The Provision of Maternal Health Service Accessibility for Women with Physical Disability: In the Case of EWDNA and Menelik Ⅱ Referral Hospital, Addis Ababa

A Thesis submitted to Addis Ababa University School of Social Work in Partial Fulfillment of the Requirement of Masters of Social Work

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Declaration

I, Eyerusalem Getachew, declare that the thesis entitled "The Provision of Maternal Health Service Accessibility for WWPD: Assessing the Experiences and Perceptions of WWPD, Quality of Maternal Health service provision, and Associated Factors Affecting Maternal Health Service Provision: A Case Study of EWDNA and Menelik II Referral Hospital, Addis Ababa" is my original work and the resources used in the study are properly cited and acknowledged. It is submitted in partial fulfillment of the requirements for the Master of Social Work degree.

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Internal Examiner----------Date----------Signature----------

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Acronym

ACOG- American College of obstetricians and gynecologists

ADA- American with Disability Act

ANC- Anti natal care

CRPD- Convention on the Right of Person with Disability

CS- Cesarean section

EWDNA- Ethiopian Women with Disabilities National Association

GYNI- Gynecology

IDEA-Individual with disability education act

KII- Key informant interview

MCH- Mother and child health

NICU- Neonatal intensive care unit

OPD - Organization of person with disability

PNC- post natal care

UNCRPD- United Nation convention on the right of person with disability

WHO- World Health Organization

WWPDs- Women with physical disabilities

Abstract

This study explored the provision of maternal health services for WWPD, focusing on the challenges they encounter at EWDNA and Menelik II Referral Hospital. It assessed the experiences and perceptions of WWP, the quality of maternal healthcare, investigated the perceptions of ANC, PNC, and labor ward staff, and identified associated factors affecting maternal health service provision. Employing a qualitative research approach with a phenomenological design, the study utilized purposive sampling to select ten WWPD and five maternal healthcare providers. Data were collected through in-depth interviews, KII, and non-participant observation, and subsequently analyzed using thematic analysis. The study revealed that the provision of maternal health services is hindered by infrastructural and facility-related barriers, including environmental inaccessibility, cramped examination and waiting rooms, a lack of accessible toilets, and the scarcity of mobility aids. Informational barriers, negatively impacting interactions between WWPD and healthcare professionals, and gaps in understanding disability rights were also identified. Furthermore, attitudinal barriers, including negative comments, the absence of formally structured postpartum maternity education, a lack of disability awareness among healthcare professionals, the absence of specialized equipment, and gaps in understanding the specific needs of WWPD were identified as factors affecting service provision. These findings suggest that healthcare professionals play a significant role in maternal health service provision. Therefore, disability awareness training should be conducted in conjunction with the provision of specialized equipment to address the specific needs of WWPD and improve service provision.

Key words: Accessibility, Maternal health, Physical disability, Provision

Table of Contents

List of tables

CHAPTER ONE

1.1. Introduction

Globally, over one billion people, or 15% of the populations live with different types of disabilities, which include a higher range of women as compared to men (World Health Organization, 2011). It means a large number of women living with disabilities in the world that affect their daily lives, which is from movement problems to the whole sensory impairments. There is limited data that show the entire life routine challenges of women with disabilities, most commonly recognized are discrimination, exclusion from the community in terms of participation and different activities, inaccessible environment, prejudice, and negative self-esteem (Lonsdale, 1990). Thus, it indicates that women with physical disabilities (WWPD) have several life roles and daily life activities similar to women without disabilities. However, some barriers hinder their full participation and engagement in different activities. Women with disabilities are challenged by multiple forms of discrimination and exclusion to get social and political participation, educational services, healthcare access, and employment (United Nations Economic and Social Commission for Asia and the Pacific, 2018). Such barriers indicate that health service needs in reproductive health and maternity care are not sufficiently addressed.

WWPDs encounter multiple forms of emotional, physical, and environmental or social barriers (Altuntug, et al., 2014). Such challenges are most commonly experienced by those women who are discriminated against and limited to having active social roles. Especially, women who are under the protection of their families or parents are highly exposed to psychological difficulties (Nosek, et al 2001). The physical and environmental barriers limit WWPD not only in their social life activities but also in accessing sufficient health services. Among different scholars Hanass-Hancock, Strode, Grant, & Chappell (2015) found that most women with physical

disabilities in South Africa were challenged to get health services, and employment opportunities, and to actively participate in social life. Thus they are highly vulnerable to accessing health services like maternity care.

According to WHO (2019), maternal health is described as a woman's health condition during her pregnancy, delivery (childbirth), and postpartum period. Although there is no specific data that shows the significant number of WWPD, in 2020 more than 287,000 women died at the time of pregnancy and childbirth. To reduce maternity deaths due to childbirth starting from 1990 up to 2019 the number of skilled health professionals who were hired for maternal health services increased from 58% to 81%. For this reason death rate occurring from complications of pregnancy, childbirth, and post-natal period decreases by 38%, but the decreasing rate is only by 3% in a year which is not sufficient. Thus the major priority area grounded by human rights and universal health coverage is improving maternal health (WHO, 2019).

People with disabilities face health inequalities and several unaddressed needs when compared to the general population (WHO, 2011). Due to double discrimination, the challenge became worse for WWPD. Researchers in developed nations conducted a study on the issue of women with a disability and their experiences in maternity care. Among those researchers, there is no sufficient evidence, particularly on WWPD. Long-Bellil, Mitra, Iezzoni, Smeltzer, & Smith, 2017 researched the impact of physical disability on pregnancy and childbirth. The study shows how physical disability brings health-related factors during pregnancy and childbirth. Heideveld-Gerritsen, et al, 2021 also screened several studies and found that WWPD is exposed to poor maternal care facilities. Research conducted in the Western world on the maternity care experience of women with disability implicated that it's quite essential to explore the provision of maternal health service accessibility for women with a physical disability concerning

pregnancy, delivery, and post-natal period in developing nations like Ethiopia. So, the present study focused on exploring the provision of maternal health service accessibility for WWPD with a focus on understanding the challenges they face.

1.2. Statement of the problem

Internationally, especially in developed nations, a number of researches have been produced. These studies focused on societal attitudes and behavior, maternal disability and risk of pregnancy, prevalence and impact of disability, obstetric violence, and maternity care among women with disabilities during pregnancy, childbirth, and the postnatal period.

Redshaw, Malouf, Gao & Gray (2013) have studied the experience of maternity care during pregnancy, labor and birth, and the postnatal period for women with disability in the UK. The findings of this study showed the experience of women with a disability during pregnancy, childbirth, and postnatal care in comparison to women without a disability. Some women with different types of disability reported a positive experience of maternity care. But other women with disability, especially women with mental health disabilities, learning disability, and those with multiple disabilities experience different care among non-disabled women because of communication and support gaps.

Tarasoff, Ravindran, Malik, Salaeva& Brown (2019) conducted a systematic review and meta-analysis of maternal disability and risk for pregnancy, delivery, and postpartum complications. This systematic review and meta-analysis found that women with sensory, intellectual, developmental, and physical disabilities are more vulnerable to many risks than women without disabilities in several pregnancies, delivery, and postpartum complications. Further, the analysis showed an inaccessible perinatal care environment, inadequate information about contraception,

and insufficient obstetricians and midwives training on the provision of care to women with disabilities that make the perinatal period more complicated.

Devkota, Kett & Groce (2019) researched the societal attitudes and behaviors toward women with disabilities in rural Nepal during pregnancy, childbirth, and motherhood. Findings from this study showed that women with disability face challenges from their families and society in every aspect of their reproductive lives. Further, the study found there is a high tendency of misconception and negative social attitudes that led people without disability to perceive women with a disability cannot give birth and safely raise a child. Moreover, society reported they experience fear and anxiety because; women with a disability might transmit a type of impairment to their newborn. Due to this, they were prohibited from having a married life and giving birth.

Sumilo, Kurinczuk, Redshaw, & Gray (2012), conducted a comprehensive study on the prevalence and impact of disability in women who had recently given birth in the UK. The finding of this study reported that 9.4% of women in the UK who recently gave birth have a disability and are exposed to limiting longstanding illness (LLI). As compared to a woman who does not have LLI women with disability suffered from intimate partner violence during their pregnancy period. A higher proportion of women with LLI lived in poverty; there were inequalities in terms of educational status, single parents, and suffer from general health illnesses which exposed them to suffering during their perinatal and post-natal period.

Lipson, et al, (2000), examined the healthcare experience of women concerning disability, pregnancy and birth. The finding of this study elaborated that women's health experience is highly influenced by their perspective and the health care systems they were treated. Further, it

illustrated that women's experience of the health care system including their disability, resources, personality, and approach influenced by health care providers' attitudes and knowledge of disability.

In Ethiopia, a thematic analysis has been conducted on the issue of obstetric violence during childbirth among women with disabilities by Wudneh, Cherinet, Abebe, Bayisa, Mengistu, &Molla (2022). This study explored women with disabilities who experience physical abuse, Neglect and abandonment, stigma and discrimination, verbal abuse, and non-confidential care during their childbirth from the community and health care providers. Furthermore, this study's findings highlighted that women with disabilities faced multiple challenges like; negative maternity experience, which contributes a risk of health outcomes for MCH.

Research conducted on women with disabilities and maternal health focused on women with disability in general; nonetheless, disability has different forms and faces. Physical disability needs more attention than it has been given thus far studies conducted in developed nations, indicated that adequate research and evidence on women with physical disability and the provision of maternal health service accessibility is lacking. Other areas of focus of available research are on comparison between women with disability and women without disability in maternal health care experiences, unsuitable maternal health care environment, society's negative attitudes and behaviors towards women with a disability during pregnancy, childbirth, and postnatal period, the impact of disability on childbirth, and obstetric violence of women with disability in maternal health. The present study aims to understand the provision of maternal health service accessibility for WWPD with a focus on understanding the challenges they face.

1.3. Objective of the study

1.3.1. General Objective

To explore the provision of maternal health service accessibility for WWPD with a focus on understanding the challenges they face

1.3.2. Specific Objective

To assess the experience and perception of WWPD on maternal health service accessibility

To assess the quality of maternal health care services provided to WWPD

To investigate the perception of ANC, PNC, and labor ward staff in addressing the specific needs and challenges of WWPD during pregnancy, delivery, and postnatal period

To identify associated factors affecting WWPD in accessing maternal health services

1.4. Research question

What are the experience and perception of WWPD on maternal health service accessibility?

What factors influence the quality of maternal health care services provided for WWPD?

What are the perceptions of ANC, PNC, and labor ward staff regarding how they address the specific needs and challenges of WWPD during pregnancy, childbirth and post-natal period?

What other associated factors affect WWPD to access maternal health services?

1.5. Significance of the study

The study has significance for WWPD and healthcare professionals in maternal health service. By assessing the experience and perception of WWPD regarding maternal health service accessibility, assessing the quality of maternal health care, investigating the perception of ANC,

PNC, and labor ward staff, as well as related issues affecting maternal health service among these women, this study can provide valuable insights for maternal health care providers when delivering maternal health services. Moreover, it enables WWPD to develop awareness of how their maternity care should be provided in an accessible manner and how to combat stigma, discrimination and inappropriate service provision. The study's findings will also serve as input for future researchers and a reference for those interested in conducting further investigations on maternal health service accessibility for WWPD.

1.6. Scope of the study

The study explored the provision of maternal health service accessibility for WWPD through understanding the challenges they face. Further, it assessed the experience and perception of WWPD on maternal health service accessibility, the quality of care in maternal health service provision, and the perception of maternal health service providers in understanding the specific needs and challenges of WWPD, and the associated factors that affect the maternal health service provision. The study was conducted at EWDNA and Menelik II Referral Hospital in Addis Ababa. A total of ten WWPD respondents were selected from EWDNA for in-depth interviews and five respondents were selected from head maternal health service providers from Menelik II referral Hospital for key informant interviews, non participant observation conducted in physical environment of Menelik II referral Hospital.

1.7. Limitation of the study

One of the limitations of this study is the informant selection process, which identify individuals for in-depth interviews and KII from two different areas: EWDNA and Menelik II Referral Hospital. This dual selection approach was needed by the absence of a comprehensive

registration system at the hospital that would allow for the identification of women with disabilities accessing maternal health services. Thus, the researcher was forced to select participants with disability from the disability association. The other health professional participants in the study were selected from Menelik II Referral Hospital. The Collider Development Project also presented a challenge for the study because WWPD stopped coming to the association due to its construction and the inaccessibility of the roads, which could led them at risk of additional limitations. This prolonged the interview period.

1.8. Definition of key terms

Accessibility: means the provision of suitable services for everyone without discrimination which enables all to participate in all aspects (UNCRPD, 2006).

Childbirth: childbirth is the long process of bringing a child from the uterus through labor, delivery, and the stage of placenta (Huffman & Beck, 2023)

Maternal Health: maternal health is defined as the health of women during pregnancy, childbirth, and post-natal period to ensure quality MCH (mother and child health) (WHO, 2019).

Physical disability: ADA, (1990) defines disability as a mental or physical impairment that limits an individual's capacity to independent mobility.

Post-natal care: Postnatal care encompasses the support and medical attention provided to both mother and infant during the six weeks following childbirth (McCauley, et al, 2021).

Pregnancy: ACOG (2020) defines pregnancy as a period counted from the last menstrual period to 40 weeks, during which the fetus develops inside of the womb.

CHAPTER TWO

2.1. Literature Review

This chapter review literature related to women with physical disabilities and maternal health services. The topics include the meaning, types, and causes of physical disabilities, women and physical disabilities, reproductive health issues of women with physical disabilities, maternity care for women with physical disabilities, health service rights for women with physical disabilities, and health professionals' role in maternity care for women with physical disabilities.

2.1.1. Physical Disability

Meaning of Physical Disability

According to Brown, Maroton & Pettinicchio (2021) disability defined as a limitation of once experience in the case of biological factors and environmental challenges. Understanding disability falls in competing ideas of medical and social model. The Medical model defines disability as an individual's deficits which result functional limitation whereas, the social models explains disability as a socially constructed or environmental limitation which result limited participation (Brown, Maroton & Pettinicchio, 2021). ICF (International Classification and Functioning), also verify verity of conceptual model to understand disability. Medical and Social models are more discussed by ICF. The medical model view disability as an individual problem which require a cure and term it as a disease, trauma, and other health problems in reverse, social model sees disability as a socially created problem which lacks full integration of individual in to social phenomenon (WHO 2007)

A physical disability is a functional limitation that affects a person's ability to move independently. The American with Disabilities Act (ADA) of 1990 defines a person with a

disability as someone with a physical or mental impairment that limits major life activities. According to ICF disability defines in three dimensions: impairment in body structure, function, or mental functioning (e.g., loss of a limb, memory loss, or vision loss); activity limitation (e.g., seeing, walking, hearing, and problem-solving); and participation restriction in daily life activities (e.g., recreation, work, social participation) (WHO 2001).

