Towards inclusive sexual and reproductive healthcare:

Insights from women with disabilities in Sierra Leone

Leonard Cheshire

Contents

Acknowledgements:

Women's Integrated Sexual Health (WISH) is a flagship programme to scale up support to integrated sexual and reproductive health and rights services in countries across Africa and Asia, funded by the UK Foreign and Commonwealth Office. The WISH Lot 1 consortium is led by MSI Reproductive Choices. The consortium is providing access to family planning, including life-saving contraception, for millions of women across nine countries in sub-Saharan Africa, including the 'hardest to reach' populations of youth, rural residents and women with disabilities. Leonard Cheshire are disability advisors within the consortium and have conducted research within Sierra Leone to better understand what women with disabilities and healthcare professionals perceive as barriers to inclusive service delivery.

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1. Background

People with disabilities have the same right to a healthy, pleasurable and safe sexual life and to access sexual and reproductive health services as all others. It is crucial to realise these goals.

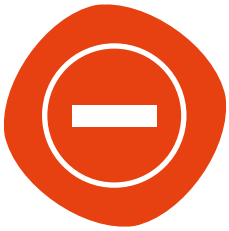
Most research on disability and sexual health has primarily focused on high income countries, and less so on lower- and middle-income countries (Carew et al., 2017). A more comprehensive body of literature on disability and access to sexual and reproductive healthcare in sub-Saharan Africa is emerging (Ganle et al., 2020). However, there are still knowledge gaps in many contexts, including Sierra Leone.

There is comparatively little understanding as to **what constitutes an inclusive sexual and reproductive healthcare service from the perspective of women with disabilities themselves.**

Sexual and reproductive health services include family planning, screening for sexually transmitted diseases and antenatal, perinatal, and postnatal care. **People with disabilities often face insurmountable barriers to accessing information and health services (Ganle et al., 2020).**

These barriers include:

Attitudinal barriers: due to negative societal attitudes towards disability and sexuality.



Physical barriers: due to inaccessible infrastructure and transport in the wider community and at the point of care.

Economic barriers: due to the cost of services and people with disabilities being more likely to be a poorer relative to people without disabilities.

Disability and sexual and reproductive health in Sierra Leone

Sierra Leone has a population of approximately 7 million, including an estimated 93,129 people with disabilities, representing 1.3% of the population (Government of Sierra Leone, 2017).

According to the Sierra Leone Demographic Health Survey 2019, 25% of married women aged 15-49 have an unmet need for family planning services and only 21% of married women are using contraception (Statistics Sierra Leone and ICF 2020). Data on the family planning needs of women with disabilities in Sierra Leone is lacking, but what is available points to a high rate of unmet need among women in general, which is likely higher among women with disabilities who face greater difficulty accessing healthcare.

2. Research design

This research project consisted of qualitative semi-structured interviews with three participant groups in Sierra Leone: women with disabilities (N = 32), women without disabilities (N = 10) and healthcare providers (N = 8). Within each district, communities were selected for data collection in consultation with Marie Stopes Sierra Leone and the Sierra Leone Union of Disability Issues (SLUDI). The criteria for community selection was that Marie Stopes Sierra Leone had recently delivered services to the community.

Individual interviews were conducted with participants in Krio. Women were interviewed by a female researcher in order to ensure their comfort in discussing sensitive topics. Informed consent was given via a signed consent form or via an audio-recording. Interviews were audio-recorded via an encrypted mobile device, anonymised and transcribed into English for sharing with the wider research team.

3. What women in Sierra Leone want for inclusive sexual and reproductive healthcare

i) Inclusive services that are accessible and convenient:

Participants saw an inclusive service as one that originated from within their communities and was accessible to all. Both women with disabilities and women without disabilities were hugely appreciative of services from Marie Stopes Sierra Leone, who provide outreach services in the community.

"Marie Stopes Sierra Leone coming to our community is one thing that I have found very easy. They treat us first when they come to our community, I believe that is inclusive for me."

Woman with a disability

ii) Inclusive services that are low-cost:

Women with disabilities viewed low-cost or free services as a crucial aspect of an inclusive service. The cost-saving element was also one reason why participants greatly valued outreach services in their community, as it negated the need for transport and support costs.

"At the hospital, if you don't bribe, you don't get treated. Free health care has not been a reality for persons with disabilities. If you have a disability you need to pay huge sums before you are treated like how they will treat a [non-disabled] person."

Woman with a disability

"Persons with disabilities find it difficult to access commercial vehicles to move from one location to the other, especially wheelchair users…we pay more than [non-disabled] passengers."

Woman with a disability

iii) Inclusive services that are dignified, equal and private:

When women with disabilities discussed their past experiences of accessing healthcare, they frequently mentioned negative attitudes from healthcare workers as a deterrent to an inclusive service. Issues with inaccessible facilities were broader than difficulties posed in getting services and included the shame and loss of dignity when navigating inaccessible environments. Both women with and without disabilities drew attention to need for privacy and confidentiality in an inclusive service. Some women with disabilities contextualised this in terms of disability-specific issues.

"When we go for a delivery, we find it a challenge climbing into the delivery bed ... When I last went to deliver, I had to be bundled with the wheelchair to the bed."

Woman with a disability

What do women with disabilities think are the key aspects of an inclusive sexual & reproductive healthcare system?

1. Community based

Community or "home visit" outreach services for key treatments

2. Low cost accessible transportation

Where community-based services are not available, **low-cost accessible public or private transportation**

3. Needs based prioritised service

Prioritised for services to avoid pain and fatigue caused by queuing

4. Free/low cost service

Treatment itself is free or heavily subsided

5. Accessible, dignified and private

Healthcare facilities modified to ensure access to services is **dignified and private for all clients.**

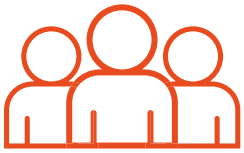
Recommendations

Our research reveals women with disabilities value inclusive sexual and reproductive services that are low-cost, accessible and offer dignified treatment on an equal basis to women without disabilities. Women with and without disabilities commented on the benefits of outreach health services in their communities.

These findings have clear implications for policies and service delivery aimed at supporting inclusive healthcare systems in Sierra Leone and more broadly.

Provide community or home visits for clients with disabilities for key treatments. This will reduce physical barriers to access.

Support the provision of low cost accessible public or private transportation, to ensure clients with disabilities are better able to reach services.



Prioritise clients with disabilities appropriately, to avoid pain and fatigue caused by queuing for services.

Provide free or heavily subsidised services, because clients with disabilities are more likely to be poorer and experience extra costs (e.g. for assistive devices.

Ensure access is dignified and private for all clients by making appropriate modifications to healthcare facilities.

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