence society in what is acceptable to admire, associate with, communicate with and value. The advertising media have thereby contributed to discrimination; the disabled have been ignored by the mainstream media. Apart from hiding them from the general public it is also clear that the place of those that are living with disabilities have been denied.

1.4. Young People with disability and HIV and AIDS

The present review suggests that there is a growing body of evidence that people living with disabilities are a vulnerable group affected by HIV/AIDS. Global advocacy for addressing the otherwise frequently ignored needs of people living with disabilities and HIV/AIDS is also essential to cater for people in the third world countries. However those living with AIDS are a wide ranging group with many different needs, therefore issues regarding access to education and services or health access should be addresses in

⁴⁰ ROBERTSON,A., BHATE,S., & BHATE, M., "AIDS:Education and Adults with Mental Handicaps," *Journal of Mentally Deficiency Research*.35(1991):

⁴¹ Disability Discrimination Act.2005.

⁴² European Association of communications agencies(EACA)

different ways according to the nature and the severity of the impairment leading to disability and the age group, community and gender of these individuals.

The infected and affected youth should have access to information about HIV/AIDS. The information if effectively disseminated will be of great impact to this particular group and will thereby help in addressing and exploring issues related to HIV/AIDS that will enable planners to work with these youths right from the grass root level thus enlightening them effectively.

The youth are up to three times more likely to be victims of physical abuse, sexual abuse or rape as members of the general population.⁴³ This is due to low literacy; most automatically miss out on school based HIV/AIDS education programmes and again access to media messages.

A survey carried out by experts has produced the estimate of thousands of youth with disabilities living in places where the services needed are not available thus increasing infection rates.⁴⁴ This to a large extent increases vulnerability among the youth making them a targeted population especially by the opportunistic diseases. Disabled teenagers, particularly girls, are often isolated from peer groups. They receive little or no education leaving them with few real life prospects to improve their lives. The result is a lack of self-esteem, practical skills, or economic independence. Disabled adolescents have also been described as 'invisible' because programmes that are designed for young adults rarely include those with disabilities.

⁴³ GROCE.N., *Disabled people-Public Health.*, 2003.

⁴⁴ World Programmes of Action concerning disabled persons, UN document.2000

1.5. Social Construct of people with disabilities

*"Cultures invest bodily conditions with meaning and in so doing can valorize or admonish appropriately."*⁴⁵

To understand disability as a construct is not to deny the material reality of a physical impairment, but it does affirm that bodily conditions are defined and negotiated as "disabling by a culture." Houck and Kiewe present a standard study that illustrates just how much bodies matter. What I mean is that the society still believes in the misleading notion of the masculine and feminine, that is at its best as being the perfect-admirable image. In Kiewe and Houck the fact is brought forward that "presidential bodies matter most of all," i.e., public personalities. This is just a narrow cultural definition of which bodies can be seen as "presidential". Fitness for political office or any other post could be an issue to most persons with disabilities.⁴⁶ We could also narrow this down to women's view of disabled men and men's view of disabled women, and we tend to forget that disability comes from the mind; it all lies deep down in our minds. Women talk about "six pack" this is a well built man while men talk of gifted women and models. It's all a social construct.

Handicap international has worked to ensure that individuals with disabilities are fairly represented in all aspects.

*"The solution is not more prosthetic, or more Viagra, or any other physical or clinical intervention. The barriers to the sexual expression of disabled people are primarily to do with the society in which we live, not just the bodies with which we are endowed".*⁴⁷

⁴⁵ DAVIS, W.HOUCK, & AMOS, K., *FDR's body politic*, Texas A and M University Press, 2003.

⁴⁶ DIANE M. BLAIR, Journal article excerpt, 2003

⁴⁷ SHAKESPEARE, I., 2001:161

Information and statistics on this target group are still lacking. The size of the population as well as overall demographics remains sketchy. Persons with disabilities are more vulnerable because of the misconception of sexuality, lack of sexuality and HIV/AIDS education, social isolation, stigmatization, sexual abuse and exploitation, inaccessible health care services, the list might be endless. These are some of the issues I would like to address here.

Social construct leads to discrimination of people with disabilities and increases their vulnerability in terms of HIV/AIDS. It is the very practice of excluding them, in associating with their non-disabled counterparts that increase their vulnerability to HIV/AIDS. Added to this predicament is the view that disabled people are not aware of their reproductive health care.⁴⁸

1.6. Disability and social exclusion

Instead of proving that the disabled are maybe 15% of any given population or that they make up to 25% of the world's poorest, why don't we convince the society that they are an irreplaceable part of the 100%?

Social exclusion is described as a framework for analysis, a "lens through which people see reality and not reality itself,"⁴⁹ rather than as a form of research that concentrates on categorical groups.⁵⁰ Silver makes the point that "exclusion arises from the interplay of class, status and political power," meaning that the excluded are both

⁴⁸ Department for International Development.2004a

⁴⁹ DE HAAN., et al 1995.5

⁵⁰ JACK.C., *Social exclusion and Gender. Does one size fit at all?* The European Journal of development Rsearch.1999, 125.

“outsiders and dominated.”⁵¹ People with disabilities are accurately aware of their marginalization from the process of being informed and educated about HIV/AIDS.⁵²

Social exclusion makes the link between disability and HIV/AIDS invisible. Thus, the attitude of society towards people with disability in believing, amongst other things, that disabled people cannot be sexually active is on its own a form of social exclusion. We might argue that they do not fit into the able bodied norms established by the society and therefore ousted. We have to realize that they are human, it is only that they have a limitation in different ways. Social exclusion involves a cluster of interlocking disadvantages.⁵³ What is more, emphasis needs to be placed on the concept of social inclusion rather than social exclusion, the duality of inclusion and exclusion should not, of course be over simplified.⁵⁴ Nevertheless, people with disability have a right to participate in their societies at all level be it social, religious and political. One way to do this is to integrate the social model of disability throughout disability debates.

1.7. Causes of Disability in the African setting

In the African setting disability was believed to be caused by a curse from God or even a punishment, Some people also viewed it as a revenge for wrong doing which was hereditary, that is from the parents, grandparents or from the relatives or members of the society, to some it was as a result of witchcraft to some extend it was believed to be as result of promiscuity.⁵⁵

⁵¹ SILVER.H., *Social exclusion and social solidarity; Three paradigms discussion paper 69*. Geneva 1994,543.

⁵² YOUSAFZI, “Knowledge, personal risk and experiences of HIV/AIDS among PWD”. *Journal of Rehabilitation Research*. Swaziland.Sept. 27-2004

⁵³ DE HAAN.A., “Social exclusion.” *An alternative concept for the study of deprivation* .IDS Bulletin 29(1), 10.

⁵⁴ FRANCIS.P.,*Social capitat. civil society and social exclusion in development theory and practice critical perspectives*.2002.92.

⁵⁵ Springer.,*Journal of genetic counseling*, Netherlands.2009.

Initially, there were cases of children born with disabilities being killed or at least considered as outcasts in those particular settings. They believed that such children were a bad omen to the society and were only worth being gotten rid of. On the other hand their parents were scorned, jeered and looked down upon. Disability may arise from physical, sensory intellectual or mental health impairments and some other causes which maybe were not known in the African setting before.

1.8. Situation of the infected

The situation of HIV/AIDS patients is much the same. They are often condemned, marginalized and rejected .In many places in Africa, HIV/AIDS patients continue “to be looked at negatively and to be judged as people guilty of a crime deserving punishment.”⁵⁶ With their whole heart and being, they long to be reintegrated, without judgment, as members of the community and the church, and to be re-established, without stigmatization, in their dignity as full members of the society.

Despite the greater understanding about how AIDS affects us, it has still become a tragedy of devastating proportions to many. The lives of infected individuals, their families and communities, the companies they work for, and the country as a whole have been affected by the HIV/AIDS pandemic.⁵⁷ Managing HIV/AIDS is expensive and so is disability. So by sharing the multiple pains of people with AIDS in their physical and mental distress, in their social exclusion and personal depression-while striving to overcome these pains as far as possible, we would be helping to transform sheer human tragedy into the possibility of new life and love.