People with physical disability who require special services are found in two broad categories of impairment orthopedic and neuromotor impairment (IDEA, 2004). Orthopedic impairment indicates damage to skeletal systems like ligaments, bones, tendons, limbs, joints, associated muscles, and other connective tissues. Whereas a neuromotor impairment is a dysfunction of the central nervous system that affects an individual's capacity to actively control, feel, use, and move certain parts of a body (Best, Heller, &Bigge, 2010). Orthopedic and neuromotor impairments are two broad categories of physical disability as expressed by IDEA. These impairments affect an individual's musculoskeletal and nervous system and also impact a person's ability to conduct expected activities of daily living and be involved in various aspects of life conditions.

As physical disability is defined in many ways people with physical disabilities have functional limitations but, it doesn't affect their characteristics. Individuals with physical disability found under the category of orthopedic and neuromotor impairment may also be exposed to another type of disability (Hallahan, Kauffman & Pullen, 2013). Based on this there are different types of physical disability. Each type also can be caused based on the onset of the problem, based on the curability of the problem, and based on the severity of the problem (Best, Heller & Bigger, 2010).

Causes of physical disability

According to Best, Heller &Bigge (2010) physical disability occur in different condition that touches every aspect of people's life. These are congenital or acquired, Acute or chronic, and episodic or progressive. These congenital anomalies can be occurred on onset of the problem like; present at birth or it might be genetic factors whereas, the acquired one can be happen after birth through accident or diseases. As congenital and acquired occurred based on onset of the problem the acute or chronic one also happen based on curability of the problem. Thus acute disability is a kind of serious illness can be treated through medication but, the chronic disability is permanent and ongoing condition that does not resolve even with treatment. Finally, based on the severity of the problem over time the condition of episodic and progressive occurred. The episodic one is temporary conditions that pass easily but it occurs repeatedly. However, a progressive condition became more severe overtime and became complicated (Hallahan, Kauffman & Pullen, 2012).

Physical disability basically can also be caused by multiple conditions as it is explained in the previous paragraph; it can range from genetic condition to acquire. Thus, the specific cause of disability is categorized under three main conditions. These are congenital, acquired, and progressive disabilities. According to kuvalekar, Kamath, Ashok, Shetty, Mayya & Chandrasekaran (2015) research 36.2% of participants from the study had a disability which is occurred during birth that reflects a congenital condition. Secondly, 26.2% of respondent's disability occurred due to post-polio residual or stroke paralysis which is, progressive. The other respondents also indicate that their cause of disability is accidental this shows the acquired conditions.

Additionally, Walter et al. (1994) reported their findings most cause of disabilities is due to arthritis and musculoskeletal disease. These diseases are considered a primary cause of disability because; they can include injury, old age, stroke, lung disease, and heart disease. This study reports most of these diseases limit individuals to conduct high aerobic work thus, it is likely reported as causing challenges in an individual's daily life activities. Thus all types of physical disability can result from an individual's health condition, genetic condition, and environmental condition.

Types of physical disability

Physical disabilities can be classified as neuromotor impairments, orthopedic and musculoskeletal disorders, or degenerative diseases (Hallahan, Kauffman & Pullen, 2012). Neuromotor impairments, often caused by spinal cord or brain injuries, significantly affect an individual's independent mobility (Lajiness-O'Neill &Erdodi, 2011). This category includes cerebral palsy, seizure disorders (epilepsy), and spinal bifida and other spinal cord injuries.

Cerebral palsy, as described by Peter et al. (2006), is a lifelong condition originating in early childhood that affects brain development. Seizure disorders, also resulting from brain damage, can range from mild to profound and involve purposeless movements, muscle contractions, and other mobility limitations due to abnormal electrical activity in the brain (Hallahan, Kauffman & Pullen, 2012). Spinal bifida, common neuromotor impairment, is a congenital condition affecting leg muscle movement. Spinal cord injuries, occurring pre- or postnatal, also limit movement due to damage to the spinal cord (Heward, 2013).

Orthopedic and musculoskeletal disorders are another category of physical disabilities. These conditions, caused by malformations of joints, bones, and muscles, hinder standing, sitting, walking, and other muscular activities (Hallahan, Kauffman & Pullen, 2012). Common examples include muscular dystrophy and juvenile arthritis. Muscular dystrophy, often caused by hereditary or genetic conditions, weakens muscles and limits movement. Juvenile arthritis, typically affecting individuals over 50, is characterized by joint inflammation leading to movement problems. Thus, many physical disabilities fall under the broad categories of neuromotor, orthopedic, and musculoskeletal disorders.

2.1.2. Women and physical disability

Women with physical disabilities often participate in the same daily life activities as women without disabilities. However, their full engagement is often hindered by various barriers, including inaccessible environments, discrimination, prejudice, social exclusion, and self-perception (Lonsdale, 1990). A woman's experience of disability is shaped by numerous contributing factors: negative community attitudes, limited participation in social and economic activities, and personal perceptions of their disability. Research by Nosek, Howland, Rintala, et al. (2001) reveals that, in addition to commonly identified challenges, women with physical disabilities often struggle to form romantic relationships and engage in sexual activity. Many experience feelings of asexuality and low self-esteem due to body image concerns, sometimes attempting to conceal their physical impairments or overcompensate by focusing on the affected body part. This study also found that women with physical disabilities are disproportionately affected by challenges related to work, abuse, and relationships.

Women with physical disabilities commonly face physical, psychological, and social challenges (Altuntug, Ege, Akin, et al., 2014). Women with physical disabilities who are primarily under family care may have limited interaction with the outside world, hindering their ability to develop positive relationships and negatively impacting their psychological well-being (Nosek, Howland, Rintala, et al., 2001). Societal attitudes create barriers to social participation. Beyond these environmental barriers, women with physical disabilities also face physical challenges, such as a lack of accessible transportation, limited recreational areas, and unsuitable infrastructure. Hanass-Hancock, Strode, Grant, & Chappell (2015) found that many women with physical disabilities in South Africa experience social challenges, including barriers to education, employment, healthcare access, discrimination, and social exclusion.

As discussed, women with physical disabilities face numerous challenges stemming from their physical condition, resulting in physical, psychological, and social barriers. Discrimination pervades all aspects of their lives, hindering full participation in education, employment, and marriage. Policymakers and society must play a crucial role in creating more inclusive and equitable opportunities to address these challenges. These opportunities must be implemented without discrimination (Qadeer& Pasha, 2019).

2.1.3. Reproductive health issues of women with physical disability

Women with physical disabilities face numerous obstacles in accessing reproductive healthcare. These include misconceptions about their needs and preferences, inaccessible environments, limited disability competency among healthcare professionals, and the emotional burden of repeatedly explaining their condition (Kalpakjian, et al., 2020). Nosek, Howland, Rintala, et al. (2001) suggest that women with physical disabilities (WWPD) have limited access to sufficient

and effective reproductive health services compared to women without disabilities due to negative attitudes from healthcare providers, inadequate medical equipment and facilities, and informational barriers. They may also be more susceptible to sexual and reproductive health issues due to factors like low self-esteem, social isolation, and economic hardship (WHO, 2011).

A study by Gerber, Trigg, & Wong (2017) revealed informational and knowledge gaps among women with disabilities regarding their sexual and reproductive health, as well as challenges in accessing appropriate services. The study identified major barriers to reproductive healthcare access for women with physical disabilities, including transportation difficulties, physical barriers, and discrimination from the community and healthcare providers. Further research by various scholars has explored the reproductive health service challenges faced by WWPD. Kalpakjian, et al. (2020) identified common reproductive health issues for WWPD, including menstruation and menstrual management, pelvic exams, pregnancy (labor and delivery), sexuality and sexual functioning, and contraception. Due to these issues, WWPD often require additional support to address knowledge gaps in reproductive health. Many seek knowledge and understanding of reproductive issues to educate others who are less informed.

Healthcare providers often lack sufficient knowledge and understanding of reproductive health issues for women with disabilities, significantly impacting reproductive health (Kalpakjian, et al., 2020). Communication and trust with healthcare providers are also crucial. Some women may be hesitant to discuss their reproductive health issues due to a lack of effective communication and trust with their providers. This is a challenge for both women with physical disabilities and healthcare providers, who may struggle to understand their clients' feelings when discussing such sensitive issues. Addressing these challenges requires commitment from

healthcare providers to minimize attitudinal barriers that limit access to effective reproductive healthcare services for women with physical disabilities (Gerber, Trigg, & Wong, 2017).

2.1.4. Maternity care for women with physical disability

Maternity care is a type of health service focused on providing care for women during the prenatal, perinatal, and postnatal periods. Its goal is to ensure the quality and well-being of maternal and child health (MCH). According to the WHO (2019), providing quality maternity care is essential for all women, but especially important for at-risk women, such as those who are marginalized and those whose economic circumstances prevent them from affording medical care. These women are at increased risk of maternal mortality, and quality care can help reduce this risk and improve maternal health outcomes. Women with physical disabilities (WWPD) are among the marginalized groups who may be at risk of receiving insufficient maternity care. A study by Heideveld-Gerritsen, Van Vulpen, Hollander, et al. (2021) found that physically disabled women reported poor maternity care facilities. This was attributed to less qualified healthcare providers who are unable to understand disability and the needs of disabled women, equipment barriers, and other unsuitable facilities, similar to the challenges faced by women with visual, speech, and hearing impairments.

Similarly, these women reported a lack of qualified healthcare providers who were unwilling to assist and did not provide essential information correctly and ethically (Bertschy et al., 2015). Such practices and facilities made WWPD feel dehumanized and vulnerable. However, some women began advocating for themselves in response to these practices in healthcare provision. Another study conducted in Ethiopia showed that women with visual, hearing, and physical disabilities experienced obstetric violence during childbirth. These women reported

discrimination and stigma, physical abuse, verbal abuse, neglect and abandonment, and non-confidential care (Wudneh, Cherinet, Molla, et al., 2022). Furthermore, women experienced a lack of privacy during childbirth, often due to broken windows in health centers that exposed them to the outside community and other healthcare providers. Multiple women were often in one delivery room, and beds may or may not have had drapes to ensure confidentiality. This lack of privacy during service provision caused embarrassment and indicates inappropriate maternity care practices in this area.

Physical abuse is a significant problem experienced by women with disabilities, including slapping and the use of physical force during labor to force women to open their legs. Healthcare providers also shouted at them and used inappropriate language (Wudneh, Cherinet, Molla, et al., 2022). A scoping review echoed these findings, noting that while women with physical disabilities require the same quality maternity care as women without disabilities, they face challenges such as healthcare providers' inadequate knowledge of disability, discriminatory attitudes, and poor communication skills (Blair, Cao, Wilson, et al., 2022).

Furthermore, Heideveld-Gerritsen, Van Vulpen, Hollander, et al. (2021) conducted a systematic review on the maternity care experiences of women with physical disabilities, highlighting the persistent challenges these women face. These barriers include inaccessible facilities and a lack of understanding and negative attitudes among healthcare providers. Effective care requires individualized approaches that consider the specific needs of these women, and healthcare professionals need specialized training to address the unique requirements of women with physical and sensory disabilities. A study by Malouf, Henderson, &Redshaw (2017) found that women with disabilities reported more difficulties with their maternity care, communication, and

participation in decisions compared to women without disabilities. Specifically, women with physical disabilities or chronic illnesses experienced issues such as poor communication, limited decision-making involvement, and difficulty building trusting relationships with healthcare providers, highlighting areas for improvement in care for this group.

Blair, Cao, Wilson, et al. (2022) researched the access and experience of maternity care for women with disabilities and found that maternity care for women with physical disabilities is inadequate. To address the disparities these women experience in receiving quality care, improvements are needed in several areas, including better training for maternity care providers on disability-related issues, increased support services for women with disabilities, and a greater focus on personalized care, achieved through organizational policies and provider training.

2.1.5. Health service right for women with Physical disabilities

Access to health services on an equal base without discrimination and segregation is a major concern for women with physical disability. To ensure the right to health services CRPD (Convention on the right of Persons with Disability) played a vital role in setting appropriate regulations. As stated in CRPD article 6 all concerned parties should recognize women with disability are exposed to discrimination thus, to access their full human rights and enjoyment of fundamental freedom some measures must be taken by all parties. Article 25 of CRPD also reflects that all state parties shall use the exact measure to ensure "access for a person with disabilities to health services that are gender-sensitive, including health-related rehabilitation". This article further elaborated that a person with physical disabilities able to receive affordable, available, and quality reproductive health services with the same base as a person without disabilities if the concerned bodies take the exact measures (United Nations, 2006).

Mitra et al. (2016) argue that equitable healthcare for women with physical disabilities require inclusive and non-discriminatory services, physical accessibility, and culturally sensitive care. This includes providing appropriate medical equipment and ensuring healthcare providers are adequately trained to meet the specific needs of these women and deliver quality care. Such measures uphold the healthcare rights of women with physical disabilities and address their overall well-being. Furthermore, the UNCRPD (Article 25) affirms the right of individuals with disabilities to the highest attainable standard of health without discrimination. This right includes access to available and culturally appropriate medical care.

As stated in the previous paragraph, the right to health for women with disabilities is supported by combating discrimination. The WHO also elaborated that health service rights can ensure the well-being of all individuals, and that discrimination can affect this right, especially for those who are marginalized and segregated. Thus, it affects health services in general, and the professionals who provide medical care in particular. Furthermore, the right to health of physically impaired women will be violated if discrimination continues in the provision of health services (WHO, 2017). All of this indicates that the healthcare rights of women with physical disabilities can be ensured through policies, laws, and practices.

