



**International Conference:
Evidence in Global Disability and Health**

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ABSTRACT

Title: See Hear – Now; Addressing the Challenge of HIV and Deaf Young People

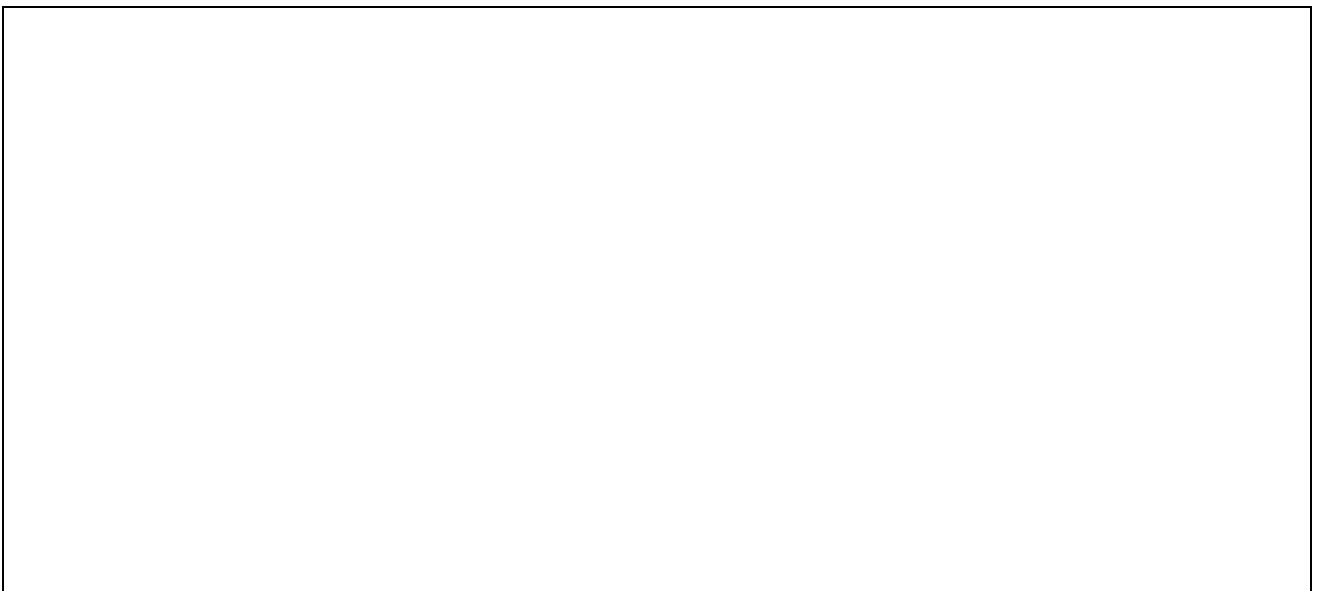
Abstract text (limited to 300 words, should include background, methods, results and conclusions):

Deafness is an invisible disability and one that is little understood. WHO estimates that 80% of those who suffer from disabling deafness globally live in low or middle resource settings. Lack of screening and early intervention combined with often poor understanding of the condition means that diagnosis is often erratic and many Deaf, hard of hearing, deafened and DeafBlind young people are wrongly seen as 'mentally retarded' or 'cursed'. They are highly vulnerable and lack the language to self-advocate; many experience sexual, physical, emotional abuse and neglect which often goes unnoticed within their communities. Most counselling around sexual and reproductive health rights relies on patients being able to communicate through spoken language and deaf children and young people (CYP) are thus often unable to access quality healthcare provision in this domain and are hence especially susceptible to HIV infection.

The Deaf experience in Kenya suggests Deaf CYP are 'at risk of HIV from sexual transmission as their hearing counterparts and that Deaf persons seeking VCT services have an HIV prevalence of 7%, similar to the national rate of 6.7%' However, emerging evidence in South Africa suggests the rate of HIV amongst D/deaf young people is much higher.

What is certainly clear is that this hard to reach group require a specific HIV/AIDS intervention afforded in the communication mode of choice, namely; sign language, sign supported spoken language, community ethnic sign language, aural method and DeafBlind manual; that healthcare professionals need to be resourced to understand the communication, cultural and linguistic challenges presented by Deafness and work to devise innovative approaches to overcome them.

This paper / presentation will look at methodologies for reducing the susceptibility of Deaf young people to HIV and how health care planners can effect inclusion for both Deaf CYP and those with other disabilities.



Deadline for abstract submission: November 30, 2015

Please submit your abstract to: disabilitycentre@lshtm.ac.uk

Restricted to one first author abstract per participant.

If you have any questions, please write to:

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