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POLICY BRIEF
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Intersectional struggles:

SRH access for women and girls with disabilities in Cameroon

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Summary

This research investigates how the diverse aspects of the identities of women and girls with disabilities in Cameroon impact their access to Sexual and Reproductive Health (SRH) and family planning services. Examining these identities from demand and supply perspectives reveals five distinct barriers. First, challenges in understanding SRH and family planning arise from limited accessible information and inadequate communication methods in healthcare units. Reliance on incorrect information and cultural beliefs hampers recognising SRH needs, affecting different disability identities, especially in rural areas and among those with educational disparities.

Second, negative attitudes from healthcare providers and societal beliefs hinder women and girls with disabilities from seeking SRH services. Self-esteem, influenced by education, awareness, and social status, impacts their access to care.

Third, barriers from both service providers and personal circumstances, including negative attitudes and inadequate services, create challenges in accessing SRH care. This is compounded by geographical obstacles and socioeconomic disparities.

Fourth, financial constraints, side effects, and lack of proper education affect the utilisation of SRH services among women and girls with disabilities. Higher socioeconomic status and education contribute to better utilisation of services.

'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.

Fifth, communication barriers and privacy intrusion impact the enjoyment of SRH services, especially for individuals with hearing and speech impairments, limiting comprehensive care access. Understanding these barriers is essential to developing effective policies for improving access to SRH and family planning services for women and girls with disabilities in Cameroon.

Introduction

Over the years, various international treaties and policies have underscored the importance of sexual health and reproductive rights. Key among these instruments is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1978), the International Conference on Population and Development (ICPD), as well as the Plan of Action and the Fourth World Conference on Women (FWCW) in Beijing.

Despite these global efforts, resistance to granting women full reproductive rights persists in African countries like Cameroon, often justified by cultural and religious interpretations. While laws exist to guide access for individuals with disabilities to Sexual and Reproductive Health (SRH) and family planning services in Cameroon, awareness among women with disabilities and health service providers remains limited. Consequently, implementation of these policies and the equitable access of women and girls with disabilities to these services are significantly lacking, leading to persistent barriers in perception, reach, utilization, and enjoyment of these services.

The concept of SRH encompasses physical, emotional, mental, and social well-being regarding sexuality, reproductive system functions, and various related aspects such as reproductive health services, sexually transmitted infections, sex education, and family planning. Family planning, an integral part of SRH care, enables individuals to achieve desired birth spacing and family size, positively impacting health outcomes for all involved. Access to SRH and family planning services is regarded as a fundamental human right.

No prior research has been conducted on access to SRH services in Cameroon. This study addresses the gap in literature and uses an intersectional approach to understand why many women and girls with disabilities in Cameroon struggle to access SRH services. As a theoretical lens, intersectionality acknowledges the complex interplay between multiple identities, such as gender, disability, socio-economic status, education, and location. For women with disabilities, these intersecting identities create unique barriers and

Three generations in a row: Grandmother (Cecile), mother (Irvine) and daughter (Vanelle). PHOTO: CHIARA BELTRAMINI

privileges that affect their access to SRH services. Grasping these intersections is essential to fully comprehend the obstacles to accessing these vital services and develop suitable policy actions. This study asks the following research question: "How do the different intersecting identities of women and girls with disabilities affect their ability to access SRH/family planning services in Cameroon?"

Methodology

A qualitative research design was carried out for this study. The design was used to find and report in-depth qualitative information regarding women and girls with disabilities and their utilization of SRH and family planning services. Qualitative data generated from the study has been analysed using descriptive and thematic analyses. With descriptive analysis, findings were presented mainly in prose, and quotations from respondents were used to demonstrate the findings. We had 38 participants from the north west and south west regions of Cameroon. These included eight health workers, ten women/girls with visual impairments, six women with hearing impairments, eight women with mobility impairments, two women with albinism, and four women with speech impairments.

Findings

The research indicates that the diverse identities of women and girls with disabilities play a pivotal role in determining their access to SRH and family planning services. When examined through demand and supply perspectives, these identities reveal a sequence of five distinct barriers.

Perception of SRH and family planning

The perception of SRH and family planning among women and girls with disabilities in Cameroon faces numerous hurdles, primarily due to inadequate access to information. Healthcare units lack inclusive communication methods, delivering information through formats unsuitable for various disabilities, thereby hindering these individuals from understanding and seeking SRH services. On the demand side, reliance on incomplete or incorrect information from family and friends, coupled with cultural beliefs against family planning, limits their ability to recognise their SRH needs. These barriers affect different disability identities uniquely, intersecting especially with geographical location, communication means, and cultural beliefs. Rural residents, lacking access to communication technologies and education, struggle to perceive SRH needs more than their urban counterparts. Moreover, educational disparities hinder those unable to afford schooling from understanding SRH and family planning, reinforcing the barriers preventing access and benefit from relevant services.

Ability to seek

The "ability to seek" refers to an individual's capacity to actively search for and find appropriate SRH services by understanding their needs and navigating the healthcare system. The ability of women and girls with disabilities to seek SRH and family planning services is affected by barriers from both healthcare providers and personal factors. Service providers in Cameroon often exhibit negative attitudes, using derogatory language and demeaning behaviour. This leads these individuals to feel demoralised and have low self-esteem, deterring them from seeking care. On the demand side, religious beliefs opposing family planning, coupled with societal attitudes impacting self-worth and a lack of awareness about SRH rights, hinder access to services. These barriers interact with various identities, such as religious beliefs, education levels, and financial independence. Individuals with higher levels of education, awareness of SRH options, employment, and social status demonstrate greater self-esteem and actively seek SRH services. The combined impact of religious, educational, and financial identities forms significant social barriers to accessing SRH care among women and girls with disabilities.

