

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF NURSING AND MIDWIFERY**

**BARRIERS TO ACCESSING SAFE ABORTION SERVICES BY WOMEN WITH DISABILITIES: INSIGHTS FROM VISUALLY IMPAIRED UNDERGRADUATE STUDENTS AT ADDIS ABABA UNIVERSITY, ETHIOPIA – A QUALITATIVE STUDY.**

**BY:**

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**A RESEARCH THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN MATERNITY AND REPRODUCTIVE HEALTH NURSING.**

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This thesis by AYDA GETANEH is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in maternity and reproductive health nursing.

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## **LIST OF ABBREVIATIONS AND ACRONOMYS**

AAU	Addis Ababa university.
CSE	Comprehensive sexuality education
FGDs	Focus group discussions.
NSPP	National Social Protection Policy.
SDGs	Sustainable Development Goals.
SHC	Student health centers.
SRH	Sexual and reproductive health.
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities.
WHO	World health organization.
WWDs	Women with disabilities.
YPWDs	Young people with disabilities.

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## **ABSTRACT**

**Background:** Access to safe abortion is a crucial reproductive right, yet women with disabilities face significant barriers. These barriers, compounded by societal stigma and systemic inequalities, are particularly pronounced in developing contexts. Addressing these barriers is essential to ensuring equitable access to reproductive healthcare and promoting the autonomy and well-being of this vulnerable population.

**Objective:** To explore barriers to accessing safe abortion services by women with disabilities: insights from visually impaired undergraduate students at Addis Ababa University, Ethiopia – a qualitative study, 2025.

**Methods:** A qualitative descriptive study was conducted among purposively sampled female students with disabilities at Addis Ababa University studying in various departments. Individual in-depth interviews with visually impaired, as well as key informant interviews, were conducted utilizing an interview guide. Data were audio recorded, transcribed verbatim and codes generated manually.

**Results:** Barriers that could prevent women with disability from taking the step to seek safe abortion services. Multi-Layered Barriers to Access safe abortion service, Disability-Specific Challenges and Exacerbation of Existing Barriers and Recommendations to Improve Support Systems and Inclusive Practices have been identified to provide in-depth descriptions of the barriers to accessing safe abortion services by women with disabilities: insights from visually impaired.

**Conclusion and Recommendation:** This study revealed that women with disabilities attending undergraduate programs at Addis Ababa University face numerous and intersecting barriers when seeking safe abortion services. Participants in the study made a number of suggestions to enhance inclusive behaviors and support networks in light of these difficulties. Education and awareness initiatives that are especially suited to the requirements of women with disabilities were the main recommendations

**Key words:** safe abortion, women, disabilities, undergraduate students, Addis Ababa University, Ethiopia.

# 1. INTRODUCTION

## 1.1 Background

Approximately one-third of the 210 million women who become pregnant each year worldwide end up miscarrying, stillborn, or having an induced abortion.(1) Safe abortion care is a very safe medical maneuver carried out under hygienic settings by qualified professionals using the right medications and medical procedures(2).

According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), people with disabilities include those who have long-term mental, physical, intellectual, or sensory impairments that, when combined with other obstacles, may prevent them from fully and equally participating in society.(3) Globally, an estimated 1.3 billion people suffer from a major disability. The urgency of action is highlighted by the fact that this number has increased over the past ten years and will continue to rise as a result of demographic and epidemiological trends.(4) Based on survey data from 2015–16, it is projected that 7.8 million Ethiopians, or 9.3 percent of the entire population, live with a disability. Up to 2.2 million of them (2.4 percent) struggle with extremely serious issues. About 47,000 people in Addis Ababa and 324,000 in other cities across the nation are thought to have severe disabilities. Children and young people under the age of 25 make up about 30% of all impaired persons (3).

Around the globe, women are more likely than males to have a disability, with a frequency of 19% versus 12%. The global community is given a great opportunity and a moral obligation to prioritize addressing the rights and demands of women with disabilities while working toward the Sustainable Development Goals (SDGs) for all women and girls, as outlined in the 2030 Agenda(5). The Convention on the Rights of Persons with Disabilities had its official debut on May 3, 2008. It is the first worldwide disability treaty with legal force. In particular, sexual and reproductive health (SRH) is mentioned(6).

Accessing social services including housing and transportation, as well as health care, education, and work, is a common challenge for people with disabilities. Legislation, policies, and strategies that are insufficient, a lack of services, issues with service delivery, a lack of knowledge and comprehension about disabilities, discrimination and negative attitudes, lack of involvement in

decisions that directly impact their lives are the root causes of these barriers. WHO's purpose is largely focused on preventing conditions that might cause death, illness, or disability(7).

A further recommendation of the National Social Protection Policy (NSPP) is the increase of services for individuals with impairments. Among other significant laws and regulations are the Ethiopian Building Proclamation (2009), and the Master Plan for Special Needs and Inclusive Education (2016). But a number of legislative loopholes and obstacles still exist, making it difficult for families and people with functional impairments to participate fully in society (3).

The Ethiopian government has worked hard to reduce the morbidity and mortality associated with abortion. The abortion law was enlarged in 2005 to allow abortion in situations including rape, incest, and fetal impairment; also, it was permitted if the woman had a physical or mental disability, was under the age of 18, or was trying to save her own life(8). even though there is legal permission under certain circumstances, Abortion-related morbidity and mortality in Ethiopia are greatly influenced by unsafe abortion, which is a serious medical and public health issue in the nation. The expense of services, lack of privacy, and anxiety about provider criticism were barriers to receiving safe abortion care.(9)

Disabled persons face significant institutional, legal, and structural obstacles that deny many people access to safe and legal abortion (10).In comparison to other reproductive healthcare providers, the student health centers SHC is a well-known and reliable supplier of reproductive health products and services, with a far lower percentage of system and access hurdles for students. For the vast number of increasingly diverse college students, SHCs are therefore vital and easily accessible locations that can take the lead in reducing barriers to reproductive and abortion care(11).

The Ethiopian Federal Ministry of Health has declared expanding access to abortion services a top goal. However, obtaining abortion services continues to be a challenge for many women. Access to abortion services across the health sector was not always guaranteed by political will or central authorities' prioritization of the service. Lack of money, supplies, and personnel to establish and increase access to abortion services presented significant obstacles at the local and regional levels. however, it's challenging to prioritize abortion services among the many health programs and goals that local health authorities had to carry out, the inadequate reporting

indicator systems also made accountability more difficult. The sensitive nature of the abortion offered further difficulties(12).

## **1.2 Statement of Problem**

Despite being a crucial component of reproductive health and rights, access to safe abortion services remains a significant barrier for many women in Ethiopia, where unsafe abortion is still a leading cause of maternal mortality and morbidity (13).

Women with disabilities often face insurmountable obstacles that prevent them from safely and fairly accessing abortion services, despite Ethiopia's 2005 liberalized abortion law that permits abortion under certain restrictions(14). Recent changes in abortion law in Ethiopia are believed to improve access to safe abortion services and subsequently reduce the burden of unsafe abortion and its complications. However, about 50% of abortions are still performed outside health facilities despite the availability of safe abortion services (15).

Women with disabilities who attend universities such as Addis Ababa University encounter challenges due to interconnected factors. These include stigma, a lack of disability-sensitive healthcare services, and a lack of awareness of their sexual and reproductive health (SRH) rights(16). Educational environments often lack appropriate support systems to address the reproductive health needs of students with disabilities, creating further inequalities. This issue is exacerbated by the fact that societal and healthcare provider attitudes toward disability often reinforce stereotypes that disregard the sexual and reproductive health needs of disabled women(17).

This study aims to fill this gap by exploring the barriers to accessing safe abortion services faced by women with disabilities attending undergraduate programs at Addis Ababa University. While studies have examined barriers to reproductive health services among Ethiopian women broadly, there is limited research focusing on the experiences of women with disabilities in accessing safe abortion services. Furthermore, no studies have specifically addressed this issue among women with disabilities in higher education settings, leaving a critical gap in the evidence base necessary for informed policymaking and program development.

### **1.3 Significance of the study**

There is substantial significance in this qualitative study examining barriers to women with disabilities access to safe abortions at Addis Ababa University. The important issue of a particularly vulnerable population's lack of access to safe abortion services is directly addressed in this study. Through the investigation and identification of particular obstacles pertaining to physical accessibility, structural discrimination within the healthcare system, attitudinal prejudices, and the interaction between reproductive healthcare needs and disability. A vital gap in study on this particular demographic in the Ethiopian context will be filled by this thorough understanding, which will greatly add to the body of knowledge already available on reproductive health and disability. The results will offer rich qualitative information that the literature does not yet have.

This research has a wide range of practical applications. The results of the study will help Addis Ababa University and other institutions create evidence-based programs that will increase women with disabilities' access to safe abortion services. These interventions could include developing culturally relevant communication and educational materials, advocating for policy changes to improve physical accessibility and lower attitudinal barriers, creating customized training programs for healthcare providers on disability awareness and inclusive care, and developing strategies to strengthen these women's social support networks. Policymakers, healthcare professionals, university administration, disability advocacy organizations, and women with disabilities will all benefit from this study. In the larger framework of protecting reproductive rights, increasing gender equality, and advancing disability inclusion in the Ethiopian healthcare system.

## **2. LITERATURE REVIEW**

### **2.1 INTRODUCTION**

Safe Abortion care is a comprehensive termination of pregnancy that is offered to clients as permitted by the law which includes the right to determine if and when to become pregnant, to continue or terminate a pregnancy, the right and opportunity to select between options, and having complete and accurate information. this includes having termination of pregnancy service by trained competent providers with up-to-date clinical technologies, easy-to-reach services that are affordable and non-discriminatory.to get Quality service, address respectful, confidential services tailored to the woman's needs using accepted standards with appropriate referral procedures(14).

This literature review explores the barriers to accessing safe abortion services with disabilities attending undergraduate programs at Addis Ababa University. The review examines existing research on the intersections of disability, gender, and reproductive health, specifically focusing on the experiences of women with disabilities navigating abortion care. The objective is to identify key themes, gaps in knowledge, and potential avenues for future research in this critical area.

### **2.2 Reproductive Health Care Access for People with Disabilities**

A physical, hearing, vision, or cognitive handicap affects about 7-8 million women in the United States who are of reproductive age, or 12% of the total population. Pregnancy prevention and planning are equally crucial for women with disabilities as they are for women without disabilities, since the majority of these women have normal fertility. However, access to contraceptive information may be restricted for women with impairments. Furthermore, their goals and requirements when it comes to choosing a contraceptive method may differ depending on the kind and extent of their impairment(18).

A study in Bangladesh reported that those with disabilities who have more formal education are more likely to use SRH services. People with disabilities who receive formal education gain more information about and experience with SRH services, and they also have more financial options to pay for SRH services. Closing the gap in SRH health inequalities for this vulnerable population is probably possible if comprehensive sexuality education (CSE) is integrated into schools and formal education levels for people with disabilities are raised(19).

In Ghana, 2127 specially chosen youth with disabilities from 16 special schools participated in a descriptive cross-sectional survey. The findings demonstrate that young people with disabilities in Ghana make extensive use of SRHS. Self-rated health status, ecological zone, and religion were revealed to be the primary characteristics linked to SRHS use among YPWDs. The difficulties and obstacles YPWDs encounter when trying to access SRHS were also clearly visible. The main obstacles and difficulties were monetary limitations, communication issues, and physical impediments. These difficulties and obstacles were linked to self-rated health status, sex, ecological zone, educational attainment, and disability type(20).

Indeed, the widespread and ongoing disadvantages that disabled individuals face disproportionately enhance their demand for abortion services. Many of them already lack access to safe and legal abortion because of significant institutional, legal, and structural restrictions(10).

### **2.3 Higher Education and Women's Access to safe abortion Service**

A study on undergraduate students' attitudes and knowledge regarding safe abortion at the Nepal Jana Bhawana campus, the majority of respondents (62.3%) had a fair understanding of it. Half of the respondents had a negative opinion toward safe abortion, even though the majority of respondents had a fair degree of information. This demonstrates that to alter undergraduate students' attitudes, instructional intervention is required(21).

According to a study conducted on disabled Students in Selected Public Universities of Ethiopia, the overall utilization of sexual and reproductive health services was 36.22% among 557 disabled participants. This study showed that a low proportion of disabled students had utilized sexual and reproductive health services(22). Based on a study on attitudes and practices regarding safe abortion among female students at Mizan-Tepi University in Southwest Ethiopia, the majority of respondents (74.14%) agreed that safe abortion is important for avoiding interruptions at school. The majority of participants understood the significance of safe abortion, and the majority of female students had heard of it at some point. The most common source of knowledge for these students was the media. For this reason, the University Student Clinic is strongly advised to provide safe abortion and free family planning services to female university students(23).

Based on studies done among students at Jimma, Mekelle, and Addis Ababa universities in Ethiopia, three scenarios illustrate how students might handle an unintended pregnancy. One way to escape the shame associated with premarital pregnancy is to have the pregnancy ended in secrecy. Choosing to keep the pregnancy and deal with the ensuing fallout is the second option. The third situation occurs when a student appears to be immobilized by feelings of shame and terminates the pregnancy because she is unable to act. Many issues arise for students who bring their pregnancies to term(24).

## **2.4 Barriers to Accessing Safe Abortion for People with Disabilities**

Accessing health treatment presents a variety of systemic, physical, and attitudinal difficulties for people with disabilities. Lack of knowledge and skills on the part of health providers, misconceptions about the health of people with disabilities that lead to the assumption that they do not need access to health promotion and disease prevention services and programs, disrespect or negative attitudes and behavior toward people with disabilities, communication difficulties and informational barriers, and insufficient information for people with disabilities about their right to access health care services are some of the obstacles to accessing health services(7).

