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Untangling barriers:

Towards equal access to family planning for persons with disabilities in Sierra Leone

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Executive Summary

This study investigates the intricate challenges faced by women and girls with disabilities in accessing family planning services. Using an intersectional lens to address various identity characteristics, the study underscores the necessity for more personalised and inclusive reproductive health provisions. Findings indicate that communication barriers significantly constrain access for those with intellectual or hearing impairments, whereas individuals with albinism or little people encounter fewer obstacles. Differences in access based on location, education, finances, age, religion, and ethnicity impact family planning support. Urban areas tend to offer better access, while limited healthcare infrastructure and financial constraints in rural areas create challenges. Teenagers and certain ethnic groups face age-related restrictions and cultural beliefs hindering their access. The study recommends tailored healthcare provider training, widespread awareness campaigns, engagement with religious leaders, expanded age-appropriate services, and policy reforms to ensure fair access to family planning services for individuals with disabilities in Sierra Leone.

'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.

Introduction

Sexual and Reproductive Health (SRH) is a comprehensive concept encompassing physical, emotional, mental, and social well-being related to the reproductive system. It goes beyond the absence of diseases, dysfunction, or infirmity (Collumbien et al., 2012). The essence of SRH is rooted in empowering individuals to make informed choices about sex and reproduction, ensuring protection against diseases, unwanted pregnancies, and access to skilled health workers (United Nations Population Fund, 2022). For individuals with disabilities, Article 25 of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) mandates governments to provide accessible and inclusive SRH services on an equal basis to those without disabilities.

Sierra Leone not only signed the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) but also took significant steps to integrate its principles into national law. In 2011, pursuant to Article 33 of the UNCRPD, the country enacted the Persons with Disability Act. Furthermore, in 2012, the National Commission for Persons with Disabilities was established. This Act, particularly under Part 5, Section 17, mandates the provision of free medical facilities in public health institutions, as outlined in the National Policy on Disability Affairs (NPDA, 2011). In alignment with this section, the government launched the Free Healthcare Initiative (FHCI) in 2010. This initiative primarily aims to reduce maternal and child mortality by offering free access to essential healthcare services, including sexual and reproductive health. A critical aspect of these policies is their focus on gender and disability inclusivity, ensuring that these vulnerable groups receive the necessary healthcare services. However, despite these efforts, there is evidence that women and girls with disabilities in Sierra Leone face significant barriers to accessing quality and sustainable reproductive health services (UNFPA, 2018; Trani et al., 2017).

Alidou is sitting on the lap of CBR employee Leroy, who is talking to Hajara, Alidou's mother. PHOTO: CHIARA BELTRAMINI

Conducting interview with a person with Polio in Freetown. PHOTO: FALLAH MACKEY-LENGOR

In Sierra Leone, 58.21% of individuals with severe disabilities and 70.63% of adults with mild disabilities are sexually active. Paradoxically, people with disabilities are less likely to access public healthcare services compared to their non-disabled counterparts (Trani et al., 2017). Family planning is a crucial part of SRH and a means to empower women to choose the timing of pregnancies, directly impacting their health and well-being. It allows for the spacing of pregnancies and can mitigate health risks and mortality associated with early childbearing. Moreover, it aids in preventing unintended pregnancies, encompassing teenage pregnancies, reducing unsafe abortions among women and adolescents, and addresses the heightened pregnancy-related risks faced by older women (Marie Stopes International).

Access to healthcare, including SRH, is known to depend on intersecting identities such as race, gender identity, sexual orientation, refugee or migrant status. Various identity characteristics can result in either disadvantage or privilege, and these characteristics can perpetuate or impact one another. As of yet, existing studies in Sierra Leone have yet to delve into the specific influence of the type of disability or other differentiating factors, such as gender and financial status, on the access of a person with a disability to sexual health. This study addresses this gap and is aimed at understanding the intersectional challenges faced by women and girls with disabilities in accessing family planning services.

