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# Examining Access to Sexual and Reproductive Health Care Services and Information for Young Women with Physical Motor Disabilities in Dakar, Senegal

Olivia Soule<sup>1, 2</sup> (PI) & Diatou Sonko<sup>3</sup> (CO-I)

This is a mixed-methods study that examines access to Sexual and Reproductive Health (SRH) care services and information for young Senegalese women who have physical motor disabilities in Dakar, Senegal.



## Context

Approximately 6% of the Senegalese population has a disability of some sort and within urban areas, more women than men are disabled. Despite multiple laws recognizing the rights of people with disabilities, disabled people face significant stigma, discrimination, and accessibility issues in society. Furthermore, many disabled people are not aware of or do not benefit from "la carte d'egalite des chances," a social services program aimed at providing disabled people with monetary benefits, and subsidized transportation and health care services. Many health care structures are not structurally accessible – lacking wheelchair ramps and elevators – nor financially accessible to people with disabilities. Further, for Senegalese women, there exist gaps in contraception usage and sexual and reproductive health (SRH) knowledge. Approximately 22% of women ages 15-49 have unmet family planning needs and only 33% of women ages 20-24 have complete information on HIV/AIDS. The intersectionality of being a woman with a disability presents unique challenges to accessing SRH care and information, however, due to gaps in research, it is difficult to have a thorough understanding of the state of this access.

## Study Objectives

- To identify barriers in accessing sexual and reproductive (SRH) services and information;
- To identify from where Senegalese women with physical motor disabilities receive SRH information, as well as who or what they count on to receive quality information;
- To discover the attitudes and opinions that these women have towards the accessibility of SRH care services and information;
- To highlight their suggestions for improving access to and quality of these services and information.

## Methodology



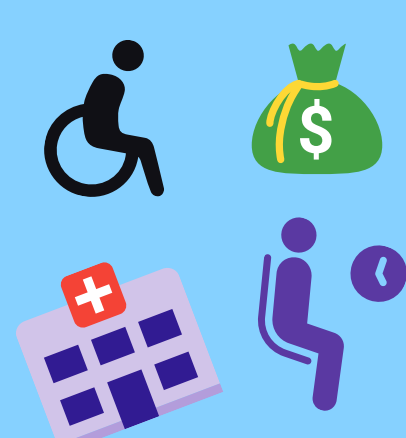
- IRB and Senegalese Ethics Committee approval was obtained.
- Participants were recruited through partnerships with multiple disability associations in Dakar.
- 31 semi-structured, in-depth interviews were carried out in French and Wolof.
- Thematic analysis of each interview was conducted and graphical charts were produced using NVivo and Excel.

## Results

Key barriers to accessing SRH services and information were revealed:

- Structural barriers within health care facilities
- Financial barriers
- Health care professionals' behavior and attitudes
- Long wait times within health care facilities

Additionally, findings show gaps in participants' knowledge about contraception, sexuality, reproduction and STIs.



## Structural Barriers



- 54% of women stated that SRH services in Dakar are not physically accessible to them.
- The most common structural barriers cited were lack of ramps and elevators, and consultation tables being too high up.
  - Women recounted stories where disabled pregnant women could not get up onto the delivery table.
  - As one participant explained, "sometimes, when you go up [on to the table], you fall."

## Financial Barriers

- Many women spoke of their carte d'egalite des chances being refused in health care facilities, thus having difficulties paying for care.
- 94% of participants do not currently have a paying job, and many rely on family members for financial support.
  - Reasons behind this may be related to societal discrimination—several women spoke of inevitable refusals if they were to seek jobs because of their disabilities.

"Not all workplaces hire disabled people. There are certain ones, when you go to search for a job, they disregard you because of your disability. You can be capable of doing the work but they won't hire you because they see your disability and say to themselves 'Ah, if we hire her too, her work will not be normal.'"

## Health Care Professionals' Behavior and Attitudes

"If you go to see the midwife to ask her about things concerning birth control, automatically she will have reservations and ask you if you are married or not. As soon as you tell her that no, you are not married, she will look at you poorly and judge you."

- 33% of participants say that they feel negatively judged for their disability by medical professionals when accessing SRH services.
- Many unmarried women spoke of a fear of being negatively judged by medical professionals.
- Another woman described being rushed during her consultation as she was hoisting herself up onto the consultation table, explaining that the midwife told her, "hurry up, you're slow, I'm in a hurry."

## Long Wait Times in Facilities

- Many women expressed the desire to be given the priority at health care facilities.
- Many participants cited long wait times as being particularly difficult and exhausting.
  - Women recounted waiting entire days, and attempting to access care multiple days in a row but not being seen.

"I wake up very early, you have to wake up at 5 in the morning because . . . if you don't leave early, if you arrive late, they will not see you. I've gone twice and they didn't consult me because I arrived late, so I went back home."

## SRH Knowledge - Contraception & Sexuality



- Participants' have gained knowledge regarding contraception, sexuality, and sexual reproduction from: 1) school 2) television 3) the internet 4) hospitals.
- Midwives, doctors, and gynecologists were listed as the most important sources for seeking out SRH information.
- 82% of women do not believe that there is enough school-based SRH education.
- 61% of women do not feel knowledgeable about sexuality and sexual reproduction; 23% feel somewhat informed.

## SRH Knowledge - Sexually Transmitted Infections (STIs)

- Participants gained knowledge regarding STIs, and specifically HIV, from: 1) school 2) television 3) media 4) the radio.
- Only 23% of participants knew of another STI other than HIV.
- 71% of participants report not feeling knowledgeable about STIs; 16% feel somewhat informed.
- 96% of participants would like to receive more information on STIs.



## Suggestions for Improving Access to SRH Services & Info

"That health care workers not preoccupy themselves with who is married or not, who is single or not. I believe that every woman who goes to a health structure, she is in need of and wants to have reliable information."

"For me, give a large priority to people with disabilities. The wait is long for us when we go to consultations, and its not easy to access health care structures without ramps. It's necessary to facilitate transportation for us."

"I really want health care structures to come to us, us the disabled, because we need it, because there are disabled people who are here but they don't know [about SRH information]."

## Next Steps & Recommendations

- Accessibility standards are needed for the design of health care facilities.
- Standardizing the carte d'egalite des chances program's service coverage can ensure that more people with disabilities possess the card and receive its benefits.
- Enhance training to address unconscious biases for health professionals working with people with disabilities.
- Increasing the amount of SRH information taught in schools.



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