



**Low Access to HIV/AIDS and Sexual Violence Protection Services
among Women and Men with Hearing, Visual and Physical impairments
of Battambang and Kampong Cham Provinces of Cambodia**



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Summary

This qualitative study aimed at shedding lights on the access to HIV prevention and sexual violence protection services among persons with disabilities, through a gender and cross-impairment based analysis. Study findings show obvious discrepancies between women and men of different impairments in regard to their level of HIV knowledge and risks to sexual abuses, in particular among women with disabilities. Furthermore, local services providers revealed their current lack of awareness on disability issues and capacity in providing accessible and appropriate services to them. Ways forwards in addressing the rights of women and men with disabilities, as well as gaps in services delivery will have to be addressed in concerted manners at political, societal and community levels.

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Background

Cambodia is among the rare countries in the world where the prevalence rate of HIV in adult population has steadily decreased over the years from 2.0% in 2000 to 0.8% in 2008 (UNAIDS/WHO 2008). However, in spite of these marked improvements, more than half of the new infections involve married women and one third of cases involve mother to child transmission. Coupled with this, violence against women is widely prevalent in Cambodia. According to the Cambodian Demographic Health Survey (2005), 22% women aged 15-49 were emotionally, physically or sexually abused from their spouse. More specifically, 13% of them were physically abused and 3% reported being sexually abused by their spouse. However it is believed that in the majority of the instances cases of sexual abuses against women and girls are often underreported due to a culture of impunity and acceptance, threats towards the victim and her family and traditional gender related attitudes (Ministry of Women's Affairs 2008; GAD/C 2009). Furthermore, cases of rape reported to/by the Cambodian League for the Promotion and Defense of Human Rights (LICADHO) has significantly increased from 39 to 88 cases in 2003 and 2006 respectively (LICADHO 2007). Cases of rape reported in 2006 are three times more than cases reported in 2000.

Though the prevalence rate of HIV in Cambodia has significantly improved over the years among sentinel surveillance groups, such as pregnant women, entertainment workers and men having sex with men, still to date, there is a paucity of data pertaining to the HIV prevention and awareness needs among persons with disabilities (PWDs) and a flagrant lack of HIV/AIDS programmes addressing their needs.

In Cambodia, it is estimated that 4 % of the general population is disabled (CSES 2004), totalling approximately 532,000 people. According to WHO, disabled people might represent up to 10% of the general population, i.e. 1,300,000 people. In Cambodia, the highest percentage of reported impairments are visual (30% of reported impairments), followed by physical ones (23.5 %) and hearing ones (15 %) (Knowles 2005).

In 2007, Handicap International has explored the issue of HIV/AIDS and disability through four Participatory Learning Action (PLA) sessions in the provinces of Battambang and Kampong Cham¹. These PLAs aimed at identifying the groups of PWDs who were the most at risk to HIV infection and sexual violence. The exercises showed that, though the level of awareness among

¹ Kampong Cham and Battambang are the two most populated provinces in Cambodia, just behind Phnom Penh, the capital.

persons with physical impairments was expressed being at par with the general population, it also indicated that they were taking more risks when engaged in sexual relationships. In addition, respondents who were living with sensory impairments stated having little or no access to health prevention services and messages. More shockingly, the PLAs revealed that 40% of deaf women respondents were victims of sexual abuse and/or were victims of sexual abuse attempts.

According to a Global Survey on HIV/AIDS and Disability (Groce 2004), “individuals with disability are up to three times more likely to be victims of physical, sexual abuse and rape”, hence increasing their risks to HIV infection and propagation (Drezin 2009). The UN Convention on the Rights of the Persons with Disabilities (UNCRPD), signed by the Royal Government of Cambodia in 2007, stipulates in its Article 25 that access to health services is a right that persons with disabilities must enjoy, along with the State responsibilities to ensure that these rights are being addressed and met. Worldwide and especially in developing countries, persons with disabilities face numerous environmental, institutional and attitudinal barriers on a daily basis. These barriers prevent them from participating effectively on an equal footing with non-disabled people in the society.