Ability to reach

The "ability to reach" refers to an individual's capacity to physically access SRH services, considering factors like transportation, distance, and mobility. Women and girls with disabilities in Cameroon encounter significant challenges in accessing SRH and family planning services due to barriers from both service providers and personal circumstances. As explained above, the negative attitudes of healthcare providers, such as snubbing and scolding, deter these individuals from seeking care, creating a reluctance to access services. Moreover, the unavailability of necessary SRH services upon their visit to health units, inadequate communication skills, and the absence of sign language interpreters compromise effective interaction and confidentiality. This is especially the case for those with hearing impairments.

On the demand side, geographical obstacles force individuals to travel long distances under challenging conditions to reach healthcare facilities. Displacement challenges, lack of support, and transport difficulties lead them to rely on others for assistance, breaching confidentiality and discouraging access. Negative social perceptions and prejudices also limit social support, disrupting access efforts. The intersecting identities of disability type, location, and socioeconomic status compound these barriers. Severe mobility impairment, multiple disabilities, and visual impairments pose higher challenges in accessing care than hearing and speech impairments. Rural residents face greater difficulty accessing services due to poor road networks and higher transportation costs, exacerbated by limited financial autonomy. Women and girls with higher socioeconomic status access SRH services more readily due to financial independence and employment opportunities, while those with lower education levels struggle due to limited job prospects, relying on external support for accessing SRH care.

Ability to utilise

The ability to utilise refers to taking advantage of the services put at the disposal of all to meet the needs of one's family planning. When women/girls with disabilities do not use these services for one reason or another, then access to these services has been compromised. On the supply side, SRH and family planning units in Cameroon, which do not offer free services for women and girls with disabilities, such as pharmacies and private clinics, render family planning services at high costs. Women and girls who cannot afford to pay tend to opt for

Big sister is taking care of her little brothers. PHOTO: CHIARA BELTRAMINI

cheaper and inferior methods, such as natural family planning, which in most cases are ineffective. As a result, they give up on using the services. Some women do not possess disability cards and, as such, do not get to enjoy the free SRH services offered to persons with disabilities in public health units. Consequently, they are expected to pay for the services. When the women cannot afford the high cost of the services, they tend to refrain from utilising family planning services.

On the demand side, women and girls who lack the finances to buy the available services even when they need them refrain from using them. Their ability to utilise the services they have at their reach is hindered. In addition to this, girls and women with disabilities in Cameroon who are able to afford SRH services but cannot cope with the side effects that come with the utilisation of these services tend to abandon the use of them.

However, women and girls with higher socioeconomic status who are employed and have a means of earning a living utilise SRH and family planning services more than those who have no means of earning a living. Women and girls with disabilities who have attained higher levels of education tend to have a better understanding and knowledge of coping with the side effects than those who are ignorant about the way the family planning methods works. Those with the appropriate knowledge use the SRH and family planning services more than those without. Consequently, intersecting identities of financial autonomy and level of education compromise the ability to use SRH services.

Ability to enjoy

The ability to fully enjoy SRH services involves utilising available resources to meet one's needs. On the supply side, inadequate communication skills among SRH service providers hinder effective service delivery to women and girls with disabilities. Service providers lacking sign language proficiency struggle to communicate with those having hearing or speech impairments, leading to difficulty in expressing needs and understanding instructions. Consequently, these individuals are discouraged from accessing services, especially when third-party communication is involved, compromising the right to confidentiality and privacy. On the demand side, intermediaries breach privacy during service provision, limiting women's willingness to disclose full information about their sexual and reproductive health, thereby restricting their access to comprehensive care.

The type of impairment intersects with communication methods, impacting how individuals benefit from SRH services. Communication challenges disproportionately affect women and girls with hearing and speech impairments compared to those with visual or mobility impairments, as the latter can still communicate with service providers even without an intermediary. Intrusion into privacy further inhibits the full enjoyment of SRH and family planning services, creating barriers for women and girls with disabilities.

Conclusions and recommendations

In conclusion, despite existing laws and policies aimed at providing SRH and family planning services, women and girls with disabilities in Cameroon face multifaceted barriers. These barriers arise from the intersection of identities encompassing type of impairment, educational level, geographical location, socioeconomic status, and cultural and religious beliefs.

Based on the findings, the following interventions are recommended:

- Inclusive Communication Training: Training healthcare providers in inclusive communication methods, including basic sign language, to ensure effective communication with diverse disabilities.
- Community Sensitisation and Education: Launching nationwide campaigns to educate and raise awareness about SRH and family planning specifically tailored for women and girls with disabilities, addressing cultural misconceptions.
- Accessible and Mobile Health Services: Establishing mobile clinics, particularly in rural areas, to offer comprehensive SRH services, ensuring accessibility for women and girls with disabilities.
- Financial Support and Subsidized Services: Implement policies to subsidise SRH services, covering costs like transportation and making them financially accessible for all women and girls with disabilities.
- Privacy Protection Measures: Introducing guidelines to protect privacy during healthcare services, aiming to minimise third-party intrusion during consultations and ensure confidentiality.
- Empowerment through Education: Initiating educational programs to provide comprehensive SRH and family planning information, focusing on managing side effects and increasing awareness, especially for those with higher education levels.
- Intersectional Policy Development: Creating policies acknowledging diverse identities and needs of women and girls with disabilities, considering intersections of disability, geography, socio-economic status, culture, and education for inclusive service provision.

Alidou together with mother Hajara in the doorway of their house. PHOTO: LILIANE FONDS'

Credits

Picture on the front page: Mother Yvonne (right) and children are visited by CBR-student Cynthia (middle), who has Yvonne's son Adin on her lap. MONA VAN DEN BERG

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