

Original Article

The Access of Women with Disabilities to Reproductive Health Services During the COVID-19 Pandemic: A Qualitative Study

Sidar Gul, PhD

Assistant Professor, Department of Midwifery, Faculty of Health Science, Siirt University, Siirt, Turkey

Yurdagul Yagmur, PhD

Prof. Department of Obstetric and Gynecological Nursing, Faculty of Nursing, Inonu University, Malatya, Turkey

Correspondence: Sidar Gul, PhD Lecturer, Department of Midwifery, Faculty of Health Science, Siirt University, Siirt, Turkey e-mail: sidaraytekin@gmail.com

Abstract

Background: With the COVID-19 virus outbreak, access to reproductive health services in humanitarian settings has become doubly difficult for women with disabilities.

Objective: This study aimed to determine the access of women with disabilities to reproductive health services during the COVID-19 pandemic.

Methodology: A qualitative phenomenological research method was implemented in this study. The sample of the study consisted of 28 women with disabilities. The data were collected using a descriptive information form and semi-structured interview form. The interviews were conducted face-to-face. Content analysis method was used in the analysis.

Results: Women with disabilities experience several problems on accessing reproductive health services during the pandemic. Three main themes were determined. These themes were; importance of reproductive health, challenges to sexual and reproductive health access, and social support. It has been determined that women with disabilities had problems about mobility, communication, and awareness of health personnel in accessing reproductive services.

Conclusions: Efforts must be made to ensure continuity in reproductive health services for women with disabilities and early identification and intervention so that existing vulnerabilities are not exacerbated during the COVID-19 pandemic. It is important that nurses take a role in the development of these policies and efforts.

Key words: COVID-19, health access, reproductive and sexual health, pandemic, women with disability

Introduction

The New Type of Coronavirus Disease (COVID-19) emerged in China in December 2019 and spread rapidly all over the world. Thus, the World Health Organization (WHO) declared the COVID-19 as a global pandemic on March 11, 2020 (WHO, 2020). Although COVID-19 poses a significant threat to the entire society, disadvantaged and neglected groups are more affected in crisis situations such as a pandemic. Disabled individuals, who are ignored by many segments of the society and who experience many difficulties, are also negatively affected by this situation (WEI, 2020). When the problems experienced are evaluated in terms of gender, the fact that

women are affected more within the disabled group, as the pandemic is a global crisis that deepens pre-existing inequalities and increases the dimension of discrimination. Besides, even under normal conditions, women with disabilities have low opportunities to access health services, education and employment due to reasons such as physical limitations, social prejudice and lack of awareness (ONS, 2020). Besides even under normal conditions, women with disabilities have low opportunities to access health services, education and employment due to reasons such as physical limitations, social prejudice and lack of awareness. For these reasons, they are more likely to face

poverty, violence, neglect and abuse (Kara, 2020; UN, 2020a).

The women with disabilities face more health problems during the pandemic and also face more inequality in access to health services (UN, 2020b; WEI, 2020). Emergency response programs have been established in healthcare institutions during the COVID-19 pandemic. This situation causes the budget and resources allocated for disabled individuals to benefit from health services to be directed towards the fight against the epidemic. Thus, women with disabilities cannot receive routine treatments (UNFPA, 2020). The barriers of women with disabilities to access sexual and reproductive health (SRH) services increased during the pandemic. During the pandemic process women with disabilities could not have regular SRH checkups, could not participate in breast cancer screenings, and could not benefit from prenatal care, menopause, and curettage services. In addition, this situation negatively affects women with disabilities psychologically (WEI, 2020). Thus, the pandemic process negatively affects SRH services, and the fact that it is felt most strongly by women with disabilities. However, the SRH problems of women and girls with disabilities are an important issue that needs close attention during the pandemic (ESCAP, 2020). In this study, it was aimed to determine the access of women with disabilities to reproductive health services during the COVID-19 pandemic.

Methods

Study Design: In present study, a qualitative phenomenological research method was implemented.

Setting and Participants: We conducted the study in February 2022-May 2022 within the administrative borders of a province located in the Southeastern Anatolia Region of Turkey. The population of the study consisted of women with disabilities who applied to a in a rehabilitation center in the city center. The sample of the study consisted of 28 women with disabilities who met the inclusion criteria.

