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Reproductive Challenges Encountered by Women with Differing Abilities

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Abstract

This study aims to identify the reproductive challenges encountered through the women of differing abilities. Especially, what are the specific reproductive challenges encountered by women of differing abilities? How do societal attitudes and perceptions impact the reproductive health with differing abilities? What are the barriers to accessing reproductive healthcare services for women with disabilities? are the major questions which have been addressed and fulfilling through the following specific objectives such as to identify the specific reproductive challenges encountered by women with differing abilities, to analyze the impact of societal attitudes, and perceptions on the reproductive health with differing abilities and to assess the barriers that hinder access to reproductive healthcare services for women with disabilities. In this study researcher has employed a cross-sectional research design and adopted a quantitative methodology. Likewise, this study is based within Kirtipur Municipality, Kathmandu, Nepal. The study focused on women who had disabilities and registered in Kirtipur Municipality. Since the exact population for the study was unknown, a two-stage sampling approach was used. In the first stage, a list of women with disabilities registered in Kirtipur Municipality was purposively selected. In the second stage, 40 respondents, constituting 35.40% of the total list of 113 respondents, were randomly chosen using a simple random sampling method. Data collection primarily relied on the use of a questionnaire. Both structured and unstructured questionnaire formats were designed to gather quantitative information from the intended respondents.

Keywords: reproductive health, challenges, encountered, disability

Introduction

A disability is a physical, sensory, cognitive, or psychological impairment that may limit a person's ability to engage in certain activities or interact with their environment in the same way as individuals without such impairments. Disabilities

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can vary widely in nature and severity and they may be present from birth or acquired later in life. The concept of disability emphasizes the importance of accommodating and respecting the diverse needs and abilities of all individuals to ensure equal opportunities and inclusion in society.

Reproductive challenges refer to difficulties or obstacles that individuals or couples may encounter when attempting to conceive, carry a pregnancy to term, or achieve their desired family planning goals. These challenges can encompass a wide range of issues, including infertility, reproductive health disorders, complications during pregnancy, access to reproductive healthcare, and various social and economic factors that can impact family planning decisions.

According to the World Health Organization (WHO), approximately 15% of the global population, which translates to an estimated two to four percent of people worldwide, lives with significant functional limitations (Chan & Zoellick, 2011). A notable proportion of this demographic resides in developing countries, which house approximately 80% of the world's population, with a significant concentration of disabled individuals (UNDP, 2019).

Among the WHO regions, South-East Asia ranks prominently, exhibiting the second-highest prevalence rate of moderate disability at 16% and the third-highest prevalence rate of severe disability at 12.9% (WHO, 2013). Specifically, in Nepal, statistics provided by the Central Bureau of Statistics (CBS) indicate that 1.94% of the population is comprised of individuals with disabilities, and notably, nearly half of these individuals are women. This underscores a significant gender dimension to disability-related challenges. Furthermore, both nationally and internationally, there is a dearth of comprehensive statistics and data pertaining specifically to women with disabilities, highlighting the need for focused research and policy attention (CBS, 2011).

As per findings from the Nepal Living Standard Survey (NLSS) conducted in 2011, the disabled population in Nepal exhibited a diverse range of disabilities. The breakdown of disabilities within this population includes 29 percent with physical disabilities, 22 percent experiencing visual impairments, 23 percent facing hearing disabilities, 24 percent grappling with hearing/vision-related disabilities, 8 percent dealing with speech-related disabilities, 6 percent contending with mental health conditions, and 7 percent managing multiple disabilities (CBS, 2011).

Statement of the Problem

Reproductive health is a fundamental aspect of overall well-being, and women's ability to exercise their reproductive rights and choices is essential for achieving gender equality. However, women with differing abilities often encounter a range of unique challenges and barriers that can significantly impact their reproductive health and choices. This problem statement aims to shed light on the reproductive challenges faced by women with differing abilities and underscores the importance of addressing these issues to ensure equitable access to reproductive healthcare and rights.