### **2.4.1 Information Barriers**

A qualitative assessment of the obstacles and enablers for women with disabilities accessing sexual and reproductive health care revealed varying degrees of knowledge or comprehension regarding these services. Since most members of the community (family, healthcare providers) believed that specific SRH information was unnecessary for people with disabilities, it is either completely unavailable or nonexistent. According to women from the Blind Association, they are unable to get information about SRH services due to a lack of adequate support (brail). Furthermore, they asserted that neither medical professionals nor nurses who are sign language interpreters or audio-based SRH materials are available. Additionally, there are no SRH service brochures available for WWDs in a health facility(25).

According to a cross-sectional survey conducted in the Harari Region of Eastern Ethiopia, a significant percentage of female college students in the study area lacked enough awareness about the legalization of safe abortion. Furthermore, this lack of understanding encourages women to have unsafe abortions, which raises the risk of maternal death and morbidity. Much more work has to be put into raising awareness and educating people about the legal context of

safe abortion communication and informational hurdles; and insufficient information regarding the right of individuals with disabilities to get health care services(26)(7).

#### **2.4.2 Physical Barriers**

A qualitative study on young women with disabilities' access to sexual and reproductive health services and information in Senegal reported that Challenges in healthcare facilities' structures Lack of elevators and ramps for wheelchair users was one of the most often mentioned obstacles to using SRH services. Participants reported having a very hard time entering medical facilities and then finding their way to consultation rooms(27).

Issues with transportation Many WWDs find it extremely difficult to move around the city because of the inaccessibility of transport and the ever rising expense of transportation (25).

#### **2.4.3 Socio-cultural Barriers**

A study conducted on Accessibility and Utilization of Sexual and Reproductive Health Services among People with Disabilities in Nepal shows that Stigmatization and strongly ingrained sociocultural views on sexuality can make it difficult to have frank conversations, educate people about sexual health issues, and discourage them from seeking SRH assistance (28).

According to research done on Ethiopian university students struggling with unintended pregnancies, the university does not have many support systems in place to meet their demands. Furthermore, pregnancy puts the student at risk of being shunned by her family because of the embarrassment she has placed on them, endangering family support. For these students, shame and silence are therefore significant societal factors that are supported by patriarchal norms and gendered injustices (24).

#### **2.4.4 Financial Barriers**

A qualitative study of the barriers and facilitators for women with a disability seeking sexual and reproductive health services in Addis Ababa, Ethiopia reported, For the majority of women seeking SRH services, money was another frequent source of worry. Concerns regarding the family's lack of support in paying for the SRH service were raised by women from blind groups, who believe it is unnecessary for them or because some of them are unemployed. Because disabled women are low-income producers in society, transportation costs are very high for them(25).

Public health insurance allowed vulnerable individuals or those with impairments to pay less for medical care. This only pertained to government hospitals and health care facilities, which were frequently nearly inaccessible because of obstacles both within and outside of them. Women with disabilities thus had to choose between a private health care provider that was more accessible and the public clinic while seeking reproductive health care. For the latter, they were forced to purchase private health insurance or pay the entire price, which was out of reach for nearly all disabled people (29).

#### **2.4.5 Healthcare Provider-Related Barriers**

According to WHO global disability action plan, health providers' inadequate knowledge and skills, misconceptions about the health of people with disabilities, lead to the belief that they don't need access to programs and services for disease prevention and health promotion; disrespect or unfavorable attitudes and actions toward people with disabilities(7).

Even when abortion services are otherwise permitted by law, access to safe abortion services is further restricted by unnecessary administrative obstacles like waiting periods, spousal or parental consent requirements, multiple doctor signatures, and rigorous, non-evidence-based restrictions on the type of facility or provider that can offer services, such as restricting services to gynecologists or hospitals (30).

### **3. OBJECTIVE**

#### **3.1 General objective**

To explore the barriers to accessing safe abortion services by women with disabilities: insights from visually impaired undergraduate students at Addis Ababa university, Ethiopia – a qualitative study 2025.

#### **3.2 Specific objectives**

1. To explore the perception of safe abortion services by women with disabilities attending undergraduate programs.
2. To explore the specific physical, attitudinal, and systemic barriers encountered by women with disabilities in accessing safe abortion services.
3. To recommend strategies for improving access to safe abortion services for women with disabilities

## 4. METHODS

### 4.1 Study Setting

This study was conducted at Addis Ababa University (AAU), the largest and one of the oldest public universities in Ethiopia. Located in the capital city, Addis Ababa. AAU serves a diverse student population, including women with disabilities who are enrolled in various undergraduate programs. The university is situated in an urban setting, providing both academic and healthcare facilities, with the main campus located in proximity to several health centers and hospitals offering reproductive health services. A total of 110 disable students are attending in different colleges of AAU where 32 of them are female.

### 4.2 Study period

The study was conducted from February 15 2025 – to April 15, 2025.

### 4.3 Study design

A descriptive qualitative approach was used by purposively selecting respondents to explore barriers to access safe abortion services by women with disabilities attending undergraduate programs in various collages at Addis Ababa University.

### 4.4. Source population

All women with disabilities attending at AAU.

### 4.5 study population

The research population for this qualitative study were consist of Women with disabilities enrolled in various undergraduate programs at AAU. The recruitment process started after submitting ethical clearance latter and support latter to disability office found in AAU 6 killo campus. Then the disability office makes a connection with disable students' representative, after that we manage to get and communicate with disable students through their representative.

*Table 1 Participants segmentation by School and program*

College/School	Participants
School of law	2
Social sciences, arts and humanities (CSS-	2

ArtH)	
Education and language studies	5
Freshman program	1
Total	10

## **4.6 Inclusion and exclusion criteria**

### **4.6.1 inclusion criteria**

Women who were attending various undergraduate programs (Social work, Language and literature, Law, Social science and Freshmen) at AAU, who fulfilled the following criteria were included in the study:

- Female students with disability enrolled in undergraduate programs at AAU.
- Students who were aged 18 and above.
- Students who were volunteered to participate in the study and provide informed consent.

### **4.6.2 Exclusion criteria**

Women unable to provide informed consent or participate meaningfully, even with reasonable support

## **4.7. Data collection tool and procedure**

In-depth one-on-one interviews and key informant interviews were conducted by the principal investigator along with a trained female research assistant, collecting all evidence materials in audio format. An interview guide was used to outline the open-ended topics in Amharic. The researchers performed preliminary interviews with two participants ahead of the main interviews. The interview procedure and questions were modified in line with the pilot interviews.

The interview was focused on participants' descriptions and experiences of safe abortion services. An interview guide was used that cover questions on issues related to barriers to access safe abortion for students WDs who face challenges in their daily lives while seeking health care services and safe abortion care, including sociodemographic character, perception on safe abortion, structural barriers in the health facility, transportation suitability, financial status,

healthcare provider attitude, and support network. Participants' descriptions on service have been exposed in detail through the interviews.

Participants who matched the inclusion criteria and could offer detailed information were chosen using a purposeful sampling procedure. Ten participants were included in the in-depth interview; all were women with visual impairments. Two Key informant interview includes representatives who are currently working in disability office and student's clinic in AAU. The interviews were conducted in a private class, in AAU. Each interview took about a maximum of 37 minutes and a minimum of 15 minutes.

The interview was recorded and a field note was taken. All the output materials from the interview were audio-recording whereas the data are well privately placed digitally by the principal investigator to protect the privacy of the participants. Data saturation was considered for data collection. When additional information failed to produce any new emergent codes or themes.

#### **4.8 Operational Definition**

**Safe Abortion Services:** Medical procedures performed by trained healthcare providers using safe and appropriate methods to terminate a pregnancy including informed consent, counseling, and post-abortion care.

**Women with Disabilities:** Women experiencing physical and sensory impairments that may affect their access to healthcare services.

**Barriers:** Any Obstacles or challenges preventing women with disabilities from accessing safe abortion services.

**Access:** The ability of women with disabilities to obtain safe abortion services when needed.

#### **4.9 Trustworthiness**

To ensure the validity of the findings, four approaches were taken into consideration. These include credibility, transferability, dependability, and conformability.

##### **4.9.1 Credibility**

Before the actual data collection, the investigators arrived at the study site and get familiarized with the study setting, and created a rapport with relevant people in the study area. The principal

investigator (PI) also maintained continuous interaction and engagement with the study site and respondents, which reduced informational alteration and allowed for a better understanding of the context of the research.

The investigator also used audio recordings and field notes during the interviewing. In addition, triangulation of the data (in-depth interview) was used, including the study's consistent use of the same interviewing guide.

#### **4.9.2 Transferability**

The researcher gave a deep description of the research context, technique, respondents, and result to ensure transferability. Additionally, a deliberate selection of participants was employed to focus on those who could provide comprehensive information.

#### **4.9.3 Dependability**

This was accomplished by keeping audio recordings of participant interviews, verbatim transcriptions of the notes taken during the interviews, and cross-checking the process. Additionally, all data collection instruments, raw data, analysis codes, and conclusions were sent to researchers who were not involved in the research for an external audit. In addition, the result and discussion of this study were supported by relevant and directly related literature.

#### **4.9.4 Confirmability**

By carefully going over the interview transcripts, comparing the codes with the raw data, and repeatedly cross-referencing the findings with the opinions of the participants, it was made sure that reflexivity was maintained and that the investigators' perspectives did not influence the study data. For external validation, this approach was supported by the supervisor.

### **4.10 Data Analysis Method**

Analysis of the data was started simultaneously with data collection. Emerged codes were thematically analyzed inductively by the principal investigator. Data from the audio recording were transcribed verbatim concurrently with data collection in the language of the interview where Amharic. Transcribed verbatim was translated from Amharic to English. Afterward, data were checked by qualitative experts for consistency between transcripts and audio recordings. Data were coded line by line manually, including findings from note taking, to aid the process of

coding. Primarily the principal investigator carried out coding and then the main advisors revised and checked for clarity and consistency of the code. Identified codes, according to similarities and differences, were allocated into subthemes. Similar sub-themes were grouped into themes. Finally, the sub-themes and codes were determined as the expression of the latent meaning of the text. Then, the views shared by respondents were used as quotes to support the points in the study.

#### **4.11 Ethical Clearance**

Ethical clearance was taken from Addis Ababa University, College of Health Sciences School of Nursing and Midwifery, Department of Midwifery. We also got an administrative Permission from disability and gender office in AAU with a written request. Before participants signed the consent form, which was written in Amharic, the researcher ensured that participants understood the information given at the level of their understanding. After informed written consent is obtained from all participants, the right to refuse to answer a few or all questions is valued. The voluntary nature of participation in this study was underlined. To ensure anonymity and Confidentiality the following measures were taken: participants assured that all of the information given by them would only be used for the study. The researcher made sure that the collected raw data were kept safe and locked up by password, the names of the participants were not written in study records, and data were reported in a manner that does not identify or link the participants with the information.

#### **4.12 Dissemination Plan of the Study Findings**

The study's findings will be presented to the College of Health Sciences at Addis Ababa University's School of Nursing and Midwifery. Additionally, efforts will be made to have the research findings published in respectable journals.

## 5.Results

The sections in these findings explore barriers to accessing safe abortion services by women with disabilities: insights from visually impaired undergraduate students at Addis Ababa university, Ethiopia – a qualitative study. They are presented as follows: The first part describes the socio-demographic characteristics of respondents, and the second part describes the emerging themes and subthemes.

### 5.1 Sociodemographic characteristics

The researcher recruited 10 disabled women in total for this study. All participant of the study are women who have visual impairments. 70 % of the participants' age ranges from 18-24 years.

*Table 2 Socio-demographic characteristics of participants*

Socio-demographic characteristics	Category	Frequency
Age:	18-24 years	7
	25-30 years	3
Field of study:	Social work	3
	Language and literature	2
	Law	2
	Social sciences	1
	Freshmen	2
Year of study	1 <sup>st</sup> year	2
	2 <sup>nd</sup> year	3
	3 <sup>rd</sup> year	2
	4 <sup>th</sup> year	3

## **5.2. Emerged Themes**

Following the analysis of the data from the in-depth interviews and key informant interview, three main themes that are in line with the objectives of the research emerged: Multi-Layered Barriers to Access safe abortion service, Disability-Specific Challenges and Exacerbation of Existing Barriers and Recommendations to Improve Support Systems and Inclusive Practices. The topics have been identified to provide in-depth descriptions of the barriers to accessing safe abortion services by women with disabilities: insights from visually impaired undergraduate students at Addis Ababa University.