In Ethiopia, a number of legislative and policy steps indicated that the government paying attention for person with disability. Internationally, UNCRPD were signed and ratified in 2010 which, aimed to protect the human right of person with disability. Additionally to UNCRPD African charter on human and people's rights, the Convention on the elimination of all forms of discrimination against women, and the Beijing platform for action all of this ensure the protection of the right of person with disability to get appropriate care inclusion and full participation under society. Nationally, Article 41(5) of the 1995 constitution sets out the state's

responsibility for the provision of necessary rehabilitation and support services to the physically and mentally disabled (Sida, 2014).

2.1.6. Health Professionals' role in Maternity care for women with physical disabilities

Providing effective care for pregnant women with disabilities (WWPD) requires strong collaboration among healthcare professionals. Close collaboration with obstetricians and midwives is crucial for ensuring immediate, personalized care tailored to each woman's specific needs and coordinated with the entire obstetric team (Konig-Bachmann, 2019). Effective and accessible maternity care for WWPD necessitates a collaborative approach involving obstetricians and gynecologists, midwives, hospital social workers, and nurses.

A study by Subramanian (2022), noted that while both midwives and nurses are skilled and experienced in childbirth, their expertise differs from that of doctors. Midwives excel at providing comprehensive care for expectant and new parents, including hospital admission, delivery management, and various forms of labor support. They also play a vital role in newborn and maternal care, providing continuous guidance and care throughout pregnancy, labor, and the postpartum period.

All healthcare providers play a significant role in addressing maternity care for WWPD, from facilitating the maternity care process to ensuring safe delivery. Prenatal care, accessible health services during childbirth (including safe delivery), and postpartum care for WWPD can be optimized if the collaborative team of health professionals fulfills their respective roles. Therefore, it is essential to conduct assessments of physical disabilities and potential delivery complications, develop planned pain management strategies that accommodate women with

physical disabilities, and carefully consider birth positions during delivery (American College of Obstetricians and Gynecologists, 2020). These are all key aspects of the healthcare providers' role in delivering effective maternity care for women with physical disabilities.

According to Wilson et al. (2018), the entire collaborative team plays a vital role in maternity care by facilitating care, utilizing accessible equipment, providing mobility support, ensuring appropriate positioning for safe delivery, selecting appropriate medications, and working to reduce discrimination and barriers to healthcare access for WWPD during pregnancy, childbirth, and the postnatal period. Furthermore, healthcare professionals can contribute by increasing their own understanding and awareness of the specific needs of women with physical disabilities requiring maternity care. Through these combined efforts, healthcare providers can ensure that WWPD receive accessible maternity care and support their well-being throughout pregnancy, childbirth, and the postnatal period.

2.1.7. Literature summery

WWPD faces a number of obstacles in accessing maternity care due to their physical disability. Physical environment inaccessibility, negative attitudes, discriminatory practices, and the absence of specialized medical equipment are major constraints identified in the reviewed literature. Further, lack of awareness about disability from health professionals hinders the provision of maternal health service for WWPD. The absence of disability concept leads to stigma, neglect, and improper treatment.

Some health care providers don’t involve WWPD during maternity care in their pregnancy, child birth and post natal period which makes WWPD disempowered. ANC, PNC, and labor ward staffs have a critical role in providing maternity care for WWPD. The major obstacle during the

service provision is lack of equipment that fulfills the needs of WWPD, limited understanding about person with disability and insufficient communication with WWPD during their pregnancy, childbirth and postnatal period.

As reviewed in different literature women with disability have several challenges in terms of getting appropriate health services. Most of the findings have shown an inadequate number of well-trained health professionals, segregation, discrimination, and unsuitable environmental infrastructure. Thus accessing reproductive health services, a particularly maternal health service is one of the challenges for WWPD. Among several studies, the provision of maternal health service accessibility for WWPD is not broadly discussed. Even some conducted research has studied in developed nations, which have a broad difference from developing ones.

The present study focused on exploring the provision of maternal health service accessibility for WWPD. Further, the study assessed the experiences and perception of WWPD on maternal health service accessibility, quality of maternal health care service, the perception of ANC, PNC, and labor ward staff in addressing the specific needs and challenges faced by WWPD during pregnancy, delivery and postnatal period, and identify associated factors affecting WWPD in accessing maternal health services.

CHAPTER THREE

3.1. Research Methodology

This chapter describes the research methodology and its procedures. It includes the study design, a description of the study area, sampling and sampling procedures, data collection instruments and the development of tools, data analysis, the trustworthiness of the data and data quality assurance, and ethical considerations.

3.1.1. Design of the study

The study used a qualitative research design. The major aim of the study is to explore the provision of maternal health service accessibility for WWPD with a focus on understanding the challenges they face. Qualitative research is one of the appropriate method that help to gather specific information on individuals experience, emotions, social and cultural phenomena using a method of in-depth interview, focus group discussion, content analysis, biographies, and observation (Hennink, Hutter & Bailey, 2011). Thus, it is convenient to assess the provision of maternal health service accessibility for WWPD to get detail insight from those individuals. In this regard the researcher used phenomenology as a research design, because phenomenological research enables the researcher to understand different perspective of individuals or groups, which is related to phenomenon (Moustakas, 1994). Thus it focused on in depth exploration and lived experience that a researcher cannot easily get from quantitative data. By focusing the lived experiences, the study aimed to explore the challenges of WWPD faces in accessing maternal health service.

3.1.2. Description of study area

This study was conducted at two sites in Addis Ababa, Ethiopia: the Ethiopian Women with Disabilities National Association (EWDNA) and Menelik II Referral Hospital. EWDNA, a non-governmental organization located in the Yeka Sub-city, The association works specifically on women with different type of disabilities like; Deaf, blind, physical disabilities and Leprosy within six regions of Ethiopia (Bahir dar, Hawassa, Mekele, Adama, Dire dawa and Harar). It serves women with a diverse range of disabilities, including deafness, blindness, physical disabilities, and those affected by leprosy.

The second study area, Menelik II Referral Hospital, also located in Addis Ababa's Yeka Sub-city, offers a contrasting yet complementary perspective. Its history is notable, having originated in 1896 as "Hakim Sefer," a facility established to treat patriots injured after the defeat of Italian forces. Emperor Menelik II officially founded it as a hospital in 1902 EC, with substantial support from Russia (Abdurahaman, 2011). Currently operating under the Ministry of Health, Menelik II Referral Hospital is a large institution, employing over 2,000 staff and providing a wide spectrum of medical services to the population. Including this hospital as a study area allows this study to assess the accessibility and quality of maternal health services within the healthcare setting. The combination of data from EWDNA and Menelik II Hospital allows for a more holistic understanding of the experiences of women with disabilities seeking maternal healthcare.

3.1.3. Target population

The target population of the study consists of two groups, including WWPD and maternal health service providers. According to Kahn and Best, 2006 target population is a group of individuals

who share some common characteristics. The first target population is ten WWPD who experience maternal health services on the period of their pregnancy, child birth and post natal period. These participants are members at EWDNA, participate in the association, who have a resent maternity care experience and reside in Yeka Sub- city. The second target population of the study includes head maternal health service providers from GYNI, PNC, labor ward, and senior doctors from Menelik II Referral Hospital. By including both WWPD and maternal health service providers, the study aims to provide a better understanding of the factors that affect maternal health service accessibility, bridging the gap between the experiences of service users and the perspectives of service providers.

3.3.4. Sampling and sampling procedure

Criteria for choosing study area

The selection of study areas was driven by the need to access and understand the in depth experience of WWPD on maternal health services. Physical disability, being visually apparent, is often associated with several challenges, and WWPD became vulnerable due to their disability. EWDNA is an organization dedicated to promoting the rights of women with disabilities and combating social discrimination, was chosen as a study site because it serves as a central hub for women with various disabilities, including those affected by leprosy, deafness, blindness, and physical disabilities. While this diversity presented a potential challenge in identifying WWPD specifically experiencing maternal health services, the EWDNA's role as a gathering point for these women made it the most feasible location to recruit participants for the study.

Menelik II Referral Hospital was selected as the second study area for several key reasons. First, EWDNA members reside in the Yeka Sub-city, where the hospital is located. Second, compared

to smaller health centers (woreda), Menelik II Referral Hospital offers a wider range of maternal health services and has a larger staff, increasing the likelihood of interviewing healthcare providers who have better experience in providing maternity care. Finally, the hospital's proximity to the researcher's residence facilitated logistical aspects of the study during data collection period.

Criteria for choosing informants

This study explored the provision of maternal health service accessibility for WWPD at two areas: EWDNA and Menelik II Referral Hospital. Participants in this study were selected based on their direct experience with or provision of maternal health services relevant to WWPD. The first group of participants is WWPD who are members of EWDNA and who have sought, received, or experienced maternal health services. The primary criteria for selecting WWPD included: membership in EWDNA and residence in proximity to the association; identification as a woman with a physical disability; and recent experience with maternal health services. The study acknowledges that participants commonly shared experiences such as low income, a lack of higher education, and have recent maternity experience. These shared characteristics provide important contextual information about the socio-economic background of the participants and may influence their experiences with maternal health service accessibility.

The second group of participants consisted of maternal health service providers at Menelik II Referral Hospital. Specifically, the study included key staff members from GYNI, PNC, and labor ward. These positions are held by senior midwives, highly experienced professionals who provide maternity care to women with complex health needs, including those with disabilities. These senior professionals are integral to the provision of maternal health services within the

ANC, PNC, and labor ward (delivery) unit staffs of the hospital. Including KII as a study participant allows the study to explore the perspectives of maternal health service providers in the special needs and challenges faced by WWPD.

3.1.5. Sampling process

Sampling is a process of selecting a number of individuals who can represent the whole population (Nicolas, 2006). The study used purposive (judgmental) sampling that focuses on expertise choice or personal judgment to select sample from the entire population. According to patton (1990) in qualitative research sampling is a process of selecting informants who share common experience. On selecting the respondents the major criteria is; being a member of EWDNA and live nearer to the association, being women with physical disability, and include a WWPD who have a recent experience on maternal health service. For maternal health service providers in Menelik II hospital head staffs and senior doctor from ANC, PNC, and labor ward (delivery room) are taken. The senior doctors in this study have extensive experience with high-risk pregnancies due to various conditions. Other respondents include head staff from GYNI, PNC, and labor wards who provide maternal health services

In selecting participant from EWDNA several steps were held. The researcher crated collaboration with social workers from EWDNA. Social workers are familiar with each members of the association thus, had a vital role in identifying participants of the study. For the selection of maternal health service providers at Menelik II Referral Hospital, a different purposive sampling strategy was employed. The participants of the study included head staff from the GYNI, PNC, and labor ward units. These individuals, often senior midwives, hold leadership positions and have extensive experience in managing and providing maternal health services. In addition, senior doctors from the ANC, PNC, and labor ward units were included. These senior

doctors are managing high-risk pregnancies, including those complicated by various health conditions and disabilities.

3.1.6. Data collection procedure

This study employed primary data collection methods, including in-depth interviews with WWPD, key informant interviews with ANC, PNC, and labor ward head staff at Menelik II Referral Hospital, and non-participant observation. These data collection methods were chosen to address the research questions and achieve the study's objectives.

3.1.6.1. In depth interview

In depth interview is one of the major types of qualitative data collection instrument which help the researcher to dig out further information about some phenomenon (Gill, Stewart, Treasure, & Chadwick, 2008). According to Boyce & Palena (2006) in- depth interview is one of qualitative research investigation method that led to conduct interview with a small number of respondent to understand their perception on a particular situation. For this study, in depth interviews were conducted with WWPD to explore their experiences and perceptions regarding the maternal health service accessibility. These interviews specifically aimed to answer the research questions: What are the experiences and perceptions of WWPD regarding maternal health service accessibility? And what factors influence the quality of maternal health care services provided to WWPD?

3.1.6.2. Key informant interview (KII)

KII is another interview instrument which is used in qualitative research method for the purpose of understanding the professionals or expertise point of view on the investigating area. KII is a type of qualitative interview tool which mostly conducted to gather information from a small

number of informants (Kumer, 1989). To assess the quality of maternal health care for WWPD and to investigate the perception of ANC, PNC, and labor ward staffs in addressing the specific needs or challenges faced by WWPD during maternal health services KII used.

3.1.6.3. Non participant observation

Observation is qualitative research tool which help to create a rapport in study community. It's also an instrument that enables the researcher to observe the interaction, action and attitude of the peoples (Hennink, Hutter & Bailey, 2011). Non participant observation is a data collection tool used for the study purpose which needs less involvement of the researcher. A checklist provided to assess the quality of maternal health care services for WWPD, which is an appropriate data collection tool additionally to interviews and address the research question.

3.1.7. Data analysis

Data analyzing is the process of using a logical technique that used to summarize all gathered data. The study used a qualitative research approach to collect data from each respondent to meet the research purpose. To all collected data a thematic type of qualitative data analysis procedure is applicable. According to Braun & Clarke (2006) thematic analysis is a technique used in qualitative data analyzing method, which identify, interpret and present the collected data in patterns. The process of thematic analysis have six phases that must be followed these are; being familiar with the collected data, generating initial codes, providing themes, review the themes, define and naming the themes and finally producing report (Clarke & Braun 2006). Thus thematic analysis conducted to analyze all the collected data using all this six phases of data analysis.

In the analysis procedure, the researcher followed these steps, guided by six phases: First, the recorded data transcribed into a Word document. Second, the transcribed data reread for better understanding and to generate initial ideas. Then, the data coded. After coding, the data organized into potential themes. Following this, clear definitions and names for the themes developed finally, a report written. The analysis resulted in the identification of four major themes: physical disability and its impact on daily life, experiences and perceptions of WWPD regarding maternal health, maternal health service provision and associated challenges, and accessibility and infrastructure related to maternal health services.

3.1.8. Trust worthiness and data quality assurance

In a qualitative research trust worthiness of that data ensure the confidence of the reader among the collected data. In contrary to quantitative research, a qualitative one ensures the trustworthiness of data through credibility, dependability, conformability and transferability in the process of finding (Shenton, 2004). The study as a qualitative research triangulated the collected data from in-depth interview, KII and non participant observation to ensure the trustworthiness of the data. Data quality assurance and trustworthiness can be confirmed if the researcher document the research process carefully and get similar result, remove biases through avoiding researcher personal insights to the data and examine assumptions and providing a clear description in the finding (Shenton, 2004).

This study used triangulation by examining the collected data rom in-depth interview, KII, and non participant observation. Beyond triangulation another methiods were used to ensure trustworthiness of the data. This includes the researcher carefully document each process undertaken in the research, including taking field notes, interview transcripts, and coding decision for the identified themes in the finding. The researcher also tried to avoid biases, which

are personal assumptions in the finding. By applying these principles, the study aimed to generate credible, dependable, confirmable, and transferable finding.