Interviews were conducted with the participants determined by the purposive sampling method until they reached the saturation point (n=28). The sampling criteria used were as follows: (a) having at least one type of disability; (b) was able to communicate by the researcher or through a sign language interpreter, (d) being over 18 years old, (e) was willing to participate in this part of the study.

Data Collection: The data were collected using a descriptive information form and semi-structured interview form which was prepared by the researchers in line with the literature. Descriptive information form consists of eight questions to determine the age, education level, income level, marital status and disability characteristics of the participants. The semi-structured interview form was prepared light of the literature (Lokot & Avakyan, 2020; Gil-Llario et al., 2021; Hunt & Banks, 2022). This form was created in order to obtain information about the reproductive health problems faced by the participants during the pandemic, the status of applications to a health institution in this regard, and the status of reproductive health check-ups during the pandemic. The expert opinions about its suitability were obtained. Corrections were made in line with their suggestions, and then a pilot study was carried out. Three participants were chosen from the study population for the pilot study, and they were excluded from the study sample. Consolidated Criteria For Reporting Qualitative Research (COREQ) was employed in this study which established guidelines to report qualitative research (Tong, Sainsbury, & Craig, 2007). The individual interviews with the participants who agreed to participate in the study took place in the meeting room of the rehabilitation center to ensure a quiet and comfortable environment. The interviews were conducted face-to-face. Interviews were conducted with participants with language and speech impairments through a sign language interpreter who working the rehabilitation center with the consent of the participants.

The duration of the interviews ranged from 25 min to an hour. With participants' consent, the interviews were audio recorded.

Ethical Considerations: In order to conduct the research, written permission was obtained from the rehabilitation center, and the Ethical Committee of Siirt University for Non-Interventional Research (Dated: 28.01.2022, Number:16), and verbal consent was obtained from the women who agreed to participate in the research. However, support was obtained from a sign language interpreter to obtain the consent of women with speech and language impairments.

Data Analysis: The sociodemographic data were analyzed using SPSS 22.0 software. They are shown as numbers and percentages. The content analysis method was used for the analysis of the qualitative data. The qualitative data recorded with the audio device were transferred to the NVivo 11 package programme immediately after the interviews. This programme transcribed them and turned them into written documents. Categories were obtained by analysing the data. By combining the categories and sub-themes, the themes of the study were obtained.

Rigour: Credibility, dependability, confirmability and transferability were determined to be the four main criteria for ensuring meticulousness of the qualitative dimension of this research (Noble & Smith, 2015). The relationships between the themes obtained were checked for credibility, and the sub-themes were checked for integrity. To determine reliability, the two researchers independently analysed the data and compared the findings. The semi-structured interview form and the final themes were confirmed and evaluated by an expert. Detailed descriptions of the study settings, participants, sampling techniques and data analysis methods have been provided to ensure the transparency of the findings (Apaydin Cirik, Gül, & Aksoy, 2022).

Results

The demographic characteristics of the participants

The descriptive characteristics of the participants are shown in Table 1. The mean age of the participants was 28.22 ± 5.28 (min. 18; max. 42). 17 of the women had an orthopedic disability, eight of the women were visually impaired, five of the women had language and speech impairments. In addition, two of the women had two disabilities at the same time. As a result of the data analysis, three main themes were determined (Table 2). These themes were; (1) importance of reproductive health, (2) challenges to SRH access, and (3) social support.

Importance of reproductive health

The sub-themes determined on the importance of reproductive health determined as don't care, not knowing and fear. It has been determined that most of the women don't care about the issue of reproductive health. One participant commented on this issue as follows

“Leaving the house during the pandemic is very risky for people like us. We already have low immunity. so if I get covid, I can't recover. I don't go to the hospital for little things. I never go for gynecological checkups in this process” (34 years old, orthopedic disability). Another participant reported that about this issue *“I'm menstruating too. My last period was very bad. I usually go to the hospital. However, during the pandemic process, the covid concern took precedence over everything. I tried to live my pain at home, I don't care even if it's sick. covid is so bad”* (18 years old, orthopedic disability).