Objectives of the Study

In light with the above information and observations, Handicap International commissioned a qualitative study which purpose was to shed more light on the needs of women and men with disabilities in regard to HIV prevention and care and sexual violence protection. Furthermore, it was also intended to make an instrumental follow-up of the previously conducted PLAs, as well as establish a baseline of specific indicators in the provinces of Battambang and Kampong Cham. The objectives of this study were:

- To get more focused information on HIV/AIDS, sexual abuse and access to information and services, from representatives of different groups of women and men with various impairments and key informants.
- To identify main actors working on HIV/AIDS and analyze the effects (impact of the scope of their interventions on persons with disabilities, especially deaf and blind women and men.
- To compile, in collaboration with concerned organizations and health bodies, a baseline database from targeted Voluntary Confidential Counselling and Testing (VCCT) centers providing services to persons with disabilities.
- To propose tailored approaches and strategies for the benefit of persons with physical, hearing and visual impairments, by taking the project objectives into consideration.

Methodology

The study combined both qualitative and quantitative methods to gather data from national, provincial and community levels. Qualitative questions evolved around access to health and HIV awareness raising for persons with disabilities and their vulnerability to sexual violence. Quantitative information in relation to HIV/AIDS knowledge were probed following the exact same questions used to assess people’s knowledge on HIV/AIDS from the Cambodian Demographic Health Survey of 2005. Literature review, meetings with Handicap International management teams and field assessments among different stakeholders (March 10-20, 2009), along with secondary data collection were used by field researchers. Moreover, focus group discussions (FGD), key informants interviews (KII), theme analysis and triangulation were the main tools utilised to collect information from a purposive convenience sample. All data were disaggregated by sex and impairment/disabling situations. Five different groups of persons with disabilities participated in the FGDs: 1) persons with physical impairments; 2) persons with hearing impairments; 3) persons with visual impairments; 4) persons with disabilities living with HIV; and 5) disabled women who were sexually abused. In total 113 persons with disabilities participated in the study FGDs, among which 44% (50) was men and 56% was women (63).

Given the novelty of this kind of qualitative study among persons with different impairment types, sign language interpreters and family members were also study collaborators to enable a more effective communication with persons with hearing impairments. The following table gives a summary of the FGD’s participation breakdown.

Table 1: Study sample size and breakdown

Sex	Men		Women	
Province	Battambang Province	Kampong Cham Province	Battambang Province	Kampong Cham Province
Persons with physical impairments	8	8	6	6
Persons with hearing impairments	7	6	8	8
Persons with visual impairments	7	8	7	6
Persons with disabilities living with HIV (PLHIV)	3	3	6	6
Women with disabilities who were sexually abused	-	-	5	5
Sub total	25	25	32	31
	50		63	
Grand total	113			

In addition to this, in terms of the key informant interviews, the study aimed at collecting information from a wide range of stakeholders who were most likely called upon to be one of the community based services providers. In total 14 people (14 % women) were interviewed in regard to their knowledge about disabilities issues, as well as whether they were providing services to persons with disabilities. The positions they held ranged from being local authorities, health staff, justice and police officers and social workers to religious representatives.

Limitations

One of the main limitations of this study report resides in its representativeness, i.e. study findings cannot be generalized to the overall population of women and men with disabilities in Cambodia, given its sample size. Among the group of persons with hearing impairments, given that the great majority of deaf persons in villages have not been given the opportunity to learn the Cambodian sign language, researchers resorted to interview adolescents with hearing impairments from two Deaf Schools of Krousar Thmey² who knew already how to sign, to know more about the HIV and sexual violence protection awareness raising and care needs of persons with hearing impairments. Furthermore, given the limited time spent with respondents, it is believed that the saturation³ level of themes has not been reached. Provided that longer period of time has been given to conduct longer field assessments, further and richer information could have been elicited from women and men with disabilities of Battambang and Kampong Cham.

