

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

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SCHOOL OF PUBLIC HEALTH

KNUST



**REPRODUCTIVE HEALTH NEEDS AMONG PHYSICALLY
CHALLENGED PERSONS IN THE SUNYANI WEST DISTRICT**

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requirements for the degree of Master of Public Health.**

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DECLARATION

I, Elizabeth Dujin, declare that except for other people's research which have duly been acknowledged in this dissertation, this work is the results of my own original research carried out for the award of Master of Public Health (MPH). This dissertation has not been presented either in whole or in part for another degree.

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DEDICATION

I dedicate this dissertation to my lovely children.

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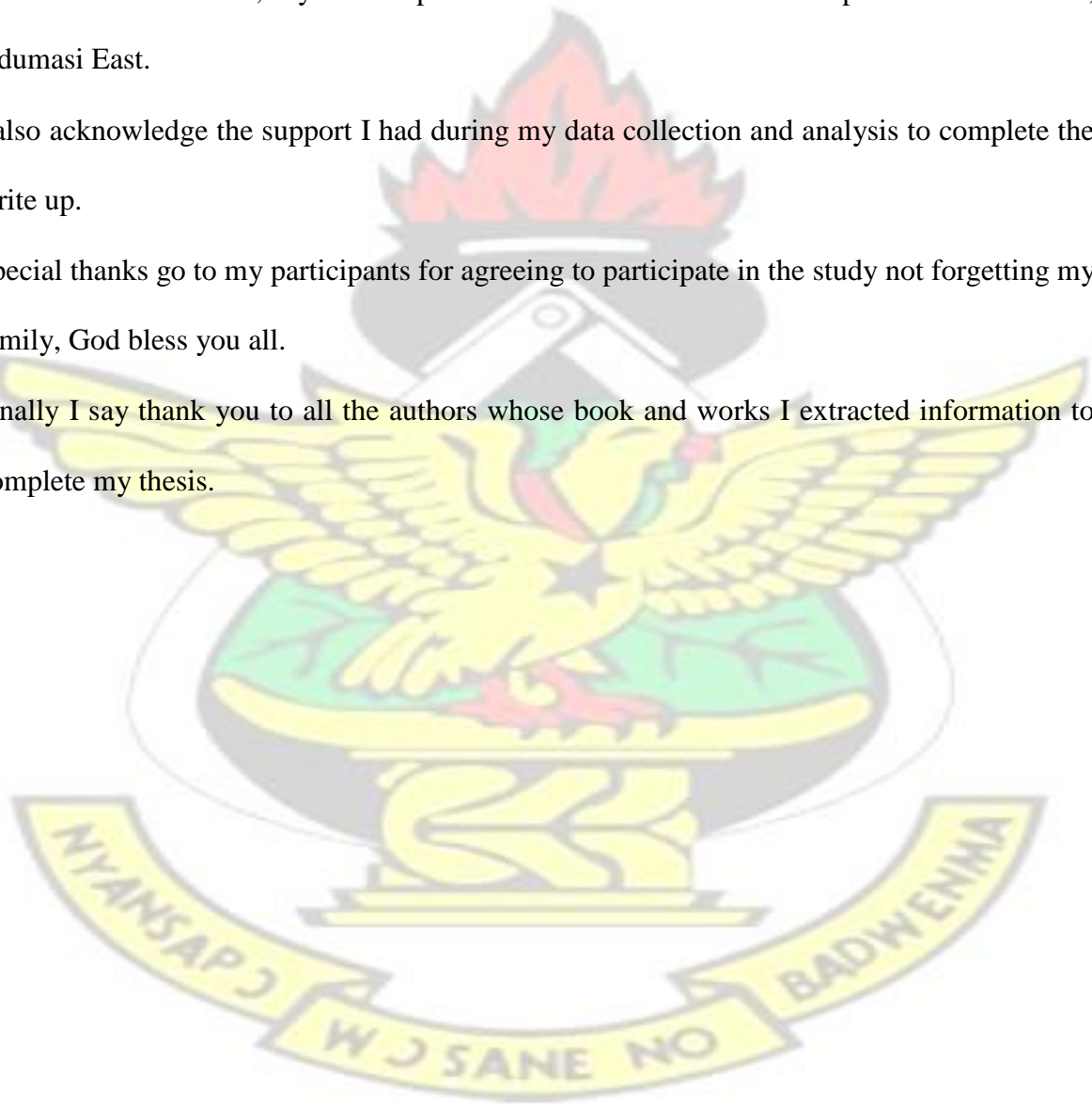
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ABSTRACT

Introduction: The World Health Organization and World Bank refer to disability as the challenges faced in any or all the three aspects of functioning which are impairment, activity limitation and participation restriction. Impairment concerns difficulties in body function or variations in body structure such as paralysis or blindness while activity limitation is about problems in performing activities like walking, dressing or eating. The third aspect which is participation restriction talks about challenges with participation in any part of life such as discrimination in transportation, education, health service or work. This study is to determine the reproductive health needs among physically challenged persons in the Sunyani west district, Brong Ahafo Region.

Methodology: The research adopted qualitative methods of inquiry to answer the research questions. An interview guide was designed to collect the following information on participants, Demographic data, Participants' knowledge on their reproductive health needs, Participant's major reproductive health needs, Factors contributing to participants' reproductive health needs and strategies to help meet physically challenged person's reproductive health needs. In-depth interviews were conducted among fifteen respondents whose responses were translated into English language and transcribed for analysis.

Results: The research results revealed that, most of the participants did not have enough knowledge on reproductive health needs. It was disclosed that, the physically challenged persons lacked information on some reproductive health needs and services.

Also, the research disclosed that, majority of the physically challenged persons had not accessed reproductive health services in or outside health facilities. The participants of the research indicated accessibility, delivery rooms, the nature of the delivery beds and lack of information on reproductive health were their major reproductive health needs facing physically challenged persons in general. They indicated that for those of them who visited the health facility, there was no difficulty in accessing information and services on reproductive health needs in the facilities.

Furthermore, the findings showed that the participants believed their reproductive health needs will be improved if the following will be done: if they are given enough health education, elimination of discrimination and rejection, provision of financial support for physically challenged persons, making all health facilities disable friendly and train providers as how to handle persons with disability.

Conclusion: Most of the participants have limited understanding of reproductive health needs and that of their own. Lack of enough public education on reproductive health services may have accounted for the physically challenged persons' little knowledge on it. The participants suffered some challenges like discrimination by health staff and the general public continues to be a problem for the physically challenged persons. It was agreed by majority of the participants that their association is not doing much to help members have their reproductive health needs met.

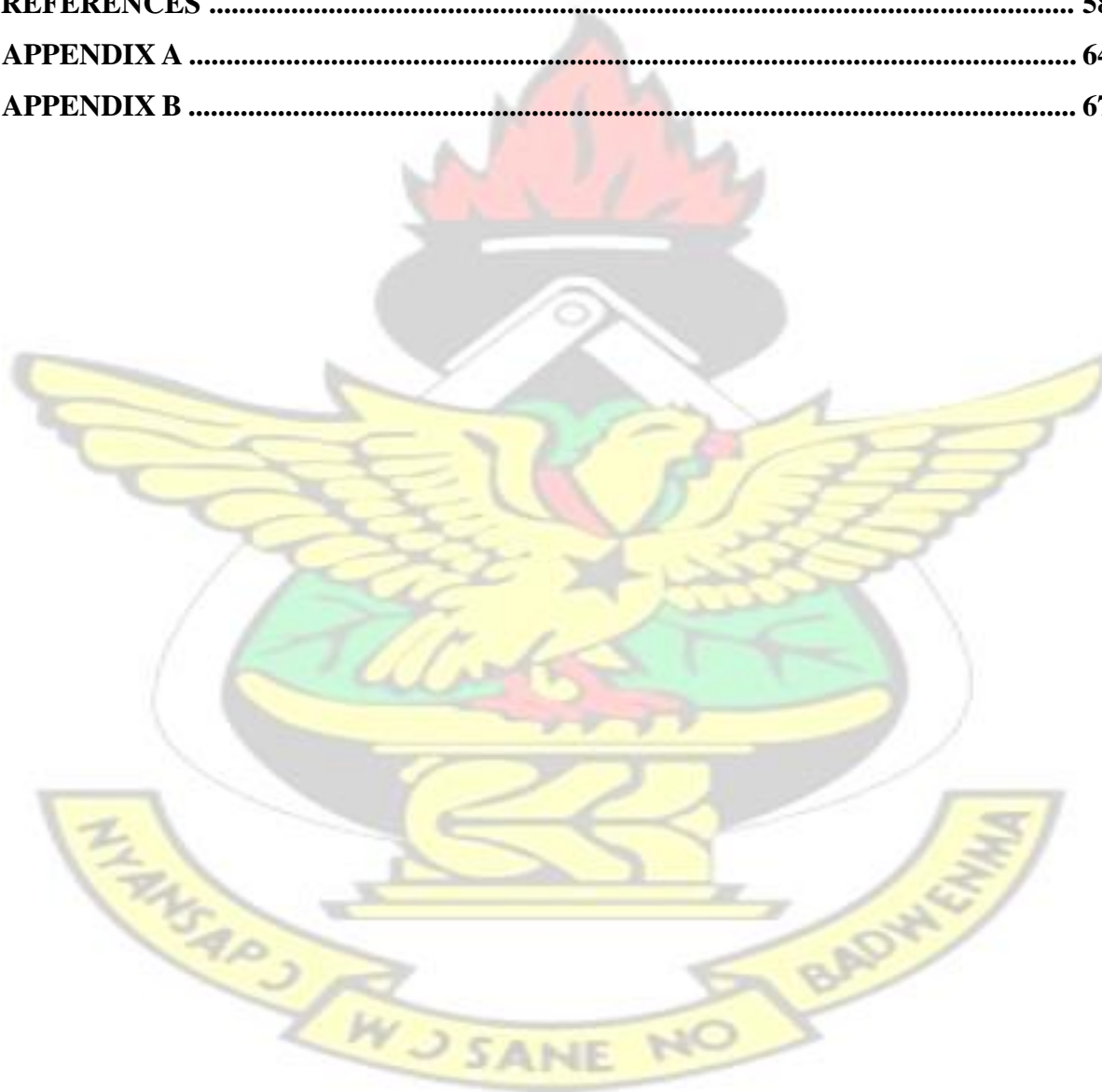
Keywords: disability, discrimination, reproductive, needs, health, transcribe, knowledge.