Women with differing abilities, including physical, sensory, cognitive, and intellectual disabilities, encounter a multitude of reproductive challenges that hinder their ability to make informed choices, access essential healthcare services, and fully participate in reproductive decision-making processes. These challenges include, but are not limited to:

- 1. Limited Access to Reproductive Health Information: Women with disabilities often face obstacles in obtaining comprehensive and accessible information about their reproductive health, contraceptive options, and family planning. Lack of tailored educational materials and healthcare providers' limited training in addressing disability-specific concerns contribute to this problem.
- 2. Barriers to Contraception: Women with differing abilities may encounter difficulties in accessing and using contraceptives due to physical, sensory, or cognitive impairments. The lack of accessible contraceptive options and appropriate support can lead to unintended pregnancies and reproductive health risks.
- Inadequate Prenatal and Postnatal Care: Women with disabilities often 3. receive suboptimal prenatal and postnatal care, which can result in adverse maternal and child health outcomes. Barriers to accessing healthcare facilities, insensitive healthcare providers, and a lack of accessible facilities contribute to this issue.
- Sexual Violence and Abuse: Women with disabilities are at a higher risk of experiencing sexual violence and abuse, which can lead to unwanted pregnancies and sexually transmitted infections, compounding their reproductive challenges.
- 5. Addressing these reproductive challenges requires a multi-faceted approach

that includes improving access to inclusive healthcare services, ensuring comprehensive sexuality education, advocating for disability-inclusive policies and legislation. By recognizing and addressing these issues, society can work towards providing women with differing abilities the same opportunities to exercise their reproductive rights and make informed choices about their reproductive health.

Research Questions

- 1. What are the specific reproductive challenges encountered by women of with differing abilities?
- 2. How do societal attitudes and perceptions impact the reproductive health with differing abilities?
- 3. What are the barriers to accessing reproductive healthcare services for women with disabilities?

Objectives of the Study

- 1. To identify the specific reproductive challenges encountered by women with differing abilities.
- 2. To analyze the impact of societal attitudes, and perceptions on the reproductive health with differing abilities.
- 3. To assess the barriers that hinder access to reproductive healthcare services for women with disabilities.

Significance of the Study

The study of reproductive challenges encountered by women with differing abilities holds significant importance for several reasons:

- 1. Ensuring Reproductive Rights and Autonomy;
- 2. Reducing Health Disparities;
- 3. Enhancing Maternal and Child Health;
- 4. Promoting Inclusive Healthcare Services;
- 5. Legal and Policy Reforms;
- 6. Supporting Advocacy Efforts;
- 7. Improving Parenting Support;
- 8. Contributing to Academic Knowledge and
- 9. Empowering Women with Disabilities.

In conclusion, the study of reproductive challenges faced by women with differing abilities is vital for promoting social justice, equity, and inclusivity. It highlights the need for comprehensive approaches that consider the unique circumstances and barriers encountered by this population, ultimately contributing to the overall wellbeing and rights of women with disabilities.

Theoretical Framework

The reproductive challenges faced by women with disabilities can be analyzed through various theoretical frameworks. One prominent theoretical perspective that can help in understanding these challenges is the Social Model of Disability and its intersection with feminist theory. Here's an overview of how this theoretical approach can shed light on the reproductive challenges of women with disabilities:

1. Social Model of Disability:

Definition: The Social Model of Disability posits that disability is not solely a result of an individual's impairment but is primarily a product of societal and environmental barriers. It highlights the role of social structures, policies, and attitudes in creating disability-related challenges.

Application: This model is particularly relevant to understanding reproductive challenges faced by women with disabilities as it shifts the focus from the women themselves to the societal factors that contribute to these challenges. It emphasizes that the physical and attitudinal barriers in society, such as inaccessible healthcare facilities, lack of appropriate information, and societal stigma, can hinder women with disabilities in making informed reproductive choices.

2. Disability Studies and Feminist Disability Theory:

Definition: These fields of study explore the experiences of disabled individuals, including women, from a critical perspective. They analyze how cultural, social, and political factors intersect with disability to create unique experiences and challenges.

Application: By drawing on disability studies and feminist disability theory, researchers and advocates can better understand the social and cultural dimensions of reproductive challenges faced by women with disabilities. This perspective helps uncover hidden biases, stigmatization, and the impact of societal attitudes on these challenges.

These theoretical frameworks, when applied to the reproductive challenges

of women with disabilities, provide a holistic understanding that goes beyond individual impairments. They underscore the importance of addressing societal barriers, expanding capabilities, and critically examining the experiences of women with disabilities in the context of reproductive health.

Research Methods

Research Design

The study employed a cross-sectional research design and adopted a quantitative methodology. Its primary objective was to investigate the reproductive health challenges encountered by women with disabilities, employing a structured questionnaire as the data collection tool.

Study Area and Population

This study was conducted in the different localities of Kirtipur Municipality, Kathmandu, Nepal. The study focused on women who had disabilities and registered in Kirtipur Municipality.

