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An interview with Msafiri Msedi on Disabilities, HIV and Violence against Women in Tanzania



A personal history

Some may consider being a person with disability a tragedy or at best a misfortune. On my side, I consider disability it is just a challenge and not a problem due to the fact that our human anatomy has so many challenges to face, we have challenge to overcome the force of gravity when climbing up, we have challenge to tame the law of floatation when we dive. Our bodies have challenges every day. The good thing is that all these challenges have solutions, the solutions to the force of gravity, to up thrust in water and to temperature are well developed. So developed are they that the challenges have since ceased to be the problems.

I support the social model of disability which considers disability to be a socially constructed phenomenon. For example, in Tanzania over 90 percent of buildings (including medical centers, offices, banks, schools and churches) and streets are not accessible to people with disability. I am Mr. Msafiri Msedi, a person with disability. I contracted the infectious disease POLIO in childhood, and as a result both of my legs are paralyzed.

I am a resident of Mwanza city in Tanzania. I have lived all my life here with my parents, brothers and sisters. At first we lived in a rural village where my means of movement was to crawl on the ground by hand. As time went on my family moved into the city where, in 1988, I entered primary education at the old age of 12 years. It was a golden opportunity for me because there was a likelihood of never attending school if I had remained in the village.

To solve the challenge of crawling, I was admitted at hospital for physiotherapy treatment; thereafter it was possible for me to move using calipers. While still at primary school I succeeded in obtaining a tricycle from the Samaritan people. So the issue of using calipers was ignored by my parents and because I was still a child there was nothing to do but accept the situation. Somehow the condition of ignoring the use of calipers affected me because I started to crawl again by hand when I moved from one place to another. I come from an illiterate, low income family and for that reason I continue to use a tricycle or wheelchair as a means of mobility until now.

When I succeeded to finish my primary school education I was not chosen to proceed with secondary education in government school. The alternative was to find an opportunity in private school. I was very

sad as my family was very poor and it was a dream for me to get money for fees. By the grace of God in 1995 I succeeded in entering ordinary secondary school education at a private school, but while still in Form Two I dropped out of school because my family could not afford the school fees. I reported my case to government offices like social welfare and the district commissioner's office. I was informed that their offices have no money to help me for paying fees. They said it is better for me to seek assistance from the NGOs like Action on Disability and Development (ADD), but these also had the same answer. I returned again to the government office and there I was given a government letter, identifying me as a person in need of monetary contributions for school fees, as a permit or way of introducing myself to the community and charity organizations that might be willing to help. I circulated with that paper around the streets and public offices seeking contributions. Some people listened to me; others ignored me and counted me as just another street beggar. I came to regard that exercise of collecting money in streets and offices as a fruitless and shameful struggle. So with courage in my heart, I started working to raise money. Using a hand hammer, I ground stones and sold the pieces which are used to beautify household floors. In that way I succeeded to obtain money to pay my school fees.

I finished my studies of ordinary secondary education. Then, in 2000, I applied to enter laboratory studies. My request was rejected with the claim that laboratory activities were not good for me because of my disability... I was told the laboratory environment was likely to affect my health. I had not expected to be denied a place of study because of such a reason. Again, I had to remain at home without any direction.

In 2001, I succeeded to be in touch with a Christian family from the USA. Through communication with them I explained my condition and they accepted to sponsor me for advanced secondary education. In 2004, I finished my studies of advanced secondary school education, but when I finished, again I failed to get any employment. While I was still waiting for the examination result of Form Six, I decided to employ myself in the work of repairing and polishing shoes. This work is considered to be for uneducated persons, but I was inspired by the statement of Malcom X who said "A man who stands for nothing can fail for anything." Despite my education status, I chose this work as my starting point and continued to hope for other opportunities. Then the exam result was released and I succeeded to score division one. I informed my sponsor; they were very happy and accepted to sponsor me again at University. While still having the idea of joining university I succeeded to get employment at a company which deals with mining activities. I worked there from 2004 to 2006, when I resigned to start University studies. At present I have completed my course of BA in Sociology and I am still at home with my parents looking for a job while still involved in small business. At the same time I am attending the [Global Course on "Empowerment, HIV and Violence against Women"](#). I greatly appreciate the team of UNIFEM and Development Connections for offering me a chance and for inviting me to participate in this course. Many thanks!