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LIST OF ACRONYMS

WB	World Bank
UN	United Nations
EI	Executive Instrument
WHO	World Health Organization
GHS	Ghana Health Service
PHC	Population and Housing Census
GSS	Ghana Statistical Service
PWD	Persons with Disability
VRA	Volta River Authority
DCE	District Chief Executive
IDG	Institute for Democratic Governance
GFD	Ghana Federation of the Disabled
ICPD	International Convention of Population and Development
PPFC	Planned Parenthood Federation of Canada
CRPD	Convention on the Rights of Persons with Disability
UNFPA	United Nation Fund for Population Activities
CESCR	Committee on Economic, Social and Cultural Rights
KNUST	Kwame Nkrumah University of Science and Technology
ICPDA	International Conference on Population and Development, Programme of Action
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

CHAPTER 1: INTRODUCTION

1.1 Background Information

The World Health Organization (WHO) and World Bank (WB) (2011) refer to disability as the challenges faced in any or all the three aspects of functioning which are impairment, activity limitation and participation restriction. Impairment concerns difficulties in body function or variations in body structure such as paralysis or blindness while activity limitation is about problems in performing activities like walking, dressing or eating. The third aspect which is participation restriction talks about challenges with participation in any part of life such as discrimination in transportation, education, health service or work. Ingstad and Whyte (2007) put it that impairment of the mind, senses, physical and mentalbeing is regarded as a kind of disability depending on how societies are ordered. While some people may have a challenge in any of the aspects of human functioning some may have difficulties in two or all the three aspects. Such people may not be able to enjoy social life as a result of malfunctioning in any part of the body. Disability is as a result of the interactions of health conditions with contextual factors, which are environmental and personal factors (WHO and WB, 2011).

The convention on the Rights of Persons with Disabilities (2006) indicate that individuals with disability are those who have long term physical, mental, intellectual and sensory impairment, which in collaboration with various obstacles may inhibit their complete and effective involvement in society on an equal basis with those without any impairment. Models of disability include individual and social. The medical model which is also termed as individual model is where people view disability as being disabled by part(s) of the body.

On the other hand, social model is where people view disability as being disabled by the society. The social model places much emphasis on the environment in which people live more than their bodies.

Kinds of disability include visual impairment, mental retardation, intellectual malfunctioning and physical challenge. Physically challenged persons are those with deformity on any part of their bodies. According to the WHO, reproductive health is the state of full physical, mental and social wellbeing and not just absence of disease or infirmity in all issues concerning reproductive health and process (International Convention of Population and Development, (ICPD), 1994).

Reproductive health is the ability of men and women to have a satisfying and safe sex life in which they have the capacity to reproduce. The definition means men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice (Committee on Economic, Social and Cultural Rights, 1994). Reproductive health issues of physically challenged persons are major concern of health institutions and individuals. In view of that several studies have been conducted on various aspects of reproductive health needs of physically challenged persons. Riedel-Heller (2016) investigated the knowledge, attitude and practices of young people with disabilities concerning sexual and reproductive health. Studies have also assessed women with disabilities access to sexual and reproductive health information and services (Moyo, 2010, Kassa et al, 2016). Some studies have also been done to assess barriers that women with physical challenges encounter in accessing reproductive health (Tandu-Umba and Sukama, 2012, Elina, 2012, Tafadza, 2017).

It has been found that women with disabilities encounter many challenges in accessing sexual and reproductive health service (Boezaart, 2012). According to Chikumbu (2014), women with disabilities are still regarded as not having the capacity to engage in sexual activities. This assumption may account for the challenges that these people face in accessing reproductive health services. In some societies, people with disabilities are treated as second class citizens (Rugobo and Maphosa, 2015).

Meanwhile a sizeable proportion of people have physical challenges. It is estimated that about 15% of the world's population has one form of disability or the other. Out of the estimated number, about 19% are women living in 3rd world nations (WHO, 2001). According to the Ghana Statistical Service (GSS) (2012), the 2010 Population and Housing Census revealed that about 3% of the Ghana's population representing 737, 743 are with disabilities including physical impairment. The figure may have made Ghana to sign on to the United Nations' Convention on the Rights of Persons with Disabilities and consequently passed the Persons with Disability Act (Act 715) in 2006. This step could help provide a safety net for Ghanaians with one form of disability or the other.

1.2 Problem Statement

The world has come to realize that both people with and without disabilities need to have their sexual and reproductive health needs met by health institutions, health facilities and health professionals. In addition to International Acts, the government of Ghana passed the Disability Act 175 in 2006 to ensure the integration of the disabled persons into the society (Owusu and Owusu-Ansah, 2011). The various Acts are expected to help make the physically challenged

persons receive good knowledge on their reproductive health needs and access health care if they need to do so at any stage in their life.

Consequently, studies have been conducted to ascertain reproductive health needs of physically challenged people. Studies have focused on the physically challenged persons' access to reproductive health needs (Moyo, 2010, Elina, 2012, Tandu-Umba and Sukama, 2012) and access to sexual and reproductive health information and services (Moyo, 2010, Mavuso, 2013). The few studies that investigated the reproductive health needs of physically challenged persons focused on only women (Kassa et al, 2016). Studying the reproductive health needs of only physically challenged women does not portray a complete picture of the situation. It takes men and women to have sexual affairs and make families. The reproductive health needs of both physically challenged men and women need to be a concern to health professionals, health educators and health researchers.

Since no study has been conducted on the reproductive health needs of both male and female physically challenged people there is a gap which needs to be addressed by stakeholders in the health sector. This gap has motivated the researcher to do this study on the reproductive health needs of the physically challenged persons in the Sunyani west district. This study would help to know the sexual and reproductive health needs of the physically disabled individuals for policy and program interventions

1.3 Rationale of Study

According to Wermer (2011), people with disabilities also experience all kinds of sexual needs and desires as much as their able bodied individuals or counterparts. In view of this both

categories of individuals need information on their sexual and reproductive health needs. One of their health needs is the sexual and reproductive health needs.

The United Nations Convention on the rights of persons with disabilities which became part of the international law states that governments should guarantee access to sexual reproductive health to people with disabilities (United Nations, 2007). So health care institutions and health professionals need to attend to the reproductive health needs of both the physically challenged individuals and the able bodied individuals.

The health institutions and health care providers also need to have good knowledge about the reproductive health needs of physically challenged persons to be able to address them when they visit the health facilities. The number of people with disabilities is very high at both local and international levels. According to WHO (2011), people with disabilities constituted about 15% of the world's population. Available information from 2010 Population and Housing Census (PHC) also indicated that the number of physically challenged individuals in Ghana is high. Hence, it is right and appropriate to say that physically challenged persons form a substantial portion of the world's population in general and Ghana's population in particular, is contributing in diverse ways in the social, economic, technological, religious and political development of the country. There are a lot of physically challenged individuals, for example in politics who are serving as ministers of state, district chief executives, and assemble men and women. They are contributing very much in various ways for the socio-economic and political development of the country. There are also some of them who are priests, pastors or reverend ministers and other church leaders who are helping to promote good and acceptable life of the citizens. In addition, there are many more physically challenged persons who do all kinds of economic activities or businesses which contribute to boost the economy of the

country. So all these people's reproductive health needs should be an issue of investigation by health practitioners so that when they are satisfied with it they have the right frame of mind to go about their normal duties at wherever they find themselves. As WHO (2013) indicated universal health is an essential means to attain good health for all people and a requirement for developing a nation. It is in view of this that Thoraya Obaid said that universal access to sexual and reproductive health cannot be realized if persons with disabilities are not brought and added to related programs to improve sexual and reproductive health (UNFPA, 2007). There is therefore the need to undertake this research so that its findings can be implemented to attain a universal goal on sexual and reproductive health services.

There is also the need to verify through research if member countries are making efforts to include people with disabilities into the mainstream health services as it was reiterated during the 66th World Health Assembly in Geneva (2013b). Through this research it will be known to the extent at which Ghana is making effort to ensure that physically challenged persons' reproductive health needs are included in the mainstream health services.

Lastly, according to the United Nation Fund for Population Activities, UNFPA, (2007), any person can be born disabled or acquire it at any time. In view of the above reasons, more attention needs to be paid to the sexual and reproductive health needs of physically challenged persons to make them productive for the various countries in the world in general and Ghana in particular.

1.4 Conceptual framework

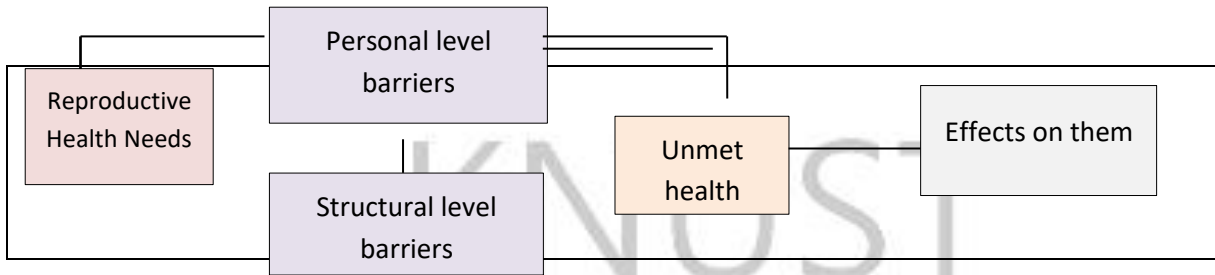


Fig. 1. Reproductive health needs of Physically Challenged Persons (Author's construct)

The conceptual framework presents the effects of reproductive health needs of physically challenged persons. Barriers that affect the reproductive health needs of physically challenged persons are grouped into personal such as literacy, structural, that is health facility, economic, social and policy levels (Ahumuza et al., 2014).

