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Research paper

Disability Inclusion and Access to Sexual Reproduction Health amongst Women and Girls with Disabilities in Plateau State, Nigeria

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Women and girls with disabilities (WGDs) often experience exclusion and discrimination due to their gender and disability despite having the same Sexual Reproductive Health Rights (SRHR) as anybody else. Inclusion and access to Sexual Reproductive Health (SRH) services amongst WGDs hasbeen abysmally inadequate over the years and several factors impede full inclusion and access to qualitative and adequate SRHservices within their communities. This study seeks to provide an analysis of disability inclusion and access to sexual reproduction health amongst women and girls with disabilities in Jos metropolis, Plateau State. The population comprised of women and girls with disabilities in 2 urban and 2 rural areas in Jos metropolis. Sample comprised of 68 women with girls with disabilities (with visual, hearing, physical and intellectual impairments). A descriptive survey research design was adopted for the study. Data was collected using structured questionnaires and focus group interviews. Findings of the study revealed that the identified SRH needs of WGDs include 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 amongst others. Similarly, the barriers that WGDs face in accessing SRH services includes structural and attitudinal barriers policies and limited information on SRH for WGDs amongst other barriers. It is therefore recommendedthat disability-friendly inclusive healthcare centres should be established in primary health care centres at the community level (in both rural and urban communities) to serve as assess points to receiving qualitative sexual reproductive healthcare services and information on SRH for WGDs in Jos Metropolis, Plateau State.

Keywords: Disability Inclusion, Women and Girls with Disabilities (WGDs), Sexual and Reproductive Health (SRH)

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INTRODUCTION

Globally, persons with disabilities (especially Women and Girls with Disabilities) face various forms of exclusion, discrimination and denial of their basic human rights. However, sexual exclusion is one of the most damaging yet pervasive from of exclusion (DeBoer, 2014; Oluwafemi, Chidi, Ojiugo & Odeyinde, 2022; United Nations WOMEN, 2019). The Nigerian government recognized these exclusionary practices in health care service provision to persons with disabilities (PWDs) especially young women and girls in assessing the healthcare system. This recognition informed an official launch & dissemination of Reproductive Health and Maternal Health Policy Documents including the 'Strategic National Policy on Sexual and Reproductive rights of Persons with Disabilities with Emphasis on Women and Girls of June 2018'by the Hon. Minister of Health, Prof. Isaac Adewole held in Abuja, on Tuesday, April 23rd, 2019. However, this policy document on reproductive issues of Women and Girls with Disabilities (WGDs) is yet to be adapted for full implementation in Nigeria (Association for Reproductive and Family Health, (ARFH 2019).

Similarly, the 2018 discrimination Against Persons with Disabilities Prohibition 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 their disability. However, as asserted by Prince-Oparaku & Chuma-Umeh(2021), 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 wide range of barriers in accessing Sexual Reproductive Health (SRH) care as well as other health related services. Similarly, the United Nations Convention on the Rights of People with Disabilities Convention was necessary because often the human rights of PWDs are not respected and therefore face many barriers to inclusion in the society. Based on this convention, governments are obligated to: (a) take appropriate steps so that disabled people can enjoy all their rights (for example making sure that disabled people have full protection against all forms of discrimination including taking action against failure to make reasonable adjustments), (b) take account of disabled people's human rights in everything it does (making sure that disabled people are not excluded) thereby promoting inclusion amongst other obligations (Equality and Human Rights Commission, 2010).