Universe and Sampling

Since the exact population for the study was unknown, a two-stage sampling approach was used. In the first stage, a list of women with disabilities registered in Kirtipur Municipality was purposively selected. In the second stage, 40 respondents, constituting 35.40% of the total list of 113 respondents, were randomly chosen using a simple random sampling method.

Data Collection Tools

In this research, data collection primarily relied on the use of a questionnaire. Both structured and unstructured questionnaire formats were designed to gather quantitative information from the intended respondents.

Results and Discussions

This pertains to the data gathered during the field survey, utilizing a structured questionnaire. A total of eight tables were generated by inputting the collected information into the SPSS program. These tables were created in alignment with the questionnaire's design, serving the specific objectives of the study.

Demographic Characteristics of Respondents

This section provides a description of the respondents' age, caste/ethnicity, religion, marital status, educational status, occupation, and family type.

Table 1: Demographic Characteristics of Respondents

Age of Respondents	Number	Percent (%)
Below 20 Years	6	15.0
20- 30 Years	9	22.5
30- 40 Years	12	30.0
Above 50 Years	13	32.5
Total	40	100.0
Caste/Ethnicity	Number	Percent (%)
Janajati	25	62.5
Brahmin/Chhetri	13	32.5
Dalit	2	5.0
Total	40	100.0
Religion	Number	Percent (%)
Buddhist	22	55.0
Hindu	13	32.5
Christian	5	12.5
Total	40	100.0
Marital Status	Number	Percent (%)
Married	12	30.0
Naver Married	28	70.0
Total	40	100.0
Educational Status	Number	Percent (%)
Literate	15	37.5
Illiterate	25	62.5
Total	40	100.0
Occupation	Number	Percent (%)
Employed	6	15.0
Unemployed	25	62.5
Daily Wages	9	22.5
Total	40	100.0
Lecturer, Padamkanya	Number	Percent (%)
Multiple Campus, TU		
Nuclear	29	72.5
Joint	11	27.5
Total	40	100.0

Table 1 reveals that approximately one-third (32.5%) of the total respondents were aged 50 years and above. This was followed by respondents in the age group of 30-40 years (30.0%) and 20-30 years (22.5%). The smallest percentage of respondents, 15.0 percent, fell below the age of 20 years. Furthermore, the table illustrates that among the 40 respondents, the largest proportion belonged to the Janajati (62.5%), followed by the Brahmin/Chhetri (32.5%). Only 5.0 percent of the respondents identified as Dalit.

As per the findings presented in Table 1, it is evident that over half (55.0%) of the total respondents identified as Buddhist, followed by Hindus (32.5%) and Christians (12.5%). Additionally, the table highlights that among the total respondents, a significant majority (70.0%) had never married, while the remaining 30.0 percent were married.

Table 1 indicates that among the total respondents, the majority (62.5%) had not received formal education (illiterate), while a minority (37.5%) were literate. Similarly, the table demonstrates that nearly two-thirds (62.5%) of the total respondents were unemployed, with more than one-fifth (22.5%) engaged in daily wage labor. A smaller percentage, 15.0 percent, reported being employed.

Furthermore, Table 1 shows that the majority (72.5%) of the total respondents were residing in nuclear families, while only 27.5 percent of respondents were part of joint families.

Characteristics Related to Disabilities in the Respondents

Disabilities can impact individuals' lives in various ways, leading to different challenges. Table 2 provides a description of the types of disabilities, the possession of a disability ID card, and eligibility for social allowances within the study population.

Types of Disability	Number	Percent
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Table 2: Characteristics Related to Disabilities in the Respondents

Types of Disability	Number	Percent (%)
Physical Disability	18	45.0
Disability Related to Vision	8	20.0
Disability Related to Hearing	3	7.5
Disability Related to Speech	5	12.5
Multiple Disability	6	15.0
Total	40	100.0

Having Disability ID Card	Number	Percent (%)
Yes	35	87.5
No	5	12.5
Total	40	100.0
Getting Social Allowance	Number	Percent (%)
Yes	32	80.0
No	8	20.0
Total	40	100.0

Table 2 illustrates that within the total respondent pool, the majority, accounting for 45.0 percent, reported experiencing physical disabilities. Additionally, 20.0 percent of respondents indicated vision-related disabilities, while 15.0 percent reported having multiple disabilities. In contrast, 12.5 percent of respondents had speech-related disabilities, and 7.5 percent had hearing-related disabilities.