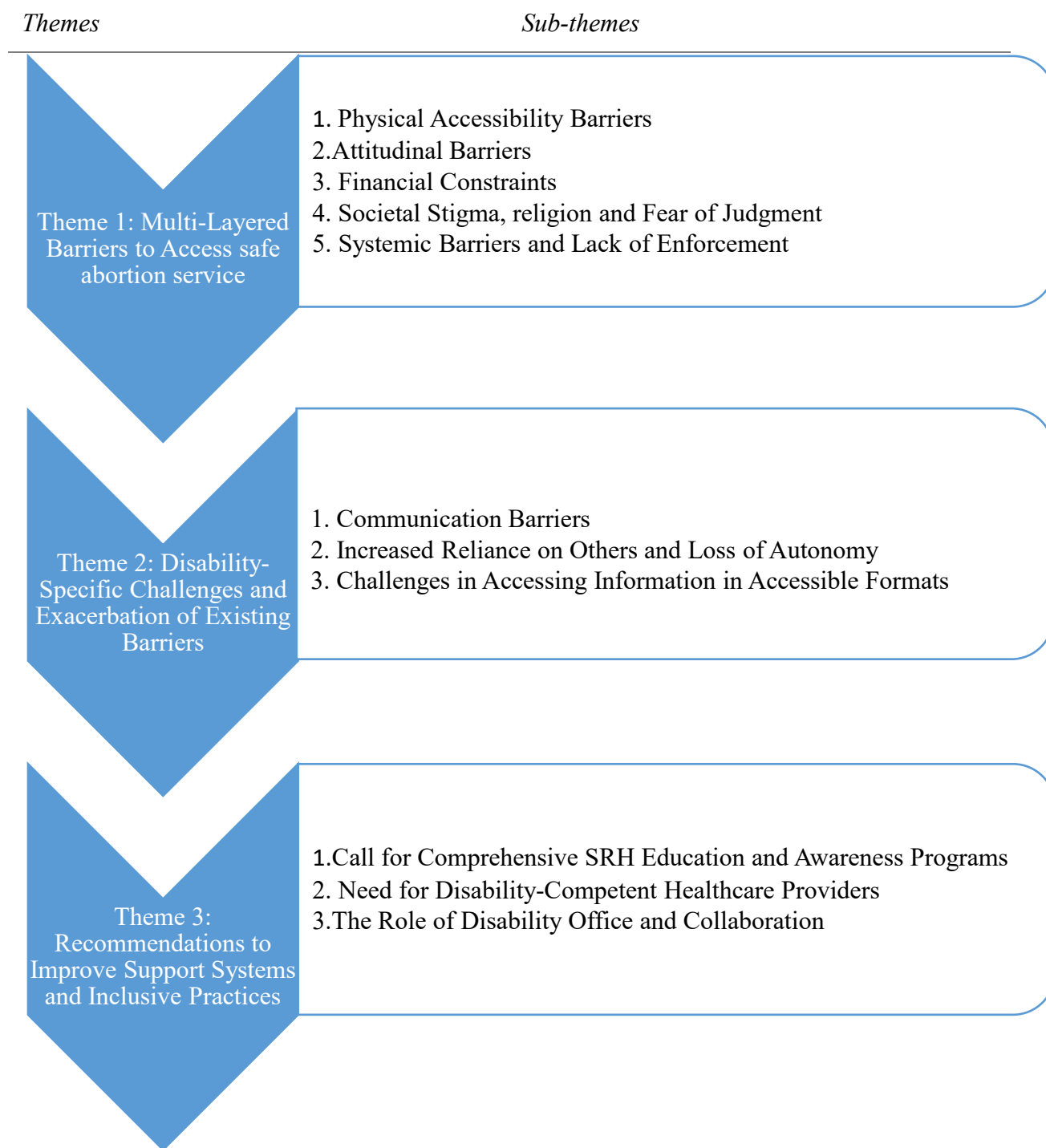


Figure 1 Schematic presentation of emerged themes and subthemes of barriers to accessing safe abortion services by women with disabilities: insights from visually impaired undergraduate students at Addis Ababa university, Ethiopia – a qualitative study 2025.

## **Theme 1 Multi-Layered Barriers to Access safe abortion service**

This theme emphasizes how complicated and intertwined the obstacles are for women with disabilities seeking safe abortion services. According to the participants' responses, accessing these services is not just a question of legal availability or personal preference, but is severely hampered by a combination of systemic, financial, attitudinal, and physical barriers that make it extremely difficult for women with disabilities to exercise their reproductive rights.

### **Sub-theme 1.1 Physical Accessibility Barriers**

The information clearly shows that physical inaccessibility is a widespread problem. For women with mobility or vision impairments, the absence of ramps, elevators, disability-friendly walkways, and accessible restrooms in healthcare institutions poses serious obstacles. Their inability to physically access the services is limited, and it also conveys the idea that their needs are not taken into account or given priority. This theme highlights the value of accessible infrastructure in advancing the wellbeing and inclusion of those with disabilities.

*"Last time I took my friend to a health care center and there was this narrow walkway that we couldn't pass through, it is not even comfortable for people with no disability. Imagine how difficult it is for those who use wheelchairs to pass through the walkways and to use restrooms."*

**(Participant 2, age 23)**

*"Most of the time structure of buildings are not disability friendly...it is clearly difficult for those who have physical disability and use wheelchair." (Participant 3, age 19)*

*"...the stairs are not convenient, and the paths that should be for us are not right either. We have to ask people about everything to get around. " (Participant 10, age 24)*

### **Sub-theme 1.2 Attitudinal Barriers**

The interviews show a troubling trend of unfavorable opinions and a lack of knowledge about disabilities among certain medical professionals. encountering a hostile and inhospitable atmosphere as a result of healthcare providers' judgment, stigma, and lack of empathy. Given that healthcare professionals are meant to be sources of care and support, this finding is very concerning. Women with disabilities may be discouraged from seeking necessary services when

providers display unfavorable attitudes or a lack of awareness of their unique requirements. The effect of provider bias on underserved people' access to healthcare emphasizes the necessity of training healthcare workers about disabilities. The perception of disabled persons as asexual and incapable of forming relationships is a larger social problem, as evidenced by the fact that providers blamed women with disabilities for getting pregnant.

*"I don't believe healthcare providers have a positive attitude towards disable persons unless you have someone you know or you have a good financial situation."* **(Participant 2, age 23)**

*"Even when a disable persons come for follow up for pregnancy, they get blamed for getting pregnant in the first place by healthcare workers who have poor attitude that is so demoralizing for disable persons."* **(Participant 3, age 19)**

*"...there are some providers who blame this people for even getting pregnant saying it is not appropriate for women with disability to get pregnant without being able to raise the baby."* **(Disability Office Administrator)**

*"...they don't approach us and create awareness before it happens, I think we should be informed on what kind of measures we can take before it happens not only after it happened so if these things are missing, I don't think you can get any good after it happens"* **(Participant 9, age 27)**

### **Sub-theme 1.3 Financial Constraints**

Women with disabilities are forced to make tough decisions because of the high expense of private clinics, where safe abortion services may be more easily accessible. According to the findings, some women may turn to risky abortion techniques because they are short on cash, endangering their lives and health. This research emphasizes how poverty, disability, and reproductive health are intertwined, and it emphasizes the necessity of financial aid and subsidized services to guarantee that everyone has fair access to safe abortion care. The problem is exacerbated by the lack of financial assistance from family, which forces women to base their decisions only on their socioeconomic standing.

*"due to shortage of money people go to these traditional places and took wrong medications to get an abortion and invite unnecessary disastrous consequences to themselves." (Participant 2, age 23)*

*"As you know you can't do anything for free. As a disable person if you don't have an income or there is no one who supports you it will be in trouble." (Participant 8)*

*"...if you don't have the money, it will lower the quality and standard of the healthcare centers you go to and you might get un safe service that could endanger your life" (Participant 9, age 27)*

#### **Sub-theme 1.4 Societal Stigma, religion and Fear of Judgment**

Women's choices were greatly impacted by societal stigma and fear of judgment, both regarding disabilities and abortion. Participants voiced worries about being shunned, humiliated, or held accountable for getting an abortion, especially if they were unmarried. Women found it challenging to get information or support because of the atmosphere of secrecy and quiet brought about by this fear of being judged. The religious beliefs are entwined with this topic, causing internal turmoil when they must make a decision. These women are forced to isolate themselves due to the combination of social stigma and religious beliefs, which makes it difficult for them to fight for their reproductive rights.

*"The society ultimately judge them by saying why did they get pregnant at the first place and that they became dishonorable...regardless of the reason the blame and humiliation will be there." (Disability Office Administrator)*

*"Oh, it will be very difficult! First of all, abortion is socially forbidden and also wrong in the eyes of religion moreover as a disable person we fear about what will be the response, we fear the judgment from the people I just pray it doesn't happen at all. " (Participant 9, age 27)*

*"As you well know, when an abortion is even mentioned, getting pregnant before marriage is seen as bad, as a disgrace, as something shameful. No one asks how it happened or for what reason" (Participant 10, age 24)*

*"I believe commuting abortion is forbidden religiously as it is committing murder, , it is also not recommended medically" (Participant 1, age 28)*

*"I don't know that much about it is legal or not but abortion is a major sin religiously so it is not acceptable." (Participant 6, age 23)*

### **Sub-theme 1.5 Systemic Barriers and Lack of Enforcement**

The development of a truly inclusive healthcare system is complicated given by the data, which shows serious gaps in the system and their application. The requirements of women with disabilities are not given enough priority in the system, as seen by the unclear regulations requiring accessibility, the lack of enforcement tools, and the insufficient funding. The idea that women with disabilities are not respected or supported by the university or the healthcare system is strengthened by this structural neglect, which also maintains inequality.

*"There are problems with the policies...there are also no disability friendly walk way for blind people that they find it difficult to find places... as a disable person I don't feel there is an inclusive healthcare system Specifically." (Participant 2, age 23)*

*"Even associations that establish and works on disability haven't done much, there are no opportunities for disables to get job even after they graduated" (Participant 3, age 19)*

*"...policy makers should give special attention on how to make health care service easily accessible. Give training for health care workers and support them with medical equipment's and other resources." (Student Clinic Staff)*

## **Theme 2 Disability-Specific Challenges and Exacerbation of Existing Barriers**

This subject highlights the particular barriers posed by a woman's disability while also explaining how it exacerbates the difficulties she may already be facing as a woman seeking abortion services. It examines how the hurdles particularly affect decision-making and access to safe abortion services, going beyond simply acknowledging that disability exacerbate existing barriers.

### **Sub-theme 2.1 Communication Barriers**

A major obstacle to accessing safe abortion services is communication barriers, which can result in misunderstandings, frustration, and a lack of informed consent. This finding highlights the significance of providing accessible information and training healthcare providers in communication strategies to ensure that women with disabilities can fully participate in their

healthcare decisions. These barriers include the lack of sign language interpreters, the absence of information in accessible formats, and the incapacity of healthcare providers to effectively communicate with women with disabilities.

*"For persons with hearing disabilities it is difficult for them to express their feelings."*  
**(Participant 2, age 23)**

*"So, language barrier is a key challenge here."* **(Disability Office Administrator)**

*"...whenever there is a language barrier we try to communicate in writing. We have many special need students so we use them as translators when available."* **(Student Clinic Staff)**

*"Health care centers must have assistant to assist disable individuals particularly blinds. And for who have hearing problem(deaf) person there should be sign language translators"*  
**(Participant 7, age 26)**

### **Sub-theme 2.2 Increased Reliance on Others and Loss of Autonomy**

The interviews demonstrate how women with disabilities frequently depend on others to help them with communication, transportation, and navigation, which results in a loss of autonomy and possible privacy issues. Women may find it challenging to privately seek abortion services or to make decisions regarding their reproductive health on their own as a result of this dependence on others. Additionally, this lack of agency may make them more susceptible to compulsion or abuse. Additionally, having to rely on others makes them feel burdened, which may deter them from getting an abortion.

*"...most of them can't get services by themselves it is difficult for them to walk and find places on their own or go up and down easily so they require an assistant. so, because of shortage of these assistants they face additional difficulties due to their condition."* **(Student Clinic Staff)**

*"... to go to the library, people have their own studies and thoughts, so they might not be willing to help you."* **(Participant 10, age 24)**

### **Sub-theme 2.3 Challenges in Accessing Information in Accessible Formats**

The data emphasizes how little information is available in accessible formats (such as Braille, sign language, or plain language) regarding safe abortion services. Because of this, women who

are visually or auditorily impaired find it challenging to learn about their alternatives, comprehend the medical and legal ramifications of abortion, and make well-informed decisions on their reproductive health. This research emphasizes the necessity of proactive measures to guarantee that women with disabilities have equal access to information regarding their reproductive rights and to disseminate information in accessible ways.

*"We mostly use the university's radio station. we usually have orientation program in relation to health-related matters for new entrants. For deaf individual we use sign language speakers in the time of orientation program."* **(Student Clinic Staff)**

### **Theme 3 Recommendations to Improve Support Systems and Inclusive Practices**

This theme highlights the participants' resilience by summarizing the constructive actions they recommend to get past the obstacles they encounter.

#### **Sub-theme 3.1 Call for Comprehensive SRH Education and Awareness Programs**

The necessity for proactive measures to empower women with disabilities with information about their bodies, their rights, and their alternatives is highlighted by the call for comprehensive sexual and reproductive health (SRH) education and awareness initiatives. The significance of early SRH education and modifying the content to fit the unique requirements of women with disabilities were underlined by the participants.

*"I recommend you if you can focus on this issue in your study. I think is important to give a SRH education starting from early age."* **(Participant 1, age 28)**

*"We mostly use the university's radio station. we usually have orientation program in relation to health-related matters for new entrants. For deaf individual we use sign language speakers in the time of orientation program."* **(Student Clinic Staff)**

*"The way information's are transmitted should be inclusive. as a community we are in lack of many information."* **(Participant 7, age 26)**

#### **Sub-theme 3.2 Need for Disability-Competent Healthcare Providers**

The focus on healthcare practitioners who are disability-competent emphasizes how important education and training are in changing the attitudes and behaviors of medical professionals.

Participants emphasized the importance of caregivers learning good communication techniques, gaining a deeper awareness of disability concerns, and providing compassionate care.