3.1.9. Ethical consideration

In a qualitative research the researcher should aware ethical responsibility while collecting data from respondents. According to Hennink, Hutter & Bailey (2011) during data collection period in qualitative research the researcher must ensure ethical issues. Each participant in the data collection process made aware of the study's purpose and all procedures involved during the data collection period, including obtaining consent for recording sessions. Thus, this study adhered to all ethical considerations while conducting interviews with each respondent. Before collecting data, an approval letter from the School of Social Work, Addis Ababa University, obtained and presented to Minilik II Referral Hospital and EWDNA. This is done to obtain their consent and establish confidentiality between the interviewer and interviewee by ensuring the collected data secured. The study maintained the confidentiality of each participant. Each participant was informed their responses would be kept and their identity would never show up in the report. Through this confidentiality measures the researcher could able to create a building trust during the interview period.

CHAPTER FOUR

4.1. Finding

This chapter presents the findings of a study that aimed to explore the provision of maternal health services accessibility for women with physical disabilities (WWPD), focusing on understanding the challenges they face. Four major themes emerged from data collected through in-depth interviews, key informant interviews, and non-participant observation. All emerged themes are explained to address the research questions. The major themes identified are: physical disability and its impact on daily life; experiences and perceptions; maternal health service provision and challenges; and accessibility and infrastructure. Therefore, the report begins by providing brief demographic information about the study participants, followed by a detailed description of the identified themes.

4.1.1. The background information of the participants

This section provides the summary of the demographic characteristics of the individuals who participated in this study. The collected demographic data encompassed several key areas, including the participants' age, cause of their physical disability, their marital status, the number of children they had, their primary source of income, and their educational background. The study employed a purposive sampling method to select ten women with physical disabilities. All participants were within the reproductive age range, specifically between 26 and 38 years old, and had recent experience utilizing maternal health services. This focus on women within this specific age group and with recent maternal health service experience was central to the study.

Table 1: background information of the participants

Name	Age	Cause of disability	Marital status	Number of children	Source of income (during the time of data collection)	Education	Year gives birth to the last child
participant 1	26	Accident (at work)	Divorced	One	No	No	2014 E.C
participant 2	32	Measles	Married	Four	Begging	No	2015 E.C
Participant 3	33	Accident (car)	Married	One	No	Grade 12	2013 E.C
Participant 4	36	Accident (after birth)	Divorced	Four	Begging	No	2015 E.C
Participant 5	27	Accident (after birth)	Un married	One	Available jobs	No	2014 E.C
participant 6	38	After birth (unknown)	Married	Four	No	Grade 12	2013 E.C
Participant 7	30	Polio	Married	Three	Available jobs	No	2016 E.C
participant 8	32	Polio	Married	One	No	Grade 10 and vocational training	2014 E.C
participant 9	28	Polio	Married	One	No	Grade 10	2015 E.C
participant 10	30	Accident (after birth) on left arm	Married	Two	Available jobs	No	2013 E.C

Most of participant's cause of disability is after birth. Six participant's physical disability is because of accident after birth. The other three participant's cause of disability is polio when they were a child and one participant's cause of disability is measles. Related to marital status majority of participants have relationship. Thus, seven participants are married, two of them divorced and one have no marriage.

All participants have experienced motherhood. They have one up to four children. Five of participants have no source of income. Two of the participants manage their live through begging. And the other three participants engage themselves in any available jobs. Most of the participants have no attended regular education, two of them completed high school, and one participant completed grade ten and the rest one completed grade ten and attended vocational training.

Table two: Background information of Key informants

Name	Gender	Position	Experience on maternal health service provision
Key informant 1	Male	GYNI head staff	5 years
Key informant 2	Male	Labor ward head staff	8 years
Key informant 3	Female	PNC head staff	10 years
Key informant 4	Male	Senior doctor	11 years
Key informant 5	Male	Senior doctor	9 years

This table presented the background information of the key informants in this study. All key informants are maternal health care providers who have better experience in providing maternity care. Among all four of them are male and the other one is female. Their positions are in GYNI, Labor ward and PNC. Three of them are head staffs for the unit and the other two are senior doctor who specialized in gynecology.

4.1.2. Physical disability and its impact in daily life

The findings of this study showed that physical disabilities have an impact the daily lives of women living with physical disabilities. This impact affects their ability to perform daily life activities. Furthermore, these disabilities have a negative outcome for women's economic circumstances, social interactions, psychological well-being, and emotional state. For instance, Participant 1 expressed the challenges faced due to her physical disability.

> *I became physically disabled by accident. After my disability my husband left me and all of my daily life routine became ruined. Economically it makes me to be dependent on my family; socially unable to contact to the community and society, psychologically influence me to do independently and emotionally affect me I had felt lowliness.*

This study also discovered that negative attitudes held by others influence WWPD to actively participate in daily life and challenges them to feel comfortable moving freely within their communities and environment. While physical disabilities are often easily identified, this visibility leads some members of the community to make negative assumptions. Especially, some people believe that women with physical disabilities are incapable of giving birth to healthy children. Participant 8 explained her experience as follows

After child birth I was challenged by negative societal attitudes. Majority of people put me in a fear that my child would heriditically physically disabled, because I have a physical disability. Even though my child starts waking at her nine month, they start questioning if she is my child.

Similarly, Participant 5 elaborated on the impact of negative societal attitudes on her daily life, and shared insights into how she manages these challenges.

I only have one child and manage our life economically through working available jobs. Most of community member I have lived in don't believe my son belongs to me. Because I am physically disabled they don't think I will have a healthy child. Their perception about disability is so painful but, I ignore stigma and neglect forwarded from the society.

Moreover, the perceptions held by some members from community on disability are negatively constructed. For WWPD, these negative perceptions have an impact on their marital status, sometimes making it difficult for them to build families. The societal biases they face can create challenge to forming romantic relationships and may even lead to discrimination, limiting their opportunities for marriage and family life. For instance, participant 7 explains as follows;

I have three children and married. I became physically disability when I was one year old due to polio. Every member from my family and community I have lived in didn't think that I will marry and have children. Their perception is having disability don't allow to have successful martial relationship.

The issue of transportation poses significant challenges for women with physical disabilities, particularly for those who rely on wheelchairs for mobility. This demographic often faces

numerous obstacles that can severely limit their access to health services and effectively hindering their overall quality of life. Participant 7 shared her experience on transportation:

> *The biggest challenge I have faced is the transportation barrier. Most taxis don't want to pick me up, even though they are not accessible for me because I use a wheelchair; thus, I prefer the bus. However, it is not available every time I need it. Additionally, having transportation problems in addition to my mobility impairment has limited my ability to move freely from place to place*

The study highlights that accessibility goes far beyond physical infrastructure. Negative societal attitudes and systemic barriers, like transportation issues, creates a challenge for WWPD want to have maternal health service. These factors directly impact their ability to access and utilize maternal health services, demonstrating the need for comprehensive interventions that address both physical and attitudinal barriers to ensure equitable maternal health service provision.

4.1.3. Perception and experience of WWPD

4.1.3.1. Perception of WWPD in maternal health service provision

The finding of this study revealed that maternal healthcare providers generally have a positive understanding and preparedness when providing maternity care to WWPD. This suggests a willingness among healthcare professionals to offer appropriate care. However, the major finding of this study is WWPD receive the quality of maternity care are often depends on the individual provider's personal goodwill and sympathy, rather than being grounded in established, standardized guidelines. For instance participant 9 expressed her perception towards health professionals maternity care provision as follows;

There is a good understanding, positive attitude and preparedness for WWPD during maternal health service but, which is depends on maternal health service provider's personality. I understand that being educated only doesn't mean they have understanding and awareness about disability.

Similarly, participant 10 elaborated that "*some healthcare professionals have a positive attitude and a better understanding of the needs of women with disabilities; others may lack the specific knowledge and skills to adequately address our unique requirements."*

The finding of this study indicated that maternal healthcare providers lack awareness about disability. Many of them treat WWPD during pregnancy, childbirth, and the postnatal period based on personal feelings of sympathy or goodwill, rather than a holistic understanding of disability concepts or the specific needs and challenges faced by WWPD. Awareness of disability concepts, disability rights, and the specific needs of WWPD weren't given attention in providing maternal healthcare services. Participant 6 illustrated the concern regarding disability rights in maternal healthcare service provision as follows;

Most healthcare providers lack awareness of disability concepts. Instead, they often approach people with disabilities with feelings of pity. They may not recognize the right of people with disabilities including priority, special support, and treatment. These accommodations are not granted out of the kindness of the providers' heart, but rather as entitlements under disability right lows to get health service.

4.1.3.2. Experiences of WWPD during maternal health service provision

This study highlighted the experiences of WWPD during pregnancy, childbirth, and postpartum care varies over time. Currently, improvements are being made to some health facilities and

infrastructure, and the attitudes of health professionals are changing. The participants in this study had recent childbirth experiences. Participants with more than two children also have experience with previous service provision, allowing for a comparison with current practices. During PNC, participants reported generally good services, though they also faced challenges and barriers. For instance Participant 9, experienced positive prenatal care but also encountered negative attitudes from health professionals and the hospital community. She stated that:

> *I had a positive experience with my prenatal care until my blood pressure above the normal level. Due to my high BP, I was referred to a government hospital and stayed there for two months until I gave birth. During my stay, I observed varying attitudes among the health professionals regarding my disability. While most did not express negative thoughts, some believed my disability would negatively impact my childbirth.*

The findings indicate that the participants experienced varying levels of care across their pregnancies. While utilizing government hospital care, the treatment, welcoming environment and behavior of health professionals constructed by their feeling of pettiness; thus, private MCH services became the preferred choice. Participant 6 shared her experience as follows;

> *I have had different experiences with each of my four children. For the first three, I received services at a government hospital. However, for my last child, I chose a private health center in hopes of better treatment. Despite environmental inaccessibility, the most challenging was the behavior of the health professionals. They appeared tired and frustrated with their patients.*

In the provision of maternal health services, one challenge encountered is the behavior of health professionals. The lack of a welcoming environment negatively impacts the interaction between

patients and maternal health service providers. Similarly, Participant 3 shared their experiences regarding health professional behavior: "*Besides the facility's shortcomings, my interaction with maternal health service providers was not positive. They treated me badly and didn't respect me. I can say they did not honor their professional oath*."

The biggest challenges of getting maternal health services for WWPD are environmental inaccessibility. The type and visibility of a physical disability also can affect access to maternal health services. Regarding the type of physical disability, Participant 10 explains her experience as follows: "*My physical disability was in my left arm, thus toileting, infrastructure, and the whole environmental inaccessibility was not a challenge for me*." Participant 2 also explains the visibility of physical disability within the maternal health service: "*Because my physical disability is not easily identifiable, I did not face discriminatory attitudes or practices. However, my disability did affect my ability to access specific accommodations, such as priority service*s."

4.1.4. Maternal health service provision and challenges

4.1.4.1. Professional experience

This study revealed that health professionals in maternal health have varying levels of experience in providing care to women with different type of disabilities, such as women with communication barrier, visual impairment and physical disability. This study focuses on physical disability, and therefore, health professionals have shared cases they encountered while providing maternity care. Key Informant 3, with over ten years of experience in maternal health service provision, shared a case related to physical disability.

> *When I provide maternal health service I had an experience on women with physical disability. Who were burned on her leg and the leg couldn't blend. The women couldn't*

able to give a birth naturally thus, we forced to do CS. After CS we provided anti biotic and keep cleanness of the wound to prevent infection. Because she had a CS the gas must out thus, we helped her to make ambulation happen.

The finding of this study implicated effective maternal health services for WWPD requires a multi-faceted approach. The provision of maternal health service for WWPD requires sufficient staff members and adequate resource. Additionally the help of family, patient's care unit staff members and health professionals is a must. A holistic approach recognizes that the well-being of WWPD during pregnancy and childbirth is not only depended on medical intervention, but also on the emotional and practical support they receive. For instance Key Informant 2 shared his experience as follows;

When I was in the ANC room, I had an experience with a case involving women with severe physical disability who used wheelchair. When she came to our hospital to receive ANC services, she needed assistance from others because the ANC room was not accessible for women with physical disability. It lacked ramps and was not suitable for wheelchair users. When she reached her ninth month, I informed her that she would likely give a birth within a week. She became anxious and asked me how she could manage the pain during labor. She explained that she had completed her ANC follow up with the help of others on the stairs, labor is a different situation. Then, I reassured her that all of our staff members would support her to ensure a safe delivery, so she wouldn't worry.

4.1.4.2. Specific needs and challenges of WWPD

The finding of this study highlighted WWPD have multiple specific needs during the provision of maternal health services. However, they encounter various challenges due to the inadequate consideration of their special needs. The major challenges faced during maternal health service provision, as indicated by the participants in this study, are as follows: For instance, Participant 6 shared her experiences regarding maternal health service provision and the challenges encountered within hospital settings.

> *I experienced poor treatment and didn't receive adequate support. The reasons are the problem of toileting, environmental inaccessibility, lack of patients from health professionals, inadequate resources, and a lack of comfortable beds that can help WWPD during CS and PNC after CS.*

Furthermore this study revealed that the provision of appropriate maternal health services for WWPD is limited by a number of obstacles including; physical environment barriers, including inaccessible facilities and transportation, compacted examination rooms that restrict movement and compromise privacy, a lack of specialized equipment and resources such as funding, trained personnel, and accessible information materials, all of which combine to creates a limitation to provide equitable and effective maternity care. For instance, the basic challenges participant 9 encountered during maternal health service provisions are explained as follows;

> *The beds are not accessable and not comfortable for WWPD. Ambulances are not comfortable; it have very narrow space and not suitable, laboratory places are not accessable to give different tests like; blood, urine, stool… lack of wheelchair also*

challenged me to move from place to place from more than two months of stay at hospital.

The study finding indicated that WWPD face multiple challenges during maternal health service provision because of their physical disabilities. Their mobility impairments hinder their ability to access maternal health services equally with women without disabilities. Thus, to alleviate such challenges, modifications must be made to accommodate their special needs and ensure equal access to health provision. Key informant 1 listed the special needs of WWPD during maternal health service provision.

