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21

Intersectional challenges in accessing Family Planning Services:

Experiences of women with disabilities in Zambia

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Executive Summary

This study examined the experiences of women with disabilities in accessing Family Planning Services (FPS) in Zambia. It established that both women with disabilities and health workers lack awareness concerning the rights of women with disabilities to access FPS. The study unveiled a combination of common and unique barriers faced by women with disabilities while seeking access to FPS. Using an intersectional lens, the research found that identity characteristics such as the type of impairment, level of education, geographical location, and financial autonomy create distinctive barriers to accessing FPS. Additionally, negative experiences due to the attitudes and beliefs of health workers regarding disability (also in relation to family planning needs) exacerbated access, reflecting the urgent need for retraining and orientation to ensure equitable access for women and girls with disabilities. The research underscores the need for awareness campaigns and educational initiatives targeting women with disabilities and healthcare professionals, as well as tailored policies recognising that women with disabilities have different needs and experience different barriers.

'Breaking down Barriers' was initiated by Liliane Foundation to contribute to more effective and evidence-based policies and programmes in the field of disability inclusive development. It does so by bringing together civil society organisations and researchers from the Netherlands, Cameroon, Sierra Leone and Zambia.

Discussion group by and for mothers. PHOTO: ANGELIQUE KESTER

Introduction

Sexual and Reproductive Health (SRH) is a state of physical, emotional, mental, and social well-being in all matters relating to the reproductive system, and not merely the absence of diseases, dysfunction, or infirmity (Collumbien, Busza, Cleland, Campbell, & Organization, 2012). It implies that people are informed and empowered to make their own choices to start a family (or not) or decide on pleasurable and healthy (sexual) relationships. For women and girls with disabilities, article 25 of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) entrusts governments to make SRH services and care accessible and inclusive, and on an equal basis to persons without disabilities. This includes services related to family planning. Anecdotal evidence in Zambia suggests that women with disabilities experience great difficulties in accessing FPS. As of yet, the barriers that women with disabilities in Zambia experience to access FPS remain poorly understood. This study will address the gap in the literature. It will start from the premise that an intersectional lens can help to better understand the barriers that women with disabilities face in accessing FPS. An intersectional lens acknowledges and examines how various social identities, such as impairment type or level of education, intersect and interact to shape the experiences and societal inequalities of individuals. Moreover, it considers the interplay of multiple identities in regard to privilege and marginalisation. From this perspective, this study asks the following question: How do different intersecting identities of women with disabilities in Zambia affect their ability to access FPS?

Methodology

This study was conducted in three districts of three provinces of Zambia, between April and June 2023, namely, Kaoma, Kafue and Choma. The study sample was selected through a purposeful sampling procedure using the snowball sampling technique. Interviews were conducted with pre-prepared interview guides using unstructured items to allow for probing and in-depth collection of qualitative data. All of the interviews were conducted face to face at the convenience of the respondents and at a place and time initially agreed upon. The interviews aimed to uncover the essence of the experiences, perceptions, emotions, and perspectives of women with disabilities and health workers regarding FPS and to gain a deeper understanding of the barriers the women experience. A total sample of 30 participants were involved in this study. This included 22 women with different disabilities, including physical disabilities, those with visual impairments, hearing impairments, women with albinism and women with intellectual disabilities. In addition, eight health workers were included.

Findings

Legislation awareness

Among the 30 respondents, only three were aware of policies regarding access to FPS for persons with disabilities. This implies a widespread lack of awareness of such policies, both among health workers and women with disabilities. This discovery is relevant as both national and international legislation offer provisions related to SRH for women and girls with disabilities. For example, the Zambian Disability Act (2012), aligning with the CRPD (2006), emphasises equal access to healthcare, including SRH services, for persons with disabilities. It stresses the need for tailored health services, awareness, and ethical care practices.

Young woman shows her childhood photo.

PHOTO: CEDRIC MUSENGE KANGWA

The lack of knowledge about these legal protections among women with disabilities and healthcare providers is deeply concerning. Even educated women with disabilities struggled to articulate their legal rights regarding FPS. This gap in understanding highlights a critical necessity for extensive awareness campaigns among women and girls with disabilities about the relevant legislation and rights.

Knowledge and use of family planning Methods

Most respondents knew the types of FPS offered at health centres and were able to mention at least one or two types of FPS like injectables (sayana & depo), oral tablets (microlut & microganon), barriers (condoms) and implants (Jadelle). In addition, there was widespread awareness about traditional practices such as the use of marijuana seeds and the wearing of beads around the waist during sexual intercourse. Fewer than half of the respondents reported regular utilisation of modern family planning methods, while a quarter of the women surveyed relied on traditional methods. The latter is relevant as these methods lack scientific validation, meaning they might not be effective and can pose risks to one's health. Overall, the finding demonstrates a massive gap between what women with disabilities know about the provision of family planning methods and their access or uptake of the same methods and services.

Identity characteristics and barriers

The research revealed a mix of shared and distinct barriers encountered by women with disabilities when accessing FPS. Through the lens of intersectionality, several identity characteristics emerged that shed light on similarities and differences.

The first one is the impairment type. Impairments like total loss of vision or reliance on wheelchairs restricted individuals from reaching FPS centres. People with hearing impairments necessitate sign language, which is often unavailable at health facilities, thus hindering communication. Furthermore, visually or hearing-impaired women expressed privacy concerns about the need for personal assistants like sighted guides or interpreters (usually family members) during sensitive discussions, causing anxiety about confidentiality. These challenges discouraged some women with disabilities from pursuing FPS.