*"...policy makers should give special attention on how to make health care service easily accessible. Give training for health care workers and support them with medical equipment's and other resources."* **(Student Clinic Staff)**

*"The providers also have to be physiologically supportive."* **(Participant 7, age 26)**

*"Also, health care providers should be communicated that they have to be disability inclusive."* **(Participant 9)**

### **Sub-theme 3.3 The Role of Disability Office and Collaboration**

The disability office's and SRH's appeal for safe abortion services emphasizes how important it is that these two departments collaborate for the sake of women with disabilities. In order to guarantee that concerns unique to people with disabilities are given priority, addressed, and implemented at the health facilities, participants propose that these offices can push for legislative changes and provide training.

*"Yes, as part of one institution, we work together with Disability Office whenever there is an issue that requires collaboration."* **(Student Clinic Staff)**

## 6. Discussion

The current study sought to investigate the barriers Addis Ababa University (AAU) women with disabilities encounter when trying to obtain safe abortion services. Three major themes emerged from the study: Multi-Layered Barriers to Access, Disability-Specific Challenges and Recommendations to Improve Support Systems and Inclusive Practices.

According to the study's findings, most participants faced significant obstacles when. This result is consistent with other studies that show how hard it is for individuals with disabilities to get sexual and reproductive health (SRH) services (20). Significant disparities still exist despite the UN Convention on the Rights of Persons with Disabilities, which guarantees that individuals with disabilities can access "the same range, quality, and level of accessible or affordable medical care and programs as provided to the general population" (18).

The study's participants detailed a complicated network of obstacles that prevent them from receiving safe abortion services, starting with the physical inaccessibility of medical facilities. Similar to earlier studies, the absence of accessible restrooms, elevators, and ramps was a persistent issue (27). In addition to restricting physical access, these structural impediments reinforce the marginalization of women with disabilities by sending a message of neglect and exclusion. Similar to these results, research conducted in other nations demonstrates that HFs have structural obstacles that prevent PWD from accessing SRH services (25). This study highlights how critical it is to reevaluate and upgrade healthcare institutions' physical layouts to accommodate a range of disabilities.

Another important obstacle that surfaced was attitude barriers. Participants said they encountered stigma, unfavorable attitudes, and a lack of compassion from healthcare professionals. These findings are in line with earlier studies that have shown how provider prejudice affects underserved populations' access to healthcare (7). The discovery that healthcare professionals occasionally held women with disabilities responsible for getting pregnant underscores the enduring negative stereotypes and ignorance about the sexual and reproductive health requirements of this group of women.

According to almost all of the participants in these studies, the health care community has to be trained and made aware of the different sorts of disabilities and how to interact with women who

have them. Additionally, the importance of ensuring that everyone has access to sexual and reproductive health care, regardless of circumstances or disabilities, must be emphasized throughout training. The difficulties faced by women accessing abortion services are exacerbated by the combination of handicap and financial limitations. Women may be compelled to use risky abortion techniques, putting their health and lives in jeopardy, due to the costly expense of private clinics and the lack of knowledge about accessible alternatives in the public sector. In fact, disabled people's desire for abortion services is disproportionately increased by the pervasive and continuous disadvantages they involvement. Due to severe institutional, legal, and structural barriers, many of them already do not have access to safe and legal abortion (10). This is consistent with research from Ghana that showed that the most challenges were monetary constraints, communication problems, and physical barriers (20).

Additionally, women's practices are significantly shaped by religious beliefs, societal stigma, and fear of being judged. Because of the atmosphere of secrecy and silence created by the fear of being rejected, humiliated, or held accountable for seeking abortion services, women find it challenging to get information or help. Since abortion is frequently perceived as immoral or socially inappropriate, the influence of friends, family, and neighbors serves to further solidify these obstacles. This illustrates the need for instructional intervention to change undergraduate students' attitudes. Although most respondents had a decent level of knowledge, these results are in line with a study conducted at the Nepal Jana Bhawana campus, which found that respondents had a negative attitude of safe abortion (21).

Systemic barriers, such as gaps in policies and a lack of enforcement tools to guarantee accessibility and participation for women with disabilities, were also identified by the study. The lack of accountability, the insufficient distribution of resources, and the absence of explicit policies requiring accessibility show a systemic failure to give this population's needs first priority.

The report emphasizes the particular difficulties that women with disabilities encounter in obtaining safe abortion services, in addition to the several layers of barriers. Informed decision-making is severely hampered by communication barriers, such as the unavailability of sign language interpreters and the availability of information in accessible formats. Misunderstandings and a lack of trust may result from women with hearing impairments finding

it difficult to communicate their concerns or comprehend medical advice. These results are in line with a qualitative evaluation of the barriers and facilitators that prevent women with disabilities from receiving sexual and reproductive health care, which found that different levels of awareness or understanding of these services exist. SRH information is either nonexistent or totally unavailable because the majority of community members (family, healthcare professionals) felt that it was unnecessary for people with disabilities. Additionally, they claimed that there are no audio-based SRH resources or medical specialists or nurses who can interpret sign language. Furthermore, WWDs in a medical facility do not have access to SRH service brochures (25).

challenges in accessing information in accessible formats further exacerbate these difficulties. Women who are visually or auditorily impaired may not be able to learn about their alternatives or make educated decisions regarding abortion if information is not available in Braille, sign language, or plain language (23). Their autonomy is further curtailed and inequality is maintained by this information gap. The provision of safe abortion and free family planning services to female university students is therefore highly recommended by the University Student Clinic.

Another major worry was the loss of autonomy and the growing dependence on others. For communication, transportation, and navigation, women with disabilities frequently rely on others, which might jeopardize their privacy and autonomy when it comes to making decisions regarding their reproductive health. Additionally, this dependence may make them more susceptible to abuse or coercion.

Participants in the study made a number of suggestions to enhance inclusive behaviors and support networks in light of these difficulties. The demand for thorough SRH education and awareness initiatives that are especially suited to the requirements of women with disabilities was one of the main recommendations. According to a study conducted in Bangladesh, these programs ought to offer reliable information about sexual and reproductive health, including safe abortion services, in easily comprehensible formats and languages. In addition to having greater financial alternatives to pay for SRH services, people with disabilities who acquire formal education also learn more about and experience SRH services (19). In order to foster a more

welcoming and inclusive atmosphere, education should also address cultural attitudes and the stigma associated with abortion and disabilities.

## **7. STRENGTHS AND LIMITATIONS**

### **7.1. Strength**

- This is one of the first qualitative studies in Ethiopia to specifically the barriers to explore accessing safe abortion services among women with disabilities in a university setting.
- The study recruited participants directly from the undergraduate population of Addis Ababa University, ensuring that the voices of those currently navigating academic and health service environments were captured.
- Data were triangulated through the inclusion of both student participants and key informants (such as the Disability Office Administrator), enhancing the validity and depth of the findings.
- The sample included women of diverse backgrounds, incorporating variations in age, educational level, and providing rich insight into the multifaceted barriers faced.

### **7.2 Limitations**

- The study focused on only visual disabilities, and thus the experiences of women with other forms of disabilities (such as hearing, intellectual, or psychosocial disabilities) were not represented.
- As a qualitative study with a small sample size, the findings may not be generalizable to all women with disabilities at other universities or in other regions of Ethiopia.
- Potential social desirability bias may have influenced participants' willingness to discuss certain sensitive topics, such as abortion and stigma.

## **8. CONCLUSION AND RECOMMENDATION**

### **8.1. Conclusion**

This study revealed that women with disabilities attending undergraduate programs at Addis Ababa University face numerous and intersecting barriers when seeking safe abortion services. These barriers include physical inaccessibility of health facilities, negative and stigmatizing attitudes from healthcare providers, financial constraints, and pervasive societal and religious stigma. Such obstacles not only restrict physical access to services but also reinforce the marginalization and isolation of women with disabilities, making it difficult for them to exercise their reproductive rights. Addressing these issues requires a multi-faceted approach, including infrastructural changes, provider training, financial support, and community-level stigma reduction.

### **8.2 Recommendations**

To Addis Ababa Health Bureau:

- Increase community awareness about safe abortion services and the rights of women with disabilities through targeted media campaigns and outreach programs.
- Ensure that healthcare facilities are physically accessible and equipped to serve individuals with diverse disabilities.
- Provide regular training for healthcare providers on disability awareness, communication, and the reproductive rights of women with disabilities, focusing on empathy and non-judgmental care.

To Disability Associations:

- Conduct ongoing training and awareness campaigns about reproductive health and safe abortion tailored to women with disabilities.
- Advocate for inclusive SRH policies and collaborate with health institutions to improve accessibility and service delivery.

To Universities:

- Integrate disability and reproductive health education into university curricula and student support services.
- Facilitate connections between students with disabilities and relevant support networks, including disability associations and health service providers.
- Organize experience-sharing events and workshops to foster peer support and increase awareness among students and staff.

To Researchers:

- Conduct further nationally representative and mixed-methods studies to explore barriers and facilitators to SRH services among women with different types of disabilities and in varied settings.
- Examine the long-term impact of interventions aimed at reducing barriers and improving access to safe abortion and other SRH services for women with disabilities.

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# ANNEX I

## ENGLISH VERSION

### Information Sheet for In-depth Interview

**Title:** Barriers To Accessing Safe Abortion Services by Women with Disabilities: Insights from Visually Impaired Undergraduate Students at Addis Ababa University, Ethiopia – A Qualitative Study 2025.

#### Introduction

Hello, my name is Ayda Getaneh, and I am conducting a research study on the barriers to accessing safe abortion services for women with disabilities. Thank you for agreeing to participate in this interview.

#### Purpose of the Study:

The purpose of this study is to understand the challenges women with disabilities face when trying to access safe abortion services. Your insights are valuable in helping identify barriers and recommend solutions.

#### Ethical Considerations:

- Participation is voluntary.
- The interview will be recorded.
- Your responses will be kept confidential and anonymized.
- You may skip any question or stop the interview at any time.
- Do you have any questions before we begin?

## **Interview Guide for In-depth Interview**

### **1.General Information**

#### **Demographic Information (optional for privacy considerations):**

- Age:
- Field of study:
- Year of study:
- Type of disability:

#### **Experience with Disability:**

- Please share a bit about yourself as a student of Addis Ababa University?
- Can you briefly describe how your disability impacts your daily life?

#### **Access to Abortion Services**

##### **Awareness:**

- What do you know about safe abortion services in Ethiopia? (E.g. Legal issues and service availability etc.)
- Where can one access these services in Addis Ababa?
- Your source of information (E.g. provider, peers, internet sources etc.)

##### **Attitudes:**

- How do you perceive the availability and quality of abortion services for women with disabilities?
- Do you feel the services are inclusive for individuals with disabilities, like you?

#### **Barriers to Accessing Safe Abortion Services**

##### **Physical Barriers:**

- Are there any physical challenges you face in accessing healthcare facilities?
- Are these facilities disability-friendly (e.g., ramps, elevators, accessible restrooms)?

##### **Social and Cultural Barriers:**

- Do societal attitudes or stigma toward abortion affect your decision to seek these services? How? Sources of financial support (e.g., Family, social group, friends etc.)
- Have you ever considered getting an abortion or felt the need to do so? How do peers, family, or community members influence your choices regarding abortion?

**Financial Barriers:**

- Are financial constraints a significant factor in accessing safe abortion services? (Please share your experiences if any)
- Are there any support systems available to cover medical expenses?

**Institutional Barriers:**

- How would you describe the attitude of healthcare providers toward women with disabilities seeking abortion services?
- Are there specific policies or administrative hurdles that create challenges for women with disabilities?

**Support Systems and Recommendations**

**Existing Support Systems:**

- Are you aware of any organizations or programs that assist women with disabilities in accessing reproductive health services?
- Have you ever accessed support from such organizations or from AAU?

Recommendations:

- What do you think should be done to improve access to safe abortion services for women with disabilities in general and in the premise of AAU in particular?
- How can healthcare providers better support women with disabilities seeking these services in the facilities?

**Closing Remarks**

- Is there anything else you would like to share about your experiences or thoughts on this topic?

Thank you for sharing your valuable insights. Your responses will contribute to creating solutions that address the barriers women with disabilities face in accessing safe abortion services.

**Contact Information:**

If you have any questions or would like to receive the findings of this study, please feel free to contact me at

**phone number 0929371161**

**email [aydagetaneh29@gmail.com](mailto:aydagetaneh29@gmail.com)**

## **Interview Guide: Gender Office Administrator**

Research Title: Barriers to Accessing Safe Abortion Services by Women with Disabilities Attending Undergraduate Programs at Addis Ababa University, Ethiopia: A Qualitative Study

Introduction:

Thank you for agreeing to participate in this interview. My name is Ayda Getaneh, and I am a researcher conducting a study on the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University.

The purpose of this interview is to gather your insights as a Gender Office administrator regarding the support and challenges related to reproductive health, specifically safe abortion, for students with disabilities.

Your participation is voluntary, and you may withdraw at any time. All information you provide will be kept confidential and used only for research purposes. The interview will take approximately 45- 60 minutes. Do you have any questions before we begin?

### **I. Background Information:**

1. What is your role and responsibilities within the Gender Office?
2. How long have you been working in this role?
3. What is the Gender Office's mandate regarding reproductive health services for students?
4. Does the Gender Office have specific policies or programs aimed at supporting students with disabilities?
5. Does the Gender Office collaborate with other offices or organizations to provide services to students with disabilities? If yes, how?

### **II. Perceptions of Safe Abortion Services**

1. What is your understanding of the term "safe abortion services"?
2. What is your perception of the accessibility of safe abortion services for all students at Addis Ababa University?