Methodology

This was a qualitative study in which semi-structured interviews were conducted in four key locations—Bo, Makeni, Kono, and Freetown—each representing one of Sierra Leone's main regions. Interviews were conducted in both urban and rural sites, enabling individuals from diverse backgrounds within each district or town to be interviewed for the study and allowing for urban/rural comparisons. Participants were purposively selected through a list provided by One Family People, a non-governmental organisation that works closely with persons with disabilities.

A total of 40 interviews were conducted comprising 10 from each region- six (6) women and girls with various disabilities, two (2) health workers, one (1) caregiver/parent, and one (1) official from the Ministry of Health.

The same interview guide was used consistently in all four towns or cities where the study was conducted, with each participant asked to share their perspectives and experiences related to accessing sexual and reproductive health services, with a specific emphasis on Family Planning.

Findings

Findings indicate that women and girls with disabilities encounter several challenges in accessing SRHR services based on their interconnecting identities that include type of impairment, level of education, geographical location, financial status, age, and religious/cultural background.

ional 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.

Types of Impairment

Findings indicate that women and girls with intellectual impairment and those with hearing and speech impairments face significant hurdles in accessing services due to communication barriers and a lack of service providers trained in disability issues. For instance, those with intellectual impairments find it challenging to locate health workers who can communicate understandably with them, making comprehension and assistance challenging. Similarly, the scarcity of health service providers proficient in sign language hinders those who are hearing and speech impaired from accessing necessary services, often resulting in misunderstandings or misinterpretation of their needs.

On the other hand, individuals with albinism and some forms of physical disability encounter comparatively fewer obstacles in accessing these services.
A respondent with polio from Bo District succinctly expresses this distinction:

"I am personally confronted with the challenge of considering family planning, and my concern extends beyond my own struggles to encompass individuals who are mentally and speech impaired. If I had someone to assist me in reaching the health centre, I could potentially access the services. However, I am acutely aware of the added difficulties faced by those who are mentally and speech impaired, as finding someone who can effectively communicate with them is a rare occurrence." (Respondent with Polio, Bo District).

Level of Education

The influence of education on perceptions and decisions about Sexual and Reproductive Health (SRH) is significant. Women and girls with limited or no formal education often rely on information from their peers, which can lead to misconceptions about family planning. For example, a widespread belief among those with lower educational levels is the idea that contraceptive coils could cause cancer. This misconception demonstrates how peer-sourced knowledge can negatively affect family planning decisions.

In contrast, women and girls with formal education exhibited more positive attitudes towards family planning. This positivity is largely due to the information and understanding gained through educational programs provided in schools. Often run by government or non-government organisations, these programs introduce students to various family planning methods and their proper use, fostering a more informed and accepting view of family planning. The difference in perceptions between those with and without formal education highlights the crucial role of education in dispelling myths and promoting informed choices regarding family planning.

A non-formally educated polio-affected woman living in Freetown depended on second hand information about contraceptives that were mostly erroneous and led to an unintended pregnancy. This is because she was neither able to read how to access and use contraceptives nor was she in an educational establishment in which girls had access to information on contraceptives.

Conversely, a visually impaired girl attending school in Bo mentioned that she sometimes resorts to using condoms as a temporary family planning solution when longer-term methods are not accessible to her. To date, she has not experienced any pregnancies. This contrast underscores the impact that an educational foundation can have on an individual's understanding and utilisation of family planning methods.

Geographical Location

The study findings indicate a notable disparity in access to family planning services for girls and women with disabilities based on their location. Generally, those residing in urban centres or main towns tend to have better access than their rural counterparts.

Limited healthcare infrastructure exacerbates the difficulties in areas situated far from urban centres. Compared to the hospitals present in urban areas, community healthcare settings offer fewer family planning services. Outlying medical facilities frequently contend with shortages of medical supplies, staff with limited experience, and understaffing, further hindering access to family planning services.

Contrastingly, in urban settings with central government hospitals and other family planning services, many persons with disabilities can access SHRH services, as expressed by a visually impaired respondent:

"I knew about family planning and access only when I migrated to Freetown. In my village in Kambia, we had nothing like that. In fact, for us, "Boku born na blessing" (it is a blessing to have many children". (Visually Impaired (Freetown.)

