

## SYSTEMATIC REVIEW: GENDER EQUITY AND SOCIAL INCLUSION OF WOMEN WITH DISABILITIES IN REPRODUCTIVE HEALTH SERVICES

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### ABSTRACT

People with disabilities are among the most socially and economically disadvantaged in the world. The lack of focus on the reproductive health issues of disabled women is most likely attributable to the misconception that these women aren't sexually active and don't wish to have children. This research sought to conduct a comprehensive analysis of gender equality and the incorporation of disabled women with reproductive health services. The approach followed was a systematic review, adhering to the PRISMA guidelines for systematic reviews and reporting items. The research papers were chosen from databases including Google Scholar, WorldCat, PROQUEST, and PubMed, encompassing publications between January 2010 and July 2023. The search terms employed in this review encompassed "gender" or "gender equity" or "social inclusion" or "disability," along with "reproductive health" or "kesetaraan gender", "inklusi sosial", "disabilitas", and "kesehatan reproduksi", "kesehatan reproduksi perempuan". The authors found 12 publications on gender equality and social inclusion for disabled women in reproductive health care out of a total of 719 articles in English or Indonesia. The inhibiting factors include a lack of knowledge and education about reproductive health issues, physical accessibility and/or infrastructure, judgmental attitudes of health workers, limited knowledge of health workers on, among others, barriers to seeking medical care and financial barriers.

### ABSTRAK

Secara global, penyandang disabilitas merupakan salah satu dari kelompok yang paling terpinggirkan dan tersisih secara sosial. Kebutuhan kesehatan reproduksi perempuan penyandang disabilitas tidak mendapat banyak perhatian, kemungkinan besar karena anggapan yang salah bahwa perempuan penyandang cacat tidak aktif secara seksual dan tidak ingin melahirkan anak-anak. Penelitian ini bertujuan untuk secara sistematis meninjau kesetaraan gender dan inklusi sosial pada perempuan penyandang disabilitas dalam layanan kesehatan reproduksi. Penelitian ini merupakan tinjauan sistematis yang didasarkan pada item pelaporan dalam tinjauan sistematis dan pedoman PRISMA. Penelitiannya ini melibatkan artikel dari Google Scholar, World Cat, PROQUEST, dan PubMed yang terbit di bulan Januari 2010 - Juli 2023 dengan kata kunci "gender" or "gender equity" or "social inclusion" or "disability" and "reproductive health" or "women reproductive health" atau "kesetaraan gender" atau "inklusi sosial" atau "disabilitas" dan "kesehatan reproduksi" atau "kesehatan reproduksi perempuan". Sebanyak 719 artikel berbahasa Inggris atau Indonesia dihasilkan dari pencarian awal, penulis mengidentifikasi 12 artikel mengenai kesetaraan gender dan inklusi sosial untuk perempuan penyandang disabilitas dalam layanan kesehatan reproduksi. Kurangnya informasi dan pendidikan tentang masalah kesehatan reproduksi, aksesibilitas fisik dan/infrastruktur, sikap tenaga kesehatan yang menghakimi, pengetahuan tenaga kesehatan yang terbatas tentang masalah disabilitas dan faktor individu, termasuk hambatan dalam mencari perawatan kesehatan dan hambatan keuangan, diidentifikasi sebagai faktor penghambat layanan kesehatan reproduksi pada perempuan penyandang disabilitas.

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## INTRODUCTION

Globally, gender inequality has a terrible effect on the wellbeing of women and girls (Hosseini et al., 2016). Due to issues with unequal relationships between men and women and inequities in access to health care, social inclusion and gender equity is a touchy subject in public health (Mahara & Dhital, 2014). Gender and health equality can only be attained through empowering women, which includes giving them control over resources like money and simple access to health information (Tabassum, 2019). It is also crucial to underline the significance of sexual and reproductive rights for both health and gender equality in general (Ehrhardt et al., 2009). To empower women and achieve gender equality in health, it is crucial for women to be able to exercise their sexual and reproductive rights. According to a research, gender equality in health is largely dependent on sexual and reproductive health, and interventions to promote it must be made both inside and outside the health system (MacPherson et al., 2014).