⁵⁶ WALIGO, J.M., *The Church In a situation of AIDS: Some Reflections* ,in AMECEA Documentation Service,3 1993No:383.Uganda,February 1993,p1

⁵⁷ AIDSCAP/Family Health International: Socioeconomic impact and policy implications.1996

A radical approach to sexuality is important in a country where figures show 60 percent of new sexually transmitted infections, including HIV/Aids are in the “pulse generation (young people)”.⁵⁸ A study shows that a quarter of young Kenyans aged 15 to 24, currently engage in risky sexual practices. A recent survey by the country’s centre for the study of adolescents (CSA) found that four in ten Kenyan girls had sex before age of 19.

1.9. The double stigma of disability and HIV/AIDS

There is a double stigma experienced by people with both HIV/AIDS and disability. Fear of added discrimination by family, community and society is a barrier to openly sharing HIV/AIDS status or to self-identifying as PWD. Much effort is required to combat this double stigma, beginning with raising awareness and open communication.

Stigma affects the social life of people living with HIV/AIDS and discourages those who do not know their status from taking the HIV test. Stigma reduction is a strategy in managing HIV/AIDS. Loneliness and social rejection increases the vulnerability of persons with disability.

In most societies, the disabled are shunned, at best hidden away and pitied, they are lamentably neglected. On the other hand, they are excluded from HIV/AIDS initiatives principally because of some old myths.

People with disabilities and HIV/AIDS, for the first quarter Century of the epidemic, been victims of stigmatization, double discrimination and shameful neglect. The way they are at times treated is horrific. There is no one so blind as those who will not see.

⁵⁸ *The E1 Standard*, Friday, Jan 15,2009.

The society has stigmatized and neglected disabled people living with HIV/AIDS. We should realize that a large number of them cannot fully survive without our support. They should be allowed to have access to resources and information, and it is also our duty to make them feel a sense of belonging to the society. The notion of having a beautiful body as portrayed in the media should be set aside, as this also makes them feel like outcasts and second class citizens thus lowering their self esteem. These people's rights have to be really taken seriously so as to fully initiate them into society. In so doing we boost their self esteem and make them feel equal.

1.9.1. Stigma in health care setting

Stigma takes many forms and can be defined as rejecting, isolating, blaming and shaming. This stigma impacts on access to health care services and may lead to discriminatory attitudes of health workers. For example, service providers may ask inappropriate questions and may not respect confidentiality. They may not directly address PWDs seeking care, but instead talk with the accompanying person. Health practitioners can often lack the necessary knowledge, skills and resources to provide accessible, appropriate services to PWDs at risk for, or living with, HIV/AIDS. This is a clear indication that PWDs still face a multitude of challenges when accessing information about HIV AIDS prevention and support, voluntary counseling and testing, care and treatment. Unfortunately, should individuals with disabilities become infected, inequities continue. In many countries HIV and testing centers and clinics are physically inaccessible. Lack of sign language and interpretation, and do not address the needs of the individuals with intellectual or mental health impairments.⁵⁰

⁵⁰ ICIDH and WHO., "International classification of impairments, disabilities and handicaps"- Geneva.1980,10.

1.9.2. Disability and sexuality

“Sexuality is often the source of our deepest oppression; it is also often the source of our deepest pain. It’s easier for us to talk about –and formulate strategies for changing– discrimination in employment, education and housing than to talk about our exclusion from sexuality and reproduction”. (Anne Finger, 1992.)

Sex education does not encourage people to have sex. Rather it can help people make better decisions about sex and sexuality. This is important because when one is tempted or under pressure to have sex, it is not enough to say: ‘I am not allowed to have sex.’ They need to be able to say: ‘I choose for myself not to have sex.’ And to know the reason for saying this. When the disabled start to be sexually active, they need to know the facts about sexual intercourse and about the dangers of getting infected with HIV.

Although not explicitly nor exclusively related to HIV/AIDS sexuality is something that is often not addressed in disability circles, yet good sexual health education is key in reducing HIV infection rates.⁶⁰ Who says that the disabled populations are sexually inactive? They are after all human beings with feelings and desires just like their non-disabled counterparts. This is why they should not be left out when discussing sexuality issues. What picture do you think you will be painting in a situation whereby you organize a conference for discussing sexuality among the disabled and the turnout is 85percent delegates 25 percent of whom are disabled? This clearly shows the already existing boundary, they should be included in such forums and not be unspecified or deserted.

⁶⁰ “Wellness and Disability initiative.”-*AIDS and Disability action programme* ,1988

Admittedly, there are some other causes apart from the sexual factor. But sexual activities are a major issue in our contemporary society. Reports indicate that there is a rise in unprotected sex with multiple partners which is slowing down the fight for a HIV/AIDS free society. This is especially among the youth and celebrities.⁶¹ We cannot assume that there is no infidelity even in married populations. Especially married men feel rather stylish and an “in thing” to have a mistress or concubines to spice up their lifestyle and marriage life. We cannot assume that no sex encounters are experienced in such a context. What could be worse in the disabled population, where some of them could have no information before hand in such matters?

Musau, a student at one of the universities admits that love triangles are the norm among college-going youth. “Sleeping around is normal campus guys. Guys must help each other when one is in need. Besides, at the worst; it is okay to make sexual networks in campus “This indeed is a very expensive joke, but this happens and it is later extended to the disabled population when those addicted run out of the sexual contacts thus ruining and stigmatizing a number of those that are not given adequate information in regard to sexuality.

1.9.3. Cultural influence

People usually have different and an often mixed-up feeling about sex. Yet sexuality is a natural and important part of who are, from when we are born until we die. Attitudes to sex and sexuality are mainly influenced by our cultures which make many rules about it. Some of these rules are useful and keep us safe but others can cause further confusion and thereby harm. Some of this confusion results from the fact that sex can be used

⁶¹ Pulse Magazine.Friday,January 15,2010

positively to attract a partner or negatively to control or harm another person. Often the rules around sex involve 'not speaking' about it.

Silence and cultural taboos around sexuality make it hard to give this particular population accurate information, if this is not done they will adopt and involve in risky behaviors. "Sexuality is always the source of our deepest oppression; it is also often the source of our deepest pain. It is easier for us to talk about and formulate strategies for changing-discrimination in employment, education and housing than to talk about our exclusion from sexuality and reproduction."⁶²

At times the people who are taken to cleanse are the disabled, for instance, a man is used to cleanse a widow whose husband died, just for some few shillings or even at no cost. This happens before they have people to help them out or people get a wrong impression that they can only be sexually satisfied then.⁶³

Women with disabilities have been used as child bearing machines in a practice known as *Nyumba Mboke*. This has hugely contributed to the susceptibility of women with disabilities in contracting HIV/AIDS due to multiple sex partners. This practice exposes women with disabilities to several male partners because they don't have legal husbands, and due to poverty they use sex as an income generating activity.

1.9.4. Addressing disability and HIV/AIDS

Currently Handicap International has three specific projects underway related to HIV/AIDS among the disabled populations. In Kenya an organization worked with a local NGO to disseminate information on opportunistic infection management in collaboration with the NAIROBI FAMILY SUPPORT SERVICE (NFSS). Handicap

⁶² ANNE FINGER., 2002.

⁶³ Kenya Society for Mentally handicap.1999

International has faced different dilemmas, where they are trying to fight institutional biases about sexuality and disability.⁶⁴ Persons with disabilities say: "Policy makers and development agencies talk about us without us."⁶⁵ This is a clear indication that there are organizations which are already concerned with the predicaments of the disabled population while trying to resolve their issues among them include Handicap International, sharing skills-sharing lives, United Kingdom AIDS and human rights projects, advantage Africa, the Africa campaign on Disability and HIV/AIDS, UNITED NATIONS, among others.

Although AIDS researchers have studied the disabling effects of HIV/AIDS, almost no attention has been given to the risk of HIV/AIDS for people living with disabilities. A review of both the published literature and other resources I have gone through yields only a few articles on the risk posed by HIV to people living with disabilities, with most attention directed to people affected by both mental illnesses and drug addiction. A few HIV/AIDS campaigns target and fewer include disabled populations.

Persons with disabilities have poor access to HIV/AIDS information services.⁶⁶ Though support organizations exist many individuals living with disabilities are not effectively reached with HIV/AIDS information messages, are unaware of the Symptoms, should they appear. In 2000 the United Nations committee noted the need of study of economic, social, and cultural rights to equal access to health care, for persons living with disabilities who are also infected as a major component in their general comment on the right to the highest attainable standard of health.⁶⁷

⁶⁴ Handicap International Conference, 2003

⁶⁵ HIV/AIDS and Disabled conference report, Namibia-June, 2003.