Furthermore, the data in Table 2 reveals that out of the total respondents, 87.5 percent possessed a disability identity card, while 12.5 percent did not have one. Similarly, 80 percent of women with disabilities were beneficiaries of social allowances, with the remaining 20 percent not receiving such support.

Experiences of Respondents Regarding Behaviors in Family and Community

People with disabilities encounter various behaviors within their families and communities. Some respondents have shared positive experiences, while others have recounted negative experiences related to the behaviors of their family members and the community.

Table 3: Experiences of Respondents Regarding Behaviors in Family and Community

Behave of Family Members	Number	Percent (%)
Good	33	82.5
Bad	7	17.5
Total	40	100.0
Behave of Community	Number	Percent (%)
Good	28	70.0
Bad	12	30.0
Total	40	100.0

Table 3 shows that among the participants included in this study, a significant majority, constituting 82.5 percent of the respondents, indicated that the behavior of their family members was positive. In contrast, 17.5 percent reported negative behavior from their family members. Similarly, 70 percent of the respondents expressed positive sentiments regarding the behavior of their community, while 30.0 percent stated that they had experienced negative behavior from the community.

Knowledge about Reproductive Health

Knowledge about reproductive health is on the rise, but it is not universally widespread. People with disabilities, in particular, tend to have less awareness about reproductive health and rights compared to others. Table 4 presents an overview of the knowledge regarding the reproductive health of women with disabilities within the study population.

Table 4: Knowledge about Reproductive Health

Knowledge about Reproductive Health	Number	Percent (%)
Yes	33	82.5
No	7	17.5
Total	40	100.0
Source of Knowledge (n=33)	Number	Percent (%)
Family Members	5	15.2
Friends	4	12.1
Radio/Television/Newspapers	24	72.7
Total	33	100.0

Source: Field Survey, 2023

Table 4 provides insights into respondents' knowledge about reproductive health. A significant majority, 82.5 percent, possessed knowledge in this area, while 17.5 percent did not.

Among those respondents with knowledge about reproductive health, the majority (72.7%) had acquired it through various means of communication such as radio, television, and newspapers. In contrast, 15.2 percent and 12.1 percent had obtained this knowledge from family members and friends, respectively.

Place of Child Birth

In Nepal, the trend of childbirth in healthcare facilities is steadily growing. Table 5 provides details on the location of childbirth and the support received during childbirth among women with disabilities.

Table 5: Childbirth Place of Respondents

Place of Last Delivery	Number	Percent (%)
Government Hospital	4	57.1
Private Hospital	2	28.6
At Home	1	12.3
Total	7	100.0
Assistance of Last Delivery	Number	Percent (%)
Doctor	5	71.4
Nurse	1	12.3
Family Members	1	12.3
Total	7	100.0

Out of the 12 married respondents, only 7 had the experience of childbirth. Among these, the majority (57.1%) opted for childbirth in a government hospital. Additionally, Table 5 reveals that 28.6 percent of respondents chose to give birth in a private hospital, while 12.3 percent opted for childbirth at home.

The table also indicates that among the respondents, the majority (71.4%) received assistance from a doctor during childbirth. An equal proportion, 12.3 percent, had support from nurses and family members.

Knowledge and Practice of Contraceptive Devices

Contraception is a crucial tool for enhancing maternal and child health, promoting birth spacing, facilitating child-rearing, and improving overall quality of life. The survey posed questions to married respondents of reproductive age to assess their knowledge and utilization of contraceptive methods. Table 6 presents the findings regarding the awareness and use of contraceptive devices among this group.

Table 6: Knowledge and Practice of Contraceptive Devices

Knowledge of Contraceptive Devices	Number	Percent (%)
Yes	11	91.7
No	1	8.3
Total	12	100.0
Practice of Contraceptive Devices (n=11)	Number	Percent (%)
Yes	10	90.9

No	1	9.1
Total	11	100.0
Currently Using Contraceptive Devices (n=10)	Number	Percent (%)
Permanent Method	6	60.0
Temporary Method	4	40.0
Total	10	100.0

Among the total respondents, the majority demonstrated awareness of contraceptive devices. The study revealed that 91.7 percent of the respondents possessed knowledge of contraceptive devices, while 8.3 percent did not.

Furthermore, a significant percentage of respondents, 90.9 percent, reported having practiced contraceptive methods. Among those who used contraceptives, 60.0 percent opted for permanent methods, while 40.0 percent chose temporary methods.