Nonetheless, the project provides crucial insights in regard to the trend of levels of HIV related knowledge and sexual abuses among women and men with disabilities. Though figures cannot be generalised, it might only show the tip of the iceberg of the extent of inequalities experienced by persons with disabilities and especially women in terms of access to health and HIV services, and sexual violence protection. Furthermore, the study has explored important issues in link to the improvement of the access of PWDs to various services, especially that of women with different impairments to HIV/AIDS and sexual violence protection. It is believed that this kind of study is a first in Cambodia, as no other literatures have probed this particular question in the country, i.e. linking HIV and sexual violence protection among persons with disabilities, through “gender lens”.

Main Findings

Main study data and findings will be summarised by sex and impairment as follows.

² Cambodian NGO providing education to deaf and blind students in four provinces of Cambodia and also one Handicap International's organisation partner.

³ According to the Grounded Theory, saturation refers to collecting and interpreting data about a particular category, when eventually interviews add nothing to what is already known about a category, and its relationship to a core category of themes.

Persons with physical impairments

The following table summarises the socioeconomic data among study sample of persons with physical impairments.

Table 2: Socioeconomic data of persons with physical impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	16	36	3.4	77	62.5	37.5
Women	12	34	1.9	17	16.7	83.3

Health wise, men with physical impairments had some knowledge on contraceptive methods in 83 % of cases, versus only 38 % among women with physical impairments, against 98.6 % of general population of women (CDHS, 2005). 25 % of men with physical impairments have stated having more than two sexual partners, 13 % said having casual sex and 19 % revealed buying sex on occasions. None of their female counterparts mentioned being engaged in casual sex nor have bought sex. Though both men and women felt the “dangers” related to HIV infection, women were more concerned about their vulnerability to being infected by their spouse.

More specifically in terms of HIV, while 100 % of men and 83 % of women stated having received information on HIV, only 38 % and 25 % respectively were invited to locally organised HIV awareness raising activities/meetings. The general HIV related knowledge⁴ of men with physical impairments was lower than that of general population of men, while that of women with physical impairments was almost the same as women from the general population of women, to the exception of the knowledge on the “A healthy looking person can have the HIV virus” whereby only 25 % of them responded positively. While 88 % of men in this group stated to know how to use condom, only a meagre 8 % of women answered the same. 63 % of men said they ever used a condom while none of the women divulged having ever used a condom. However in terms of knowledge of where Sexually Transmitted Infections (STIs) clinics were located, women knew in 92 % of cases, compared to only 50 % among men. In regards to VCCT Centres’ sites, women and men with physical impairments had better knowledge than general population.

In terms of physical accessibility, PWPIs mentioned their difficulty in receiving services in health centres alike, as most of them do not have ramps or bars which could have facilitated their movement. Furthermore, VCCTs centres are not equipped with accessible settings, which prevent them from getting these services.

Persons with hearing impairments

Given the difficulty to communicate with adult population living with hearing impairments at the community level (since most of them do not know how to sign), students from the Deaf Schools of Krousar Thmey were selected to be part of this study. The following table summarises the socioeconomic data among study sample of persons with hearing impairments.

⁴ All questions or findings linked to the level of knowledge of respondents on HIV/AIDS were compared to the level of HIV/AIDS knowledge among the general population. Questions were taken from the Cambodian Demographic Health Survey (2005) and evolved around non modes of HIV transmission, modes of HIV transmission, knowledge on condom use and knowledge on location of STIs clinics. This allowed for a more comparison between people with different impairments and general non-disabled population.

Table 3: Socioeconomic data of persons with hearing impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	13	18	5.07	Students	0	100
Women	16	17	5.25	Students	0	100

In regards to PWHIs' knowledge related to HIV/AIDS, while 77 % of young men and 19 % of young women answered having received HIV/AIDS information, 58 % of males versus none of the females were invited to locally organised HIV awareness raising activities/meetings. When compared to general population of men and women, PWHIs had lower knowledge across the board on non-modes of HIV transmission. However the knowledge of young men with hearing impairments on HIV prevention measures was better than that of general population of men, while that of young women with hearing impairments was strikingly much lower than that of women of the general population (CDHS 2005). 70 % of young men knew where VCCTs centres were, while none of the young women knew. In addition, most of young PWHIs stated their difficulty in receiving information from TV as no sign language was incorporated into programmes. They also mentioned the absence of HIV related programmes or initiatives which also provide sign language in their community. Respondents mentioned their concerns that health centres and different services providers are not skilled and able to communicate with them.

