



Policy Brief

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Women with Disabilities Need Reproductive Health Services, Too

Undertaken between July and November 2007, the Kenya National Survey for Persons with Disabilities (KNSPWD) was the first of its kind to be conducted in Kenya. It was a national sample survey designed to provide up-to-date information on persons with disabilities (PWDs). The intention was to build the evidence base for planning, monitoring and evaluating activities, programmes and projects intended to improve the wellbeing of persons with disabilities.

The survey interviewed PWDs of all ages in sampled areas to get estimates of their numbers and distribution, as well as demographic, socio-economic and cultural characteristics. Through both questionnaires and focus group discussions the survey sought to know the nature, types and causes of disabilities, and the nature of services available to persons with disability. It also asked about individual coping mechanisms and community perceptions and attitudes towards PWDs.



This policy brief provides up-to-date evidence showing that women who have disabilities need reproductive health services just as other women do. This is a call to all the stakeholders to take action.

Why Women with Disabilities?

When the different population categories world over are examined across race, sex, age and religion, a woman with disability will be found. Kenya is no different. The KNSPWD indicates that women with disability constitute 58 per cent of the Kenyan population living with disability. These are women who have the same basic needs as others, but greater difficulty meeting them. Have you ever thought, for example, of how a woman with impaired vision, physical mobility, mental capacity or speech would access reproductive health services? Such services include family planning, information about their sexuality, pregnancy examinations, full screening, sexually transmitted diseases and gynaecological examinations.

Among the services the survey asked about was the availability of health care and medical services to PWDs. Whether delivery of these services is effective, or even possible, is affected by the type of reproductive health services a woman requires and the nature of her disability. This is because such services are not disaggregated for

women with or without a disability. The result is that the services being provided may not be friendly to those living with disabilities. More so, some of the services also require considering medical issues that are associated with the different types of disabilities.

As participants in the focus group discussions observed, “PWDs do not seek voluntary counselling and testing (VCT) services because they have to be accompanied by either a family member or community health worker and hence privacy would be compromised. Moreover, there are no specially trained VCT counsellors to specifically attend to PWDs”.

Access to Health Care

Reproductive health care is a priority of the health care system in Kenya and facilities are reasonably available. But services are too often inaccessible to women in wheelchairs, or those with vision, hearing and intellectual impairments. This is borne out by the KNSPWD, which found that nearly two-thirds of the women with disabilities do not have access to reproductive health services. This is contrary to the 1994 International Conference on Population and Development (ICPD) declaration urging all the countries present to make reproductive health services accessible,

available and affordable to all who need them. “All” should certainly include persons with disability.

Yet facilities are not friendly towards persons with physical handicaps. Moreover, reproductive health service providers may be inexperienced in providing services to women with disabilities. This could be partly because they have not been specifically trained on how to provide services to women with disabilities when it comes to counselling for method choice or HIV/AIDS.

It is because there are barriers in different forms – environmental, equipment, architectural and communication – that specialized ways of handling women with disabilities are required so that the women can access the services comfortably.

According to *Network* (1999), “Reproductive health of PWDs is usually not given attention”. It goes with the myth that PWDs are not sexually active and have no need to control their fertility or be provided with HIV/AIDS services. The survey found that while 84 per cent of the women with disabilities know about HIV/AIDS, only 66 per cent have access to information.



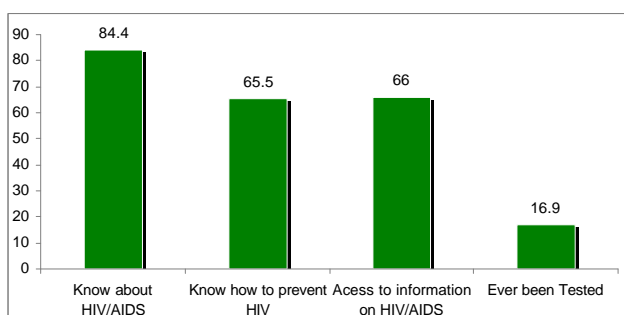
Think of a pregnant woman with a mobility problem, can she get to the examination table without difficulty?

KNSPWD adopted the following working definition of disability: “a physical, mental, emotional or other health condition or limitation that has lasted or is expected to last six or more months and which limits or prevents one from participation in the activities of daily life, e.g., work, mobility, schooling, recreation and participation in community activities”. The definition also took account of the Disability Act of 2003.

Do Women With Disabilities Require Reproductive Health Services?