When these factors are present in a country or a district they affect the physically challenged persons chances of meeting their reproductive health needs. When this happens then there is an unmet reproductive health needs. They may not be able to get reproductive health information and access to reproductive health services to enable them live very productive and fulfilled life. Consequently, unmet reproductive health needs bring about a lot of effects on the people.

1.5 Research Questions

The research sought to find answers to the following questions:

- What do physically challenged persons in the district know about their reproductive health needs?
- What are the major reproductive health needs of physically challenged persons in the district?

- What factors contribute to the reproductive health needs of physically challenged persons in the district?
- How do the unmet reproductive health needs of physically challenged persons in the district affect them?
- What strategies can be adopted to help meet physically challenged persons' reproductive health needs?

1.6 General Objective

The general objective of the research is to assess the reproductive health needs of the physically challenged from their own perspective.

1.7 Specific Objectives

- To ascertain the physically challenged persons' knowledge about their reproductive health needs.
- To determine the major reproductive health needs of physically challenged persons in the district.
- To identify factors which contribute to the reproductive health needs of physically challenged persons in the district.
- To examine the effects of unmet reproductive health needs on physically challenged persons in the district.
- To determine strategies that can be adopted to help meet physically challenged persons' reproductive health needs.

1.8 Profile of Study Area

Sunyani west district has Odumase as the capital. The district was carved out of the Sunyani district in 2004. The President by an Executive Instrument (E.I) created 27 new Districts, 4 Municipalities, Upgraded 26 existing Districts and 2 existing Municipalities. The district shares boundaries with Wenchi Municipal to the North, Offinso North to the East, Sunyani Municipal to the South, Berekum Municipal to the West, Dormaa Municipal, Dormaa East to the South-West and Tain District to the North-West. With a total land area of 1,059.33square kilometres, the District occupies 4.2 percent of the total land area of the region.

Sunyani East District has a large land size. It is relatively a rural district as most of the towns which make up the district are small with a few of them as semi-urban. The economy of Odumase is predominantly agrarian with approximately 48% of the population engaged in agriculture production. The farmers grow both cash crops such as cocoa, cashew and coffee, and food crops such as plantain, cassava, cocoyam, yam and maize. About 24 percent of the population is employed in the service sector, followed by commerce and industry which employ 15% and 13% of the populace, respectively.

The towns in the district are boosted by Sunyani's high-quality water supply. Other water sources include rain water and water from streams, rivers and springs. .Odumase is provided with electricity by the Volta River Authority (VRA).

1.9 Scope of the Study

The study was restricted to both male and female physically challenged persons in the Sunyani west district of the Brong Ahafo region of Ghana. Although there are many health needs that the physically challenged persons may face, this study focused on only their reproductive health needs. Focusing on it provided opportunity to adequately delve into the issue which

had not been investigated before in the area. The study adopted qualitative method so that detailed information on the issues could be generated in the study. Based on the last two points only semi-structured interview was conducted to accomplish the study objectives.

1.10 Organization of Report

The research is organized into six chapters. The first chapter deals with the introduction to put the research into the right perspective. It specifically covers background information, problem statement, rationale of the study and conceptual framework. The research questions that guide the study and the objectives that the study sought to achieve are also found in the chapter. The profile of study area and scope of the study are also in the chapter of the report. The second chapter provides literature to form the basis of the research. It showcases models of disabilities, various conventions and policies on disabilities, and researches that have been conducted in other countries in both developed and developing countries on disabilities and reproductive health needs of physically challenged persons. The chapter is organized under the main variables of the research namely physical impairment, reproductive health needs, factors influencing reproductive health needs of physically challenged persons and measures to improve reproductive health needs of physically challenged persons.

The third chapter discusses the methods that were employed to carry out the research. It covers study methods and design, data collection techniques and tools, study population, study variables, sampling, data handling and data analysis. The ethical consideration that was observed in the conduct of the research and the limitations that may affect the study results are also dealt with in the chapter.

The last three chapters covered the results, discussion and conclusions and recommendations.

The results chapter is organized under the background variables which presented in a table and the key study variables of the research.

The fifth chapter presents the discussion of the findings which were linked with literature and appropriately cited while the last chapter presents the key findings of the research and recommendations that were made to appropriate stakeholders for policy and practice.



CHAPTER 2-2.0 LITERATURE REVIEW

2.0 Introduction

This second chapter of the dissertation explores and presents literature review of the issues and researches on reproductive health needs of the physically challenged people. A lot of individuals, institutions, organizations and countries have said many things on reproductive health that serve as guide to this research. They have also done research in various parts of the

world that need to be considered to identify areas that call for further action. The chapter is organized into sections and subsections in line with focus of the study. The chapter specifically examines concepts related to reproductive health needs of physically challenge persons, models on disability and summary of the key ideas gathered from the literature. The chapter ends with the conceptual framework which serves as building blocks for the research work.

2.1 Theoretical Framework

The two theoretical models which are used in this study are the Social model and Medical model. According to Kvale (1997), theoretical framework is expected to be useful to create a wider understanding of the research data. In this research the social and medical models will be used in helping to understand the reproductive health challenges that persons with physical disability face in life. These models are ways of interpreting disability so they will help us to understand the difficulties in disability in general and physically challenged persons“ reproductive health needs in particular.

The social model is an idea that regards disability as a natural and probably everyday issue. In view of that every individual could be faced with different problems related with disability, weakness and dependence (Holms and Dea, 2012). The social model regards disability to be a social issue that comes from society“s approach attitude and environment. Society describes what constitutes a disability and what is not a disability. Consequently, people do not need to be classified disabled unless they are prevented from undertaking some activities (McGuire, 2012). Researches that were conducted by Brownlee and Cureton (2009) and Rotham (2010) showed that society and it“s environment adds to the conception of social and cultural obstacles for people living with disability. The Ghanaian society may also have a role in the

creation of socio-cultural hindrances for physically challenged persons concerning their reproductive health needs.

The social model is a social construction. The sociological theory of social constructivism is centered on the idea that the truth is formed by social relation and communication between individuals (Payne, 2008). The social relation forms ideas and the understanding of the truth will be contingent on the setting of the society. The social model has brought about human right issues for people with disabilities. It has been argued that everyone needs to enjoy fundamental human rights and that governments need to encourage institutions to ensure that all citizens enjoy them (Combrink and Reenen, 2012). From this point, every Ghanaian including physically challenged persons need to enjoy their fundamental human rights including reproductive health service.

The medical model is an alternative to the social model. The medical model interprets disability from a medical perspective and recognizes it as health condition. Thus, this model regards disability as an illness or a disease although it may not be treatable on the person's physical state. In view of this investigations have focused on the medical model for the idea of disability by concentrating on diagnoses, treatments and health policies (Schaaf, 2011).

This concept has made countries to come up with policies, programmes and actions to deal with disability issues. For people to decide to reason from either the direction of the Social model or the Medical model are different means of deciding how they want to consider the reality of disability and reproductive health needs.

2.2 The Concept of Disability

Disability has been defined by individuals and institutions in different ways although they have common direction. According to WHO and W B (2011), disability means the results of a deficiency or impairment which may be cognitive, mental, emotional, sensory, physical or combination of some of these that could limit the person's ability to partake in normal activities in the society. This implies that a disabled person may have one, two or more of these deficiency. One does not need to have all the deficiencies before he or she could be described as been disabled.

Throughout history, a good portion of the world population has one form of disability or the other. In both developed and developing countries, people suffer some form of disability. It was estimated that between 10% and 15% of the people living in the world have cognitive, emotional, sensory and physical disability which restrict them from fully participating in normal activities. Majority of people with disability are found in the low and middle income countries (WHO, Disability and Health, 2013). This means that Ghana as a country also has people with some form of disability. According to Badu (2014), the 2010 Population and Housing Census carried out in Ghana revealed the prevalence rate of disability in the country is 3% of the entire population. This percentage represents 737,743, which is very worrying and their reproductive health needs have to be taken seriously. The Population and Housing Census also showed that there are more females with disabilities than males.

Whiles the number of females with disability is 387, 647 that of the males is 350,096. According to the figures there is gap between female and males with disability in Ghana. Due to the good percentage of people in the world having some form of disability, their rights have been guaranteed. The United Nations' Convention on the Rights of Persons with Disabilities

guarantees persons with disabilities the same level of right to access quality and affordable health care including sexual and reproductive health care services. In order to ensure that health professionals deliver quality health care to the disabled people in Ghana, an Act has been made to order Ministry of Health to include the study of disability and related issues in the curricula of health training institutions. By including disability issues in the curricular, health training institutions will produce suitable health professionals who can offer general and specialized rehabilitation services. The Act also has relevant requirements such as access to public places and services as well as integration of the needs of persons with disability into the design, construction and operation of transport network. Again, one of the objectives of the Ghana Health Service (GHS) programme of action from 2010 is to bridge the equity gaps in access to health care and nutrition services (Ghana Health Service (GHS), 2011). These provisions are expected to enhance the life of people having deficiencies in any parts of their bodies including their reproductive health needs.