The Nigerian government ratifies the UN-convention on Rights of Persons with Disabilities on 24th September 2010 therefore all laws, policies and programmes in the county are expected to comply with the provisions of the convention. However, this document on reproductive issues of Women and Girls with Disabilities (WGWDs) is yet to be adapted for full implementation in Nigeria. According to Ogunlana, (2023) generally, PWDs face various forms of marginalization and are ranked the most disadvantaged in Nigeria. About 80% of them are often excluded from social life and are often neglected by health-care institutions and provider, caregivers and law enforcement agencies. However, further barriers exists for women and girls with disabilities when accessing sexual and reproductive services which is largely due to the non-existence of laws to protect their rights as well as poor implementation of such laws even in states where they exist in Nigeria (Amplify Change, 2024).The exclusion of WGDs is worsened by stifling social myths and beliefs, unsolicited pity, restrictive laws and misinformation. Therefore WGDs are likely to experience double discrimination due to their gender and disability and face exclusion from accessing their sexual and reproductive health rights due to their prejudice and poor accessibility despite having the same universal rights to accessthese services just as persons without disabilities.

A recent study by Chilaka (2023) on the appraisal of the sexual and reproductive rights of women with disabilities in Nigeria found disparity against women with disability 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. According to Kallianes and Rubenfeld, (2010), 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. According to Advocacy for Women with Disability Initiative (AWWDI, 2023), women with disabilities are often excluded in information on sexual and reproductive health, including safe abortions and contraception amongst others and this has led to organizing rallies and marching through across major cities in Nigeria with placards and banners with the sole aim of demanding for their sexual and disability rights. To confirm the assertion above,literature indicates has that the reproductive rights of women and girls with disabilities are constantly constrained by the assumption that women with disabilities are asexual (non-sexual, not experiencing sexual attraction, lack the desire for sex and do not experience sexual attraction) therefore denying them the right to information on reproductive health care, sexuality information as well as cultural and social resistance to reproduction and mothering among women with disabilities

The United Nations (UN) Convention on the Rights of Persons with Disabilities defines persons with disabilities as 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (European Commission, 2010). Therefore, they have a right to equitable health care services as outlined inSustainable Development Goals (SDGs) as

follows;

(A) SDG 3: is aimed at “ensuring healthy lives and promote well-being for all at all ages”. SDG 3.7: by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
(B) SDG 5: aims to “achieve gender equality and empower women and girls”. SDG 5.6: by 2030 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences (United Nations, 2015).

The (SDGs) has clearly emphasized that ‘no one is left behind’ so whether systems are related to health, education amongst others there is need to identify those who are likely to be left behind which includes Persons with Disabilities (PWDs) and especially Women and Girls with Disabilities (WGWDs). Similarly, Moreso, Ojifinni, Munyewende, and Ibisomi (2021) suggest that improved service provision in SRH for WGDs is necessary for disability inclusion in SRH issues. Therefore, there is need to provide health systems for full inclusion and building the capacity of disability organizations to drive disability-centered sexual and reproductive health in Nigeria.This study therefore, seeks to provide an examine disability inclusion and access to sexual reproduction health amongst women and girls with disabilities in Jos metropolis, Plateau State.

Objectives of the Study

The study seeks to:

a) Identify the specific needs of women and girls with disabilities in Jos Metropolis.
b) Identify the barriers to accessing sexual reproductive health services amongst women and girls with disabilities in Jos Metropolis.

Research Questions

a) What are the specific needs of women and girls with disabilities in Jos Metropolis.
b) What are the barriers to accessing sexual reproductive health services amongst women and girls with disabilities in Jos Metropolis.

Methodology

Data was collected using structured questionnaires and focus group interviews from a sample of 68 Women and Girls with Disabilities (with visual, hearing, physical and intellectual impairments). A cross-sectional study design was employed in 2 urban and 2 rural communities in Jos metropolis. The population comprised of girls and women with disabilities in institutions of learning (tertiary and secondary schools including special and/or inclusive schools), religious institutions and rehabilitation centres within the study area.

Results and Discussion

The findings of the study are presented thus:

Table 1: Categories of Women and Girls with Disabilities

CATEGORIES OF WOMEN AND GIRLS WITH DISABILITIES	Age groups	
	15-19yrs (%)	20-25yrs+ (%)
Visual Impairment	18(44.0)	10(35.7)
Hearing Impairment	9(22.5)	5(17.86)
Intellectual Impairment	1(2.5)	10(35.71)
Physical Impairment	12(30)	3(10.71)
Total	40(100)	28(100)

Table 1 above 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).