Evidence from the survey suggests they do. The following examples illustrate the need:

- ◆ More than one-half of the women are married or in a relationship. Nearly three-fourths of these women have children. This implies that



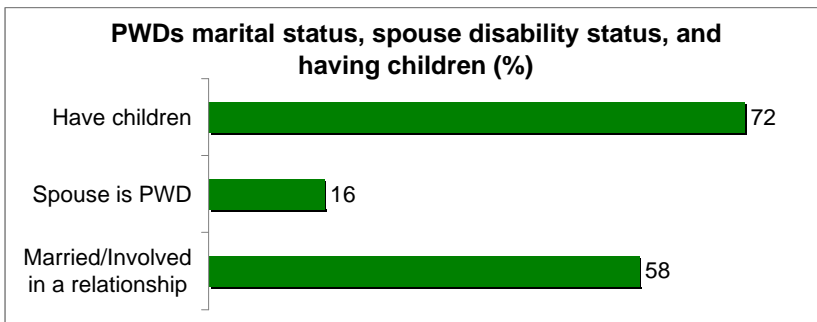
Knowledge of female PWDs on HIV/AIDS (percentage)

they are sexually active and at times in need of reproductive health services.

- ◆ Thirteen per cent of women with disability had been pregnant at age 12–19 years, compared with about 2 per cent of other women in the same age group. This age bracket is categorized as a risky one that needs the

Is providing RH services essential to the woman with disabilities?

It will assist her to make informed choices, have the children that she can manage to take care of, be comfortably protected from contracting STDs, and in the long run contribute to the country’s growth and development, including progress towards the Millennium Development Goals.



- attention of reproductive health services. The large percentage may also be suggestive of disabled women’s greater vulnerability to sexual assault.
- ◆ Women with disabilities are much less likely to use family planning than other women of reproductive age in Kenya, even though they are also sexually active. According to the survey, only 16 per cent use family planning, compared with 33 per cent of other women.
 - ◆ It is a fact that like other women, women with disabilities may also wish to use

family planning methods temporarily or permanently since having children and bringing them up may be particularly difficult for disabled women. This is especially the case when children are too close or too many, or when they are gotten too early or too late in life.

- ◆ Sexual abuse is, in fact, another important issue. In the focus group discussions there were indications that women with disabilities are sexually abused, often by their relatives. In case of such abuse, it is expected that the victim will seek reproductive health services immediately. But how can this be possible for a woman or girl of limited mobility who must depend on her guardian to get around, and it is the guardian who is the assaulter?

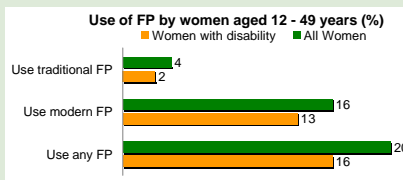


Why do you think this woman and many others will have a problem accessing appropriate reproductive health services? A woman with physical disability wondered aloud, “When you give me condoms to go and use to protect myself from pregnancy or HIV/AIDS and you can see I have no hands, do you ever imagine how I’m going to use them...? I think you need to have health providers who can educate the PWDs on how to use family planning methods for them to be effective....”

Policy Implications

A number of policy considerations can be derived from the results of the survey. These include:

- ◆ It is clear that women with disability don’t easily access the services provided, whether they have a problem with vision, hearing or mobility. Disability-friendly corners should be created in reproductive health service facilities.

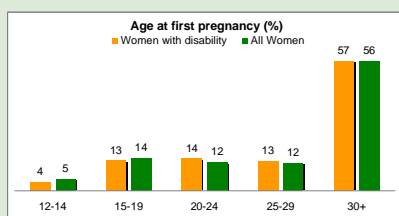


- ♦ The National Reproductive Health Policy of 2007 envisages addressing the special reproductive health related needs of PWDs. It is important to have this implemented so that women with disabilities can comfortably get the services.
- ♦ Since the quality of service depends so much on the service providers, it is necessary to ensure they are aware of the special needs of PWDs. This calls for integrating PWD needs into the training curricula for the service providers.

Programme implications

Special programmes are needed to meet the special needs of women with disabilities. These should include:

- ♦ Training service providers on providing services to the women with disabilities.
- ♦ Encouraging more active advocacy groups for PWDs to educate the public on disability.



- ♦ Developing special programmes in health facilities to target all PWDs.
- ♦ Designing services that can provide properly packaged information for PWDs.

Recommendations

- ♦ Remove the barriers faced by PWDs in terms of environment, infrastructure and information through aggressive and effective public education and implementation of the disability policy.
- ♦ Ensure that the existing and proposed physical infrastructure is universally accessible and friendly to PWDs in all aspects.
- ♦ Make reproductive health and HIV/AIDS information available and tailor it to suit the specific needs of PWDs.

Implementers

KNSPWD was implemented by the National Coordinating Agency for Population & Development (NCPD) in collaboration with the Kenya National Bureau of Statistics (KNBS), the Ministry of Gender, Sports, Culture and Social Services (MGSCSS), the Ministry of Health (MOH), and the Ministry of Education, Science and Technology (MOEST). Other participating organizations were

United Disabled Persons of Kenya (UDPK), Kenya Programme of Disabled Persons (KPDP), Association for the Physically Disabled of Kenya (APDK) and Africa Mental Health Foundation (AMHF).

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