

*African Journal for Physical Activity and Health Sciences (AJPHEs)*, Vol. 22 (1:2), March 2016, pp. 182-194.

## **Factors that predispose South African rural university students with disabilities to HIV infections**

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*(Submitted: 10 July 2015; Revision accepted: 04 March 2016)*

### **Abstract**

While there is a reduction in the incidence and prevalence of HIV among general population, studies indicate the opposite among people with disabilities. The possible causes for the increase in HIV among this population were attributed to limited knowledge related to HIV/AIDS information and untargeted services to address the HIV/AIDS related needs for people with disabilities. The greatest challenge is that the picture among people with disabilities in general population, is also the same with what is happening in the institutions of higher education. The purpose of this study was to explore the factors which predispose South African rural university students with disabilities to HIV infection. A qualitative, interpretative phenomenological analysis study was conducted. Sixteen students with various physical disabilities, purposively recruited using snowballing techniques participated in the study. Data were collected using semi-structured individual interviews and analysed using interpretative phenomenological analysis framework for data analysis. The following themes emerged from the data analysis: (1) Psychosocial needs of students with disabilities, (2) economic status of 'abled' students, (3) university culture, and (4) limited information regarding HIV/AIDS of students with disabilities. This study recommends the use of a multi-pronged approach to address the involvement of students with disabilities in risky sexual behaviours. The approach should target the provision of information, communication and educational HIV/AIDS materials relevant to students with disabilities, addressing sexual abuse of students with disabilities and structural aspects such as overcrowding in student residential areas

**Keywords:** HIV/AIDS, risky sexual behaviours, rural university, South Africa, students with disabilities.

### **How to cite this article:**

Mavhandu-Mudzusi, A.H. (2016). Factors that predispose South African rural university students with disabilities to HIV infections. *African Journal for Physical Activity and Health Sciences*, 22(1:2), 182-194.

### **Introduction**

South Africa is reported to have the highest number of HIV cases in the world, with about 6.4 million of its inhabitants living with this infection (Shisana et al., 2014). Although the epidemic in South Africa is generalised, there are specific groups with HIV prevalence above the national average (WHO, 2012; Shisana et al., 2014). People with disabilities aged 15 years and older are classified among

key population with higher risks of HIV exposure (Shisana et al., 2014). For example, a national survey conducted in South Africa suggests that the prevalence of HIV among people with disabilities is 14.1% as opposed to 10.9% in the general population (Shisana, Rhelhe, Simbayi, Zuma, Jooste & Pillay-van-Wyk, 2009). However, the 2012 survey reported an increase in the prevalence rate of HIV among people with disabilities to 16.7% (Shisana et al., 2014). This high prevalence of HIV among people with disabilities is related to several factors. Some of the causes are: increased risk to sexual abuse, low socio-economic status and unsteady sexual relationships (Fleming, Groce, Ngulube, Mindes & Kiessel, 2010). Another contributory factor to the high prevalence of HIV among people with disabilities is that HIV may affect different cells in the body which may result to disabilities such as musculoskeletal impairments, mental disorders, blindness and hearing impairments (Hanass-Hancock & Nixon, 2009; Heaton, 2009). One of the major contributory causes highlighted by several researchers is the low levels of HIV/AIDS knowledge among people with disabilities in South Africa (Wazakili, Mpofu & Devlieger, 2006; Maart & Jelsma, 2010). This low level of knowledge is attributed to the following aspects: poor access to health care facilities and health care information (Rohleder, Braathen, Swartz, & Eide, 2009), myths about asexuality of people with disabilities and the inappropriate formats of information, education and communication (IEC) material (Philander & Swartz, 2006; Rohleder et al., 2009; Rohleder, Swartz, Schneider & Eide, 2012).

The lack of access to information by people with disabilities is also reported by the South African disability organisations. These organisations mention that many people with disabilities are excluded from general HIV/AIDS prevention campaigns (Rohleder, Swartz, Schneider, Groce & Eide, 2010; Mavhandu-Mudzusi, Netshandama & Risenga, 2014). Apart from structural factors denying people with disabilities access to knowledge, there are also limited human resources available that are adequately trained and confident about raising topics of sexuality among persons with disabilities (Rohleder & Swartz, 2009). The limited access to HIV/AIDS information is not only among people with disabilities who are in the community, but also among students with disabilities who are at the institutions of higher learning. According to a study conducted by the Department of Higher Education HIV/AIDS Programme (HEAIDS) in South African institutions of higher learning, disabled students and staff are more vulnerable to HIV infection (HEAIDS, 2010). The reason attributed to this is their inabilities both in forming relationships and in understanding HIV prevention practices. This increase in vulnerability to HIV infection occurs despite the university mandates from HEAIDS (2010) and HIV and AIDS and STI Strategic Plan for South Africa 2007–2011 (SANAC, 2007), which emphasise the development of customised HIV prevention interventions for people with disabilities.