In order to have inclusive maternal health services, modifications must be made based on these special needs. As I observed, modifications must be made to facilities, resources, and infrastructure. They need accessible toilets with wide doors, flexible beds that can be easily raised and lowered, standardized ramps, a positive attitude from the hospital community, and a welcoming environment.

This study identifies a major challenge in the provision of maternal health services: lack of understanding regarding the unique needs and challenges faced by WWPD. Women with physical disabilities experience unique needs and a number of challenges throughout their pregnancy, childbirth, and post natal period. These women often require specialized care and treatment, but there are concerns to what extent health professionals understand the needs of WWPD. WWPD face multiple challenges during maternal health service provision because of their physical disabilities. Their mobility impairments hinder their ability to access maternal health services equally with women without disabilities. Thus, to alleviate such challenges, modifications must be made to accommodate their special needs and ensure equal access to

health provision. Key informant 1 listed special needs of WWPD during maternal health service provision.

> *In order to have inclusive maternal health services, modifications must be made based on these special needs. As I observed, modifications must be made to facilities, resources, and infrastructure. They need accessible toilets with wide doors, flexible beds that can be easily raised and lowered, standardized ramps, a positive attitude from the hospital community, and a welcoming environment.*

Key informant 2 elaborated that "*during the prenatal, childbirth, and postnatal periods, women with physical disabilities have specific needs and face multiple challenges. However, it is questionable how well healthcare professionals understand these needs and challenges."*

4.1.4.3. Lack of trainings and absence of special equipment

This study's findings indicate in the provision of accessible maternal health service for women with physical disability, maternal health care providers have a significant stake. The finding of the study implies that Minilik Ⅱ referral hospital did not provide trainings regarding disability concepts and special needs of persons with disabilities for its staff members. Key informant 4 stated that

> *There are no any trainings and awareness creation activities in our hospital. Caring and providing maternal health service for WWPD require a professional guideline. Like; pushing wheelchairs and using terms that do not harm their psychology. This must be taken as a serious issue. But most staff members providing a care and services for these women by their humanity.*

Similarly, Key informant 1explains the absence of trainings regarding disability for maternal health care providers. "*As I entered this institute, I did not see any training provided to the health care providers. Thus, every health care provider treats persons with disabilities based on their own understanding."*

During two and half months of stay at Minilik hospital the researcher didn't observe any forwarded trainings and awareness creation activity specifically focused about disability. Most of staff members from Minilik hospital; maternal health service unit try to understand every women's challenge and struggle to find out possible mechanisms to solve the existed challenges.

The other finding of the study showed that there are no adequate resources that can fit the special needs of women with physical disability. Specialized equipment is not used for WWPD during maternity care. Key informant 5 said that *"there is no resource which is specially designed for women with physical disability. Even I haven't seen in hospitals in my years of engagement. We use available resources to provide care and support for all women."*

Similarly, key informant 2 also expressed that;

> *There is no special equipment that can address the special needs of women with physical disability. As I am in GYNI most gynecological cases are treated through patient payment. However, if women are unable to pay and require social support, the services and treatments are provided to them without discrimination*.

4.1.4.4. Negative attitude and comments

This study found that attitudinal barriers and negative comments towards women with physical disabilities exist during pregnancy, child birth and the postpartum period, stemming from society, families, and health professionals. While there has been some improvement in attitude

towards disability. But negative comments, feeling of pettiness and discriminatory practices still persist. Participants of the study who have mild physical disability reported that they do not face discriminatory attitudes and practices while pre natal care until they came to child birth and postpartum period. Some of the study participant with severe physical disability challenged in discriminatory attitudes and practices, negative comments and suggestions from health professionals, unhealthy thoughts and expectation from societies during pregnancy, child birth and postpartum period.

Participant 6 shared the discriminatory attitude, discriminatory practices and negative comments she have been encountered during pre natal care from societies, families and health professionals. "*From my experience discriminatory attitudes and practices are more often exists from societies than health professionals. Sometimes they don't want to give me priority for the maternal health service and they fed up on me*." Family members; discriminatory practices also exists from family. "*Some members from my family don't believe that I will marry and have children because of my physical disability just like other members from the family."* Negative comments and suggestion from health professional: *"One a health professional commented on my pregnancy. He said 'you are physically disabled why do you became pregnant? Doesn't challenge you being pregnant and mother besides your physical disability' which was so painful comment for me."*

Participant 4 reported that time to time there is some improvement on the attitude towards disability. But it's still questionable as negative comments and suggestions are exist. From health professionals negative comment she shared that;

From my experience I was afraid to tell the number of children I have during ANC follow up. The reason is they warned me and prohibit me to not to be pregnant again. One of health professional said 'you are physically disabled and don't have source of income, so why do you became pregnant again after 3 children.

Similarly to participant 6 and 4 negative comments from health professionals are reported from participant 8. "*During my pregnancy follow up one health professional said that doesn't make your life challenge full? You are physically disabled how you could able to raise your child? Doesn't challenge you economically?"*

The severity and type of physical disability influence vulnerability to discriminatory attitude and practices. For instance participant 2 and 10 reported that they encountered neither discriminatory attitude and practices, nor negative comments. This may be because their disabilities were mild and not easily identified by others. However, the personality of maternal healthcare providers also matters. Providers with good understanding and positive personalities are more likely to provide equal treatment for all pregnant women.

Attitudinal barrier from societies towards women with physical disability have an impact on maternal health service provision. This study founded that maternal health care providers understood negative thought and attitudinal barrier from society towards women with physical disability. Key informant 5 explains his understanding from women who have a disability and other challenges.

I understood from my ANC stay most societies focus on the difficulty of the women rather than pregnancy. They assume WWPD can't able to give natural birth, can't treat and raise her child. Such negative thought affect WWPD's maternal life.

The society's attitude influence WWPD during pregnancy and postpartum period. This is because the concept of disability is not accepted and treated under society. It affects the psychology of WWPD. Key informant 3 said that "*societies negative attitude impact the provision of quality maternal health service. Negative comments like; why she became pregnant additionally to her physical disability? Such comments make WWPD to lose her confidence and freedom to get maternal health service."* Currently there is some improvement on the attitude of societies towards person with disability. Besides negative attitude there is a feeling of pettiness. Key informant 2 explains that "*feeling of pettiness and inappropriate help is not desired by women with physical disability. Sometimes they want to help themselves thus, harming such motive also counted as negative attitude and practice."*

4.1.4.5. Challenges faced by health professionals during service provision

The finding of study identified that the provision of maternal healthcare services is hindered by inadequate facilities. Accessible beds, toilets, and examination rooms are lacking. Consequently, healthcare professionals and patient care staff are compelled to assist WWPD during labor, delivery, and testing procedures. Key Informant 4 stated, "*During maternal healthcare service provision, the beds, ultrasound rooms, and CS rooms are unsuitable for WWPD. Patient service staff and healthcare professionals assist these women by carrying them."*

Moreover, the quality and holistic provision of maternal healthcare services is hindered by inadequate facilities, infrastructural barriers, and attitudinal problems or knowledge gaps. Key Informant 2 elaborated on the challenges faced in ensuring quality and holistic maternal healthcare services: *"Shortage of ramps, absence of wide doors to examination rooms, absence of accessible bathrooms specifically designed for WWPD, lack of sufficient staff members, low*

awareness of disability and lack of motivation are challenges in service provision." Similarly, Key Informant 1 explained the challenges faced during maternal healthcare provision as follows:

> *Lack of resource and some gaps in facilities are general problem of the hospital. There is also a compacted area to provide maternity care. Shortage of sheets and blankets also another challenge, which is starts from the day of she admitted to the hospital until she discharged only one sheet and blanket is provided. Additionally, lack of beds and knowledge gaps in some staff members are challenges faced during maternal health service provision.*

Key informant 3 and 5 similarly stated infrastructural barrier, absence of accessible beds and compacted rooms are the major challenge that can hinder to provide quality and holistic maternal health service for women with physical disability. GYNI high risks one of the units which are not accessible for women with disability because, it don't have ramps and have very compacted waiting area.

One of the biggest gap that researcher observed in maternal health service provision is the absence of comment suggestion box user. There is comment suggestion box that can receive any complains and good comments from maternal health service users. But from the researcher stay in Menelik Ⅱ refferal hospital didn't observe users put any comments to the suggestion box and even none of assigned health professional open the box. It seems the box is exists just to fulfill the formality.

This study indicated that the affordability of maternal healthcare services presents a challenge for WWPD only when they are referred to private laboratories and pharmacies. Otherwise, maternal healthcare services are provided free of charge at all government health institutions and

hospitals. Thus, all women can access these services unless they are referred to private pharmacies and laboratories. Key Informants 2 and 4 similarly explained the issue of affordability during maternal healthcare service provision.

The issue of affordability is a concern for both healthcare professionals and WWPD. Maternal healthcare services are provided free of charge in government hospitals, starting from ANC, the labor ward, and up to the PNC unit. However, certain medications and laboratory tests may need to be purchased externally, as they are not available within the hospital. For instance, Key Informant 4 elaborated on how affordability affects service provision:

> *The capability to afford for those medication and laboratories became a challenge for WWPD because; most of the women have low economic status. When such kind of issues are faced we tried to link to the social workers. Especially, for women who lived on the street and come to the hospital to give birth and who don't have a family to support her. But again the challenge is the social workers are not active enough.*

4.1.4.6. Maternity education after child birth and special support

This study finding indicated there is a gap in formal maternity education or postpartum education. This lack of structured educational resources and support is a critical factor contributing to the vulnerability of WWPD for postpartum depression. They exposed to felling of isolation, confusion and anxiety. For instance participant 1 elaborated her experience as follows;

> *Even though I received appropriate medical treatment from the hospital, I was challenged throughout my entire postpartum period. I was in a deep depression. I was almost able to hate myself, easily became angry, felt fed up, and was unable to care for my newborn because of my new physical disability.*

This study revealed that maternity education is informally offered to all individuals utilizing maternal health service, providing essential information and support during their journey into motherhood. One key aspect of this educational initiative, particularly for first time mothers, is breastfeeding. To assist these mothers successfully navigating the breastfeeding process, health professionals play a vital role by offering practical assistance, ensuring that they feel informed in their ability to provide for their newborns. "*As a first time mom, I wasn't able to feed my breast to my new born. The doctor and nurses positively supported me to feed my baby*." Participant 10 expressed her experience on breast feeding process.

The other findings of this study reveal that women with disabilities do receive some degree of specialized support during their pregnancy and child birth, particularly in relation to their physical disabilities. However, lack of specialized equipment and resources creates a challenge for these women, making it difficult for them to access the necessary support that fulfills their unique needs. For instance participant 8 explained that "*I didn't receive a special support during labor and postpartum period. I believe that for special support to be available for WWPD specialized equipment and resources must be provided*." The availability of special support for WWPD during maternal health service provision is ensured when the hospital provides necessary medical equipment. Additionally, the understanding and awareness of health professionals must be positive for this special support to exist. Participant 4 similarly illustrated that "*for special support truly exist, there must be access to special equipment and a positive understanding and awareness among health professionals. Otherwise, there will not be special support during maternal health service."*

Women with physical disabilities face challenges with ambulation after childbirth. They often give birth by CS, as determined by their healthcare professionals. Key informant 5 stated, "*Most*

of the time, we decide to do a CS to minimize the duration of labor." Because women with physical disabilities who undergo CS require special support to alleviate related health problems caused from limited mobility, Participant 7 shared her post-CS experience: "*I gave birth through CS, which requires movement. However, my disability prevented me from doing so. Consequently, I was monitored more frequently to prevent infections and blood clots*."

4.1.4.7. Pre condition during maternal health service provision and Ethical consideration

The study found that in the maternal health care facility, there is an ethical consideration that is used to all women seeking care. Especially, when a situation arises a woman is believed to be at risk during her pregnancy and it became necessary for her to do a CS. It became essential that health professionals provide to her an informed consent. This process involves providing her with comprehensive information regarding the procedure, including its potential risks during a CS. "*In our healthcare facility there is similar ethical consideration for all women. If she is at risk and must give a birth through CS, we provide a consent form. Then she (her partner) will sign to ensure her willingness*." Key informant 1elaborated ethical consideration used during maternal health service.

In maternal health service provision, particularly in child birth obtaining informed consent is a major ethical consideration. When a woman is facing the possibility of a CS due to medical risks or complications during delivery, it is crucial to ensure that she fully understands the implications of the procedure and consents to it willingly. On the other hand, when a woman is giving birth naturally, the ethical considerations may differ. Although there is no formal requirement for a consent form in the same way as with a cesarean section, there are still essential preconditions that must be addressed. For instance, key informant 3 elaborated the preconditions and ethical consideration used during maternal health service provision. "*If a*

woman gives birth by CS, she will sign a consent form to ensure her confirmation. However, if she gives birth naturally or goes into labor, there are no ethical considerations."

As observed by the researcher, a consent form exists to document a woman's acceptance of receiving services. However, this consent form is completed during her delivery only if she and the healthcare provider decide to do a CS and if her baby's life is at risk, making surgery the preferred course of action. Privacy and confidentiality are maintained for all women in need of maternal healthcare services, particularly in the labor ward (delivery room).

Furthermore, beyond the specific instance of obtaining consent for a CS, various preconditions influence the provision of maternal healthcare services. One of the most critical preconditions is the feeling of safety experienced by women when accessing these services. Key Informant 5 stated, *"I reassure patients of the presence of senior and well-qualified healthcare professionals. Whether it is labor or a C-section, she will have a safe delivery. This is to alleviate any feelings of being at risk due to their physical disability."* Providing a safe environment with available resources is essential for women to trust the healthcare system and feel safe in receiving maternal health service. For instance, Key Informant 2 elaborated: *'The hospital beds during labor or CS are not accessible for WWPD. Thus, we use the normal hospital beds and request the patient's caregivers to assist us in accessing the beds*.

The other finding of this study found that preconditions during pregnancy, childbirth and post natal period exist for WWPD or women at risk. Key informant 4 stated that "*priority will be provided for WWPD during testing and other services".* There are different preconditions for women with physical disabilities, regardless of whether they give birth through CS or labor. Key informant 3 stated the precondition used in the healthcare facility. "*We help the women to get*

priority, strict follow-up, giving more attention, and providing service by using available resources to support her."