⁶⁶ Handicap international document. 1999.

⁶⁷ United Nations Committee on disabled, 2000.

Recently, during the World Aids Day (2009), when Kenya was commemorating ten years of managing HIV/AIDS as a national disaster, with the theme *Universal Access and Human Rights*. The disabled population was left out. Even in the strategic plan 2005/6-2009/10 they are not featured, and still in what they need we have a number of issues but I realized the disabled needs are not laid down. It should not be a matter pertaining to services, it should be based on developing the disabled.⁶⁸ The message of hope is that we can deal with HIV/AIDS among the disabled and allow them to live longer. With good management and appropriate effective treatment disabled people with HIV/AIDS can live longer and see the quality of their lives improve.

1.9.5. Policies and Programming

To start off, Africa does not have an African charter or convention on the rights and dignity of persons with disabilities. The majority of government and states in Africa have no clause in their constitutions or legislation and policies for the recognition and adequate protection of the rights of disabled persons.⁶⁹ Despite growing international attention to the rights of persons living with disabilities, African governments and policy makers rarely consider disability issues when formulating their HIV/AIDS strategic plans.⁷⁰ In many countries, there are few legal penalty for persons for the challenged, legal counsel is also unaffordable for persons with disabilities, and law offices, police stations and courts often lack ramps, sign interpreters, or provision to explain proceedings in simpler terms. The UN system, AIDS donors, non-governmental organizations, the private sector and disabled persons organizations all have a role to play to achieve inclusive policies and programmes.

⁶⁸ Derived from National AIDS control council bulletin. 2009

⁶⁹ PHITALIS.W.M. *African Conflicts and the Disability Toll*,Kenya, 2002.

⁷⁰ICIDH,WHO., *International classification of impairments, disabilities and handicaps*- -Geneva.1980

Disability though restriction or lack of ability to perform activity in the manner or within the range considered normal for a human being does not mean that those living with disabilities should not or cannot be accorded their human rights. A survey carried out by experts has produced the estimate of at least 350 million persons living in areas whereas the services needed are not available. To a large extent disabled persons are exposed to physical, cultural and social barriers which handicap their lives even if rehabilitation assistance is available.⁷¹

There is also need for relevant and effective policy framework that should consider obtaining data on persons with disabilities and HIV/AIDS. Besides there is need to develop policies on access to disability friendly information, education and communication materials. Other apt policies should address the issue of communication channels and infrastructure to facilitate access to services by various disability groups.⁷²

“Mainstreaming disability issues in every ministry’s plan and programmes is a key strategy for enabling the participation of persons with disabilities in different levels of society and achieving equal opportunities for them.”⁷³

⁷¹ World programmes of Action concerning disabled persons-UN.2006

⁷² Kenya Disability Newsletter, November.2009

⁷³ PHOEBE.N., NUPWD: Kenya.

1.10. Conclusion

This chapter has given an overview of different issues that affect the disabled population; this is a clear indication that in as much as there are plans underway to include the disabled in different programs still individuals with disabilities should not be considered solely as the recipient of any message but constructive messages.

Poverty, low self esteem, lack of information, low or no education, family upbringing and the negative attitudes are inter-related and exacerbate each other. People with disabilities need to be empowered and I strongly believe that community based rehabilitations and media could possibly do this. Later, I will cover more of the predicaments of the disabled living with HIV/AIDS. Without including disability in any social and economic planning and processes, development goals and human rights for all world citizens would not be achieved.⁷⁴

Being an already challenged population in socio-economic issues, people with disabilities are doubly stigmatized once they contract HIV/AIDS. So as to reduce the risk of contracting HIV/AIDS among this population, information is a highly advocated first step.

⁴ United Nations Convention on the Rights and Dignity for Persons With Disabilities, 2006

CHAPTER TWO

RESEARCH

2.0. Introduction

This chapter opens with an introduction to the methodology used; it describes the study design, the targeted population, the sample design, data collection procedures and the data analysis technique to be used.

2.1. Research design

This study was designed as descriptive research design. The major purpose of descriptive research is the description of the state of affairs as it exists. In its approach it will consist of both qualitative and quantitative techniques. Research design can be regarded as an arrangement of conditions aiming to combine the relevance with research purpose.⁷⁵

Questionnaires which were the research instruments were designed, developed and self-administered to assess the plight of the disabled infected with HIV/AIDS.

The location of study, sources of data and population characteristics, data collection methods, and analysis of data and presentation of the results also described.

2.2.1. Qualitative Research

Consequently, a qualitative approach was used to gather information that cannot be quantified numerically but only presented thematically; for example when it comes to attitudes and behavior.

⁷⁵ KOMBO, D.K., & TROPT, *Proposal and Thesis Writing*. Nairobi, 2006.

2.2.2. Quantitative Research

This was important because the expected information from the field involved factual elements that were presented using descriptive statistics. The study was primarily case study since it was aimed at a single entity.

2.3. Data collection methods

Data was collected using both primary and secondary data sources.

2.3.1. Primary data

Primary data was obtained by use of a questionnaire. A detailed semi-structured questionnaire was administered to the target population. The questionnaire contained a mixture of open-ended, closed-ended questions and Likert type scale rating, this is when the respondents' attitudes were measured by asking the extent to which they agree or disagree with a particular question or statement. The open-ended questions gave the respondents room to explain their opinions in detail.

2.3.2. Secondary data

Secondly, data included relevant literature on the disabled as infected by HIV/AIDS, drawn from publications such as textbooks, academic and professional journals, previous research report, relevant internet data, reports from media and relevant newspaper articles.

2.4. Data collection procedure

A pilot test on a small selected sample of ten people was conducted to ascertain the validity and reliability of the questionnaire before being administered to the target population. The purpose of the pilot study was to establish the accuracy and effectiveness

of the research instrument for purposes of improving on clarity and to get rid of any ambiguities from the questionnaires.

After the pilot test had been conducted and necessary amendments done, the questionnaires were distributed to the 100 respondents. A list of the respondents was maintained for control and consistency in the data collection process. This ensured that feedback from respondents was monitored.

2.5. Data Analysis and interpretation

The primary data collected by use of the questionnaires were analyzed through the use of descriptive statistics and presented in frequency distribution tables, bar graphs and pie charts. Statistical Package for Social Science (SPSS) generated basic statistics for data analysis. Raw data was collected and systematically organized in a manner that facilitates easy analysis. A summary sheet was used to tally responses from respondents before analysis; proper fields (categories or themes of data) were created to describe all variables in the study, by use of descriptive statistics.

2.5.1. Gender

What is your gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	female	61	61.0	61.0	61.0
	male	39	39.0	39.0	100.0
	Total	100	100.0	100.0	

Table 1(what is your gender?)

The findings, 61% of the respondents are female while 39% are male. These statistics indicate that it is much easier to interview the female disabled because they are flexible and open to discuss such social issues affecting them unlike their male counterparts. The other thing I noted is that female disabled tend to socialize more than their male counterparts.

2.5.2. Age bracket

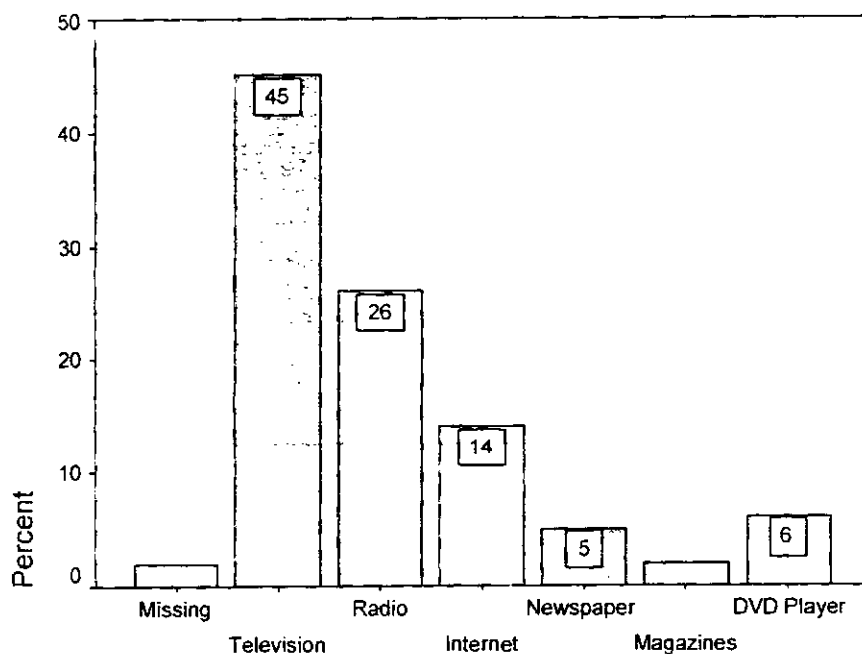
Age bracket					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	below 18	20	20.0	20.0	20.0
	19-24	23	23.0	23.0	43.0
	25-30	38	38.0	38.0	81.0
	31-36	13	13.0	13.0	94.0
	Over 36	6	6.0	6.0	100.0
	Total	100	100.0	100.0	

Table 2 (How old are you?)