In terms of their sense of vulnerability to HIV infection, only 31 % of young men with hearing impairments stated having used condom when having casual sex while most of them denied being engaged in sexual intercourses, denoting contradictory responses. Among young women with hearing impairments, sense of vulnerability was related to sexual violence. During the FDGs, they openly expressed their fear of being alone or left alone home, as their "feeling of vulnerability" to any forms of abuse increased accordingly. Few of them shared experiences of sexual abuse attempts towards their person while alone in the field or sleeping at night. In spite of this, young women respondents were adamant in keeping hope and their right to marry one day, while others preferred to stay single or plan to marry with a man with hearing impairments that would "not look down upon them".

Persons with visual impairments

The following table summarises the socioeconomic data among study sample of persons with visual impairments.

Table 4: Socioeconomic data of persons with visual impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	14	37.9	2.46	38	60	40
Women	14	32.7	2.61	3	21	79

In terms of health related knowledge, both men (67 %) and women (85 %) with visual impairments knew less than women of general population (98.6 %) on contraceptive methods. While most of PWHIs mentioned having received information about HIV/AIDS, most of them (77 % men and 85 % women) have not been invited to locally organised HIV/AIDS awareness raising activities/meetings. Regarding non-modes of HIV transmission, men with visual impairments scored better than men of general population on the account of "A healthy looking person can have the HIV virus" (80 % versus 60 %) and "AIDS cannot be transmitted by supernatural means" (93 % versus 90 %). Similarly women with visual impairments scored better on the followings compared to women of the general population: "A healthy looking person can have the HIV virus"

(85 % versus 67 %); “HIV cannot be transmitted by mosquito bites” (77 % versus 63 %). Regarding the HIV prevention measures, PWVIs have similar knowledge as women and men of the general population, except for men with visual impairments who mentioned only at 67 % that abstinence can be a preventive measure too. In relation to knowledge about STIs clinics and VCCT centres, 33 % of men and 62 % of women knew the location of STIs clinics, while only 53 % and 23 % of them respectively knew where the VCCTs centres were located.

In terms of accessibility to information, due to poverty, many stated that having a radio from which they depended a lot helped. Blind women were the ones who preferred the most this mode of entertainment medium, from which they receive various types of messages, including educational information, while staying at home. Furthermore, many of them mentioned feeling isolated, most of the time staying at home, as there were very few facilitating factors at community level for them to move freely, without always requiring someone to accompany them.

Regarding PWVIs’ risks to HIV infection, 13 % of men stated having more than 2 sexual partners, 7 % mentioned having casual sex and none divulged having bought sex. Among women, none were involved in casual sex nor bought sex. However, women with visual impairments expressed their concern regarding sexual abuse and exploitation, as it is difficult for them to identify perpetrators. Moreover, sexual abuse cases have been left without any legal services and consequences, as abusers often went hiding, far from police or legal investigations.

Persons with disabilities living with HIV

The following table summarises the socioeconomic data among study sample of persons with disabilities living with HIV.

Table 5: Socioeconomic data of persons with disabilities living with HIV

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	6	38.5	4.3	22	100	0
Women	11	41.18	2.27	18	36	64

In regard to knowledge on contraceptive methods, the percentage was found to be low among disabled men living with HIV (67 %) and extremely low among their female counterparts (18 %), when compared to women of the general population (99 %). Furthermore on non-modes of HIV transmission, the level of knowledge among this group was also remarkably low compared to that of the general population. However on the modes of HIV transmission and preventive measures, men had a better level of knowledge. That of women still remained very low, when compared to other women who are not disabled and HIV positive. In regards to condom use, all men stated knowing how to use and having used condoms, while only 36 % of women knew how to use a condom and 27 % of them mentioned have ever used them. 100 % of women and men of this group knew where VCCT centres were and have been tested in the past too. Almost all women interviewed were on antiretroviral treatment.