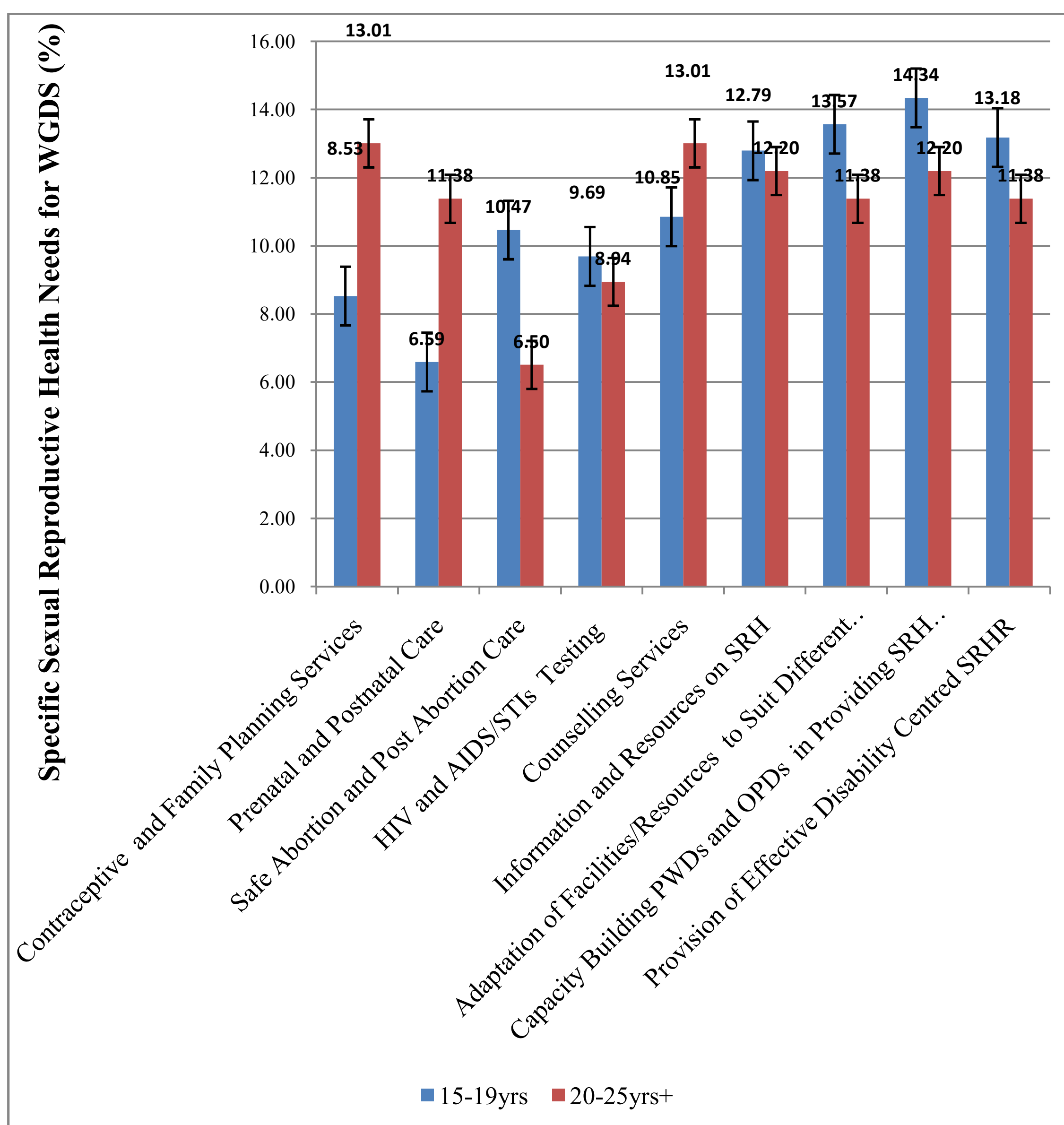

Figure 2: Specific Sexual Reproductive Health Needs for WGDs

As indicated in figure 2 above, 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, Animut, Getie, Eden, Mamaru, Alamirew, Endeshaw and Mengstu (2023) in a study on the prevalence and factors associated with sexual and reproductive health service use among reproductive age women with disabilitiesrevealed 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.