3. In your opinion, are there any specific perceptions or beliefs within the university community that might influence access to or attitudes towards safe abortion services?
4. To what extent do you think that the University environment promote the accessibility of abortion services?
5. What are the existing abortion and post-abortion service available in the University for all the students

### **III. Barriers to Accessing Safe Abortion Services.**

1. From your experience, what are some of the challenges students, in general, face when trying to access reproductive health services, including safe abortion?
2. Do you believe women with disabilities face additional barriers compared to their non-disabled peers in accessing safe abortion services? If so, what are they?

#### **3. Physical Barriers:**

- Are the health facilities offering abortion services physically accessible to women with various disabilities (e.g., wheelchair users, visually impaired students)?
- Are there accessible transportation options available for students with disabilities to reach these facilities?

#### **4. Attitudinal Barriers:**

- Have you observed any stigma or discrimination towards women with disabilities seeking abortion services from healthcare providers or other students?
- Do you think healthcare providers are adequately trained to provide sensitive and appropriate care to women with disabilities seeking abortion services?

#### **5. Systemic Barriers:**

- Are there any university policies or procedures that unintentionally create barriers to accessing safe abortion services for women with disabilities?
- Is information about safe abortion services readily available and accessible to students with disabilities in various formats (e.g., Braille, sign language, plain language)?

- Do you think that the current legal framework on abortion in Ethiopia present challenge for students to access abortion service in the University
- What do you think the attitude of the university towards abortion service provision and accessibility of the services?

#### **IV. Support Systems and Resources:**

1. What support systems or resources are currently available at Addis Ababa University to assist students with disabilities in accessing reproductive health services, including safe abortion?
2. Does the Gender Office specifically address the reproductive health needs of students with disabilities in its programs or initiatives? If so, how?
3. Are there any collaborations with disability organizations or advocacy groups to improve access to reproductive health services for students with disabilities?
4. How does the Gender Office ensure the confidentiality and privacy of students with disabilities seeking reproductive health services?
5. Does the university provide disability inclusive SRH education for all students in higher education?

#### **V. Recommendations and Strategies**

1. What steps do you think Addis Ababa University could take to improve access to safe abortion services for women with disabilities?
2. What role can the Gender Office play in implementing these improvements?
3. What types of training or awareness-raising activities would be beneficial for healthcare providers and other university staff to better serve students with disabilities seeking abortion services?
4. How can the university ensure that information about safe abortion services is accessible to all students, including those with disabilities?
5. What other recommendations do you have for addressing the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University?

## **VI. Conclusion:**

- Thank you very much for your time and valuable insights. Your contribution is greatly appreciated.
- Do you have any other comments or information you would like to share?
- Would you be willing to be contacted for follow-up questions if needed?

## **Interview Guide: Disability Office Administrator**

Research Title: Barriers to Accessing Safe Abortion Services by Women with Disabilities Attending Undergraduate Programs at Addis Ababa University, Ethiopia: A Qualitative Study

Introduction:

Thank you for agreeing to participate in this interview. My name is Ayda Getaneh, and I am a researcher conducting a study on the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University.

The purpose of this interview is to gather your insights, as the Disability Office Administrator, regarding the support and challenges related to reproductive health, specifically safe abortion, for students with disabilities.

Your participation is voluntary, and you may withdraw at any time. All information you provide will be kept confidential and used only for research purposes. The interview will take approximately 45 – 60 minutes. Do you have any questions before we begin?

### **I. Background Information:**

1. What is your role and responsibilities within the Disability Office?
2. How long have you been working in this role?
3. What is the Disability Office's mandate regarding the overall well-being of students with disabilities?
4. Does the Disability Office collaborate with the Gender Office or Health Services to address the specific health needs of students with disabilities? If yes, how?
5. How many students with disabilities are currently enrolled at Addis Ababa University? (If possible, get a breakdown by type of disability)

### **II. Perceptions of Safe Abortion Services**

1. What is your understanding of the term "safe abortion services"?

2. From your perspective, how accessible are safe abortion services to students with disabilities at Addis Ababa University?
3. Do you think students with disabilities have adequate information about safe abortion services and their rights?
4. Are there any cultural or societal beliefs that you think might specifically impact the views of students with disabilities regarding safe abortion?
5. In your opinion, do students with disabilities perceive abortion services as a viable and acceptable option when faced with an unwanted pregnancy? Why or why not?

### **III. Barriers to Accessing Safe Abortion Services**

1. In your experience, what are some of the main challenges that students with disabilities face while navigating the university system?
2. Do you believe women with disabilities face additional barriers compared to their non-disabled peers in accessing reproductive health services, including safe abortion? If so, what are they?

#### **3. Physical Barriers:**

- Are you aware of the physical accessibility of health facilities on or near campus that offer abortion services for students with disabilities (e.g., accessible entrances, exam tables, bathrooms)?
- Are there accessible transportation options available for students with disabilities to reach these facilities? What transportation services are currently provided for students with disabilities?
- Do you think the current facilities meet the needs of students with diverse disabilities (visual, hearing, mobility, etc.)?

#### **4. Attitudinal Barriers:**

- Have you encountered instances where healthcare providers or other university staff exhibited negative attitudes or stereotypes towards women with disabilities seeking abortion services?

- Do you believe healthcare providers are adequately trained to communicate effectively and sensitively with women with disabilities about reproductive health issues?
- How could the university promote more inclusive and respectful attitudes towards students with disabilities seeking abortion services?

### **5. Systemic Barriers:**

- Are there any university policies or procedures that unintentionally create barriers to accessing safe abortion services for women with disabilities? (e.g., parental notification requirements, insurance coverage)
- Is information about safe abortion services available in accessible formats (e.g., Braille, large print, sign language interpretation, plain language)? How is information typically disseminated to students with disabilities?
- Do you think the current legal framework on abortion in Ethiopia presents challenges for students with disabilities to access abortion services in the University
- Does the university have specific protocols for ensuring the confidentiality and privacy of students with disabilities seeking abortion services?
- Do students with disabilities receive adequate support and counseling throughout the abortion process?

### **IV. Support Systems and Resources:**

1. What support systems or resources are currently available through the Disability Office to assist students with disabilities in accessing healthcare services?
2. Are you aware of any specific programs or initiatives that address the reproductive health needs of students with disabilities?
3. Does the Disability Office collaborate with external organizations to provide specialized support or services to students with disabilities in this area?
4. How does the Disability Office advocate for the rights and needs of students with disabilities within the university system?

## **V. Recommendations and Strategies**

1. What specific steps could Addis Ababa University take to improve access to safe abortion services for women with disabilities?
2. What role can the Disability Office play in implementing these improvements?
3. What types of training or awareness-raising activities would be beneficial for healthcare providers and other university staff to better serve students with disabilities seeking abortion services?
4. What kind of measures should the University take to create a conducive environment for those women?
5. How can the university ensure that information about safe abortion services is accessible to all students, including those with disabilities?
6. What other recommendations do you have for addressing the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University?

## **VI. Conclusion:**

- Thank you very much for your time and valuable insights. Your contribution is greatly appreciated.
- Do you have any other comments or information you would like to share?
- Would you be willing to be contacted for follow-up questions if needed?

## **Interview Guide: Student Clinic Staff**

Research Title: Barriers to Accessing Safe Abortion Services by Women with Disabilities Attending Undergraduate Programs at Addis Ababa University, Ethiopia: A Qualitative Study

Introduction:

Thank you for agreeing to participate in this interview. My name is Ayda Getaneh, and I am a researcher conducting a study on the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University.

The purpose of this interview is to gather your insights, as a staff member at the student clinic, regarding the challenges and support needed to provide accessible safe abortion services to students with disabilities.

Your participation is voluntary, and you may withdraw at any time. All information you provide will be kept confidential and used only for research purposes. The interview will take approximately 45 – 60 minutes. Do you have any questions before we begin?

### **I. Background Information:**

1. What is your role at the student clinic?
2. How long have you been working at the student clinic?
3. What services does the student clinic offer related to reproductive health?
4. Does the student clinic provide safe abortion services? If so, what types (e.g., medical abortion, surgical abortion)?
5. What is the clinic's protocol for providing abortion services?
6. Do you receive specific training on providing reproductive health services to individuals with disabilities?

### **II. Perceptions of Safe Abortion Services**

1. What is your understanding of the term "safe abortion services"?
2. In your opinion, how accessible are safe abortion services to all students who seek them at the student clinic?
3. Do you believe there are any specific perceptions or beliefs within the clinic that might influence how safe abortion services are provided or accessed?
4. How do you perceive the level of knowledge among students regarding safe abortion practices and legal regulations?
5. How do you think the university environment promote the accessibility of abortion services?

### **III. Barriers to Accessing Safe Abortion Services**

1. From your experience, what challenges do students in general face when trying to access reproductive health services, including safe abortion, at the student clinic?
2. Do you believe women with disabilities face additional barriers compared to their non-disabled peers in accessing safe abortion services at the clinic? If so, what are they?

#### **3. Physical Barriers:**

- Is the clinic physically accessible to women with various disabilities (e.g., wheelchair users, visually impaired students, hearing impaired)? Please describe the accessibility features available.
- Are examination rooms and equipment accessible and adaptable for women with disabilities?
- Are there private and accessible spaces available for counseling and recovery?

#### **4. Attitudinal Barriers:**

- Have you observed any stigma or discrimination towards women with disabilities seeking abortion services from clinic staff or other patients?
- Do you feel adequately prepared to communicate effectively and sensitively with women with disabilities about their reproductive health needs? What are the challenges?

- How do you manage situations where you encounter language barriers, cognitive impairments, or other communication challenges with patients?

### **5. Systemic Barriers:**

- Are there any clinic policies or procedures that unintentionally create barriers to accessing safe abortion services for women with disabilities?
- Is information about safe abortion services readily available and accessible to students with disabilities in various formats (e.g., Braille, sign language, plain language)?
- Are there adequate resources and support available within the clinic to meet the specific needs of women with disabilities seeking abortion services?
- Do you think the current legal framework on abortion in Ethiopia presents challenge for students with disabilities to access abortion service in the University
- What do you think the attitude of the university towards abortion service provision and accessibility of the services?
- Are there any financial barriers that prevent students with disabilities from accessing safe abortion services at the clinic?

### **IV. Support Systems and Resources:**

1. What support systems or resources are currently available at the student clinic to assist students with disabilities in accessing reproductive health services, including safe abortion?
2. Does the clinic have a referral system for students with disabilities who require specialized care or support?
3. Does the clinic collaborate with the Disability Office or other organizations to provide services to students with disabilities?
4. How does the clinic ensure the confidentiality and privacy of students with disabilities seeking reproductive health services?
5. Do you provide disability SRH training for all the clinic staff?

## **V. Recommendations and Strategies**

1. What steps do you think the student clinic could take to improve access to safe abortion services for women with disabilities?
2. What types of training or awareness-raising activities would be beneficial for clinic staff to better serve students with disabilities seeking abortion services?
3. How can the clinic ensure that information about safe abortion services is accessible to all students, including those with disabilities?
4. What resources or support do you need to provide better care to women with disabilities seeking abortion services?
5. What other recommendations do you have for addressing the barriers faced by women with disabilities in accessing safe abortion services at Addis Ababa University?

## **VI. Conclusion:**

- Thank you very much for your time and valuable insights. Your contribution is greatly appreciated.
- Do you have any other comments or information you would like to share?
- Would you be willing to be contacted for follow-up questions if needed?

## ANNEX II

### AMHARIC VERSION

#### Amharic version interview guide

የቃለ መጠይቅ መመሪያ ለተጠቃሚ

**ርዕስ፡ በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳተኛ ቅድመ ምረቃ ሴት ተማሪዎች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች**

#### መግቢያ

ጤና ይስጥልኝ! ስሜ አይዳ ጌታነህ ይባላል። ለአካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች ላይ ጥናት በማድረግ ላይ ። በዚህ ቃለ መጠይቅ ለመሳተፍ ስለተስማማኝሁ እናመሰግናለን።

#### የጥናቱ ዓላማ፡-

የዚህ ጥናት አላማ አካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት ለማግኘት ሲሞክሩ የሚያጋጥሟቸውን ተግዳሮቶች ለመረዳት ነው። የእርስዎ ገንቢ ሃሳብ መሰናክሎችን ለመለየት እና በ መፍትሄዎች ላይ ለመምከር በጣም ጠቃሚ ነው።

#### የተሳትፎ ፍቃድ ሁኔታ

- ተሳትፎ በፈቃደኝነት ነው።
- ቃለ መጠይቁ ይመዘገባል።
- ምላሾችዎ በሚስጥር ይጠበቃሉ እንዲሁም የመላሾች ማንነት አይገለጽም።
- ማንኛውንም ጥያቄ መዘለል ወይም ቃለ መጠይቁን በማንኛውም ጊዜ ማቆም ትችላለህ።
- ከመጀመራችን በፊት ጥያቄዎች አሉዎት?

# 1. አጠቃላይ መረጃ

## ግለ መረጃ

- የተሳታፊ መለያ ቁጥር
- ዕድሜ:-
- የጥናት መስክ:-
- የትምህርት ዓመት:-
- የአካል ጉዳት አይነት

:-በ ሚከተሉት ሃሳቦች ላይ ልምድዎን ቢአጋሩን

- እባክዎን እንደ አዲስ አበባ ዩኒቨርሲቲ ተማሪ ስለራስዎ ትንሽ ያካፍሉ?
- አካለ ጉዳተኝነት በዕለት ተዕለት ሕይወትህዎ ላይ ያለውን ተጽኖ በአጭሩ ቢገልጹልን?

