

Study recommends ways to overcome barriers to reproductive health for women with disability

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A deaf, mentally impaired, 17-year-old female is brought to your clinic for vaginal bleeding. She is accompanied by an aunt who informs you that the patient has recently had an abortion and that she has had two more induced abortions in the past. When you ask who the father is, the aunt is evasive; you suspect abuse. You don't know sign language, the aunt doesn't know sign language, you're not even sure the patient knows sign language. You don't know how you can communicate your questions and concerns. Meanwhile, the aunt asks if you can perform tubal ligation so that future pregnancies can be prevented.

What do you do?

“They wouldn't really get married except if they are abused...”

The knowledge, attitudes and practices of healthcare providers in the Philippines regarding the sexual and reproductive health (SRH) of women with disability were the focus of a recent qualitative study by Lee et al. [*BMC Womens Health* 2015;15:87]

Through in-depth interviews and focus group discussions with SRH service providers in Quezon City and Ligao City, Albay, the researchers were able to identify several areas of concern:



- Most healthcare providers do not know sign language, and there are seldom trained sign language interpreters available to assist them.
- Some providers believe that women with disability rarely get married and thus do not have as much need for SRH services. “Yes, they need medical health service but regarding family planning services, they wouldn't really get married except if they are abused and get pregnant,” said a nurse in Quezon City.
- Few providers acknowledge that women with disability are as likely as women without disability to have sexual desires and experiences.
- Many providers are unaware that, based on global data, women with disability are more likely to experience violence, including inti-

mate partner violence, abuse by other family members, rape, forced sterilization, and/or abortion. “No, we have not had such a case that the raped woman had a disability or was beaten by the husband. They are not prone to that, those with disability,” said one doctor.

- When women with disability are sexually abused, both their family members and their healthcare providers are sometimes more concerned with the prevention of pregnancy, rather than the abuse itself and the safety of the abused woman.
- Victims of abuse often have difficulties navigating the justice system if they are disabled. An NGO representative related their experience bringing a deaf rape victim to the NBI: “[S]he can’t speak well. So there’s an interpreter. The NBI said, ‘Ah, no. It’s just a hearsay because that’s from a third person’s perspective, not the deaf itself.’”

Overcoming barriers for women with disability

Acknowledging the difficulties often experienced by mainstream healthcare providers, some study participants suggested that SRH services for women with disability be provided by specialists. However, it was noted that this

strategy would be impractical in the Philippines, where many rely on health services provided by barangay health workers and general practitioners. To improve delivery of SRH services to women with disability, Kira et al suggest the following interventions:

- Challenge healthcare providers’ misconceptions about sexuality and disability and strengthen their capacity to provide better SRH services for women with disability by conducting awareness and sensitization trainings.
- Incorporate disability sensitization into the school curriculum and initial training of healthcare providers.
- Since there aren’t enough sign language interpreters in the Philippines, healthcare providers must be taught at least the basic skills that will enable them to communicate with hearing-impaired patients.
- Forced sterilization of women with disability is a human rights violation. Alternatives must be considered, including accessible sexual health education and less permanent forms of contraception. Providers treating patients experiencing violence and abuse should also be concerned with how such violence and abuse can be prevented in the first place. 