4.1.4.8. Informational barrier and gaps in understanding disability rights

The finding of the study implies that one of the challenges affecting the provision of maternal health service is the presence of informational barriers, which can severely impede WWPD access to their rights regarding healthcare. These barriers arise when health professionals fail to communicate accurate and comprehensive information about patients' conditions, treatment options, and available services. For instance participant 4 explain as follows; "*most of health professionals didn't told me medical results they simply said that's fine or that's okay. They also didn't explain the reason of medical examination (laboratory testing) when I was pregnant unless it's very much risky*." Lack of clear and effective communication can leave WWPD feeling uninformed and unsupported, ultimately hindering their ability to make empower decisions about their own health. Participant 5 similarly elaborated the informational barrier she had faced during maternal health service provision.

> *Most health professionals did not inform me about my medical results, the reason for the medical examination, or the reason for the referral. They literally sent me to the general hospital without telling me how many weeks I had left until my due date. However, I also don't think I have the right to ask about my health condition. I am afraid of their responses.*

The researcher observed that while some staff members appeared frustrated, others used respectful language. Disrespectful language was used by certain healthcare professionals, likely due to a high volume of maternal healthcare service users and an insufficient number of staff

members to adequately serve them. During data collection, the researcher did not observe the use of jargon by healthcare professionals.

The major problem that has damaged the relationship between health professionals and patients is the informational barrier. This barrier exists due to a lack of awareness about patients' rights to ask about their health conditions and their fear of healthcare providers. Participant 7 said that; "*I don't think I have the right to ask about my condition. They also don't tell me anything about my case. I'm afraid to ask; I worry they might insult me."* Similarly participant 10 explains as follows; "*I don't feel I have the right to ask about my health condition. Additionally, health professionals don't always ensure their patients understand their situation*." Lack of clear communication with health care providers limits WWPD's ability to have a clear understanding of her and her newborns' health conditions. Additionally, the gaps in understanding the right to ask about health conditions and the assumption that health professional are always right impact the maternal health service process. For instance, participant 2 explained: "*After I was discharged from the hospital, I lost my five-day-old twins. When I was at the hospital, they were in the neonatal intensive care unit (NICU). After that, I was informed they were in good health*."

The finding of this study showed that gaps in understanding the rights of individuals with disabilities, particularly in relation to their right to inquire about maternal health conditions, represent a significant factor contributing to informational barriers. For instance key informant 2 elaborated the gaps in understanding right to ask about the health condition as follows;

> *Most of the time, WWPD are afraid of health professionals; therefore, they do not ask about their medical results, even though they do not consider it as their right to receive medical information. Health professionals also do not inform them clearly and are*

unwilling to repeat information. Generally, we can say there is poor interaction between patients and maternal health care providers in government hospitals.

The right to use maternal health services includes all services, including using contraceptive methods. One of the problems encountered when accessing contraceptive implants is user preference. For WWPD, who has a physical disability in her arm, using a contraceptive implant as she desired became an obstacle. The decisions of health professionals affected WWPD's preference. For instance, participant 10 reflected on her experience with contraceptive implants:

After childbirth, I needed to use a contraceptive that could be implanted in the arm. Because I use my right arm for daily activities, I preferred my left arm for the implant. However, health professionals were unwilling to implant it in my left arm because it was injured. They then decided to implant in the womb, which was not my preference. After a lot of argument, I took the risk, and they respected my preference.

4.1.5. Accessibility and infrastructure

4.1.5.1. Physical environment

The study found that the provisions of maternal health service are measured by its accessible physical environment. These physical environments in the hospital include the gateways and entrances, examination rooms, waiting rooms, designated parking area, laboratory rooms, toilets, delivery rooms and PNC rooms.

To ensure the accessibility of the physical environment, the researcher observed the hospital's gates and entrances. The observations include the accessibility of hospital entrances and exits for wheelchairs and other mobility aids; the availability of wide doors, ramps, elevators, and automatic doors within the hospital building; the existence of designated parking areas for people

with disabilities; the accessibility of examination rooms and tables for wheelchairs and other mobility aids; the availability of sufficient waiting room space for women with physical disabilities; and the availability of accessible toilets and bathrooms with wide doors for women with physical disabilities.

Majority of the hospital entrances are accessable by roads. There is no that much challenge full physical environment for wheelchairs and other mobility aids except some health service provision unit entrance, waiting rooms and examination rooms. Most of the hospital building entrances have a ramp which is accessible for wheelchair and other mobility aid but, there are some entrances which do not have any ramps, wide doors and elevators. For instance; GYNI high risk entrance does not have any ramp. Parking areas of the hospital are equally prepared, thus there is no any prepared designated parking area for person with disability which is near to the entrance. Rather parking areas are little far from the entrance. Specifically, maternal health service unit far away from the parking area.

ANC, PNC and GYNI high risk waiting rooms don't have sufficient space that can be accessible for women with physical disability. They are very narrow and not suitable for wheelchair and other mobility aids. The ANC and PNC examination room's tables are suitable for wheelchair and other mobility aids. But GYNI high risk rooms are not suitable for WWPD because, the room cheeked the high risks through ultrasound. Thus WWPD cannot access the service due to the absence of ramps and its high stairs. Additionally the major challenge the researcher have observed in the hospital building there is no sufficient accessible toilet. And the toilets are not wide door open even for church users it might get them to other disability because it risks them to fell off.

Key informant 1 shared his observation in maternal health service provision;

> *Starting from the entrance there is no accessable ways for wheelchair and crunch users. Because Minilik ⅡI referral hospital is one f the oldest hospital and the buildings are constructed without concerning person with disability. During ANC follow up WWPD must go to card rooms and laboratory but the ways are not suitable for them. Even during labor the beds are too high thus, they couldn't access the service unless patients care unit staffs and health professionals helped them.*

Similarly, key informant 5 explains about infrastructural barrier; "*infrastructural inaccessibility challenges maternal health service. If you have seen GYNI high risk the stairs are very difficult for all pregnant women. Thus, WWPD can't access the ultrasound which is found at GYNI high risk."*

Women with physical disability reported that the physical environment of hospital have some improvement from the previous period. Participant 6 define how physical environment became a physical barrier. "*Physical barrier is environmental inaccessibility like to go laboratory and examination rooms, to use toilets and also beds are not comfortable".* Participant 4 also commented on the improvement of physical environment. "*I have different experience in maternal health service provision. From time to time I can observe physical barrier is somehow changed due to some constructed infrastructure and modified gateways."*

4.1.5.2. Lack of accessible toilet

This study indicated that the availability of toilet doesn't mean it's accessable for all users. WWPD have challenged to get accessable toilet during their maternity care. It is cleanness, wide

doors and suitable for wheelchair users. Participant 8 explains how she became challenged to get ANC because of toileting.

> *The major challenge I faced during prenatal care was using the toilet. When lab tests were ordered, the toilets were not accessible. In my experience, it was challenging to provide samples for these tests. Especially at the health center, there is a toilet designed for people with disabilities, but it is always locked. When I asked about it, I was told it was for staff members with disabilities.*

The major challenge the researcher have observed in the hospital building there is no sufficient accessible toilet. And the toilets are not wide door open even for church users it might get them to other disability because it risks them to fell off. Participant 6 also elaborated the challenges of toileting; "*the toilets in hospitals are public. What I observed is so risky for crunch users. Because most of the time the toilets are wet and might slept women with crunch user."* Similarly, Participant 7 shared her experience;

"After child birth I was in a lot of pain because no one was besides me to go to toilet and to take of my new born. The door of the toilet is not wide door and don't pass wheelchair thus, I didn't use toilets for three days until I discharged from the hospital."

WWPD receive maternal health services just like other women without disabilities. The facilities and resources are also provided equally, without additional modifications. Thus, the toilets are constructed publicly without considering the modifications needed for people with disabilities. Consequently, WWPD are forced to use the public toilets. Participant 6 reported, "*I cannot say there was an accessible toilet. The support of my family and the patient care unit helped alleviate my difficulty using the toilet during my hospital stay."*

4.1.5.3. Lack of mobility aids

The study finding highlighted that maternal health service provision for WWPD requires a mobility aid that can help them to get the service. The finding of the study found that the scarcity of mobility aid became a challenge to the service provision. For instance key informant 3 illustrated that;

> *For all pregnant women who cannot able to move due to different condition we tried to use wheelchair. But such mobility aid is not only use at maternal health service unit. Thus, some time we lack a mobility aid to provide for pregnant women and health professionals and patients support unit staffs help the women to get the service.*

One of the gaps the researcher observed is the absence of disability resource rooms. Disability resource rooms hold different resources for person with different type of disability like; wheelchair, crunch, cane, and different assistive devices. But the Minilik hospital does not have such room that hold a mobility aid specifically targeted person with disability.

Participant 6 said that; *the basic challenge for me after child birth is movement and using toilets. Wheelchairs are not easily available to move form PNC room to toilets.* Similarly, participant 9 elaborated on how she was challenged by the lack of mobility aids at the hospital.

> *"I stayed for two months at the hospital before giving birth due to high blood pressure. Because of my physical disability, I use crutches, but when I became pregnant, the added weight made it difficult to move with my single-handed crutch. Therefore, I needed a wheelchair to move around, but due to the large number of patients outside of the maternal health service department, there was a scarcity of wheelchairs."*

4.1.5.4. Compacted rooms

Women with severe physical disabilities use wheelchairs and other mobility aids, which require ample space to move and maneuver. The findings of this study showed that the cramped spaces in various rooms negatively impact maternal health service provision for women with physical disabilities. The compacted rooms in antenatal care (ANC) examination rooms and postpartum care (PNC) rooms hinder WWPD from accessing services. Participant 6 explains that "*the numbers of maternal health service users are very high at government hospitals. Thus the waiting rooms, PNC rooms and examination rooms became highly compacted."*

The researcher also could able to observe ANC, PNC and GYNI high risk waiting rooms don't have sufficient space that can be accessible for women with physical disability. They are very narrow and not suitable for wheelchair and other mobility aids.

A significant obstacle in providing adequate service is the limited space within the hospital rooms. Given that women with physical disabilities (WWPD) frequently undergo Cesarean sections, postoperative movement is crucial for preventing complications such as infections and blood clots. This recommended mobility is often compromised by the cramped and confined nature of the hospital rooms, hindering their ability to move freely and comfortably. Key informant 2 stated that;

> *One of the biggest challenges I have faced in service provision is compacted rooms. Because WWPD often give birth via Cesarean section, they must move to prevent infections and blood clots. However, the hospital's compacted spaces do not allow them to move freely. Sometimes, isolation rooms are used for their PNC treatment. From my observations, these women express dissatisfaction with being placed in isolation,*

potentially due to feelings of seclusion or a lack of access to the same level of interaction and support as other postpartum patients.

The study finding identified several challenges faced by WWPD in accessing maternal health services. These challenges included under physical, informational, infrastructural, and attitudinal domain which create a gap in providing equitable maternal health service. The study identified four major themes, including physical disability and its impact in daily life, experiences and perception of WWPD, maternal health service provision and associated challenges and accessibility and infrastructure.

CHAPTER FIVE

Discussion, conclusion, and implication for social work

5.1.1. Discussion

This study focused on the provision of maternal health service accessibility for WWPD, with a focus on understanding the challenges they face. This section integrates the findings from the study with the literature reviewed, providing a broader context to understand the challenges and experiences of WWPD in accessing maternal health services, as well as the challenges faced in maternal health service provision. The major themes identified from the study, including physical disability and its impact in daily lives, perception and experiences of WWPD, maternal health service provision and associated challenges, and physical accessibility and infrastructure.

Physical disability and its impact in daily life

Physical disability impacts the overall process of the daily life routine for WWPD due to physical, economical, psychological, and social obstacles. The literature indicates that Physical, psychological and social challenges are more commonly faced by women with physical disability (Altuntug, Ege, Akin, et al., 2014). This aligns with the finding of this study, as some participants from the study stated constraints of social interaction limited them to have active involvement in their social life; it results lowliness through affecting their physiological wellbeing; environmental inaccessibility also another obstacle to move freely which led to economic hardship.

Moreover, negative comments and attitudes, social isolation, and a limited source of income are an obstacles faced by WWPD in their daily life routine. The finding of this study indicated that WWPD are challenged due to economical hardship and negative attitudes. These challenges originated from lack of source of income, illiteracy, absence of social and family support, and

negative attitudes. This aligns with the study by Hanass-Hancock, Strode, Grant, & Chappell (2015) which explained in their finding most women with physical disability in South Africa experience social challenges. Such challenges included under the barriers to get educational opportunity, being employed, get health service, discrimination, and social exclusion.

Social interaction have a crucial role in mental and emotional well being, however WWPD experience social isolation and negative comments towards their disability. According to Nosek et al. (2001), most of the time women with physical disability who are under the protection of their families unable to interact with outside environment and that hinder their ability to create positive relationships, this greatly affect their psychology. Those women face different attitudinal barriers from their societies thus; they fail to participate in social activities. The finding of this study confirm this assertion, as participants of the study reported the experience of negative perception forwarded from societies, families, and health professionals. Some participants elaborated they became frustrated to tell the number of children they have to health professional to not to be commented about their incapability of have children towards their physical disability. Further participants reported negative assumption of societies and families about their marital relationship and ability to construct a family. This aligns with Qadeer& Pasha (2019), Discrimination in general affect all aspects of their life because, it handicaps them to fully engage in educational, employment opportunity, and marriage life. To address these challenges facilitating disability awareness training is crucial to alleviate negative attitudes, discrimination, and social isolation towards WWPD.

Perception and experience of women with physical disability

The literature suggested that women's to be mentioned as disabled there are numerous contributory factors like; negative attitude from the community they live in, have no the ability to participate in different social and economic activities just like an ordinary people, and personal insights about their disability Lonsdale, (1990). This aligns with the finding of this study that many of the participants reported negative comments, negative attitudes, social isolation, and misconception about their motherhood. Further some participants expressed that they perceived incapable of having marital status, give natural birth and raise a healthy child. This consists with the study by Nosek et al. (2001) which stated WWPD face an obstacle on their psychological wellbeing due to social isolation.

Additionally, participants from this study expressed the health professional's biases on their maternity journey. They question why they became pregnant after having one or two children, whether physical disability challenges participants (WWPD) to raise the child given birth, and how to manage economic constraints besides physical disability. this finding supported by the study Blair et al. (2022), elaborated that health professionals interference in the capabilities of women with disability to their maternity journey, which indicate baises of maternity care providers.