Knowledge and Practice of Abortion

The knowledge and practice of abortion are experiencing an upward trend, often attributed to factors such as unwanted pregnancies, undesirable relationships, and various other reasons. It's important to acknowledge that while abortion can be a life-saving intervention for mothers in some cases, it can also pose potential health risks to women. The study focused on gathering information about the knowledge and practice of abortion among married respondents of reproductive age. Table 7 provides insights into the knowledge and practice of abortion within the study population.

Table 7: Knowledge and Practice of Abortion

Knowledge of Abortion	Number	Percent (%)
Yes	10	83.3
No	2	16.7
Total	12	100.0
Ever Had Abortion (n=10)	Number	Percent (%)
Ever Had Hoof tion (ii 10)	Tullibei	1 creent (70)
Yes	1	10.0
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Table 7 indicates that a substantial proportion of respondents possessed knowledge about abortion. Among the total married respondents of reproductive age, the majority (83.3%) reported having knowledge of abortion, while 16.7 percent did not. Additionally, only 10.0 percent of respondents had experienced abortion in their lifetime, while the remaining 90.0 percent had not.

Receipt and Satisfaction with Reproductive Health Services

People receive reproductive health services from various institutions, including government and private hospitals, clinics, and health centers. The satisfaction level often varies across different health institutions due to factors such as physical infrastructure, the behavior of healthcare personnel, and accessibility. Table 8 provides insights into the location, accessibility, and satisfaction levels regarding reproductive health services in the study area.

Table 8: Receipt and Satisfaction with Reproductive Health Service

Institution for Reproductive Health Service	Number	Percent (%)
Hospitals	7	58.3
Health Centers	3	25.0
Clinics	2	16.7
Total	12	100.0
Access of Reproductive Health Service	Number	Percent (%)
Accessible	10	83.3
Not Accessible	2	16.7
Total	12	100.0
Reproductive Health Service	Number	Percent (%)
Disable Friendly	5	41.7
Not Friendly	7	58.3
Total	12	100.0
Satisfaction of Reproductive Health Services	Number	Percent (%)
Satisfied	4	33.3
Dissatisfied	8	66.7
Total	12	100.0

Table 8 reveals that among the total respondents, a significant majority (85.3%) sought reproductive health services at hospitals, while 25.0 percent visited health centers, and 16.7 percent opted for clinics.

In terms of accessibility, the majority (83.3%) of respondents found reproductive health services to be accessible, with 16.7 percent expressing difficulties in accessibility.

Additionally, 58.3 percent of respondents stated that the reproductive health services offered by health institutions were not disability-friendly, and a significant majority (66.7%) reported dissatisfaction with the reproductive health services provided by these institutions.

Conclusions

This study was conducted with a focus on understanding the reproductive challenges encountered by women with differing abilities in Kirtipur Municipality, Kathmandu, Nepal, with a sample of 40 women who have disabilities registered in the municipality.

The findings of the study reveal several important points:

- 1. Education and Awareness: A significant portion, 62.5 percent, of the respondents were illiterate. This emphasizes the importance of education and awareness programs specifically tailored for people with disabilities, particularly women, to improve their knowledge about reproductive health, rights, and responsibilities.
- 2. Identity Cards and Social Allowances: It was observed that 12.5 percent of the respondents did not possess a disability identity card, and 20 percent of women with disabilities were not receiving social allowances. This highlights the need for increased coordination and awareness among relevant authorities and local elected representatives to ensure that individuals with disabilities receive the necessary support and recognition.
- **3. Prevention of Birth Defects:** Many disabled women may not be aware of the risks of having a child with birth defects. The study underscores the importance of preventive measures during the periconceptional phase, pregnancy, delivery, and early infancy to reduce the burden of disability.

4. Accessibility and Disability-Friendly Services: While the majority of respondents found reproductive health services accessible (83.3 percent), a significant percentage (16.7 percent) encountered difficulties in accessibility. Furthermore, over 58 percent of respondents felt that reproductive health services provided by health institutions were not disability-friendly. Additionally, a substantial majority (66.7 percent) expressed dissatisfaction with the reproductive health services offered by these institutions. Consequently, there is a clear need for the development of easily accessible, disability-friendly services and infrastructure to better serve women with disabilities.

In summary, this study highlights the importance of tailored education and awareness programs, improved access to services, and the need for disability-friendly healthcare facilities. These measures are crucial in addressing the reproductive challenges faced by women with differing abilities, ultimately contributing to their improved reproductive health and overall well-being.

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