

The dangers of a one-sided story:



On one of our recent community outreaches, taking SRHR advocacy for persons with disability to the community using mixed ability dance, one specific item caught the attention of many people in the market audience, eliciting reactions that were the typical voices of the information on the ground. Performed by Nicholas Omondi, the piece was a portrayal of the challenges faced by persons with disability in access to contraceptive methods, in open spaces such as local health facilities. The piece clearly showed how Nicholas struggled to reach the level of the available condom dispenser, failing to reach it repeatedly, much to the chagrin of the crowd. At one point, a random health seeker (without disability) stepped in to pick some pieces of male condoms, ignored Nicholas and picked his share without helping him. One person in the crowd, as the play continued, voiced out in local dialect, “*Yaye, go uru jama no jek mondo ochopi e gigo*” (Hey, anyone should help that man reach what he is trying to reach). The particular reaction that was of notable concern, stemmed from a young man who asked, “*Jama no kata ka oyudo gigo, to bende otiyo adier?*” (Even if the man reached the condoms, is he sexually functioning?) Not only did this reaction elicit thought on the barriers to access of SRHR information and commodities regarding PWDs, but also did it amplify the prevailing thoughts in community.

What barriers do PWDs face when seeking contraceptive commodities for family planning? The answer is, a whole lot of problems, highlighted by the issue of accessible facilities. Truth be told, we lag behind as a nation, still, in terms of inclusivity even in general health seeking for the

general public. With this thought, it only leaves to imagination, how much more it would require of persons with disability to be able to meet their needs with respect to the current health facilities situation.

The reaction from the second man in the crowd also brought to light the common thought that PWDs are generally asexual (in terms of not having sexual needs) in nature, which is a stereotyping barrier towards achievement of positive health indicators. The truth is that, PWDs are sexual in nature, as any other human being would be, and are not explicitly dynamic. It is a misinterpretation to phrase a myth in that capacity. Numerous PWDs need rights and benefits that would empower them to have closeness and relationships. When it comes to sexuality and handicap there is a sexual talk that encompasses it. The crossing point of sexuality and disability is regularly connected with exploitation, misuse, and purity. For physical disabilities that change an individual's sexual working, for example, spinal cord damage there are strategies that help where required. A person with disability may appreciate sex with the assistance of sex toys and physical guides, (for example, bed adjustments), by discovering reasonable sex positions, or through the administrations given by a certified sex specialist.

In order to cut on this stigma, it requires all our collective effort to supersede the myths that are still in existence. As Breaking Barriers under the Dance into Space Foundation, it is beyond a vision to see to it that, these retrospective barriers to constructive health indicators, are taken down, forging on with the gospel that removes limit on the capabilities of PWDs, using mixed dance.