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

Olivia Soule  
*University of Missouri-St. Louis, osoule10@gmail.com*

Diatou Sonko  
*Ecole Nationale des Travailleurs Sociaux Spécialisés (ENTSS), diatoubourba@gmail.com*

Follow this and additional works at: https://irl.umsl.edu/urs

Part of the Disability Studies Commons, Health Services Research Commons, International Public Health Commons, and the Women's Health Commons

**Recommended Citation**
Available at: https://irl.umsl.edu/urs/36
Context
Approximately 1% of the Senegalese population suffers from a disability of some sort and many women with disabilities experience difficulties accessing care because facilities are not structurally accessible. Disability associations have cited that approximately 400,000 women with disabilities in Senegal have unmet family planning needs and only 33% of women ages 20-24 are using contraception. Financial barriers are particularly difficult and exhausting. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

Study Objectives
To identify barriers to accessing sexual and reproductive health (SRH) services and information; To determine SRH knowledge; To improve services and, if possible, financial barriers. As one participant explained, “sometimes, when you go to the bus stop, you can’t get on.”

Results
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 financial benefits, and subsidized transportation and health care services. Many health care structures are not structurally accessible -- lacking wheelchair ramps and elevators -- nor physically accessible to them.

Financial Barriers
Many women express a fear that they can’t speak to doctors or nurses because they are disabled. Only 23% of participants did not have any concerns about accessibility, and only 11% felt comfortable asking if they were in need of ramps. Women with disabilities may be refused in health care facilities, thus making them feel discriminated. The most common structural barriers cited were lack of ramps, elevators, and consultation tables being too high up. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

Structural Barriers
Many women speak of their poor disability representation in education. As one participant explained, “Sometimes 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.”

Health Care Professionals’ Behavior and Attitudes
Health care professionals’ behavior and attitudes can also impact the accessibility of SRH care services and information. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

Long Wait Times in Facilities
Women who are disabled often experience long wait times in facilities. Another woman described being rushed during her consultation explaining that the midwife told her, “hurry up, you’re slow, I’m in a rush.” Many unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

SRH Knowledge – Contraception & Sexuality
Participants have gained knowledge regarding contraception and sexuality from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

SRH Knowledge – Sexually Transmitted Infections (STIs)
Participants have gained knowledge regarding STIs from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

Suggestions for Improving Access to SRH Services & Info
Many women express a fear that they can’t speak to doctors or nurses because they are disabled. Only 23% of participants did not have any concerns about accessibility, and only 11% felt comfortable asking if they were in need of ramps. Women with disabilities may be refused in health care facilities, thus making them feel discriminated. The most common structural barriers cited were lack of ramps, elevators, and consultation tables being too high up. Participants have gained knowledge regarding contraception, and specifically HIV, from: 1) school, 2) television, 3) friends and family, 4) health care professionals, particularly midwives, doctors, and gynecologists. Unmarried women spoke of a fear of being negatively judged for their sexuality; 33% of participants say that they feel negatively judged for their sexuality, and 31% feel somewhat informed.

Next Steps & Recommendations
Additional financial support is needed for the design of health care facilities that are accessible to everyone with disabilities. Physical motor disabilities in Dakar, Senegal.