2.3 Reproductive health

Many definitions of reproductive health have been provided by experts. Among the major ones are provided below. According to Committee on Economic, Social and Cultural Rights (CESCR), (1994), reproductive health is one's capacity to have a fulfilling and safe sex life which enables them to have sexual relationships and later procreation. This connotes that people have the right to be educated and also have access to safe, effective, inexpensive and suitable methods of family planning of their choice. International Conference on Population and Development, Programme of Action (1994) provides a similar definition of reproductive health as "a complete physical, mental and social well-being and not merely the absence of

diseases or infirmity, in all matters related to the reproductive system its functions and processes”. This definition includes a lot of issues on the reproductive health of people. It means that reproductive health entails satisfying, safe sex life; ability to reproduce; successful maternal and infant survival and outcomes, freedom to control reproduction; information on access to health services; and ability to minimize gynecological diseases throughout life (Spielberg, 2007). Both men and women, abled and disabled people therefore need to have the freedom to make decisions with respect to satisfying sex life, access to proper reproductive health services. All people need to be able to have a befitting and safe sex life and ability to procreate. They should have the right to decide if, when and how often to do so.

It is also realized from the definition that reproductive health entails all reproductive processes, functions and systems at all stages of human life. So people are not entitled to have reproductive health services at only one point in time but at all times. They should have the right to access reproductive health care service as and when they need it.

Reproductive health also entails individuals having the right to be educated on it and to have access to safe, effective, affordable and accessible procedures of family planning of their choice which are legitimate. Also, individuals need to have access to appropriate health care services that permit them to go through safe pregnancy and childbirth and to give couples the opportunity to have healthy babies.

Reproductive health is an essential aspect of people’s health status and vital for quality life for all people. In view of these, physically challenged persons also need to have satisfying and safe sex life. They need to have the right to decide to raise families, when and how. According to Spielberg (2007), reproductive health is very relevant for the following reasons: 1. it is a human right which is clearly stated in international law, 2. it plays vital roles in morbidity,

mortality and expectancy and 3 reproductive health problems are the leading cause of women's ill-health and mortality worldwide. It is not surprising that International Conference on Population and Development, Programme of Action, 1994 urged all nations to endeavour to make reproductive health accessible to their citizens by 2015. If the reproductive health needs of a country are adequately met, the nation will have a healthy population.

2.4 Reproductive Health Needs

Reproductive health needs refers to the essentials in life which make people live a healthy life. These include family planning, pregnancy and its related issues such as prenatal and postnatal issues. When the health needs are not satisfied, one may not be able to live good life. This is because they are basic rights of people (Griffin, 2006). Both abled and disabled individuals have reproductive health needs. Always people without disabilities have their reproductive health needs satisfied. This is probably because those people are considered to have the capacity to reproduce or are considered as very sexually active.

However, people with disabilities are usually neglected or forcibly stifled and their reproductive rights are not provided to them (United Nations Fund for Population Activities, (UNFPA) 2007). Groce et al (2009) contend that people with disability have been deprived of their rights to enter into sexual relationships and make families. According to Arcella et al, (2013), in India, physically challenged persons are forced to be sterilized, are forced to marry people against their will or are forced to abort pregnancies. Such people are made to go through all these reproductive sexual related activities against their will due to their physical disabilities. The abuse of the human rights of physically challenged persons is not experienced by those with severe deformities alone but also those with minor deficiencies. UNFPA (2007)

reports that in India many women with minor physical disability are also denied reproductive health services. The reason is that such women do not have the chance to get married and reproduce afterwards. They consider even a minor disability to be a hindrance for them to get married so they are not offered the opportunity to receive reproductive health service.

Meanwhile people with disability also have sexual desires and the capacity to reproduce. It has been found that physical disabilities do not hinder an active sexual and reproductive life (Anderson 2005, Coltrane and Schmitt 2005). A research by the World Bank (2004) has also revealed that people with disability are as sexually active as those without disabilities. Another study conducted in Tanzania showed that females with disability considered themselves as capable and strong sexual beings in spite of their situation. The research participants indicated that they are sexually active yet they are faced with challenges at the individual and societal levels (Drainoni, 2006). In addition, a qualitative study conducted by Wazakali, Mpofu and Derlieger (2006) on physically challenged persons in Nyanga township in the Western cape Province indicated that those people are sexually active as their able bodied counterparts.

Surprisingly, people often disrespect persons living with disabilities as if they are not sexually active and most often they are not given the choice to decide if they want to be in a relationship or not, and to raise children or not. The women suffer this disrespect the most. This makes women living with disabilities to be carrying what is termed double burden of discrimination (WHO, 2009). Tandu-Umba and Sukama (2012) set out to evaluate the reproductive health needs of physically challenged females in Kinshasa. The cross-sectional survey employed interview to gather data from the participants. The research revealed that the females with physical disability had several reproductive health needs. In order to do away with this

problem Kangaude (2009) called for the urgent need of seeing people with disabilities as sexual beings in order to avoid the stigma and marginalization towards them. They also need to be given the same health care and attend to their reproductive health needs as people without disabilities enjoy them.

People with disability do not usually receive the kind of health services they need to in order to live active sexual life. Drainoni *et al.* (2006) contend that although such individuals do receive health care, they are unsatisfied with the care they receive. To give people living with disability equal opportunity to reproductive health services some rules have to be made. In rule number nine of the United Nations standard the Equalization of opportunities for persons with disability is explained that

“States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood.”

Although this is not a legally binding rule on countries, it urges countries’ governments to work towards equality for people living with disabilities. (UN, 2010b).

2.5 Reproductive Health Needs of Physically Challenged Persons

Physically challenged persons have been found to encounter many challenges in accessing health care in general and reproductive health in particular. People with disability tend to encounter multiple barriers to receiving and enjoying health care (Drainoni, 2006). A challenge that physically challenged women face in reproductive health is decision making. According to WHO (2009), women living with disabilities hardly have the choice to decide if they want to be in a relationship or not and whether they can give birth to children or not. They

are not permitted to give inputs when such decisions are taken. They also at times experience sexual abuse (Groce et al, 2009). Some disabled individuals also are exposed to involuntary sterilization, forced marriage and unsafe abortion (UNFPA, 2007). These happen to them because they are considered sexually inactive.

Another challenge they encounter is negative attitude towards them. A research carried by Feinstein (2009) discovered that persons living with disabilities among the Masai tribe in Tanzania, suffer stigmatization. The Masai women living with disabilities who participated in the research indicated that other people consider them as cursed and bewitched, which make them face a lot of stigma. Another research conducted by Miller, Chen, Glover. Graf and Kranz, (2009) showed that Hispanics“ living with disabilities faced negative attitudes from people without disabilities, which resulted in them having it difficult to engage in sexual relationships. The research also found that the larger the physical disability, the more difficult it is to have a relationship. This implies that a physically challenged person with only one form of disability stand a high chance of entering into sexual relation than those with multiple disability.

Mavuso (2013) assessed persons with disability access to sexual and reproductive health services. The studies aimed at unearthing the participants“ experiences and perspectives on awareness of sexual and reproductive health services and factors which hinder their access to those service in Durban. The study used 16 PWDs. The study revealed gap between their sexual and reproductive health needs and right to access those services. The study concluded that there was an unmet reproductive health needs of PWDs in the city. The PWDs faced multiple barriers in accessing those services such as social isolation, discrimination and stereotype.

2.6 Challenges Faced by Physically Challenged Persons

Many challenges tend to hinder physically challenged persons from having desirable reproductive health services. The disabled individuals in general and physically challenged persons in particular do encounter all sorts of challenges ranging from communication to physical facilities when seeking reproductive health services.

Becker, Stuijberger and Tinkle (1997) explored the reproductive health needs of women with physical disabilities. Interview was used to gather data from the ten participants with various physical disabilities. The following came out as the challenges they faced: inaccessibility, service provider insensitivity and limited information on their reproductive health. According to Hwang et al (2009), physically challenged persons usually have inadequate communication with health care providers. They tend to have problem with communication and hence do not receive the kind of information they need on their reproductive health. Most individuals with disabilities do not usually attend school to a high level and as a result are not able to receive the kind of health service and reproductive health information to make them to have fruitful sex life. According to Groce (2005), research has shown that only 30% of people with disabilities are literate. This research findings indicates that a vast majority of such individuals are illiterate who may not be able to seek information for their reproductive health needs to make right decisions. A related study conducted by World Bank in 57 nations also revealed that children and adolescents with disabilities in school were going to be excused from sex education class and less likely or unlike their counterparts without disabilities would not receive general science and health education information (WB 2004).

In support of the findings of studies indicated above, Nosek and Simmons (2007) contend that people with disabilities tend to have low levels of education. A similar observation is also made by WHO and WB (2011) that people living with disabilities in most countries have low levels of educational attainment. The findings and observations all indicate that people with physical disabilities may not have access to reproductive health information due to low literacy rate among them.

In some societies women with physical disability were unusually given information on contraceptive methods. It has been found in India that even women with minor physical disabilities are denied reproductive health services as they are deemed as not been able to get married. The situation becomes serious when the physical disability becomes larger. The larger the disability the more difficult it becomes for women in that condition to have a sexual relationship (Anderson, 2010). Smith et al (2004) also found that physically disabled persons were not expected to be sexually active. In view of that they were not given the opportunity to have information on reproductive health.

In some places, physically challenged persons are discouraged from getting pregnant or rebuked when they decide to get pregnant and have children. This stems from the fact that those people are viewed as incapable to have effective social relationships (Mgwili and Watermeyer, 2006). A research carried out by Kiana (2009) disclosed that physically challenged women were denied marriage from men as they could not work. People probably hold the view of such women to be a burden on men as they are weak to work to support their spouses.