Financial Status

Even though family planning services are supposed to be free in government hospitals, there needs to be more clarity in applying this policy. In some hospitals, people with disabilities are asked to pay for the service, a practice that directly contradicts the intended accessibility of these essential healthcare services. Unfortunately, a significant number of women with disabilities who participated in the study have limited access to income and thus indicated that they have avoided seeking such services due to financial constraints.

"I discontinued my family planning services due to a discouraging experience at the hospital. Upon my arrival, I informed the nurse of my visit's purpose, only to be asked for a registration fee. I explained that I was under the impression the service was free and that I couldn't afford to pay, yet I was told to sit and wait. Despite my early arrival, I was overlooked as others were attended to. After an extensive wait, I felt compelled to assert myself to draw attention to my situation. It was only then I was informed that the government-supplied dosage had run out, and I would need to return another day," shared a woman from Freetown affected by polio.

Age

Girls with disabilities below the age of sixteen may be sexually active yet have limited options for SRH services. The existing family planning services designed for persons with disabilities only cater to those aged sixteen and above, implying that individuals below this age threshold are not expected to seek family planning services. This in many ways also inhibits their willingness to talk about or seek such services as indicated by a school caregiver.

"Numerous students in our camp shy away from openly discussing family planning, experiencing a sense of shame as they consider themselves too young to seek guidance on such matters. The age restriction for such services also contributes greatly. Regrettably, this silence has resulted in instances where pregnancies occurred without our knowledge." Caregiver Blind School Camp (Bo District).

Religion and Ethnicity

The findings suggest a complex interplay between religion, ethnicity, and disability in accessing family planning services. The research reveals that religious beliefs, particularly within the Islamic faith, play a significant role in shaping attitudes towards family planning among persons with disabilities. Women and girls with disabilities who are strongly rooted in Islamic traditions, especially those from the Temne and Fullah ethnic groups, appeared less inclined to seek family planning services. This reluctance is attributed to the belief that their religion does not endorse family planning methods.

Conversely, traditional religions, often associated with traditional Secret Societies such as the Bondo and Wande societies, appear to adopt a more supportive stance towards family planning. In these communities, the decision to utilise family planning services is usually subject to the approval of the male partner within married couples or a parent in the case of unmarried or young girls. This practice indicates a level of communal or familial oversight in reproductive decisions and a certain openness to family planning within traditional religious beliefs.

Recommendations

1. Training Programs for Service Providers:

Initiate training programs that equip service providers with the skills and knowledge needed to effectively deliver family planning services tailored to the unique needs of women and girls with various disabilities.

2. Awareness Campaigns:

Launch comprehensive reproductive health education and awareness campaigns to debunk myths and provide accurate information about family planning methods, especially as it relates to the needs of women and girls with disabilities.

3. Engagement with Religious Leaders:

Engage religious leaders, especially Islamic leaders, on the benefits and importance of family planning.

4. Extension of Age-Appropriate Services:

Amend existing policies that exclude teenagers with disabilities below the age of 16 from seeking SHRH services.

Conducting interview with a person with a handicap in Bo District.
PHOTO: FALLAH MACKEY-LENGOR

References

Collumbien, M., Busza, J., Cleland, J. G., Campbell, O., & Organization, W. H. (2012). Social science methods for research on sexual and reproductive health.

GOSL (2017). National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy 2017-2021.

MSI (2019). My body my voice: women's view on abortion care 2019.

The Sierra Leone Government (2011). The Sierra Leone Person with Disability Act 2011.

Trani J. et al. (2017). Disability In and Around Urban Areas of Sierra Leone.

United Nations Population Fund. (2022). Sexual and reproductive health. Retrieved from https://www.unfpa.org/sexual-reproductive-health

UNFPA (2018). Report on the assessment of adolescent and young people-friendly health services. Online. Accessed 28 June 2023.athttps://sierraleone.unfpa.org/sites/default/files/pubpdf/AYFHS_Final_%20sept%2024.pdf

Credits
Picture on the front page: Morning ritual to prepare the familyfor the rest of the day. PHOTO: JAN-JOSEPH STOK

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