A study conducted by Mavhandu-Mudzusi and Netshandama (2014), highlighted the non-availability of customised HIV/AIDS programmes for students with disabilities in a South African rural-based university. These authors have also developed an HIV/AIDS management model for such universities. Despite all these efforts, the statistics from the specific South African rural university show that only 1% of students with disabilities at that university have tested for HIV (Mavhandu-Mudzusi & Netshandama, 2014). The results for those who have been tested indicated higher prevalence of HIV among students with disabilities compared to the general student population (Mavhandu-Mudzusi & Netshandama, 2014). The findings from the aforementioned study prompted the researcher to conduct this study aimed at exploring factors that predispose students with disabilities in a South African rural university to increased risk of HIV infection.

## **Methodology**

### *Design*

This study used Interpretative Phenomenological Analysis (IPA) to gain insight into factors that predispose students with disabilities to HIV risky sexual behaviours. In order to adhere to the requirement of IPA as stipulated by Smith (2005) and Langdrige (2007), the researcher did not only listen to what the participants were describing about their experiences, but also on the interpretation of those experiences through probing, and asking critical questions to the participants. The researcher tried to understand the meaning of participants' experiences in relation to their disabilities and the university context.

### *Setting*

The study was conducted at a South African rural university in one of the poor provinces in South Africa. This university was established during the apartheid era, to cater for educational needs of students from a specific homeland of South Africa. The university has a disability unit responsible for all the academic needs of students with disabilities. It also has an HIV/AIDS unit that coordinates the university's HIV/AIDS related-activities for staff and students.

### *Sampling*

The population of this study consisted of all students with disabilities at a South African rural-based university in 2012. Convenient, purposive and snowballing sampling techniques were used to recruit students with disabilities to participate in the study. The inclusion criterion was being a registered student with disability who had been on campus for at least one year. A member of the Student

Representative Council, who was also a peer educator, was requested to inform students with disabilities about the study and also request those students to recruit others. A total of 16 students, (8 males and 8 females) eventually participated in the study. The sample size was determined by data saturation, which is the point at which the data collection process fails to yield new information relevant to the study. The students were categorised as follows: albinism (n=2), cerebral palsy (n=2), wheelchair users (n=2), on crutches (n=2), partially sighted students (n=4), totally blind (n=4), hearing impairment (n=1), and bipolar mood disorder (n=1).

#### *Data collection*

Data were collected from June to October 2012 using semi-structured interviews. An interview guide was used to guide the interview process in keeping with interpretative phenomenological analysis principles. All interviews were initiated from the following central question: *According to your experience as a student on this campus, what do you think are the factors which predispose students with disabilities to risky sexual behaviours?* Probes and prompts were used to elicit more detailed information from the participants. Each interview was audio-taped and lasted for about 45 to 60 minutes. For the hearing impaired student, the interview was conducted using both the spoken word and writing questions on an interview script. Fieldnotes were taken to capture and describe non-verbal cues observed during interviews. Data collection was conducted iteratively with data analysis throughout the process until saturation was achieved.

#### *Data analysis*

All audio-recorded interview data were transcribed verbatim into written text. Each of the 16 transcripts were analysed independently by the researcher and an independent coder using Smith's (2005) IPA data analysis framework. Transcripts and field notes were read several times and the researcher made notes during the process in order to become fully acquainted with the data. Emerged themes were identified and related themes were clustered into superordinate themes. A similar process of analysis was performed by an independent coder who is an expert in the Interpretative Phenomenological Analysis approach. The researcher and the independent coder compared and discuss their respective findings. The discussion led to the development of a single master table composed of superordinate themes, sub-themes and associated excerpts from transcripts.

#### *Trustworthiness*

Guba and Lincoln's (1994) criteria for ensuring trustworthiness were followed, namely credibility, dependability, confirmability, transferability and authenticity.

