

Disabled Persons and Health Care Prevention Programmes: A Case Study of Deaf and/or Leprosy Persons in Nigeria

By

1. Dr. E .E . Enwereji (corresponding author)

College of Medicine

Abia State University

Uturu, Abia State

Email: hersng@yahoo.com

Introduction

Periodic assessments of the health care services including HIV/AIDS prevention programmes that are available to disabled persons particularly those with leprosy and/or deafness are crucial to their rehabilitation process. Governments' focus on able-bodied when planning health programmes can over-simplify analysis that health care services including HIV/AIDS prevention among the disabled is not effectively addressed. One may ask, are disabled persons especially those confined in settlements benefiting from health care programmes including HIV/AIDS prevention? What factors and conditions affect provision of health services in leprosy settlements? Answers to these questions will reveal efforts made to rehabilitate these disabled in Nigeria.

Studies have shown that ignorance, prejudice, and poor perception of disability negatively affect inclusion of disabled persons in most health care programmes. While some Health Workers perceive disability as incurable disease that deserves social exclusion, others view disability as functional limitations imposed on people by poverty.

These views on disability might influence the extent to which Health Workers include the disabled in health care planning. Study intends to investigate the extent to which the disabled with leprosy and/or deafness in settlements is provided with HIV prevention programmes and other health care services.

Methods:

Total sample of 227 inmates and 34 Health Care Workers were studied in three purposively selected settlements in Abia and Oyo States. Two intervention concepts, participatory reservation approach (PRA) and planned action (PLA) were utilized in the study. The concepts enabled researchers to examine factors that influenced provision of HIV/AIDS prevention programmes to inmates in settlements. Data collection instruments were questionnaire and focus group discussion for inmates and interview guides for Health Workers. Data were analysed qualitatively and quantitatively with the help of Stat Pac Gold package.

Results:

Findings showed no health care services and/or HIV prevention programmes available to inmates in settlements. Factors that negatively affected provision of health care services in settlements include lack of Governments' commitment to fund health care programmes, and training of Health Workers. Other factors and conditions that negatively influenced provision of health services in settlements are: rejection, isolation, discrimination, and stigmatization of disabled persons. There was poor knowledge of mode of transmission of HIV/AIDS among the disabled. About 59(53.6%) of them in Abia, and 60(51.3%) in Oyo were not interested in being provided with voluntary counseling, testing and/or sex education. They feared that having these services would increase sexual

immorality in the settlements. Finding showed that a good number of the disabled were at risk of unprotected sex. About 99(43.6%) in Oyo and 88(38.8%) in Abia State, especially the single inmates cohabited with opposite sexes and had babies in Settlements (p.003).

Conclusion:

Number of inmates that had babies in settlements, justifies providing reproductive health and HIV/AIDS prevention programmes including sex education for these disabled persons in Nigeria.

Key words: leprosy, deafness, HIV/AIDS, family planning, Nigeria