Another challenge faced by physically challenged persons in the society is neglect and stereotype. People including health professionals put up negative attitude towards physically

challenged persons and deny them of health services that they need. Meanwhile these people also have the right to access sexual and reproductive health services and information, to utilize services with privacy and concealment and to be treated with dignity, esteem and respect (Pachauri, 2009). A study conducted among Hispanics people with disabilities disclosed they were receiving negative attitude. The research disclosed that they found it difficult to get married to those without disabilities (Miller, Chen, Glover0Graft & Kranz, 2009).

Several studies have also found that women with disability encountered and experienced negative attitudes when they visited health facilities for sexual and reproductive health services (Malindwa, 2003, Mgwili and Watermeyer, 2006, Bremer, Cockburn and Ruth, 2009). Health care providers showed negative attitudes towards female disabled individuals and this can greatly affect their reproductive health needs. This situation supports the idea put up by Swartz et al (2009) that the people living with disabilities find it difficult getting information on sexual and reproductive health services. Negative attitudes and practices really serve as barriers to the people living with disabilities“ access to reproductive health services (Tavrow, 2010).

Similar studies have found negative attitude and practices as challenges that disabled people encounter in their bid to access reproductive health care in health facilities (Mulindwa, 2003, Mgwili and Watermeyer, 2006, Bremer, Cockburn and Ruth, 2009). As Rugoho and Siziba (2014) contend, females with physical deformities still encounter labeling, discrimination, isolation and alienation by health institutions when they visit for reproductive health services. Burgun (2010) also laments that even health service providers also show unfavourable attitude towards female disabled people when they visit to receive reproductive health services. These authors express the shock that trained personnel offering health service do not demonstrate

professionalism when handling such disadvantaged people. Because of their professional training, the society would expect that they would provide positive attitude towards them and give the needed attention and respect as they give to their abled bodied counterparts.

However, this is not the case and female disabled people continue to be deprived of and affected on issues of reproductive health (WHO, 2009). Ahumuza et al (2014) found that health personnel was a major factor for women disabilities' inability to receive satisfying reproductive health services. Studies by Sendrowitz, Hainswork and Solter (2003), Holnes (2013) and Mulumba et al (2014) have all found stereotyping, stigmatization and discrimination as challenges that women with disabilities in particular encounter when accessing reproductive health services. These things continue to happen because professionals and the general public still perceive females with disabilities as incapable of having effective and productive sexual relationship (Chikumbu, 2014).

Stereotyping people with disabilities still goes on in most countries which serve as a hindrance to accessing health care and services and marriage. Hanass-Hancock (2009) explained how various myths and stereotypes render women with disabilities more vulnerable to sexual abuse. Health and institutions and health professionals neglect them. A research found that health facilities of most developing nations neglect the needs of people with disabilities (Ilagan, 2009). They are at times also advised not to give birth (Marlacher, 2010) probably due to the supposed weak health.

In a study conducted by Amandhila (2012) on barriers to accessing health care by physically challenged persons, the qualitative study sought to describe and understand physically challenged persons access to health facilities. The study found that the physically challenged persons faced communication problems, physical facilities and other barriers.

Physically challenged persons also do encounter transportation challenges when they want to access reproductive health needs. They do find it difficult to get transportation from their homes to health facilities due to lack of money to pay for the fares. Most of these people either do not work or do works that yield little money to take care of their basic and essential needs so using part of the money to take care of reproductive health services is a problem. Besides, when they have money to pay for transportation to appropriate places for their healthcare services, some cars deny them the chances to board. This happens when the physically challenged persons find it difficult to get into the cars. Such people may need the assistance of the mates who at times deny them and refuse to take them.

Most health facilities are also not disability friendly which hinder physically challenged persons the opportunity to access reproductive health services. Although disability acts have been passed by countries including Ghana but not most of our health facilities have not incorporated the needed things to make it easy for the physically challenged individuals to access health care without much challenges. A research undertaken in some districts in Ghana revealed that about 57% of their healthcare facilities did not have accessible structures and environment for people with disabilities (Institute for Democratic Governance, 2011).

The negative attitude and uncalled for practices that do not encourage physically challenged persons to know more about their reproductive health are a worrying development as the consequences go beyond the victims to their families and society in general.

2.7 Measure to ensure equal access to health services

It is very clear that physically challenged persons with other forms of disabilities are as sexually active as those without disabilities. As the Planned Parenthood Federation of Canada

(2008) asserts everybody is sexually active from cradle to grave irrespective of culture, sexual orientation and disability status. Sexual right is the right of all people, free of coercion, discrimination and violence to the highest standard of sexual health including access to sexual and reproductive health care services, seek, receive and impart information related to sexuality, sex education, respect for bodily integrity, choice of partner, decision to be sexually active or not, consensual sexual relations, consensual marriage, whether or not and when, to have children and pursue a satisfying, safe and pleasurable sexual life (WHO, 2004). A qualitative study undertaken by Anderson (2010) on physically challenged persons experiences and expectations on sexuality support this idea. Anderson's research was conducted using semi-structured interviews and it revealed that the women with disabilities regarded themselves as sexually active and capable of functioning sexually. They however added that in spite of the active sexual status they faced some challenges at the personal and structured levels in accessing reproductive health services.

It is therefore imperative for all to respect and help protect the sexual and reproductive rights of everyone including physically challenged persons. All persons should have rights before, within and after marriage and to decide their capacity to regulate their lives and also take decisions relating to their reproductive health (CRR, 2006). We need to recognize the sexual and reproductive health rights of physically challenged persons.

One way that can be used to ensure that physically challenged persons and disabled individuals meet their reproductive health needs is for the state to ensure and provide the same range, quality and standard of reproductive health services to physically challenged persons.

The states, ministry of health and health practitioners need to respect the various local and international acts that have ratified the health rights of people with disabilities. Ghana as a

member of the United Nations realized the need to pass the Disability Act 715 in 2006 to ensure total integration of the disabled into Ghanaian society (Owusu and Owusu-Ansah, 2011).. Groce et al (2009) said that in 2006, the convention on the Rights of Persons with Disability (CRPD) was adopted and later ratified which came to force in 2008. According to United Nations Enable (2014), about 154 countries have ratified the convention on the Sexual and Reproductive Rights of Persons with disabilities. Ghana is one such member country which has ratified it and needs to ensure that it is implemented to enable such people enjoy reproductive health rights.

Again, Article 25 of the UN resolution on the Right of Persons with Disabilities states that countries which are members of UN need to know that individuals with disabilities possess the right to the satisfaction of the maximum reasonable standard of health without discrimination on the grounds of disability. Member countries should take all necessary measures to guarantee access for persons with disability to health services that are gendersensitive including health related rehabilitation (United Nations, 2006).

The sexual and reproductive health issues need to be incorporated into the mainstream health service. According to Badu (2014), during the 66th World Health Assembly in Geneva (2013b), the assembly authorized member nations to include people with disability into the mainstream health services. This was to make healthcare very accessible to those people with one form of disability or the other.

Education of people with physical disabilities needs to be educated on their sexual and reproductive rights. UNFPA (2007) for example has repeated that there is need for people with disabilities to be educated more on their sexual and reproductive matters that follow sexual experiences. Through public forum, at health facilities and other important places

people with disabilities can be educated on various reproductive health needs so as to improve on the sexual and reproductive life.

2.8 Summary of Literature

The chapter has presented literature on disability, physically challenged persons' reproductive health needs and models that explain the physical disability. The prevalence rate seems to be in the world's population. This condition could be explained in both medical and social models. The literature has shown that there are many reproductive health needs that the physically challenged persons have which are mostly unmet in most countries. The researches that have been conducted in many countries most especially those in the developing countries show that physically challenged persons have reproductive health needs. They do not have their reproductive health needs met due to the challenges that they face in accessing those services. The challenges they faced centered on transportation, physical facilities, financial, stigmatization and communication. Although policies have been put in place by countries and international bodies, people living with disabilities struggle to access reproductive health services.

The literature has portrayed that research has not been done on both male and female physically challenged persons. The focus has mainly been on women with physical deficiencies and their reproductive health needs.

The next chapter presents discussion of the methods that were used to conduct the research.

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CHAPTER 3: METHODOLOGY

3.0: Introduction

This chapter describes the methods, approaches and materials that were used to conduct the research. It is organized under the following headings; study method and design, study population, sampling, pre-test, data collection and tools, data analysis and ethical considerations.

3.1 Research Methods and Design

The research adopted qualitative methods of inquiry to answer the research questions. As the study seeks to discover and understand experiences of physically challenged persons concerning their reproductive health needs, this method will be used. Understanding people's experiences with issues is a major aspect of qualitative method.

The study was approached from an interpretive paradigm with phenomenology as the methodology. Phenomenology as a methodology helps to determine the life experience of persons involved in the study with respect to the concept being examined. This design enabled the male and female respondents to provide new data on their reproductive health needs based on their life experiences.

3.2 Study Population

The population of the study was made up of male and female physically challenged persons within Sunyani west district. Both male and female physically challenged persons above 18 years qualified to be part of the study. Physically challenged persons at this age have reached the reproductive stage and may have such a need. The physically challenged persons were those who have deformity in part of their bodies but excludes visual and hearing impaired.

3.3 Study Variables

The variables of the research are physical challenge/impairment, reproductive health needs, factors influencing reproductive health needs, effects of unmet reproductive health needs and measures to improve reproductive health needs.

3.4 Sampling

Purposive sampling technique was used to select the participants of the study. As they have an association, their membership list was collected from the executives and those who met the selection criteria were included in the study.

3.5. Data Collection Technique and Tool

In-depth interviews were conducted with the participants. The researcher was the only interviewer. For the purpose of interviewing the study participants, an interview guide was developed in English. Interviews were in both English and local language depending on the language spoken by the respondent. They were interviewed in the classroom where the

associations have been having their meetings. It was done individually without the interference of others.