Moreover, Ability of constructing successful marital status and raising healthy children for WWPD is a fact that is not believed or accepted by society. The literature suggested that a society understanding of physical disability makes WWPD to feel inferior. The study confirms this assertion as some participants in this study expressed social isolation and misconception

about their ability to construct a family, due to their physical disability. This aligns with Nosek, Howland, Rintala, et al (2001) research findings additionally to common identified challenges; women with physical disabilities also have a limited condition to establish romantic relationships and sexual activities. More of women with physical disability increase the felling of being asexual and low self assertiveness due to their body image. In this case they tried to cover their physical impairment by wearing clothes and giving more attention to their deformed or impaired body part. To address this creating social support system is essential which can participate WWPD, communities and families.

Maternal health service provision and challenges

The provision of maternal health service accessibility for WWPD is limited by different obstacles during pregnancy, childbirth, and post natal period. The literature suggested that the health and well being of women with physical disability can be ensured through the provision of equal health services which include inclusive services without discrimination, physical accessibility, and appropriate culture integration (Mitra et al., 2017). However, the finding of this study reported WWPD face numerous challenges in accessing maternal health service due to hospital environment inaccessibility, negative comments and attitudes towards their journey of pregnancy and child birth, and absence of specialized equipment. Thus, making an influence is essential for the construction of accessable infrastructure under the hospital environment.

Health service right can ensure the well being of all women receiving maternal health service, but discrimination has an impact on affecting this right. More specifically for those who are marginalized and segregated. Thus, physically impaired women right to health will be violated if discrimination continues in the provision of health service (WHO, 2017). The finding of this

study aligns with this literature that discriminatory attitudes and negative comments hinder WWPD in accessing maternal health service. Participants reported that discrimination existed in their maternity journey due to the misconception forwarded from society, family, and health care providers. These misconceptions are on the incapability of WWPD to raise children, to give natural birth, to resist pregnancy period, and to construct their family. To address this issues health care right of women with physical disabilities should be ensured through policies, lows, and practices.

The finding of this study revealed that health professional lacks disability awareness during service provision. They provide maternity care for WWPD based on their personal understanding pettiness rather than standardized guidelines. This aligns with the scoping review of Blair et al. (2022), which reflected that even if women with physical disability require quality maternity care which is similar to women without disability. But the basic challenges are health care provider's inadequate disability knowledge, their discriminatory attitude, and also poor communication skill. Further this study stated the existence of informational barrier between health professionals and WWPD who want to receive maternal health service. Participants reports that health professionals lacks to provide their medical condition; including medical result, testing, referral, and treatment options. The finding supported by Bertschy et al., (2015) who found that women reported a lack of qualified healthcare providers who were unwilling to assist and did not provide essential information correctly and ethically. This emphasized the need for structured training program for health professionals to provide inclusive based maternity care for WWPD.

The provision of maternal health service for WWPD require accessable facilities which inquire specialized equipment and support that can address the unique needs of WWPD. The finding of

this study reported that major obstacles of maternal health service provision is absence of specialized equipment, lack of special support, and facility related barriers that hinder the full access of maternity care for WWPD. This aligns with the study conducted by Heideveld-Gerritsen, et al (2021) reviewed that among women with other type of disability the one who are physically disabled women expressed maternity care facilities are poor. This expression is in accordance with less qualified health care providers who are able to understand about disability and their need, equipment barriers, and others unsuitable facilities that hinder the provision of maternal health service.

Moreover, maintaining dignity and privacy in the provision of maternal health service is necessary, especially during the period of childbirth. However this study revealed that WWPD lacks privacy during childbirth due to over compacted labor ward or delivery rooms. Some participants reported during labor at list four women using the same space without appropriate privacy measures. This finding aligns with the study of Wudneh et al. (2022) who argue that women with disability experience lack of privacy during delivery of their child. This is because in one delivery room there are more than 4 women and each bed might have or not have drapes to keep confidentiality of the women. Therefore in most cases women loss their confidentiality by the service and feel so embarrassed it also indicate inappropriate maternity care practice in this area. Addressing this gap require the construction of amble space that all women can access and able to keep the privacy of all women during childbirth.

Physical Accessibility and Infrastructure

One of the challenges that affect the provision of maternal health service provision is physical environment and infrastructural barrier in the hospital. The literature suggested that the major

constraints that limit women with disability in accessing maternal health service is infrastructural barrier (WHO, 2017). This aligns with the study finding that participants reported inaccessible hospital entrances in some wards of maternity care, compacted rooms, overcrowded waiting rooms and examination rooms, absence of accessable hospital beds which WWPD can use them easily while receiving maternity care, and some of rooms in the maternity wards there is no spaces that can able to access wheelchair users; due to insufficient spaces. This finding supported by a study Kalpakjian et al. (2020), which highlighted the absence of accessable infrastructure in different maternity wards forced WWPD to utilized assistance and depend of others to get the service. This consistent with the finding of this study, reported GYNI high risk ward inaccessible for WWPD. Participants of the study stated due to infrastructural inaccessibility in GYNI and ANC rooms WWPD require assistant who help them to get in to the service.

Further, the study finding highlighted the absence of accessable toilet in hospital. Participants of the study reported toilets were not constructed by concerning individuals with physical disability. It risks them to fell off and cause additional health conditions. The constructed restrooms have narrow doors which makes it difficult for wheelchair users to access. This supported the research by Hanass-Hancock et al. (2015) which found that the absence of accessable rest rooms risk the health condition of WWPD. Moreover, participants of this study reported using toilet were very challenging because it was built in an inconvenient manner; resulting WWPD fail to use toilets over a period of time during their maternity care.

Additionally, the lack of amble space in maternity wards promotes additional obstacles in maternal health service provision. The study identified some maternity ward like; GYNI high risk, ANC room, and Labor ward have a compacted space, overcrowded waiting areas, absence of wheelchair friendly entrances, and absence of standardized ramps. This aligns with the

research by Bertschy et al. (2015) reported that the movement of WWPD and getting appropriate services are limited by the existence of compacted rooms in the hospitals.

Moreover, the major problem faced by WWPD is transportation which limits them to get essential services. A study by Nosek, Howland, Rintala, et al 2001 stated environmental barriers creates major constraints for women with physical disability and it can be categorized under physical challenge. These environmental barriers are lack of transportation, limited accessible recreational areas, and unsuitable infrastructures. This consistent with the study those participants reported the absence of wheelchair friendly transportation system limit WWPD to get in to the hospital, which limit them to use taxies; using buses also hindered by not being present at the appointed time when its needed by WWPD. To address this sufficient funding in accessable transportation system this can accommodate the needs of WWPD while utilizing transportation system.

5.2.1. Conclusion

The finding of this study highlighted the challenges faced by maternal health care providers and WWPD in maternity care. These challenges are infrastructural barrier, lack of trainings concerning disability concept, absence of specialized equipment, negative attitudes and comments, informational barrier and gaps in understanding disability right, mobility aid scarcity, over compacted rooms, and absence of formal maternity education. To ensure equitable maternal health service systemic barrier, informational gaps, and physical environment should be adjusted and formed in an inclusive manner. Further negative comments, attitudes, lack of disability concepts, gaps in understanding disability right should be compromised in an awareness creation activities.

5.3.1. Implication for social work

Implication for practice

Maternal health service provision restricted in a number of cases which include physical environment, negative comments and attitudes, informational barriers, lack of specialized equipment, and gaps in understanding disability rights. The physical environment of the hospital has shown some improvement from the previous period but, still have some inaccessible environment. To address this, social workers should work collaboratively with concerned stakeholders in the hospital to adjust environmental inaccessibility in some maternity ward which can help to provide effective maternity care for WWPD. Further negative comments and attitudes forwarded from society, families, and health professional towards WWPD during pregnancy, child birth and post natal period can be combated by the engagement of social workers. Thus, social worker should facilitate self advocacy program to help WWPD understand how to combat forwarded negative thoughts.

Moreover, the finding of study highlighted informational barrier and gaps in understanding disability right is a major challenges that hinder maternal health service provision. On this regard social workers should advocate on the implementation of disability right on CRPD and help to have a better integration between health professionals and WWPD. Additionally social workers should advocate for the availability of specialized care and equipments in maternal health service provision concerning WWPD which, can able to minimize a hurdle caused by the absence of special equipment.

Implication for Education

The finding of this study implies health professionals have a big role in providing maternity care for WWPD. However lack of awareness creation activities in the hospital regarding disability concept and the special needs of WWPD during service provision crated a contrast for the service provision. Thus, it would be better to provide disability awareness creation workshops for health professionals. Further experience sharing programs should be provided between all staffs from maternity ward and social work department to get better out come in the service provision. Conducting a regular workshop for WWPD would be better on the concept of disability right and how they can have a better interaction with health professionals.

Implication for research

This study suggests various areas of study for future research which require further and deep investigation, primarily intersectional analysis should be done by exploring how maternal health outcomes for WWPD is influenced by economic constraints, education and rural or urban settlement. Further, mixed approach is needed to identify the specific gaps in understanding disability rights in maternal health service provision. Moreover, it's essential to conduct a study focused on the outcomes of post partum education on WWPD well being.

Implication for policy

This study implicated several challenges hinder the provision of maternal health service accessibility for WWPD. Thus, inclusive based maternal health service provision is essential to alleviate these challenges. Hospital social workers should engage themselves in advocacy and enforcement with the concerned bodies. To address this, they should advocate for health policies

which is inclusive and includes the specific needs of WWPD in maternity health service. Moreover, health policies, disability right laws, CRPD, newly developing policies should be implemented. To make this on the ground hospital social workers in collaboration with policy makers should establish the monitoring mechanism that ensures the implementation of the policies.

Further, systematic challenges are identified as a challenge in the provision of maternal health service. This are limited mobility aids, physical environment inaccessibility, and lack of specialized equipment. To alleviate these obstacles in the service provision government should allocate funds for the improvements of physical environment, specialized equipments which address the unique needs of WWPD and the availability of sufficient mobility aids for WWPD in the hospitals. Hospital social workers also should ensure funding exactly suited for the improvement of physical environment, sufficient provision of mobility aids, and availability of specialized equipment that address the unique needs of WWPD.

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Annex I: Informed consent

My name is EyerusalemGetachew, a student in the School of Social Work, Addis Ababa University. I am conducting a thesis for the requirements of a Master's degree in social work. My study is entitled "The Provision of Maternal Health Service Accessibility for Women with Physical Disabilities." The major aim of the study is to explore the accessibility of maternal health services for women with physical disabilities. The collected data will be used only for this thesis, and all discussions will be kept confidential. During data collection, important notes and records will be taken to capture key ideas from the interviews. A consent form has been prepared for you to certify your agreement to participate in an interview to address the research aims.

Participant signature date

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Annex Ⅱ: Interview guide for women with physical disability

I would like to thank you for your time and consent for this interview. I am interviewing women with physical disability to explore the provision of maternal health service accessibility. The interview session will stay only 45 minutes. I will take a note and record the interview to catch all the information forwarded from you. Our discussion is confidential and only shared with me and my advisor. I assure you that in the report your identity will never showed up as a respondent. You can escape a question if you don't want to respond and at the same time you can quite the interview session if you don't want to continue. If there is anything I should explain before I start the interview you can suggest.

A. Demographic Information

1. Could you please tell me a little about yourself? (Age, marital status, source of income, living situation…)
2. Please tell me about your physical disability. (Type of physical disability, its impact on daily life, personal experiences…)

B. Maternal Health Service Accessibility Questions

1. What has been your experience in accessing prenatal care services? Please describe your experiences and perceptions of health service facilities, including materials, building accessibility, and interactions with providers.
2. Have you encountered any discriminatory attitudes or practices while receiving prenatal care services?

3. Was there any special support provided during your labor or delivery due to your physical disability?
4. What challenges have you faced after childbirth due to your physical disability?
5. How accessible are maternal health services in general for women with physical disabilities?
6. Can you describe any physical, informational, or attitudinal barriers you have faced in health facilities during the provision of maternal health services?
7. How comfortable and confident are you in receiving maternal health services as a woman with a physical disability?
8. What is your perception of maternal health care providers' understanding, attitude, and preparedness for women with physical disabilities during pregnancy, childbirth, and the postnatal period?
9. What are your suggestions and recommendations for the provision of accessible and inclusive maternal health services for women with physical disabilities?
10. If you have any additional information to add to our session, please feel free to share it.

Thank you for your time and responses.

Annex Ⅲ: interview guide for key informant interview in Minilik II referral hospital

1. Could you please tell me your personal and professional experience in providing maternity care for women with physical disability?
2. What kind of resources and training are available for maternal health care providers to address the specific needs of women with physical disability?

3. In what extent maternal health care providers are knowledgeable to identify and address specific needs and challenges faced by women with physical disability during pregnancy, child birth and postpartum period?
4. What kind of ethical consideration are there to provide maternity care for women with physical disability?
5. How do you think society attitudes impact the accessibility and quality of maternal health service towards women with physical disability?
6. What challenges can be faced by maternal health care providers to ensure a quality and holistic maternity care for women with physical disability?
7. How do you evaluate the availabilities of special equipment and facilities provided for women with physical disability during pregnancy, child birth and postpartum period?
8. Could you please share some recommendation and suggestion you have to improve knowledge, attitude, and preparedness of maternal health care professionals in addressing the specific needs of women with physical disability during pregnancy, child birth and postpartum period?
9. Do you have any additional comment and suggestion in this session?

   Thank you for your time and responses

Annex Ⅳ: A non-participant observation checklist guideline in Minilik II referral hospital

The observation checklist is prepared to explore the provision of maternal health service accessibility for women with physical disability. More specifically it assessed the quality of maternal health service for women with physical disability in Minilik II referral hospital. The observation conducted in different times and days in a week from two month and half. During observation detailed note recorded. The observation assessed the accessibility and infrastructure

(physical environment) of the facility, maternal health service provision and management, and maternal health care provider's perception.