The average age stood between 25-30 years. Although the questionnaires were randomly distributed to the target group of respondents, findings show that the highest

percentage was between the ages of 19-30 years. Reviewed literature shows that the most infected, affected and marginalized are the youth and women. These figures are in confirmation of this position.

2.5.3. Exposure to media



Do you have access to media?

Table 3

We see that 45% of the interviewees have access to media especially television, which is their preference. The findings also show that they access media for different reasons. Only 3% of the respondents watch TV for spiritual nourishment, 21% has access to media and especially TV for education, while 48% are there for entertainment and the other 18% use media to find information. For the majority of the respondents TV has become a socializing agent.

2.5.4. Whom do you live with?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parents	41	41.0	41.0	41.0
	Relatives	15	15.0	15.0	56.0
	Friends	8	8.0	8.0	64.0
	Hostel	5	5.0	5.0	69.0
	Alone	31	31.0	31.0	100.0
	Total	100	100.0	100.0	

Table 4. Dependants

The findings indicate that 41% of the respondents live with their parents while 15% with relatives. Nearly all depend on their parents and guardians for their livelihood. This is so because a majority of my respondents were people living with disabilities and some were also infected and affected by HIV/AIDS. Thus they need people to support them. The survey also established that 8% live with friends while 31% live alone. The disabled who live alone confessed that though they live alone, they have assistants who support them a given number of hours per day and the rest of the day they are alone simply because much of what they are incapable of doing is taken care of by the assistant. But these are respondents without severe disabilities though.

2.5.5. Level of education

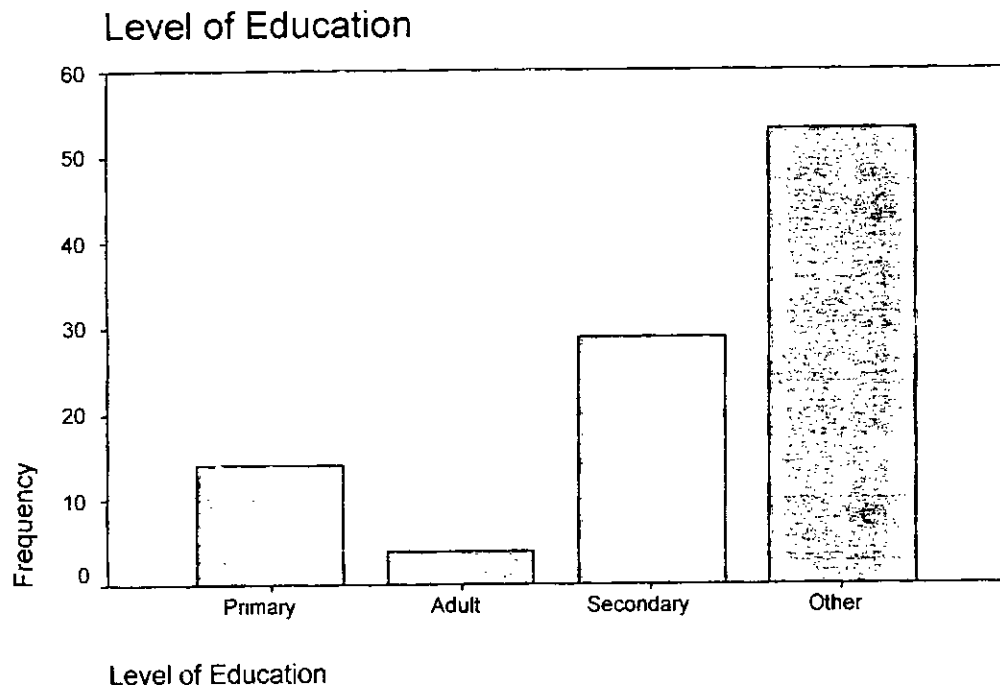


Table 5

Nearly all the disabled respondents have had some education in different. The deaf stand out and the physically disabled, which suggests that education targeting the deaf and the physically disabled has been effective compared to other disabilities. Education is very important for all as a door to employment and advancement. I also noted from discussions with the disabled respondents that literacy is higher in urban areas as compared with rural areas, because most of the educational institutions are located in urban centers, Non-Governmental organizations working for disabled are also located in urban centers. All of this tells us why literacy level is fairly high among the disabled.

2.5.6. Media Access and preference

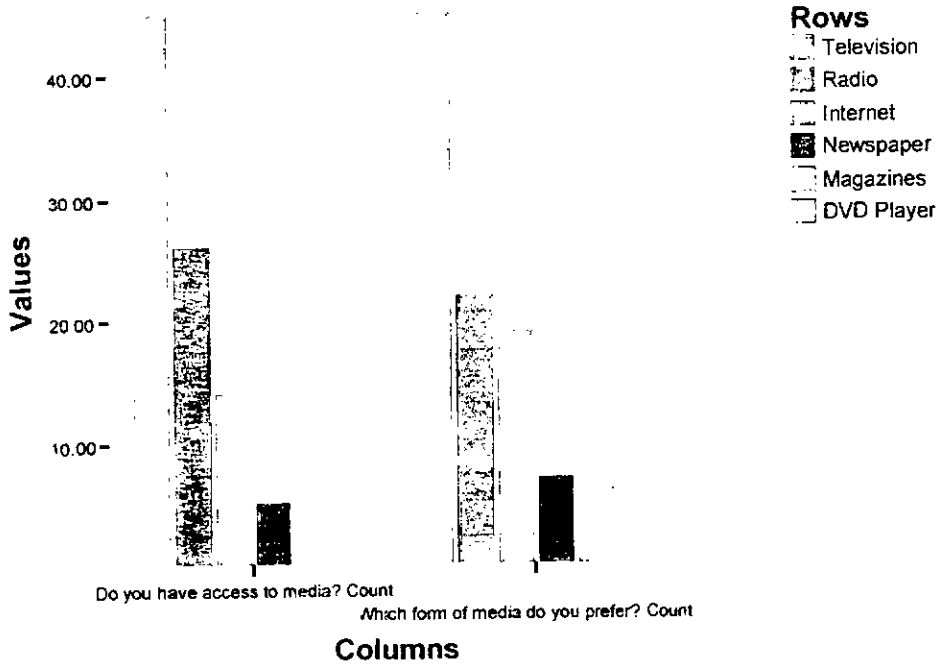


Table 6 (Do you access the media vs what is your medium of preference?)

The findings indicate that TV has taken a lead as the medium of preference for most respondents. 45% of the respondents have access to Television which is also their media of choice, while 26% prefer to listen to radio. The researcher also noted that the respondents who prefer TV takes it as a medium of choice because they get to learn and know the in-depth of a given package and since their movements are rather limited, they would like something that entertains and catches their attention. The deaf also feel that even through seeing the images alone at times they can decipher the happenings and at times the entire content of a given programme.

2.5.7. Disability is not inability.

Disability is not inability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	76	76.0	77.6	77.6
	agree	11	11.0	11.2	88.8
	undecided	6	6.0	6.1	94.9
	strongly disagree	1	1.0	1.0	95.9
	disagree	4	4.0	4.1	100.0
	Total	98	98.0	100.0	
Missing	System	2	2.0		
Total		100	100.0		

Table 7 (is disability an inability?)