It was determined that some participants had heard of the concepts related to reproductive health controls before, but they had never applied to a health institution before or during the COVID-19 pandemic. Some of the participants' statements on this issue were as follows:

“Cervical cancer test yes I've heard of it on television, but I've never had it done before. It is very difficult to go to the hospital during the pandemic anyway.” (24 years old, visually impaired). One participant who was interviewed about breast self-examination expressed her opinion as follows *“Breast exam? can I do it myself? I never knew”* (20 years old, language and speech impairments).

It was determined that most of the participants who usually went to the hospital for reproductive health problems before the COVID-19 pandemic did not want to go to the hospital for this during the pandemic. Because they are worried about catching this virus, which is highly contagious, for themselves or their family members. One married participant responded to this issue as follows:

“When I'm pregnant, I definitely go to the hospital. I got pregnant during the pandemic. When I first suspected, I never wanted to go to the hospital. Because it was the beginning of the pandemic. I was so feared that I would go and get sick and infect my family.” (29 years old, orthopedic disability).

Challenges to SRH healthcare access

The sub-themes determined on the challenges to SRH access determined as mobility problems, communications problems, and healthcare providers' insensitivity about reproductive health problems.

Most of participants stated that mobility from their homes to health facilities to receive care was a major challenge.

“I really want to go and check up for gynecological. My problem is how to move from here to the hospital. I can't paddle my wheelchair to the hospital because it is far. I can't use the public bus because even I could not get somebody to help me into the bus during the pandemic” (38 years old, orthopedic disability).

A participant describing the genital infection problem she experienced during the COVID-19 pandemic process expressed her opinion as follows

“While it is difficult to go to the hospital even in normal times, it is more difficult for me to act during the pandemic process. I think there was inflammation in my private area, because it was very itchy sometimes, but who would take me and how would I go was a big problem and I couldn't go” (40 years old, visually impaired).

All of women who suffered language and speech impairments reported difficulties with communicating with healthcare providers because of using a mask during the COVID-19 pandemic.

“Everyone wears a mask when they go to the hospital. When wearing a mask, I can't see facial expressions and this makes it very difficult for me to understand. I almost don't understand. That's why I try not to go to the hospital as much as I can.”(30 years old, language and speech impairments). Another participant stated that *“It is very bad to go to the hospital during the pandemic... Nobody seems to understand me. Normally, When I go with my sister it is better because she understands me, and she then tells them what I'm saying. But during the pandemic she couldn't come with me because of her child's disease. So When I go alone, they don't understand me.”* (25 years old, language and speech impairments).

A few of participants stated that reproductive health problems were ignored in the hospital during the COVID-19 pandemic. One participant reported that about this topic

“I had a lot of menstrual bleeding for a while and my stomach hurt a lot. So I went to the emergency room. The doctor kept saying to himself, "Am I going to deal with your menstrual bleeding among all these coronas?" I was very embarrassed.” (19 years old, orthopedic disability). Another participant stated that *“I went to the gynecology outpatient clinic for an intrauterine device. Personel who worked there asked me ironical “Did you come for intrauterine device during this pandemic” I was not in the wrong place. But I really felt bad.”* (40 years old, orthopedic disability).

Social support

The sub-themes determined on the social support determined as family members and non-family members.

Some participants stated that for their health problems, the people they receive social support from as “spouse, mother or sister” normally times. But during the COVID-19 pandemic; they stated that this situation has changed. One participant stated about this topic

“Normally, my mother would come with me to the hospital, but she is quite old, over 65 years old, during the pandemic, I cannot bring her to the hospital with me.”

That's why I wouldn't go to the hospital if it wasn't very urgent.” (36 years old, visually impaired). One married participant said that “I was going to apply for in vitro fertilization with my husband to have a child. But everything changed when the pandemic came. He is in the risk group, he has a chronic disease, so he did not want children” (33 years old, orthopedic disability).

A few of participants stated that they did not receive support from their neighbors or friends during the COVID-19 pandemic when they had reproductive health problems. One participant reported

“If there was a problem before, I could go to the hospital thanks to my neighbor. But I didn't want her to take me to my obstetrics control during the pandemic. That would be very shameful and selfish.” (25 years old, visually impaired).