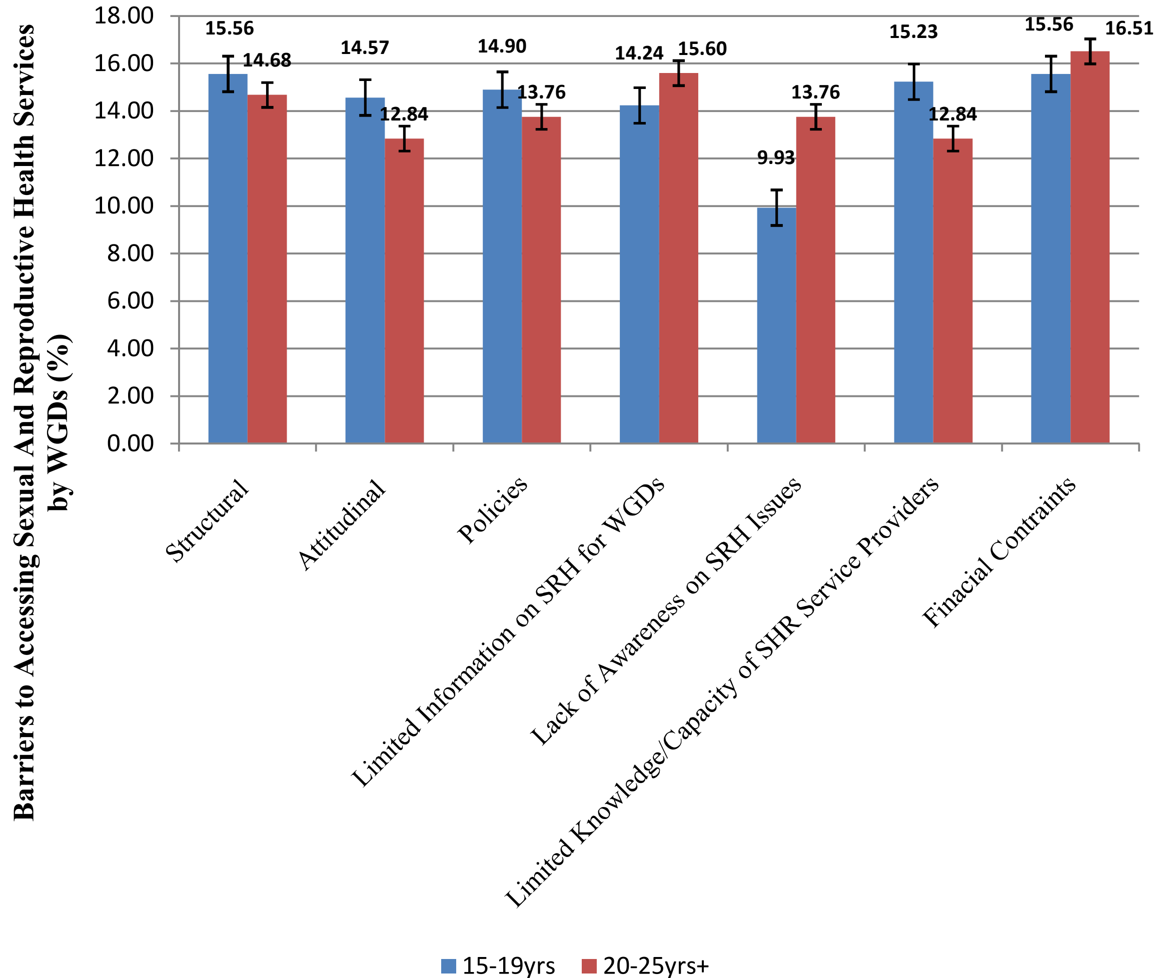

Figure 3: Barriers to Accessing SRH services by WGDS

Figure 3 provides insights into the barriers that WGDs face in accessing SRH services which includes structural (physical buildings of healthcare facilities are often not accessible e.g. a wheelchair user cannot access a building without ramps); Attitudinal barriers (the negative attitudes of healthcare workers is a major issue in accessing SRH services); policies (limited policy statements and lack of recognition/implementation of existing policies); limited information on SRH for WGDs, (e.g. a woman or girl with visual impairment may not be able to access available SRH services if they are presented in print format, however, she will be able to access braille and audio information, the inability of a woman with hearing impairment to communicate effectively does not allow her to easily assess sexual reproductive health services etc.); 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 assessing health care services. In addition, previous findings (Oluwafemi, Chidi, Ojiugo & Odeyinde, 2022; Ojifinni, Munyewende, &Ibisomi 2021) observed several barriers to accessing SRH services include lack of awareness and prohibitive service cost.Findings of a similar study by Ayub and Rasaki (2021) on barriers in accessing health care services by patients with disabilities in Nigerian hospitals reveals that systemic barriers and attitudes of the healthcare providers affect the access and quality of healthcare services received by persons with disabilities.Therefore, thee barriers can be eliminated through increased awareness is needed especially at the community level to create attitude change (positive) and also adequate training of healthcare service providers.

Conclusion and Recommendations

The implication of these preliminary findings has identified several barriers to assessing SRH services amongst WGDs in Plateau State. It is noteworthy to mention that there is an unmet need that calls for a state of emergency in SRH issues that concerns this population. In addition, the non-involvement, consultation and participation of persons with special needs into the mainstream of service provision reflect and highlight these exclusionary practices as a national issue. Therefore, this situation suggests active involvement of PWDs through OPDs in implementing inclusive SRH policies in Nigeria.