The research finding shows that, 76% strongly agree that disability is not inability, that is, though they have are limited but they still have the ability to carry out most of what non-disabled people can do. Isn't it strange how everyone in our society expects perfection? We only expect to meet people who laugh the way we like, talk the way we like and say what we want to hear, and even look exactly like the images we create. Did you know that disabled people can live normal lives? There is a misconception that the capacities of the disabled are nil is. In fact they can be fully integrated in many aspects of life and their opportunities expanded.

The research was carried out in connection to various events organized for the disabled, a sporting event (Sitting Volleyball.), an international festival of magical music and dance, where the disabled showcased their artistic and up to date performances, another during the disabled elections at the Nyayo Stadium.

2.5.8. HIV/AIDS effects on family and community

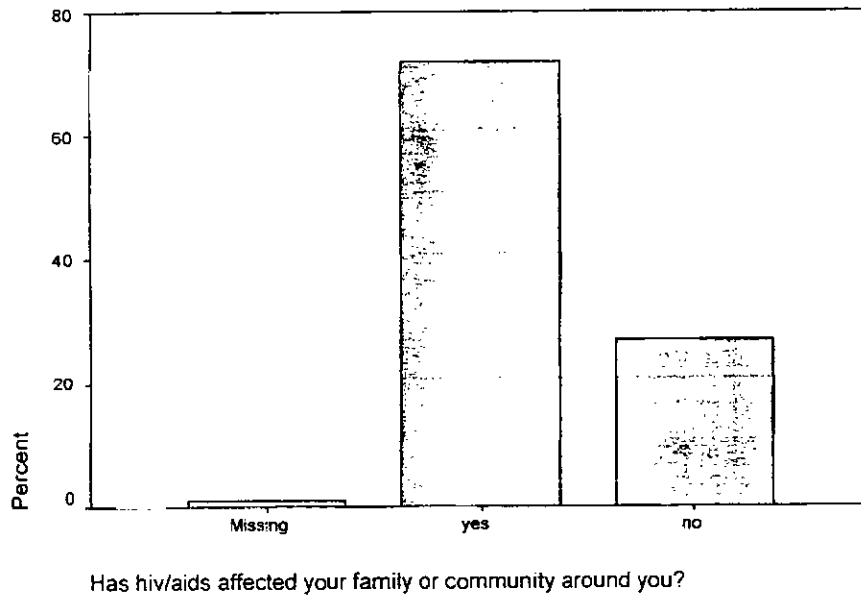


Table 8. Has HIV/AIDS affected your family or the community around you?

The figures show that HIV/AIDS is not just a guess but a reality. 72% of the respondents admitted that HIV/AIDS has either affected or infected the family or community around them while 27% believed that it has not affected their families or the community around them. A bare 1% didn't know. On this account, HIV/AIDS among other predicaments has to be studied, this is because HIV/AIDS is also a disability on its own.

2.5.9. Community response to the disabled infected

Has your community responded to the disabled who are also infected?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	48	48.0	49.0	49.0
	no	50	50.0	51.0	100.0
	Total	98	98.0	100.0	
Missing	System	2	2.0		
Total		100	100.0		

Table 9. Has your community responded to the disabled who are also infected?

The findings indicate that HIV/AIDS and disability are prevalent in communities and even in some families. 50 % of the respondents felt that the community has not as such responded to the disabled who are infected while 48% percent felt that the community has paid attention to the disabled in this predicament. It might seem that the community is acting and has acted as 'honest brokers' in trying to bring together community based knowledge in regard to the infected disabled.

2.6. Media response

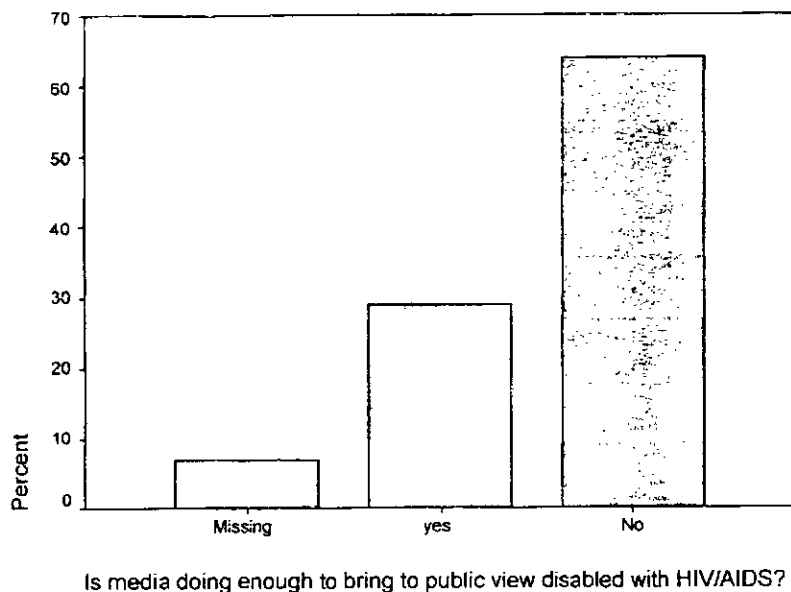


Table 10. Are the media doing enough to bring to public view disabled with HIV/AIDS?

Research findings indicate that 64% of the respondents feel that the media are not doing enough to bring to public view the disabled and issues that affect them. 29% of the respondents feel they are being represented adequately by their media of choice while the rest were not so certain about that. People with disabilities and HIV/AIDS have endured misrepresentation, defamation, and lack of representation in the media news and entertainment especially in TV. Unfortunately fear and stereotypes about disability are deeply ingrained in our culture and reflected in media coverage, content or adverts concerning disabled persons have been left out.

2.6.1. Future plans for disabled living with HIV/AIDS

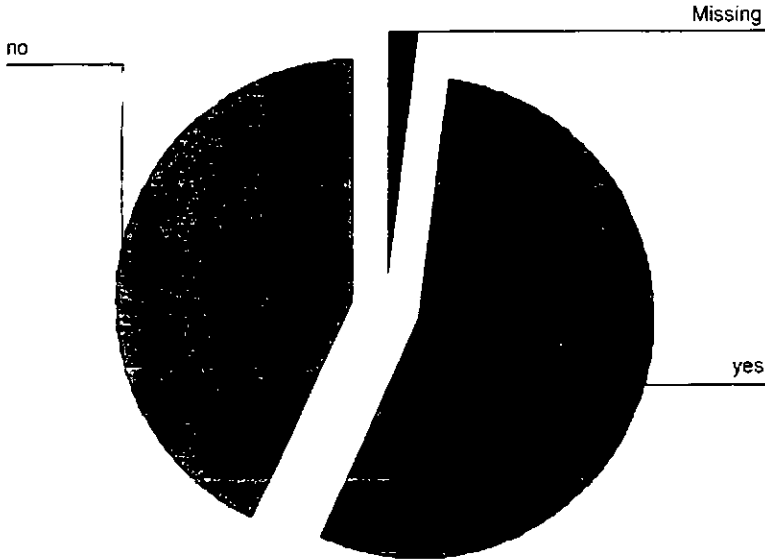


Table 11. Are there future plans for disabled living with HIV/AIDS?

Findings reveal that 55% believe that there are future plans for the disabled living with HIV/AIDS while 43% percent do not see any up-coming future plans for this group of persons. This could be because of low literacy, unformulated policies and programming among the disabled community. Thus relatively few in this population have reason to believe there are future plans for the disabled infected with HIV/AIDS. The respondents who agreed that fact that there are future plans argued that if emphasis is put on social and economic inclusion, and that if discrimination in the communities, schools, health system and work place is eliminated, opportunities for inclusion then the future plans could well be formulation.

2.6.2. How do you rate the awareness of PWD in the society?

How do you rate the awareness of people with disabilities in the society?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	good	13	13.0	13.4	13.4
	fair	49	49.0	50.5	63.9
	poor	35	35.0	36.1	100.0
	Total	97	97.0	100.0	
Missing	System	3	3.0		
Total		100	100.0		

Table 12.How do you rate the awareness of PWD in the society?

Research reveals that 49% of the respondents see PWD and HIV/AIDS awareness as fair. But 35% of this group thinks awareness is poor. PWD experience prevents to access education and health services in general. However, misconceptions and ignorance towards disability lead to exclusion as well.