Fieldnotes were taken during interviews to ensure dependability and confirmability. A sample of audio recorded data was independently transcribed by an independent coder. All the transcripts were also independently analysed by the independent coder who came up with his own master tables of themes to ensure confirmability. To ensure credibility, member checking and validity checks were conducted with randomly selected participants who were given transcripts to ensure the accuracy of data. As some participants were partially or completely blind, their transcripts were also translated into brail. To ensure transferability, the researcher fully described the research sites, participants, and the data collection methods. The researcher conducted a detailed and necessary description of findings from the study participants about views regarding factors which increase their risk to HIV infection. Authenticity was ensured through an audit trail of all the activities which occurred during the studies, description of participants and also use of participants excerpts verbatim.

### *Ethical Measures*

Ethical clearance to conduct research was obtained from the University's Research and Ethics Committee. The research purpose and the potential benefits of the research which include the potential for advocacy, training and support of the participants were thoroughly explained. Participation was voluntary and participants had the right to withdraw from the study at any time without any negative consequences. The participants' rights were assured by obtaining written consent. The consent form was also available in large print and braille for those students who were partially sighted or completely blind. Confidentiality was maintained through conducting all the interviews in an HIV/AIDS unit or at venues identified as convenient by the participants. Confidential information obtained from the participants was not divulged to any unauthorised persons. All transcripts and audiotapes were kept under lock and key to avoid access by unauthorised individuals.

## **Results**

The following themes emerged from the data analysis: (1) Psychosocial needs of students with disabilities, (2) Economic status of 'abled' students, (3) University culture, and (4) Limited information regarding HIV/AIDS of students with disabilities.

### **Theme 1: Psychosocial needs of students with disabilities**

Results indicate that students with disabilities engaged in risky sexual behaviours due to their psychosocial needs. Needs for belonging and fulfilling curiosity were identified as aspects which led students with disabilities to engage in HIV risky sexual behaviours.

*Sub-theme 1:1 Need for belonging*

Participants indicated that one of the factors which predispose them to risky sexual behaviour is the need to fit in with the rest of university society. They mentioned that if an 'abled' person proposed 'having sex' to students who are disabled, it becomes difficult for such disabled student to refuse. One of the major reasons for their acceptance is that it makes them feel very special. This is indicated by the following statements from the participants:

*"Sometimes when you are proposed by abled students, you feel very special and whatever they ask you just do it. Even if he wants you to engage in unprotected sex you cannot even refuse."*

*"Even when a guy tells us that he has another girlfriend, we do not even complain because of fear of being left alone. So we can just stay in the relationship. It is a status issue. So ladies may rather share one man being three. They share partners willingly just to have a sense of belonging."*

*"Students with disabilities do not accept being dumped by boyfriends. They always think that being dumped has to do with their disabilities. As you know us (students with disabilities), we can play on people emotions. (Emotional blackmail) by saying things such as 'you are leaving me because of my disability'."*

*Sub-theme 1.2 Curiosity*

Besides the issue of money, other people enter into relationships with students with disabilities because of sexual curiosity. This was shown by statements as this one from some of the participants:

*"Abled students are always proposing to have sexual relationship with us (students with albinism). They think we are not like other people."*

*Sub-theme 1.3 Sexual practices of students with disabilities*

Results indicate that some of students with disabilities engage in sexual relationships among each other. They raise the issue of consensual engagement in multiple concurrent relationships among students with disabilities. The practice is "justified" based on the imbalance between the ratios of males to females with disabilities as indicated by the following statement:

*"Having affairs within the circle of disabled students, is also the in thing and due to the imbalance between the male and the female students, you find that one*

*male students have three girlfriends and they are all aware of the circumstances but accept just to have a sense of belonging.”*

The issue of sexual exploration mentioned earlier, that is practiced by abled students is also practiced by students with disabilities among themselves and also with abled students. This is indicated by the following excerpt from one of the participants:

*“Both abled and disabled students want to sexually explore among students who are abled or among those students who are differently disabled from them. You find a person with albinism wanting to date blind students, blind students dating those using wheelchairs. We all want people of different disability of different stage and nature.”*

Besides students with disabilities dating among each other, some students with severe physical disabilities propose love to abled students wanting to prove that they are just “physically disabled but not sexually disabled”. The following excerpt attests to this assertion:

*“I had a friend who was on wheelchair. His whole body was like disabled because he was very short, with very big head, very short deformed arms without fingers, very short deformed legs. He uses his toes for writing, typing and eating. He would always propose love to abled girls and even married women telling them that he can do all what other men can do, as he is not sexually disabled. I remember one day when he was proposing one lady, and the lady asked him how he is going to perform sexual activities. He responded by saying that ‘it is not easy to explain the how of it, but it is easy to physically demonstrate it’. He mentioned that if he explain it, it is ‘unbelievable’, but after demonstration, the act will be ‘unforgettable’. He ended up impregnating one abled student and he was even boasting about it to everyone.”*

Though students with disabilities are engaging in risky sexual activities, results indicated that most of the students with disabilities did not use condoms as indicated in the following quotation from one of the participants:

*“There is minimum usage of condoms amongst disabled students with disabilities. The majority of female students get pregnant while they are still at the university and some even live with their children in the university premises.”*

The aspect of not utilising condoms may be linked to limited knowledge about HIV/AIDS.