The second identity characteristic that significantly shaped access to conventional FPS is the level of education. Education empowers individuals with knowledge about family planning methods, enabling informed decision-making and self-confidence. The study revealed that those who had acquired some advanced level of education were more likely to access conventional FPS. For instance, one participant said, *"ndaba shupa ine,"* which translated as "I do trouble them". The participant continued, *"The health staff know me; when I enter, they give me respect because they know I know my rights. Who said that when you are physically disabled, then you should not enjoy sex, or you should not have children? So, I tell them what I want, and they give it to me. You know, that's why I managed to delay my pregnancy. When I knew that I was almost through with my school at the university, I went to tell them at the hospital that I wanted to be pregnant then. So, I accessed family planning services whenever I wanted."*

Idah Chanda and a woman with an auditive disability from Kaoma District during an interview. PHOTO: GIVEN KATUKULA

A third key identity characteristic relates to the geographical location where women live. The study revealed glaring difficulties in accessing FPS in rural Zambia, like the Kaoma District. Most of the participants in the district could not access conventional FPS because of the distance to the nearest health centre. It was in Kaoma where the majority of women with disabilities mentioned the usage of traditional family planning methods. Besides problems accessing modern FPS, these women often rely on informal channels for family planning, which might heighten the possibility of complications. In any case, the law provides for taking SRH services closer to the communities where persons with disabilities are found. However, this law is not implemented in practice.

The study identified the level of financial autonomy as the fourth critical identity characteristic. Women with disabilities who are financially well-off have more opportunities to access FPS as they can use their money to purchase family planning methods from private pharmacies. A certain level of finances also allows some women with disabilities to get on the required transportation to access family planning services at the health centre.

While Zambian law provides that persons with disabilities should access sexual reproductive health freely, some women with disabilities seek medication from private sources due to incorrect treatment from health workers towards women with disabilities (see below) and the costs associated with travelling to the nearest health centre. Therefore, those women with disabilities who live far from the health centres and are poor are usually not able to access free FPS.

As different women have different identity characteristics, the barriers described above play out differently depending on the individual. Furthermore, it is crucial to recognise that the barriers associated with the other identity characteristics can work in concert, amplifying their constraining effect. For example, a woman with total loss of vision, limited education, financial dependence, and a rural area residence faces significantly more challenges in accessing FPS compared to an educated, financially autonomous woman living in proximity to a healthcare facility.

Mother with her son.
PHOTO: CHIARA BELTRAMINI

Young woman in front of her house. PHOTO: SHARON HANDONGWE

Attitudinal barriers

While this study demonstrated that intersecting identity characteristics of women with disabilities profoundly shapes their ability to access FPS, it also highlighted that the attitudes and beliefs of health workers regarding disability has complicated this access. Many women cited negative experiences in seeking FPS at health clinics. For instance, one woman with visual impairments recalled how a health worker told her:

"Look at yourself, you should feel pity for yourself... family planning is for married couples... in your condition, abstinence is the best way to go."

A woman from another region remembered a healthcare provider saying the following:

"Why are you getting this family planning? Where is your husband? Why are you in a relationship? Don't you think it's a challenge when you get pregnant? Who will look after your baby? Are you going to take care of the child? So, we will have a lot of street kids..."

Some of the health workers confessed to the researcher that there were times when they did not give family planning to women with disabilities because of their personal belief that a woman with a disability is not fit to start a family. Several women in the study explicitly requested the retraining of health workers to gain a better understanding of persons with disabilities and their sexual and reproductive rights.

Conclusion & recommendations

The study highlights a significant lack of awareness among women with disabilities and health workers regarding policies related to family planning. Despite legal provisions, only a few respondents were informed, revealing a gap in knowledge about relevant legislation. Moreover, while most participants were aware of family planning method options, their access to modern FPS services was limited, indicating a disconnect between knowledge and utilisation. Identity characteristics like disability type, education level, location, and financial autonomy deeply influenced access to FPS, reflecting the diverse challenges faced by different women with disabilities. The study also found that these characteristics can work in concert, significantly limiting the ability to access FPS. Attitudinal barriers from health workers further complicated access, with instances of discrimination reported.

From these findings, the following recommended interventions have emerged:

- Awareness and empowerment campaigns: Implement educational programs focusing on family planning methods and SRHR tailored for women with disabilities across educational levels. Ensure these programs incorporate practical guidance on exercising rights and empowering informed decision-making and autonomy.

- Tailored accessibility programs: Develop tailored accessibility strategies that acknowledge various impairment types. This involves ensuring sign language interpretation services at health facilities and providing necessary aids like sighted guides or interpreters. Additionally, mobile FPS units should be considered to reach remote areas, facilitating easier access for those facing geographical barriers.

- Healthcare worker training and awareness: Conduct training programs for healthcare providers to sensitise them about existing legislation and the diverse needs and rights of women with disabilities. Foster respectful, non-discriminatory, and informed care practices to eliminate negative attitudes and ensure quality FPS provision.

- Advocacy campaigns: Implement advocacy strategies to promote the provision of accessible FPS for women with disabilities. This involves promoting mechanisms to bring SRH services closer to communities and ensuring adherence to legal obligations.

Credits

Picture on the front page: Community event in Zambia for the International Day of Persons with Disabilities. PHOTO: DOMINIC MUKUMBILA

About the authors

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For further reading

Chanda, I. (2023). Experiences of women and girls with disabilities in accessing Family Planning Services in Zambia: A phenomenological Study. MSc thesis, University of Zambia