



Challenging the Status Quo: Making health facilities in Kibuku district friendly for physically disabled women

Maternal and Newborn Health for the physically disabled



The Status Quo

The physically disabled: Approximately 12.5% of the total population of Uganda is living with one form of disability. Given that 51% of total population is female (National Census 2014), disabled women would therefore account for approximately 6.25% of the total population. According to the Uganda Bureau of Statistics (2014), there are 1578 physically disabled people in Kibuku district served by 13 health facilities. About 789 of these are women aged 20-49 years.

Maternal and Newborn Health (MNH) amongst the disabled:

Uganda's maternal and newborn mortality remains unacceptably high (380 maternal deaths per 100,000 live births and 50 per 1,000 live births respectively). Most efforts to improve MNH outcomes in Uganda have focused on access and quality of care for women in general, paying no attention to special populations like women with physical disabilities with a high likelihood of poor MNH outcomes. Moreover, women with physical disabilities in Uganda have a high Total Fertility Rate of 6.3%.

Services for disabled mothers: Like elsewhere in Uganda, health facilities in Kibuku are not responsive to the MNH needs of the physically disabled women. This is evident through lack of targeted MNH programmes for physically disabled mothers; user unfriendly health infrastructure like beds, seats, ramps and sanitation facilities; and lack of special training of midwives on delivery of MNH services to the physically disabled.

Unfriendly MNH services for the physically disabled in Kibuku

A 2017 qualitative study by Makerere University School of Public Health explored experiences of physically disabled mothers on Maternal and newborn (MNH) care services in Kibuku district. The study highlighted perceptions of unfriendly services to this sub-population in all health facilities. Like elsewhere in Uganda, physically disabled mothers in Kibuku district find unique barriers in accessing MNH services due to; mobility problems, unfriendly physical infrastructure, unresponsive midwives, and low awareness of MNH needs of women with physical disabilities.

Key findings

- Apart from the health centre IV, the remaining twelve health facilities in Kibuku do not have special sanitation facilities for physically disabled mothers.
- Beds in health facilities in Kibuku district are too high for physically disabled mothers resulting in either no or unsanitary conditions for examination, delivery and post-delivery care.
- Apart from the health centre IV, the remaining twelve health facilities in Kibuku do not have ramps for accessing the buildings.

Voices of physically disabled women

"I was asked by the health provider to go to the examination room for checking but the bed there was too high. I could not climb it by myself".

"Our health facility does not have separate places of convenience for the disabled people. I used to go to those available but I would often find them dirty...but I had nothing to do. I would still crawl in that messed up place like that".

"I went to the midwives for help, I feel a lot of pain in the hip joint. They simply rubbed it off and said it is because you delayed to go for an operation that leg would have been put right, so just remain with your situation".

What does the District Health Officer need to do?

- Ensure that all health facilities assign at least one latrine stance for the physically disabled persons and budget for handrails to make the assigned latrine stance disabled user-friendly.
- Require health facility in-charges to have climbing supports for existing beds to enhance access and use by physically disabled mothers.
- Identify and train one focal midwife at each facility on physically disabled friendly MNH services.
- Advocate for the budgeting of the construction of ramps at all health facilities.

Implications

A role model for the country:

Implementing the proposed MNH friendly services for physically disabled mothers in Kibuku district will be the first of its kind in Uganda and therefore will provide a model that promotes health access for all.

Benefits to the district: Providing physically disabled MNH friendly services comes with multiple benefits to the mother, newborn, community, and the entire health system. The benefits include; increased utilization of institutional MNH services by physically disabled and consequently better MNH outcomes. In addition, it will improve MNH indicators at facility and district level and ultimately improve Kibuku district Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) performance at the national league table.

Feasibility of actions: The proposed actions are feasible within the available district resources. The sub county funds could be used to modify latrines with handrails, ramps and supports, while part of the Primary health Care (PHC) funds could be used in training of focal midwives, and making climbing support for the examination beds.

Consequences of inaction: Without adequate attention to this matter, the current unfavourable MNH services to mothers with disabilities could hinder Kibuku from achieving healthcare access for all. The challenging infrastructure at facilities, and inappropriate care from midwives could discourage disabled mothers from seeking appropriate facility-based care and potentially subject them to more harm at the hands of untrained birth attendants.

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