The gender bias concerning health is addressed by Bonita and Beaglehole in the international concern, which promotes women's reproductive potential while minimizing the effect of non-communicable diseases (NCDs) on the well-being of women. Even though the total number of NCD fatalities among women and men is equal, this neglect may lead to less possibilities for exams and diagnostic testing for women. Bonita and Beaglehole suggest that the sustainable human development strategy should give women and NCDs priority beyond 2005 (Bonita & Beaglehole, 2015).

From a gender viewpoint, one research discusses the issue of access to health treatments. According to Otero-Garcia et al., (2013), midwives are linked to women's underuse of these services, which reflects gender inequality and hurdles to accessing health care. Gender norms are frequently unwritten guidelines that specify the qualities and conduct that men, women, and gender minorities value and tolerate (Heise et al., 2019). Young women's health needs are more focused on objectives related to gender-based violence and equal access to education, sexual and reproductive health care, and equality in political and economic involvement as a result of gender equality being included in the Sustainable Development Goals (SDGs) (Langer et al., 2015; Manandhar et al., 2018).

People with disabilities are among the most socially and economically disadvantaged populations in the world (Lang et al., 2011; Kassa et al., 2016). They are subject to many types of prejudice and exclusion from community social, cultural, political, and economic life. Compared to males with disabilities or women without impairments, women with disabilities experience losses as a result of discrimination based on their gender and disability, increasing their chance of being excluded (Astbury & Walji, 2014). However, women with impairments require the same reproductive care as those without disabilities (Taouk et al., 2018; Obasi et al., 2019). According to a study, both men and women who have had impairments since infancy run a higher risk of having less access to sexual and reproductive health care (DeBeaudrap et al., 2019). Studies conducted throughout the world demonstrate that getting sexual and reproductive health treatments is still quite difficult for women with impairments (Boezaart, 2012).

Health professionals frequently have a poor grasp of the needs of disabled women in terms of sexual, reproductive health, rights. Health care professionals can offer disability-inclusive services while having minimal training in disabilities and lack of access to the essential resources. Disability-based discrimination occurs as a result of certain service providers' discriminatory views toward women with disabilities who are looking for sexual and reproductive health care. The precise elements that harm the health of disable women, such as assault and harassment, are frequently not known by service providers (Lee et al., 2015).

Additionally, because it's assumed that women with impairments are less sexually active, medical professionals may misjudge their need for reproductive healthcare (Peacock et al., 2015). Study related to gender equality and social inclusion is still very limited. Authors have not found similar research topics using systematic reviews in previous studies. Based on this explanation, authors are interested in conducting a systematic review of gender equality and social inclusion of women with disabilities in reproductive health services.

## METHOD

### Study Design

The reporting criteria in the PRISMA systematic review and recommendations served as the foundation for this systematic review. In July 2023, a literature search was conducted. By looking at papers in Google Scholar, World Cat, PROQUEST, and PubMed, a systematic review was carried out. The database was selected since it is a repository of literature with a wide range of presently being investigated research subjects. "Gender" or "gender equality" as well as "social inclusion" or "disability" and "reproductive health" or "women's reproductive health" were used as search terms for this article, or "kesetaraan gender", "inklusi sosial", "disabilitas", "kesehatan reproduksi", or "kesehatan reproduksi perempuan".

### Inclusion and Exclusion Criteria

Articles published on gender equality and social inclusion with a focus on women with disabilities in reproductive health care and qualitative research must be in English or Indonesian and meet other inclusion requirements. Articles that don't utilize English or Indonesian, don't exhibit abstracts, or don't give all the material are excluded from this research.

### Data Extraction

Using the Mendeley software, a total of 719 articles were gathered from Google Scholar, World Cat, PROQUEST, and PubMed. The PRISMA technique and Featured Reporting Items for Systematic Review were used to choose the articles. This study contained 12 carefully chosen publications for examination. The first author of this study was responsible for data extraction.