Ahead of preparing the interview guide, a review was done on the literature to guide the development of the research tools. Questions were based on the variables that were developed under the study objectives. The responses given by the participants were recorded. After each interview, it was played back for them to make sure all that were said had been captured. A recorder was used to record the responses.

3.6 Pre-testing

The research instrument was pre-tested on the physically challenged persons in the Sunyani East district. The suggestions and other inputs received were factored to help improve the quality of the instrument for the research. Some male and female physically challenged persons in the municipality above 18 years were interviewed to pre-test the instrument,

3.7 Data Analysis

The recorded responses were transcribed and translated into English language before analysis. The data was read and reread to have a good understanding of the issues which emerged from the data. Before analysis, coding was done in line with the themes in order to give meaning to the experiences and views of the physically challenged persons' reproductive health needs. The data was analyzed thematically based on the research questions. The analysis was done manually.

3.8 Ethical Consideration

In conducting this research, ethical consideration was taken serious due to the kind of participants who were involved. Ethical issues were held in high esteem throughout the exercise including reporting of findings.

In the first place, application including the research proposal and the instrument was submitted to the KNUST committee for Human Research, Publication and Ethics for review and clearance. When ethical clearance was given (REF: CHRPE/AP/564/18), a letter was sent to the District Chief Executive (DCE) and other relevant authorities in the Sunyani west district to seek permission for the research exercise. Permission was also sought from the executives of their physically challenged people's association in the district.

An informed consent was also sought from the participants of the research. It entailed rationale of the study, selection criteria and other relevant information. It was explained to them in the language they understood very well. After that the participants were asked to sign or thumb print an informed consent form.

Again, the participants were assured of confidentiality and anonymity of their responses. Permission was also sought from the participants before the interviews were recorded.

3.9 Limitations of Study

There are some challenges encountered in conducting the study which have potential of affecting the outcomes. In the first place, the research suffered the issue of sample size. Since the research is qualitative many physically challenged persons were not involved in the study and this did not help to provide a broader picture of the reproductive health needs of physically challenged persons in the Sunyani West district.

Another problem that came up in the conduct of the research was that participants were withholding some important information. Some of the participants felt reluctant to provide some information about their personal life, sexual life and reproductive health needs. They might have considered such issues as personal, confidential and sensitive. This attitude did not help provide some vital information that were needed to address the research problem.

Again, the people were of different tribes and coming from different parts of the country so some of the participants were not fluent in the local language which was the medium of communication for those who could not speak the English language. Such respondents may not have understood some of the questions well and provided the answers that may be helpful to the researcher.

Lastly, the interview was used as data collection method when it came to the data analysis and that posed a challenge. As participants provided different responses to the same question, identifying themes and presenting them were not easy.

3.10 Assumptions

The researcher assumed that all things been equal the physically challenged persons in the district who met the selection criteria and were selected to take part in the research willingly provided relevant data. They were frank, honest and truthful to the researcher with the information they provided.

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CHAPTER 4: FINDINGS

4.0 Introduction

This chapter presents the reports of the physically challenged persons reproductive health needs. The aim of the research was to investigate the reproductive health needs of the physically challenged persons in the Sunyani west district of the Brong Ahafo region of Ghana. The reports are presented in themes such as knowledge on reproductive health needs, major reproductive health needs, factors contributing to participant's reproductive health needs, strategies to help meet physically challenged person's reproductive health needs

4.1 Demographic Data of Participants

Fifteen participants with different demographic characteristics from the Sunyani west district were involved in the research. Their characteristics are presented in table 4.1 below.

Table 4.1: Characteristics of the Participants

	Number (N = 15)	Percentage
Gender		
Male	9	60
Female	6	40
Age range		

21-30	2	13.3
31-40	6	40
41-50	4	26.7
51-50	3	20
Educational Status		
No formal education	7	46.7
JHS/Middle School	6	40
SHS	1	6.7
Tertiary	1	6.7
Employment Status		
Self-employed	10	66.7
Employed	3	20
Unable to work	2	13.3
Marital Status		
Single	8	53.4
Separated	3	20
Co-habiting	1	6.6
Married	3	20

Source: Author's fieldwork, 2018

The table shows that more male physically challenged persons in the district participated in the research than their female counterparts. Again, the ages of the participants ranges from 27 years to 55 years and most of them were in their middle ages (between 30 and 45 years).

Only few of them were below 30 years and above 45 years.

On their educational level, the data presented in the table shows that most of the physically challenged persons had attained only basic education and were self-employed. Only a small number of them were either employed by someone or unable to work. Most of them are into some form of employment which gives them and their families their daily bread.

Lastly, most of the participants were single, with only few of them who were either married or co-habiting. Few of them too had been married before and were separated.

4.2 Participants' knowledge on their reproductive health needs

Participants' understanding of a person's reproductive health needs

Most of the participants indicated that reproductive health needs is about the health of mother and child. They regarded reproductive health as any healthcare given to mothers and children to ensure their survival. Their idea of reproductive health ranges from antenatal, delivery to postnatal services. The response shows that they do not know other issues involved in reproductive health.

One participant said,

“if you are pregnant, you need to go to the hospital for care so you can have safe delivery. This will make you and your child live.” (37 year old married female). Two participants also indicated that,

“reproductive health seeks to address the health of mother and child.” (41 year old unmarried male; 55 year old married female).

Participants' understanding of reproductive health needs in general.

The responses provided by the participants were not different from the first one as most of them said that reproductive health is about the health of mother and child. They know that reproductive health is making sure mothers seek for antenatal care for safe delivery and survival of both mother and child.

One participant said,

“reproductive health needs in general means to seek for healthcare when pregnant to ensure safe delivery.” (27 year old unmarried male). Four of them also indicated that,

“reproductive health means visiting the hospital whenever you need services like family planning and others including delivery. Pregnant women need to attend antenatal care to ensure safe delivery.” (35 year old unmarried female; 37year old unmarried female; 34year old married female; and 42year old unmarried female). Another participant said that

“reproductive health is about safe delivery and taking care of the general health of the children.” (42year old unmarried female).

It can be seen from the participants’ responses that the physically challenged persons who took part in the research have the view that reproductive health basically seeks to address the health of mother and child.

A question on whether they have ever accessed reproductive health services in or outside a health facility. The responses gotten from the interviews show that majority of the participants have not accessed reproductive health service in or outside a health facility. They indicated that they have not accessed the service before. One participant said,

“I don’t know the reproductive health services in the health facilities that, we the physically challenged persons can access.” (38 year old unmarried female).

This quotes means that the physically challenged persons’ inability to access reproductive health services in or outside health facilities can be blamed on little or no health education for this group of people.

However, a few of the participants have accessed reproductive health services in a health facility. The responses show that the participants mainly visited the health facilities when they were pregnant. Three participants reported that they went there

“during pregnancy for antenatal and sending the children to the child welfare clinic.” (37year old married female; 50year old female; and 42year old unmarried female).

Participants' source of information about the above services they accessed

The participants reported that their sources of information about the reproductive health services are through the nurses. More than half of them said, they received information on reproductive health needs from nurses in the health facilities. The information they received from nurses when they visited the health facilities for services helped them to know their reproductive health needs.

Only two of the participants indicated that they received information on the services they accessed in the health facility from

“television, radio, workshop and seminar.” (37year old unmarried male; and 34year old unmarried male).

Media offer different programmes of which some are on health issues which provided education on reproductive health.

Reasons for accessing reproductive health service

The participants disclosed that they went there to receive education and services that would help ensure safe delivery and to know the health of their babies and themselves. A participant said,

“I went there for the service because the health providers have the knowledge to give to me and provide the right services.” (35year old unmarried female).

Frequency of participants' visit to health facilities for that service

According to the participants, they visit health facilities periodically for the reproductive health needs. One participant indicated,

"I attend clinic or hospital when the need arises." (35year old unmarried male).

Participants' satisfaction with the services provided

The responses revealed that although not all the participants do visit the health facilities regularly for reproductive health services, when they do they received good and quality services. They indicated that they were always satisfied with the services given to them. One of them said,

"I am always satisfied because, they usually give education on reproductive health issues and that has helped me make an informed choice by planning my family." (38 year old married male). Another one said,

"the nurses always welcome and lovely take good care of our health needs." (37year old unmarried female).

One participant also said

"I am usually satisfied, feel secured and I am given the right treatment and care when I visit the facility". (37year old unmarried female).

4.3 Participant's major reproductive health needs

Physically challenged persons „view on their reproductive health needs.

The responses provided by the participants disclosed that the physically challenged persons have reproductive health needs. Most of the participants attested to the fact that they have a

major need. They indicated that they have a problem with their reproductive health needs such as accessibility to health facility, delivery room, nature of the delivery bed and attitude of nurses.

Four participants indicated that their major reproductive health needs are

“lack of information to help them make informed choices”. .”(37year old married female; 50year old female; 36year old married male; and 42year old unmarried male).

Another participants said,

“because the physically challenged persons need to be well informed about their health needs to help them make an informed choice. Mostly, they lack the right information about reproductive health” (27 year old unmarried male).

Specific reproductive health needs of physically challenged persons as individuals.

According to participants, their reproductive health needs as individuals are antenatal, family planning and postnatal services. Two participants however, added safe motherhood to the three that were given by the majority of them. They indicated *family planning, antenatal, safe motherhood, postnatal* as their specific reproductive health needs.

Arrangement of the above needs in an order of importance-from most to least important
Two participants arranged the services from most to least important in this order,

“antenatal, family planning and postnatal.”(37year old married female; 50year old female)

However, one participant arranged it in this order,

“family planning, safe motherhood antenatal, postnatal.”(38year old unmarried female).

Another gave this order

“safe motherhood, family planning and antenatal” (35year old unmarried female).