## የፅንሰ ማስወረድ አገልግሎቶችን ማግኘት

### ➤ ግንዛቤ:

- በኢትዮጵያ ስላለው ደህንነቱ የተጠበቀ የውርጃ አገልግሎት ምን ያውቃሉ? (ለምሳሌ የህግ ጉዳዮች እና የአገልግሎት አቅርቦት ወዘተ)
- አዲስ አበባ ውስጥ እነዚህን አገልግሎቶች የት ማግኘት ይቻላል?
- የመረጃ ምንጭዎ (ለምሳሌ ፣ እኩዮች፣ የኢንተርኔት ምንጮች ወዘተ.)

### ➤ አመለካከቶች:-

- ለአካል ጉዳተኛ ሴቶች የሚሰጠውን የውርጃ አገልግሎት አቅርቦት እና ጥራት እንዴት ይመለከቱታል?
- አገልግሎቶቹ እንደ እርስዎ አካል ጉዳተኞችን የሚያጠቃልሉ እንደሆኑ ይሰማዎታል?

## ደህንነቱ የተጠበቀ የፅንሰ ማስወገጃ አገልግሎቶችን ለማግኘት እንቅፋቶች

### ➤ አካላዊ እንቅፋቶች:-

- የጤና እንክብካቤ መስጫ ተቋማትን ለማግኘት የሚያጋጥሙህ አካላዊ ተግዳሮቶች አሉ?
- እነዚህ መገልገያዎች ለአካል ጉዳተኞች ተስማሚ ናቸው (ለምሳሌ፣ ራምፕስ፣ ሊፍት፣ ተደራሽ መጸዳጃ ቤቶች)?

### ➤ ማህበራዊ እና ባህላዊ እንቅፋቶች;

- ማህበረሰባዊ አመለካከት ወይም ፅንሰ ማስወገድ እነዚህን አገልግሎቶች ለመፈለግ ባደረጉት ውሳኔ ላይ ተጽእኖ ያሳድራሉ? እንዴት፣ የገንዘብ ድጋፍ ምንጮች (ለምሳሌ፣ ቤተሰብ፣ ማህበራዊ ቡድን፣ ዳይጃች ወዘተ)
- ፅንሰ ለማስወገድ አስበህ ታውቃለህ ወይም ይህን ማድረግ እንዳለብህ ተሰምቶህ ያውቃል? እኩሮችዎ፣ ቤተሰብዎ ወይም የማህበረሰቡ አባላት ፅንሰ ማስወገድን በተመለከተ በእርስዎ ምርጫ ላይ እንዴት ተጽዕኖ ያሳድራሉ?

### ➤ የገንዘብ እንቅፋቶች:-

- የገንዘብ ችግሮች ደህንነቱ የተጠበቀ የውርጃ አገልግሎቶችን ለማግኘት ወሳኝ ምክንያት ናቸው? (ካለ እባኮትን ያካፍሉን)
- የሕክምና ወጪዎችን ለመሸፈን የሚያስችል የድጋፍ ሥርዓቶች አሉን?

### ➤ ተቋማዊ መሰናክሎች:-

- የጤና እንክብካቤ አቅራቢዎች የውርጃ አገልግሎት ለሚፈልጉ አካል ጉዳተኛ ሴቶች ያላቸውን አመለካከት እንዴት ይገልጹታል?

- ለአካል ጉዳተኛ ሴቶች ተግዳሮቶችን የሚፈጥሩ ልዩ ፖሊሲዎች ወይም አስተዳደራዊ መሰናክሎች አሉ?

## የድጋፍ ስርዓቶች እና ምክሮች

### ነባር የድጋፍ ሥርዓቶች፡-

- አካል ጉዳተኛ ሴቶች የስነ ተዋልዶ ጤና አገልግሎት እንዲያገኙ የሚረዱ ድርጅቶችን ወይም ፕሮግራሞችን ያውቃሉ?
- እንደዚህ ካሉ ድርጅቶች ወይም ከ AAU ድጋፍ አግኝተው ያውቃሉ?
- ምክሮች፡-
- ለአካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የውርጃ አገልግሎት ተደራሽነትን ለማሻሻል ምን መደረግ አለበት ብለው ያስባሉ?
- የጤና አጠባበቅ አቅራቢዎች እነዚህን አገልግሎቶች በተቋሙ ውስጥ ለሚፈልጉ አካል ጉዳተኛ ሴቶች እንዴት ሊደግፉ ይችላሉ?

## የመዝጊያ አስተያየቶች

• በዚህ ርዕስ ላይ ስላሉት ልምድ ወይም ሃሳብ ለማካፈል የሚፈልጉት ሌላ ነገር አለ?

ጠቃሚ ግንዛቤዎችዎን ስላካፈሉን እናመሰግናለን። የእርስዎ ምላሾች አካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የውርጃ አገልግሎትን ለማግኘት የሚያጋጥሟቸውን እንቅፋቶች የሚፈቱ መፍትሄዎችን ለመፍጠር አስተዋፅኦ ያደርጋሉ።

መረጃ፡-

ማንኛውም አይነት ጥያቄ ካሎት ወይም የዚህን ጥናት ግኝቶች መቀበል ከፈለጋችሁ፣ እባኮትን በነፃነት ያግኙኝ።

ስልክ ቁጥር 0929371161

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Interview Guide: Gender Office Administrator (የ አማርኛ ቅጂ)

ርዕስ: በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳተኛ ቅድመ ምረቃ ሴት ተማሪዎች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች

• መግቢያ

ጤና ይስጥልኝ! ስሜ አይዳ ጌታነህ ይባላል። ለአካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች ላይ ጥናት በማድረግ ላይ እገኛለሁ ። በዚህ ቃለ መጠይቅ ለመሳተፍ ፍቃደኝኛ ስለሆኑ በቅድሚያ እመሰግናለሁ።

የጥናቱ ዓላማ:-

የዚህ ጥናት አላማ አካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት ለማግኘት ሲሞክሩ የሚያጋጥሟቸውን ተግዳሮቶች ለመረዳት ነው። የእርስዎ ገንቢ ሃሳብ መሰናክሎችን ለመለየት እና በ መፍትሄዎች ላይ ለመምከር በጣም ጠቃሚ ነው።

የተሳትፎ ፍቃድ ሁኔታ

- ተሳትፎ በፈቃደኝነት ነው።
- ቃለ መጠይቁ በድምጽ ይቀዳል።
- ምላሾችዎ በሚስጥር ይጠበቃሉ እንዲሁም የመላሾች ማንነት አይገለጽም።
- ማንኛውንም ጥያቄ መዝለል ወይም ቃለ መጠይቁን በማንኛውም ጊዜ ማቆም ይችላሉ።
- ከመጀመራችን በፊት ጥያቄዎች አሉዎት?

I አጠቃላይ መረጃ

1. በ gender ቢሮ ውስጥ የእርስዎ ሚና እና ኃላፊነትዎ ምን እንደሆነ ሊነግሩኝ ይችላሉ?
2. በዚህ ሥራ/ሃላፊነት ውስጥ ለምን ያህል ጊዜ እየሰሩ ነበር?
3. የ ስነተዋልዶ ጤና አገልግሎቶችን በተመለከተ gender ቢሮ አስተዋጽኦ /ግዴታ/ሃላፊነት ምንድነው?
4. የአካል ጉዳተኛ ተማሪዎችን ለመደገፍ በ ልዩነት የተቀመጡ / የተወሰኑ ፖሊሲዎች ወይም ፕሮግራሞች አሏቸው?
5. ለአካል ጉዳተኞች ተማሪዎች የ ድጋፍ አገልግሎት ለመስጠት ከሌላ መስሪያ ቤቶች ወይም ድርጅቶች ጋር በትብብር ትሰራላችሁ? አዎ ከሆነ, እንዴት በምን መልኩ?

II. ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶችን የተመለከቱ ጥያቄዎች

1. "ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት" ለእርስዎ ምንድ ነው ? እንዴት ይገነዘቡታል?
2. በአዲስ አበባ ዩኒቨርሲቲ ለሁሉም ተማሪዎች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ተደራሽነት ዙረያ ያለዎት ሃሳብ ምንድነው?

3. በ እርስዎ አስተያየት በ የኒሽርሲቲው ማህበርሰብ ውስጥ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ላይ ተጽኖ ይኖራቸዋል የሚሏቸው አመለካከቶች ወይም እምነቶች አሉ?
4. የየኒሽርሲቲው ከባቢ ፅንሰ ማስወረድ አገልግሎት ተደራሽነትን እስከ ምን ድረስ የሚያበረታታ (ምቹ ሁኔታ የሚፈረር) ይመስልዎታል?
5. አሁን በ መሰጥት ላይ ያሉ ለሁሉም ተማሪዎች ተደራሽ የሆኑ ፅንሰ ማስወረድ እና ድህረ-ፅንሰ ማስወረድ አገልግሎት ምን ምን ናቸው።

III. ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶችን ለማግኘት ያሉ እንቅፋቶች.

1. ከልምድዎ ተነስተው፣ ተማሪዎች የስነ ተዋልዶ የጤና አገልግሎቶችን ፣ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎትን ጨምሮ ለማግኘት ሲሞክሩ የሚአጋጥሟቸው አንዳንድ ተፈታታኝ ችግሮች ምን ምን ናቸው?

2. የአካል ጉዳተኛ ካልሆኑ እኩዮቻቸው ጋር ሲነፃፀር የአካል ጉዳተኛ ተማሪዎች ተጨማሪ መሰናክሎች ያጋጥሟቸዋል ብለው ያምናሉ? ከሆነ, ምን ምን ናቸው?

3. የአካላዊ መሰናክሎች

- ፅንሰ ማስወረድ አገልግሎት የሚያቀርቡ የጤና ተቋማት ለተለያዩ የአካል ጉዳት ለተዳርጉ ሴቶች ምቹ ናቸው ? (ለምሳሌ, ለተሽከርካሪ ወንበር ተጠቃሚዎች, ማየት ለተሳናቸው የአካል ጉዳተኞች)?
- እነዚህን ተቋማት ለመድረስ ለአካል ጉዳተኛ ተማሪዎች ተደራሽ የሆኑ የመጓጓዣ አማራጮች አሉ?

የ አመለካከት መሰናክሎች

- ፅንሰ ማቋረጥ አገልግሎቶችን በ ሚፈልጉ የአካል ጉዳተኞች ተማሪዎች ላይ ከጤና ባለሙያዎች ወይም ከሌሎች ተማሪዎች መገለል ወይም አድልዎ ሲደርስ አስተውለዋልን?
- የጤና ባለሙያዎች ፅንሰ ማስወረድ አገልግሎቶች ለሚፈልጉ ሴት አካል ጉዳተኛ ተማሪዎች ተገቢውን እንክብካቤ በ ርህራሄ ለማቅረብ የሚአስችላቸውን በቂ ሥልጠና የሚያገኙ ይመስልዎታል?

5. Systemic Barriers:

- የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ እንቅፋት የሚፈጥሩ የየኒሽርሲቲ ፖሊሲዎች ወይም የአሰራር ሂደቶች አሉን?
- የአካል ጉዳት ላለባቸው ተማሪዎች ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ በቀላሉ ይገኛል እና ለነሱስ ተደራሽ ነው? (ለምሳሌ ብሬይል፣ የምልክት ቋንቋ፣ አሉ?)
- በኢትዮጵያ አሁን ያለው የፅንሰ ማቋረጥ የሕግ ማዕቀፍ ተማሪዎች በየኒሽርሲቲ ውስጥ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ ፈተና ይፈጥራል ብለው ያስባሉ?

- ዩኒቨርሲቲው ፅንሰ ማስወረድ አገልግሎት መሰጠት ( አቅርቦት) ላይ እና የአገልግሎት ተደራሽነት ላይ ምን ዓይነት አመለካከት አለው ብለው ያስባሉ?

**IV. Support Systems and Resources: የድጋፍ ሥርዓቶችና ግብዓቶችን በተመለከተ**

1 በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ተማሪዎች፣ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድን ጨምሮ የስነ ተዋልዶ ጤና አገልግሎቶችን እንዲያገኙ ለመርዳት በአሁኑ ጊዜ ምን ዓይነት የድጋፍ ሥርዓቶች (ፕሮግራሞች) ወይም ግብዓቶች አሉ።

2 ቢሮአችሁ ፣ በፕሮግራሞቹ ወይም በዋና ዋና ስራዎቹ ለየአካል ጉዳተኛ ተማሪዎች የስነ ተዋልዶ ጤና ፍላጎቶቻቸውን በተለየ ትኩረት ይመለከታል? ከሆነ እንዴት?

3 የአካል ጉዳት ላለባቸው ተማሪዎች የስነ ተዋልዶ ጤና አገልግሎቶችን ተደራሽነት ለማሻሻል ከአካል ጉዳት ድርጅቶች ( እርዳታ አቅራቢ ድርጅቶች ) ወይም ከሌሎች የ በጎ ፍቃደኞች ጋር በትብብር ትሰራላችሁ?

4 ቢሮአችሁ የስነ ተዋልዶ ጤና አገልግሎቶችን የሚሹ የአካል ጉዳት ላለባቸው ተማሪዎች የ አገልግሎት ምስጢራዊነት እና ግላዊነትን እንዴት ያረጋግጣል?

5 ዩኒቨርሲቲው በከፍተኛ ትምህርት ለሚገኙ ሁሉም ተማሪዎች የአካል ጉዳተኞችን ያካተተ የስነ ተዋልዶ ጤና ትምህርት ይሰጣል?

**V. የሚመከሩና የሚወሰዱ እርምጃዎች**

1 አዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ተደራሽነትን ለማሻሻል ምን ዓይነት እርምጃዎችን ሊወስድ ይችላል ብለው ያስባሉ?