1. In general, what is the situation of people with disabilities in Tanzania regarding HIV and violence?

HIV/AIDS cases are increasing among the Tanzanian population, especially among women. Worse still, people with disabilities (an estimated 3.5 million) are twice as likely to be infected with HIV as non-disabled people. Some reasons for this are:

- a. Lack of access to appropriate information about HIV control measures. This is the biggest problem.
- b. Existing projects on HIV and VAW do not take into consideration this vulnerable social group.
- c. Communication strategies to disseminate information on HIV and VAW for people with disabilities are different compared to the non-disabled population, for example, the use of sign language for the hearing impaired is not given priority as something necessary to be taken into consideration.
- d. Men and Women who work in the justice system have little sensitivity towards gender issues and human rights for women with disability.

In a nutshell, few people with disability, including women with disability, have access to HIV and VAW information, thus there is lack of awareness and ignorance of HIV and VAW among this population, especially in rural areas.

DATA FOR PREVALENCE/ INCIDENCE OF HIV and VAW

There is no data on the specific number of people with disabilities who suffer from violence or HIV because disability issues are rarely taken into account in the government budget. People with disability are just counted as general population. However, I have succeeded to see data on HIV prevalence for Tanzania in general, in the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), which included HIV testing of over 8,700 women aged 15-49, and 6,300 men aged 15-49. According to this survey, 5.7% of Tanzanians age 15-49 are HIV positive. Women are more likely to be affected than men, 6.6% versus 4.6%. HIV prevalence is highest among those who completed primary education (6.2%) although all educational levels are affected. In general, HIV prevalence increases with wealth, as 8.1% of women and men in the wealthiest households are HIV positive. Among women, HIV prevalence hits its peak at age 30-34 at 10.4%, while prevalence is highest (10.6%) among men at age 35-39. HIV prevalence is especially high among those who are divorced, separated and widowed. One in four widowed in Tanzania is HIV positive.

Data Citation is from: National Bureau of Statistics (NBS) (Tanzania) and Macro International Inc. 2009, Tanzania HIV/AIDS and Malaria Indicator Survey: key findings, Maryland, USA: NBS and Macro International Inc

Following are some of the implications, for advocacy and policy making, of the lack of data on HIV and VAW for women with disability or people with disabilities in general:

- a. The majority of people with disabilities will remain ignorant about policies and programs.
- b. Disability programs will fail because the government will continue to claim that it has no resources to undertake disability programs without help from donors. Most of the disability programs will continue to be transferred to NGOs. People with disabilities are dependent on their family members. This is what has happened in our society until now. The family members will continue to be in charge of caring for that person. When persons with disability are not treated well or are neglected by

their family, they leave their family homes and move to town looking for charity as street beggars in order to survive. Then it is easy for women with disabilities to face violence or infection with HIV in such circumstances, by being seduced to engage in sex in return for a small payment.

- c. Since the government fails to prioritize disability issues, NGOs also ignore the idea of targeting people with disabilities in their programs, despite the existence of the Tanzania National Policy on Disability which came into existence in 2004 but remains written only without implementation.
- d. Also, the proclamation of the African Decade of People with Disabilities started in 1999 but until now even some of the people with disabilities in Tanzania are not aware of it despite the fact that Tanzania signed it.

2. What are the specific risks and vulnerabilities that women with disabilities face in relation to HIV and VAW?

There is a general assumption in Tanzania society that people with disabilities do not have sex, or at least they have sex less than others. This has led people to believe that sex is safe with a disabled partner. People with disabilities are particularly vulnerable because of their poverty and their difficulty in forming stable relationships, and particularly girls and women with disabilities are at high risk of sexual abuse. Some examples of abuse or violence are:

- a. Men who engage in sex with women with disabilities do not use condoms, assuming the woman is safe, therefore it is easy for that woman or girl with disability to get pregnant or to get STI/HIV infection.
- b. When a woman with disability becomes pregnant, she can be forced by threats not to reveal the identity of her partner. This constitutes psychological violence.
- c. When a child is born to a woman with disability, the father can refuse to take any responsibility concerning the care and support of the child. Then the burden of providing for the child falls upon the woman and her family members.
- d. Some people feel shame to be identified as having sexual relations with a person with disability. When a non-disabled person has relations with a person with disability they can take steps to assure their anonymity, for example they might carry their disabled partner in boxes, huge baskets or wheel barrows as luggage at night so as not to be seen by other people. In case a person is seen while carrying his/her partner (the person with disability), that person can throw away his/her lover and run away because of fear of being labeled as someone having sex with a person with disability. When a person with disability is abandoned in public this way, it is a sign of humiliation and at the same time that person can be injured for being dropped like a bag of Maize. That also is violence of using persons with disability as sexual objects instead of valuing them like other social being.
- e. Some people with disability are locked in their homes and therefore lack interaction with other people. They are not allowed to attend meetings or join school, so it is difficult to know what kinds of violence these persons with disability face within their homes. It is easy for a person who is mentally handicapped to be raped at home or outside in the street because she is unable to express herself about what happened until she contracts a disease or conceives a child.

- f. Poverty and the inability to defend themselves has forced some persons with disability, especially women, to engage in sex for the purpose of earning income; as a result they find themselves already affected with the disease.
- g. In addition, some women have found themselves facing disability because of violence from their husbands. Sometimes the reason is jealousy of the husband; sometimes violence is used as a way to prove that a husband is the head of the family and can do as he pleases without being questioned. We can say this is happening because of a tendency to embrace the outdated culture of the patriarchal system. One example is found in a tribe in Tanzania near the region where I live, in which beating a wife is considered an indication of love. But the outcome of that beating can be a permanent disability, for example, using a tricycle as a means of mobility after having her legs broken by her husband.

3. What integrated policies and programmes should be developed to address the specific needs of women with disabilities on HIV and VAW?

A majority of the program and policy designers do not include persons with disability in the formulation of policies and programs. There is a need for persons with disability to be involved. For instance, in the Millennium Development Goals (MDGs), they could put a 9th goal, one specifically for persons with disability. The same for other programs and policies at national and local levels. Some strategists argue that the issues affecting persons with disability are already “mainstreamed” because they are included within the category of “most vulnerable populations” or in gender and child specific programming. I think the idea of simply mainstreaming disability into existing policies and programs is not enough. Experience has clearly demonstrated that, despite the idea of mainstreaming cases of persons with disability, these persons continue to be excluded from society. Persons with disability are a largely invisible and silent population and consequently they lack the capacity to communicate and contribute as other social members. Gender programming is one example where the needs of persons with disability have not been addressed. It is not sufficient to simply include women with disability in the broad category of vulnerable persons and assume they will benefit from mainstreamed programming. Just as there are specific strategies targeting the unique issues of gender and development and children’s rights, women with disability also have distinct needs which differ from other groups. For this reason, actors working on HIV and VAW should recognize that women with disability are particularly vulnerable. The concerned sectors must raise awareness by spreading information which reaches the stakeholders and policy-makers and affects legislation as well as punishment of the violators of women rights. A more cohesive strategic approach is needed from all actors. Collaboration between NGOs and government authorities is necessary because an NGO program, when it has got a strong link to government structures, usually has a greater impact than a program working in isolation. There is a need for collaboration among different governmental sectors such as ministry of labor, social affairs, education and health. These ministries should collaborate with each other and with all ministries that deal with access issues relevant to the participation of persons with disability as it is mentioned in the program of Community Based Rehabilitation (CBR) for persons with disability. There is a need to improve the data collection and information on disability in general and on cases of HIV and VAW for persons with disability. A single classification system for all persons with disability should be established and used by all stakeholders in future data

collection; whether for national census or small scale surveys by NGOs or government agencies. The Cambodian classification system of persons with disability could be a model. Programs and policies on development, empowerment, capacity building or HIV and VAW must seek to ensure that they actively include people with disability and do not accidentally discriminate against them. Specific efforts should be made to remove the attitudinal, environmental and institutional barriers that are likely to prevent people with disability from participating on issues which touch their lives. In order to ensure this is done it is better for donors, apart from government authorities, to have a clear role to play by requiring funding applicants like NGOs, CSOs and FBOs to demonstrate how their planned activities will include people with disabilities and making sure they refer to women with disability in their reporting and monitoring procedures.