Sexual and Reproductive Health and HIV/AIDS

Children and young people who live with a physical, sensory, intellectual or psychosocial disability have been almost entirely overlooked in sexual and reproductive health and HIV/AIDS programmes. They are often – and incorrectly – believed to be sexually inactive, unlikely to use drugs or alcohol, and at less risk of abuse, violence or rape than their non-disabled peers, and therefore to be at low risk of HIV infection. As a consequence, children and young people who have disabilities are at increased risk of becoming HIV-positive.

Lack of inclusive HIV services

People with disabilities of all ages who are HIV-positive are less likely to receive appropriate services than peers without disabilities. Treatment, testing and counseling centres are very rarely adapted to their needs, and healthcare personnel are seldom trained to deal with children and adolescents with disabilities.

Absence of targetted sexual and reproductive health education

Many young people with disabilities do not receive even basic information about how their bodies develop and change. Structured education about sexual and reproductive health and relationships is seldom a part of the curriculum and even where it is, children with disabilities may be excluded. Many have been taught to be silent and obedient and have no experience of setting limits with others regarding physical contact. The risk of abuse is thus increased, as illustrated by a study in South Africa that suggests deaf youth are at heightened risk of HIV infection.

A question of human rights

Under the UN Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities (CRPD), children with disabilities have the right to highest attainable standards of health without discrimination. The CRPD specifically refers to the obligation of State Parties to provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.

A call to action

Progress made towards providing inclusive and targeted sexual and reproductive health and HIV/AIDS programming for children with disabilities has varied between and within countries, and more work needs to be done. Adopting an approach to inclusive programming grounded in respect for the rights, aspirations and potential of all children can reduce risk and increase the accessibility of services. Fundamental elements and actions to ensure disability-inclusive sexual and reproductive health and HIV/AIDS programming include:

- Ratify and implement the Conventions (CRPD and CRC).
- Fight discrimination against children with disabilities.
- Dismantle socio-economic and other barriers to inclusion.
- End residential institutionalization.
• Provide families with social welfare, health and other services to meet their needs.
• Ensure that national child protection standards are aligned with international standards and support their implementation.
• Coordinate services among sectors to support the child.
• Involve children with disabilities in making decisions.
• Collect reliable and objective data on disabilities to inform planning and assess impact.


This thematic note presents excerpts from the report related to Sexual and Reproductive Health and HIV/AIDS. All references and original sources can be found in the full report.

For the full report or more information:

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