2 ቢሮአችሁ (ጀኔደር ቢሮ) እነዚህን ማሻሻያዎች ( ከላይ የጠቀሱትን) ተግባራዊ ለማድረግ ምን ሚና ሊጫወት ይችላል?

3 የጤና ባለሙያዎች እንዲሁም ሌሎች የዩኒቨርሲቲ ሰራተኞች ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ያለባቸው ተማሪዎችን በተሻለ ሁኔታ ለማገልገል ምን ዓይነት ሥልጠናዎች ወይም የግንዛቤ ማስጨበጫ ተግባራት ጠቃሚ ይሆናሉ?

4 ዩኒቨርሲቲው ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ የአካል ጉዳት ያለባቸውን ጨምሮ ለሁሉም ተማሪዎች ተደራሽ ማድረግ ወይም መሆኑን እንዴት ማረጋገጥ ይችላል?

5 በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ የሚያጋጥሟቸውን መሰናክሎች ለመፍታት ምን ሌሎች ምክረ ሃሳቦች አሉዎት?

**VI. ማጠቃለያ:**

**ስለ ጊዜዎ እና ስለሰጡኝ ግሩም ሐሳቦች በጣም እናመሰግናለሁ።**

**ሌላ አስተያየት ወይም ሊያጋሩት የሚፈልጉት መረጃ አለዎት?**

**አስፈላጊ ከሆነ ለተጨማሪ ጥያቄዎች ልንገናኝዎት እንችላለን?**

Interview Guide: Disability Office Administrator

ርዕስ፡ በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳተኛ ቅድመ ምረቃ ሴት ተማሪዎች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች

መግቢያ

በዚህ ቃለ መጠይቅ ለመሳተፍ ስለተስማሙ እመሰግናለሁ። ስሜ አይዳ ጌታነህ ይባባል፤ በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ያለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ የሚያጋጥሟቸውን መሰናክሎች ላይ ጥናት እያደረግሁ ነው።

የጥናቱ ዓላማ፡-

የዚህ ቃለ መጠይቅ ዓላማ፣ የአካል ጉዳት ጽሕፈት ቤት አስተዳዳሪ እንደመሆንዎ፣ የአካል ጉዳት ላለባቸው ተማሪዎች የሰነ ተዋልዶ ጤና፣ በተለይም ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ ጋር የተያያዙ ድጋፎችንና ተግዳሮቶችን በተመለከተ የእርስዎን ግንዛቤ ለመሰብሰብ ነው።

ተሳትፎዎ በራስ ፈቃድ ላይ የተመሰረተ ነው፣ እና በማንኛውም ጊዜ ሊያቋርጡት ይችላሉ። የሚሰጡት መረጃ ሁሉ በሚስጥር የሚጠበቅ ሲሆን ለምርምር ዓላማ ብቻ ይውላል። ቃለ መጠይቁ ከ45 እስከ 60 ደቂቃ ይወስዳል። ከመጀመራችን በፊት ጥያቄ አለዎት?

I. Background Information:

1. በአካል ጉዳት ጽሕፈት ቤት ውስጥ የእርስዎ ሚና እና ኃላፊነቶች ምንድን ናቸው?
2. በዚህ ሚና ውስጥ ምን ያህል ጊዜ ሠርተዋል?
3. የአካል ጉዳት ጽሕፈት ቤት የአካል ጉዳት ላለባቸው ተማሪዎች አጠቃላይ ደህንነትን በተመለከተ ምን ዓይነት ሃላፊነት ወይም ሥልጣን አለው?
4. የአካል ጉዳት ጽሕፈት ቤት የአካል ጉዳት ላለባቸው ተማሪዎች ልዩ ልዩ የጤና አገልግሎት ፍላጎቶቻቸውን ለማሟላት ከሴቶች ጉዳይ ጽሕፈት ቤት ወይም ከጤና አገልግሎት አቅራቢዎች ጋር በትብብር ይስራል? አዎ ከሆነ እንዴት?
5. በአዲስ አበባ ዩኒቨርሲቲ በዚህ ጊዜ ስንት የአካል ጉዳት ያለባቸው ተማሪዎች ተመዝግበዋል? (ከተቻለ በአለባቸው የአካል ጉዳት ዓይነት ዝርዝር ቢነግሩኝ።)

## II. Perceptions of Safe Abortion Services

1. "ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት" የሚለውን ቃል እንዴት ይገነዘቡታል ?
2. በእርስዎ እይታ ፣ በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ተማሪዎች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ምን ያህል ተደራሽ ነው?
3. የአካል ጉዳት ያለባቸው ተማሪዎች ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች እና ስለ መብቶቻቸው በቂ መረጃ አላቸው ብለው ያስባሉ?
4. ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ ፣ የአካል ጉዳት ባለባቸው ተማሪዎች አመለካከት ላይ የተለየ ተጽዕኖ ሊያሳድሩ የሚችሉ ማንኛቸውም ባሕላዊ ወይም ማኅበረሰባዊ እምነቶች አሉ ብለው ያስባሉ?
5. በእርስዎ አስተያየት፣ የአካል ጉዳት ያለባቸው ተማሪዎች ያልተፈለገ እርግዝና ሲያጋጥማቸው የፅንሰ ማስወረድ አገልግሎቶችን እንደ ተገቢ እና ተቀባይነት ያለው አማራጭ አድርገው ይመለከቷቸዋል? ለምን ወይም ለምን አይሆንም?

## III. Barriers to Accessing Safe Abortion Services

1. በእርስዎ ልምድ፣ የአካል ጉዳት ያለባቸው ተማሪዎች በዩኒቨርሲቲው ከባቢ ውስጥ ሲዘዋወሩ የሚያጋጥሟቸው ዋና ዋና ተግዳሮቶች ምንድን ናቸው?
2. የአካል ጉዳት ያለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድን ጨምሮ የሰነ ተዋልዶ ጤና አገልግሎቶችን ለማግኘት የአካል ጉዳት ከሌላቸው እኩዮቻቸው ጋር ሲነጻጸር ተጨማሪ መሰናክሎች ያጋጥሟቸዋል ብለው ያምናሉ? ከሆነ ምን ምን ናቸው?
3. Physical Barriers:
  - በግቢው ውስጥ ወይም ከ ግቢው በቀርብ ርቀት ፅንሰ ማስወረድ አገልግሎት የሚሰጡ የጤና ተቋማት ለአካል ጉዳት ላለባቸው ተማሪዎች አካላዊ ተደራሽነት (ለምሳሌ፣ ተደራሽ መግቢያዎች፣ የምርመራ ጠረጴዛዎች፣ መታጠቢያ ቤቶች) እንዳላቸው ያውቃሉ?
  - ወደ እነዚህ ተቋማት ለመድረስ ለአካል ጉዳተኛ ተማሪዎች ተደራሽ የትራንስፖርት አማራጮች አሉ? በአሁኑ ጊዜ ለአካል ጉዳት ላለባቸው ተማሪዎች ምን ዓይነት የትራንስፖርት አገልግሎቶች ይሰጣሉ?
  - አሁን ያሉት ተቋማት የተለያዩ የአካል ጉዳት ዓይነቶች (የእይታ፣ የመስማት፣ የመንቀሳቀስ፣ ወዘተ) ያለባቸውን ተማሪዎች ፍላጎት ያሟላሉ ብለው ያስባሉ?

## 4. Attitudinal Barriers:

- የጤና ባለሙያዎች ወይም ሌሎች የዩኒቨርሲቲ ሰራተኞች ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ላለባቸው ሴቶች ላይ አሉታዊ አመለካከቶች ወይም ጭፍን ጥላቻዎች ያሳዩባቸው ሁኔታዎች አጋጥመውዎታል?
- የጤና ባለሙያዎች የአካል ጉዳት ካለባቸው ሴቶች ጋር ስለ ስነ ተዋልዶ ጤና ጉዳዮች በብቃት እና በርህራሄ ለመግባባት በበቂ ሁኔታ የሰለጠኑ ይመስልዎታል?
- ዩኒቨርሲቲው ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳተኛ ተማሪዎችን የበለጠ አካታች እና አክባሪ የሆኑ አመለካከቶችን በምን መልኩ ሊያበረታታ ይችላል?

5. Systemic Barriers:

- ዩኒቨርሲቲው ለአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ እንቅፋት የሚፈጥሩ ማንኛውም አይነት ፖሊሲዎች ወይም የአሰራር ሂደቶች አሉት?
- ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ በተደራሽ ቅርጾች (ለምሳሌ፣ ብሬይል፣ ትልቅ ህትመት፣ የምልክት ቋንቋ ትርጉም፣ ቀላል ቋንቋ) ይገኛል? መረጃው በተለምዶ ለአካል ጉዳት ላለባቸው ተማሪዎች እንዴት ይሰራጫል?
- በኢትዮጵያ አሁን ያለው የፅንሰ ማቋረጥ የሕግ ማዕቀፍ የአካል ጉዳት ያለባቸው ተማሪዎች በዩኒቨርሲቲው ውስጥ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ ተግዳሮቶችን ይፈጥራል ብለው ያስባሉ?
- ዩኒቨርሲቲው ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ላለባቸው ተማሪዎች የ አገልግሎት ምስጢራዊነት እና ግላዊነትን ለማረጋገጥ የተወሰኑ ፕሮቶኮሎች (አሰራሮች) አሉት?
- የአካል ጉዳት ያለባቸው ተማሪዎች በፅንሰ ማስወረድ ሂደት ውስጥ በቂ ድጋፍ እና ምክር ያገኛሉ?

IV. Support Systems and Resources:

1. በአካል ጉዳት ጽሕፈት ቤት በኩል ለአካል ጉዳት ላለባቸው ተማሪዎች የጤና አገልግሎቶችን እንዲያገኙ ለማገዝ በአሁኑ ጊዜ ምን ዓይነት የድጋፍ ሥርዓቶች ወይም ግብዓቶች ይገኛሉ?
2. የአካል ጉዳት ላለባቸው ተማሪዎች የስነ ትዋልዶ ጤና ፍላጎቶቻቸውን ለማርካት የሚደርጉ ማንኛቸውም ፕሮግራሞች ወይም ስራዎች እንዳሉ ያውቃሉ?
3. የአካል ጉዳት ጽሕፈት ቤት ለአካል ጉዳት ላለባቸው ተማሪዎች ልዩ ድጋፍ ወይም አገልግሎት ለመስጠት ከውጭ ድርጅቶች ጋር በትብብር ይሰራል?
4. የአካል ጉዳት ጽሕፈት ቤት በዩኒቨርሲቲው ከባቢ ውስጥ የአካል ጉዳት ላለባቸው ተማሪዎች መብቶች እና ፍላጎቶች በምን መልኩ ይሟገታል?

**V. Recommendations and Strategies**

1. አዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ተደራሽነትን ለማሻሻል ምን ዓይነት ልዩ እርምጃዎችን ሊወስድ ይችላል?
2. የአካል ጉዳት ጽሕፈት ቤት እንዲሁን ከላይ የጠቀሷቸውን ማሻሻያዎች ተግባራዊ ለማድረግ ምን ሚና ሊጫወት ይችላል?
3. የጤና ባለሙያዎች እና ሌሎች የዩኒቨርሲቲ ሰራተኞች ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ላለባቸው ተማሪዎችን በተሻለ ሁኔታ ለማገልገል ምን ዓይነት ሥልጠናዎች ወይም የግንዛቤ ማስጨበጫ ተግባራት ጠቃሚ ይሆናሉ?
4. ዩኒቨርሲቲው ለእንዲሁ ሴቶች ምቹ ሁኔታ ለመፍጠር ምን ዓይነት እርምጃዎችን መውሰድ አለበት?
5. ዩኒቨርሲቲው ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ የአካል ጉዳት ያለባቸውን ጨምሮ ለሁሉም ተማሪዎች ተደራሽ ማድረግ እና ተደራሽ መሆኑን እንዴት ማረጋገጥ ይቻላል?
6. በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ የሚያጋጥሟቸውን መሰናክሎች ለመፍታት ምን ሌሎች ምክረ ሃሳቦች አሉዎት?

**VI. ማጠቃለያ:**

ስለ ጊዜዎ እና ስለሰጡን ግሩም ሐሳቦች በጣም  
ሌላ የሚጨምሩት ሃሳብ ወይም መረጃ አለዎት?  
አስፈላጊ ከሆነ ለተጨማሪ ጥያቄዎች ልንገናኝዎት ፍቃደኛ ነዎት ።

Interview Guide: Student Clinic Staff

ርዕስ: በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳተኛ ቅድመ ምረቃ ሴት ተማሪዎች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች

• መግቢያ

ጤና ይስጥልኝ! ስሜ አይዳ ጌታነህ ይባላል። ለአካል ጉዳተኛ ሴቶች ደህንነቱ የተጠበቀ የፅንሰ ማቋረጥ አገልግሎት እንዳያገኙ የሚያደርጉ እንቅፋቶች ላይ ጥናት በማድረግ ላይ እገኛለሁ ። በዚህ ቃለ መጠይቅ ለመሳተፍ ፍቃደኝኛ ስለሆኑ በቅድሚያ እመሰግናለሁ።

የዚህ ቃለ መጠይቅ ዓላማ፣ የተማሪዎች ክሊኒክ ሰራተኛ እንደመሆንዎ፣ የአካል ጉዳት ላለባቸው ተማሪዎች ተደራሽ የሆነ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ለመስጠት የሚያጋጥሙ ተግዳሮቶችና የሚፈለገው ድጋፍ ላይ ያለዎትን ግንዛቤ ለመሰብሰብ ነው።

ተሳትፎዎ በራስ ፈቃድ ላይ የተመሰረተ ነው፣ እና በማንኛውም ጊዜ ሊያቋርጡት ይችላሉ። የሚሰጡት መረጃ ሁሉ በሚስጥር የሚጠበቅ ሲሆን ለምርምር ዓላማ ብቻ ይውላል። ቃለ መጠይቁ ከ45 እስከ 60 ደቂቃ ይወስዳል። ከመጀመራችን በፊት ጥያቄ አለዎት?