Based on these preliminary findings, there is evidence that the existing policy statements on SRHR of WGDs is not fully implemented, not recognized and are not adapted into the mainstream of the general health system in Plateau State and Nigeria as a whole. Therefore, the following recommendations are proffered:

1. There is also a need for active participation and involvement of persons with disabilities in policy formulation and programme implementation. This will be effectively carried out through consultations, interaction and involvement of persons with disabilities through Orgarnizations of Persons with Disabilities (OPDs) at all levels (community, state and national).
2. Disability-Friendly inclusive healthcare centres heath care assess points should be established at primary health care centres to serve as assess points to receiving qualitative sexual reproductive healthcare services (such as information on SRH issues, safe abortion, postnatal care, contraceptive and family planning services, HIV/AIDs and STI testing, adaptation of facilities/resources, health insurance, etc.) for WGDs within their communities
3. There is need for increased advocacy especially by the civil society and organizationsin the forefront of advocating for the rights of persons with disabilities in Plateau State and Nigeria as a whole. Creating avenues for active participation and collaborative network amongst health care practitioners and workers, Government and Non-Governmental agencies, OPDs, amongst other stakeholders through workshops, conferences, training, sensitization forums at the community, state and national level should be prioritized.
4. There is need for training and re-training of healthcare providers at the community, district, local government and state level to ensure full implementation of existing policies and eliminate all forms of discriminatory practices in assessing SRH services amongst WGDs irrespective of the nature of their disability.
5. Effective periodical monitoring and evaluation of programmes and activities is inevitable to ensure that existing policy statements on SRHR of WGDs should be implemented and adapted at all levels of service provision. This necessary in order to identify barriers, inform policy and practice, ensure access and promote equitable and inclusive SRH services for WGDs as well as persons with disabilities generally.

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