### Data Analysis

The study systematically evaluates and analyzes the qualitative data from study publications.

## RESULTS

A preliminary search on Google Scholar, World Cat, PROQUEST, and PubMed turned up 719 articles. From January 2010 to July 2023, the author found 12 papers on gender equality and social inclusion for women with disabilities in reproductive health care. Figure 1 depicts the whole selection procedure.

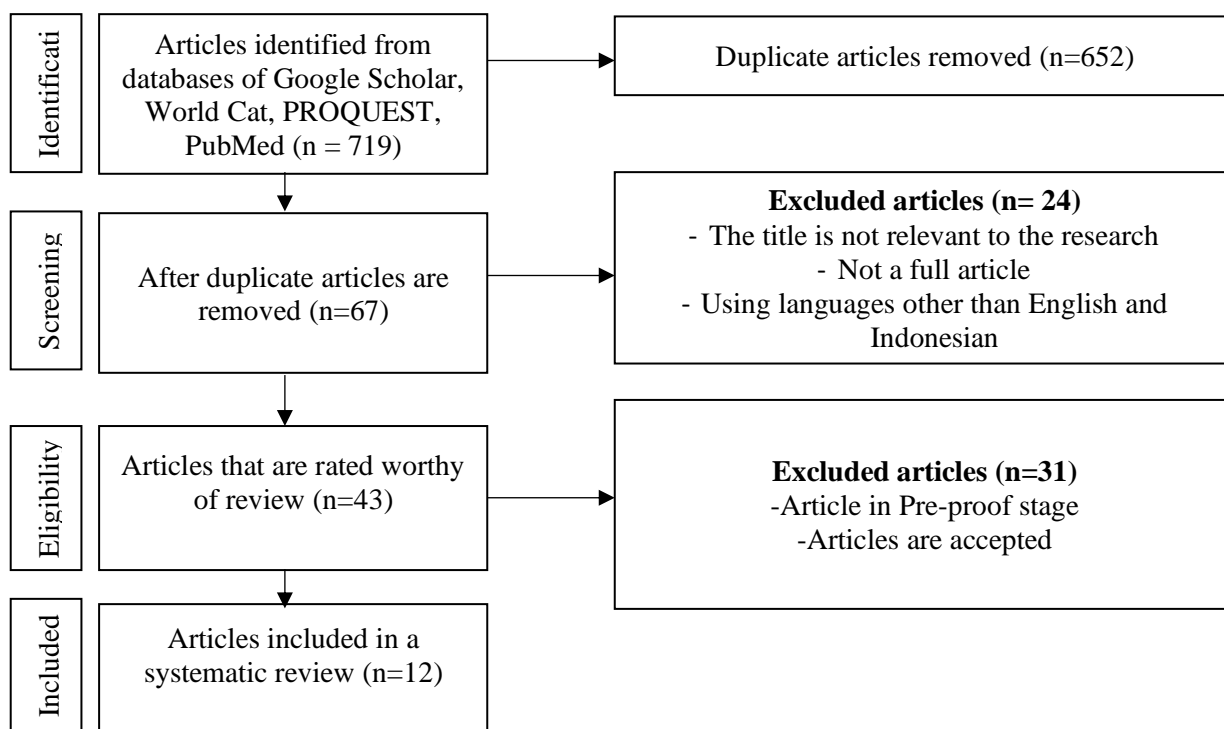


Figure 1. PRISM Diagram

The majority of health services in many nations have restrictions when it comes to delivering care to women with impairments, according to various study publications that have been evaluated.