In link with vulnerabilities and risk behaviours, it was observed that men continued to engage in casual sex and claimed to have always used condom. However deeper discussions with them revealed that some male respondents affirmed that “using condom is like eating sweet with its cover still on it”. Women who were in a married relationship stated not using the condom on the ground that “a married life does not require using any condom”, “having a dark coloured skin or ugly husband would not be a risk factor for having HIV” or “condoms are not available in their community”.

Women with disabilities who were sexually abused

The following table summarises the socioeconomic data among study sample of women with disabilities who were sexually abused.

Table 6: Socioeconomic data of persons with disabilities who were sexually abused

Category	Total per sex	Range of age in years	Average education in years	Monthly income in USD	Abuser is from family (stepfather) (%)	Abuser is a neighbor (%)	Abuser is unknown (%)
Women	10	9-37	1.2	-	20	50	30

In total 10 women with disabilities participated in the study, with 70 % with hearing impairments, 20 % with visual impairments and 10 % with physical impairments. The youngest respondent was just 9 years old and the oldest 37. Among the 10 women, 70 % was raped and others were sexually harassed. In 50 % of cases, perpetrators were neighbours and in 20 % of time, stepfathers were the abusers. The level of knowledge on HIV/AIDS was remarkably low. None of them knew how to use a condom. 60 % stated having received HIV/AIDS related information, while only 20 % has been invited to locally organised HIV awareness raising activities/meetings.

Only 2 out of 10 women earned their living, while the rest was dependent upon families' incomes. It has been observed that social support to these women was extremely limited. In the overall, the number of schooling was 1-2 years. In the aftermath of a rape case, it was mentioned that little assistance was provided by local authorities. Testimonies of these women further revealed that in many instances, rape victims have been silenced and threatened if she or her family would divulge the identity of the perpetrator. Unfortunately in cases whereby the identity of abusers was known, financial settlement was often the solution to "buy peace", with no further police or legal actions taken. Disabled women who were raped and being stigmatized by this "shameful" event often delayed getting tested for HIV, in fear of being further discriminated against or being separated from their children, in the advent of a positive result. Most women expressed the burden of such an event in their life and the negative impacts they have on them, their family and community.

Services providers and stakeholders

In total 14 different services providers (14 % women) from Battambang and Kampong Cham were interviewed. Stakeholders who were met were: deputy provincial governor, justice officers, provincial operational and district directors/deputies, police inspectors, women and rights organisations' coordinators/managers and religious representatives.

Based on key informant interviews, one can observe that the knowledge and perceptions of services providers on disability at the community level were quite limited. They had no idea about the prevalence of disability in the country or the number of persons with disabilities in their community. They admitted that this was further limiting their "commitment" in pushing for inclusive services to persons with disabilities. More specifically, services providers such as health care workers and social workers have not been trained to provide accessible health (including reproductive health, HIV, etc.) and psychosocial services to all persons with disabilities. For example, persons with hearing impairments cannot access popular TV or radio spots disseminating about HIV awareness raising nor persons with visual impairments have access to well designed posters and flipcharts displaying educational messages. Furthermore, persons with physical impairments moving in wheelchairs cannot access health facilities which are not equipped with ramps or enabling environment for them to move about.

Another dimension that was pointed out by services providers was the observed enormous gaps between women with disabilities' needs for health and psychosocial and legal services after sexual abuse and the actual services that are currently available. Often, there is a striking disconnect between different key services providers, such as health, police, legal and

psychosocial ones in assisting all women (and men) with different impairments who are victims of sexual abuse. Providers stated not being aware of how they should work together to provide services, for instance, to women with hearing impairments who were abused, mainly on the front of communication. To this effect, interviewed providers also mentioned that their collaboration with NGOs and/or DPOs working on disability issues has been very limited so far.