## **Theme 2: Economic status of ‘abled’ students**

Some participants mentioned that, in most cases, abled students do not enter into relationships with students with disabilities because of “love” but they have different reasons which normally benefit the abled students. One such reason is financial support as indicated by the following quotes from participants’ transcripts:

*“The abled guys, especially those who are from poor family, they propose sexual relationship to female students with disabilities because they want us to support them. They are aware that we receive disability grants monthly and most of us even have bursaries.”*

*“Sometimes abled female students even come and propose love from us, they promise to cook for us and even escort us to classes. Some even move in to our rooms because they know that we shall share everything with them. And most of them have their regular boyfriends, but what they need from us is money. They say we are their ministers of finance.”*

The above issues of students with disabilities engaging in sexual relationships for wanting to fit in with the rest of the student population, or wanting to meet economic or curiosity needs of ‘abled’ students are all aspects that are related to university culture.

## **Theme 3: University culture**

Some participants mentioned that several students with disabilities are compelled to engage in sexual relationships based on the cultural practices of the university. One of these practices is the welcoming of first university entering students by senior students. This is alluded to by the following excerpts by one of the participants:

*“Freshers (first university entering students) with disabilities become easy targets because they are not familiar with university environment. They are at high risk of being coerced into sexual activities thinking that they are so lucky to be loved by senior students including those who are on student representative councils (SRC). Some of the freshers with disabilities come to the university being already infected with HIV and when the senior students ‘prey on them’, they (senior students) are the ones who end up being infected by the so-called freshers and continue to infect other students with disabilities. Because some senior students even set of targets of the number of fresher with disabilities one want to have sexual intercourse with In fact some even compete among each other to see the one who have sexual intercourse with a lot of freshers.”*



Apart from the practices of freshers, participants also raised the issue of sexual practices between students and lecturers in exchange for higher marks or passing a particular course as shown by the following participant's quotes:

*“Some of our students (students with disabilities) are having sexual pressures from lecturers who promise them higher marks so that they can pass the course. Sometimes they are afraid to refuse the sexual request because they are told that if they do not have sex with lecturers, they will never graduate. So this ‘sexually transmitted marks’ is a great challenge. We cannot even report because even if we report, nothing is done. Instead, we end up being targeted by other lecturers and even some students.”*

Besides pressures to engage into sexual relationships from lecturers, some participants indicated that the lack of adequate accommodation on campus predisposes non-sexually active students to start engaging in sexual activities. This was evidenced by the following statement from one of the participants:

*“Lack of accommodation is also a contributing factor. The issue of squatter’s where you find five students sharing one room is a greatest challenge. The problem is you find that all this female students have boyfriends and all of them want to come and sleep over. This tends to be a nightmare. Sometimes other students even go to classes leaving their partners in the rooms with other females. These make some to be tempted to have sex with their partners’ roommates.”*

Apart from external pressures, results indicate that students with disabilities also willingly engage in risky sexual practices.

#### **Theme 4: Knowledge related to HIV/ AIDS**

Results indicate that the majority of students with disabilities have limited knowledge regarding HIV and AIDS. This limited knowledge makes some students to adhere to certain myths regarding HIV/AIDS. The following statements attest to this:

*“For most of us, we know very little about HIV/ AIDS. What I know is that a person, who is HIV lose weight, is always sick and most of them have tuberculosis. So if a person looks healthy, one assumes that could be infected with HIV. Majority of students with disabilities do not want to test for HIV. They mention that they rather die without knowing their HIV status as they assume that knowing their status will kill them.”*

*“There are those that believe that there is no HIV. Others believe that condoms are the once which are spreading HIV. They mentioned that before condoms,*

*there was no AIDS. So condoms are having virus inside. That is why they are just given free of charge to anyone.”*