**Table 1. Articles included in the study**

No	Authors, Years, Country	Study Aim	Study Design	Sample	Results
1.	E Smith, SF Murray, AK Yousafzai & L Kasonka, 2004, Africa	identify whether there are barriers physical, social and/or attitude towards women with disabilities in reproductive health services	Qualitative	24 women with disabilities	Assessing safe maternity and reproductive health treatments can be difficult for women with disabilities due to a variety of social, behavioral, and physical challenges. A strong desire to start a family might make one more susceptible to sexual exploitation. In addition, because it is a widespread belief among those who offer reproductive health care that women with impairments would not engage in sexual activity and do not require such treatments, they are more susceptible to STDs like HIV. Traditional notions concerning the transfer of disability during pregnancy may provide obstacles to inclusion in prenatal treatment. Additionally, excessive referrals to tertiary delivery facilities that are off-site and more difficult for women with restricted mobility to access may be caused by nurses' and midwives' fears of difficulties during labor for women with physical impairments (Smith et al., 2004).
2.	Kimberly Bremer, Lynn Cockburn, Acheinegeh Ruth, 2010, Africa	investigating women's experiences people with physical disabilities in terms of reproduction health	Qualitative	8 respondents	The eight research participants had a limited grasp of reproductive health, and several of them had not had any basic instruction in the subject. Pregnancy may be frightening, and unplanned pregnancies are rather frequent. Respondents described both favorable and unfavorable attitudes about reproductive health among families, neighbors, and healthcare professionals. Most medical facilities are physically and financially out of reach (Bremer et al., 2010).

3.	Wisdom Kwadwo Mprah, 2013, Africa	provide insight into influencing factors acquisition, accessibility, and use of sexual information and reproduction health as well as service by the deaf who communicate using Ghanaian Sign Language (GSL)	Qualitative	26 participants in 3 group, 1 key informant	Deaf individuals in Ghana encounter several obstacles, including communication issues, ignorance about the deaf, unfavorable attitudes, and services that are not suited to their requirements, while trying to receive sexual and reproductive health information and treatments (Kwadwo Mprah, 2013).
4.	Kira Lee, Alexandra Devine, Ma. Jesusa Marco, Jerome Zayas, Liz Gill-Atkinson and Cathy Vaughan, 2015, Philippine	give evidence by examining service providers' perceptions of disability and their experiences of providing sexual and reproductive health services for women with disabilities	Qualitative	14 in-depth interviews and 2 focus group discussions were conducted with a total of 32 sexual and reproductive health service providers	An examination of service providers reveals a number of issues that compromise the ability to offer women with disabilities high-quality services related to sexual and reproductive health. The requirements of women with disabilities in terms of sexual and reproductive health and their rights are frequently poorly understood by service providers. The training and resources necessary for service providers to offer services that are inclusive of people with disabilities are few. Disability-based discrimination occurs as a result of certain service providers' discriminatory views toward women with disabilities who are looking for sexual and reproductive health care. The precise elements that harm the health of women with disabilities, such as assault and harassment, are frequently not known by service providers (Lee et al., 2015).
5.	John Kuumuori Ganle, Easmon Otupiri, Bernard Obeng, Anthony Kwaku Edusie,	explores the challenges women with disabilities face in accessing and using maternal health services in Ghana	Qualitative	72 respondents	Women with disabilities who want to obtain maternity care sometimes struggle to go to medical facilities because of inconvenient physical infrastructure. Other barriers to access include service providers' unfavorable attitudes, the belief that women with disabilities are not sexually active, and a lack of specialized health information to

