

# **ACCESS AND CHALLENGES TO FAMILY PLANNING CARE SERVICES:**

## **A CASE STUDY OF PEOPLE WITH DISABILITIES**

**PRESENTING AUTHOR: Mercy Anthony**

**CONTRIBUTING AUTHORS: Kanyidinofu Oyem**

**Ibukun Ajeigbe**

**Dr. Kayode Afolabi**

**NAME OF ORGANISATION: ACIOE Associates**

**SUMMIT TRACK: Access to Reproductive Health Services**

## BACKGROUND

According to the United Nations, women with disabilities make up three-quarters of disabled persons in low and middle-income countries and are more likely to have unmet health needs.

These women are largely excluded from care due to their disabilities. Poor access to family planning and maternal health needs, such as antenatal care and labor and delivery services, further complicate their sexual and reproductive health outcomes.

It is not uncommon to have health facilities without sign language interpreters or a procedure that prioritizes service provision to people with disabilities at primary health centers.

This study seeks to document the experience of women with disabilities seeking care and the quality of family planning services for women in health centers.

Women With Disabilities – UN Convention on Rights of Disabled.

<https://wunrm.com/2011/05/women-with-disabilities-un-convention-on-rights-of-disabled/>

Addressing the invisibility of women and girls with disabilities.

[https://www.coe.int/en/web/commissioner/blog//asset\\_publisher/xZ32OPEoxOkq/content/addressing-the-invisibility-of-women-and-girls-with-disabilities](https://www.coe.int/en/web/commissioner/blog//asset_publisher/xZ32OPEoxOkq/content/addressing-the-invisibility-of-women-and-girls-with-disabilities)

Mosher W, Hughes RB, Bloom T, Horton L, Mojtabai R, Alhusen JL. Contraceptive use by disability status: new national estimates from the National Survey of Family Growth. *Contraception*. 2018 Jun 1;97(6):552-8

## METHODOLOGY

Primary data was collected via the administration of thirty key informant interviews (10 KIIs, each with the physically challenged, speech impaired, and hearing impaired, and then the vision impaired). The research explored the snowballing sampling technique.

The exclusion criteria were women with disabilities below 15 years and above 49. The discussion focused on two key areas:

- Access to contraceptive information and
- Quality care provided by health workers to women with disabilities at health facilities



*Figure 1: Cross sections with the visually impaired*



## RESULT

Findings from the research showed that the major challenges faced with accessing family planning services by people with disabilities (PWD) include lack of physical access, lack of information specific to women with disabilities, discrimination against women with disabilities, the attitude of medical personnel, and communication barriers.

Some outstanding feedbacks from the PWDs are below:

- Inaccessible clinic rooms, particularly for persons with physical disabilities.
- Health workers administer contraceptives to disabled women without proper education or awareness/testing, thereby resulting in limited choices of their method of contraceptives.
- Lack of awareness on dealing with patients with disabilities among health workers.
- Persons with disabilities are neglected in the health space and often leave without receiving the services they came to seek.

## SPEECH/HEARING IMPAIRED

The communication barrier hinders access to family planning services for the speech impaired and hearing-impaired. Some persons with disabilities result to writing to aid communication with health care personnel who often do not have the patience to attend to such patients.

## PHYSICALLY IMPAIRED

Building structures and hospital settings with distant sections without any form of mobility to aid the physically disabled poses challenges in accessing healthcare services, including Family planning.

Another is the unavailability of ramps, especially in primary health care centers for the physically challenged, making infrastructures not easily accessible.

## VISUALLY IMPAIRED

The lack of braille in health facilities to aid communication and understanding of patients' needs affect access to services for persons who are visually disabled.

## INFOGRAPHICS



Figure 2: Cross-section of physically challenged



Figure 3: Cross-section of the speech & hearing impaired

## CONCLUSION AND RECOMMENDATIONS

Health systems in Nigeria need to become disability inclusive. Approaches such as:

- Prioritizing service delivery during ANC and FP sessions for people with disability at health facilities and using pictures and videos to aid information dissemination during these sessions.
- Train health workers on disability consciousness and maintain confidentiality and appropriate communication in dealing with people with disabilities.
- Reducing discrimination in service delivery to people with disability and eliminating communication barriers via the introduction/employment of sign language interpreters in facilities for the speech and hearing impaired would ensure that the reproductive and overall health needs of women with disabilities are catered for adequately
- Provide the opportunity for women with disability who seek family planning services to choose their preferred method.
- Recruitment of people with disability in the health sector to create inclusion and encourage people with disability to visit health facilities for Family planning services.
- Put up clear communication signage to aid direction for the speech and hearing impaired in health facilities.
- Medical doctors should indicate special notes on the files and cards of PWD to aid access and timely attendance on their next FP and ANC visit to the hospital.

## INFOGRAPHICS



Figure 3: Cross-section of the speech & hearing impaired

**Keywords: People with Disabilities (PWD), Family Planning Care Services**

**CONTACT INFORMATION:**  
**m.anthony@acioe.com; +2348034053307**  
**k.ojem@acioe.com; +2348134228781**