2.6.3. Media relation and problems solving

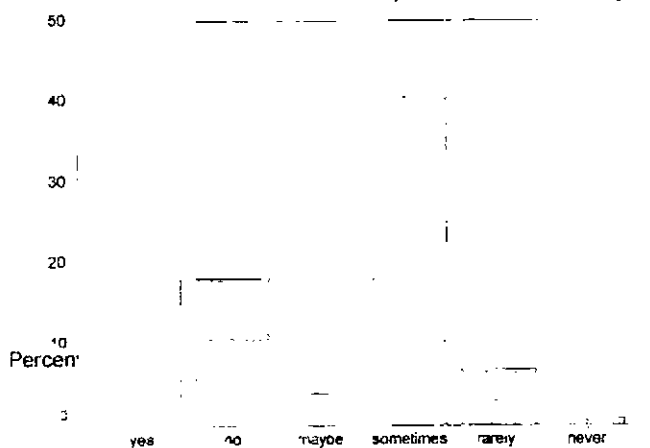


Table 13a.Does the media you relate help solve problems?

The data above indicate that 40% of the respondents are sometimes helped by the media to solve their problems, the problems of 29% are usually solved while 1% have never had media solve their problems. This in essence means that the respondents have a belief in TV, and believe in what the television presents.

2.6.4. Agencies that offer assistance to the infected disabled community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	48	48.0	48.5	48.5
	no	51	51.0	51.5	100.0
	Total	99	99.0	100.0	
Missing	System	1	1.0		
Total		100	100.0		

Table 13b. Do you know of any agencies that offer assistance to the disabled community?

Disabled people's organizations inherently suffer from chronic incapacity to effectively operate and even manage the organization; their capacity is severely limited by inadequate resources such as funding, skills and expertise; facilitation and lack of enabling environment. Besides adequate advertising is lacking. This is the reason why the respondents who were also disabled are still not aware of most agencies. 51% of the respondents know some agencies while 48% do not know the agencies that are meant to deal with the issues of the disabled community.

2.7. MEDIA THEORIES

Media theories look at the logical explanations to the findings done on the field research and how they have applied to the data collected and the findings. They further explain how the theories can be used in the findings and analysis.

2.8. Media and Socialization

Socialization is the process by which people become members of the society. It is a subtle process which takes place in the unconscious level.⁷⁶ The major agents of socialization have been family, religion, the legal system, religion and school system.

⁷⁶ P. MOGGI, *Theories of Communication*, class notes, Tangaza College (C.U.E.A.), 2006

These have always been and still are very important agents of socialization. They set norms and convictions and they define expectations and codes of conduct.

Socialization occurs over time, through interaction with significant others and also through acquiring knowledge which enables us to make sense of our experiences in the world. Many get to learn and experience through different media.⁷⁷ Mass media can be an influential tool in shaping opinion if they have a consistent content. They have become a major agent of socialization today. Mass media is a source of education and they can and do this by disseminating information in different packages. They are able to focus our attention in a given interest which can influence us either negatively or positively.

In the contemporary society, most people gather information from the media, it is from the media that current views are gathered, a connection can thereby be realized on the issue of disabled living with HIV/AIDS on how the media can act as a socializing agent to enlighten people on the reality of this marginalized group. Media filters our contacts with the main institutions in the society like the school, legal system, government and again present us with what they think is relevant. This theory states that media can only affect our values and behavior if we embraced it as a socializing agent. From the research findings a number of the respondent have access to media and research shows that a bigger percentage prefers television. TV can therefore be used to promote certain social issues and promote different ideologies that exist.

⁷⁷ MOGGI.P., Theories of communication, Class Notes, Tangaza College (C.U.E.A.), 2006.

2.9. Social Learning Theory

The social learning theory of Bandura emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Bandura (1977) states that learning would be exceedingly laborious, not to mention hazardous, if people had to rely on the effects of their own social actions to inform them what to do.⁷⁸ Most human actions are learnt observationally through modeling, observing from others. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences; through this the audience can be motivated.

Social learning theory has been applied extensively to the understanding of aggression and psychological disorders,⁷⁹ particularly in the context of behavior modification. The most common and pervasive example are TV adverts. Adverts suggest that a human physique should be perfect, all we see in adverts are models with perceived perfect bodies. This is what the audience learns from when watching maybe different commercials, features on television. The media gives an idea on whom to associate with, what to buy, and even whom and what to think about. When a viewer watches a given advert, what is left in mind? Maybe the model that was presented in terms of attractiveness, physique and sex. This later becomes the centre of attention and discussion, this helps them to produce the action and associate themselves with whoever they want to associate themselves with thus emulating the behavior.

⁷⁸ NZANGIA., *Psychology of Communication, Class Notes, Tangaza College (CUEA.), 2007.*

⁷⁹ BANDURA.A., *Aggression: A Social Learning Analysis*, NJ, Prentice Hall. 1973

2.10. Uses and Gratification

Uses and Gratification approach is an influential traditional media research. The original misconception of the approach was based on the research for explaining the great appeal of certain media contents. The core question is: Why do people use media and why do they use them for? There exists a basic idea in this approach: The audiences know the media content, and the media they can use to fulfill their needs.

This approach puts the function of linking need gratifications and media choice clearly on the side of the audience. It suggests that people's needs influence what media they choose, how they use certain media and what gratifications the media give them, this is why advocacy for the inclusion of the infected disabled should be allocated airtime so as to bring their predicaments to public view. From this the audience will be able to choose to watch and what to get and learn from it, audience opinions could also be sought through call ins and different forums. This approach differs from other theoretical perspectives in that it regards audience as active audience as active users as opposed to passive receivers of information.

If this is effectively done it can emphasize audiences' choices by assessing their reasons for using a certain media to the disregard of others; as well as the gratification obtained from the media based on individuals' social and psychological requirements.

2.11. Cultural Imperialism

Cultural imperialism is a social phenomenon that occurs when traditional cultures are modified to become similar to modern cultures through what is commonly known as culture synchronization. It is the practice of promoting, distinguishing, separating, or artificially injecting the culture of one society into another. It can take form of an active,

formal policy or a general attitude. For instance a general attitude that what is portrayed as acceptable is that which is in perfect shape.

It seems to suggest that some cultures are rendered subordinate to others and that the encounters between cultures are never on equal terms for instance, Disability Culture and their values are negatively privileged because of some historical and bodily, mind and some other circumstances. Seemingly, the local and the global combine to create tensions. This especially happens in the advertising industry and other programmes celebrated as body perfection by use of other models that are celebrities' to capture attention and lure the audience in to considering one option while foregoing the other. Television is more influential in creating new western values and this is where advocacy should be applied to include the disabled community.

3.0. Conclusion

We know that the media are a potent force in countering stigma and misinformation. They are also a powerful ally in changing perceptions, eliminating discrimination and raising public awareness. From the research findings we note from the respondents views that they are not adequately represented in the media news and entertainment and even education. Majority of the respondents and also other disabled are learned or have basic knowledge by which they can follow proceedings. Media should therefore be driven by a goal to advance accurate reporting of PWD and HIV/AIDS thereby promoting their images.

CHAPTER THREE

COMMUNICATION STRATEGY

4.0. Introduction

Communication strategy is geared towards explaining, predicting, and influencing behavior. Communication strategy must therefore be organized, developed and built. It does not just happen. On the other hand, the media play an indispensable role although there are other institutions that are also involved, the media seem to be the tool that surpasses most others.

4.1. Documentary Drama

It is a type of journalism, having to do with events and facts involving people or things. It is a program that is designed to lead not to follow the audience's taste. The purpose of the documentary is to communicate in visually and orally, why people with disabilities should not be excluded from HIV/AIDS prevention and care efforts. It also aims to prove that disability is not inability.

4.2. Why Documentary Drama

Documentary drama deals with facts, not fiction. These will thereby create a sense of reality to the audience. It delves into a non-fictional world with real events, real issues, real conflict, real people, and real emotions. On the other hand, documentary subject is paramount, that is they are inherently bound to subject matter since their purpose is so issue-specific and their circumstances are non-fictional.

Documentary drama mixes the techniques of drama and the factual elements of documentary. Real events are acted out by professional actors in controlled settings in an obviously constructed style. This will also aim to reduce vulnerability of disabled people to the impact of HIV/AIDS by promoting policies, programming, information and

services that genuinely include them. Documentary-drama can evoke different kinds of reactions in the audience, from grief to anger. They can make the audience think and send powerful messages across to them.