	Augustine Ankomah, Richard Adanu, 2016, Africa				address the unique maternity care needs of women with disabilities (Ganle et al., 2016).
6.	Alexandra Devine, Raquel Ignacio, Krystle Prenter, Lauren Temminghoff, Liz GillAtkinson, Jerome Zayas, Ma Jesusa Marco, Cathy Vaughan, 2017, Africa	bring positive outcomes for women with disabilities including increased knowledge and access to sexual and reproductive health including protection from violence	Qualitative	30 participants QC (Quezon City) and 17 participants LC (Ligao City)	W-DARE, a three-year participatory action research project, aims to: (1) Understand the experiences and needs of women with disabilities in relation to sexual and reproductive health; and (2) Increase access to high-quality services related to sexual and reproductive health for women with disabilities in the Philippines, including services for the prevention of violence. The W-DARE team developed and carried out a pilot intervention focused on peer-facilitated Participatory Action Groups (PAGs) for women with disabilities in response to the recognized need for greater information on sexual and reproductive health and increased access to services (Devine et al., 2017).
7.	Tafadzwa Rugoho, France Maphosa, 2017, Africa	explore the challenges faced by women with disability in accessing sexual services and reproductive health in Zimbabwe	Qualitative	23 participants aged 18 to 45 years old	Some of the difficulties encountered include health staff unfavorable attitudes toward individuals with disabilities, unfriendly disability infrastructure for health facilities, and a lack of sign language-trained personnel (Rugoho et al., 2014).
8.	Christine Peta, 2017, Africa	describe the experience of giving birth and aspirations women with disabilities in Zimbabwe	Qualitative	16 participants from Harare (capital of Zimbabwe)	Many participants expressed their happiness at having their own children, but expressed frustration that they frequently faced discrimination both within and outside of reproductive health care facilities (Peta, 2017).
9.	Belaynesh Tefera, Marloes Van Engen, Jac Van der Klink & Alice Schippers,	analyze women with disabilities facing societal rejection in terms of sexuality, pregnancy, and	Qualitative	13 respondents	Negative cultural views about pregnant, parenting, and sexually active women with impairments were among the difficulties noted. The primary difficulties, according to the informants, were the availability of the puskesmas as well as ignorance and the doctors'

10.	2017, Ethiopia Rebecca R. Apolot, Elizabeth Ekirapa, Linda Waldman, Rosemary Morgan, Christine Aanyu, Aloysius Mutebi, Evelyne B. Nyachwo, Gloria Seruwagi dan Suzanne N. Kiwanuka, 2019, Africa	being a mother in Ethiopia explore related needs maternal and newborn health in woman with walking limitations on Kibuku Uganda District	Qualitative	disabled woman	unfavorable attitudes (Tefera et al., 2017). Women who have trouble walking have personal, mobility, and psychological requirements. Acceptance from partners, the community, family, and medical professionals are among the psychosocial demands. The incompatibility of transportation, the challenge of getting transportation, and the high expense of transportation are all factors that contribute to the desire for mobility. Infrastructure, responsive health service demands, and needs for personal protective apparel and necessities during birthing are among the needs of healthcare institutions (Apolot et al., 2019).
11.	Claire Z. Kalpakjian, Jodi M. Kreschmer, Mary D. Slavin, Pamela A. Kisala, Elisabeth H. Quint, Nancy D. Chiaravallotti, Natalie Jenkins, Tamara Bushnik, Dagmar Amtmann, David S. Tulsy, Roxanne Madrid, Rebecca Parten, Michael Evitts, dan Carolyn L. Grawi, 2019, United States	to comprehend key aspects of women's physical handicap and to create a preliminary conceptual framework that will serve as the theoretical foundation for assessing new patient outcomes in terms of health	Qualitative	81 women aged 16 - 50 years with physical disabilities	The emerging conceptual framework is characterized by five overarching themes: knowledge of reproductive health, communication about reproductive health, correlation, the environment in which reproductive health care is provided, and self/identity advocacy. These five themes are related to the five primary reproductive health issues: pregnancy, childbirth, menstruation and menstrual management, contraception, sexuality, and pelvic examination.

12.	Olivia Soule, dan Diatou Sonko, 2022, Africa	to explore access of women with disabilities in reproduction health	Qualitative	disabled women aged 20-30 years	Due to lack of accessibility in medical facilities, financial limitations, transportation issues and remote locations, lengthy wait times at medical facilities, and prejudice and discrimination from medical staff, respondents reported having trouble accessing reproductive health services.
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## DISCUSSION

The right to sexual and reproductive health refers to the freedom from coercion, discrimination, and violence to have control over and make responsible decisions about topics pertaining to sexuality and reproductive health. The biggest obstacles for women with disabilities in receiving sexual and reproductive health care include poor physical accessibility, unfriendly attitudes of health professionals, and lengthy lines at medical facilities.

