

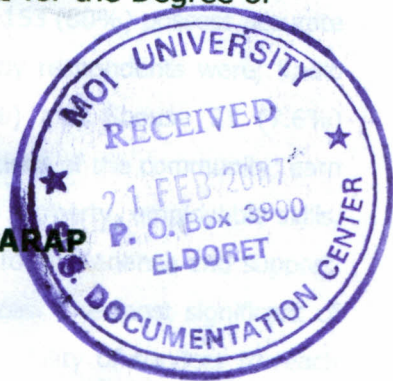
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**THE SOCIAL, ECONOMIC AND POLICY  
FACTORS INFLUENCING ACCESS TO, AND  
UTILIZATION OF HIV/AIDS SERVICES BY  
PERSONS WITH DISABILITIES IN KERICHO  
DISTRICT, KENYA.**

Thesis Submitted in partial fulfillment of the requirements for the Degree of  
Doctor of Philosophy In Human Ecology.

**TOROREI, SAMUEL KIPNG'ETICH ARAP**



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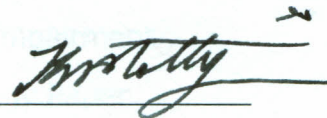
## ABSTRACT

This study sought to analyze the social, economic and policy factors influencing access to and utilization of HIV and AIDS services by persons with disabilities in Ainamioi, Belgut and Sigowet divisions of Kericho district, Kenya, and to propose an appropriate impact mitigation and policy inclusion mechanism. A review of Kenya national policy and programme documents and related literature indicates that HIV and AIDS, as they affect Persons with Disabilities, are not addressed, Yet persons with disabilities are exposed to the same predisposing or risk factors of this epidemic and its social and economic consequences. The study inquired into the nature and level of knowledge received or possessed by persons with disabilities, the social, economic and policy factors affecting utilization of HIV/AIDS services by persons with disabilities and policy inclusion measures required to address any resultant gaps. The study employed an interviewer-administered questionnaire, key informant interviews and review of literature to collect data. Data were analyzed through narrative and descriptive statistics. 274 respondents with disabilities and 51 key informants were interviewed. Of the 274 respondents, HIV and AIDS messages reached 192 (70%) the rest were unreached due to lack of exposure, inappropriate information channels and other problems. Of those who had received messages, 153 (80%) possess accurate information about HIV and AIDS. The main sources of knowledge by respondents were; Radio 121 (44.2%), Public meetings 14 (5.1%), Newspapers 8 (2.9%) and Spouse 21 (7.6%) respectively. Respondents are generally found among the poorer sections of the community; earn insufficient income to meet their daily needs; have limited access to property, employable skills, and adequate education; depend on family, guardians and relatives for sustenance and support. These increase the many barriers to access to HIV and AIDS services. The most significant of these are communication difficulties; distance to service sites and inability of services to reach them. HIV and AIDS service delivery strategies are not appropriate to the needs of, or user friendly to, persons with disabilities in general and especially those with severe intellectual, hearing, visual and profound physical disabilities. Findings in this study confirm that HIV AND AIDS planning and programming still exclude the concerns and special needs of Persons with Disabilities and therefore need to be radically re-oriented to make them deliberately disability sensitive. An intervention inclusion model is proposed to facilitate programme re-orientation.



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