Table 1. Descriptive characteristics of Participants

Descriptive characteristics	Number (n=28)	Percentage (%)
Education level		
Literate	4	14.2
Primary school	16	57.2
High school	5	17.8
University	3	10.8
Income level		
High	2	7.2
Mid	10	35.7
Low	16	57.1
Marital status		
Married	12	42.9
Single	16	57.1
Disability type*		
Orthopedic	17	60.7
Visually	8	21.5
Language and speech impairments	5	17.8
Mean Age	$\bar{X} \pm SD$	
	28.22±5.28	

SD: Standard deviation; \bar{X} = Mean; * Two

participants were both orthopedic and visually disability

Table 2. Qualitative Data Themes and Subthemes

Themes	Subthemes
Importance of reproductive health	<ul style="list-style-type: none"> • Don't care • Not knowing • Fear

Challenges to SRH access	<ul style="list-style-type: none"> • Mobility problems • Communications problems • Healthcare providers' insensitivity
Social support	<ul style="list-style-type: none"> • Family members • Non-family members

Discussion

In this study, which was carried out to determine the experiences of women with disabilities, about the access to reproductive health services during the COVID-19 pandemic, three themes were obtained: importance of reproductive health, challenges to reproductive healthcare access, and social support. Women with disabilities faced many problems due to COVID-19 pandemic on the use of SRH services. These problems were caused by many factors such as disability, and its side effect, life-change impact because of pandemic, lack of available resources, lack of social support, and lack of knowledge and awareness. All of these reflected the source of the problem and the women with disabilities need to protect and promote SRH during and post-op the pandemic. In our study, it was revealed that the importance of reproductive health has decreased considerably during the pandemic for women with disabilities. Women with disabilities experienced feelings fear of getting infected during the pandemic. This has focused them only on protection from the COVID-19 virus. For this reason, they ignored the protection of SRH. Lokot and Ayakvan (2020), stated that women with disabilities were likely to face greater barriers to SRH services access than a woman who does not have a disability both during the coronavirus outbreak as well as in normal circumstances. Gil-Llario et al. (2021) stated that people with disability experience sexual health problems during the covid pandemic and that sexual health promotion programs should be organized for this group.

Access to information about family planning is critical for women with disabilities in particular. In the present study, it was revealed that women with disabilities had mobility problems, accessibility problems, lack of knowledge, and lack of awareness of health personnel in their access to family planning services during the

COVID-19 pandemic. Also in this present study, when handled by people with speech and language impairments there were communication barriers often arise from lack of knowledge about different styles and alternative modes of communication(e.g.verbal or sign). The use of masks during the COVID-19 pandemic period has increased communication barriers for this group. Hashemi et al. (2022) stated that informational barriers can be particularly challenging for women with disabilities to access health services. Ganle et al. (2020) identified specific barriers to accessing SRH services, including inaccessible physical health infrastructure, stigma, and discrimination for people with disabilities. Peta (2017) showed that a lack of support of women with disability in reproductive health clinics, in relation to issues of contraceptives. However, their needs for SRH services, including family planning services, may be neglected due to social norms regarding the general perception of women with disabilities as asexual, and limited resources. This situation increases the risk of unwanted and unplanned pregnancy in women with disabilities. Also the consequences of an unmet need for contraception can be disastrous for women with disabilities, leading to high maternal mortality and unsafe abortions. In this present study, most of the participants mentioned that there is no one around who can provide social support during the COVID-19 pandemic. Some participants stated that they received support from their mothers or spouses before the COVID-19 pandemic. However, the fact that the people who received support during the pandemic were in the risk group in terms of infection significantly limited their access to reproductive health services. Also participants stated that they need social support because they must come to the hospital from a distant region. Hollanda et al. (2015) reported that social support contributes to access to the healthcare services for people with disabilities.

Study limitation: The findings in this study should however be interpreted against a number of

limitations. The research was conducted with only 28 women with disability in only one city. Also, the presence of a sign language interpreter at interviews with women with language and speech impairments could have affected their responses.

Conclusions: With the COVID-19 virus outbreak, access to SRH in humanitarian settings has become doubly difficult for women with disabilities. The results of the study revealed that women with disabilities experience several problems on accessing SRH services during the pandemic. It has been determined that women with disabilities do not care about their SRH during the pandemic, they have problems with mobility, communication and awareness of health personnel in accessing SRH services, and they need social support. Efforts must be made to ensure continuity in SRH services for women with disabilities and early identification and intervention so that existing vulnerabilities are not exacerbated during the COVID-19 pandemic. It is important that nurses take a role in the development of these policies and efforts.

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