Long travel times to medical institutions, high service costs, and the fact that medical personnel lack expertise in dealing with women with impairments or are even frightened of them are additional difficulties. These limitations have been categorized into five broad hurdles, including social exclusion/discrimination, excessive wait times at medical institutions, unfavorable attitudes of medical personnel, and lack of physical accessibility.

### Lack of physical accessibility

Physical disability is the main challenge experienced by women with disabilities in accessing sexual and reproductive health services due to unfriendly physical facilities. The majority of women with disabilities indicated that most health facilities do not have easy access for them, there is no staff available to help women with disabilities climb stairs, wheelchairs and beds during childbirth. As a result, pregnant women who need antenatal and delivery services have difficulty in accessing these services (Mitra et al., 2016; Mitra et al., 2017).

### Lack of family, health professionals and community support

Based on the results of the analysis, it was found that women with disabilities were stigmatized on the pretext of not being able to get pregnant and give birth because of disability. Women with disabilities also accept negative assumptions about them that they should not be sexually active and harassment related to their appearance with disabilities causes stigma and loss of motivation in using health facilities. These examples show how society expects women with disabilities to concentrate more on their impairment than on matters related to their sexual and reproductive health. According to the findings of various research, health institutions are not prepared to satisfy the demands of women with disabilities in terms of sexual and reproductive health care. Additionally, some medical professionals urge pregnant disabled women to have a caesarean section, reducing their chances of giving birth vaginally.

There are a number of contextual variables that make it difficult for women with disabilities to acquire information on reproductive health, including the lack of support from families and healthcare professionals (Malouf et al., 2017). People with disabilities sometimes have reduced access to health care because they have less chances for employment, education, and training, which eventually results in a lower income. One of the key factors of access to general healthcare and maternal health services is education, which increases one's knowledge base and has the ability to boost income (Hahn & Truman, 2015).

### Long lines at health services

Long lines may waste time and make individuals tired, which is made worse by the physical restrictions associated with physical impairments and the absence of supportive behavior from health professionals when people with disabilities are permitted to wait in line alongside those who are not impaired (Mitra et al., 2016).



### Economic challenges

Services for sexual and reproductive health that are unavailable due to their high cost (Mitra et al., 2017). The majority of disabled women reported that the service was pricey and that many of them couldn't afford it because of their meager incomes (Ahumuza et al., 2014). Some financially capable disabled women said that they had more convenient access to healthcare than others who couldn't. One of the difficulties women with disabilities have in obtaining services is marginalization in the provision of sexual and reproductive health care (Morrison et al., 2014). This is evident from concerns about inconsistent care during prenatal checkups or delivery services (Ngilangwa et al., 2016).

The impact of education on disabled women demonstrates that, like women in general, educated women prefer to have fewer children (Willi et al., 2017). This discovery is significant. Even in nations where education for all women is poor, significantly fewer impaired women than non-disabled women obtain sex education (Rosário et al., 2019; Bekdache & Berndl, 2019).

According to the author, access to sexual and reproductive health services is frequently a barrier for women with disabilities as a marginal community. This is because their existence is still undervalued due to their limitations, making them a weak and powerless group. Meanwhile, persons with disabilities, with limitations in interacting with the environment, are at risk of irregularities or misuse of their reproductive organs and are at risk of sexual violence

### CONCLUSION AND RECOMMENDATION

The findings of the systematic study highlight how crucial it is to safeguard and realize the rights of women with disabilities to reproductive health. The lack of physical accessibility, a lack of family, health, and community support, long lines at health facilities, financial difficulties (such as the high cost of health services), and social marginalization are among the obstacles that women with disabilities have in obtaining reproductive health care discovered via this review.

The author makes the following suggestions: budgeting funds for the involvement of women with disabilities; expanding outreach and protection of women with disabilities; and increasing the participation of women with disabilities in reproductive health services. To build long-term reproductive health capacity and address the empowerment of women with impairments as a whole, program implementation can take the form of giving opportunities for leadership, education about disability rights, sexuality education, interaction with peers, and income growth to women with disabilities.

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