## **Discussion**

This study found out that psychosocial needs of students with disabilities were identified as one of the factors which predispose students with disabilities to HIV infection. One of the needs is a need to belong to the rest of the university student community. Similar findings were reported by Oladunni (2012), who mentioned that adolescents with disability engage in sexual relationship to express their sexuality like other adolescents. Students with disabilities may remain in abusive relationships or in concurrent sexual relationships just to fit in with the circle of ‘abled’ students. Literature indicates that people with disabilities are at increased risk to sexual abuse (Fleming et al., 2010). The finding attests to HEAIDS (2010) report that students and staff with disabilities are vulnerable to HIV as a product of their difficulties in forming relationships. Curiosity was also identified as another factor that predisposes students with disabilities to the risk of HIV. People with disabilities engaged in sexual relationship with ‘abled’ people who want to experience sexual activities with students of different types of disabilities. The findings are in line with that of Oladunni (2012) who stated that adolescents with disabilities discover sexual related information on their own. The results further indicate that students with disabilities also want to prove to ‘abled’ students that they are also able to perform sexual activities like any other individual by engaging into sexual relationship with different partners. This confirms the findings by Enwereji (2008) mentioning the increasing number of adolescent with disabilities engaging in multiple sexual partner relationships. The results also indicate that some students with disabilities engage in unprotected multiple concurrent sexual relationships among themselves. Inconsistence condom use among people with disabilities was also documented by Oladunni (2012). The practice is “justified” based on the imbalance between the ratios of males to females with disabilities. These activities increase the risk of students with disabilities being infected with HIV.

Results further indicate that the low economic status of some ‘abled’ students, compared to that of students with disabilities who receive disability grants and also bursaries are other factors that predisposes students with disabilities to risky sexual behaviour. This discrepancy in economic status compels the ‘abled students’ to engage sexually with students with disabilities, while concurrently have their regular ‘abled’ sexual partners. The finding were the students with disability are financially stable to even support the ‘abled’ students differ with other studies where students with disabilities are forced to engage in sex work in order to find money to support themselves and even their families (Oladunni, 2012).

University culture is identified as one of the major facilitators for students with disabilities to engage in sexually risky behaviours. One of culture identified was fresher's ball, the process where first university entering students are welcomed by senior students. During this period, senior students take sexual advantage of the new entrants, especially students with disabilities. The issue of people with disability being forced or coerced into sexual relationship is also documented in several studies (Hanass-Hancock, 2009; Dawood, Bhagwanjee, Govender & Chohan, 2006). Results also indicate that students with disabilities engage in sexual relationships with lecturers in exchange for higher marks or passing a specific course. The targeting of students with disabilities for sexual practices attests to Fleming *et al.* (2010). Targeting students with disabilities may be related to the myth that students with disabilities are not sexually active (Philander & Swartz, 2006; Rohleder *et al.*, 2009; Rohleder *et al.*, 2012). All these predisposing factors may be related to limited information regarding HIV/AIDS being available to students with disabilities. The findings indicate that students with disabilities have limited access to HIV/AIDS information. This concurs with Hanass-Hancock and Strode (2011) mentioning that people with disabilities are vulnerable to HIV because they have limited access to education due to format in which information is made available (Wazakili *et al.*, 2010; Rohleder *et al.*, 2009). HIV/AIDS information centres are also not always accessible to people with disabilities (Mavhandu-Mudzusi *et al.*, 2014; Philander & Swartz, 2006; Rohleder *et al.*, 2009; Rohleder *et al.*, 2012).

### **Limitations**

The study was conducted at only one university. The majority of students who participated have been recruited through snowballing, and there is a possibility that only participants who are friends, with more or less similar experiences might have participated. The results should be interpreted with these limitations in mind.

### **Recommendations**

In order to address the involvement of students with disabilities in risky sexual behaviours, a multi-pronged approach should be used. The approach should target the provisioning of HIV/AIDS information materials that are appropriate and readily accessible to students with disabilities. Strong measures should be put in place to address sexual abuse of students with disabilities. The university should address structural aspects such as overcrowding in student residential areas. There is a need for re-educating university communities regarding the risk of transmitting HIV to students with disabilities or contracting HIV from same population.

## **Conclusion**

The findings of this study highlighted that students with disabilities engage in risky sexual activities which predispose them to a high risk of HIV infection. The students with disabilities are forced to engage in risky behaviors due to external forces such as pressure from abled students and lecturers. However, it was also noted that students with disabilities also engage in sexually risky behaviours among themselves. These practices can possibly be attributed to limited information regarding HIV/AIDS.

## **Acknowledgements**

The researcher is grateful to a South Africa rural university for granting permission to conduct the study. Special appreciations go to all students with disabilities who participated in this study.

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