4.3. History of Documentary

Documentary film is a broad category of visual expression that is based on the attempt, in one fashion or another to “document” reality. Although documentary film originally referred to movies shot on film stock, it subsequently expanded to include video and digital productions that can either be direct-to-video or made for television series.

Generally, documentaries are about something specific and factual. Frequently, they concern public matters rather than private ones. People, places, and events in them are factual and usually contemporary.⁸⁰ Documentary has its root word *document*, which comes from the Latin, *docere*, to teach. As late as 1800, according to Oxford English dictionary, documentary meant “a lesson, an admonition, or a warning.”

The film maker John Grierson used the term documentary in 1926 to refer to any non fiction film medium. The earliest “moving pictures” were by definition documentaries. They were single shot moments captured on film, for instance a train entering a station. Early film (pre-1900) was dominated by the novelty of showing an event.⁸¹ The short films were called “actuality films”. The term documentary was not coined until 1926. Very little story telling took place before the turn of the century, due mostly to technology limitations, namely, that movie cameras could hold only very small

⁸⁰ JACK.E.C.,BETSY.A.,MC LANE., *A New History of documentary film*. New York, 2005.2.

⁸¹ Journal of film preservation.No.70, November 2005.

amounts of film. Thus, many of the first films, such as those made by Auguste and Louis, are a minute or less in length.

The nature of documentary has changed in the past 20 years from the cinema venture tradition. Thus the film genre has become increasingly successful in theatrical releases. The continuing goal of documentaries is to constantly work to identify a film making practice that captures life as it truly is, creating a cinematic drama that remains interesting and lively, and finally to gain and maintain a connection with the audience.

Remark about “Heroes and Heroines”

There already exists a documentary that has been shot with the title, “Heroes and Heroines,” though the proposal here is my own creation. A close look at the disabled documentary, “Heroes and Heroines,” clearly reveals that disability is not inability. “Heroes and Heroines” is a documentary that was shot by the disabled who were also featured. Moreover, not only were they disabled but some were HIV positive. It is an exhilarating piece, powerful and full of action. It has captured life as it is, as it naturally appears, because it has been filmed surreptitiously. The goal in this documentary was to capture some moments in the life of the disabled, without their being aware that they were being observed, and thus to record the natural beauty in the lives of disabled people. This technique, of course, is native to the documentary.

4.4. Scope of Research

This study is aimed at bringing into public view the disabled who are also infected with HIV/AIDS. It is through this and television as a medium of choice that the predicament of the disabled on one hand and the HIV/AIDS infection, on the other hand is going to be explored and presented as a problem to be solved. It is also meant to

justify that disability should not render anyone inactive, the disabled will be brought into view as people who can date, engage in sports and perform a range of other things.

The key message will be extreme action. This is in the sense that people with disabilities are excluded from mainstream interventions, prevention and care. Desperate circumstances call for extreme action, this is why they will cover and shoot the documentary as disabled and infected or affected persons. This is with an aim at showing people with disabilities who are also living with HIV/AIDS in an empowered and active light, and will advocate for their issues rather than as victims of neglect.

4.4.1. Language

The basic language that will be used will be English, but this will be accompanied by sign language in order to aid the deaf. This will help in effective communication and maybe segment feedback.

4.4.2 Target audience

This documentary drama will have both a primary and a secondary audience.

- **Primary audience**

The primary audience will be the local communities. This is because they are the greater part of the most stigmatized, the affected, also affected by the interventions and any other effect. Secondly, they become excellent advocates for the policy recommendations, precisely because they are the most affected and if amplified well, have a voice that will resonate in any decision making process or forums.

The primary audience targeted is intended to be the age group 19-30. This is in connection with the research. They are usually the most marginalized, infected and affected hence this will help in informing and educating them.

- **Secondary audience**

The secondary audience will be the national media or rather the mainstream media, in this case it will be the television. Media are absolutely essential in conveying messages about social change and in stirring up policy debates. We recognize that television is the medium with the highest impact as deduced from the research findings, especially in urban areas. But it is also available in the rural areas. International communities like WHO could become an effective tool in disseminating the results.

4.5. Communication Objectives

A powerfully animated drama documentary will be able to touch the target audience with prevailing, convincing, steady and up-to -date performance. This documentary will address the issue as it is, while dwelling on the capabilities of the people with disabilities and HIV/AIDS. This will in turn enlighten and educate the audience on how this group has been affected and infected, while shedding light on their strong points as heroes and heroines. This will be done by creative visuals and sound tracking, narration and sign language will be handy in this documentary.

Animation documentary can reach an audience that might not watch live action documentary. It is sometimes easier to incorporate difficult subjects in an animated documentary. Animated characters also allow viewers to identify with them more readily because they represent merely an icon of a true person, a much broader representation of the truth than a photograph, towards which one viewer might feel drawn to and another repurchased by.

4.6. Description of Locations The locations will vary here and there, ranging from the prison to door to door news gathering, then to a cinema theatre. The final locations will be by the beach side where a range of other activities will be showcased and finally in a full of activity media house.

Paper edit script will be used, this entails detailed shot and production information. It is a tool for the editor to cut the footage and includes elements like time counters, tape numbers, shots- in points and out-points and other factors. This is mainly because it is flexible and because the documentary is kind of a riot the documentary making process need to be fluid and organic. Whereby, the film maker experiences the film as he makes it.

4.7. Medium.

The television will be used as the medium, TV was chosen because it is vivid thus it will help in up-bringing the dramatic and the audio aspect intended to be communicated to the audience. From the research findings on TV viewership we find that it is the most powerful medium that is preferred by many. "In terms of audience penetration" N. Felsenthal, 1976. "It touches on our lives more intimately, more seductively, and more persuasively than any other."⁸². Television is arguably the most powerful medium in the world today and has created what Mc Luhan referred to as a "global village." Television will thereby make provision for community service announcements which are available to non-profit organization.

This documentary would be implemented on k-24, this is because this station is geared towards informing the audience. K-24 will just act as its mainstream channel but it will also be extended to other televisions stations which will air it once a week.

⁸² MARHAL. Mc LUHAN, 1980

4.8. Time of transmission

This animated documentary drama will run for 10 minutes over the weekends after the lunch hour news and on Wednesdays after the 7pm news. I presume that these are the times when we can capture a good number of audiences.

❖ **Working title:** “We Are Mainstreaming”

4.8.1. Working hypothesis and interpretation:

We know that the media is a potent force in countering stigma and misinformation and a powerful ally in changing perceptions, eliminating discrimination, and raising public awareness. Media and disability program will thereby establish a mechanism monitoring and informing disability coverage in news reports, dramatic representation, this is with the goal to advance accurate reporting on disability and HIV/AIDS and promotes images of people living with disabilities and HIV/AIDS.

4.8.2. Hypothesis Statement

My film will show in words and actions by exploring not the predicaments of the disabled infected with HIV/AIDS, but the strengths and the capabilities that they have.

4.9. Conflict

The main conflict here will be between the disabled infected and affected and the media, in this case the medium to be used will be television. Besides that, there will be promotion, publicity not only on the mainstream medium but on mobile films.

Ultimately, I want the audience to understand that disability should not only be seen in the light of physique, mental or other forms of challenges but as a condition that anyone could get at any age. First, the audience need to realize that HIV/AIDS can also

be a disability and everyone else is disabled, what matters is the degree to which they are disabled.

4.10. Synopsis

Just like a community media, this animated documentary drama is about the disabled, for the disabled and by the disabled. It is not only going to dwell on the disabled but also those who have been infected by the HIV/AIDS virus. It starts with a video montage using a powerful soundtrack, behind bars and a candle lit, the prisoners check on the candle with hope and passion. They later break the chains and the prison doors and light a bigger and brighter candle. We then see them in the streets with production tools being given directions on how to use cameras, boom microphones, they are geared towards producing an animated documentary that touches on their lives. Action seems to be taking off fast.

They then move to the cinema hall which is packed with people with disabilities both affected and infected. Here, they discuss what needs to be done to counteract the marginalization and the sidelining which has affected them in one way or the other, this is done through the use of a projector. They take action to door-to-door interviews on matters touching on them, when all is done they seem to be impressed. We later met them in a media house where they are given air-time and a segment allocated to them to air the programme they shot. There is a sigh of relief because they have achieved, by the beach they find solace just watching out the water and meditating, while a narrator discusses the future plans.