I. Accessibility and infrastructure (physical environment)	Yes	No	Observation
The hospital entrance and exists are accessible for wheelchairs and other mobility aids.			All the hospital ways accessable by roads. There is no that much challenge full physical environment for wheelchairs and other mobility aids except some health service provision unit entrance, waiting rooms and examination rooms.
Ramps, wide doors, automatic doors, and elevators are available in the hospital building.			Most of the hospital building entrances have a ramp which is accessible for wheelchair and other mobility aid but, there are some entrances which do not have any ramps, wide doors and elevators. For instance; GYNI high risk.
There is designated accessible parking area for person with disability and it is near to the entrance.			Parking areas of the hospital are equally prepared, thus there is no any prepared designated parking area for person with disability which is near to the entrance of maternal health service. Rather parking areas are little far from the entrance. Specifically maternal health service unit

			far away from the parking area.
There is enough space for wheelchairs and other mobility aids in waiting area before women with physical disability enter to her doctor.			ANC, PNC and GYNI high risk waiting rooms don't have sufficient space that can be accessible for women with physical disability. They are very narrow and not suitable for wheelchair and other mobility aids.
Examination rooms and tables are accessible for wheelchairs and other mobility aid.			The ANC and PNC examination room's tables are suitable for wheelchair and other mobility aids. But GYNI high risk rooms are not suitable for WWPD because, the room cheeked the high risks through ultrasound. Thus WWPD cannot access the service due to the absence of ramps and its high stairs.
There is an accessible and wide door toilet and bathrooms are available for women with physical disability.			Additionally the major challenge the researcher have observed in the hospital building there is no sufficient accessible toilet. And the toilets are not wide door open even for church users it might get them to other disability because it risks them to fell off.
II. Communication and interaction			

Maternal health care staffs use clear language while they communicate and interact with maternal service user			In ANC, GYNI high risk and PNC unit staffs uses clear language which enable every women to interact with maternal health service providers.
They use respectful language			With some fed upped staffs others use respectful language. Disrespect language forwarded from some health professionals due to there is a lot of maternal health service users and not sufficient staff members that can match with the beneficiaries.
They avoid jargons words, listen patiently and speak respectfully.			As observed during data collection time jargon words didn't forwarded from health professionals.
They keep privacy and confidentiality of every women in need of maternity care.			Privacy and confidentiality of every women is kept in need of maternal health service provision especially in labor ward (delivery room).
They inform all medical results to women receiving maternity care,			Medical results are informed to every observed woman on the preference ways of medical staffs. Even if the women didn't ask deeply about the case general medical results only forwarded from the

			maternal health service providers. But all staffs were not the same most of them use clear, respectful and polite language to discuss about the medical result of the women.
III. Maternal health service provision and management			
ANC, delivery, and PNC services are available for women with physical disability.			All maternity care services are available to all women. Discrimination might happen based on health professionals. Otherwise all services are provided equally to all women with disability and without disability.

Different modification are prepared to make sure the safety and comfort of women with physical disability.			As the researcher understood the modification can be made for WWPD is arrange beds by increase and decrease the height.
Different consent forms are available in accessible format for women with physical disability before the staffs start maternity care.			There is a consent form that shows the acceptance of women to receive the service. But this consent form is filled during her delivery time if she and the provider decided to do CS and if her

			baby's life at risk and it would be better to do surgery.
Women with disability can actively involved in decision making about their maternity care.			Every women can involve in decision making process during her maternity care more often in labor and delivery time.
Ⅳ. **Maternal health service provider's knowledge and attitude**			
Maternal health service providers receive training on maternity care for women with disabilities.			During two and half months of stay at menelik hospital the researcher didn't observe any forwarded trainings and awareness creation activity specifically focused about disability.
The staffs aware and understand specific needs and challenges of WWPD and best practices to reduce these challenges.			Most of staff members from menelik hospital maternal health service unit try to understand every women challenge and struggle to find out possible mechanisms to solve the existed challenges.
The staffs show positivity and respect for their beneficiaries with disability and avoid any stereotypic behaviors.			Stereotype behavior didn't observe from the health care providers.
There is comment suggestion box that can receive any complain from maternal health service receivers.			There is comment suggestion box that can receive any complains and good comments from maternal health service

			users. But from the researcher's stay in Menelik hospital didn't observe users put any comments to the suggestion box and even none of assigned health professional open the box. It seems the box is exists just to fulfill the formality.

አባሪ አንድ፡ ለአካል ጉዳተኞች የተዘጋጀ ቃለ መጠይቅ

ከሁሉ አስቀድሜ ለዚህ ቃለ መጠይቅ ፍቃደኛ ስለሆኑ እና ጊዜዎት ንስለሰጡኝ ከልብ አመሰግናለሁ፡፡ ይህ ቃለ መጠይቅ የሚደረገው ተደራሽ የሆነ የእናቶች ጤና ለሴቶች አካል ጉዳተኞች ያለውን አቅርቦት ለመዳሰስ ነዉ፡፡ ቃለ መጠይቁ እስከ 45 ደቂቃ ይወስዳል፡፡ ማስታወሻ በመያዝ እና የድምፅ መቅጃን በመጠቀም አስፈላጊ መረጃዎችን እመዘግባለሁ፡፡ በቃለ መጠይቁ መመለስ የማይፈልጉት ጥያቄ ካለ ጥያቄዉን መዝለል ወይም ቃለ መጠይቁን ማቋረጥ ይችላሉ፡፡ ተጨማሪ እንዲብራራሎት የሚፈልጉት ጥያቄ ካለ ማቅረብ ይችላሉ፡፡

ሀ. የግል መረጃዎች

1. **እባክዎን ስለራስዎ ትንሽ ሊነግሩኝ ይችላሉ? ለምሳሌ እድሜ፣ የጋብቻ ሁኔታ፣ የገቢ ምንጭ፣ የኑሮ ሁኔታ**
2. **ስለ አካልጉዳትዎ ቢነግሩኝ ለምሳሌ የአካል ጉዳቱ አይነት፣ በእለት ተእለት ህይወትዎ ዉስጥ ያስከተለው ጫና ካሳለፉት ልምድ**

ለ .የእናቶች ጤና አገልግሎት ተደራሽነትን የተመለከተ ጥያቄዎች

1. የቅድመ ወሊድ ክትትል አገልግሎትን ከማግኘት አንፃር ያለዎት ልምድ ምን ይመስላል የእርስዎን ልምድ እና ግንዛቤ በጤና አገልግሎት ላይ ያለዎትን ቢያካፍሉኝ ለምሳሌ ከአገልግሎት አቅርቦት፣ የህንፃው ተደራሽነት እና ከጤና ባለሙያዎችጋር ስላለው መስተጋብር
2. በቅድመ ወሊድ ክትትል አገልገሎት ዉስጥ ማንኛዉም አይነት አድሎአዊ አመለካከት እና ተግባር አጋጥሞዎታል?
3. በወሊድ ጊዜ የአካል ጉዳትዎን መሰረት ያደረገ የተለየ ድጋፍ ተደርጎልዎት ነበር?
4. በአካልጉዳትዎምክንያትከወሊድበሃዋላምንአይነትችግሮችአጋጥሞዎታል?
5. የእናቶችጤናአገልገሎትበአጠቃላይለሴቶችአካልጉዳተኞችምንያህልተደራሽነውብለዉያስባሉ?
6. በእናቶች ጤና አገልገሎት አቅርቦት ላይ ያጋጠሞትን ማንኛዉም አካላዊ መረጃን መስረት ያደረገ እና የአመለካከት ችግር ሊአብራሩልኝ ይችላሉ?
7. የእናቶች ጤና አገልግሎትን ሲያገኙ ምን ያህል ምቾት እና መተማመን ይሰማዎታል?
8. የእናቶች ጤና አቅርቦት ላይ የሚሰሩ የጤና ባለሙያዎች ስለሴቶች አካልጉዳተኞች በእርግዝና፣ በወሊድ ሰዓት እና ከወሊድ በኋላ ስላለው ጊዜ ያላቸውን አመለካከት፣አረዳድ እና ዝግጁነት ያሎት ግንዛቤ ምንድን ነው?
9. ተደራሽ እና አካታች የእናቶች ጤና አገልግሎት አቅርቦት ላይ ያሎት ሀሳብ እና አስተያየት ምንድን ነው?
10. መጨመር ሚፈልጉት ሀሳብ ካለ መጨመር ይችላሉ

ስለ ጊዜዎት እና ምላሽዎ አመሰግናለሁ

አባሪ ሁለት፡ ከጤና ባለሙያዎች ጋር ተደረገ ቃለ መጠይቅ

1. የእናቶች ጤና አገልግሎት ለአካል ጉዳተኞች በሚሰጡበት ሰዓት ያጋጠሞትን የግል እና ሙያዊ ልምድ ሊያካፍሉኝ ይችላሉ?

2. የሴቶች አካል ጉዳተኞችን የተለየ ፍላጎት ተደራሽ ለማድረግ ለጤና ባለሙያዎች ምን አይነት ሪሶርሶች እና ስልጠንዎች አሉ?
3. ሴቶች አካል ጉዳተኞች በቅድ መወሊድ፣ በወሊድ እና ከድህረ ወሊድ በኋላ ስላላቸው የተለየ ፍላጎት እና ስለሚያጋጥማቸው ችግር የጤና ባለሙያዎች ምን ያህል ያውቃሉ?
4. የአካል ጉዳተኛ ለሆኑ ሴቶች የወሊድ አገልግሎት ለመስጠት ምን አይነት ቅድመ ሁኔታዎች አሉ?
5. ተደራሽ እና ጥራት ያለው የእናቶች ህክምና አገልግሎት ለሴቶች አካል ጉዳተኞች ለማቅረብ የማህበረሰቡ አስተሳሰብ ምን ያህል ተፅንኖ አለው ብለው ያስባሉ?
6. ጥራት ያለው እና አጠቃላይ የእናቶች ህክምናን ለሴቶች አካልጉ ዳተኞች ለማረጋገጥ እንደ ጤና ባለሙያ ምን ችግር አጋጥሞታል?
7. በቅድ መወሊድ፣ በወሊድ እና ድህረ ወሊድ አገልግሎት ለሴቶች አካልጉዳተኞች ከማቅረብ አንፃር ያሉትን የተለየ መሳሪያዎች እና አገልግሎት እንዴት ይገመግሙታል?
8. እባክዎን ያሎትን ሀሳብ እና አስተያየት ሊያጋሩኝ ይችላሉ? በተለይ የጤና ባለሙያዎች ለሴቶች አካል ጉዳተኞች ያላቸው ግንዛቤ ለማሻሻል እና የተለየ ፍላጎቶቻቸውን ተደራሽ ከማድረግ አንፃር ያሎት ሁሳብ እና አስተያየት ምን ይመስላል?
9. በቃለ መጠይቁ መጨመር የሚፈልጉት ሀሳብ ካለ

ስለ ጊዜዎት እና ምላሽዎ አመሰግናለሁ

አባሪ ሶስት፡ የምልከታ ዝርዝር መመሪያ በሚኒሊክ ሪፈራል ሆስፒታል

የምልከታው ዝርዝር የተዘጋጀው የእናቶች ጤና አገልግሎት ለሴቶች የአካል ጉዳተኞች ያለውን አቅርቦት ለመዳሰስ ነው። በተጨማሪው ጥራት ያለው የእናቶች ጤና አገልግሎት ለሴት አካል ጉዳተኞች መኖሩን ይዳስሳል። ምልከታው የሚዳስሰው የተቋሙ ተደራሽነትን እና መሰረተ ልማት፣ የእናቶች ጤና አገልግሎት አቅርቦት እና ቁጥጥር እንዲሁም የጤና ባለሙያዎችን ግንዛቤ ነው።

1. የተቋሙ ተደራሽነት እና መሰረተ ልማት	አዎ	አይ	ምልከታ
• የሆስፒታሉ መግቢያ እና መውጫ ለዊልቸር እና ለሌሎች የመንቀሳቀሻ መሳሪያዎች ምቹ ነው • ራምፕ፣ ሰፊ በር እና አሳንሱር በሆስፒታሉ ህንፃ ውስጥ ይገኛል • ለአካል ጉዳተኛ ታስቦ የተዘጋጀ የመኪና ማቆሚያ አለ እና ለመግቢያው ቅርብ ነው • ታካሚዎች ወደ ሀኪማቸው ከመግባታቸው በፊት የሚጠብቁበት መቀያ ክፍል ለዊልቸር ምቹ ነው • የምርመራው ክፍል እና በውስጡ ያሉት ሪሶርሶች ለዊልቸር እና ለሌሎች የእንቅስቃሴ መሳሪያዎች ምቹነው • ምቹ የሆነ ለአካል ጉዳተኞች ተብሎ የተዘጋጀ መፀዳጃ ቤት አለ			
2. ተግባቦትን በተመለከተ			
• የጤና ባለሙያዎች ግልፅ የሆነ ቋንቋ ይጠቀማሉ • ክብርን የሚጠብቁ ቋንቋዎች ይጠቀማሉ • የህክምና ቃሎችን ቀለል ባለ መልኩ ይጠቀማሉ፣በትዕግስት ያደምጣሉ • የታካሚዎቻቸውን የግል ሚስጥር ይጠብቃሉ			

• ሁሉንም የምርምራ ውጤታቸውን በግልፅ ያሳውቃሉ			
3. የእናቶች ጤና አገልግሎት ተደራሽነት እና ቁጥጥር			
• የቅድ መወሊድ፣ ወሊድ እና ድህረ ወሊድ አገልግሎት ለሴቶች አካል ጉዳተኞች ተደራሽ ነው • ለአካል ጉዳተኞች በተለየ የወሊድ አገልግሎት ለመስጠት በቂ የጤና ባለሙያዎች አሉ • የሴቶች የአካል ጉዳተኞች ንደህንነትእናምቾትየሚያረጋግጡሁኔታዎችተመቻችተዋል • የወሊድአገልግሎት የፍቃደንነትቅጾችእንዲሞሉይደረጋል • ሴቶችአካልጉዳተኞች በሚደረግላቸው ህክምናውሳኔበመስጠትመሳተፍይችላሉ			
4. የጤና ባለሙያዎች ግንዛቤን በተመለከተ • የጤና ባለሙያዎች ስለአካል ጉዳተኞች ግንዛቤ እንዲኖራቸው ስልጠና ይሰጣል • የጤና ባለሙያዎች አካል ጉዳተኞች የሚኖራቸው የተለየ ፍላጎት ይረዷቸዋል እንዲሁም የሚገጥማቸውን ችግር የሚቀርፉበት ፕርክቲስ አላቸው እንዲሁም የሚገጥማቸውን ችግር የሚቀርፉት ፕራክቲስ አላቸው • አድሎአዊ የሆነ አመለካከት በማስወገድ የህክምና አገልግሎት ይሰጣሉ • ማንኛዉንም አይነት ቅሬታ ማቅረቢያ የሚሆን የሀሳብ መስጫ ሳጥን አለ			