Analysis

Based on main findings from a sample of 113 women and men with cross impairments, from Battambang and Kampong Cham provinces, one can observe that the level of schooling among PWDs is quite low, ranging from 1.9 years (among women with physical impairments) to 3.4 years (among men with physical impairments), with persons with visual impairments in between with 2.5 years. However the level of education among the young persons with hearing impairments who participated in the study was higher than that of other interviewed disabled counterparts. This is essentially due to the fact that they were enrolled in special schools for Deaf. Otherwise, from field observations and assessments, it is hypothesized that adult population with hearing impairments at the community level might have similar or even lower number of years of schooling compared to other persons with disabilities. Main reasons for low education among persons with disabilities can be attributed to attitudinal barriers from parents and communities, stigma, lack of assistive devices and appropriate equipment to facilitate access to education, distance to schools and poverty (Hak 2006).

Employment wise, men with disabilities tend to be working more than their female peers, though in average they earned less than their non-disabled counterparts. Across the board and cross impairments, women with disabilities were much more dependent economically upon their family and relatives than men did (42 % among women with physical impairments; 100 % among women with hearing impairments; 77 % among women visual impairments; and 46 % among women with disabilities living with HIV). Civil status wise, women with impairments are less likely to be married and are more often in a single status (58 % among women with physical impairments; 100 % among women with hearing impairments; and 46 % among women visual impairments), thus reinforcing their sense of dependency upon others and decreasing their self-autonomy and mobility within the Cambodian society. To this effect, Handicap International (2009) reported that women and girls with disabilities have limited opportunities to acquire relevant skills and find employment due to discrimination and lack of job placement services. In 2009, the Cambodian Government passed the Law on the Protection and the Promotion of the Rights of Persons with Disabilities. Chapter 3 of the Law on Livelihoods stipulates that the “State shall develop supportive policies and allocate an annual budget in order to assist persons with disabilities” (RGC 2009). It is yet to be seen how these policies will be elaborated, promoted and enacted by all key stakeholders.

In terms of access to health and HIV/AIDS information and awareness raising messages, though persons with disabilities mentioned having received some information on HIV, most of them have deplored not being invited to locally organised HIV/AIDS activities/meetings. To this regard, only 38 % of men and 25 % of women with physical impairments; and 33 % of men and 15 % of women with visual impairments, have been invited to such educational meetings. PWDs have mentioned that this might be a result of their impairments and the belief from family and community that they do not need such information from services providers and community peers. However when further probed, men with disabilities revealed to also have had different sexual partners, be engaged in casual sex and occasionally buy sex. This is hence increasing their risks to HIV and sexually transmitted infections, and infecting in return their spouse and/or sexual partner(s) (Drezin 2009).

More specifically in regards to the level of HIV awareness, based on the above data, it has been unfortunately observed that the level of HIV/AIDS knowledge is low among persons with disabilities, and especially lower among women with hearing impairments, disabled women living with HIV and women with disabilities who were already sexually abused. These data further stress

the urgent need to educate women with disabilities to HIV/AIDS and to a broader extent, to sexual and reproductive health related prevention and care services. More than often women with disabilities are left at home, isolated from any social participation and activities. However it has been observed that persons with visual disabilities had a better level of HIV knowledge compared to their non-disabled counterparts. This difference is mainly due to the fact that many of them have access to a small radio from which they can listen to both educational and entertainment programmes. According to a study on the accessibility of persons with disabilities to health care services in Cambodia (Hak, 2007), 79% persons with disabilities interviewed reported having access to HIV/AIDS information. This discrepancy with the results of this study might reside on the sample selected from a pool of physically disabled people who were in majority war veterans and who might have received more attention from the Royal Government of Cambodia in terms of awareness raising.