4.11. Budget

I will have two budgets in preparation for the production process, that is the pre-production and the post-production. The first one will be the professional budget which I will submit to professional funders which will include, WHO, World Bank and United Nations. The other budget will be the bare bores which I will keep hidden “under the pillow”, this will be the absolute minimum amount of money I will need to complete the project in a way that is manageable and acceptable to me.

4.11.1. The Budget Top sheet

The budget top sheet will include, above the line (creative cost), these will be the producers, directors, script writers, actors, actresses and many more. While below the line cost will include hard production for instance the crew, equipment and services.

This budget top-sheet is geared towards helping in the production of the film. It is paramount to plan so as to ensure that things work out the best way possible. This is the first step towards producing a screenplay, a strategy for moving forward.

The Budget Top Sheet

TITLE: WE ARE MAINSTREAMING

PRODUCTION BUDGET: Kshs.350, 000

NO.	Category Description	Charges
1.	Producer	20,000
2.	Director	22,000
3.	Assistant Director.	15,000
4.	Talents	30,000
5.	Researcher	17,000
	Total Amount for above the line Budget	Sub-Total Kshs.104,000
6	Location fee(each location amount to 5000)	20,000
7	Camera crew	40,000
8	Props/equipment/camera	50,000
9	Transportation	10,000
10	Wardrobe	25,000
	Total amount for below the line budget	Sub-Total Kshs.145,000
	Post-Production Budget.	
11.	Editorial labour	23,000
12.	Editorial facilities	20,000
13.	Music	10,000
14.	Publicity	28,000
15.	Other Collaborators.	21,000

Sub-Total for post-production	Kshs.102,000
Extra expense-Kshs.10000	
Total Amount	Kshs.351,000

Brief Conclusion

This chapter has presented a proposal that seeks to bring to public view the capability of the disabled community. It is also going to present the infected disabled. It proposes an animated documentary-drama which the researcher believes is flexible and powerful. This chapter highlights a brief history of documentary, the objective, a brief synopsis, objectives and its potential towards changing the perception towards the disabled and their plight.

Recommendations

- Models of good practice in the media are urgently required to cater for the disabled population.
- Addressing the needs of people with disabilities must take a long term and multiple, strategic approach in terms of policies and programming.
- The inclusion of disability in all media, education, community development and poverty alleviation should be obligatory.
- Promotion of multi-media HIV campaigns to better reach the vulnerable groups. Promotion material should be appropriate and consider the nature of different impairments in the community.
- Supporting networking between disability, media and HIV/AIDS organizations should be compulsory.
- Disability sensitizations and inclusion in general community development programmes must be promoted to decrease marginalization and stigma of People With Disabilities.

GENERAL CONCLUSION

Information is power. In this age of HIV/AIDS, having correct, adequate and accessible information about prevention and care is not just a prerequisite but a life-saving course for the population. Disabled persons continue to be the “silent majority” among the vulnerable in the society. This is a situation that calls immediate and concerted effort for all. Mainstreaming of disability therefore becomes a key issue to be put on the international HIV/AIDS agenda.

One way of counteracting the consequence of social exclusion and re-conceptualizing disability is through promotion of the social mode. “Rather than people with disability having to change to fit into the society, society must make room for them to uphold their rights.”⁸³ It is indeed the society to invest in people with disability and HIV/AIDS by giving them power to act.

There is evidence that people with disabilities are sexually active and this needs to be taken seriously, there is thereby a need for an inclusive and participatory approach to disability and HIV/AIDS. Failure to do this means that a significant number of the population continue to be exposed to the HIV/AIDS virus. Being subjected to humiliation in trying to access information about HIV/AIDS leads to disappointment. This is due to the fact that the national statistics are generalized, do not respond to crucial questions about people with disabilities in education and access to social services.

It is clear that young people with disabilities are exposed to high risks of HIV infection. Their likelihood of receiving advice and HIV/AIDS awareness education is limited. Findings clearly document that individuals with disability are not included in

⁸³ DFID, 2007. P.7

most HIV/AIDS outreach efforts. Given the size of the global disabled population, 10% of the world's population and the degree of risk that the epidemic poses, it seems evident that the AIDS crisis cannot be addressed successfully unless individuals with disabilities are routinely part of all AIDS outreach efforts. The issues that limit participation of people with disabilities are the very factors that make them vulnerable to HIV/AIDS infection.

Intensification of HIV/AIDS prevention campaigns and care targeting this social minority should now become a priority, with adapted actions. Such programmes should include items to develop positive self esteem, and individuals or inter-group economic capacities. Statistics as such do not show the exact number of people with disabilities infected with HIV/AIDS because of activity limitations, lack of information resources and HIV/AIDS in multi-media format specific.

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Appendix 1

QUESTIONNAIRE

INSTITUTE OF SOCIAL COMMUNICATION.

TANGAZA COLLEGE

Thank you for accepting to participate in this research on media coverage on persons living with HIV/AIDS and disability. The aim of this research is to find out how the challenged that are infected or affected by HIV/AIDS are represented or rather portrayed in today's society and if they are adequately presented by the media .Your kind and honest response is required. There are not right or wrong answers; your opinion is what matters and your answers will be treated **confidentially**.

Part 1: BACKGROUND

a) Your gender (*please tick only what applies to you*)

Female

Male

b) Age bracket

Below 18

19-24

25-30

31-36

Over 36

c) With whom do you live? (*Tick only one*)

Parents

relatives

Friends

Hostel

Alone

d) **Level of Education**

Primary Education

Adult Education

Secondary Education

Other (Specify)

Part 2: EXPOSURE TO MEDIA

a) Do you have access to (*please tick the answer that best applies to you?*)

Television

Radio

Internet

Newspaper

Magazines

DVD player

b) How many hours per week do you spend engaged with the media including weekends?
(Reading, listening, watching, etc)

	Below 4hrs	5-10hrs	11-16 hrs	17-22hrs	23-28hrs	Over 28
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) What do you use the media for?

	Education	Entertainment	Information	Spiritual nourishment
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) Which form of media do you prefer? *(Number in order of priority).*

- Television
- Radio
- Internet
- Newspaper
- DVD player

e) Does the media you relate to help in solving problems

- Yes No Maybe Sometimes Rarely Never

Part 3: FAMILIARITY

a) Do you have a disability or a long term health condition which affects your day to day activities?

- Yes No

b.) Is there a disabled member in the household or in the community around you?

- Yes No

c) If yes, how many do you know of?

.....

d.) Has HIV/AIDS affected your family or the community around you?

Yes No

e) How have you been coping with the disabled members in your household or community? Explain briefly

.....

Part 4: RESPONDENCE

a) Has your community responded to the disabled who are also infected with HIV/AIDS?

Yes No

b) Apart from enlightening the public on HIV/AIDS, has the media played a role in bringing into public view the disabled who are infected?

Yes No

c) Do you think the media is doing enough to bring into public view this group of people?

Yes No

d) What strategies have been developed to address HIV/AIDS in relation to disability issues by the media?

.....

e) Do you know any agencies that offer assistance to the infected disabled community?

Yes No

Part 5: PERCEPTION

a) How do you rate the awareness of people living with disability in the society?

Good Fair Poor

b) How do you rate disabled access to HIV/AIDS information?

Good Fair Poor

c) In your opinion, do you think that prevention of HIV/AIDS will lead to eradication of poverty among the disabled?

Yes No

d) Are there future plans for the disabled living with HIV/AIDS?

Yes No

e) How can we ensure that the disabled are adequately presented in the media? Explain briefly

.....
.....

f.) Explain your agreement or disagreement to this statement by circling the appropriate number.

Disability is not Inability

5. Strongly agree 4. agree 3. undecided 2. Disagree strongly
1. disagree

Thanks for your time and co-operation

Appendix 2



Appendix 3





Appendix 5

EL SIDA NO DISCRIMINA

TODAS Y TODOS TENEMOS UN LUGAR EN LA PREVENCIÓN



1 de Diciembre
Día Mundial contra el SIDA

3 de Diciembre
Día Internacional de la DISCAPACIDAD