Reasons behind the categorizing of the needs in that order

The major reason given by the participants for starting with antenatal is that it helps health professionals to detect abnormalities early for corrective actions. They added that due to the nature of their disability, it is very important to attend antenatal to help identify early any abnormalities.

Two participants indicated that

“to detect early any abnormality that comes with pregnancy to promote safe delivery because of the level of disability. When an abnormality is detected early health personnel can give you appropriate treatment.”(37year old married female; and 42year old unmarried female).

Another said,

“there is the need for healthy life style and to rule out any deformity in pregnancy.”(34year old unmarried male).

For those who started with family planning believed that family planning helps to space births, antenatal takes care of the pregnant women till full term while post natal assesses the health of mother and babies after delivery

Sexual activeness of the physically challenged persons

The responses provided by the participants indicate that most of them regard themselves as sexually active. They considered themselves as normal, physically strong and young. One participant said,

“I am sexually active and so have desire for sex as many people do.”(27year old unmarried male).

Another participant said,

“I am young and sexually active and enjoy sex with my husband.” (34year old married female).

However, a participant indicated that

“I am not sexually active and afraid of getting pregnant because of my level of disability.” (35year old unmarried female).

4.4 Factors contributing to participants’ reproductive health needs.

Access to information and service on reproductive health needs.

According to some of the participants, they do not have difficulty accessing information and services on reproductive health needs. One of them said,

“there is no difficulty accessing information on reproductive health needs.” (38year old unmarried female).

A few participants indicated that they find it difficult accessing information and service on reproductive health needs. The reasons are centered on

“religion, distance, economic, shyness and discrimination.” (35year old unmarried female)

Comfort in seeking for information about reproductive health needs

Majority of the participants indicated that they feel comfortable when they want to seek information on their reproductive health needs. A participant said,

“I am comfortable seeking for information on my reproductive health needs. I ask questions that worry me about my reproductive health.” (50year old married male; and 55year old married female).

Two participants however, indicated they

“do not feel comfortable seeking information on their reproductive health needs. The reason for it is that there is lack of accessibility to health facilities and also suffer discrimination. They added that they watch television programmes on the subject”..”(37year old married female; and 42year old unmarried female).

Reasons why participants find it difficult to get the service (Economic, physical and social factors)

Participants reported that they find it difficult getting the service and economic reason was the first factor followed by physical and then social factors.

Effects of unmet reproductive health needs of participants

The participants indicated that their level of disability have made them handicap as they are unable to do anything for themselves. They are also not productive and immobile.

Two participants said,

“due to that it is affecting their ability to give birth. They added that the unmet health needs affect their age which has bearing on their fertility, which can make them end up not getting children in future”. (37year old unmarried female; and 42year old unmarried female).

Another participant said,

“I am not very mobile and strong enough to do a lot of things for myself due to the level of my disability.”(35year old unmarried female).

Strategies to help meet physically challenged person’s reproductive health needs. The activities undertaken by the association towards addressing members’ reproductive health needs are non-existent or little. Most of the participants reported that their association is not

doing anything to help the physically challenged persons to meet their reproductive health needs.

One said,

“there was nothing done by the association to address our reproductive health needs. Nothing of the sort is being done by our leaders to improve our reproductive health needs.” (41year old unmarried male). Two participants said,

“yes, there was but now don’t hear anything concerning their reproductive health needs.” (38year old unmarried female; and 35year old unmarried female). However, two participants said that

“the association was working towards addressing the issue at the time they started.” (37year old unmarried female; and 42year old unmarried female). Another participant said,

“yes, the association is now working to address the situation so it was in the pipeline.” (41year old unmarried male).

Vital means to address the reproductive health needs of physically challenged persons.

The participants were of the view that to address the reproductive health needs of the physically challenged persons, the following must be considered: we need to be informed to make our choice, eliminate discrimination and rejection, provide financial support for physically challenged persons, make all health facilities disability friendly and train providers as to how to handle persons with disability.

Two participants said,,

“we need to be included in the health planning so that we can also be informed about health issues and make a choice through health education.” (36year old married male; and 42year old unmarried male)

The state's assistance to help meet reproductive health needs of physically challenged persons.

The participants indicated that the state should provide free healthcare to all physically challenged persons because of poverty, by providing the necessary equipment, facilities and special training for health providers on disability issues and health facilities should be disability friendly so that they can access for services easily.

Three of them said the state should

“urge health professionals to give them health education about their reproach health needs periodically.”(35year old unmarried female; and 27year old unmarried male). They also added that

“state should consider them when planning for the country's health system.”35year old unmarried female; and 27year old unmarried male). Another one added that

“health education is key and health care service should be rendered free because they are poor and cannot afford for the cost in any way.”(38year old unmarried female).

Policies and strategies that can help promote reproductive health needs of the physically challenged persons.

According to the participants, the government and stakeholders should plan about their reproductive health needs, support them financially and provide quality health care to the disable and make health service and health providers available to take care of physically challenged persons.

One participant said that

“health facilities should be constructed disability friendly because of their level of disability.”(50year old unmarried male).

Participants’ suggestions to address the reproduction health needs of physically challenged persons.

The participants indicated that the authorities need to provide specialists and nurses to take care of their reproductive health needs and also stop discriminating among physically challenged persons, attention should be given to them to help meet their reproductive health needs, health providers should give health education and it should be designed purposely for the physically challenged persons.

Some of them suggested that there should be education for the population on discrimination. Stakeholders should liaise with public health units for them to visit the association’s members to give help. Support financially and provide quality healthcare to the disable. Government should provide nurses to periodically give them health education on reproduce health issues.

CHAPTER 5: 5.0 DISCUSSION

5.1 Introduction

This chapter presents the discussion of the results that came out of the research. The data were gathered from physically challenged persons in the Sunyani west district. The discussion was made up of deductions and inferences on the results of the research. The chapter is presented on the themes of the research.

5.2 Demographic Data

The findings show that although most of the participants are youth they have low socioeconomic status. Only few of them had education up to basic school level which can have effect on their knowledge on reproductive health. Their low level of education may be

due to their limited chance of pursuing formal education (Nosek and Siimmons, 2007). This situation can be a contributory factor to their low level of knowledge on reproductive health. Again, only few of the participants were in formal sector employment which is regular income generating venture. Most of them were self-employed which may not be reliable sources of income to take care of their basic needs including their reproductive health needs. These findings confirm earlier research outcomes that people with disabilities had low levels of education, had less economic opportunities and high levels of poverty (Wong, 2000, Nosek and Simmons, 2007, WHO and WB, 2011).

Lastly, most of the participants were not married. This findings is consistent with Lee (2007) assertion that people with disabilities are less likely to marry and are very likely to live alone (Silverberg and Odette, 2011). This situation may be due to the fact that society consider people with disabilities as weak and may not be sexually active. Other people may also have sexual relationship with them and have children but may not properly marry them. This may account for some of them separated as revealed by some of the participants.

5.3: Participants' knowledge on reproductive health needs

The research sought to know what knowledge the physically challenged persons have about their reproductive health needs. The research revealed that most of the participants did not have enough knowledge on reproductive health. They only demonstrated that reproductive health needs is about the health of mother and children. They indicated that reproductive health needs cover antenatal, delivery and postnatal services to ensure that mothers and children are safe. The responses show that they did not know other services like counseling that need to be taken care of as part of their reproductive health needs. The little knowledge

that participants had about reproductive health needs supports Kuttai (2010) that people with disabilities do not have enough information on reproductive health.

Access to information on reproductive health needs is very essential for the physically challenged persons in making decisions on reproductive health. However, the research disclosed that the physically challenged persons lacked information on some reproductive health needs and services. This development is in line with Mulindwa (2003) and Swartz et al (2009) observation that people with disabilities have difficulty when they want to access information on their sexual and reproductive rights. There is need for public health education targeting physically challenged persons to improve their reproductive health needs.

The research also disclosed that majority of the physically challenged persons had not accessed reproductive health services in or outside health facilities. This may be due to their inadequate knowledge on the availability of such services in health facilities. Only a few of them do go to the health facilities for those services. They added that they visit the facility only when they are pregnant. This point is in line with their earlier response that reproductive health needs concern antenatal and postnatal services. This may be due to what Smith et al (2004) discovered that women with disabilities were not encouraged to visit health facilities due to their handicap. Besides, some healthcare providers advise and discourage women with disabilities from giving birth (Marlacher, 2010), which may require education on reproductive health services.

The research revealed that most of the participants had their information on reproductive health needs from nurses. Nurses serve as the major source of information on reproductive health needs and are the right people for reliable and accurate source of information due to their training and practice. If the education provided by the nurses is enough, it will go a long

way to improve the reproductive health needs of the physically challenged persons who go to the facilities for various services. The findings showed that the least sources of information on the reproductive health needs of physically challenged persons are television and radio. A few of the participants get their information through health education from the health facilities. This is contrary to what Walter, Nosek and Langdon (2001) found in a research that many female physically challenged persons rely on their disabled peers on knowledge on sexuality. The findings of the research demonstrated that most of the participants who do visit the health facilities do that periodically. They do not go there frequently for reproductive health services. They only go there as and when they need arises. However, almost all those who go to the health facilities for reproductive health services were satisfied. They indicated satisfaction with the services they do receive at the health facilities. The participants also indicated that when they visit the facilities, they are also confident and ask questions that bother them. The findings that the participants of this research are satisfied with the services they enjoyed at the health facilities are contrary to what Drainoni *et al.* (2006) found in a study that although such individuals do receive healthcare, they are unsatisfied with the care they receive. While the participants of this research were satisfied with the reproductive health services they received those who took part in that study were satisfied with the services they received.