የተሳትፎ ፍቃድ ሁኔታ

- ተሳትፎ በፈቃደኝነት ነው።
- ቃለ መጠይቁ በድምጽ ይቀዳል።
- ምላሾችዎ በሚስጥር ይጠበቃሉ እንዲሁም የመላሾች ማንነት አይገለጽም።
- ማንኛውንም ጥያቄ መዝለል ወይም ቃለ መጠይቁን በማንኛውም ጊዜ ማቆም ይችላሉ።
- ከመጀመራችን በፊት ጥያቄዎች አሉዎት?

I. Background Information:

1. በተማሪዎች ክሊኒክ ውስጥ የእርስዎ ሃላፊነት ወይም የስራ ድርሻ ምንድን ነው?
2. በተማሪዎች ክሊኒክ ውስጥ ምን ያህል ጊዜ ሠርተዋል?
3. የተማሪዎች ክሊኒክ ከ ስነ ተዋልዶ ጤና ጋር በተያያዘ ምን ዓይነት አገልግሎቶችን ይሰጣል?
4. የተማሪዎች ክሊኒክ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ይሰጣል? ከሆነ ምን ዓይነት (ለምሳሌ፣ በመድሃኒት የታገዘ ፅንሰ ማስወረድ፣ የቀዶ ሕክምና ፅንሰ ማስወረድ)?
5. ክሊኒኩ ፅንሰ ማስወረድ አገልግሎት ለመስጠት ምን ዓይነት አሰራር ወይም ፕሮቶኮል አለው?

6. የአካል ጉዳት ላለባቸው ግለሰቦች የ ስነ ተዋልዶ ጤና አገልግሎት አቅርቦት ላይ ያተኮረ ሥልጠና ወስደዋል? ያገኛሉ?

## II. Perceptions of Safe Abortion Services

1. "ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት" የሚለውን ቃል አንዴት ይገነዘቡታል?
2. በእርስዎ አስተያየት፣ በተማሪዎች ክሊኒክ ፅንሰ ማስወረድ አገልግሎት ለሚፈልጉ ሁሉም ተማሪዎች ምን ያህል ተደራሽ ነው?
3. በክሊኒኩ ውስጥ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አሰጣጥ ላይ ተጽዕኖ ሊያሳድሩ የሚችሉ ማንኛቸውም ልዩ አመለካከቶች ወይም እምነቶች አሉ ብለው ያምናሉ?
4. ተማሪዎች ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ እና ስለ ተያያዥ ህገ ደንቦች ያላቸው የእውቀት ደረጃ እንዴት ይገመግማሉ?
5. የዩኒቨርሲቲው ከባቢ የፅንሰ ማስወረድ አገልግሎት ተደራሽነትን እንዴት እንደሚያበረታታ ያስባሉ?

## III. Barriers to Accessing Safe Abortion Services

1. ከእርስዎ ልምድ፣ ተማሪዎች በተማሪዎች ክሊኒክ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድን ጨምሮ የ ስነ ተዋልዶ ጤና አገልግሎቶችን ለማግኘት ሲሞክሩ ምን ዓይነት ተግዳሮቶች ያጋጥሟቸዋል?
2. የአካል ጉዳት ያለባቸው ሴቶች በክሊኒኩ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ለማግኘት የአካል ጉዳት ከሌለባቸው እኩዮቻቸው ጋር ሲነጻጸሩ ተጨማሪ መሰናክሎች ያጋጥሟቸዋል ብለው ያምናሉ? ከሆነ ምን ምን ናቸው?
3. Physical Barriers:
  - ክሊኒኩ ለተለያዩ የአካል ጉዳት ዓይነቶች (ለምሳሌ፣ ተሽከርካሪ ወንበር ተጠቃሚዎች፣ ማየት የተሳናቸው ተማሪዎች፣ የመስማት ችግር ያለባቸው) ሴቶች ተደራሽ ነው? እባክዎን ያሉትን ተደራሽነት ባህሪያት ይግለጹ።
  - የምርመራ ክፍሎች እና መሣሪያዎች የአካል ጉዳት ላለባቸው ሴቶች ተደራሽ እና ምቹ ናቸው?
  - ለምክር እና ማገገምያ የሚሆኑ ተደራሽ እና የተገለሉ ቦታዎች አሉ?
4. Attitudinal Barriers:

- ከክሊኒክ ሰራተኞች ወይም ከሌሎች ታካሚዎች ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ያለባቸው ሴቶች ላይ ማንኛቸውም ዓይነት መገለል ወይም መድልዎ አስተውለዋል?
- የአካል ጉዳት ካለባቸው ሴቶች ጋር ስለ ስነ ተዋልዶ ጤና ፍላጎቶቻቸው በብቃት እና ርህራሄ በተሞላብት መልኩ ለመግባባት በበቂ ሁኔታ ዝግጁ እንደሆኑ ይሰማዎታል? ተግዳሮቶቹ ምንድን ናቸው?
- ከታካሚዎች ጋር የቋንቋ ክፍተቶች፣ የግንዛቤ እክሎች ወይም ሌሎች የመግባባት ተግዳሮቶች ሲያጋጥሙዎት ሁኔታዎችን እንዴት ያስተናግዳሉ?

5. Systemic Barriers:

- በክሊኒክ ውስጥ ለአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ እንቅፋት የሚፈጥሩ ማንኛቸውም ፖሊሲዎች ወይም የአሰራር ሂደቶች አሉ?
- ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ በተለያዩ ቅርጾች (ለምሳሌ፣ ብሬይል፣ የምልክት ቋንቋ፣ ቀላል ቋንቋ) የአካል ጉዳት ላለባቸው ተማሪዎች በቀላሉ ተደራሽ ነው?
- በክሊኒክ ውስጥ ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳት ላለባቸው ሴቶች ልዩ ፍላጎቶቻቸውን ለማሟላት በቂ ግብዓቶች እና ድጋፍ ይገኛሉ?
- በኢትዮጵያ አሁን ያለው የፅንሰ ማቋረጥ የሕግ ማዕቀፍ የአካል ጉዳት ላለባቸው ተማሪዎች በዩኒቨርሲቲ ውስጥ የፅንሰ ማቋረጥ አገልግሎት እንዲያገኙ ተግዳሮቶችን ይፈጥራል ብለው ያስባሉ?
- ዩኒቨርሲቲው ፅንሰ ማስወረድ አገልግሎት አቅርቦት እና የአገልግሎት ተደራሽነት ላይ ምን ዓይነት አመለካከት አለው ብለው ያስባሉ?
- በክሊኒክ የአካል ጉዳት ያለባቸው ተማሪዎች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ የሚከለክሉ የገንዘብ እንቅፋቶች አሉ?

IV. Support Systems and Resources:

6. በተማሪዎች ክሊኒክ የአካል ጉዳት ላለባቸው ተማሪዎች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድን ጨምሮ የስነ ተዋልዶ ጤና አገልግሎቶችን እንዲያገኙ ለማግዘ በአሁኑ ጊዜ ምን ዓይነት የድጋፍ ፕሮግራም ወይም ግብዓቶች ይገኛሉ?
7. ክሊኒኩ ልዩ እንክብካቤ ወይም ድጋፍ ለሚፈልጉ የአካል ጉዳት ላለባቸው ተማሪዎች የሪፈረ ሥርዓት አለው?
8. ክሊኒኩ ለአካል ጉዳት ላለባቸው ተማሪዎች አገልግሎት ለመስጠት ከአካል ጉዳት ጽሕፈት ቤት ወይም ከሌሎች ድርጅቶች ጋር በትብብር ይሰራል?
9. ክሊኒኩ የ ስነ ትዋልዶ ጤና አገልግሎት የሚሹ የአካል ጉዳተኛ ተማሪዎች ምስጢራዊነት እና ግላዊነት የተበቀ አገልግሎት አንዲኖር በምን መልኩ ይሰራል? ያረጋግጣል?
10. ለሁሉም የክሊኒኩ ሰራተኞች የአካል ጉዳትን ያካተተ ስርአተጾታ እና የስነ ተዋልዶ ጤና ሥልጠና ይዘጋጃል?

V. Recommendations and Strategies

1. የተማሪዎች ክሊኒክ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት ተደራሽነትን ለማሻሻል ምን ዓይነት እርምጃዎችን ሊወስድ ይችላል ብለው ያስባሉ?
2. የክሊኒኩ ሰራተኞች ፅንሰ ማስወረድ አገልግሎት የሚሹ የአካል ጉዳተኛ ተማሪዎችን በተሻለ ሁኔታ ለማገልገል ምን ዓይነት ሥልጠናዎች ወይም የግንዛቤ ማስጨበጫ ተግባራት ጠቃሚ ይሆናሉ?
3. ክሊኒኩ ስለ ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎቶች መረጃ የአካል ጉዳት ላለባቸውን ጨምሮ ለሁሉም ተማሪዎች ተደራሽ መሆኑን እንዴት ማረጋገጥ ይችላል?
4. ፅንሰ ማስወረድ አገልግሎት የሚሹ ለአካል ጉዳተኛ ሴቶች የተሻለ እንክብካቤ ለመስጠት ምን ዓይነት ግብዓቶች ወይም ድጋፍ ያስፈልግዎታል?
5. በአዲስ አበባ ዩኒቨርሲቲ የአካል ጉዳት ላለባቸው ሴቶች ደህንነቱ የተጠበቀ ፅንሰ ማስወረድ አገልግሎት እንዳያገኙ የሚያደርጉ መሰናክሎችን ለመፍታት ምን ተጨማሪ ምክሮች አሉዎት?

VI. ማጠቃለያ::

- **ስለ ጊዜዎ እና ስለሰጡን ግሩም ሐሳቦች በጣም እናመሰግናለሁ።**
- **ሌላ የሚሉት ነገር ወይም መረጃ አለዎት?**
- **አስፈላጊ ከሆነ ለተጨማሪ ጥያቄዎች ልንገናኝዎት እንችላለን?**

## Annex: Themes, sub-themes, and codes with their description

Theme	Sub-theme	Code	Code descriptions
Multi-Layered Barriers to Access safe abortion service	Physical Accessibility Barriers	Inaccessible walkways	Narrow paths that are difficult for people with disability
		Inaccessible restrooms	Lack of disability friendly restrooms that meet the needs of individual with disability
		Lack of elevator/ramp	Absence of elevators or ramps in buildings, making upper floors inaccessible
		Difficult stairs	Difficulties in passing stairs on buildings
	Attitudinal Barriers	Lack of proper care/neglect	Healthcare providers do not provide adequate or proper care to disable individuals
		Blaming/judgmental attitudes	Healthcare providers blaming or judge disabled women for becoming pregnant, leading to demoralization.
		Lack of special care/empathy	Feeling that healthcare professionals do not provide special attention or care needed
	Financial Constraints	High cost of service	Cost of abortion services, particularly in private or

			illegal settings.
		Seeking financial assistance	Seeking financial assistance from family or friend without disclosing the reason
		Lack of support/income	Lack of personal income exacerbating the financial burden
	Societal Stigma, religion and Fear of Judgment	Secrecy and shame	Societal unacceptance forces women to keep quite and do it secretly.
		Influence of religious beliefs	Influence from religious perspective will affect getting an abortion.
		Double stigma (disability and abortion)	Fear of judgment related to both disability and abortion makes the decision even more difficult for women with disabilities.
	Systemic Barriers and Lack of Enforcement	Unequal treatment	Individuals blame her on sexual orientation and pregnancy because of her disability.
		Lack of knowledge about policy	There isn't enough awareness about disability policies that support those in need
		Lack of information	the access to any information regarding abortion care that can

			help disable members.
Disability-Specific Challenges and Exacerbation of Existing Barriers	Communication Barriers	Clear information and support	Providing the support for communication and training
		Health care providers skill	To make health care provider easier and accessible to all
	Increased Reliance on Others and Loss of Autonomy	Need for assistants	To make health care provider easier and accessible to all
		Dependence for access	Reliance on others to navigate walkways, to enter buildings requiring assistance
	Challenges in Accessing Information in Accessible Formats	Lack of brail materials	Absence of information printed in braille making it difficult to access written material
		Lack of audio descriptions	Absence of audio description for visually impaired individuals
Recommendations to Improve Support Systems and Inclusive Practices	Call for Comprehensive SRH Education and Awareness Programs	Targeted SRH Education for Women with Disabilities	Recommendations emphasizing the need for sexual and reproductive health education programs

		Comprehensive Curriculum Integration	Recommendations to integrate SRH education into existing curricula at universities and other educational institutions.
Need for Disability-Competent Healthcare Providers		Disability Awareness Training	Recommendations for mandatory disability awareness training for all healthcare providers
		Sensitivity and Empathy Training	Recommendations for training healthcare providers to develop greater sensitivity and empathy towards the experiences of women with disabilities.
The Role of Disability Office and Collaboration		Advocacy and Representation	Recommendations for disability offices to advocate for the SRH rights of students with disabilities and represent their needs to university administration.
		Collaboration with Healthcare Services	Emphasis on disability offices collaborating with university health services to ensure accessible and inclusive SRH services.