In regard to the vulnerability to sexual violence among women with disabilities, the study showed that among 10 women with disabilities interviewed, women with hearing impairments (70 %) were the most at risk of being raped, followed by women with visual impairments (20 %) and women with physical impairments (10 %). Based on Martinez (2009) it has been argued that extremely limited access to information, learning and ability to express ideas and feelings might contribute to the vulnerability of deaf Filipino to sexual abuses. Though the sample size of this current study was very small, nonetheless this might unravel the depth of the vulnerability women with disabilities face in regard to gender-based violence in the overall, as in many instances, sexual abuses go underreported both among non-disabled and disabled women (Naidu, Haffejee, Vetten and Hargreaves 2005; Ndagijimana 2010). Furthermore, not only possible consequences to being infected by HIV and sexually transmitted infections are real, but psychological and emotional impacts of sexual violence, coupled with physical injuries might leave long term devastating damages among victims and their entourage (Gordon and Crehan 1999). Delays in addressing and responding to all these above issues might exacerbate the violation of the rights of persons with disabilities to basic reproductive health, safety and protection services. Based on this study, gender disparities are thought to be deepened among women with disabilities, in particular deaf women. Unfortunately women with intellectual impairments have not been part of the study, thus limiting interpretation for such a group.

On the front of the services providers, many have also mentioned barriers for persons with disabilities in accessing sexual violence protection services due to many reasons, such as lack of awareness raising on sexual violence (and in general on gender-based violence too) and capacity building in responding to the needs of women (disabled or non-disabled) who are victims of sexual violence. Stakeholders such as police or health staff stated not being up to date in regards to women's and disabled people's rights, thus preventing them from giving adequate services when women with disabilities are seeking their help. Furthermore, the lack of awareness raising tools and material on HIV or sexual violence protection accessible to persons with hearing and visual impairments has been raised as another obstacle. Similarly judges and local authorities have admitted problems in law enforcement and provision of psycho-legal services for sexual violence victims. These observations have been reported by the Cambodian Government (Ministry of Women's Affairs 2008) and echo field assessments conducted by Handicap International and other NGOs working in the field of disability. In general, there are still numerous gaps in policies and services provision to be addressed when endeavouring towards achieving equal access of persons with disabilities to basic services and enjoyment of their rights on an equal footing with non-disabled population (MRTC 2009).

Conclusion

This qualitative study provides evidence regarding the complexity of the risks and vulnerabilities to HIV and sexual abuse among persons with different impairments/disabling situations, and their access to HIV prevention, social protection and legal services. Findings on specific socio-economic aspects linked with an enabling environment suggest that persons with disabilities face real structural barriers in enjoying their civil, political and human rights. Moreover, gender disparities have been discovered as strong determinants of the risks and vulnerability of women

with disabilities to sexual abuse and HIV infection. Yet, most of the persons with disabilities are not aware of their rights. From the service providers' point of views, especially personnel from the health sector, there is still a belief that persons with disabilities do not deserve similar attention compared to non-disabled people. Based on this qualitative study, Handicap International and stakeholders alike are called upon to devise coordinated strategies and interventions, which will be able to adequately respond to the needs of women and men with disabilities, to fully participate on an equal basis with others in the Cambodian Society.

More specifically, the analysis of study findings suggests that more needs to be done to 1) understand the situation of and the response among persons with disabilities in face of the HIV control in Cambodia, 2) develop specific operational plans with relevant stakeholders (commune levels, local services providers, NGOs, DPOs, etc.) in order to decrease their vulnerability and environmental barriers, 3) coordinate horizontally and vertically programmes related to collateral services to HIV prevention, care and support, and sexual violence protection, and 4) monitor and evaluate the progress of responses among women and men with disabilities with measurable indicators of changes overtime. These will implicate that Handicap International and other key actors working in disability and HIV/AIDS will have to create a conducive environment for capacity building, advocacy (BRIDGE 2002), cross-fertilization and cross-mainstreaming of all sectors, coupled with ensuring gender equity and equality within the processes for the benefits of persons with disabilities.

At the Cambodian national level, these might influence the emergence of strategic alliances and partnerships, as well as impact on the way how HIV/AIDS and sexual violence protection services are delivered to all women and men, irrespective of their background, sex, age and situation. At a more macro level, stakeholders working in the concerned fields are recommended to disseminate findings emanating from innovative approaches, as well as learn more from other regional and international experiences. The eventual ratification of the UNCRPD will definitely play a major role in catalyzing and grounding the efforts made so far to promote the rights of both women and men with disabilities in Cambodia.

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