5.4 Major reproductive health needs

The participants of the research indicated accessibility, delivery rooms, the nature of the delivery beds and lack of information on reproductive health were their major reproductive health needs facing physically challenged persons in general. On their specific reproductive health needs, their participants indicated the following, family planning, antenatal, safe

motherhood and postnatal services. The participants showed the order of their reproductive health needs as family planning, antenatal, safe motherhood and postnatal services.

The research revealed most of the participants considered themselves to be sexually active. They added that they were young, and were in a position to give birth if need be. This findings confirms the World Bank (2004) study, which revealed that people with disability are as sexually active as persons without disabilities. It has been found that physical disabilities do not hinder an active sexual and reproductive life (Anderson 2005, Coltrane and Schmitt 2005). It also confirms that of Wazakali, Mpofo and Derlieger (2006) study which demonstrated that the physically challenged persons in Nyanga township in the Western cape province demonstrated that those people are sexually active as their able bodied counterparts.

5.5: Factors affecting reproductive health needs

The findings of the research showed that most of the participants who visited the health facilities do not find it difficult in doing that. They indicated that there was no difficulty in accessing information and services on reproductive health needs in the facilities. However, those who have difficulty in accessing information and services on reproductive health needs attribute it to economic reasons and unfriendly physical infrastructure. The findings on the unfriendly disability infrastructure of health facilities as a factor affecting physically challenged persons is in line with findings of research conducted by the Institute for Democratic Governance (2011). The institute's study also showed that healthcare facilities did not have accessible structures and environment for people with disabilities.

Negative attitude of healthcare providers was also a factor which affected their ability to access reproductive health service. Although some of the participants received good treatment when

they visited the health facilities, most of them encountered negative attitude which was a bother to them. The physically challenged persons lamented they were treated with disrespect. They added that the health providers do not pay much attention to their needs as well as how to take their medications and others. This agrees with Kaplan et al (2006) assertion that there is lack of consideration to sexual and reproductive health needs of people with disabilities and clinical procedures and practices. Previous studies established similar findings that female disabled people encountered negative attitudes when they accessed sexual and reproductive health services in health facilities (Mulindwa, 2003, Mgwili and Watermeyer, 2006, Bremer, Cockburn and Bremer, 2009).

5.6 Strategies to improve reproductive health needs of physically challenged persons The findings showed that the participants believed their reproductive health needs will be improved if the following will be done: if they are given enough health education, elimination of discrimination and rejection, provision of financial support for physically challenged persons, making all health facilities disability friendly and train providers about how to handle persons with disability. UN (2016b) urges countries or governments to work towards equality for people living with disabilities.

The participants also suggested that the government needs to collaborate with them when initiating policies and programmes that affect their health and wellbeing. They believed that is the way to have their inputs in taking such important decisions that affect them. This is consistent with Noset and Simons (2003) suggestion that among others, people with disabilities should be involved in health research and education; and inclusion in national healthcare policies; and media should publicize health issues of people with disabilities. These

authors also suggested that initiation of policies and programmes that will respond to their reproductive health needs including people with disabilities in health research would address their health challenges (Brady, Briton and Grover, 2001).

The participants also believed that the state can help to meet the reproductive health needs of physically challenged persons if it provides free healthcare to all physically challenged persons because of poverty, providing the necessary equipment or facilities and special training for providers on disability issues and health facilities should be created in such a way that they can be easily used. The participants indicated that the authorities need to provide specialists and nurses to take care of their reproductive health needs and also stop discriminating among physically challenged persons, attention should be given to help meet their reproductive health needs, there should be education given on reproductive health needs specifically for physically challenged persons.

Finally, they suggested that there should be education for the general population on discrimination. Stakeholders should liaise with public health units for them to visit the association members to give help. There should also be financial support and provision of quality healthcare to the disabled people. Government should provide nurses to periodically give them education on reproduce health issues.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.0: Introduction

This final chapter presents the conclusion and recommendations based on the results.

Suggestions for further research have also been provided in the chapter.

6.1 Conclusion

The research explored the reproductive health needs of physically challenged persons in the Sunyani west district of the Brong Ahafo region of Ghana. The research sought to generate more insights into the physically challenged persons' understanding of reproductive health needs, factors which influence their reproductive health needs and what could be done to improve their access to reproductive health services.

The research revealed that most of the participants have limited understanding of reproductive health issues including their needs. The participants suffered some challenges like discrimination by health staff and the general public. This continues to be a problem for the physically challenged persons.

It was agreed by majority of the participants that their association is not doing much to members to have their reproductive health needs met. The association does not seem to be pushing for implementation of the disability act to help improve the reproductive health needs of the physically challenged persons in the area.

The research emphasized the importance of knowing the specific reproductive health needs of different groups of disabled persons such as the physically challenged persons when formulating policies and programmes. It shows the importance of involving such groups' right

from planning through to implementation of policies and programmes on their reproductive health needs.

There is also the need to recognize that people with various kinds of disabilities are also a group of people with need and rights for reproductive health services. The health sector in general and health care providers in particular need to create more opportunities for people with disabilities to receive more education on their sexual and reproductive rights to enable them to make an informed choice.

6.2 Recommendations

Based on the findings of the research, the following recommendations are made.

1. Physically challenged persons need information on reproductive health issues to enable them make informed decisions and choices about their reproductive health needs.
2. Government of Ghana through the Ministry of Health should fully implement the Disability Act that addresses the issues of facilities for all physically challenged persons to have more access to health facilities to enable them enjoy good health care by developing infrastructure that is disability-friendly.
3. The Ghana Federation of the Disabled (GFD) needs to push for the full implementation of the provision on discrimination against people with disability. The eradication of negative attitude, perception and discrimination against physically challenged persons will help them have improved reproductive health services.
4. Health authorities need to collaborate with disabled groups such as the Ghana

Federation of the Disabled (GFD) in planning of policies and programmes so that

their reproductive health needs could be taken care to benefit the physically challenged persons.

5. People with physical challenges need to be included in health research and education as well as formulation of national healthcare policies so that they can provide useful information to enrich them. Experts also need to increase research efforts on people with disabilities’ reproductive health.
6. The disabled association at the district levels should be organizing programmes and invite experts from the health sector to educate members on their reproductive health needs.
7. To reduce social exclusion, stigmatization and discrimination by members of the society and health service providers, the mass media need to join to promote awareness on reproductive health issues.

6.3: Suggestions for further research

The researcher suggests that the following research should be conducted.

1. A quantitative study should be conducted to include more physically challenged persons in other districts to know how they also access reproductive health services.
2. A research can be conducted to find out from health professionals the reproductive health needs of physically challenged persons and factors that prevent them from accessing them.
3. A research can also be conducted to explore ways to improve the reproductive health needs of physically challenged persons.

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APPENDIX A

INTERVIEW GUIDE

Introduction

I am Elizabeth Dujin, a student of KNUST. I am undertaking a research on the reproductive health needs of physically challenged persons. I wish to emphasize that your participation is completely voluntary. You reserve the right and liberty to refuse to answer any question. Also, you have the right to withdraw from the interview at any time if you feel to do so.

The interview will be recorded so your consent is being sought. However, after the interview your responses will be played back for your affirmation. You are also assured that the interview will be kept strictly confidential and the feedback will only be given to the supervisor and appropriate bodies in the school.

Date of interview.

Interview Code.

Demographic Information

- Sex:
- How old are you?
- Marital status Single [] Separated [] Co-habiting [] Married []
- Level of education: No formal education [] Middle school/JSS [] SHS []
Tertiary []
- Employment status: Unemployed [] Self-employed [] Apprentice [] Employed []
[] Unable to work []
-

Participants' knowledge on their reproductive health needs.

- What do you understand by a person's reproductive health?
- What do you know about reproductive health needs in general?
- Which reproductive health services have you ever accessed in or outside a health facility?
- Prompt: Antenatal/delivery/post-natal, Family planning/contraceptives, Counselling and testing for HIV/AIDS, Termination of pregnancy, etc.
- What were your sources of information about the above services you accessed?
- Can you share with me why you went for the service?
- Could you please describe how often you visit a health facility for that service?
- How would you describe your satisfaction with the services provided?

- Will you consider physically disabled persons as having reproductive health needs? If so, what are they?
- Could you please mention specific reproductive health needs you know as an individual?
- Could you place the above needs in an order of importance - from most to least important?
- What is the reason behind you categorizing the needs as above?
- How specifically are you sexually active?

Factors contributing to participants' reproductive health needs.

- Do you find it difficult to access information and service on reproductive health needs?
- How comfortable do you think seeking for information on your reproductive health needs?
- Why do you find it difficult getting the services? (Economic, physical and social factors).

Effects of unmet reproductive health needs of Participants.

- How does your reproductive health needs affect you?

Strategies to help meet physically challenged persons' reproductive health needs.

- Is your Association working towards addressing your reproductive health needs?
- What do you think are vital to address the reproductive health needs of physically challenged persons?
- How can the state help to meet the reproductive health needs of physically challenged persons?

- What policies and strategies can be put in place to help to the reproductive health needs of physically challenged persons?
- What do you suggest as vital to address the reproductive health needs of physically challenged persons?

Thank you so much for participating.

The logo of KNUST (Kenya National University of Science and Technology) is a large, faint watermark in the background. It features a yellow eagle with its wings spread, perched on a green shield. Above the eagle is a black mortar and pestle with a red flame. A yellow banner at the bottom contains the Swahili motto 'WISDOM BEGETS LIFE' in black capital letters.

APPENDIX B

PARTICIPANT'S STATEMENT OF CONSENT.

I have read the information/have been read and translated in to a language I fully understand. To the best of my knowledge my participation is voluntary. I understand the intent, modes, risks and benefits of the research and have decided to participate in it.

I will take a copy of this consent form.

Signature/Thumbprint:

Name:

Signature/Thumbprint:

Date.

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