

DISABILITY INCLUSION AND ACCESS TO SEXUAL REPRODUCTIVE HEALTH AMONGST WOMEN AND GIRLS WITH DISABILITIES : A SITUATIONAL ANALYSIS

Keywords: Organization of Persons with Disabilities (OPDs), Persons With Disabilities (PWDs), Disability Inclusion.

Background

Persons with disabilities face various forms of exclusion or discrimination and sexual exclusion if one of the most damaging yet pervasive form of exclusion. [1, 2, 3]. The Nigerian government recognized the exclusionary practices in health care service provision to persons with disabilities (PWDs) especially young women and girls in assessing the healthcare system and developed a strategic National Policy on Sexual and Reproductive rights of Persons with Disabilities with emphasis on women and girls in June 2018. However, this document on reproductive issues of Women and Girls with Disabilities (WGDs) is yet to be adapted for full implementation in Nigeria.

Similarly, the discrimination Against Persons with Disabilities Prohibition Act 2018 (Disability Act) was passed into law in January 2019 to address some of the factors impeding the full inclusion that will ensure access to health care services to all persons with disabilities irrespective of the nature of disability. However, indicated that years after the passage of the Act at the national and some state levels in Nigeria, PWDs and most especially, Women and Girls with Disabilities (WGDs) still encounter a range of barriers in accessing Sexual Reproductive Health (SRH) care as well as other health related services [4]. According to the United Nations Convention on Rights of Persons with Disability (UNCRPD) Article 1 defined the term disability as “those who have long term physical, mental, intellectual or sensory impairments which on

interaction with various barriers may hinder their full and effective participation in society on equal basis with others [5].

On 21st December, 2023, hundreds of WGDs took over the streets in Lagos, Nigeria demanding for equity and inclusion in SRHR issues which are not accessible despite having the same universal rights to access health care as persons without disabilities. Moreso, a recent study on the appraisal of the sexual and reproductive rights of women with disabilities in Nigeria found disparity against women with disabilities in SRH services as well as prevalence of stigmatization and degradation against them and conclusively states that the sexual and reproductive rights of women with disabilities are generally not recognized or enforced [6]. According to [7] both women's and disability rights movement have paid little attention to the concerns of women with disabilities, especially involving sexuality, reproductive freedom and mothering. Literature has indicated that the reproductive rights of women with disabilities are constrained by: the assumption that women with disabilities are asexual; lack reproductive health care, contraception and sexuality information and social resistance to reproduction and mothering among women with disabilities. Thus, the study is timely and is aimed at analyzing the current situation of disability inclusion, specific SRH need and barriers to assessing SRH services amongst WGDs.

Methods

Data was collected using structured questionnaires and focus group interviews from a sample of 68 WGDs (with visual, hearing, physical and intellectual impairments). A cross-sectional study design was employed in six urban and semi-urban areas in Jos (North, South and East) Local Government Areas of Plateau State, Nigeria. The population comprised of girls and women with disabilities in institutions of learning (including special and inclusive schools), churches and mosques and rehabilitation centres in the study area. Thus, the study analyzed the current situation

of disability inclusion, specific SRH need and barriers to accessing SRH services amongst WGDs in Jos, Plateau State, Nigeria.

Results and Discussion of Preliminary Findings

The preliminary findings of the study are presented thus:

Figure 1: Categories of WGDs

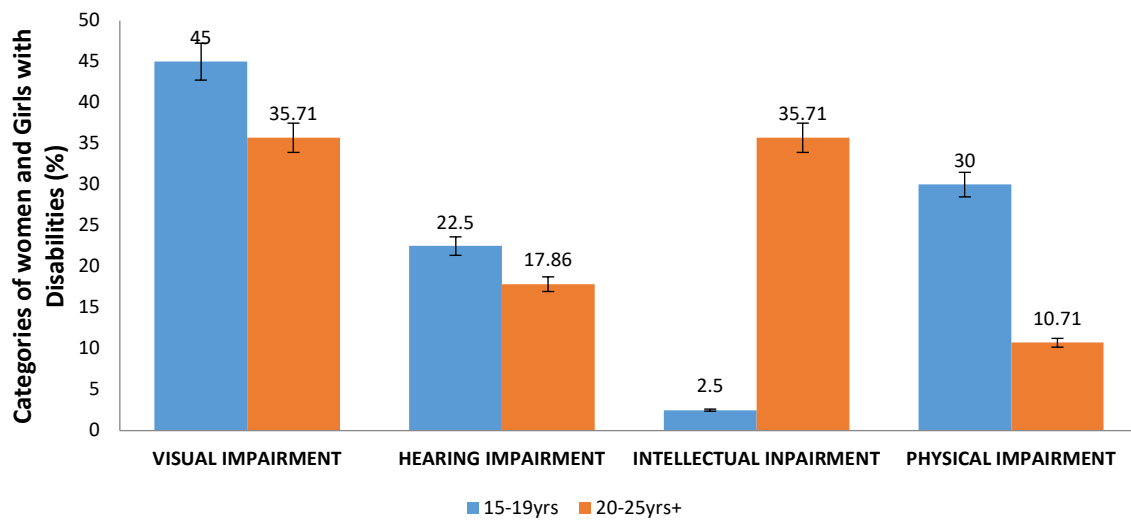


Figure 2: Specific Sexual Reproductive Health Needs for WGDs

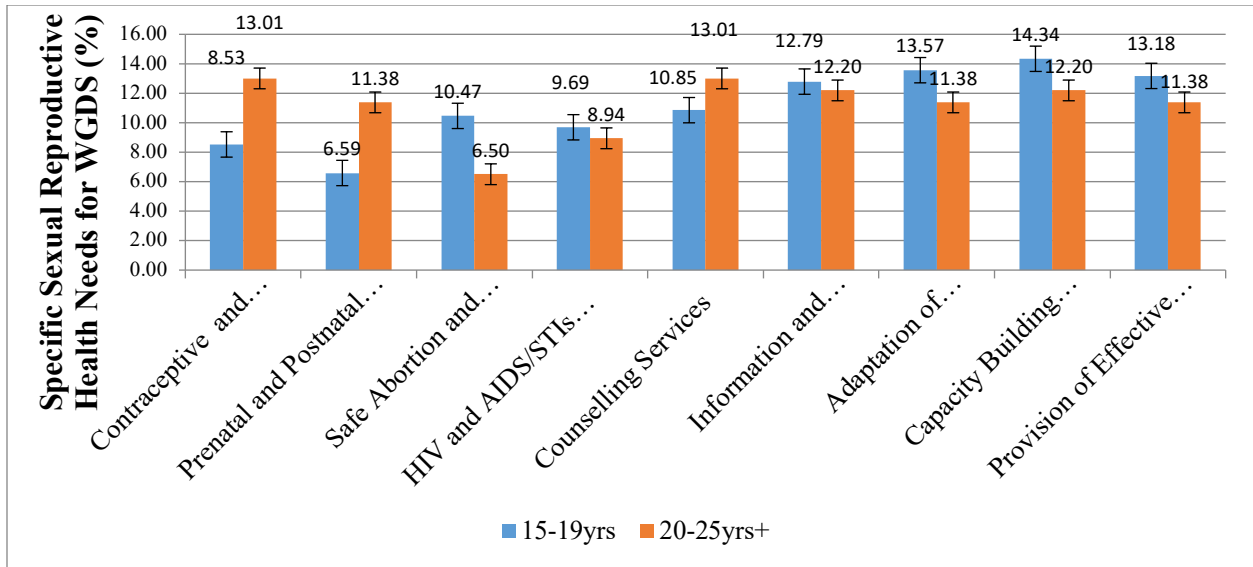


Figure 3 Barriers to Accessing SRH services by WGDS

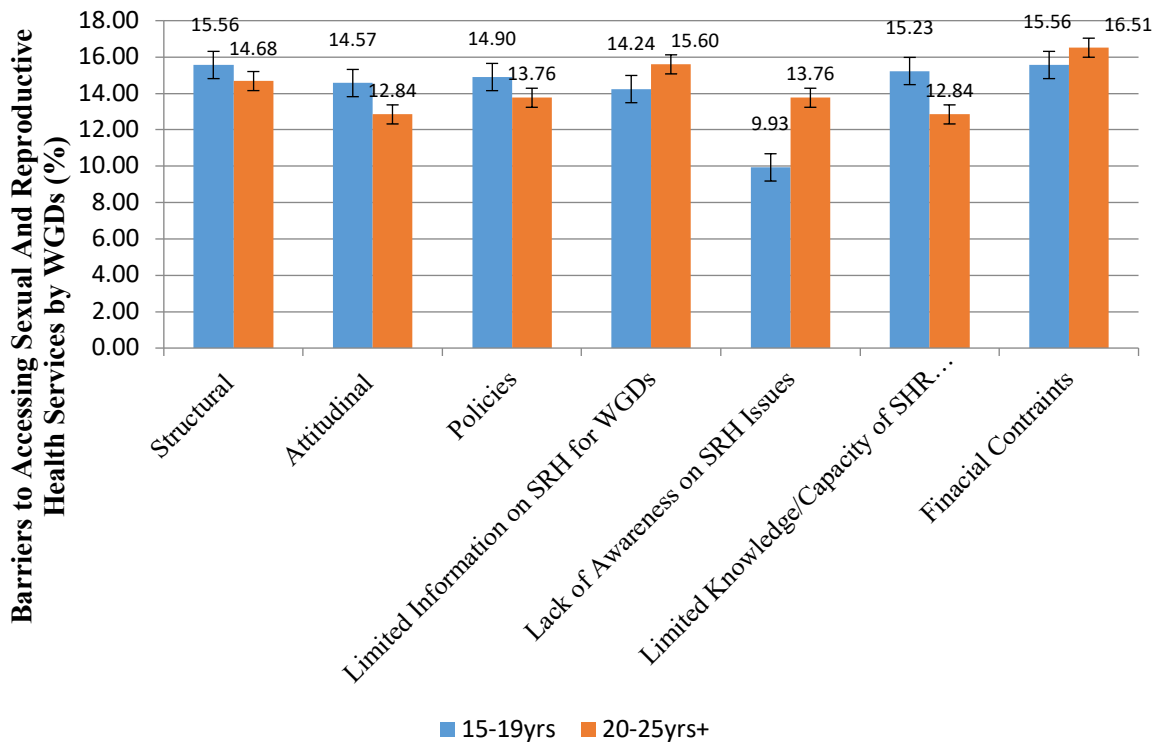


Figure 1 shows the categories of women and girls with within the age range of 15-19yrs (n=40); visual impairment n=18(44.0), hearing impairment n=9(22.5), intellectually impaired

n=1(2.5) and physical impairment n=12(30). Women within the age range of 20-25yrs+ (n=28); visual impairment n=10 (35.7), hearing impairment n=5(17.86), intellectually impaired =10(35.71) and physical impairment n=3(10.71).

As indicated in figure 2 below, the identified needs of WGDs include the following; contraceptive and family planning services, prenatal and postnatal care, safe abortion and postnatal care, HIV/AIDs and STI testing, adaptation of facilities/resources on SRH to suit different categories of impairment, capacity building for PWDs and OPDs in providing SRH services and provision of effective disability centered SRHR. In line with this finding, Bayew and colleagues [8]in a study finds out that only one in three reproductive age women with disabilities; physical/mobility disabilities (44.3%), visual impairment (35%) and hearing impairment(20.7%) used at least one SRH service (causing a low uptake) which suggests that inclusion of WGDs in SRH requires urgent action.

Similarly, figure 3 provided insights into the barriers that WGDs face in accessing SRH services which includes structural (physical buildings) Attitudinal barriers, policies (limited policy statements and lack of recognition/implementation of existing policies, limited information on SRH for WGDs, lack of awareness on SRH issues, limited knowledge/capacity of SRH service providers (training and re-training of service providers and healthcare providers) and also financial constraints in accessing health care services. In addition, previous findings [2, 9] observed several barriers to accessing SRH services include lack of awareness and prohibitive service cost therefore, increased awareness is needed especially at the community level to create attitude change (positive).

Implications

The implications of the preliminary findings suggests active involvement of PWDs through OPDs in implementing inclusive SRH policies in Nigeria. The findings of the study in addition to previous studies [2,8,9] suggest that improved service provision in SRH for WGDs is necessary for disability inclusion in SRH issues and also facilitate the achievement of Sustainable Development Goals (SDGs) which has clearly emphasized that ‘no one is left behind’ which includes WGDs.

Conclusion

Based on the preliminary findings, there is evidence that the existing policy statements on SRHR of WGDs is not fully implemented, not recognized.

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